

As Referred by the House Rules and Reference Committee

131st General Assembly

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H. B. No. 216

Representative Pelanda

**Cosponsors: Representatives Brinkman, Becker, Roegner, Buchy, Brenner,
Scherer, Schaffer, Burkley, Ryan, Maag, Schuring, Slaby, Ruhl, Reece, Hill,
Thompson, Celebrezze, Hood**

A BILL

To amend sections 1.64, 1751.67, 2133.211, 1
2305.113, 2305.234, 2317.02, 2919.171, 2921.22, 2
2925.61, 3701.351, 3701.926, 3705.16, 3719.06, 3
3719.121, 3727.06, 3923.233, 3923.301, 3923.63, 4
3923.64, 4713.02, 4723.01, 4723.02, 4723.03, 5
4723.05, 4723.06, 4723.07, 4723.08, 4723.09, 6
4723.10, 4723.151, 4723.16, 4723.24, 4723.25, 7
4723.271, 4723.28, 4723.32, 4723.341, 4723.36, 8
4723.41, 4723.42, 4723.432, 4723.44, 4723.46, 9
4723.481, 4723.482, 4723.486, 4723.487, 10
4723.488, 4723.49, 4723.491, 4723.71, 4723.88, 11
4723.99, 4729.01, 4729.39, 4731.22, 4731.281, 12
4731.35, 4755.48, 4755.481, 4761.17, 5120.55, 13
and 5164.07, to enact section 4723.011, and to 14
repeal sections 4723.43, 4723.431, 4723.47, 15
4723.48, 4723.484, 4723.485, 4723.492, 4723.50, 16
and 4731.27 of the Revised Code to revise the 17
law governing advanced practice registered 18
nurses. 19

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

Section 1. That sections 1.64, 1751.67, 2133.211, 20
2305.113, 2305.234, 2317.02, 2919.171, 2921.22, 2925.61, 21
3701.351, 3701.926, 3705.16, 3719.06, 3719.121, 3727.06, 22
3923.233, 3923.301, 3923.63, 3923.64, 4713.02, 4723.01, 4723.02, 23
4723.03, 4723.05, 4723.06, 4723.07, 4723.08, 4723.09, 4723.10, 24
4723.151, 4723.16, 4723.24, 4723.25, 4723.271, 4723.28, 4723.32, 25
4723.341, 4723.36, 4723.41, 4723.42, 4723.432, 4723.44, 4723.46, 26
4723.481, 4723.482, 4723.486, 4723.487, 4723.488, 4723.49, 27
4723.491, 4723.71, 4723.88, 4723.99, 4729.01, 4729.39, 4731.22, 28
4731.281, 4731.35, 4755.48, 4755.481, 4761.17, 5120.55, and 29
5164.07 be amended and section 4723.011 of the Revised Code be 30
enacted to read as follows: 31

Sec. 1.64. As used in the Revised Code: 32

(A) "Certified nurse-midwife" means an advanced practice 33
registered nurse who holds a current, valid ~~certificate of~~ 34
~~authority license~~ issued under Chapter 4723. of the Revised Code 35
~~that authorizes the practice of nursing and is designated~~ as a 36
certified nurse-midwife in accordance with section ~~4723.43~~ 37
4723.42 of the Revised Code and rules adopted by the board of 38
nursing. 39

(B) "Certified nurse practitioner" means an advanced 40
registered nurse who holds a current, valid ~~certificate of~~ 41
~~authority license~~ issued under Chapter 4723. of the Revised Code 42
~~that authorizes the practice of nursing and is designated~~ as a 43
certified nurse practitioner in accordance with section ~~4723.43~~ 44
4723.42 of the Revised Code and rules adopted by the board of 45
nursing. 46

(C) "Clinical nurse specialist" means an advanced 47
practice registered nurse who holds a current, valid ~~certificate~~ 48
~~of authority license~~ issued under Chapter 4723. of the Revised 49

~~Code that authorizes the practice of nursing and is designated~~ 50
as a clinical nurse specialist in accordance with section 51
~~4723.43~~ 4723.42 of the Revised Code and rules adopted by the 52
board of nursing. 53

(D) "Physician assistant" means an individual who holds a 54
valid certificate to practice issued under Chapter 4730. of the 55
Revised Code authorizing the individual to provide services as a 56
physician assistant to patients under the supervision, control, 57
and direction of one or more physicians. 58

Sec. 1751.67. (A) Each individual or group health insuring 59
corporation policy, contract, or agreement delivered, issued for 60
delivery, or renewed in this state that provides maternity 61
benefits shall provide coverage of inpatient care and follow-up 62
care for a mother and her newborn as follows: 63

(1) The policy, contract, or agreement shall cover a 64
minimum of forty-eight hours of inpatient care following a 65
normal vaginal delivery and a minimum of ninety-six hours of 66
inpatient care following a cesarean delivery. Services covered 67
as inpatient care shall include medical, educational, and any 68
other services that are consistent with the inpatient care 69
recommended in the protocols and guidelines developed by 70
national organizations that represent pediatric, obstetric, and 71
nursing professionals. 72

(2) The policy, contract, or agreement shall cover a 73
physician-directed source of follow-up care or a source of 74
follow-up care directed by an advanced practice registered 75
nurse. Services covered as follow-up care shall include physical 76
assessment of the mother and newborn, parent education, 77
assistance and training in breast or bottle feeding, assessment 78
of the home support system, performance of any medically 79

necessary and appropriate clinical tests, and any other services 80
that are consistent with the follow-up care recommended in the 81
protocols and guidelines developed by national organizations 82
that represent pediatric, obstetric, and nursing professionals. 83
The coverage shall apply to services provided in a medical 84
setting or through home health care visits. The coverage shall 85
apply to a home health care visit only if the provider who 86
conducts the visit is knowledgeable and experienced in maternity 87
and newborn care. 88

When a decision is made in accordance with division (B) of 89
this section to discharge a mother or newborn prior to the 90
expiration of the applicable number of hours of inpatient care 91
required to be covered, the coverage of follow-up care shall 92
apply to all follow-up care that is provided within seventy-two 93
hours after discharge. When a mother or newborn receives at 94
least the number of hours of inpatient care required to be 95
covered, the coverage of follow-up care shall apply to follow-up 96
care that is determined to be medically necessary by the 97
provider responsible for discharging the mother or newborn. 98

(B) Any decision to shorten the length of inpatient stay 99
to less than that specified under division (A)(1) of this 100
section shall be made by the physician attending the mother or 101
newborn, except that if a certified nurse-midwife is attending 102
the mother ~~in collaboration with a physician~~, the decision may 103
be made by the nurse-midwife. Decisions regarding early 104
discharge shall be made only after conferring with the mother or 105
a person responsible for the mother or newborn. For purposes of 106
this division, a person responsible for the mother or newborn 107
may include a parent, guardian, or any other person with 108
authority to make medical decisions for the mother or newborn. 109

(C) (1) No health insuring corporation may do either of the following:	110 111
(a) Terminate the participation of a provider or health care facility in an individual or group health care plan solely for making recommendations for inpatient or follow-up care for a particular mother or newborn that are consistent with the care required to be covered by this section;	112 113 114 115 116
(b) Establish or offer monetary or other financial incentives for the purpose of encouraging a person to decline the inpatient or follow-up care required to be covered by this section.	117 118 119 120
(2) Whoever violates division (C) (1) (a) or (b) of this section has engaged in an unfair and deceptive act or practice in the business of insurance under sections 3901.19 to 3901.26 of the Revised Code.	121 122 123 124
(D) This section does not do any of the following:	125
(1) Require a policy, contract, or agreement to cover inpatient or follow-up care that is not received in accordance with the policy's, contract's, or agreement's terms pertaining to the providers and facilities from which an individual is authorized to receive health care services;	126 127 128 129 130
(2) Require a mother or newborn to stay in a hospital or other inpatient setting for a fixed period of time following delivery;	131 132 133
(3) Require a child to be delivered in a hospital or other inpatient setting;	134 135
(4) Authorize a <u>certified</u> nurse-midwife to practice beyond the authority to practice nurse-midwifery in accordance with	136 137

Chapter 4723. of the Revised Code; 138

(5) Establish minimum standards of medical diagnosis, 139
care, or treatment for inpatient or follow-up care for a mother 140
or newborn. A deviation from the care required to be covered 141
under this section shall not, solely on the basis of this 142
section, give rise to a medical claim or to derivative claims 143
for relief, as those terms are defined in section 2305.113 of 144
the Revised Code. 145

Sec. 2133.211. A person who holds a ~~certificate of~~ 146
~~authority current, valid license issued under Chapter 4723. of~~ 147
~~the Revised Code to practice as a certified nurse practitioner-~~ 148
~~or clinical nurse specialist issued under section 4723.42 of the~~ 149
~~Revised Code as an advanced practice registered nurse~~ may take 150
any action that may be taken by an attending physician under 151
sections 2133.21 to 2133.26 of the Revised Code ~~and has the~~ 152
~~immunity provided by section 2133.22 of the Revised Code if the~~ 153
~~action is taken pursuant to a standard care arrangement with a~~ 154
~~collaborating physician.~~ 155

A person who holds a certificate to practice as a 156
physician assistant issued under Chapter 4730. of the Revised 157
Code may take any action that may be taken by an attending 158
physician under sections 2133.21 to 2133.26 of the Revised Code 159
and has the immunity provided by section 2133.22 of the Revised 160
Code if the action is taken pursuant to a physician supervisory 161
plan approved pursuant to section 4730.17 of the Revised Code or 162
the policies of a health care facility in which the physician 163
assistant is practicing. 164

Sec. 2305.113. (A) Except as otherwise provided in this 165
section, an action upon a medical, dental, optometric, or 166
chiropractic claim shall be commenced within one year after the 167

cause of action accrued. 168

(B) (1) If prior to the expiration of the one-year period 169
specified in division (A) of this section, a claimant who 170
allegedly possesses a medical, dental, optometric, or 171
chiropractic claim gives to the person who is the subject of 172
that claim written notice that the claimant is considering 173
bringing an action upon that claim, that action may be commenced 174
against the person notified at any time within one hundred 175
eighty days after the notice is so given. 176

(2) An insurance company shall not consider the existence 177
or nonexistence of a written notice described in division (B) (1) 178
of this section in setting the liability insurance premium rates 179
that the company may charge the company's insured person who is 180
notified by that written notice. 181

(C) Except as to persons within the age of minority or of 182
unsound mind as provided by section 2305.16 of the Revised Code, 183
and except as provided in division (D) of this section, both of 184
the following apply: 185

(1) No action upon a medical, dental, optometric, or 186
chiropractic claim shall be commenced more than four years after 187
the occurrence of the act or omission constituting the alleged 188
basis of the medical, dental, optometric, or chiropractic claim. 189

(2) If an action upon a medical, dental, optometric, or 190
chiropractic claim is not commenced within four years after the 191
occurrence of the act or omission constituting the alleged basis 192
of the medical, dental, optometric, or chiropractic claim, then, 193
any action upon that claim is barred. 194

(D) (1) If a person making a medical claim, dental claim, 195
optometric claim, or chiropractic claim, in the exercise of 196

reasonable care and diligence, could not have discovered the 197
injury resulting from the act or omission constituting the 198
alleged basis of the claim within three years after the 199
occurrence of the act or omission, but, in the exercise of 200
reasonable care and diligence, discovers the injury resulting 201
from that act or omission before the expiration of the four-year 202
period specified in division (C) (1) of this section, the person 203
may commence an action upon the claim not later than one year 204
after the person discovers the injury resulting from that act or 205
omission. 206

(2) If the alleged basis of a medical claim, dental claim, 207
optometric claim, or chiropractic claim is the occurrence of an 208
act or omission that involves a foreign object that is left in 209
the body of the person making the claim, the person may commence 210
an action upon the claim not later than one year after the 211
person discovered the foreign object or not later than one year 212
after the person, with reasonable care and diligence, should 213
have discovered the foreign object. 214

(3) A person who commences an action upon a medical claim, 215
dental claim, optometric claim, or chiropractic claim under the 216
circumstances described in division (D) (1) or (2) of this 217
section has the affirmative burden of proving, by clear and 218
convincing evidence, that the person, with reasonable care and 219
diligence, could not have discovered the injury resulting from 220
the act or omission constituting the alleged basis of the claim 221
within the three-year period described in division (D) (1) of 222
this section or within the one-year period described in division 223
(D) (2) of this section, whichever is applicable. 224

(E) As used in this section: 225

(1) "Hospital" includes any person, corporation, 226

association, board, or authority that is responsible for the 227
operation of any hospital licensed or registered in the state, 228
including, but not limited to, those that are owned or operated 229
by the state, political subdivisions, any person, any 230
corporation, or any combination of the state, political 231
subdivisions, persons, and corporations. "Hospital" also 232
includes any person, corporation, association, board, entity, or 233
authority that is responsible for the operation of any clinic 234
that employs a full-time staff of physicians practicing in more 235
than one recognized medical specialty and rendering advice, 236
diagnosis, care, and treatment to individuals. "Hospital" does 237
not include any hospital operated by the government of the 238
United States or any of its branches. 239

(2) "Physician" means a person who is licensed to practice 240
medicine and surgery or osteopathic medicine and surgery by the 241
state medical board or a person who otherwise is authorized to 242
practice medicine and surgery or osteopathic medicine and 243
surgery in this state. 244

(3) "Medical claim" means any claim that is asserted in 245
any civil action against a physician, podiatrist, hospital, 246
home, or residential facility, against any employee or agent of 247
a physician, podiatrist, hospital, home, or residential 248
facility, or against a licensed practical nurse, registered 249
nurse, advanced practice registered nurse, physical therapist, 250
physician assistant, emergency medical technician-basic, 251
emergency medical technician-intermediate, or emergency medical 252
technician-paramedic, and that arises out of the medical 253
diagnosis, care, or treatment of any person. "Medical claim" 254
includes the following: 255

(a) Derivative claims for relief that arise from the 256

medical diagnosis, care, or treatment of a person;	257
(b) Claims that arise out of the medical diagnosis, care, or treatment of any person and to which either of the following applies:	258 259 260
(i) The claim results from acts or omissions in providing medical care.	261 262
(ii) The claim results from the hiring, training, supervision, retention, or termination of caregivers providing medical diagnosis, care, or treatment.	263 264 265
(c) Claims that arise out of the medical diagnosis, care, or treatment of any person and that are brought under section 3721.17 of the Revised Code.	266 267 268
(4) "Podiatrist" means any person who is licensed to practice podiatric medicine and surgery by the state medical board.	269 270 271
(5) "Dentist" means any person who is licensed to practice dentistry by the state dental board.	272 273
(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.	274 275 276 277 278 279 280
(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	281 282 283 284

operation, optometric diagnosis, care, or treatment, or 285
chiropractic diagnosis, care, or treatment, that arise from that 286
diagnosis, care, treatment, or operation, and that seek the 287
recovery of damages for any of the following: 288

(a) Loss of society, consortium, companionship, care, 289
assistance, attention, protection, advice, guidance, counsel, 290
instruction, training, or education, or any other intangible 291
loss that was sustained by the parent, guardian, custodian, or 292
spouse; 293

(b) Expenditures of the parent, guardian, custodian, or 294
spouse for medical, dental, optometric, or chiropractic care or 295
treatment, for rehabilitation services, or for other care, 296
treatment, services, products, or accommodations provided to the 297
individual who was the subject of the medical diagnosis, care, 298
or treatment, the dental diagnosis, care, or treatment, the 299
dental operation, the optometric diagnosis, care, or treatment, 300
or the chiropractic diagnosis, care, or treatment. 301

(8) "Registered nurse" means any person who is licensed to 302
practice nursing as a registered nurse by the board of nursing. 303

(9) "Chiropractic claim" means any claim that is asserted 304
in any civil action against a chiropractor, or against any 305
employee or agent of a chiropractor, and that arises out of the 306
chiropractic diagnosis, care, or treatment of any person. 307
"Chiropractic claim" includes derivative claims for relief that 308
arise from the chiropractic diagnosis, care, or treatment of a 309
person. 310

(10) "Chiropractor" means any person who is licensed to 311
practice chiropractic by the state chiropractic board. 312

(11) "Optometric claim" means any claim that is asserted 313

in any civil action against an optometrist, or against any 314
employee or agent of an optometrist, and that arises out of the 315
optometric diagnosis, care, or treatment of any person. 316

"Optometric claim" includes derivative claims for relief that 317
arise from the optometric diagnosis, care, or treatment of a 318
person. 319

(12) "Optometrist" means any person licensed to practice 320
optometry by the state board of optometry. 321

(13) "Physical therapist" means any person who is licensed 322
to practice physical therapy under Chapter 4755. of the Revised 323
Code. 324

(14) "Home" has the same meaning as in section 3721.10 of 325
the Revised Code. 326

(15) "Residential facility" means a facility licensed 327
under section 5123.19 of the Revised Code. 328

(16) "Advanced practice registered nurse" ~~means any~~ 329
~~certified nurse practitioner, clinical nurse specialist,~~ 330
~~certified registered nurse anesthetist, or certified nurse~~ 331
~~midwife who holds a certificate of authority issued by the board~~ 332
~~of nursing under Chapter 4723. has the same meaning as in~~ 333
~~section 4723.01 of the Revised Code.~~ 334

(17) "Licensed practical nurse" means any person who is 335
licensed to practice nursing as a licensed practical nurse by 336
the board of nursing pursuant to Chapter 4723. of the Revised 337
Code. 338

(18) "Physician assistant" means any person who holds a 339
valid certificate to practice issued pursuant to Chapter 4730. 340
of the Revised Code. 341

(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.

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;	371
(b) Registered <u>Advanced practice registered nurses,</u> <u>registered nurses,</u> and licensed practical nurses licensed under Chapter 4723. of the Revised Code and individuals who hold a certificate of authority issued under that chapter that authorizes the practice of nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse midwife, or certified nurse practitioner;	372 373 374 375 376 377 378
(c) Physician assistants authorized to practice under Chapter 4730. of the Revised Code;	379 380
(d) Dentists and dental hygienists licensed under Chapter 4715. of the Revised Code;	381 382
(e) Physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, and athletic trainers licensed under Chapter 4755. of the Revised Code;	383 384 385 386
(f) Chiropractors licensed under Chapter 4734. of the Revised Code;	387 388
(g) Optometrists licensed under Chapter 4725. of the Revised Code;	389 390
(h) Podiatrists authorized under Chapter 4731. of the Revised Code to practice podiatry;	391 392
(i) Dietitians licensed under Chapter 4759. of the Revised Code;	393 394
(j) Pharmacists licensed under Chapter 4729. of the Revised Code;	395 396
(k) Emergency medical technicians-basic, emergency medical	397

technicians-intermediate, and emergency medical technicians-	398
paramedic, certified under Chapter 4765. of the Revised Code;	399
(1) Respiratory care professionals licensed under Chapter	400
4761. of the Revised Code;	401
(m) Speech-language pathologists and audiologists licensed	402
under Chapter 4753. of the Revised Code;	403
(n) Licensed professional clinical counselors, licensed	404
professional counselors, independent social workers, social	405
workers, independent marriage and family therapists, and	406
marriage and family therapists, licensed under Chapter 4757. of	407
the Revised Code;	408
(o) Psychologists licensed under Chapter 4732. of the	409
Revised Code;	410
(p) Individuals licensed or certified under Chapter 4758.	411
of the Revised Code who are acting within the scope of their	412
license or certificate as members of the profession of chemical	413
dependency counseling or alcohol and other drug prevention	414
services.	415
(6) "Health care worker" means a person other than a	416
health care professional who provides medical, dental, or other	417
health-related care or treatment under the direction of a health	418
care professional with the authority to direct that individual's	419
activities, including medical technicians, medical assistants,	420
dental assistants, orderlies, aides, and individuals acting in	421
similar capacities.	422
(7) "Indigent and uninsured person" means a person who	423
meets both of the following requirements:	424
(a) Relative to being indigent, the person's income is not	425

greater than two hundred per cent of the federal poverty line, 426
as defined by the United States office of management and budget 427
and revised in accordance with section 673(2) of the "Omnibus 428
Budget Reconciliation Act of 1981," 95 Stat. 511, 42 U.S.C. 429
9902, as amended, except in any case in which division (A) (7) (b) 430
(iii) of this section includes a person whose income is greater 431
than two hundred per cent of the federal poverty line. 432

(b) Relative to being uninsured, one of the following 433
applies: 434

(i) The person is not a policyholder, certificate holder, 435
insured, contract holder, subscriber, enrollee, member, 436
beneficiary, or other covered individual under a health 437
insurance or health care policy, contract, or plan. 438

(ii) The person is a policyholder, certificate holder, 439
insured, contract holder, subscriber, enrollee, member, 440
beneficiary, or other covered individual under a health 441
insurance or health care policy, contract, or plan, but the 442
insurer, policy, contract, or plan denies coverage or is the 443
subject of insolvency or bankruptcy proceedings in any 444
jurisdiction. 445

(iii) Until June 30, 2019, the person is eligible for the 446
medicaid program or is a medicaid recipient. 447

(iv) Except as provided in division (A) (7) (b) (iii) of 448
this section, the person is not eligible for or a recipient, 449
enrollee, or beneficiary of any governmental health care 450
program. 451

(8) "Nonprofit health care referral organization" means an 452
entity that is not operated for profit and refers patients to, 453
or arranges for the provision of, health-related diagnosis, 454

care, or treatment by a health care professional or health care worker. 455
456

(9) "Operation" means any procedure that involves cutting 457
or otherwise infiltrating human tissue by mechanical means, 458
including surgery, laser surgery, ionizing radiation, 459
therapeutic ultrasound, or the removal of intraocular foreign 460
bodies. "Operation" does not include the administration of 461
medication by injection, unless the injection is administered in 462
conjunction with a procedure infiltrating human tissue by 463
mechanical means other than the administration of medicine by 464
injection. "Operation" does not include routine dental 465
restorative procedures, the scaling of teeth, or extractions of 466
teeth that are not impacted. 467

(10) "Tort action" means a civil action for damages for 468
injury, death, or loss to person or property other than a civil 469
action for damages for a breach of contract or another agreement 470
between persons or government entities. 471

(11) "Volunteer" means an individual who provides any 472
medical, dental, or other health-care related diagnosis, care, 473
or treatment without the expectation of receiving and without 474
receipt of any compensation or other form of remuneration from 475
an indigent and uninsured person, another person on behalf of an 476
indigent and uninsured person, any health care facility or 477
location, any nonprofit health care referral organization, or 478
any other person or government entity. 479

(12) "Community control sanction" has the same meaning as 480
in section 2929.01 of the Revised Code. 481

(13) "Deep sedation" means a drug-induced depression of 482
consciousness during which a patient cannot be easily aroused 483

but responds purposefully following repeated or painful 484
stimulation, a patient's ability to independently maintain 485
ventilatory function may be impaired, a patient may require 486
assistance in maintaining a patent airway and spontaneous 487
ventilation may be inadequate, and cardiovascular function is 488
usually maintained. 489

(14) "General anesthesia" means a drug-induced loss of 490
consciousness during which a patient is not arousable, even by 491
painful stimulation, the ability to independently maintain 492
ventilatory function is often impaired, a patient often requires 493
assistance in maintaining a patent airway, positive pressure 494
ventilation may be required because of depressed spontaneous 495
ventilation or drug-induced depression of neuromuscular 496
function, and cardiovascular function may be impaired. 497

(B) (1) Subject to divisions (F) and (G) (3) of this 498
section, a health care professional who is a volunteer and 499
complies with division (B) (2) of this section is not liable in 500
damages to any person or government entity in a tort or other 501
civil action, including an action on a medical, dental, 502
chiropractic, optometric, or other health-related claim, for 503
injury, death, or loss to person or property that allegedly 504
arises from an action or omission of the volunteer in the 505
provision to an indigent and uninsured person of medical, 506
dental, or other health-related diagnosis, care, or treatment, 507
including the provision of samples of medicine and other medical 508
products, unless the action or omission constitutes willful or 509
wanton misconduct. 510

(2) To qualify for the immunity described in division (B) 511
(1) of this section, a health care professional shall do all of 512
the following prior to providing diagnosis, care, or treatment: 513

(a) Determine, in good faith, that the indigent and 514
uninsured person is mentally capable of giving informed consent 515
to the provision of the diagnosis, care, or treatment and is not 516
subject to duress or under undue influence; 517

(b) Inform the person of the provisions of this section, 518
including notifying the person that, by giving informed consent 519
to the provision of the diagnosis, care, or treatment, the 520
person cannot hold the health care professional liable for 521
damages in a tort or other civil action, including an action on 522
a medical, dental, chiropractic, optometric, or other health- 523
related claim, unless the action or omission of the health care 524
professional constitutes willful or wanton misconduct; 525

(c) Obtain the informed consent of the person and a 526
written waiver, signed by the person or by another individual on 527
behalf of and in the presence of the person, that states that 528
the person is mentally competent to give informed consent and, 529
without being subject to duress or under undue influence, gives 530
informed consent to the provision of the diagnosis, care, or 531
treatment subject to the provisions of this section. A written 532
waiver under division (B) (2) (c) of this section shall state 533
clearly and in conspicuous type that the person or other 534
individual who signs the waiver is signing it with full 535
knowledge that, by giving informed consent to the provision of 536
the diagnosis, care, or treatment, the person cannot bring a 537
tort or other civil action, including an action on a medical, 538
dental, chiropractic, optometric, or other health-related claim, 539
against the health care professional unless the action or 540
omission of the health care professional constitutes willful or 541
wanton misconduct. 542

(3) A physician or podiatrist who is not covered by 543

medical malpractice insurance, but complies with division (B) (2) 544
of this section, is not required to comply with division (A) of 545
section 4731.143 of the Revised Code. 546

(C) Subject to divisions (F) and (G) (3) of this section, 547
health care workers who are volunteers are not liable in damages 548
to any person or government entity in a tort or other civil 549
action, including an action upon a medical, dental, 550
chiropractic, optometric, or other health-related claim, for 551
injury, death, or loss to person or property that allegedly 552
arises from an action or omission of the health care worker in 553
the provision to an indigent and uninsured person of medical, 554
dental, or other health-related diagnosis, care, or treatment, 555
unless the action or omission constitutes willful or wanton 556
misconduct. 557

(D) Subject to divisions (F) and (G) (3) of this section, a 558
nonprofit health care referral organization is not liable in 559
damages to any person or government entity in a tort or other 560
civil action, including an action on a medical, dental, 561
chiropractic, optometric, or other health-related claim, for 562
injury, death, or loss to person or property that allegedly 563
arises from an action or omission of the nonprofit health care 564
referral organization in referring indigent and uninsured 565
persons to, or arranging for the provision of, medical, dental, 566
or other health-related diagnosis, care, or treatment by a 567
health care professional described in division (B) (1) of this 568
section or a health care worker described in division (C) of 569
this section, unless the action or omission constitutes willful 570
or wanton misconduct. 571

(E) Subject to divisions (F) and (G) (3) of this section 572
and to the extent that the registration requirements of section 573

3701.071 of the Revised Code apply, a health care facility or 574
location associated with a health care professional described in 575
division (B) (1) of this section, a health care worker described 576
in division (C) of this section, or a nonprofit health care 577
referral organization described in division (D) of this section 578
is not liable in damages to any person or government entity in a 579
tort or other civil action, including an action on a medical, 580
dental, chiropractic, optometric, or other health-related claim, 581
for injury, death, or loss to person or property that allegedly 582
arises from an action or omission of the health care 583
professional or worker or nonprofit health care referral 584
organization relative to the medical, dental, or other health- 585
related diagnosis, care, or treatment provided to an indigent 586
and uninsured person on behalf of or at the health care facility 587
or location, unless the action or omission constitutes willful 588
or wanton misconduct. 589

(F) (1) Except as provided in division (F) (2) of this 590
section, the immunities provided by divisions (B), (C), (D), and 591
(E) of this section are not available to a health care 592
professional, health care worker, nonprofit health care referral 593
organization, or health care facility or location if, at the 594
time of an alleged injury, death, or loss to person or property, 595
the health care professionals or health care workers involved 596
are providing one of the following: 597

(a) Any medical, dental, or other health-related 598
diagnosis, care, or treatment pursuant to a community service 599
work order entered by a court under division (B) of section 600
2951.02 of the Revised Code or imposed by a court as a community 601
control sanction; 602

(b) Performance of an operation to which any one of the 603

following applies: 604

(i) The operation requires the administration of deep 605
sedation or general anesthesia. 606

(ii) The operation is a procedure that is not typically 607
performed in an office. 608

(iii) The individual involved is a health care 609
professional, and the operation is beyond the scope of practice 610
or the education, training, and competence, as applicable, of 611
the health care professional. 612

(c) Delivery of a baby or any other purposeful termination 613
of a human pregnancy. 614

(2) Division (F)(1) of this section does not apply when a 615
health care professional or health care worker provides medical, 616
dental, or other health-related diagnosis, care, or treatment 617
that is necessary to preserve the life of a person in a medical 618
emergency. 619

(G)(1) This section does not create a new cause of action 620
or substantive legal right against a health care professional, 621
health care worker, nonprofit health care referral organization, 622
or health care facility or location. 623

(2) This section does not affect any immunities from civil 624
liability or defenses established by another section of the 625
Revised Code or available at common law to which a health care 626
professional, health care worker, nonprofit health care referral 627
organization, or health care facility or location may be 628
entitled in connection with the provision of emergency or other 629
medical, dental, or other health-related diagnosis, care, or 630
treatment. 631

(3) This section does not grant an immunity from tort or 632
other civil liability to a health care professional, health care 633
worker, nonprofit health care referral organization, or health 634
care facility or location for actions that are outside the scope 635
of authority of health care professionals or health care 636
workers. 637

In the case of the diagnosis, care, or treatment of an 638
indigent and uninsured person who is eligible for the medicaid 639
program or is a medicaid recipient, this section grants an 640
immunity from tort or other civil liability only if the person's 641
diagnosis, care, or treatment is provided in a free clinic, as 642
defined in section 3701.071 of the Revised Code. 643

(4) This section does not affect any legal responsibility 644
of a health care professional, health care worker, or nonprofit 645
health care referral organization to comply with any applicable 646
law of this state or rule of an agency of this state. 647

(5) This section does not affect any legal responsibility 648
of a health care facility or location to comply with any 649
applicable law of this state, rule of an agency of this state, 650
or local code, ordinance, or regulation that pertains to or 651
regulates building, housing, air pollution, water pollution, 652
sanitation, health, fire, zoning, or safety. 653

Sec. 2317.02. The following persons shall not testify in 654
certain respects: 655

(A) (1) An attorney, concerning a communication made to the 656
attorney by a client in that relation or concerning the 657
attorney's advice to a client, except that the attorney may 658
testify by express consent of the client or, if the client is 659
deceased, by the express consent of the surviving spouse or the 660

executor or administrator of the estate of the deceased client. 661
However, if the client voluntarily reveals the substance of 662
attorney-client communications in a nonprivileged context or is 663
deemed by section 2151.421 of the Revised Code to have waived 664
any testimonial privilege under this division, the attorney may 665
be compelled to testify on the same subject. 666

The testimonial privilege established under this division 667
does not apply concerning a communication between a client who 668
has since died and the deceased client's attorney if the 669
communication is relevant to a dispute between parties who claim 670
through that deceased client, regardless of whether the claims 671
are by testate or intestate succession or by inter vivos 672
transaction, and the dispute addresses the competency of the 673
deceased client when the deceased client executed a document 674
that is the basis of the dispute or whether the deceased client 675
was a victim of fraud, undue influence, or duress when the 676
deceased client executed a document that is the basis of the 677
dispute. 678

(2) An attorney, concerning a communication made to the 679
attorney by a client in that relationship or the attorney's 680
advice to a client, except that if the client is an insurance 681
company, the attorney may be compelled to testify, subject to an 682
in camera inspection by a court, about communications made by 683
the client to the attorney or by the attorney to the client that 684
are related to the attorney's aiding or furthering an ongoing or 685
future commission of bad faith by the client, if the party 686
seeking disclosure of the communications has made a prima-facie 687
showing of bad faith, fraud, or criminal misconduct by the 688
client. 689

(B) (1) A physician, advanced practice registered nurse, or 690

~~a~~-dentist concerning a communication made to the physician, advanced practice registered nurse, or dentist by a patient in that relation or the ~~physician's or dentist's~~ advice of a physician, advanced practice registered nurse, or dentist given to a patient, except as otherwise provided in this division, division (B) (2), and division (B) (3) of this section, and except that, if the patient is deemed by section 2151.421 of the Revised Code to have waived any testimonial privilege under this division, the physician or advanced practice registered nurse may be compelled to testify on the same subject.

The testimonial privilege established under this division does not apply, and a physician, advanced practice registered nurse, or dentist may testify or may be compelled to testify, in any of the following circumstances:

(a) In any civil action, in accordance with the discovery provisions of the Rules of Civil Procedure in connection with a civil action, or in connection with a claim under Chapter 4123. of the Revised Code, under any of the following circumstances:

(i) If the patient or the guardian or other legal representative of the patient gives express consent;

(ii) If the patient is deceased, the spouse of the patient or the executor or administrator of the patient's estate gives express consent;

(iii) If a medical claim, dental claim, chiropractic claim, or optometric claim, as defined in section 2305.113 of the Revised Code, an action for wrongful death, any other type of civil action, or a claim under Chapter 4123. of the Revised Code is filed by the patient, the personal representative of the estate of the patient if deceased, or the patient's guardian or

other legal representative. 720

(b) In any civil action concerning court-ordered treatment 721
or services received by a patient, if the court-ordered 722
treatment or services were ordered as part of a case plan 723
journalized under section 2151.412 of the Revised Code or the 724
court-ordered treatment or services are necessary or relevant to 725
dependency, neglect, or abuse or temporary or permanent custody 726
proceedings under Chapter 2151. of the Revised Code. 727

(c) In any criminal action concerning any test or the 728
results of any test that determines the presence or 729
concentration of alcohol, a drug of abuse, a combination of 730
them, a controlled substance, or a metabolite of a controlled 731
substance in the patient's whole blood, blood serum or plasma, 732
breath, urine, or other bodily substance at any time relevant to 733
the criminal offense in question. 734

(d) In any criminal action against a physician, advanced 735
practice registered nurse, or dentist. In such an action, the 736
testimonial privilege established under this division does not 737
prohibit the admission into evidence, in accordance with the 738
Rules of Evidence, of a patient's medical or dental records or 739
other communications between a patient and the physician, 740
advanced practice registered nurse, or dentist that are related 741
to the action and obtained by subpoena, search warrant, or other 742
lawful means. A court that permits or compels a physician, 743
advanced practice registered nurse, or dentist to testify in 744
such an action or permits the introduction into evidence of 745
patient records or other communications in such an action shall 746
require that appropriate measures be taken to ensure that the 747
confidentiality of any patient named or otherwise identified in 748
the records is maintained. Measures to ensure confidentiality 749

that may be taken by the court include sealing its records or 750
deleting specific information from its records. 751

(e) (i) If the communication was between a patient who has 752
since died and the deceased patient's physician, advanced 753
practice registered nurse, or dentist, the communication is 754
relevant to a dispute between parties who claim through that 755
deceased patient, regardless of whether the claims are by 756
testate or intestate succession or by inter vivos transaction, 757
and the dispute addresses the competency of the deceased patient 758
when the deceased patient executed a document that is the basis 759
of the dispute or whether the deceased patient was a victim of 760
fraud, undue influence, or duress when the deceased patient 761
executed a document that is the basis of the dispute. 762

(ii) If neither the spouse of a patient nor the executor 763
or administrator of that patient's estate gives consent under 764
division (B) (1) (a) (ii) of this section, testimony or the 765
disclosure of the patient's medical records by a physician, 766
advanced practice registered nurse, dentist, or other health 767
care provider under division (B) (1) (e) (i) of this section is a 768
permitted use or disclosure of protected health information, as 769
defined in 45 C.F.R. 160.103, and an authorization or 770
opportunity to be heard shall not be required. 771

(iii) Division (B) (1) (e) (i) of this section does not 772
require a mental health professional to disclose psychotherapy 773
notes, as defined in 45 C.F.R. 164.501. 774

(iv) An interested person who objects to testimony or 775
disclosure under division (B) (1) (e) (i) of this section may seek 776
a protective order pursuant to Civil Rule 26. 777

(v) A person to whom protected health information is 778

disclosed under division (B) (1) (e) (i) of this section shall not 779
use or disclose the protected health information for any purpose 780
other than the litigation or proceeding for which the 781
information was requested and shall return the protected health 782
information to the covered entity or destroy the protected 783
health information, including all copies made, at the conclusion 784
of the litigation or proceeding. 785

(2) (a) If any law enforcement officer submits a written 786
statement to a health care provider that states that an official 787
criminal investigation has begun regarding a specified person or 788
that a criminal action or proceeding has been commenced against 789
a specified person, that requests the provider to supply to the 790
officer copies of any records the provider possesses that 791
pertain to any test or the results of any test administered to 792
the specified person to determine the presence or concentration 793
of alcohol, a drug of abuse, a combination of them, a controlled 794
substance, or a metabolite of a controlled substance in the 795
person's whole blood, blood serum or plasma, breath, or urine at 796
any time relevant to the criminal offense in question, and that 797
conforms to section 2317.022 of the Revised Code, the provider, 798
except to the extent specifically prohibited by any law of this 799
state or of the United States, shall supply to the officer a 800
copy of any of the requested records the provider possesses. If 801
the health care provider does not possess any of the requested 802
records, the provider shall give the officer a written statement 803
that indicates that the provider does not possess any of the 804
requested records. 805

(b) If a health care provider possesses any records of the 806
type described in division (B) (2) (a) of this section regarding 807
the person in question at any time relevant to the criminal 808
offense in question, in lieu of personally testifying as to the 809

results of the test in question, the custodian of the records 810
may submit a certified copy of the records, and, upon its 811
submission, the certified copy is qualified as authentic 812
evidence and may be admitted as evidence in accordance with the 813
Rules of Evidence. Division (A) of section 2317.422 of the 814
Revised Code does not apply to any certified copy of records 815
submitted in accordance with this division. Nothing in this 816
division shall be construed to limit the right of any party to 817
call as a witness the person who administered the test to which 818
the records pertain, the person under whose supervision the test 819
was administered, the custodian of the records, the person who 820
made the records, or the person under whose supervision the 821
records were made. 822

(3) (a) If the testimonial privilege described in division 823
(B) (1) of this section does not apply as provided in division 824
(B) (1) (a) (iii) of this section, a physician, advanced practice 825
registered nurse, or dentist may be compelled to testify or to 826
submit to discovery under the Rules of Civil Procedure only as 827
to a communication made to the physician, advanced practice 828
registered nurse, or dentist by the patient in question in that 829
relation, or the ~~physician's or dentist's~~ advice of the 830
physician, advanced practice registered nurse, or dentist given 831
to the patient in question, that related causally or 832
historically to physical or mental injuries that are relevant to 833
issues in the medical claim, dental claim, chiropractic claim, 834
or optometric claim, action for wrongful death, other civil 835
action, or claim under Chapter 4123. of the Revised Code. 836

(b) If the testimonial privilege described in division (B) 837
(1) of this section does not apply to a physician, advanced 838
practice registered nurse, or dentist as provided in division 839
(B) (1) (c) of this section, the physician, advanced practice 840

registered nurse, or dentist, in lieu of personally testifying 841
as to the results of the test in question, may submit a 842
certified copy of those results, and, upon its submission, the 843
certified copy is qualified as authentic evidence and may be 844
admitted as evidence in accordance with the Rules of Evidence. 845
Division (A) of section 2317.422 of the Revised Code does not 846
apply to any certified copy of results submitted in accordance 847
with this division. Nothing in this division shall be construed 848
to limit the right of any party to call as a witness the person 849
who administered the test in question, the person under whose 850
supervision the test was administered, the custodian of the 851
results of the test, the person who compiled the results, or the 852
person under whose supervision the results were compiled. 853

(4) The testimonial privilege described in division (B) (1) 854
of this section is not waived when a communication is made by a 855
physician or advanced practice registered nurse to a pharmacist 856
or when there is communication between a patient and a 857
pharmacist in furtherance of the physician-patient or advanced 858
practice registered-nurse patient relation. 859

(5) (a) As used in divisions (B) (1) to (4) of this section, 860
"communication" means acquiring, recording, or transmitting any 861
information, in any manner, concerning any facts, opinions, or 862
statements necessary to enable a physician, advanced practice 863
registered nurse, or dentist to diagnose, treat, prescribe, or 864
act for a patient. A "communication" may include, but is not 865
limited to, any medical or dental, office, or hospital 866
communication such as a record, chart, letter, memorandum, 867
laboratory test and results, x-ray, photograph, financial 868
statement, diagnosis, or prognosis. 869

(b) As used in division (B) (2) of this section, "health 870

care provider" means a hospital, ambulatory care facility, long-term care facility, pharmacy, emergency facility, or health care practitioner. 871
872
873

(c) As used in division (B) (5) (b) of this section: 874

(i) "Ambulatory care facility" means a facility that 875
provides medical, diagnostic, or surgical treatment to patients 876
who do not require hospitalization, including a dialysis center, 877
ambulatory surgical facility, cardiac catheterization facility, 878
diagnostic imaging center, extracorporeal shock wave lithotripsy 879
center, home health agency, inpatient hospice, birthing center, 880
radiation therapy center, emergency facility, and an urgent care 881
center. "Ambulatory health care facility" does not include the 882
private office of a physician, advanced practice registered 883
nurse, or dentist, whether the office is for an individual or 884
group practice. 885

(ii) "Emergency facility" means a hospital emergency 886
department or any other facility that provides emergency medical 887
services. 888

(iii) "Health care practitioner" has the same meaning as 889
in section 4769.01 of the Revised Code. 890

(iv) "Hospital" has the same meaning as in section 3727.01 891
of the Revised Code. 892

(v) "Long-term care facility" means a nursing home, 893
residential care facility, or home for the aging, as those terms 894
are defined in section 3721.01 of the Revised Code; a 895
residential facility licensed under section 5119.34 of the 896
Revised Code that provides accommodations, supervision, and 897
personal care services for three to sixteen unrelated adults; a 898
nursing facility, as defined in section 5165.01 of the Revised 899

Code; a skilled nursing facility, as defined in section 5165.01 900
of the Revised Code; and an intermediate care facility for 901
individuals with intellectual disabilities, as defined in 902
section 5124.01 of the Revised Code. 903

(vi) "Pharmacy" has the same meaning as in section 4729.01 904
of the Revised Code. 905

(d) As used in divisions (B) (1) and (2) of this section, 906
"drug of abuse" has the same meaning as in section 4506.01 of 907
the Revised Code. 908

(6) Divisions (B) (1), (2), (3), (4), and (5) of this 909
section apply to doctors of medicine, doctors of osteopathic 910
medicine, doctors of podiatry, advanced practice registered 911
nurses, and dentists. 912

(7) Nothing in divisions (B) (1) to (6) of this section 913
affects, or shall be construed as affecting, the immunity from 914
civil liability conferred by section 307.628 of the Revised Code 915
or the immunity from civil liability conferred by section 916
2305.33 of the Revised Code upon physicians or advanced practice 917
registered nurses who report an employee's use of a drug of 918
abuse, or a condition of an employee other than one involving 919
the use of a drug of abuse, to the employer of the employee in 920
accordance with division (B) of that section. As used in 921
division (B) (7) of this section, "employee," "employer," and 922
"physician" have the same meanings as in section 2305.33 of the 923
Revised Code and "advanced practice registered nurse" has the 924
same meaning as in section 4723.01 of the Revised Code. 925

(C) (1) A cleric, when the cleric remains accountable to 926
the authority of that cleric's church, denomination, or sect, 927
concerning a confession made, or any information confidentially 928

communicated, to the cleric for a religious counseling purpose 929
in the cleric's professional character. The cleric may testify 930
by express consent of the person making the communication, 931
except when the disclosure of the information is in violation of 932
a sacred trust and except that, if the person voluntarily 933
testifies or is deemed by division (A) (4) (c) of section 2151.421 934
of the Revised Code to have waived any testimonial privilege 935
under this division, the cleric may be compelled to testify on 936
the same subject except when disclosure of the information is in 937
violation of a sacred trust. 938

(2) As used in division (C) of this section: 939

(a) "Cleric" means a member of the clergy, rabbi, priest, 940
Christian Science practitioner, or regularly ordained, 941
accredited, or licensed minister of an established and legally 942
cognizable church, denomination, or sect. 943

(b) "Sacred trust" means a confession or confidential 944
communication made to a cleric in the cleric's ecclesiastical 945
capacity in the course of discipline enjoined by the church to 946
which the cleric belongs, including, but not limited to, the 947
Catholic Church, if both of the following apply: 948

(i) The confession or confidential communication was made 949
directly to the cleric. 950

(ii) The confession or confidential communication was made 951
in the manner and context that places the cleric specifically 952
and strictly under a level of confidentiality that is considered 953
inviolable by canon law or church doctrine. 954

(D) Husband or wife, concerning any communication made by 955
one to the other, or an act done by either in the presence of 956
the other, during coverture, unless the communication was made, 957

or act done, in the known presence or hearing of a third person 958
competent to be a witness; and such rule is the same if the 959
marital relation has ceased to exist; 960

(E) A person who assigns a claim or interest, concerning 961
any matter in respect to which the person would not, if a party, 962
be permitted to testify; 963

(F) A person who, if a party, would be restricted under 964
section 2317.03 of the Revised Code, when the property or thing 965
is sold or transferred by an executor, administrator, guardian, 966
trustee, heir, devisee, or legatee, shall be restricted in the 967
same manner in any action or proceeding concerning the property 968
or thing. 969

(G) (1) A school guidance counselor who holds a valid 970
educator license from the state board of education as provided 971
for in section 3319.22 of the Revised Code, a person licensed 972
under Chapter 4757. of the Revised Code as a licensed 973
professional clinical counselor, licensed professional 974
counselor, social worker, independent social worker, marriage 975
and family therapist or independent marriage and family 976
therapist, or registered under Chapter 4757. of the Revised Code 977
as a social work assistant concerning a confidential 978
communication received from a client in that relation or the 979
person's advice to a client unless any of the following applies: 980

(a) The communication or advice indicates clear and 981
present danger to the client or other persons. For the purposes 982
of this division, cases in which there are indications of 983
present or past child abuse or neglect of the client constitute 984
a clear and present danger. 985

(b) The client gives express consent to the testimony. 986

(c) If the client is deceased, the surviving spouse or the executor or administrator of the estate of the deceased client gives express consent.

(d) The client voluntarily testifies, in which case the school guidance counselor or person licensed or registered under Chapter 4757. of the Revised Code may be compelled to testify on the same subject.

(e) The court in camera determines that the information communicated by the client is not germane to the counselor-client, marriage and family therapist-client, or social worker-client relationship.

(f) A court, in an action brought against a school, its administration, or any of its personnel by the client, rules after an in-camera inspection that the testimony of the school guidance counselor is relevant to that action.

(g) The testimony is sought in a civil action and concerns court-ordered treatment or services received by a patient as part of a case plan journalized under section 2151.412 of the Revised Code or the court-ordered treatment or services are necessary or relevant to dependency, neglect, or abuse or temporary or permanent custody proceedings under Chapter 2151. of the Revised Code.

(2) Nothing in division (G) (1) of this section shall relieve a school guidance counselor or a person licensed or registered under Chapter 4757. of the Revised Code from the requirement to report information concerning child abuse or neglect under section 2151.421 of the Revised Code.

(H) A mediator acting under a mediation order issued under division (A) of section 3109.052 of the Revised Code or

otherwise issued in any proceeding for divorce, dissolution, 1016
legal separation, annulment, or the allocation of parental 1017
rights and responsibilities for the care of children, in any 1018
action or proceeding, other than a criminal, delinquency, child 1019
abuse, child neglect, or dependent child action or proceeding, 1020
that is brought by or against either parent who takes part in 1021
mediation in accordance with the order and that pertains to the 1022
mediation process, to any information discussed or presented in 1023
the mediation process, to the allocation of parental rights and 1024
responsibilities for the care of the parents' children, or to 1025
the awarding of parenting time rights in relation to their 1026
children; 1027

(I) A communications assistant, acting within the scope of 1028
the communication assistant's authority, when providing 1029
telecommunications relay service pursuant to section 4931.06 of 1030
the Revised Code or Title II of the "Communications Act of 1031
1934," 104 Stat. 366 (1990), 47 U.S.C. 225, concerning a 1032
communication made through a telecommunications relay service. 1033
Nothing in this section shall limit the obligation of a 1034
communications assistant to divulge information or testify when 1035
mandated by federal law or regulation or pursuant to subpoena in 1036
a criminal proceeding. 1037

Nothing in this section shall limit any immunity or 1038
privilege granted under federal law or regulation. 1039

(J) (1) A chiropractor in a civil proceeding concerning a 1040
communication made to the chiropractor by a patient in that 1041
relation or the chiropractor's advice to a patient, except as 1042
otherwise provided in this division. The testimonial privilege 1043
established under this division does not apply, and a 1044
chiropractor may testify or may be compelled to testify, in any 1045

civil action, in accordance with the discovery provisions of the 1046
Rules of Civil Procedure in connection with a civil action, or 1047
in connection with a claim under Chapter 4123. of the Revised 1048
Code, under any of the following circumstances: 1049

(a) If the patient or the guardian or other legal 1050
representative of the patient gives express consent. 1051

(b) If the patient is deceased, the spouse of the patient 1052
or the executor or administrator of the patient's estate gives 1053
express consent. 1054

(c) If a medical claim, dental claim, chiropractic claim, 1055
or optometric claim, as defined in section 2305.113 of the 1056
Revised Code, an action for wrongful death, any other type of 1057
civil action, or a claim under Chapter 4123. of the Revised Code 1058
is filed by the patient, the personal representative of the 1059
estate of the patient if deceased, or the patient's guardian or 1060
other legal representative. 1061

(2) If the testimonial privilege described in division (J) 1062
(1) of this section does not apply as provided in division (J) 1063
(1)(c) of this section, a chiropractor may be compelled to 1064
testify or to submit to discovery under the Rules of Civil 1065
Procedure only as to a communication made to the chiropractor by 1066
the patient in question in that relation, or the chiropractor's 1067
advice to the patient in question, that related causally or 1068
historically to physical or mental injuries that are relevant to 1069
issues in the medical claim, dental claim, chiropractic claim, 1070
or optometric claim, action for wrongful death, other civil 1071
action, or claim under Chapter 4123. of the Revised Code. 1072

(3) The testimonial privilege established under this 1073
division does not apply, and a chiropractor may testify or be 1074

compelled to testify, in any criminal action or administrative proceeding. 1075
1076

(4) As used in this division, "communication" means 1077
acquiring, recording, or transmitting any information, in any 1078
manner, concerning any facts, opinions, or statements necessary 1079
to enable a chiropractor to diagnose, treat, or act for a 1080
patient. A communication may include, but is not limited to, any 1081
chiropractic, office, or hospital communication such as a 1082
record, chart, letter, memorandum, laboratory test and results, 1083
x-ray, photograph, financial statement, diagnosis, or prognosis. 1084

(K) (1) Except as provided under division (K) (2) of this 1085
section, a critical incident stress management team member 1086
concerning a communication received from an individual who 1087
receives crisis response services from the team member, or the 1088
team member's advice to the individual, during a debriefing 1089
session. 1090

(2) The testimonial privilege established under division 1091
(K) (1) of this section does not apply if any of the following 1092
are true: 1093

(a) The communication or advice indicates clear and 1094
present danger to the individual who receives crisis response 1095
services or to other persons. For purposes of this division, 1096
cases in which there are indications of present or past child 1097
abuse or neglect of the individual constitute a clear and 1098
present danger. 1099

(b) The individual who received crisis response services 1100
gives express consent to the testimony. 1101

(c) If the individual who received crisis response 1102
services is deceased, the surviving spouse or the executor or 1103

administrator of the estate of the deceased individual gives 1104
express consent. 1105

(d) The individual who received crisis response services 1106
voluntarily testifies, in which case the team member may be 1107
compelled to testify on the same subject. 1108

(e) The court in camera determines that the information 1109
communicated by the individual who received crisis response 1110
services is not germane to the relationship between the 1111
individual and the team member. 1112

(f) The communication or advice pertains or is related to 1113
any criminal act. 1114

(3) As used in division (K) of this section: 1115

(a) "Crisis response services" means consultation, risk 1116
assessment, referral, and on-site crisis intervention services 1117
provided by a critical incident stress management team to 1118
individuals affected by crisis or disaster. 1119

(b) "Critical incident stress management team member" or 1120
"team member" means an individual specially trained to provide 1121
crisis response services as a member of an organized community 1122
or local crisis response team that holds membership in the Ohio 1123
critical incident stress management network. 1124

(c) "Debriefing session" means a session at which crisis 1125
response services are rendered by a critical incident stress 1126
management team member during or after a crisis or disaster. 1127

(L) (1) Subject to division (L) (2) of this section and 1128
except as provided in division (L) (3) of this section, an 1129
employee assistance professional, concerning a communication 1130
made to the employee assistance professional by a client in the 1131

employee assistance professional's official capacity as an	1132
employee assistance professional.	1133
(2) Division (L)(1) of this section applies to an employee	1134
assistance professional who meets either or both of the	1135
following requirements:	1136
(a) Is certified by the employee assistance certification	1137
commission to engage in the employee assistance profession;	1138
(b) Has education, training, and experience in all of the	1139
following:	1140
(i) Providing workplace-based services designed to address	1141
employer and employee productivity issues;	1142
(ii) Providing assistance to employees and employees'	1143
dependents in identifying and finding the means to resolve	1144
personal problems that affect the employees or the employees'	1145
performance;	1146
(iii) Identifying and resolving productivity problems	1147
associated with an employee's concerns about any of the	1148
following matters: health, marriage, family, finances, substance	1149
abuse or other addiction, workplace, law, and emotional issues;	1150
(iv) Selecting and evaluating available community	1151
resources;	1152
(v) Making appropriate referrals;	1153
(vi) Local and national employee assistance agreements;	1154
(vii) Client confidentiality.	1155
(3) Division (L)(1) of this section does not apply to any	1156
of the following:	1157
(a) A criminal action or proceeding involving an offense	1158

under sections 2903.01 to 2903.06 of the Revised Code if the 1159
employee assistance professional's disclosure or testimony 1160
relates directly to the facts or immediate circumstances of the 1161
offense; 1162

(b) A communication made by a client to an employee 1163
assistance professional that reveals the contemplation or 1164
commission of a crime or serious, harmful act; 1165

(c) A communication that is made by a client who is an 1166
unemancipated minor or an adult adjudicated to be incompetent 1167
and indicates that the client was the victim of a crime or 1168
abuse; 1169

(d) A civil proceeding to determine an individual's mental 1170
competency or a criminal action in which a plea of not guilty by 1171
reason of insanity is entered; 1172

(e) A civil or criminal malpractice action brought against 1173
the employee assistance professional; 1174

(f) When the employee assistance professional has the 1175
express consent of the client or, if the client is deceased or 1176
disabled, the client's legal representative; 1177

(g) When the testimonial privilege otherwise provided by 1178
division (L) (1) of this section is abrogated under law. 1179

Sec. 2919.171. (A) A physician who performs or induces or 1180
attempts to perform or induce an abortion on a pregnant woman 1181
shall submit a report to the department of health in accordance 1182
with the forms, rules, and regulations adopted by the department 1183
that includes all of the information the physician is required 1184
to certify in writing or determine under sections 2919.17 and 1185
2919.18 of the Revised Code: 1186

(B) By September 30 of each year, the department of health shall issue a public report that provides statistics for the previous calendar year compiled from all of the reports covering that calendar year submitted to the department in accordance with this section for each of the items listed in division (A) of this section. The report shall also provide the statistics for each previous calendar year in which a report was filed with the department pursuant to this section, adjusted to reflect any additional information that a physician provides to the department in a late or corrected report. The department shall ensure that none of the information included in the report could reasonably lead to the identification of any pregnant woman upon whom an abortion is performed.

(C) (1) The physician shall submit the report described in division (A) of this section to the department of health within fifteen days after the woman is discharged. If the physician fails to submit the report more than thirty days after that fifteen-day deadline, the physician shall be subject to a late fee of five hundred dollars for each additional thirty-day period or portion of a thirty-day period the report is overdue. A physician who is required to submit to the department of health a report under division (A) of this section and who has not submitted a report or has submitted an incomplete report more than one year following the fifteen-day deadline may, in an action brought by the department of health, be directed by a court of competent jurisdiction to submit a complete report to the department of health within a period of time stated in a court order or be subject to contempt of court.

(2) If a physician fails to comply with the requirements of this section, other than filing a late report with the department of health, or fails to submit a complete report to

the department of health in accordance with a court order, the 1218
physician is subject to division (B) ~~(41)~~ (43) of section 4731.22 1219
of the Revised Code. 1220

(3) No person shall falsify any report required under this 1221
section. Whoever violates this division is guilty of abortion 1222
report falsification, a misdemeanor of the first degree. 1223

(D) Within ninety days of ~~the effective date of this~~ 1224
~~section~~ October 20, 2011, the department of health shall adopt 1225
rules pursuant to section 111.15 of the Revised Code to assist 1226
in compliance with this section. 1227

Sec. 2921.22. (A) (1) Except as provided in division (A) (2) 1228
of this section, no person, knowing that a felony has been or is 1229
being committed, shall knowingly fail to report such information 1230
to law enforcement authorities. 1231

(2) No person, knowing that a violation of division (B) of 1232
section 2913.04 of the Revised Code has been, or is being 1233
committed or that the person has received information derived 1234
from such a violation, shall knowingly fail to report the 1235
violation to law enforcement authorities. 1236

(B) Except for conditions that are within the scope of 1237
division (E) of this section, no ~~physician, limited~~ 1238
~~practitioner, nurse, or other~~ person giving aid to a sick or 1239
injured person shall negligently fail to report to law 1240
enforcement authorities any gunshot or stab wound treated or 1241
observed by the ~~physician, limited practitioner, nurse, or~~ 1242
person, or any serious physical harm to persons that the 1243
~~physician, limited practitioner, nurse, or~~ person knows or has 1244
reasonable cause to believe resulted from an offense of 1245
violence. 1246

(C) No person who discovers the body or acquires the first 1247
knowledge of the death of a person shall fail to report the 1248
death immediately to a physician or advanced practice registered 1249
nurse whom the person knows to be treating the deceased for a 1250
condition from which death at such time would not be unexpected, 1251
or to a law enforcement officer, an ambulance service, an 1252
emergency squad, or the coroner in a political subdivision in 1253
which the body is discovered, the death is believed to have 1254
occurred, or knowledge concerning the death is obtained. 1255

(D) No person shall fail to provide upon request of the 1256
person to whom a report required by division (C) of this section 1257
was made, or to any law enforcement officer who has reasonable 1258
cause to assert the authority to investigate the circumstances 1259
surrounding the death, any facts within the person's knowledge 1260
that may have a bearing on the investigation of the death. 1261

(E) (1) As used in this division, "burn injury" means any 1262
of the following: 1263

(a) Second or third degree burns; 1264

(b) Any burns to the upper respiratory tract or laryngeal 1265
edema due to the inhalation of superheated air; 1266

(c) Any burn injury or wound that may result in death; 1267

(d) Any physical harm to persons caused by or as the 1268
result of the use of fireworks, novelties and trick noisemakers, 1269
and wire sparklers, as each is defined by section 3743.01 of the 1270
Revised Code. 1271

(2) No physician, nurse, physician assistant, or limited 1272
practitioner who, outside a hospital, sanitarium, or other 1273
medical facility, attends or treats a person who has sustained a 1274
burn injury that is inflicted by an explosion or other 1275

incendiary device or that shows evidence of having been 1276
inflicted in a violent, malicious, or criminal manner shall fail 1277
to report the burn injury immediately to the local arson, or 1278
fire and explosion investigation, bureau, if there is a bureau 1279
of this type in the jurisdiction in which the person is attended 1280
or treated, or otherwise to local law enforcement authorities. 1281

(3) No manager, superintendent, or other person in charge 1282
of a hospital, sanitarium, or other medical facility in which a 1283
person is attended or treated for any burn injury that is 1284
inflicted by an explosion or other incendiary device or that 1285
shows evidence of having been inflicted in a violent, malicious, 1286
or criminal manner shall fail to report the burn injury 1287
immediately to the local arson, or fire and explosion 1288
investigation, bureau, if there is a bureau of this type in the 1289
jurisdiction in which the person is attended or treated, or 1290
otherwise to local law enforcement authorities. 1291

(4) No person who is required to report any burn injury 1292
under division (E) (2) or (3) of this section shall fail to file, 1293
within three working days after attending or treating the 1294
victim, a written report of the burn injury with the office of 1295
the state fire marshal. The report shall comply with the uniform 1296
standard developed by the state fire marshal pursuant to 1297
division (A) (15) of section 3737.22 of the Revised Code. 1298

(5) Anyone participating in the making of reports under 1299
division (E) of this section or anyone participating in a 1300
judicial proceeding resulting from the reports is immune from 1301
any civil or criminal liability that otherwise might be incurred 1302
or imposed as a result of such actions. Notwithstanding section 1303
4731.22 of the Revised Code, the physician-patient relationship 1304
or advanced practice registered nurse-patient relationship is 1305

not a ground for excluding evidence regarding a person's burn 1306
injury or the cause of the burn injury in any judicial 1307
proceeding resulting from a report submitted under division (E) 1308
of this section. 1309

(F) (1) Any doctor of medicine or osteopathic medicine, 1310
hospital intern or resident, ~~registered or licensed practical~~ 1311
nurse, psychologist, social worker, independent social worker, 1312
social work assistant, licensed professional clinical counselor, 1313
licensed professional counselor, independent marriage and family 1314
therapist, or marriage and family therapist who knows or has 1315
reasonable cause to believe that a patient or client has been 1316
the victim of domestic violence, as defined in section 3113.31 1317
of the Revised Code, shall note that knowledge or belief and the 1318
basis for it in the patient's or client's records. 1319

(2) Notwithstanding section 4731.22 of the Revised Code, 1320
the doctor-patient privilege or advanced practice registered 1321
nurse-patient privilege shall not be a ground for excluding any 1322
information regarding the report containing the knowledge or 1323
belief noted under division (F) (1) of this section, and the 1324
information may be admitted as evidence in accordance with the 1325
Rules of Evidence. 1326

(G) Divisions (A) and (D) of this section do not require 1327
disclosure of information, when any of the following applies: 1328

(1) The information is privileged by reason of the 1329
relationship between attorney and client; doctor and patient; 1330
advanced practice registered nurse and patient; licensed 1331
psychologist or licensed school psychologist and client; 1332
licensed professional clinical counselor, licensed professional 1333
counselor, independent social worker, social worker, independent 1334
marriage and family therapist, or marriage and family therapist 1335

and client; member of the clergy, rabbi, minister, or priest and 1336
any person communicating information confidentially to the 1337
member of the clergy, rabbi, minister, or priest for a religious 1338
counseling purpose of a professional character; husband and 1339
wife; or a communications assistant and those who are a party to 1340
a telecommunications relay service call. 1341

(2) The information would tend to incriminate a member of 1342
the actor's immediate family. 1343

(3) Disclosure of the information would amount to 1344
revealing a news source, privileged under section 2739.04 or 1345
2739.12 of the Revised Code. 1346

(4) Disclosure of the information would amount to 1347
disclosure by a member of the ordained clergy of an organized 1348
religious body of a confidential communication made to that 1349
member of the clergy in that member's capacity as a member of 1350
the clergy by a person seeking the aid or counsel of that member 1351
of the clergy. 1352

(5) Disclosure would amount to revealing information 1353
acquired by the actor in the course of the actor's duties in 1354
connection with a bona fide program of treatment or services for 1355
drug dependent persons or persons in danger of drug dependence, 1356
which program is maintained or conducted by a hospital, clinic, 1357
person, agency, or services provider certified pursuant to 1358
section 5119.36 of the Revised Code. 1359

(6) Disclosure would amount to revealing information 1360
acquired by the actor in the course of the actor's duties in 1361
connection with a bona fide program for providing counseling 1362
services to victims of crimes that are violations of section 1363
2907.02 or 2907.05 of the Revised Code or to victims of 1364

felonious sexual penetration in violation of former section 1365
2907.12 of the Revised Code. As used in this division, 1366
"counseling services" include services provided in an informal 1367
setting by a person who, by education or experience, is 1368
competent to provide those services. 1369

(H) No disclosure of information pursuant to this section 1370
gives rise to any liability or recrimination for a breach of 1371
privilege or confidence. 1372

(I) Whoever violates division (A) or (B) of this section 1373
is guilty of failure to report a crime. Violation of division 1374
(A) (1) of this section is a misdemeanor of the fourth degree. 1375
Violation of division (A) (2) or (B) of this section is a 1376
misdemeanor of the second degree. 1377

(J) Whoever violates division (C) or (D) of this section 1378
is guilty of failure to report knowledge of a death, a 1379
misdemeanor of the fourth degree. 1380

(K) (1) Whoever negligently violates division (E) of this 1381
section is guilty of a minor misdemeanor. 1382

(2) Whoever knowingly violates division (E) of this 1383
section is guilty of a misdemeanor of the second degree. 1384

(L) As used in this section, "nurse" includes an advanced 1385
practice registered nurse, registered nurse, and licensed 1386
practical nurse. 1387

Sec. 2925.61. (A) As used in this section: 1388

(1) "Administer naloxone" means to give naloxone to a 1389
person by either of the following routes: 1390

(a) Using a device manufactured for the intranasal 1391
administration of liquid drugs; 1392

(b) Using an autoinjector in a manufactured dosage form.	1393
(2) "Law enforcement agency" means a government entity that employs peace officers to perform law enforcement duties.	1394 1395
(3) "Licensed health professional" means all of the following:	1396 1397
(a) A physician who is authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery;	1398 1399 1400
(b) A physician assistant who holds a certificate to prescribe issued under Chapter 4730. of the Revised Code;	1401 1402
(c) A clinical nurse specialist, certified nurse midwife, or certified nurse practitioner who holds a certificate to prescribe <u>An advanced practice registered nurse who holds a current, valid license issued under section 4723.48 Chapter 4723.</u> of the Revised Code.	1403 1404 1405 1406 1407
(4) "Peace officer" has the same meaning as in section 2921.51 of the Revised Code.	1408 1409
(B) A family member, friend, or other individual who is in a position to assist an individual who is apparently experiencing or at risk of experiencing an opioid-related overdose, is not subject to criminal prosecution for a violation of section 4731.41 of the Revised Code or criminal prosecution under this chapter if the individual, acting in good faith, does all of the following:	1410 1411 1412 1413 1414 1415 1416
(1) Obtains naloxone from a licensed health professional or a prescription for naloxone from a licensed health professional;	1417 1418 1419
(2) Administers that naloxone to an individual who is	1420

apparently experiencing an opioid-related overdose; 1421

(3) Attempts to summon emergency services either 1422
immediately before or immediately after administering the 1423
naloxone. 1424

(C) Division (B) of this section does not apply to a peace 1425
officer or to an emergency medical technician-basic, emergency 1426
medical technician-intermediate, or emergency medical 1427
technician-paramedic, as defined in section 4765.01 of the 1428
Revised Code. 1429

(D) A peace officer employed by a law enforcement agency 1430
is not subject to administrative action, criminal prosecution 1431
for a violation of section 4731.41 of the Revised Code, or 1432
criminal prosecution under this chapter if the peace officer, 1433
acting in good faith, obtains naloxone from the peace officer's 1434
law enforcement agency and administers the naloxone to an 1435
individual who is apparently experiencing an opioid-related 1436
overdose. 1437

Sec. 3701.351. (A) The governing body of every hospital 1438
shall set standards and procedures to be applied by the hospital 1439
and its medical staff in considering and acting upon 1440
applications for staff membership or professional privileges. 1441
These standards and procedures shall be available for public 1442
inspection. 1443

(B) The governing body of any hospital, in considering and 1444
acting upon applications for staff membership or professional 1445
privileges within the scope of the applicants' respective 1446
licensure, shall not discriminate against a qualified person 1447
solely on the basis of whether that person is certified to 1448
practice medicine, osteopathic medicine, or podiatry, ~~or is~~ 1449

licensed to practice dentistry or psychology, or is licensed to 1450
practice nursing as an advanced practice registered nurse. Staff 1451
membership or professional privileges shall be considered and 1452
acted on in accordance with standards and procedures established 1453
under division (A) of this section. This section does not permit 1454
a psychologist to admit a patient to a hospital in violation of 1455
section 3727.06 of the Revised Code. 1456

(C) The governing body of any hospital that is licensed to 1457
provide maternity services, in considering and acting upon 1458
applications for clinical privileges, shall not discriminate 1459
against a qualified person solely on the basis that the person 1460
is authorized to practice nurse-midwifery. ~~An application from a~~ 1461
~~certified nurse midwife who is not employed by the hospital~~ 1462
~~shall contain the name of a physician member of the hospital's~~ 1463
~~medical staff who holds clinical privileges in obstetrics at~~ 1464
~~that hospital and who has agreed to be the collaborating~~ 1465
~~physician for the applicant in accordance with section 4723.43~~ 1466
~~of the Revised Code.~~ 1467

(D) Any person may apply to the court of common pleas for 1468
temporary or permanent injunctions restraining a violation of 1469
division (A), (B), or (C) of this section. This action is an 1470
additional remedy not dependent on the adequacy of the remedy at 1471
law. 1472

(E) (1) If a hospital does not provide or permit the 1473
provision of any diagnostic or treatment service for mental or 1474
emotional disorders or any other service that may be legally 1475
performed by a psychologist licensed under Chapter 4732. of the 1476
Revised Code, this section does not require the hospital to 1477
provide or permit the provision of any such service and the 1478
hospital shall be exempt from requirements of this section 1479

pertaining to psychologists. 1480

(2) This section does not impair the right of a hospital 1481
to enter into an employment, personal service, or any other kind 1482
of contract with a licensed psychologist, upon any such terms as 1483
the parties may mutually agree, for the provision of any service 1484
that may be legally performed by a licensed psychologist. 1485

Sec. 3701.926. (A) To be eligible for inclusion in the 1486
patient centered medical home education pilot project, a primary 1487
care practice led by physicians shall meet all of the following 1488
requirements: 1489

(1) Consist of physicians who are board-certified in 1490
family medicine, general pediatrics, or internal medicine, as 1491
those designations are issued by a medical specialty certifying 1492
board recognized by the American board of medical specialties or 1493
American osteopathic association; 1494

(2) Be capable of adapting the practice during the period 1495
in which the practice participates in the patient centered 1496
medical home education pilot project in such a manner that the 1497
practice is fully compliant with the minimum standards for 1498
operation of a patient centered medical home, as those standards 1499
are established by the director of health; 1500

(3) Have submitted an application to participate in the 1501
project established under former section 185.05 of the Revised 1502
Code not later than April 15, 2011. 1503

(4) Meet any other criteria established by the director as 1504
part of the selection process. 1505

(B) To be eligible for inclusion in the pilot project, a 1506
primary care practice led by advanced practice registered nurses 1507
shall meet all of the following requirements: 1508

(1) Consist of advanced practice registered nurses, each	1509
of whom meets all of the following requirements:	1510
(a) Holds a certificate to prescribe issued under section	1511
4723.48 of the Revised Code;	1512
(b) Is <u>is board-certified by a national certifying</u>	1513
<u>organization approved by the board of nursing pursuant to</u>	1514
<u>section 4723.46 of the Revised Code</u> as a family nurse	1515
practitioner or, adult nurse practitioner by the American	1516
academy of nurse practitioners or American nurses credentialing	1517
center, board-certified as a geriatric adult-gerontology nurse	1518
practitioner or, women's health nurse practitioner by the	1519
American nurses credentialing center, or is board-certified as a	1520
pediatric nurse practitioner by the American nurses	1521
credentialing center or pediatric nursing certification board;	1522
(c) Collaborates under a standard care arrangement with a	1523
physician with board certification as specified in division (A)	1524
(1) of this section and who is an active participant on the	1525
health care team.	1526
(2) Be capable of adapting the practice during the period	1527
in which the practice participates in the project in such a	1528
manner that the practice is fully compliant with the minimum	1529
standards for operation of a patient centered medical home, as	1530
those standards are established by the director;	1531
(3) Have submitted an application to participate in the	1532
project established under former section 185.05 of the Revised	1533
Code not later than April 15, 2011.	1534
(4) Meet any other criteria established by the director as	1535
part of the selection process.	1536
Sec. 3705.16. (A) For purposes of this section	1537

notwithstanding section 3705.01 of the Revised Code, "fetal 1538
death" does not include death of the product of human conception 1539
prior to twenty weeks of gestation. 1540

(B) Each death or fetal death that occurs in this state 1541
shall be registered with the local registrar of vital statistics 1542
of the district in which the death or fetal death occurred, by 1543
the funeral director or other person in charge of the final 1544
disposition of the remains. The personal and statistical 1545
information in the death or fetal death certificate shall be 1546
obtained from the best qualified persons or sources available, 1547
by the funeral director or other person in charge of the final 1548
disposition of the remains. The statement of facts relating to 1549
the disposition of the body and information relative to the 1550
armed services referred to in section 3705.19 of the Revised 1551
Code shall be signed by the funeral director or other person in 1552
charge of the final disposition of the remains. 1553

(C) The funeral director or other person in charge of the 1554
final disposition of the remains shall present the death or 1555
fetal death certificate to the ~~attending~~ physician or advanced 1556
practice registered nurse of the decedent, the coroner, or the 1557
medical examiner, as appropriate for certification of the cause 1558
of death. If a death or fetal death occurs under any 1559
circumstances mentioned in section 313.12 of the Revised Code, 1560
the coroner in the county in which the death occurs, or a deputy 1561
coroner, medical examiner, or deputy medical examiner serving in 1562
an equivalent capacity, shall certify the cause of death unless 1563
that death was reported to the coroner, deputy coroner, medical 1564
examiner, or deputy medical examiner and that person, after a 1565
preliminary examination, declined to assert jurisdiction with 1566
respect to the death or fetal death. ~~A~~ An advanced practice 1567
registered nurse, a physician other than the coroner in the 1568

county in which a death or fetal death occurs, or a deputy 1569
coroner, medical examiner, or deputy medical examiner serving in 1570
an equivalent capacity, may certify only those deaths that occur 1571
under natural circumstances. 1572

The medical certificate of death shall be completed and 1573
signed by the physician or advanced practice registered nurse 1574
who attended the decedent or by the coroner or medical examiner, 1575
as appropriate, within forty-eight hours after the death or 1576
fetal death. A coroner or medical examiner may satisfy the 1577
requirement of signing a medical certificate showing the cause 1578
of death or fetal death as pending either by stamping it with a 1579
stamp of the coroner's or medical examiner's signature or by 1580
signing it in the coroner's or medical examiner's own hand, but 1581
the coroner or medical examiner shall sign any other medical 1582
certificate of death or supplementary medical certification in 1583
the coroner's or medical examiner's own hand. 1584

(D) Any death certificate registered pursuant to this 1585
section shall contain the social security number of the 1586
decedent, if available. A social security number obtained under 1587
this section is a public record under section 149.43 of the 1588
Revised Code. 1589

Sec. 3719.06. (A) (1) A licensed health professional 1590
authorized to prescribe drugs, if acting in the course of 1591
professional practice, in accordance with the laws regulating 1592
the professional's practice, and in accordance with rules 1593
adopted by the state board of pharmacy, may, except as provided 1594
in division (A) (2) or (3) of this section, do the following: 1595

(a) Prescribe schedule II, III, IV, and V controlled 1596
substances; 1597

(b) Administer or personally furnish to patients schedule 1598
II, III, IV, and V controlled substances; 1599

(c) Cause schedule II, III, IV, and V controlled 1600
substances to be administered under the prescriber's direction 1601
and supervision. 1602

(2) A licensed health professional authorized to prescribe 1603
drugs who is ~~a clinical nurse specialist, certified nurse~~ 1604
~~midwife, or certified nurse practitioner is subject to both of~~ 1605
~~the following:~~ 1606

~~(a) A schedule II controlled substance may be prescribed~~ 1607
~~only in accordance with division (C) of section 4723.481 of the~~ 1608
~~Revised Code.~~ 1609

~~(b) No an advanced practice registered nurse shall not~~ 1610
~~personally furnish a schedule II controlled substance shall be~~ 1611
~~personally furnished to any patient.~~ 1612

(3) A licensed health professional authorized to prescribe 1613
drugs who is a physician assistant is subject to all of the 1614
following: 1615

(a) A controlled substance may be prescribed or personally 1616
furnished only if it is included in the physician-delegated 1617
prescriptive authority granted to the physician assistant in 1618
accordance with Chapter 4730. of the Revised Code. 1619

(b) A schedule II controlled substance may be prescribed 1620
only in accordance with division (B)(4) of section 4730.41 and 1621
section 4730.411 of the Revised Code. 1622

(c) No schedule II controlled substance shall be 1623
personally furnished to any patient. 1624

(B) No licensed health professional authorized to 1625

prescribe drugs shall prescribe, administer, or personally 1626
furnish a schedule III anabolic steroid for the purpose of human 1627
muscle building or enhancing human athletic performance and no 1628
pharmacist shall dispense a schedule III anabolic steroid for 1629
either purpose, unless it has been approved for that purpose 1630
under the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 1631
(1938), 21 U.S.C.A. 301, as amended. 1632

(C) Each written prescription shall be properly executed, 1633
dated, and signed by the prescriber on the day when issued and 1634
shall bear the full name and address of the person for whom, or 1635
the owner of the animal for which, the controlled substance is 1636
prescribed and the full name, address, and registry number under 1637
the federal drug abuse control laws of the prescriber. If the 1638
prescription is for an animal, it shall state the species of the 1639
animal for which the controlled substance is prescribed. 1640

Sec. 3719.121. (A) Except as otherwise provided in section 1641
4723.28, 4723.35, 4730.25, 4731.22, 4734.39, or 4734.41 of the 1642
Revised Code, the license, certificate, or registration of any 1643
dentist, chiropractor, physician, podiatrist, registered nurse, 1644
advanced practice registered nurse, licensed practical nurse, 1645
physician assistant, pharmacist, pharmacy intern, optometrist, 1646
or veterinarian who is or becomes addicted to the use of 1647
controlled substances shall be suspended by the board that 1648
authorized the person's license, certificate, or registration 1649
until the person offers satisfactory proof to the board that the 1650
person no longer is addicted to the use of controlled 1651
substances. 1652

(B) If the board under which a person has been issued a 1653
license, certificate, or evidence of registration determines 1654
that there is clear and convincing evidence that continuation of 1655

the person's professional practice or method of prescribing or 1656
personally furnishing controlled substances presents a danger of 1657
immediate and serious harm to others, the board may suspend the 1658
person's license, certificate, or registration without a 1659
hearing. Except as otherwise provided in sections 4715.30, 1660
4723.281, 4729.16, 4730.25, 4731.22, and 4734.36 of the Revised 1661
Code, the board shall follow the procedure for suspension 1662
without a prior hearing in section 119.07 of the Revised Code. 1663
The suspension shall remain in effect, unless removed by the 1664
board, until the board's final adjudication order becomes 1665
effective, except that if the board does not issue its final 1666
adjudication order within ninety days after the hearing, the 1667
suspension shall be void on the ninety-first day after the 1668
hearing. 1669

(C) On receiving notification pursuant to section 2929.42 1670
or 3719.12 of the Revised Code, the board under which a person 1671
has been issued a license, certificate, or evidence of 1672
registration immediately shall suspend the license, certificate, 1673
or registration of that person on a plea of guilty to, a finding 1674
by a jury or court of the person's guilt of, or conviction of a 1675
felony drug abuse offense; a finding by a court of the person's 1676
eligibility for intervention in lieu of conviction; a plea of 1677
guilty to, or a finding by a jury or court of the person's guilt 1678
of, or the person's conviction of an offense in another 1679
jurisdiction that is essentially the same as a felony drug abuse 1680
offense; or a finding by a court of the person's eligibility for 1681
treatment or intervention in lieu of conviction in another 1682
jurisdiction. The board shall notify the holder of the license, 1683
certificate, or registration of the suspension, which shall 1684
remain in effect until the board holds an adjudicatory hearing 1685
under Chapter 119. of the Revised Code. 1686

Sec. 3727.06. (A) As used in this section:	1687
(1) "Doctor" means an individual authorized to practice medicine and surgery or osteopathic medicine and surgery.	1688 1689
(2) "Podiatrist" means an individual authorized to practice podiatric medicine and surgery.	1690 1691
(B) (1) Only the following may admit a patient to a hospital:	1692 1693
(a) A doctor who is a member of the hospital's medical staff;	1694 1695
(b) A dentist who is a member of the hospital's medical staff;	1696 1697
(c) A podiatrist who is a member of the hospital's medical staff;	1698 1699
(d) A clinical nurse specialist, certified nurse midwife, or certified nurse practitioner <u>An advanced practice registered nurse</u> if all of the following conditions are met:	1700 1701 1702
(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;	1703 1704 1705 1706 1707
(ii) The patient will be under the medical supervision of the collaborating doctor or podiatrist;	1708 1709
(iii) The <u>the</u> hospital has granted the clinical nurse specialist, certified nurse midwife, or certified nurse practitioner <u>advanced practice registered nurse</u> admitting privileges and appropriate credentials-i	1710 1711 1712 1713

- (e) A physician assistant if all of the following conditions are met: 1714
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- (i) The physician assistant is listed on a supervision agreement approved under section 4730.19 of the Revised Code for a doctor or podiatrist who is a member of the hospital's medical staff. 1716
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- (ii) The patient will be under the medical supervision of the supervising doctor or podiatrist. 1720
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- (iii) The hospital has granted the physician assistant admitting privileges and appropriate credentials. 1722
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- (2) Prior to admitting a patient, a ~~clinical nurse specialist, certified nurse midwife, certified nurse practitioner, or~~ physician assistant shall notify the collaborating or supervising doctor or podiatrist of the planned admission. 1724
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- (C) All hospital patients shall be under the medical supervision of a doctor, except ~~that services~~ for the following: 1729
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- (1) 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.~~ 1731
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- (2) Services that may be rendered by a licensed advanced practice registered nurse pursuant to Chapter 4723. of the Revised Code provided to patients admitted solely for the purpose of receiving such services shall be under the supervision of the admitting advanced practice registered nurse. 1736
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- (3) Services that may be rendered by a podiatrist pursuant 1741

to section 4731.51 of the Revised Code provided to patients 1742
admitted solely for the purpose of receiving such services shall 1743
be under the supervision of the admitting podiatrist. 1744

If treatment not within the scope of Chapter 4715., 1745
Chapter 4723., or section 4731.51 of the Revised Code is 1746
required at the time of admission by a dentist, advanced 1747
practice registered nurse, or podiatrist, or becomes necessary 1748
during the course of hospital treatment by a dentist, advanced 1749
practice registered nurse, or podiatrist, such treatment shall 1750
be under the supervision of a doctor who is a member of the 1751
medical staff. It shall be the responsibility of the admitting 1752
dentist, advanced practice registered nurse, or podiatrist to 1753
make arrangements with a doctor who is a member of the medical 1754
staff to be responsible for the patient's treatment outside the 1755
scope of Chapter 4715., Chapter 4723., or section 4731.51 of the 1756
Revised Code when necessary during the patient's stay in the 1757
hospital. 1758

Sec. 3923.233. Notwithstanding any provision of any 1759
certificate furnished by an insurer in connection with or 1760
pursuant to any group sickness and accident insurance policy 1761
delivered, issued, renewed, or used, in or outside this state, 1762
on or after January 1, 1985, and notwithstanding any provision 1763
of any policy of insurance delivered, issued for delivery, 1764
renewed, or used, in or outside this state, on or after January 1765
1, 1985, whenever the policy or certificate is subject to the 1766
jurisdiction of this state and provides for reimbursement for 1767
any service that may be legally performed by an advanced 1768
practice registered nurse who holds a current, valid license 1769
issued under Chapter 4723. of the Revised Code and is designated 1770
as a certified nurse-midwife ~~who is authorized under in~~ 1771
accordance with section 4723.42 of the Revised Code ~~to practice~~ 1772

~~nurse-midwifery, reimbursement under the policy or certificate 1773
shall not be denied to a certified nurse-midwife performing the 1774
service in collaboration with a licensed physician. The 1775
collaborating physician shall be identified on an insurance- 1776
claim form. 1777~~

~~The cost of collaboration with a certified nurse-midwife- 1778
by a licensed physician as required under section 4723.43 of the 1779
Revised Code is a reimbursable expense. 1780~~

~~The division of any reimbursement payment for services- 1781
performed by a certified nurse-midwife between the nurse-midwife 1782
and the nurse-midwife's collaborating physician shall be- 1783
determined and mutually agreed upon by the certified nurse- 1784
midwife and the physician. The division of fees shall not be- 1785
considered a violation of division (B) (17) of section 4731.22 of 1786
the Revised Code. In no case shall the total fees charged exceed 1787
the fee the physician would have charged had the physician- 1788
provided the entire service. 1789~~

Sec. 3923.301. Every person, the state and any of its 1790
instrumentalities, any county, township, school district, or 1791
other political subdivision and any of its instrumentalities, 1792
and any municipal corporation and any of its instrumentalities 1793
that provides payment for health care benefits for any of its 1794
employees resident in this state, which benefits are not 1795
provided by contract with an insurer qualified to provide 1796
sickness and accident insurance or a health insuring 1797
corporation, and that includes reimbursement for any service 1798
that may be legally performed by an advanced practice registered 1799
nurse who holds a current, valid license issued under Chapter 1800
4723. of the Revised Code and is designated as a certified 1801
nurse-midwife who is authorized under in accordance with section 1802

4723.42 of the Revised Code ~~to practice nurse midwifery~~, shall 1803
not deny reimbursement to a certified nurse-midwife performing 1804
the service ~~if the service is performed in collaboration with a~~ 1805
~~licensed physician. The collaborating physician shall be~~ 1806
~~identified on the claim form.~~ 1807

~~The cost of collaboration with a certified nurse-midwife~~ 1808
~~by a licensed physician as required under section 4723.43 of the~~ 1809
~~Revised Code is a reimbursable expense.~~ 1810

~~The division of any reimbursement payment for services~~ 1811
~~performed by a certified nurse-midwife between the nurse-midwife~~ 1812
~~and the nurse-midwife's collaborating physician shall be~~ 1813
~~determined and mutually agreed upon by the certified nurse~~ 1814
~~midwife and the physician. The division of fees shall not be~~ 1815
~~considered a violation of division (B) (17) of section 4731.22 of~~ 1816
~~the Revised Code. In no case shall the total fees charged exceed~~ 1817
~~the fee the physician would have charged had the physician~~ 1818
~~provided the entire service.~~ 1819

Sec. 3923.63. (A) Notwithstanding section 3901.71 of the 1820
Revised Code, each individual or group policy of sickness and 1821
accident insurance delivered, issued for delivery, or renewed in 1822
this state that provides maternity benefits shall provide 1823
coverage of inpatient care and follow-up care for a mother and 1824
her newborn as follows: 1825

(1) The policy shall cover a minimum of forty-eight hours 1826
of inpatient care following a normal vaginal delivery and a 1827
minimum of ninety-six hours of inpatient care following a 1828
cesarean delivery. Services covered as inpatient care shall 1829
include medical, educational, and any other services that are 1830
consistent with the inpatient care recommended in the protocols 1831
and guidelines developed by national organizations that 1832

represent pediatric, obstetric, and nursing professionals. 1833

(2) The policy shall cover a physician-directed source of 1834
follow-up care or a source of follow-up care directed by an 1835
advanced practice registered nurse. Services covered as follow- 1836
up care shall include physical assessment of the mother and 1837
newborn, parent education, assistance and training in breast or 1838
bottle feeding, assessment of the home support system, 1839
performance of any medically necessary and appropriate clinical 1840
tests, and any other services that are consistent with the 1841
follow-up care recommended in the protocols and guidelines 1842
developed by national organizations that represent pediatric, 1843
obstetric, and nursing professionals. The coverage shall apply 1844
to services provided in a medical setting or through home health 1845
care visits. The coverage shall apply to a home health care 1846
visit only if the health care professional who conducts the 1847
visit is knowledgeable and experienced in maternity and newborn 1848
care. 1849

When a decision is made in accordance with division (B) of 1850
this section to discharge a mother or newborn prior to the 1851
expiration of the applicable number of hours of inpatient care 1852
required to be covered, the coverage of follow-up care shall 1853
apply to all follow-up care that is provided within seventy-two 1854
hours after discharge. When a mother or newborn receives at 1855
least the number of hours of inpatient care required to be 1856
covered, the coverage of follow-up care shall apply to follow-up 1857
care that is determined to be medically necessary by the health 1858
care professionals responsible for discharging the mother or 1859
newborn. 1860

(B) Any decision to shorten the length of inpatient stay 1861
to less than that specified under division (A)(1) of this 1862

section shall be made by the physician attending the mother or newborn, except that if a certified nurse-midwife is attending the mother ~~in collaboration with a physician~~, the decision may be made by the nurse-midwife. Decisions regarding early discharge shall be made only after conferring with the mother or a person responsible for the mother or newborn. For purposes of this division, a person responsible for the mother or newborn may include a parent, guardian, or any other person with authority to make medical decisions for the mother or newborn.

(C) (1) No sickness and accident insurer may do either of the following:

(a) Terminate the participation of a health care professional or health care facility as a provider under a sickness and accident insurance policy solely for making recommendations for inpatient or follow-up care for a particular mother or newborn that are consistent with the care required to be covered by this section;

(b) Establish or offer monetary or other financial incentives for the purpose of encouraging a person to decline the inpatient or follow-up care required to be covered by this section.

(2) Whoever violates division (C) (1) (a) or (b) of this section has engaged in an unfair and deceptive act or practice in the business of insurance under sections 3901.19 to 3901.26 of the Revised Code.

(D) This section does not do any of the following:

(1) Require a policy to cover inpatient or follow-up care that is not received in accordance with the policy's terms pertaining to the health care professionals and facilities from

which an individual is authorized to receive health care 1892
services; 1893

(2) Require a mother or newborn to stay in a hospital or 1894
other inpatient setting for a fixed period of time following 1895
delivery; 1896

(3) Require a child to be delivered in a hospital or other 1897
inpatient setting; 1898

(4) Authorize a certified nurse-midwife to practice beyond 1899
the authority to practice nurse-midwifery in accordance with 1900
Chapter 4723. of the Revised Code; 1901

(5) Establish minimum standards of medical diagnosis, care 1902
or treatment for inpatient or follow-up care for a mother or 1903
newborn. A deviation from the care required to be covered under 1904
this section shall not, solely on the basis of this section, 1905
give rise to a medical claim or derivative medical claim, as 1906
those terms are defined in section 2305.113 of the Revised Code. 1907

Sec. 3923.64. (A) Notwithstanding section 3901.71 of the 1908
Revised Code, each public employee benefit plan established or 1909
modified in this state that provides maternity benefits shall 1910
provide coverage of inpatient care and follow-up care for a 1911
mother and her newborn as follows: 1912

(1) The plan shall cover a minimum of forty-eight hours of 1913
inpatient care following a normal vaginal delivery and a minimum 1914
of ninety-six hours of inpatient care following a cesarean 1915
delivery. Services covered as inpatient care shall include 1916
medical, educational, and any other services that are consistent 1917
with the inpatient care recommended in the protocols and 1918
guidelines developed by national organizations that represent 1919
pediatric, obstetric, and nursing professionals. 1920

(2) The plan shall cover a physician-directed source of follow-up care or a source of follow-up care directed by an advanced practice registered nurse. Services covered as follow-up care shall include physical assessment of the mother and newborn, parent education, assistance and training in breast or bottle feeding, assessment of the home support system, performance of any medically necessary and appropriate clinical tests, and any other services that are consistent with the follow-up care recommended in the protocols and guidelines developed by national organizations that represent pediatric, obstetric, and nursing professionals. The coverage shall apply to services provided in a medical setting or through home health care visits. The coverage shall apply to a home health care visit only if the health care professional who conducts the visit is knowledgeable and experienced in maternity and newborn care.

When a decision is made in accordance with division (B) of this section to discharge a mother or newborn prior to the expiration of the applicable number of hours of inpatient care required to be covered, the coverage of follow-up care shall apply to all follow-up care that is provided within seventy-two hours after discharge. When a mother or newborn receives at least the number of hours of inpatient care required to be covered, the coverage of follow-up care shall apply to follow-up care that is determined to be medically necessary by the health care professionals responsible for discharging the mother or newborn.

(B) Any decision to shorten the length of inpatient stay to less than that specified under division (A) (1) of this section shall be made by the physician attending the mother or newborn, except that if a nurse-midwife is attending the mother

~~in collaboration with a physician,~~ the decision may be made by 1952
the nurse-midwife. Decisions regarding early discharge shall be 1953
made only after conferring with the mother or a person 1954
responsible for the mother or newborn. For purposes of this 1955
division, a person responsible for the mother or newborn may 1956
include a parent, guardian, or any other person with authority 1957
to make medical decisions for the mother or newborn. 1958

(C) (1) No public employer who offers an employee benefit 1959
plan may do either of the following: 1960

(a) Terminate the participation of a health care 1961
professional or health care facility as a provider under the 1962
plan solely for making recommendations for inpatient or follow- 1963
up care for a particular mother or newborn that are consistent 1964
with the care required to be covered by this section; 1965

(b) Establish or offer monetary or other financial 1966
incentives for the purpose of encouraging a person to decline 1967
the inpatient or follow-up care required to be covered by this 1968
section. 1969

(2) Whoever violates division (C) (1) (a) or (b) of this 1970
section has engaged in an unfair and deceptive act or practice 1971
in the business of insurance under sections 3901.19 to 3901.26 1972
of the Revised Code. 1973

(D) This section does not do any of the following: 1974

(1) Require a plan to cover inpatient or follow-up care 1975
that is not received in accordance with the plan's terms 1976
pertaining to the health care professionals and facilities from 1977
which an individual is authorized to receive health care 1978
services; 1979

(2) Require a mother or newborn to stay in a hospital or 1980

other inpatient setting for a fixed period of time following delivery;	1981 1982
(3) Require a child to be delivered in a hospital or other inpatient setting;	1983 1984
(4) Authorize a <u>certified</u> nurse-midwife to practice beyond the authority to practice nurse-midwifery in accordance with Chapter 4723. of the Revised Code;	1985 1986 1987
(5) Establish minimum standards of medical diagnosis, care, or treatment for inpatient or follow-up care for a mother or newborn. A deviation from the care required to be covered under this section shall not, solely on the basis of this section, give rise to a medical claim or derivative medical claim, as those terms are defined in section 2305.113 of the Revised Code.	1988 1989 1990 1991 1992 1993 1994
Sec. 4713.02. (A) There is hereby created the state board of cosmetology, consisting of all of the following members appointed by the governor, with the advice and consent of the senate:	1995 1996 1997 1998
(1) One person holding a current, valid cosmetologist, managing cosmetologist, or cosmetology instructor license at the time of appointment;	1999 2000 2001
(2) Two persons holding current, valid managing cosmetologist licenses and actively engaged in managing beauty salons at the time of appointment;	2002 2003 2004
(3) One person who holds a current, valid independent contractor license at the time of appointment or the owner or manager of a licensed salon in which at least one person holding a current, valid independent contractor license practices a branch of cosmetology;	2005 2006 2007 2008 2009

- (4) One person who represents individuals who teach the theory and practice of a branch of cosmetology at a vocational school; 2010
2011
2012
- (5) One owner of a licensed school of cosmetology; 2013
- (6) One owner of at least five licensed salons; 2014
- (7) ~~One person who is either a certified nurse-practitioner or clinical nurse specialist holding a certificate of authority~~ An advanced practice registered nurse who holds a current, valid license issued under Chapter 4723. of the Revised Code, or a physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery; 2015
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- (8) One person representing the general public. 2022
- (B) The superintendent of public instruction shall nominate three persons for the governor to choose from when making an appointment under division (A) (4) of this section. 2023
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- (C) All members shall be at least twenty-five years of age, residents of the state, and citizens of the United States. No more than two members, at any time, shall be graduates of the same school of cosmetology. 2026
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- Except for the initial members appointed under divisions (A) (3) and (4) of this section, terms of office are for five years. The term of the initial member appointed under division (A) (3) of this section shall be three years. The term of the initial member appointed under division (A) (4) of this section shall be four years. Terms shall commence on the first day of November and end on the thirty-first day of October. Each member shall hold office from the date of appointment until the end of the term for which appointed. In case of a vacancy occurring on 2030
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the board, the governor shall, in the same manner prescribed for 2039
the regular appointment to the board, fill the vacancy by 2040
appointing a member. Any member appointed to fill a vacancy 2041
occurring prior to the expiration of the term for which the 2042
member's predecessor was appointed shall hold office for the 2043
remainder of such term. Any member shall continue in office 2044
subsequent to the expiration date of the member's term until the 2045
member's successor takes office, or until a period of sixty days 2046
has elapsed, whichever occurs first. Before entering upon the 2047
discharge of the duties of the office of member, each member 2048
shall take, and file with the secretary of state, the oath of 2049
office required by Section 7 of Article XV, Ohio Constitution. 2050

The members of the board shall receive an amount fixed 2051
pursuant to Chapter 124. of the Revised Code per diem for every 2052
meeting of the board which they attend, together with their 2053
necessary expenses, and mileage for each mile necessarily 2054
traveled. 2055

The members of the board shall annually elect, from among 2056
their number, a chairperson. 2057

The board shall prescribe the duties of its officers and 2058
establish an office within Franklin ~~County~~ county. The board 2059
shall keep all records and files at the office and have the 2060
records and files at all reasonable hours open to public 2061
inspection. The board also shall adopt a seal. 2062

Sec. 4723.01. As used in this chapter: 2063

(A) "Registered nurse" means an individual who holds a 2064
current, valid license issued under this chapter that authorizes 2065
the practice of nursing as a registered nurse. 2066

(B) "Practice of nursing as a registered nurse" means 2067

providing to individuals and groups nursing care requiring 2068
specialized knowledge, judgment, and skill derived from the 2069
principles of biological, physical, behavioral, social, and 2070
nursing sciences. Such nursing care includes: 2071

(1) Identifying patterns of human responses to actual or 2072
potential health problems amenable to a nursing regimen; 2073

(2) Executing a nursing regimen through the selection, 2074
performance, management, and evaluation of nursing actions; 2075

(3) Assessing health status for the purpose of providing 2076
nursing care; 2077

(4) Providing health counseling and health teaching; 2078

(5) Administering medications, treatments, and executing 2079
regimens authorized by an individual who is authorized to 2080
practice in this state and is acting within the course of the 2081
individual's professional practice; 2082

(6) Teaching, administering, supervising, delegating, and 2083
evaluating nursing practice. 2084

(C) "Nursing regimen" may include preventative, 2085
restorative, and health-promotion activities. 2086

(D) "Assessing health status" means the collection of data 2087
through nursing assessment techniques, which may include 2088
interviews, observation, and physical evaluations for the 2089
purpose of providing nursing care. 2090

(E) "Licensed practical nurse" means an individual who 2091
holds a current, valid license issued under this chapter that 2092
authorizes the practice of nursing as a licensed practical 2093
nurse. 2094

(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 licensed physician, dentist, podiatrist, optometrist, chiropractor, or registered nurse. Such nursing care includes:	2095 2096 2097 2098 2099 2100 2101
(1) Observation, patient teaching, and care in a diversity of health care settings;	2102 2103
(2) Contributions to the planning, implementation, and evaluation of nursing;	2104 2105
(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 on the condition that the licensed practical nurse is authorized under section 4723.17 of the Revised Code to administer medications;	2106 2107 2108 2109 2110 2111
(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;	2112 2113 2114 2115 2116 2117 2118
(5) Delegation of nursing tasks as directed by a registered nurse;	2119 2120
(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	2121 2122 2123

nurse. 2124

(G) "Certified registered nurse anesthetist" means ~~an~~ an advanced practice registered nurse who holds a current, valid ~~certificate of authority license~~ issued under this chapter ~~that~~ authorizes the practice of nursing and is designated as a certified registered nurse anesthetist in accordance with section ~~4723.43-4723.42~~ of the Revised Code and rules adopted by the board of nursing. 2125
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(H) "Clinical nurse specialist" means ~~an~~ an advanced practice registered nurse who holds a current, valid ~~certificate of authority license~~ issued under this chapter ~~that~~ authorizes the practice of nursing and is designated as a clinical nurse specialist in accordance with section ~~4723.43-4723.42~~ of the Revised Code and rules adopted by the board of nursing. 2132
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(I) "Certified nurse-midwife" means ~~an~~ an advanced practice registered nurse who holds a current, valid ~~certificate of authority license~~ issued under this chapter ~~that~~ authorizes the practice of nursing and is designated as a certified nurse-midwife in accordance with section ~~4723.43-4723.42~~ of the Revised Code and rules adopted by the board of nursing. 2138
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(J) "Certified nurse practitioner" means ~~an~~ an advanced practice registered nurse who holds a current, valid ~~certificate of authority license~~ issued under this chapter ~~that~~ authorizes the practice of nursing and is designated as a certified nurse practitioner in accordance with section ~~4723.43-4723.42~~ of the Revised Code and rules adopted by the board of nursing. 2144
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(K) "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery. 2150
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~~(L) "Collaboration" or "collaborating" means the following:~~ 2153
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~~(1) In the case of a clinical nurse specialist, except as provided in division (L)(3) of this section, 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 radio, telephone, or other form of telecommunication;~~ 2155
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~~(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 radio, telephone, or other form of telecommunication;~~ 2165
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~~(3) In the case of a clinical nurse specialist who practices the nursing specialty of mental health or psychiatric mental health without being authorized to prescribe drugs and therapeutic devices, that one or more physicians are continuously available to communicate with the nurse either in person or by radio, telephone, or other form of telecommunication.~~ 2171
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~~(M) "Supervision," as it pertains to a certified registered nurse anesthetist, means that the certified registered nurse anesthetist is under the direction of a podiatrist acting within the podiatrist's scope of practice in accordance with section 4731.51 of the Revised Code, a dentist~~ 2178
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~~acting within the dentist's scope of practice in accordance with~~ 2183
~~Chapter 4715. of the Revised Code, or a physician, and, when~~ 2184
~~administering anesthesia, the certified registered nurse~~ 2185
~~anesthetist is in the immediate presence of the podiatrist,~~ 2186
~~dentist, or physician.~~ 2187

~~(N) "Standard care arrangement" means a written, formal~~ 2188
~~guide for planning and evaluating a patient's health care that~~ 2189
~~is developed by one or more collaborating physicians or~~ 2190
~~podiatrists and a clinical nurse specialist, certified nurse~~ 2191
~~midwife, or certified nurse practitioner and meets the~~ 2192
~~requirements of section 4723.431 of the Revised Code.~~ 2193

~~(O) "Advanced practice registered nurse" means a certified~~ 2194
~~registered nurse anesthetist, clinical nurse specialist,~~ 2195
~~certified nurse midwife, or certified nurse practitioner~~ 2196
an individual who holds a current, valid license issued under this 2197
chapter that authorizes the practice of nursing as an advanced 2198
practice registered nurse and is designated as any of the 2199
following: 2200

(1) A certified registered nurse anesthetist; 2201

(2) A clinical nurse specialist; 2202

(3) A certified nurse-midwife; 2203

(4) A certified nurse practitioner. 2204

(M) "Practice of nursing as an advanced practice 2205
registered nurse" means providing to individuals and groups 2206
nursing care that requires knowledge and skill obtained from 2207
advanced formal education, training, and clinical experience. 2208
Such nursing care includes: 2209

(1) Ordering and interpreting diagnostic tests or 2210

<u>procedures;</u>	2211
<u>(2) Diagnosing medical conditions or diseases;</u>	2212
<u>(3) Planning, executing, delegating, and prescribing</u>	2213
<u>regimens, treatments, and therapies which may include nutrition,</u>	2214
<u>blood, and blood products and the use of durable medical</u>	2215
<u>equipment and medical devices;</u>	2216
<u>(4) Prescribing, ordering, administering, and furnishing</u>	2217
<u>drugs and therapeutic devices in accordance with section</u>	2218
<u>4723.481 of the Revised Code;</u>	2219
<u>(5) Consulting with and providing referrals to health</u>	2220
<u>providers or facilities.</u>	2221
(P) <u>(N)</u> "Dialysis care" means the care and procedures that	2222
a dialysis technician or dialysis technician intern is	2223
authorized to provide and perform, as specified in section	2224
4723.72 of the Revised Code.	2225
(Q) <u>(O)</u> "Dialysis technician" means an individual who	2226
holds a current, valid certificate to practice as a dialysis	2227
technician issued under section 4723.75 of the Revised Code.	2228
(R) <u>(P)</u> "Dialysis technician intern" means an individual	2229
who holds a current, valid certificate to practice as a dialysis	2230
technician intern issued under section 4723.75 of the Revised	2231
Code.	2232
(S) <u>(Q)</u> "Certified community health worker" means an	2233
individual who holds a current, valid certificate as a community	2234
health worker issued under section 4723.85 of the Revised Code.	2235
(T) <u>(R)</u> "Medication aide" means an individual who holds a	2236
current, valid certificate issued under this chapter that	2237
authorizes the individual to administer medication in accordance	2238

with section 4723.67 of the Revised Code. 2239

(S) "Nursing specialty" means a specialty in practice as a 2240
certified registered nurse anesthetist, clinical nurse 2241
specialist, certified nurse-midwife, or certified nurse 2242
practitioner. 2243

Sec. 4723.011. As used in this chapter, unless otherwise 2244
specified, "registered nurse" includes a registered nurse who is 2245
also licensed under this chapter as an advanced practice 2246
registered nurse. 2247

Sec. 4723.02. The board of nursing shall assume and 2248
exercise all the powers and perform all the duties conferred and 2249
imposed on it by this chapter. 2250

The board shall consist of thirteen members who shall be 2251
citizens of the United States and residents of Ohio. Eight 2252
members shall be registered nurses, each of whom shall be a 2253
graduate of an approved program of nursing education that 2254
prepares persons for licensure as a registered nurse, shall hold 2255
a currently active license issued under this chapter to practice 2256
nursing as a registered nurse, and shall have been actively 2257
engaged in the practice of nursing as a registered nurse for the 2258
five years immediately preceding the member's initial 2259
appointment to the board. Of the eight members who are 2260
registered nurses, at least ~~one~~ two shall hold a current, valid 2261
~~certificate of authority license~~ issued under this chapter that 2262
authorizes the practice of nursing as ~~a certified registered~~ 2263
~~nurse anesthetist, clinical nurse specialist, certified nurse~~ 2264
~~midwife, or certified nurse practitioner~~ an advanced practice 2265
registered nurse. Four members shall be licensed practical 2266
nurses, each of whom shall be a graduate of an approved program 2267
of nursing education that prepares persons for licensure as a 2268

practical nurse, shall hold a currently active license issued 2269
under this chapter to practice nursing as a licensed practical 2270
nurse, and shall have been actively engaged in the practice of 2271
nursing as a licensed practical nurse for the five years 2272
immediately preceding the member's initial appointment to the 2273
board. One member shall represent the interests of consumers of 2274
health care. Neither this member nor any person in the member's 2275
immediate family shall be a member of or associated with a 2276
health care provider or profession or shall have a financial 2277
interest in the delivery or financing of health care. 2278
Representation of nursing service and nursing education and of 2279
the various geographical areas of the state shall be considered 2280
in making appointments. 2281

As the term of any member of the board expires, a 2282
successor shall be appointed who has the qualifications the 2283
vacancy requires. Terms of office shall be for four years, 2284
commencing on the first day of January and ending on the thirty- 2285
first day of December. 2286

A current or former board member who has served not more 2287
than one full term or one full term and not more than thirty 2288
months of another term may be reappointed for one additional 2289
term. 2290

Each member shall hold office from the date of appointment 2291
until the end of the term for which the member was appointed. 2292
The term of a member shall expire if the member ceases to meet 2293
any requirement of this section for the member's position on the 2294
board. Any member appointed to fill a vacancy occurring prior to 2295
the expiration of the term for which the member's predecessor 2296
was appointed shall hold office for the remainder of such term. 2297
Any member shall continue in office subsequent to the expiration 2298

date of the member's term until the member's successor takes 2299
office, or until a period of sixty days has elapsed, whichever 2300
occurs first. 2301

Nursing organizations of this state may each submit to the 2302
governor the names of not more than five nominees for each 2303
position to be filled on the board. From the names so submitted 2304
or from others, at the governor's discretion, the governor with 2305
the advice and consent of the senate shall make such 2306
appointments. 2307

Any member of the board may be removed by the governor for 2308
neglect of any duty required by law or for incompetency or 2309
unprofessional or dishonorable conduct, after a hearing as 2310
provided in Chapter 119. of the Revised Code. 2311

Seven members of the board including at least four 2312
registered nurses ~~and~~, at least one of whom is an advanced 2313
practice registered nurse, and one licensed practical nurse 2314
shall at all times constitute a quorum. 2315

Each member of the board shall receive an amount fixed 2316
pursuant to division (J) of section 124.15 of the Revised Code 2317
for each day in attendance at board meetings and in discharge of 2318
official duties, and in addition thereto, necessary expense 2319
incurred in the performance of such duties. 2320

The board shall elect one of its registered nurse members 2321
as president and one as vice-president. The board shall elect 2322
one of its registered nurse members to serve as the supervising 2323
member for disciplinary matters. 2324

The board may establish advisory groups to serve in 2325
consultation with the board or the executive director. Each 2326
advisory group shall be given a specific charge in writing and 2327

shall report to the board. Members of advisory groups shall 2328
serve without compensation but shall receive their actual and 2329
necessary expenses incurred in the performance of their official 2330
duties. 2331

Sec. 4723.03. (A) No person shall engage in the practice 2332
of nursing as a registered nurse, represent the person as being 2333
a registered nurse, or use the title "registered nurse," the 2334
initials "R.N.," or any other title implying that the person is 2335
a registered nurse, for a fee, salary, or other consideration, 2336
or as a volunteer, without holding a current, valid license as a 2337
registered nurse under this chapter. 2338

(B) No person shall engage in the practice of nursing as 2339
an advanced practice registered nurse, represent the person as 2340
being an advanced practice registered nurse, or use the title 2341
"advanced practice registered nurse," the initials "A.P.R.N.," 2342
or any other title implying that the person is an advanced 2343
practice registered nurse, for a fee, salary, or other 2344
consideration, or as a volunteer, without holding a current, 2345
valid license to practice nursing as an advanced practice 2346
registered nurse issued under this chapter. 2347

(C) No person shall engage in the practice of nursing as a 2348
licensed practical nurse, represent the person as being a 2349
licensed practical nurse, or use the title "licensed practical 2350
nurse," the initials "L.P.N.," or any other title implying that 2351
the person is a licensed practical nurse, for a fee, salary, or 2352
other consideration, or as a volunteer, without holding a 2353
current, valid license as a practical nurse under this chapter. 2354

~~(C)~~ (D) No person shall use the titles or initials 2355
"graduate nurse," "G.N.," "professional nurse," "P.N.," 2356
"graduate practical nurse," "G.P.N.," "practical nurse," "P.N.," 2357

"trained nurse," "T.N.," or any other statement, title, or 2358
initials that would imply or represent to the public that the 2359
person is authorized to practice nursing in this state, except 2360
as follows: 2361

(1) A person licensed under this chapter to practice 2362
nursing as a registered nurse may use that title and the 2363
initials "R.N."; 2364

(2) A person licensed under this chapter to practice 2365
nursing as a licensed practical nurse may use that title and the 2366
initials "L.P.N."; 2367

(3) A person ~~authorized-licensed~~ under this chapter to 2368
practice nursing as an advanced practice registered nurse and 2369
designated as a certified registered nurse anesthetist may use 2370
that title, the initials "C.R.N.A." or "N.A.," and any other 2371
title or initials approved by the board of nursing; 2372

(4) A person ~~authorized-licensed~~ under this chapter to 2373
practice nursing as an advanced practice registered nurse and 2374
designated as a clinical nurse specialist may use that title, 2375
the initials "C.N.S.," and any other title or initials approved 2376
by the board; 2377

(5) A person ~~authorized-licensed~~ under this chapter to 2378
practice nursing as an advanced practice registered nurse and 2379
designated as a certified nurse-midwife may use that title, the 2380
initials "C.N.M.," and any other title or initials approved by 2381
the board; 2382

(6) A person ~~authorized-licensed~~ under this chapter to 2383
practice nursing as an advanced practice registered nurse and 2384
designated as a certified nurse practitioner may use that title, 2385
the initials "C.N.P.," and any other title or initials approved 2386

by the board; 2387

(7) A person ~~authorized~~ licensed under this chapter to 2388
practice nursing as a ~~certified registered nurse anesthetist,~~ 2389
~~clinical nurse specialist, certified nurse midwife, or certified~~ 2390
~~nurse practitioner~~ an advanced practice registered nurse may use 2391
the title "advanced practice registered nurse" or the initials 2392
"A.P.R.N." 2393

~~(D)~~ (E) No person shall employ a person not licensed as a 2394
registered nurse under this chapter to engage in the practice of 2395
nursing as a registered nurse. ~~No~~ 2396

No person shall employ a person not licensed as an 2397
advanced practice registered nurse under this chapter to engage 2398
in the practice of nursing as an advanced practice registered 2399
nurse. 2400

No person shall employ a person not licensed as a 2401
practical nurse under this chapter to engage in the practice of 2402
nursing as a licensed practical nurse. 2403

~~(E)~~ (F) No person shall sell or fraudulently obtain or 2404
furnish any nursing diploma, license, certificate, renewal, or 2405
record, or aid or abet such acts. 2406

Sec. 4723.05. The board of nursing shall appoint an 2407
executive director, who shall be licensed under this chapter as 2408
an advanced practice registered nurse or registered nurse ~~of~~ 2409
~~this state~~ with at least five years experience in the practice 2410
of nursing as an advanced practice registered nurse or 2411
registered nurse, shall be a resident of this state during the 2412
term of appointment, and shall not be a member of the board at 2413
the time of appointment or during the term of appointment. The 2414
board shall meet at such times and places as it may direct and 2415

provide in its rules. The president may call special meetings, 2416
and the executive director shall call special meetings upon the 2417
written request of two or more board members. The board shall 2418
provide itself with a seal. The president and executive director 2419
may administer oaths. The executive director is the chief 2420
administrative officer of the board and shall serve as a full 2421
time employee of the board and shall be entitled to attend all 2422
meetings of the board except meetings concerning the appointment 2423
and terms of employment of the executive director. 2424

The term of the executive director shall be one year 2425
commencing on the first day of January. The executive director 2426
shall receive necessary expenses in addition to salary. The 2427
executive director shall give a surety bond to the state in such 2428
sum as the board requires, and conditioned upon the faithful 2429
performance of the duties of executive director. 2430

The executive director is an appointing authority as 2431
defined in section 124.01 of the Revised Code, and may appoint 2432
such nursing education consultants, nursing practice 2433
consultants, investigative personnel, and any additional 2434
employees for professional, clerical, and special work necessary 2435
to carry out the board's functions and with the board's 2436
approval, may establish standards for the conduct of employees. 2437

Sec. 4723.06. (A) The board of nursing shall: 2438

(1) Administer and enforce the provisions of this chapter, 2439
including the taking of disciplinary action for violations of 2440
section 4723.28 of the Revised Code, any other provisions of 2441
this chapter, or rules adopted under this chapter; 2442

(2) Develop criteria that an applicant must meet to be 2443
eligible to sit for the examination for licensure to practice as 2444

a registered nurse ~~or as~~, an advanced practice registered 2445
nurse, or a licensed practical nurse; 2446

(3) Issue and renew nursing licenses, dialysis technician 2447
certificates, and community health worker certificates, as 2448
provided in this chapter; 2449

(4) Define the minimum educational standards for 2450
~~educational programs of the schools~~ and programs of registered 2451
nursing, advanced practice registered nursing, and ~~schools of~~ 2452
practical nursing in this state; 2453

(5) Survey, inspect, and grant full approval to 2454
prelicensure nursing education programs in this state that meet 2455
the standards established by rules adopted under section 4723.07 2456
of the Revised Code. Prelicensure nursing education programs 2457
include, but are not limited to, diploma, associate degree, 2458
baccalaureate degree, master's degree, and doctor of nursing 2459
programs leading to initial licensure to practice nursing as a 2460
registered nurse or advanced practice registered nurse and 2461
practical nurse programs leading to initial licensure to 2462
practice nursing as a licensed practical nurse. 2463

(6) Grant conditional approval, by a vote of a quorum of 2464
the board, to a new prelicensure nursing education program or a 2465
program that is being reestablished after having ceased to 2466
operate, if the program meets and maintains the minimum 2467
standards of the board established by rules adopted under 2468
section 4723.07 of the Revised Code. If the board does not grant 2469
conditional approval, it shall hold an adjudication under 2470
Chapter 119. of the Revised Code to consider conditional 2471
approval of the program. If the board grants conditional 2472
approval, at the first meeting following completion of the 2473
survey process required by division (A) (5) of this section, the 2474

board shall determine whether to grant full approval to the 2475
program. If the board does not grant full approval or if it 2476
appears that the program has failed to meet and maintain 2477
standards established by rules adopted under section 4723.07 of 2478
the Revised Code, the board shall hold an adjudication under 2479
Chapter 119. of the Revised Code to consider the program. Based 2480
on results of the adjudication, the board may continue or 2481
withdraw conditional approval, or grant full approval. 2482

(7) Place on provisional approval, for a period of time 2483
specified by the board, a program that has ceased to meet and 2484
maintain the minimum standards of the board established by rules 2485
adopted under section 4723.07 of the Revised Code. Prior to or 2486
at the end of the period, the board shall reconsider whether the 2487
program meets the standards and shall grant full approval if it 2488
does. If it does not, the board may withdraw approval, pursuant 2489
to an adjudication under Chapter 119. of the Revised Code. 2490

(8) Approve continuing education programs and courses 2491
under standards established in rules adopted under sections 2492
4723.07, 4723.69, 4723.79, and 4723.88 of the Revised Code; 2493

(9) Establish a program for monitoring chemical dependency 2494
in accordance with section 4723.35 of the Revised Code; 2495

(10) Establish the practice intervention and improvement 2496
program in accordance with section 4723.282 of the Revised Code; 2497

~~(11) Issue and renew certificates of authority to practice 2498
nursing as a certified registered nurse anesthetist, clinical 2499
nurse specialist, certified nurse midwife, or certified nurse 2500
practitioner; 2501~~

~~(12) Approve under section 4723.46 of the Revised Code 2502
national certifying organizations for examination and 2503~~

certification of certified registered nurse anesthetists,	2504
clinical nurse specialists, certified nurse midwives, or	2505
certified nurse practitioners;	2506
(13) Issue and renew certificates to prescribe in	2507
accordance with sections 4723.48 and 4723.486 of the Revised	2508
Code;	2509
(14) Grant approval to the planned classroom and clinical	2510
study required by section 4723.482 of the Revised Code to be	2511
eligible for a certificate to prescribe;	2512
(15) Make an annual edition of the formulary established	2513
in rules adopted under section 4723.50 of the Revised Code	2514
available to the public either in printed form or by electronic	2515
means and, as soon as possible after any revision of the	2516
formulary becomes effective, make the revision available to the	2517
public in printed form or by electronic means	2518
<u>Approve under</u>	2518
<u>section 4723.46 of the Revised Code national certifying</u>	2519
<u>organizations for examination and licensure of advanced practice</u>	2520
<u>registered nurses, which may include separate organizations for</u>	2521
<u>certified registered nurse anesthetists, clinical nurse</u>	2522
<u>specialists, certified nurse-midwives, and certified nurse</u>	2523
<u>practitioners;</u>	2524
(16) <u>(12)</u> Provide guidance and make recommendations to the	2525
general assembly, the governor, state agencies, and the federal	2526
government with respect to the regulation of the practice of	2527
nursing and the enforcement of this chapter;	2528
(17) <u>(13)</u> Make an annual report to the governor, which	2529
shall be open for public inspection;	2530
(18) <u>(14)</u> Maintain and have open for public inspection the	2531
following records:	2532

(a) A record of all its meetings and proceedings;	2533
(b) A record of all applicants for, and holders of, licenses and certificates issued by the board under this chapter or in accordance with rules adopted under this chapter. The record shall be maintained in a format determined by the board.	2534 2535 2536 2537
(c) A list of education and training programs approved by the board.	2538 2539
(19) (15) Deny approval to a person who submits or causes to be submitted false, misleading, or deceptive statements, information, or documentation to the board in the process of applying for approval of a new education or training program. If the board proposes to deny approval of a new education or training program, it shall do so pursuant to an adjudication conducted under Chapter 119. of the Revised Code.	2540 2541 2542 2543 2544 2545 2546
(B) The board may fulfill the requirement of division (A) (8) of this section by authorizing persons who meet the standards established in rules adopted under section 4723.07 of the Revised Code to approve continuing education programs and courses. Persons so authorized shall approve continuing education programs and courses in accordance with standards established in rules adopted under section 4723.07 of the Revised Code.	2547 2548 2549 2550 2551 2552 2553 2554
Persons seeking authorization to approve continuing education programs and courses shall apply to the board and pay the appropriate fee established under section 4723.08 of the Revised Code. Authorizations to approve continuing education programs and courses shall expire, and may be renewed according to the schedule established in rules adopted under section 4723.07 of the Revised Code.	2555 2556 2557 2558 2559 2560 2561

In addition to approving continuing education programs 2562
under division (A) (8) of this section, the board may sponsor 2563
continuing education activities that are directly related to the 2564
statutes and rules the board enforces. 2565

Sec. 4723.07. In accordance with Chapter 119. of the 2566
Revised Code, the board of nursing shall adopt and may amend and 2567
rescind rules that establish all of the following: 2568

(A) Provisions for the board's government and control of 2569
its actions and business affairs; 2570

(B) Minimum standards for nursing education programs that 2571
prepare graduates to be licensed under this chapter and 2572
procedures for granting, renewing, and withdrawing approval of 2573
those programs; 2574

(C) Criteria that applicants for licensure must meet to be 2575
eligible to take examinations for licensure; 2576

(D) Standards and procedures for renewal of the licenses 2577
and certificates issued by the board; 2578

(E) Standards for approval of continuing nursing education 2579
programs and courses for registered nurses, advanced practice 2580
registered nurses, and licensed practical nurses, ~~certified~~ 2581
~~registered nurse anesthetists, clinical nurse specialists,~~ 2582
~~certified nurse midwives, and certified nurse practitioners.~~ The 2583
standards may provide for approval of continuing nursing 2584
education programs and courses that have been approved by other 2585
state boards of nursing or by national accreditation systems for 2586
nursing, including, but not limited to, the American nurses' 2587
credentialing center and the national association for practical 2588
nurse education and service. 2589

(F) Standards that persons must meet to be authorized by 2590

the board to approve continuing education programs and courses 2591
and a schedule by which that authorization expires and may be 2592
renewed; 2593

(G) Requirements, including continuing education 2594
requirements, for reactivating inactive licenses or 2595
certificates, and for reinstating licenses or certificates that 2596
have lapsed; 2597

(H) Conditions that may be imposed for reinstatement of a 2598
license or certificate following action taken under section 2599
3123.47, 4723.28, 4723.281, 4723.652, or 4723.86 of the Revised 2600
Code resulting in a license or certificate suspension; 2601

(I) Requirements for board approval of courses in 2602
medication administration by licensed practical nurses; 2603

(J) Criteria for evaluating the qualifications of an 2604
applicant for a license to practice nursing as a registered 2605
nurse, a license to practice nursing as an advanced practice 2606
registered nurse, or a license to practice nursing as a licensed 2607
practical nurse, or a certificate of authority issued under 2608
division (B) of section 4723.41 of the Revised Code for the 2609
purpose of issuing the license or certificate by the board's 2610
endorsement of the applicant's authority to practice issued by 2611
the licensing agency of another state; 2612

(K) Universal and standard precautions that shall be used 2613
by each licensee or certificate holder. The rules shall define 2614
and establish requirements for universal and standard 2615
precautions that include the following: 2616

(1) Appropriate use of hand washing; 2617

(2) Disinfection and sterilization of equipment; 2618

(3) Handling and disposal of needles and other sharp instruments;	2619 2620
(4) Wearing and disposal of gloves and other protective garments and devices.	2621 2622
(L) Standards and procedures for approving certificates of authority to practice nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse midwife, or certified nurse practitioner, and for renewal of those certificates;	2623 2624 2625 2626 2627
(M) Quality assurance standards for certified registered nurse anesthetists, clinical nurse specialists, certified nurse midwives, or certified nurse practitioners, <u>advanced practice registered nurses;</u>	2628 2629 2630 2631
(N) Additional criteria for the standard care arrangement required by section 4723.431 of the Revised Code entered into by a clinical nurse specialist, certified nurse midwife, or certified nurse practitioner and the nurse's collaborating physician or podiatrist;	2632 2633 2634 2635 2636
(O) Continuing education standards for clinical nurse specialists who were issued a certificate of authority to practice as a clinical nurse specialist under division (C) of section 4723.41 of the Revised Code as that division existed at any time before the effective date of this amendment;	2637 2638 2639 2640 2641
(P) <u>(M)</u> For purposes of division (B) (31) of section 4723.28 of the Revised Code, the actions, omissions, or other circumstances that constitute failure to establish and maintain professional boundaries with a patient.	2642 2643 2644 2645
The board may adopt other rules necessary to carry out the provisions of this chapter. The rules shall be adopted in	2646 2647

accordance with Chapter 119. of the Revised Code. 2648

Sec. 4723.08. (A) The board of nursing may impose fees not 2649
to exceed the following limits: 2650

(1) For application for licensure by examination or 2651
endorsement to practice nursing as a registered nurse or as a 2652
licensed practical nurse, seventy-five dollars; 2653

(2) For application for licensure by examination or 2654
endorsement to practice nursing as ~~a registered nurse or as a~~ 2655
~~licensed practical nurse, seventy five~~ an advanced practice 2656
registered nurse, one hundred fifty dollars; 2657

(3) ~~For application for a certificate of authority to~~ 2658
~~practice nursing as a certified registered nurse anesthetist,~~ 2659
~~clinical nurse specialist, certified nurse midwife, or certified~~ 2660
~~nurse practitioner, one hundred dollars;~~ 2661

~~(4)~~ For application for a temporary dialysis technician 2662
certificate, the amount specified in rules adopted under section 2663
4723.79 of the Revised Code; 2664

~~(5)~~ (4) For application for a dialysis technician 2665
certificate, the amount specified in rules adopted under section 2666
4723.79 of the Revised Code; 2667

~~(6)~~ ~~For application for a certificate to prescribe, fifty~~ 2668
~~dollars;~~ 2669

~~(7)~~ (5) For providing, pursuant to division (B) of section 2670
4723.271 of the Revised Code, written verification of a nursing 2671
license, ~~certificate of authority, certificate to prescribe,~~ 2672
dialysis technician certificate, medication aide certificate, or 2673
community health worker certificate to another jurisdiction, 2674
fifteen dollars; 2675

(8) <u>(6)</u> For providing, pursuant to division (A) of section 4723.271 of the Revised Code, a replacement copy of a wall certificate suitable for framing as described in that division, twenty-five dollars;	2676 2677 2678 2679
(9) <u>(7)</u> For biennial renewal of a <u>nursing license to practice as a registered nurse or licensed practical nurse</u> , sixty-five dollars, <u>except that no fee shall be charged a registered nurse who is renewing a license to practice as an advanced practice registered nurse</u> ;	2680 2681 2682 2683 2684
(10) For biennial renewal of a certificate of authority to practice nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, eighty-five dollars;	2685 2686 2687 2688
(11) For renewal of a certificate to prescribe, fifty dollars <u>(8) For biennial review of a license to practice as an advanced practice registered nurse, one hundred thirty-five dollars</u> ;	2689 2690 2691 2692
(12) <u>(9)</u> For biennial renewal of a dialysis technician certificate, the amount specified in rules adopted under section 4723.79 of the Revised Code;	2693 2694 2695
(13) <u>(10)</u> For processing a late application for renewal of a nursing license, certificate of authority , or dialysis technician certificate, fifty dollars;	2696 2697 2698
(14) <u>(11)</u> For application for authorization to approve continuing education programs and courses from an applicant accredited by a national accreditation system for nursing, five hundred dollars;	2699 2700 2701 2702
(15) <u>(12)</u> For application for authorization to approve continuing education programs and courses from an applicant not	2703 2704

accredited by a national accreditation system for nursing, one thousand dollars;	2705 2706
(16) <u>(13)</u> For each year for which authorization to approve continuing education programs and courses is renewed, one hundred fifty dollars;	2707 2708 2709
(17) <u>(14)</u> For application for approval to operate a dialysis training program, the amount specified in rules adopted under section 4723.79 of the Revised Code;	2710 2711 2712
(18) <u>(15)</u> For reinstatement of a lapsed license or certificate issued under this chapter, one hundred dollars except as provided in section 5903.10 of the Revised Code;	2713 2714 2715
(19) <u>(16)</u> For written verification of a license or certificate when the verification is performed for purposes other than providing verification to another jurisdiction, five dollars;	2716 2717 2718 2719
(20) <u>(17)</u> For processing a check returned to the board by a financial institution, twenty-five dollars;	2720 2721
(21) <u>(18)</u> The amounts specified in rules adopted under section 4723.88 of the Revised Code pertaining to the issuance of certificates to community health workers, including fees for application for a certificate, biennial renewal of a certificate, processing a late application for renewal of a certificate, reinstatement of a lapsed certificate, application for approval of a community health worker training program for community health workers, and biennial renewal of the approval of a training program for community health workers.	2722 2723 2724 2725 2726 2727 2728 2729 2730
(B) Each quarter, for purposes of transferring funds under section 4743.05 of the Revised Code to the nurse education assistance fund created in section 3333.28 of the Revised Code,	2731 2732 2733

the board of nursing shall certify to the director of budget and 2734
management the number of biennial licenses renewed under this 2735
chapter during the preceding quarter and the amount equal to 2736
that number times five dollars. 2737

(C) The board may charge a participant in a board- 2738
sponsored continuing education activity an amount not exceeding 2739
fifteen dollars for each activity. 2740

(D) The board may contract for services pertaining to the 2741
process of providing written verification of a license or 2742
certificate when the verification is performed for purposes 2743
other than providing verification to another jurisdiction. The 2744
contract may include provisions pertaining to the collection of 2745
the fee charged for providing the written verification. As part 2746
of these provisions, the board may permit the contractor to 2747
retain a portion of the fees as compensation, before any amounts 2748
are deposited into the state treasury. 2749

Sec. 4723.09. (A) (1) An application for licensure by 2750
examination to practice as a registered nurse, advanced practice 2751
registered nurse, or ~~as a~~ licensed practical nurse shall be 2752
submitted to the board of nursing in the form prescribed by 2753
rules of the board. The application shall include evidence that 2754
the applicant has completed a nursing education program approved 2755
by the board under division (A) of section 4723.06 of the 2756
Revised Code or by a board of another jurisdiction that is a 2757
member of the national council of state boards of nursing. The 2758
application also shall include any other information required by 2759
rules of the board. The application shall be accompanied by the 2760
application fee required by section 4723.08 of the Revised Code. 2761

(2) The board shall grant a license to practice nursing as 2762
a registered nurse, advanced practice registered nurse, or ~~as a~~ 2763

licensed practical nurse if ~~all of~~ the following apply: 2764

(a) For all applicants, the applicant passes the 2765
examination accepted by the board under section 4723.10 of the 2766
Revised Code. 2767

(b) For an applicant who entered a prelicensure nursing 2768
education program on or after June 1, 2003, the results of a 2769
criminal records check conducted in accordance with section 2770
4723.091 of the Revised Code demonstrate that the applicant is 2771
not ineligible for licensure as specified in section 4723.092 of 2772
the Revised Code. 2773

(c) For all applicants, the board determines that the 2774
applicant has not committed any act that is grounds for 2775
disciplinary action under section 3123.47 or 4723.28 of the 2776
Revised Code or determines that an applicant who has committed 2777
any act that is grounds for disciplinary action under either 2778
section has made restitution or has been rehabilitated, or both. 2779

(d) For all applicants, the applicant is not required to 2780
register under Chapter 2950. of the Revised Code or a 2781
substantially similar law of another state, the United States, 2782
or another country. 2783

(e) For an applicant for licensure to practice as an 2784
advanced practice registered nurse, the applicant holds a 2785
current, valid license to practice as a registered nurse and has 2786
met the requirements of section 4723.482 of the Revised Code. 2787

(3) The board is not required to afford an adjudication to 2788
an individual to whom it has refused to grant a license because 2789
of that individual's failure to pass the examination. 2790

(B) (1) An application for license by endorsement to 2791
practice nursing as a registered nurse, advanced practice 2792

registered nurse, or ~~as a~~ licensed practical nurse shall be 2793
submitted to the board in the form prescribed by rules of the 2794
board. The application shall include evidence that the applicant 2795
holds a current, valid, and unrestricted license ~~in or~~ 2796
equivalent authorization from another jurisdiction granted after 2797
passing an examination approved by the board of that 2798
jurisdiction that is equivalent to the examination requirements 2799
under this chapter for a license to practice nursing as a 2800
registered nurse, advanced practice registered nurse, or 2801
licensed practical nurse. The application shall include any 2802
other information required by rules of the board. The 2803
application shall be accompanied by the application fee required 2804
by section 4723.08 of the Revised Code. 2805

(2) The board shall grant a license by endorsement to 2806
practice nursing as a registered nurse, advanced practice 2807
registered nurse, or ~~as a~~ licensed practical nurse if all of the 2808
following apply: 2809

(a) For all applicants, the applicant provides evidence 2810
satisfactory to the board that the applicant has successfully 2811
completed a nursing education program approved by the board 2812
under division (A) of section 4723.06 of the Revised Code or by 2813
a board of another jurisdiction that is a member of the national 2814
council of state boards of nursing. 2815

(b) For all applicants, the examination, at the time it is 2816
successfully completed, is equivalent to the examination 2817
requirements in effect at that time for applicants who were 2818
licensed by examination in this state. 2819

(c) For all applicants, the board determines there is 2820
sufficient evidence that the applicant completed two contact 2821
hours of continuing education directly related to this chapter 2822

or the rules adopted under it. 2823

(d) For all applicants, the results of a criminal records 2824
check conducted in accordance with section 4723.091 of the 2825
Revised Code demonstrate that the applicant is not ineligible 2826
for licensure as specified in section 4723.092 of the Revised 2827
Code. 2828

(e) For all applicants, the applicant has not committed 2829
any act that is grounds for disciplinary action under section 2830
3123.47 or 4723.28 of the Revised Code, or the board determines 2831
that an applicant who has committed any act that is grounds for 2832
disciplinary action under either of those sections has made 2833
restitution or has been rehabilitated, or both. 2834

(f) For all applicants, the applicant is not required to 2835
register under Chapter 2950. of the Revised Code, or a 2836
substantially similar law of another state, the United States, 2837
or another country. 2838

(C) The board may grant a nonrenewable temporary permit to 2839
practice nursing as a registered nurse, advanced practice 2840
registered nurse, or ~~as a~~ licensed practical nurse to an 2841
applicant for license by endorsement if the board is satisfied 2842
by the evidence that the applicant holds a current, valid, and 2843
unrestricted license ~~in or equivalent authorization from~~ another 2844
jurisdiction. Subject to earlier automatic termination as 2845
described in this paragraph, the temporary permit shall expire 2846
at the earlier of one hundred eighty days after issuance or upon 2847
the issuance of a license by endorsement. The temporary permit 2848
shall terminate automatically if the criminal records check 2849
completed by the bureau of criminal identification and 2850
investigation as described in section 4723.091 of the Revised 2851
Code regarding the applicant indicates that the applicant is 2852

ineligible for licensure as specified in section 4723.092 of the Revised Code. An applicant whose temporary permit is automatically terminated is permanently prohibited from obtaining a license to practice nursing in this state as a registered nurse, advanced practice registered nurse, or ~~as a~~ licensed practical nurse.

Sec. 4723.10. With respect to individuals applying for licensure by examination, the board of nursing shall accept all or any part of the licensure examination of the national council of state boards of nursing or any other national standardized nursing examination that the board considers to be an appropriate measure of whether a person is competent to commence practicing nursing as a registered nurse, advanced practice registered nurse, or ~~as a~~ licensed practical nurse. If the board incurs any cost in its acceptance of an examination under this section or in making the accepted examination available to applicants, the board may require applicants for licensure by examination to pay an amount sufficient to cover the cost incurred.

Sec. 4723.151. (A) Medical diagnosis, prescription of medical measures, and the practice of medicine or surgery or any of its branches by a nurse are prohibited.

(B) Division (A) of this section does not prohibit ~~a certified registered nurse anesthetist, clinical nurse specialist, certified nurse midwife, or certified nurse practitioner~~ an advanced practice registered nurse from practicing within the nurse's scope of practice ~~in accordance with section 4723.43 of the Revised Code~~. Division (A) of this section does not prohibit ~~a clinical nurse specialist, certified nurse midwife, or certified nurse practitioner who holds a~~

~~certificate to prescribe issued under section 4723.48 of the~~ 2883
~~Revised Code an advanced practice registered nurse from~~ 2884
~~prescribing drugs and therapeutic devices in accordance with~~ 2885
~~section 4723.481 of the Revised Code.~~ 2886

(C) Notwithstanding division (B) of this section, nothing 2887
in this chapter shall be construed as authorizing any nurse to 2888
prescribe any drug or device to perform or induce an abortion, 2889
or to otherwise perform or induce an abortion. 2890

Sec. 4723.16. (A) An individual whom the board of nursing 2891
licenses, ~~certificates,~~ or otherwise legally authorizes to 2892
engage in the practice of nursing as a registered nurse, 2893
advanced practice registered nurse, or ~~as a~~ licensed practical 2894
nurse may render the professional services of a registered or 2895
licensed practical nurse within this state through a corporation 2896
formed under division (B) of section 1701.03 of the Revised 2897
Code, a limited liability company formed under Chapter 1705. of 2898
the Revised Code, a partnership, or a professional association 2899
formed under Chapter 1785. of the Revised Code. This division 2900
does not preclude an individual of that nature from rendering 2901
professional services as a registered, advanced practice 2902
registered, or licensed practical nurse through another form of 2903
business entity, including, but not limited to, a nonprofit 2904
corporation or foundation, or in another manner that is 2905
authorized by or in accordance with this chapter, another 2906
chapter of the Revised Code, or rules of the board of nursing 2907
adopted pursuant to this chapter. 2908

(B) A corporation, limited liability company, partnership, 2909
or professional association described in division (A) of this 2910
section may be formed for the purpose of providing a combination 2911
of the professional services of the following individuals who 2912

are licensed, certificated, or otherwise legally authorized to	2913
practice their respective professions:	2914
(1) Optometrists who are authorized to practice optometry	2915
under Chapter 4725. of the Revised Code;	2916
(2) Chiropractors who are authorized to practice	2917
chiropractic or acupuncture under Chapter 4734. of the Revised	2918
Code;	2919
(3) Psychologists who are authorized to practice	2920
psychology under Chapter 4732. of the Revised Code;	2921
(4) Registered, <u>advanced practice registered</u> , or licensed	2922
practical nurses who are authorized to practice nursing as	2923
registered nurses, <u>advanced practice registered nurses</u> , or as-	2924
licensed practical nurses under this chapter;	2925
(5) Pharmacists who are authorized to practice pharmacy	2926
under Chapter 4729. of the Revised Code;	2927
(6) Physical therapists who are authorized to practice	2928
physical therapy under sections 4755.40 to 4755.56 of the	2929
Revised Code;	2930
(7) Occupational therapists who are licensed to practice	2931
occupational therapy under sections 4755.04 to 4755.13 of the	2932
Revised Code;	2933
(8) Mechanotherapists who are authorized to practice	2934
mechanotherapy under section 4731.151 of the Revised Code;	2935
(9) Doctors of medicine and surgery, osteopathic medicine	2936
and surgery, or podiatric medicine and surgery who are licensed,	2937
certificated, or otherwise legally authorized for their	2938
respective practices under Chapter 4731. of the Revised Code;	2939

(10) Licensed professional clinical counselors, licensed 2940
professional counselors, independent social workers, social 2941
workers, independent marriage and family therapists, or marriage 2942
and family therapists who are authorized for their respective 2943
practices under Chapter 4757. of the Revised Code. 2944

This division shall apply notwithstanding a provision of a 2945
code of ethics applicable to a nurse that prohibits a 2946
registered, advanced practice registered, or licensed practical 2947
nurse from engaging in the practice of nursing as a registered 2948
nurse, advanced practice registered nurse, or ~~as a~~ licensed 2949
practical nurse in combination with a person who is licensed, 2950
certificated, or otherwise legally authorized to practice 2951
optometry, chiropractic, acupuncture through the state 2952
chiropractic board, psychology, pharmacy, physical therapy, 2953
occupational therapy, mechanotherapy, medicine and surgery, 2954
osteopathic medicine and surgery, podiatric medicine and 2955
surgery, professional counseling, social work, or marriage and 2956
family therapy, but who is not also licensed, certificated, or 2957
otherwise legally authorized to engage in the practice of 2958
nursing as a registered nurse, advanced practice registered 2959
nurse, or ~~as a~~ licensed practical nurse. 2960

Sec. 4723.24. (A) Except as otherwise specified in this 2961
chapter, all active licenses and certificates issued under this 2962
chapter shall be renewed biennially according to a schedule 2963
established by the board of nursing. The board shall provide an 2964
application for renewal to every holder of an active license or 2965
certificate, except when the board is aware that an individual 2966
is ineligible for license or certificate renewal for any reason, 2967
including pending criminal charges in this state or another 2968
jurisdiction, failure to comply with a disciplinary order from 2969
the board or the terms of a consent agreement entered into with 2970

the board, failure to pay fines or fees owed to the board, or 2971
failure to provide on the board's request documentation of 2972
having completed the continuing nursing education requirements 2973
specified in division (C) of this section. 2974

If the board provides a renewal application by mail, the 2975
application shall be addressed to the last known post-office 2976
address of the license or certificate holder and mailed before 2977
the date specified in the board's schedule. Failure of the 2978
license or certificate holder to receive an application for 2979
renewal from the board shall not excuse the holder from the 2980
requirements contained in this section, except as provided in 2981
section 5903.10 of the Revised Code. 2982

The license or certificate holder shall complete the 2983
renewal form and return it to the board with the renewal fee 2984
required by section 4723.08 of the Revised Code on or before the 2985
date specified by the board. The license or certificate holder 2986
shall report any conviction, plea, or judicial finding regarding 2987
a criminal offense that constitutes grounds for the board to 2988
impose sanctions under section 4723.28 of the Revised Code since 2989
the holder last submitted an application to the board. 2990

On receipt of the renewal application, the board shall 2991
verify whether the applicant meets the renewal requirements. If 2992
the applicant meets the requirements, the board shall renew the 2993
license or certificate for the following two-year period. 2994
Renewal of a license to practice nursing as an advanced practice 2995
registered nurse automatically renews the applicant's license to 2996
practice nursing as a registered nurse. 2997

If a renewal application that meets the renewal 2998
requirements is submitted after the date specified in the 2999
board's schedule, but before expiration of the license or 3000

certificate, the board shall grant a renewal upon payment of the 3001
late renewal fee authorized under section 4723.08 of the Revised 3002
Code. 3003

(B) Every license or certificate holder shall give written 3004
notice to the board of any change of name or address within 3005
thirty days of the change. The board shall require the holder to 3006
document a change of name in a manner acceptable to the board. 3007

(C) (1) Except in the case of a first renewal after 3008
licensure by examination, to be eligible for renewal of an 3009
active license to practice nursing as a registered nurse, 3010
advanced practice registered nurse, or licensed practical nurse, 3011
each individual who holds an active license shall, in each two- 3012
year period specified by the board, complete continuing nursing 3013
education as follows: 3014

(a) For renewal of a license that was issued for a two- 3015
year renewal period, twenty-four hours of continuing nursing 3016
education; 3017

(b) For renewal of a license that was issued for less than 3018
a two-year renewal period, the number of hours of continuing 3019
nursing education specified by the board in rules adopted in 3020
accordance with Chapter 119. of the Revised Code; 3021

(c) Of the hours of continuing nursing education completed 3022
in any renewal period, at least one hour of the education must 3023
be directly related to the statutes and rules pertaining to the 3024
practice of nursing in this state. 3025

(2) The board shall adopt rules establishing the procedure 3026
for a license holder to certify to the board completion of the 3027
required continuing nursing education. The board may conduct a 3028
random sample of license holders and require that the license 3029

holders included in the sample submit satisfactory documentation 3030
of having completed the requirements for continuing nursing 3031
education. On the board's request, a license holder included in 3032
the sample shall submit the required documentation. 3033

(3) An educational activity may be applied toward meeting 3034
the continuing nursing education requirement only if it is 3035
obtained through a program or course approved by the board or a 3036
person the board has authorized to approve continuing nursing 3037
education programs and courses. 3038

(4) The continuing education required of ~~a certified~~ 3039
~~registered nurse anesthetist, clinical nurse specialist,~~ 3040
~~certified nurse midwife, or certified nurse practitioner an~~ 3041
advanced practice registered nurse to maintain certification by 3042
a national certifying organization shall be applied toward the 3043
continuing education requirements for renewal of a license to 3044
practice nursing as a registered nurse only if it is obtained 3045
through a program or course approved by the board or a person 3046
the board has authorized to approve continuing nursing education 3047
programs and courses. 3048

(D) Except as otherwise provided in section 4723.28 of the 3049
Revised Code, an individual who holds an active license to 3050
practice nursing as a registered nurse, advanced practice 3051
registered nurse, or licensed practical nurse and who does not 3052
intend to practice in Ohio may send to the board written notice 3053
to that effect on or before the renewal date, and the board 3054
shall classify the license as inactive. During the period that 3055
the license is classified as inactive, the holder may not engage 3056
in the practice of nursing in Ohio and is not required to pay 3057
the renewal fee. 3058

The holder of an inactive license or an individual who has 3059

failed to renew the individual's license may have the license 3060
reactivated or reinstated upon doing the following, as 3061
applicable to the holder or individual: 3062

(1) Applying to the board for license reactivation or 3063
reinstatement on forms provided by the board; 3064

(2) Meeting the requirements for reactivating or 3065
reinstating licenses established in rules adopted under section 3066
4723.07 of the Revised Code or, if the individual did not renew 3067
because of service in the armed forces of the United States or a 3068
reserve component of the armed forces of the United States, 3069
including the Ohio national guard or the national guard of any 3070
other state, as provided in section 5903.10 of the Revised Code; 3071

(3) If the license has been inactive for at least five 3072
years from the date of application for reactivation or has 3073
lapsed for at least five years from the date of application for 3074
reinstatement, submitting a request to the bureau of criminal 3075
identification and investigation for a criminal records check 3076
and check of federal bureau of investigation records pursuant to 3077
section 4723.091 of the Revised Code. 3078

Sec. 4723.25. The board of nursing shall approve one or 3079
more continuing education courses of study that comply with 3080
divisions (E) and (F) of section 4723.07 of the Revised Code and 3081
that assist ~~registered nurses and licensed practical nurses~~ in 3082
recognizing the signs of domestic violence and its relationship 3083
to child abuse. Nurses are not required to take the courses. 3084

Sec. 4723.271. (A) Upon request of the holder of a nursing 3085
license, ~~certificate of authority,~~ dialysis technician 3086
certificate, medication aide certificate, or community health 3087
worker certificate issued under this chapter, the presentment of 3088

proper identification as prescribed in rules adopted by the 3089
board of nursing, and payment of the fee authorized under 3090
section 4723.08 of the Revised Code, the board of nursing shall 3091
provide to the requestor a replacement copy of a wall 3092
certificate suitable for framing. 3093

(B) Upon request of the holder of a nursing license, 3094
volunteer's certificate, ~~certificate of authority, certificate~~ 3095
~~to prescribe,~~ dialysis technician certificate, medication aide 3096
certificate, or community health worker certificate issued under 3097
this chapter and payment of the fee authorized under section 3098
4723.08 of the Revised Code, the board shall verify to an agency 3099
of another jurisdiction or foreign country the fact that the 3100
person holds such nursing license, volunteer's certificate, 3101
~~certificate of authority, certificate to prescribe,~~ dialysis 3102
technician certificate, medication aide certificate, or 3103
community health worker certificate. 3104

Sec. 4723.28. (A) The board of nursing, by a vote of a 3105
quorum, may impose one or more of the following sanctions if it 3106
finds that a person committed fraud in passing an examination 3107
required to obtain a license, ~~certificate of authority,~~ or 3108
dialysis technician certificate issued by the board or to have 3109
committed fraud, misrepresentation, or deception in applying for 3110
or securing any nursing license, ~~certificate of authority,~~ or 3111
dialysis technician certificate issued by the board: deny, 3112
revoke, suspend, or place restrictions on any nursing license, 3113
~~certificate of authority,~~ or dialysis technician certificate 3114
issued by the board; reprimand or otherwise discipline a holder 3115
of a nursing license, ~~certificate of authority,~~ or dialysis 3116
technician certificate; or impose a fine of not more than five 3117
hundred dollars per violation. 3118

(B) The board of nursing, by a vote of a quorum, may 3119
impose one or more of the following sanctions: deny, revoke, 3120
suspend, or place restrictions on any nursing license, 3121
~~certificate of authority,~~ or dialysis technician certificate 3122
issued by the board; reprimand or otherwise discipline a holder 3123
of a nursing license, ~~certificate of authority,~~ or dialysis 3124
technician certificate; or impose a fine of not more than five 3125
hundred dollars per violation. The sanctions may be imposed for 3126
any of the following: 3127

(1) Denial, revocation, suspension, or restriction of 3128
authority to engage in a licensed profession or practice a 3129
health care occupation, including nursing or practice as a 3130
dialysis technician, for any reason other than a failure to 3131
renew, in Ohio or another state or jurisdiction; 3132

(2) Engaging in the practice of nursing or engaging in 3133
practice as a dialysis technician, having failed to renew a 3134
nursing license or dialysis technician certificate issued under 3135
this chapter, or while a nursing license or dialysis technician 3136
certificate is under suspension; 3137

(3) Conviction of, a plea of guilty to, a judicial finding 3138
of guilt of, a judicial finding of guilt resulting from a plea 3139
of no contest to, or a judicial finding of eligibility for a 3140
pretrial diversion or similar program or for intervention in 3141
lieu of conviction for, a misdemeanor committed in the course of 3142
practice; 3143

(4) Conviction of, a plea of guilty to, a judicial finding 3144
of guilt of, a judicial finding of guilt resulting from a plea 3145
of no contest to, or a judicial finding of eligibility for a 3146
pretrial diversion or similar program or for intervention in 3147
lieu of conviction for, any felony or of any crime involving 3148

gross immorality or moral turpitude;	3149
(5) Selling, giving away, or administering drugs or	3150
therapeutic devices for other than legal and legitimate	3151
therapeutic purposes; or conviction of, a plea of guilty to, a	3152
judicial finding of guilt of, a judicial finding of guilt	3153
resulting from a plea of no contest to, or a judicial finding of	3154
eligibility for a pretrial diversion or similar program or for	3155
intervention in lieu of conviction for, violating any municipal,	3156
state, county, or federal drug law;	3157
(6) Conviction of, a plea of guilty to, a judicial finding	3158
of guilt of, a judicial finding of guilt resulting from a plea	3159
of no contest to, or a judicial finding of eligibility for a	3160
pretrial diversion or similar program or for intervention in	3161
lieu of conviction for, an act in another jurisdiction that	3162
would constitute a felony or a crime of moral turpitude in Ohio;	3163
(7) Conviction of, a plea of guilty to, a judicial finding	3164
of guilt of, a judicial finding of guilt resulting from a plea	3165
of no contest to, or a judicial finding of eligibility for a	3166
pretrial diversion or similar program or for intervention in	3167
lieu of conviction for, an act in the course of practice in	3168
another jurisdiction that would constitute a misdemeanor in	3169
Ohio;	3170
(8) Self-administering or otherwise taking into the body	3171
any dangerous drug, as defined in section 4729.01 of the Revised	3172
Code, in any way that is not in accordance with a legal, valid	3173
prescription issued for that individual, or self-administering	3174
or otherwise taking into the body any drug that is a schedule I	3175
controlled substance;	3176
(9) Habitual or excessive use of controlled substances,	3177

other habit-forming drugs, or alcohol or other chemical	3178
substances to an extent that impairs the individual's ability to	3179
provide safe nursing care or safe dialysis care;	3180
(10) Impairment of the ability to practice according to	3181
acceptable and prevailing standards of safe nursing care or safe	3182
dialysis care because of the use of drugs, alcohol, or other	3183
chemical substances;	3184
(11) Impairment of the ability to practice according to	3185
acceptable and prevailing standards of safe nursing care or safe	3186
dialysis care because of a physical or mental disability;	3187
(12) Assaulting or causing harm to a patient or depriving	3188
a patient of the means to summon assistance;	3189
(13) Misappropriation or attempted misappropriation of	3190
money or anything of value in the course of practice;	3191
(14) Adjudication by a probate court of being mentally ill	3192
or mentally incompetent. The board may reinstate the person's	3193
nursing license or dialysis technician certificate upon	3194
adjudication by a probate court of the person's restoration to	3195
competency or upon submission to the board of other proof of	3196
competency.	3197
(15) The suspension or termination of employment by the	3198
department of defense or the veterans administration of the	3199
United States for any act that violates or would violate this	3200
chapter;	3201
(16) Violation of this chapter or any rules adopted under	3202
it;	3203
(17) Violation of any restrictions placed by the board on	3204
a nursing license or dialysis technician certificate;	3205

(18) Failure to use universal and standard precautions established by rules adopted under section 4723.07 of the Revised Code;	3206 3207 3208
(19) Failure to practice in accordance with acceptable and prevailing standards of safe nursing care or safe dialysis care;	3209 3210
(20) In the case of a registered nurse, engaging in activities that exceed the practice of nursing as a registered nurse;	3211 3212 3213
(21) <u>In the case of a registered nurse who is also an advanced practice registered nurse, engaging in activities that exceed the practice of nursing as an advanced practice registered nurse;</u>	3214 3215 3216 3217
<u>(22)</u> In the case of a licensed practical nurse, engaging in activities that exceed the practice of nursing as a licensed practical nurse;	3218 3219 3220
(22) <u>(23)</u> In the case of a dialysis technician, engaging in activities that exceed those permitted under section 4723.72 of the Revised Code;	3221 3222 3223
(23) <u>(24)</u> Aiding and abetting a person in that person's practice of nursing without a license or practice as a dialysis technician without a certificate issued under this chapter;	3224 3225 3226
(24) <u>(25)</u> In the case of a certified registered nurse <u>anesthetist, clinical nurse specialist, certified nurse midwife,</u> or certified registered nurse practitioner who is also an advanced practice registered nurse, except as provided in division (M) of this section, either of the following:	3227 3228 3229 3230 3231
(a) Waiving the payment of all or any part of a deductible or copayment that a patient, pursuant to a health insurance or	3232 3233

health care policy, contract, or plan that covers such nursing 3234
services, would otherwise be required to pay if the waiver is 3235
used as an enticement to a patient or group of patients to 3236
receive health care services from that provider; 3237

(b) Advertising that the nurse will waive the payment of 3238
all or any part of a deductible or copayment that a patient, 3239
pursuant to a health insurance or health care policy, contract, 3240
or plan that covers such nursing services, would otherwise be 3241
required to pay. 3242

~~(25)~~ (26) Failure to comply with the terms and conditions 3243
of participation in the chemical dependency monitoring program 3244
established under section 4723.35 of the Revised Code; 3245

~~(26)~~ (27) Failure to comply with the terms and conditions 3246
required under the practice intervention and improvement program 3247
established under section 4723.282 of the Revised Code; 3248

~~(27)~~ (28) In the case of ~~a certified registered nurse~~ 3249
~~anesthetist, clinical nurse specialist, certified nurse midwife,~~ 3250
~~or certified an advanced practice registered nurse practitioner:~~ 3251

(a) Engaging in activities that exceed those permitted for 3252
the nurse's nursing specialty ~~under section 4723.43 of the~~ 3253
~~Revised Code;~~ 3254

(b) Failure to meet the quality assurance standards 3255
established under section 4723.07 of the Revised Code. 3256

~~(28)~~ In the case of ~~a clinical nurse specialist, certified~~ 3257
~~nurse midwife, or certified nurse practitioner, failure to~~ 3258
~~maintain a standard care arrangement in accordance with section~~ 3259
~~4723.431 of the Revised Code or to practice in accordance with~~ 3260
~~the standard care arrangement;~~ 3261

(29) In the case of a clinical nurse specialist, certified	3262
nurse midwife, or certified an advanced practice registered	3263
nurse practitioner who holds a certificate to prescribe issued	3264
under section 4723.48 of the Revised Code, failure to prescribe	3265
drugs and therapeutic devices in accordance with section	3266
4723.481 of the Revised Code;	3267
(30) Prescribing any drug or device to perform or induce	3268
an abortion, or otherwise performing or inducing an abortion;	3269
(31) Failure to establish and maintain professional	3270
boundaries with a patient, as specified in rules adopted under	3271
section 4723.07 of the Revised Code;	3272
(32) Regardless of whether the contact or verbal behavior	3273
is consensual, engaging with a patient other than the spouse of	3274
the registered nurse, licensed practical nurse, or dialysis	3275
technician in any of the following:	3276
(a) Sexual contact, as defined in section 2907.01 of the	3277
Revised Code;	3278
(b) Verbal behavior that is sexually demeaning to the	3279
patient or may be reasonably interpreted by the patient as	3280
sexually demeaning.	3281
(33) Assisting suicide, as defined in section 3795.01 of	3282
the Revised Code;	3283
(34) Failure to comply with the requirements in section	3284
3719.061 of the Revised Code before issuing for a minor a	3285
prescription for an opioid analgesic, as defined in section	3286
3719.01 of the Revised Code;	3287
(35) Failure to comply with section 4723.487 of the	3288
Revised Code, unless the state board of pharmacy no longer	3289

maintains a drug database pursuant to section 4729.75 of the Revised Code;

(36) In the case of an advanced practice registered nurse, failure to comply with the terms of a consult agreement entered into with a pharmacist pursuant to section 4729.39 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 conducted under Chapter 119. of the Revised Code, except that in lieu of a hearing, the board may enter into a consent agreement with an individual to resolve an allegation of a violation of this chapter or any rule adopted under it. A consent agreement, when ratified by a vote of a quorum, shall constitute the findings and order of the board with respect to the matter addressed in the agreement. If the board refuses to ratify a consent agreement, the admissions and findings contained in the agreement shall be of no effect.

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

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

division (A) or (B) of this section. 3320

(E) If a criminal action is brought against a registered 3321
nurse, licensed practical nurse, or dialysis technician for an 3322
act or crime described in divisions (B)(3) to (7) of this 3323
section and the action is dismissed by the trial court other 3324
than on the merits, the board shall conduct an adjudication to 3325
determine whether the registered nurse, licensed practical 3326
nurse, or dialysis technician committed the act on which the 3327
action was based. If the board determines on the basis of the 3328
adjudication that the registered nurse, licensed practical 3329
nurse, or dialysis technician committed the act, or if the 3330
registered nurse, licensed practical nurse, or dialysis 3331
technician fails to participate in the adjudication, the board 3332
may take action as though the registered nurse, licensed 3333
practical nurse, or dialysis technician had been convicted of 3334
the act. 3335

If the board takes action on the basis of a conviction, 3336
plea, or a judicial finding as described in divisions (B)(3) to 3337
(7) of this section that is overturned on appeal, the registered 3338
nurse, licensed practical nurse, or dialysis technician may, on 3339
exhaustion of the appeal process, petition the board for 3340
reconsideration of its action. On receipt of the petition and 3341
supporting court documents, the board shall temporarily rescind 3342
its action. If the board determines that the decision on appeal 3343
was a decision on the merits, it shall permanently rescind its 3344
action. If the board determines that the decision on appeal was 3345
not a decision on the merits, it shall conduct an adjudication 3346
to determine whether the registered nurse, licensed practical 3347
nurse, or dialysis technician committed the act on which the 3348
original conviction, plea, or judicial finding was based. If the 3349
board determines on the basis of the adjudication that the 3350

registered nurse, licensed practical nurse, or dialysis technician committed such act, or if the registered nurse, licensed practical nurse, or dialysis technician does not request an adjudication, the board shall reinstate its action; otherwise, the board shall permanently rescind its action.

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

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

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

(G) During the course of an investigation conducted under this section, the board may compel any registered nurse, licensed practical nurse, or dialysis technician or applicant

under this chapter to submit to a mental or physical 3381
examination, or both, as required by the board and at the 3382
expense of the individual, if the board finds reason to believe 3383
that the individual under investigation may have a physical or 3384
mental impairment that may affect the individual's ability to 3385
provide safe nursing care. Failure of any individual to submit 3386
to a mental or physical examination when directed constitutes an 3387
admission of the allegations, unless the failure is due to 3388
circumstances beyond the individual's control, and a default and 3389
final order may be entered without the taking of testimony or 3390
presentation of evidence. 3391

If the board finds that an individual is impaired, the 3392
board shall require the individual to submit to care, 3393
counseling, or treatment approved or designated by the board, as 3394
a condition for initial, continued, reinstated, or renewed 3395
authority to practice. The individual shall be afforded an 3396
opportunity to demonstrate to the board that the individual can 3397
begin or resume the individual's occupation in compliance with 3398
acceptable and prevailing standards of care under the provisions 3399
of the individual's authority to practice. 3400

For purposes of this division, any registered nurse, 3401
licensed practical nurse, or dialysis technician or applicant 3402
under this chapter shall be deemed to have given consent to 3403
submit to a mental or physical examination when directed to do 3404
so in writing by the board, and to have waived all objections to 3405
the admissibility of testimony or examination reports that 3406
constitute a privileged communication. 3407

(H) The board shall investigate evidence that appears to 3408
show that any person has violated any provision of this chapter 3409
or any rule of the board. Any person may report to the board any 3410

information the person may have that appears to show a violation 3411
of any provision of this chapter or rule of the board. In the 3412
absence of bad faith, any person who reports such information or 3413
who testifies before the board in any adjudication conducted 3414
under Chapter 119. of the Revised Code shall not be liable for 3415
civil damages as a result of the report or testimony. 3416

(I) All of the following apply under this chapter with 3417
respect to the confidentiality of information: 3418

(1) Information received by the board pursuant to a 3419
complaint or an investigation is confidential and not subject to 3420
discovery in any civil action, except that the board may 3421
disclose information to law enforcement officers and government 3422
entities for purposes of an investigation of either a licensed 3423
health care professional, including a registered nurse, licensed 3424
practical nurse, or dialysis technician, or a person who may 3425
have engaged in the unauthorized practice of nursing or dialysis 3426
care. No law enforcement officer or government entity with 3427
knowledge of any information disclosed by the board pursuant to 3428
this division shall divulge the information to any other person 3429
or government entity except for the purpose of a government 3430
investigation, a prosecution, or an adjudication by a court or 3431
government entity. 3432

(2) If an investigation requires a review of patient 3433
records, the investigation and proceeding shall be conducted in 3434
such a manner as to protect patient confidentiality. 3435

(3) All adjudications and investigations of the board 3436
shall be considered civil actions for the purposes of section 3437
2305.252 of the Revised Code. 3438

(4) Any board activity that involves continued monitoring 3439

of an individual as part of or following any disciplinary action 3440
taken under this section shall be conducted in a manner that 3441
maintains the individual's confidentiality. Information received 3442
or maintained by the board with respect to the board's 3443
monitoring activities is not subject to discovery in any civil 3444
action and is confidential, except that the board may disclose 3445
information to law enforcement officers and government entities 3446
for purposes of an investigation of a licensee or certificate 3447
holder. 3448

(J) Any action taken by the board under this section 3449
resulting in a suspension from practice shall be accompanied by 3450
a written statement of the conditions under which the person may 3451
be reinstated to practice. 3452

(K) When the board refuses to grant a license or 3453
certificate to an applicant, revokes a license or certificate, 3454
or refuses to reinstate a license or certificate, the board may 3455
specify that its action is permanent. An individual subject to 3456
permanent action taken by the board is forever ineligible to 3457
hold a license or certificate of the type that was refused or 3458
revoked and the board shall not accept from the individual an 3459
application for reinstatement of the license or certificate or 3460
for a new license or certificate. 3461

(L) No unilateral surrender of a nursing license, 3462
certificate of authority, or dialysis technician certificate 3463
issued under this chapter shall be effective unless accepted by 3464
majority vote of the board. No application for a nursing 3465
license, certificate of authority, or dialysis technician 3466
certificate issued under this chapter may be withdrawn without a 3467
majority vote of the board. The board's jurisdiction to take 3468
disciplinary action under this section is not removed or limited 3469

when an individual has a license or certificate classified as 3470
inactive or fails to renew a license or certificate. 3471

(M) Sanctions shall not be imposed under division (B) (24) 3472
of this section against any licensee who waives deductibles and 3473
copayments as follows: 3474

(1) In compliance with the health benefit plan that 3475
expressly allows such a practice. Waiver of the deductibles or 3476
copayments shall be made only with the full knowledge and 3477
consent of the plan purchaser, payer, and third-party 3478
administrator. Documentation of the consent shall be made 3479
available to the board upon request. 3480

(2) For professional services rendered to any other person 3481
licensed pursuant to this chapter to the extent allowed by this 3482
chapter and the rules of the board. 3483

Sec. 4723.32. This chapter does not prohibit any of the 3484
following: 3485

(A) The practice of nursing by a student currently 3486
enrolled in and actively pursuing completion of a prelicensure 3487
nursing education program, if all of the following are the case: 3488

(1) The student is participating in a program located in 3489
this state and approved by the board of nursing or participating 3490
in this state in a component of a program located in another 3491
jurisdiction and approved by a board that is a member of the 3492
national council of state boards of nursing; 3493

(2) The student's practice is under the auspices of the 3494
program; 3495

(3) The student acts under the supervision of a registered 3496
nurse serving for the program as a faculty member or teaching 3497

assistant.	3498
(B) The rendering of medical assistance to a licensed physician, licensed dentist, or licensed podiatrist by a person under the direction, supervision, and control of such licensed physician, dentist, or podiatrist;	3499 3500 3501 3502
(C) The activities of persons employed as nursing aides, attendants, orderlies, or other auxiliary workers in patient homes, nurseries, nursing homes, hospitals, home health agencies, or other similar institutions;	3503 3504 3505 3506
(D) The provision of nursing services to family members or in emergency situations;	3507 3508
(E) The care of the sick when done in connection with the practice of religious tenets of any church and by or for its members;	3509 3510 3511
(F) The practice of nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner <u>an advanced practice registered nurse</u> by a student currently enrolled in and actively pursuing completion of a program of study leading to initial authorization by the board of nursing to practice nursing in the specialty, if all of the following are the case:	3512 3513 3514 3515 3516 3517 3518
(1) The program qualifies the student to sit for the examination of a national certifying organization approved by the board under section 4723.46 of the Revised Code or the program prepares the student to receive a master's <u>or doctoral</u> degree in accordance with division (A) (2) of section 4723.41 of the Revised Code;	3519 3520 3521 3522 3523 3524
(2) The student's practice is under the auspices of the program;	3525 3526

(3) The student acts under the supervision of ~~an advanced~~ practice registered nurse serving for the program as a faculty member, teaching assistant, or preceptor.

(G) The activities of an individual who currently holds a license to practice nursing ~~in or equivalent authorization from~~ another jurisdiction, if the individual's ~~license authority to practice~~ has not been revoked, the individual is not currently under suspension or on probation, the individual does not represent the individual as being licensed under this chapter, and one of the following is the case:

(1) The individual is engaging in the practice of nursing by discharging official duties while employed by or under contract with the United States government or any agency thereof;

(2) The individual is engaging in the practice of nursing as an employee of an individual, agency, or corporation located in the other jurisdiction in a position with employment responsibilities that include transporting patients into, out of, or through this state, as long as each trip in this state does not exceed seventy-two hours;

(3) The individual is consulting with an individual licensed in this state to practice any health-related profession;

(4) The individual is engaging in activities associated with teaching in this state as a guest lecturer at or for a nursing education program, continuing nursing education program, or in-service presentation;

(5) The individual is conducting evaluations of nursing care that are undertaken on behalf of an accrediting

organization, including the national league for nursing 3556
accrediting committee, the joint commission on accreditation of 3557
healthcare organizations, or any other nationally recognized 3558
accrediting organization; 3559

(6) The individual is providing nursing care to an 3560
individual who is in this state on a temporary basis, not to 3561
exceed six months in any one calendar year, if the nurse is 3562
directly employed by or under contract with the individual or a 3563
guardian or other person acting on the individual's behalf; 3564

(7) The individual is providing nursing care during any 3565
disaster, natural or otherwise, that has been officially 3566
declared to be a disaster by a public announcement issued by an 3567
appropriate federal, state, county, or municipal official. 3568

(H) The administration of medication by an individual who 3569
holds a valid medication aide certificate issued under this 3570
chapter, if the medication is administered to a resident of a 3571
nursing home or residential care facility authorized by section 3572
4723.64 of the Revised Code to use a certified medication aide 3573
and the medication is administered in accordance with section 3574
4723.67 of the Revised Code. 3575

Sec. 4723.341. (A) As used in this section, "person" has 3576
the same meaning as in section 1.59 of the Revised Code and also 3577
includes the board of nursing and its members and employees; 3578
health care facilities, associations, and societies; insurers; 3579
and individuals. 3580

(B) In the absence of fraud or bad faith, no person 3581
reporting to the board of nursing or testifying in an 3582
adjudication conducted under Chapter 119. of the Revised Code 3583
with regard to alleged incidents of negligence or malpractice or 3584

matters subject to this chapter or sections 3123.41 to 3123.50 3585
of the Revised Code and any applicable rules adopted under 3586
section 3123.63 of the Revised Code shall be subject to either 3587
of the following based on making the report or testifying: 3588

(1) Liability in damages in a civil action for injury, 3589
death, or loss to person or property; 3590

(2) Discipline or dismissal by an employer. 3591

(C) An individual who is disciplined or dismissed in 3592
violation of division (B) (2) of this section has the same rights 3593
and duties accorded an employee under sections 4113.52 and 3594
4113.53 of the Revised Code. 3595

(D) In the absence of fraud or bad faith, no professional 3596
association of registered nurses, advanced practice registered 3597
nurses, licensed practical nurses, dialysis technicians, 3598
community health workers, or medication aides that sponsors a 3599
committee or program to provide peer assistance to individuals 3600
with substance abuse problems, no representative or agent of 3601
such a committee or program, and no member of the board of 3602
nursing shall be liable to any person for damages in a civil 3603
action by reason of actions taken to refer a nurse, dialysis 3604
technician, community health worker, or medication aide to a 3605
treatment provider or actions or omissions of the provider in 3606
treating a nurse, dialysis technician, community health worker, 3607
or medication aide. 3608

Sec. 4723.36. (A) ~~A certified nurse practitioner or~~ 3609
~~clinical nurse specialist may determine and pronounce an~~ 3610
~~individual's death, but only if the individual's respiratory and~~ 3611
~~circulatory functions are not being artificially sustained and,~~ 3612
~~at the time the determination and pronouncement of death is~~ 3613

~~made, either or both of the following apply:—~~ 3614

~~(1) The individual was receiving care in one of the~~ 3615
~~following:~~ 3616

~~(a) A nursing home licensed under section 3721.02 of the~~ 3617
~~Revised Code or by a political subdivision under section 3721.09~~ 3618
~~of the Revised Code;~~ 3619

~~(b) A residential care facility or home for the aging~~ 3620
~~licensed under Chapter 3721. of the Revised Code;~~ 3621

~~(c) A county home or district home operated pursuant to~~ 3622
~~Chapter 5155. of the Revised Code;~~ 3623

~~(d) A residential facility licensed under section 5123.19~~ 3624
~~of the Revised Code.~~ 3625

~~(2) The certified nurse practitioner or clinical nurse~~ 3626
~~specialist is providing or supervising the individual's care~~ 3627
~~through a hospice care program licensed under Chapter 3712. of~~ 3628
~~the Revised Code or any other entity that provides palliative~~ 3629
~~care.~~ 3630

~~(B)~~ A registered nurse may determine and pronounce an 3631
individual's death, but only if the individual's respiratory and 3632
circulatory functions are not being artificially sustained and, 3633
at the time the determination and pronouncement of death is 3634
made, the registered nurse is providing or supervising the 3635
individual's care through a hospice care program licensed under 3636
Chapter 3712. of the Revised Code or any other entity that 3637
provides palliative care. 3638

~~(C)~~ (B) If a ~~certified nurse practitioner, clinical nurse~~ 3639
~~specialist, or~~ registered nurse determines and pronounces an 3640
individual's death, the nurse shall comply with both of the 3641

following: 3642

(1) The nurse shall not complete any portion of the 3643
individual's death certificate. 3644

(2) The nurse shall notify the individual's attending 3645
physician or advanced practice registered nurse of the 3646
determination and pronouncement of death in order for the 3647
physician or advanced practice registered nurse to fulfill the 3648
physician's or advanced practice registered nurse's duties under 3649
section 3705.16 of the Revised Code. The nurse shall provide the 3650
notification within a period of time that is reasonable but not 3651
later than twenty-four hours following the determination and 3652
pronouncement of the individual's death. 3653

Sec. 4723.41. (A) Each person who desires to practice 3654
nursing as a certified nurse-midwife and has not been authorized 3655
to practice midwifery prior to December 1, 1967, and each person 3656
who desires to practice nursing as a certified registered nurse 3657
anesthetist, clinical nurse specialist, or certified nurse 3658
practitioner shall file with the board of nursing a written 3659
application for ~~authorization~~ a license to practice nursing as 3660
an advanced practice registered nurse and designation in the 3661
desired specialty. The application must be filed, under oath, on 3662
a form prescribed by the board accompanied by the application 3663
fee required by section 4723.08 of the Revised Code. 3664

Except as provided in division (B) of this section, at the 3665
time of making application, the applicant shall meet all of the 3666
following requirements: 3667

(1) Be a registered nurse; 3668

(2) Submit documentation satisfactory to the board that 3669
the applicant has earned a graduate degree with a major in a 3670

nursing specialty or in a related field that qualifies the 3671
applicant to sit for the certification examination of a national 3672
certifying organization approved by the board under section 3673
4723.46 of the Revised Code; 3674

(3) Submit documentation satisfactory to the board of 3675
having passed the certification examination of a national 3676
certifying organization approved by the board under section 3677
4723.46 of the Revised Code to examine and certify, as 3678
applicable, nurse-midwives, registered nurse anesthetists, 3679
clinical nurse specialists, or nurse practitioners; 3680

(4) Submit an affidavit with the application that states 3681
all of the following: 3682

(a) That the applicant is the person named in the 3683
documents submitted under divisions (A) (2) and (3) of this 3684
section and is the lawful possessor thereof; 3685

(b) The applicant's age, residence, the school at which 3686
the applicant obtained education in the applicant's nursing 3687
specialty, and any other facts that the board requires; 3688

(c) The specialty in which the applicant seeks 3689
designation; 3690

(d) If the applicant is already engaged in the practice of 3691
nursing as a certified registered nurse anesthetist, clinical 3692
nurse specialist, certified nurse-midwife, or certified nurse 3693
practitioner, the period during which and the place where the 3694
applicant is engaged; 3695

~~(d) If the applicant is already engaged in the practice of~~ 3696
~~nursing as a clinical nurse specialist, certified nurse midwife,~~ 3697
~~or certified nurse practitioner, the names and business~~ 3698
~~addresses of the applicant's current collaborating physicians~~ 3699

~~and podiatrists.~~ 3700

(B) (1) A certified registered nurse anesthetist, clinical 3701
nurse specialist, certified nurse-midwife, or certified nurse 3702
practitioner who is practicing as such in another jurisdiction 3703
may apply for a ~~certificate of authority~~ license by endorsement 3704
to practice nursing as an advanced practice registered nurse and 3705
designation as a certified registered nurse anesthetist, 3706
clinical nurse specialist, certified nurse-midwife, or certified 3707
nurse practitioner in this state if the nurse meets the 3708
requirements ~~for a certificate of authority~~ set forth in 3709
division (A) of this section or division (B) (2) of this section. 3710

(2) If an applicant practicing in another jurisdiction 3711
applies for a ~~certificate of authority~~ designation under 3712
division (B) (2) of this section, the application shall be 3713
submitted to the board in the form prescribed by rules of the 3714
board and be accompanied by the application fee required by 3715
section 4723.08 of the Revised Code. The application shall 3716
include evidence that the applicant meets the requirements of 3717
division (B) (2) of this section, holds a ~~license or certificate~~ 3718
authority to practice nursing as a ~~certified registered nurse~~ 3719
~~anesthetist, clinical nurse specialist, certified nurse-midwife,~~ 3720
~~or certified nurse practitioner~~ and is in good standing in 3721
another jurisdiction granted after meeting requirements approved 3722
by the entity of that jurisdiction that ~~licenses~~ regulates 3723
nurses, and other information required by rules of the board of 3724
nursing. 3725

With respect to the educational requirements and national 3726
certification requirements that an applicant under division (B) 3727
(2) of this section must meet, both of the following apply: 3728

(a) If the applicant is a certified registered nurse 3729

anesthetist, certified nurse-midwife, or certified nurse 3730
practitioner who, on or before December 31, 2000, obtained 3731
certification in the applicant's nursing specialty with a 3732
national certifying organization listed in division (A) (3) of 3733
section 4723.41 of the Revised Code as that division existed 3734
prior to ~~the effective date of this amendment~~ March 20, 2013, or 3735
that was at that time approved by the board under section 3736
4723.46 of the Revised Code, the applicant must have maintained 3737
the certification. The applicant is not required to have earned 3738
a graduate degree with a major in a nursing specialty or in a 3739
related field that qualifies the applicant to sit for the 3740
certification examination. 3741

(b) If the applicant is a clinical nurse specialist, one 3742
of the following must apply to the applicant: 3743

(i) On or before December 31, 2000, the applicant obtained 3744
a graduate degree with a major in a clinical area of nursing 3745
from an educational institution accredited by a national or 3746
regional accrediting organization. The applicant is not required 3747
to have passed a certification examination. 3748

(ii) On or before December 31, 2000, the applicant 3749
obtained a graduate degree in nursing or a related field and was 3750
certified as a clinical nurse specialist by the American nurses 3751
credentialing center or another national certifying organization 3752
that was at that time approved by the board under section 3753
4723.46 of the Revised Code. 3754

Sec. 4723.42. (A) If the applicant for ~~authorization a~~ 3755
license to practice nursing as a certified registered nurse 3756
~~anesthetist, clinical nurse specialist, certified nurse-midwife,~~ 3757
~~or certified nurse practitioner~~ an advanced practice registered 3758
nurse has met all the requirements of section 4723.41 of the 3759

Revised Code and has paid the fee required by section 4723.08 of 3760
the Revised Code, the board of nursing shall issue ~~its~~ 3761
~~certificate of authority to practice nursing the license and~~ 3762
designate the license holder as a certified registered nurse 3763
anesthetist, clinical nurse specialist, certified nurse-midwife, 3764
or certified nurse practitioner, ~~which shall designate the~~ 3765
~~nursing specialty the nurse is authorized to practice. The~~ 3766
~~certificate entitles its~~ license and designation authorize the 3767
holder to practice ~~nursing in the specialty designated on the~~ 3768
~~certificate~~ as an advanced practice registered nurse in the 3769
specialty indicated by the designation. 3770

The board shall issue or deny ~~its certificate~~ the license 3771
not later than ~~sixty~~ thirty days after receiving all of the 3772
documents required by section 4723.41 of the Revised Code. 3773

If an applicant is under investigation for a violation of 3774
this chapter, the board shall conclude the investigation not 3775
later than ninety days after receipt of all required documents, 3776
unless this ninety-day period is extended by written consent of 3777
the applicant, or unless the board determines that a substantial 3778
question of such a violation exists and the board has notified 3779
the applicant in writing of the reasons for the continuation of 3780
the investigation. If the board determines that the applicant 3781
has not violated this chapter, it shall issue a certificate not 3782
later than forty-five days after making that determination. 3783

(B) ~~Authorization~~ A license to practice nursing as a 3784
~~certified registered nurse anesthetist, clinical nurse~~ 3785
~~specialist, certified nurse-midwife, or certified nurse~~ 3786
~~practitioner~~ an advanced practice registered nurse shall be 3787
renewed biennially according to rules and a schedule adopted by 3788
the board. In providing renewal applications ~~to certificate~~ 3789

~~holders~~, the board shall follow the procedures ~~it follows~~ 3790
specified under section 4723.24 of the Revised Code ~~in for~~ 3791
providing renewal applications to license holders. Failure of 3792
the ~~certificate~~-license holder to receive an application for 3793
renewal from the board does not excuse the license holder from 3794
the requirements of section 4723.44 of the Revised Code. 3795

Not later than the date specified by the board, the 3796
license holder shall complete the renewal form and return it to 3797
the board with all of the following: 3798

(1) The renewal fee required by section 4723.08 of the 3799
Revised Code; 3800

(2) Documentation satisfactory to the board that the 3801
holder has maintained certification in the nursing specialty 3802
with a national certifying organization approved by the board 3803
under section 4723.46 of the Revised Code; 3804

(3) ~~A list of the names and business addresses of the~~ 3805
~~holder's current collaborating physicians and podiatrists, if~~ 3806
~~the holder is a clinical nurse specialist, certified nurse~~ 3807
~~midwife, or certified nurse practitioner;~~ 3808

~~(4) If the holder's certificate was issued under division~~ 3809
~~(C) of section 4723.41 of the Revised Code, as that division~~ 3810
~~existed at any time before the effective date of this~~ 3811
~~amendment~~license holder is a clinical nurse specialist, 3812
documentation satisfactory to the board that the holder has 3813
completed continuing education for ~~a clinical nurse specialist~~ 3814
that specialty as required by rule of the board. 3815

On receipt of the renewal application, fees, and 3816
documents, the board shall verify that the applicant holds a 3817
current license to practice nursing as a registered nurse in 3818

this state, and, if it so verifies, shall renew the certificate. 3819
If an applicant submits the completed renewal application after 3820
the date specified in the board's schedule, but before the 3821
expiration of the certificate, the board shall grant a renewal 3822
when the late renewal fee required by section 4723.08 of the 3823
Revised Code is paid. 3824

An applicant for reinstatement of an expired certificate 3825
shall submit the reinstatement fee, renewal fee, and late 3826
renewal fee required by section 4723.08 of the Revised Code. Any 3827
holder of a certificate who desires inactive status shall give 3828
the board written notice to that effect. 3829

Sec. 4723.432. (A) ~~A clinical nurse specialist, certified~~ 3830
~~nurse midwife, or certified nurse practitioner~~ An advanced 3831
practice registered nurse shall cooperate with the state medical 3832
board in any investigation the board conducts with respect to a 3833
physician or podiatrist ~~who collaborates with the nurse~~. The 3834
nurse shall cooperate with the board in any investigation the 3835
board conducts with respect to the unauthorized practice of 3836
medicine by the nurse. 3837

(B) ~~An advanced practice registered nurse who is~~ 3838
designated as a certified registered nurse anesthetist shall 3839
cooperate with the ~~state medical board or state dental board~~ in 3840
any investigation ~~either the~~ board conducts with respect to a 3841
physician, podiatrist, or dentist ~~who permits the nurse to~~ 3842
~~practice with the supervision of that physician, podiatrist, or~~ 3843
~~dentist~~. The nurse shall cooperate with ~~either the~~ board in any 3844
investigation it conducts with respect to the unauthorized 3845
practice of ~~medicine or dentistry~~ by the nurse. 3846

Sec. 4723.44. (A) No person shall do any of the following 3847
unless the person holds a current, valid ~~certificate of~~ 3848

~~authority to practice nursing as a certified registered nurse-~~ 3849
~~anesthetist, clinical nurse specialist, certified nurse-midwife,~~ 3850
~~or certified nurse practitioner license~~ issued by the board of 3851
nursing under this chapter to practice nursing as an advanced 3852
practice registered nurse in the specialty indicated by the 3853
designation: 3854

(1) Engage in the practice of nursing as ~~a certified-~~ 3855
~~registered nurse anesthetist, clinical nurse specialist,~~ 3856
~~certified nurse-midwife, or certified nurse practitioner~~ an 3857
advanced practice registered nurse for a fee, salary, or other 3858
consideration, or as a volunteer; 3859

(2) Represent the person as being an advanced practice 3860
registered nurse, including as a certified registered nurse 3861
anesthetist, clinical nurse specialist, certified nurse-midwife, 3862
or certified nurse practitioner; 3863

(3) Use any title or initials implying that the person is 3864
an advanced practice registered nurse, including a certified 3865
registered nurse anesthetist, clinical nurse specialist, 3866
certified nurse-midwife, or certified nurse practitioner; 3867

~~(4) Represent the person as being an advanced practice-~~ 3868
~~registered nurse;~~ 3869

~~(5) Use any title or initials implying that the person is-~~ 3870
~~an advanced practice registered nurse.~~ 3871

(B) ~~No person who is not certified by the national council-~~ 3872
~~on certification of nurse anesthetists of the American-~~ 3873
~~association of nurse anesthetists, the national council on-~~ 3874
~~recertification of nurse anesthetists of the American-~~ 3875
~~association of nurse anesthetists, or another national-~~ 3876
~~certifying organization approved by the board under section-~~ 3877

~~4723.46 of the Revised Code shall use the title "certified-
registered nurse anesthetist" or the initials "C.R.N.A.," or any
other title or initial implying that the person has been
certified by the council or organization.~~

~~(C) No certified registered nurse anesthetist, clinical
nurse specialist, certified nurse midwife, or certified nurse-
practitioner advanced practice registered nurse shall do any of
the following:~~

(1) Engage, for a fee, salary, or other consideration, or
as a volunteer, in the practice of a nursing specialty other
than the specialty designated on the nurse's current, valid
~~certificate of authority~~ license issued by the board under this
chapter;

(2) Represent the person as being authorized to practice
any nursing specialty other than the specialty designated on the
current, valid ~~certificate of authority~~ license;

(3) Use the title "certified registered nurse anesthetist"
or the initials "N.A." or "C.R.N.A.," the title "clinical nurse
specialist" or the initials "C.N.S.," the title "certified
nurse-midwife" or the initials "C.N.M.," the title "certified
nurse practitioner" or the initials "C.N.P.," the title
"advanced practice registered nurse" or the initials "A.P.R.N.,"
or any other title or initials implying that the nurse is
authorized to practice any nursing specialty other than the
specialty designated on the nurse's current, valid ~~certificate-
of authority~~ license;

~~(4) Enter into a standard care arrangement with a
physician or podiatrist whose practice is not the same as or
similar to the nurse's nursing specialty;~~

~~(5) Prescribe drugs or therapeutic devices unless the nurse holds a current, valid certificate to prescribe issued under section 4723.48 of the Revised Code;~~ 3907
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~~(6) Prescribe drugs or therapeutic devices under a certificate to prescribe in a manner that does not comply with section 4723.481 of the Revised Code;~~ 3910
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~~(7)~~ (5) Prescribe any drug or device to perform or induce an abortion, or otherwise perform or induce an abortion. 3913
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~~(D)~~ (C) No person shall knowingly employ a person to engage in the practice of nursing as ~~a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner~~ an advanced practice registered nurse unless the person so employed holds a current, valid certificate of authority to engage in that nursing ~~specialty license and designation~~ issued by the board under this chapter to practice as an advanced practice registered nurse in the specialty indicated by the designation. 3915
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~~(E)~~ (D) A certificate certified by the executive director of the board, under the official seal of the board, to the effect that it appears from the records that no ~~certificate of authority designation~~ to practice ~~nursing~~ as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner has been issued to any person specified therein, or that a ~~certificate~~ designation, if issued, has been revoked or suspended, shall be received as prima-facie evidence of the record in any court or before any officer of the state. 3924
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Sec. 4723.46. (A) The board of nursing shall establish a list of national certifying organizations approved by the board 3934
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to examine and certify advanced practice registered nurses to 3936
practice nursing specialties. To be approved by the board, a 3937
national certifying organization must meet all of the following 3938
requirements: 3939

(1) Be national in the scope of its credentialing; 3940

(2) Have an educational requirement beyond that required 3941
for registered nurse licensure; 3942

(3) Have practice requirements beyond those required for 3943
registered nurse licensure; 3944

(4) Have testing requirements beyond those required for 3945
registered nurse licensure that measure the theoretical and 3946
clinical content of a nursing specialty, are developed in 3947
accordance with accepted standards of validity and reliability, 3948
and are open to registered nurses who have successfully 3949
completed the educational program required by the organization; 3950

(5) Issue certificates to advanced practice registered 3951
nurses, including certified registered nurse anesthetists, 3952
clinical nurse specialists, certified nurse-midwives, or 3953
certified nurse practitioners; 3954

(6) Periodically review the qualifications of advanced 3955
practice registered nurses, including certified registered nurse 3956
anesthetists, clinical nurse specialists, certified nurse- 3957
midwives, or certified nurse practitioners. 3958

(B) Not later than the thirtieth day of January of each 3959
year, the board shall publish the list of national certifying 3960
organizations that have met the requirements of division (A) of 3961
this section within the previous year and remove from the list 3962
organizations that no longer meet the requirements. 3963

~~Sec. 4723.481. This section establishes standards and conditions regarding the authority of a clinical nurse specialist, certified nurse midwife, or certified nurse practitioner to prescribe drugs and therapeutic devices under a certificate to prescribe issued under section 4723.48 of the Revised Code.~~ 3964
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~~(A) A clinical nurse specialist, certified nurse midwife, or certified nurse practitioner shall not prescribe any drug or therapeutic device that is not included in the types of drugs and devices listed on the formulary established in rules adopted under section 4723.50 of the Revised Code.~~ 3970
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~~(B) The prescriptive authority of a clinical nurse specialist, certified nurse midwife, or certified nurse practitioner shall not exceed the prescriptive authority of the collaborating physician or podiatrist, including the collaborating physician's authority to treat chronic pain with controlled substances and products containing tramadol as described in section 4731.052 of the Revised Code.~~ 3975
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~~(C) (1) Except as provided in division (C) (2) or (3) of this section, a clinical nurse specialist, certified nurse midwife, or certified nurse practitioner may prescribe to a patient a schedule II controlled substance only if all of the following are the case:~~ 3982
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~~(a) The patient has a terminal condition, as defined in section 2133.01 of the Revised Code.~~ 3987
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~~(b) The collaborating physician of the clinical nurse specialist, certified nurse midwife, or certified nurse practitioner initially prescribed the substance for the patient.~~ 3989
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~~(c) The prescription is for an amount that does not exceed~~ 3992

~~the amount necessary for the patient's use in a single, twenty-~~ 3993
~~four-hour period.~~ 3994

~~(2) The restrictions on prescriptive authority in division-~~ 3995
~~(C)(1) of this section do not apply if a clinical nurse-~~ 3996
~~specialist, certified nurse-midwife, or certified nurse-~~ 3997
~~practitioner issues the prescription to the patient from any of-~~ 3998
~~the following locations:—~~ 3999

~~(a) A hospital registered under section 3701.07 of the-~~ 4000
~~Revised Code;—~~ 4001

~~(b) An entity owned or controlled, in whole or in part, by-~~ 4002
~~a hospital or by an entity that owns or controls, in whole or in-~~ 4003
~~part, one or more hospitals;—~~ 4004

~~(c) A health care facility operated by the department of-~~ 4005
~~mental health and addiction services or the department of-~~ 4006
~~developmental disabilities;—~~ 4007

~~(d) A nursing home licensed under section 3721.02 of the-~~ 4008
~~Revised Code or by a political subdivision certified under-~~ 4009
~~section 3721.09 of the Revised Code;—~~ 4010

~~(e) A county home or district home operated under Chapter-~~ 4011
~~5155. of the Revised Code that is certified under the medicare-~~ 4012
~~or medicaid program;—~~ 4013

~~(f) A hospice care program, as defined in section 3712.01-~~ 4014
~~of the Revised Code;—~~ 4015

~~(g) A community mental health services provider, as-~~ 4016
~~defined in section 5122.01 of the Revised Code;—~~ 4017

~~(h) An ambulatory surgical facility, as defined in section-~~ 4018
~~3702.30 of the Revised Code;—~~ 4019

~~(i) A freestanding birthing center, as defined in section 3702.141 of the Revised Code;~~ 4020
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~~(j) A federally qualified health center, as defined in section 3701.047 of the Revised Code;~~ 4022
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~~(k) A federally qualified health center look-alike, as defined in section 3701.047 of the Revised Code;~~ 4024
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~~(l) A health care office or facility operated by the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code;~~ 4026
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~~(m) A site where a medical practice is operated, but only if the practice is comprised of one or more physicians who also are owners of the practice; the practice is organized to provide direct patient care; and the clinical nurse specialist, certified nurse midwife, or certified nurse practitioner providing services at the site has a standard care arrangement and collaborates with at least one of the physician owners who practices primarily at that site.~~ 4030
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~~(3) A clinical nurse specialist, certified nurse midwife, or certified nurse practitioner~~ 4038
Except as provided in division (B) of this section, a current, valid license to practice nursing as an advanced practice registered nurse issued under this chapter authorizes an advanced practice registered nurse to prescribe and personally furnish drugs and therapeutic devices. 4039
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(B) An advanced practice registered nurse shall not issue to a patient a prescription for a schedule II controlled substance from a convenience care clinic 4044
~~even if the clinic is owned or operated by an entity specified in division (C) (2) of this section.~~ 4045
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~~(D)~~ (C) A pharmacist who acts in good faith reliance on a prescription issued by a ~~clinical nurse specialist, certified nurse midwife, or certified nurse practitioner under division (C) (2) of this section~~ an advanced practice registered nurse is not liable for or subject to any of the following for relying on the prescription: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action by the state board of pharmacy under Chapter 4729. of the Revised Code.

~~(E) A clinical nurse specialist, certified nurse midwife, or certified nurse practitioner may personally furnish to a patient a sample of any drug or therapeutic device included in the types of drugs and devices listed on the formulary, except that all of the following conditions apply:~~

~~(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 packaged amount may be furnished.~~

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

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

~~(F) A clinical nurse specialist, certified nurse midwife, or certified nurse practitioner may personally furnish to a patient a complete or partial supply of a drug or therapeutic device included in the types of drugs and devices listed on the formulary, except that all of the following conditions apply:~~

~~(1) The clinical nurse specialist, certified nurse~~

~~midwife, or certified nurse practitioner shall personally~~ 4078
~~furnish only antibiotics, antifungals, scabicides,~~ 4079
~~contraceptives, prenatal vitamins, antihypertensives, drugs and~~ 4080
~~devices used in the treatment of diabetes, drugs and devices~~ 4081
~~used in the treatment of asthma, and drugs used in the treatment~~ 4082
~~of dyslipidemia.~~ 4083

~~(2) The clinical nurse specialist, certified nurse~~ 4084
~~midwife, or certified nurse practitioner shall not furnish the~~ 4085
~~drugs and devices in locations other than a health department~~ 4086
~~operated by the board of health of a city or general health~~ 4087
~~district or the authority having the duties of a board of health~~ 4088
~~under section 3709.05 of the Revised Code, a federally funded~~ 4089
~~comprehensive primary care clinic, or a nonprofit health care~~ 4090
~~clinic or program.~~ 4091

~~(3) The clinical nurse specialist, certified nurse~~ 4092
~~midwife, or certified nurse practitioner shall comply with all~~ 4093
~~safety standards for personally furnishing supplies of drugs and~~ 4094
~~devices, as established in rules adopted under section 4723.50~~ 4095
~~of the Revised Code.~~ 4096

~~(C) A clinical nurse specialist, certified nurse midwife,~~ 4097
~~or certified nurse practitioner~~ (D) An advanced practice 4098
registered nurse shall comply with section 3719.061 of the 4099
Revised Code if the nurse prescribes for a minor, as defined in 4100
that section, an opioid analgesic, as defined in section 3719.01 4101
of the Revised Code. 4102

Sec. 4723.482. ~~(A) Except as provided in divisions (C) and~~ 4103
~~(D) of this section, an~~ An applicant for a license to practice 4104
as an advanced practice registered nurse shall include with the 4105
application submitted under section ~~4723.48~~ 4723.09 of the 4106
Revised Code all of the following: 4107

~~(1) Evidence of holding a current, valid certificate of authority to practice as a clinical nurse specialist, certified nurse midwife, or certified nurse practitioner that was issued by meeting the requirements of division (A) of section 4723.41 of the Revised Code;~~ 4108
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~~(2) Evidence evidence of successfully completing the course of study in advanced pharmacology and related topics in accordance with the requirements specified in division (B) of this section;~~ 4113
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~~(3) The fee required by section 4723.08 of the Revised Code for a certificate to prescribe;~~ 4117
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~~(4) Any additional information the board of nursing requires pursuant to rules adopted under section 4723.50 of the Revised Code.~~ 4119
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(B) With respect to the course of study in advanced pharmacology and related topics ~~that must be successfully completed to obtain a certificate to prescribe~~, all of the following requirements apply: 4122
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(1) The course of study shall be completed not longer than ~~three~~ five years before the application for the certificate to prescribe is filed. 4126
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(2) Except as provided in division (E) of this section, the course of study shall consist of ~~planned classroom~~ academic and clinical instruction. The total length of the course of study shall be not less than forty-five contact hours. 4129
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~~(3) The course of study shall meet the requirements to be approved by the board in accordance with standards established in rules adopted under section 4723.50 of the Revised Code.~~ 4133
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(4) The content of the course of study shall be specific	4136
to the applicant's nursing specialty.	4137
(5) <u>(4)</u> The instruction provided in the course of study	4138
shall include all of the following:	4139
(a) A minimum of thirty-six contact hours of instruction	4140
in advanced pharmacology that includes pharmacokinetic	4141
principles and clinical application and the use of drugs and	4142
therapeutic devices in the prevention of illness and maintenance	4143
of health;	4144
(b) Instruction in the fiscal and ethical implications of	4145
prescribing drugs and therapeutic devices;	4146
(c) Instruction in the state and federal laws that apply	4147
to the authority to prescribe;	4148
(d) Instruction that is specific to schedule II controlled	4149
substances, including instruction in all of the following:	4150
(i) Indications for the use of schedule II controlled	4151
substances in drug therapies;	4152
(ii) The most recent guidelines for pain management	4153
therapies, as established by state and national organizations	4154
such as the Ohio pain initiative and the American pain society;	4155
(iii) Fiscal and ethical implications of prescribing	4156
schedule II controlled substances;	4157
(iv) State and federal laws that apply to the authority to	4158
prescribe schedule II controlled substances;	4159
(v) Prevention of abuse and diversion of schedule II	4160
controlled substances, including identification of the risk of	4161
abuse and diversion, recognition of abuse and diversion, types	4162

of assistance available for prevention of abuse and diversion, 4163
and methods of establishing safeguards against abuse and 4164
diversion. 4165

~~(e) Any additional instruction required pursuant to rules 4166
adopted under section 4723.50 of the Revised Code. 4167~~

(C) An applicant who practiced or is practicing as a 4168
~~clinical nurse specialist, certified nurse midwife, or certified 4169
nurse practitioner~~ an advanced practice registered nurse in 4170
another jurisdiction or as an employee of the United States 4171
government, and is not seeking authority to prescribe drugs and 4172
therapeutic devices by meeting the requirements of division (A) 4173
or (D) of this section, shall include with the application 4174
submitted under section ~~4723.48~~ 4723.09 of the Revised Code all 4175
of the following: 4176

(1) Evidence of ~~holding a current, valid certificate of 4177
authority issued under this chapter to practice as a clinical 4178
nurse specialist, certified nurse midwife, or certified nurse 4179
practitioner~~ having completed a two-hour course of instruction 4180
approved by the board in the laws of this state that govern 4181
drugs and prescriptive authority; 4182

(2) ~~The fee required by section 4723.08 of the Revised 4183
Code for a certificate to prescribe;~~ 4184

~~(3) Either of the following: 4185~~

(a) Evidence of having held, for a continuous period of at 4186
least one year during the three years immediately preceding the 4187
date of application, valid authority issued by another 4188
jurisdiction to prescribe therapeutic devices and drugs, 4189
including at least some controlled substances; 4190

(b) Evidence of having been employed by the United States 4191

government and authorized, for a continuous period of at least 4192
one year during the three years immediately preceding the date 4193
of application, to prescribe therapeutic devices and drugs, 4194
including at least some controlled substances, in conjunction 4195
with that employment. 4196

~~(4) Evidence of having completed a two-hour course of 4197
instruction approved by the board in the laws of this state that 4198
govern drugs and prescriptive authority; 4199~~

~~(5) Any additional information the board requires pursuant to 4200
rules adopted under section 4723.50 of the Revised Code. 4201~~

~~(D) An applicant who practiced or is practicing as a 4202
clinical nurse specialist, certified nurse-midwife, or certified 4203
nurse practitioner in another jurisdiction or as an employee of 4204
the United States government, and is not seeking authority to 4205
prescribe drugs and therapeutic devices by meeting the 4206
requirements of division (A) or (C) of this section, shall 4207
include with the application submitted under section 4723.48 of 4208
the Revised Code all of the following: 4209~~

~~(1) Evidence of holding a current, valid certificate of 4210
authority issued under this chapter to practice as a clinical 4211
nurse specialist, certified nurse-midwife, or certified nurse 4212
practitioner; 4213~~

~~(2) The fee required by section 4723.08 of the Revised 4214
Code for a certificate to prescribe; 4215~~

~~(3) Either of the following: 4216~~

~~(a) Evidence of having held, for a continuous period of at 4217
least one year during the three years immediately preceding the 4218
date of application, valid authority issued by another 4219
jurisdiction to prescribe therapeutic devices and drugs, 4220~~

~~excluding controlled substances;~~ 4221

~~(b) Evidence of having been employed by the United States government and authorized, for a continuous period of at least one year during the three years immediately preceding the date of application, to prescribe therapeutic devices and drugs, excluding controlled substances, in conjunction with that employment.~~ 4222
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~~(4) Any additional information the board requires pursuant to rules adopted under section 4723.50 of the Revised Code.~~ 4228
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~~(E) In the case of an applicant who meets the requirements of division (C) or (D) of this section other than the requirements of division (C) (3) or (D) (3) of this section and is seeking authority to prescribe drugs and therapeutic devices by meeting the requirements of division (A) of this section, the~~ 4230
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(D) An applicant may complete the instruction that is specific to schedule II controlled substances, as required by division 4236
~~(B) (5) (d) (B) (4) (d) of this section, through an internet-based course of study in lieu of completing the instruction through a course of study consisting of planned classroom academic and clinical instruction or a course of study delivered through electronic means.~~ 4237
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Sec. 4723.486. (A) ~~A certificate to prescribe issued under section 4723.48 of the Revised Code that is not issued as an externship certificate is valid for two years, unless otherwise provided in rules adopted under section 4723.50 of the Revised Code or earlier suspended or revoked by the board. The board of nursing shall renew certificates to prescribe according to procedures and a renewal schedule established in rules adopted under section 4723.50 of the Revised Code.~~ 4242
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~~(B) Except as provided in division (C) of this section,~~ 4250
~~the board may renew a certificate to prescribe if the holder~~ 4251
~~submits to the board all of the following:~~ 4252

(1) Evidence An applicant for renewal of a license to 4253
practice as an advanced practice registered nurse shall include 4254
with the application submitted under section 4723.24 of the 4255
Revised Code evidence of having completed during the previous 4256
two years at least twelve hours of continuing education in 4257
advanced pharmacology, or, if the ~~certificate~~ license has been 4258
held for less than a full renewal period, the number of hours 4259
required by the board in rules adopted ~~under section 4723.50 in~~ 4260
accordance with Chapter 119. of the Revised Code; 4261

~~(2) The fee required under section 4723.08 of the Revised~~ 4262
~~Code for renewal of a certificate to prescribe;~~ 4263

~~(3) Any additional information the board requires pursuant~~ 4264
~~to rules adopted under section 4723.50 of the Revised Code.~~ 4265

~~(C)(B)~~(1) Except as provided in division ~~(C)(B)~~(2) of this 4266
section, in the case of a ~~certificate~~ license holder seeking 4267
renewal who prescribes opioid analgesics or benzodiazepines, as 4268
defined in section 3719.01 of the Revised Code, the holder shall 4269
certify to the board whether the holder has been granted access 4270
to the drug database established and maintained by the state 4271
board of pharmacy pursuant to section 4729.75 of the Revised 4272
Code. 4273

(2) The requirement in division ~~(C)(B)~~(1) of this section 4274
does not apply if any of the following is the case: 4275

(a) The state board of pharmacy notifies the board of 4276
nursing pursuant to section 4729.861 of the Revised Code that 4277
the ~~certificate~~ license holder has been restricted from 4278

obtaining further information from the drug database. 4279

(b) The state board of pharmacy no longer maintains the 4280
drug database. 4281

(c) The ~~certificate~~license holder does not practice 4282
nursing in this state. 4283

(3) If a ~~certificate~~license holder certifies to the board 4284
of nursing that the holder has been granted access to the drug 4285
database and the board finds through an audit or other means 4286
that the holder has not been granted access, the board may take 4287
action under section 4723.28 of the Revised Code. 4288

~~(D)~~(C) The continuing education in pharmacology required 4289
~~under division (B)(1) of by~~ this section must be received from 4290
an accredited institution recognized by the board. The hours of 4291
continuing education required are in addition to any other 4292
continuing education requirement that must be completed pursuant 4293
to this chapter. 4294

Sec. 4723.487. (A) As used in this section: 4295

(1) "Drug database" means the database established and 4296
maintained by the state board of pharmacy pursuant to section 4297
4729.75 of the Revised Code. 4298

(2) "Opioid analgesic" and "benzodiazepine" have the same 4299
meanings as in section 3719.01 of the Revised Code. 4300

(B) Except as provided in divisions (C) and (E) of this 4301
section, an advanced practice registered nurse ~~holding a~~ 4302
~~certificate to prescribe issued under this chapter~~ shall comply 4303
with all of the following as conditions of prescribing a drug 4304
that is either an opioid analgesic or a benzodiazepine as part 4305
of a patient's course of treatment for a particular condition: 4306

(1) Before initially prescribing the drug, the advanced practice registered nurse or the advanced practice registered nurse'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 advanced practice registered nurse practices primarily in a county of this state that adjoins another state, the advanced practice registered nurse 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 advanced practice registered nurse 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 advanced practice registered nurse shall assess the information in the report. The advanced practice registered nurse 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 if in any of the following circumstances:

(1) A drug database report regarding the patient is not available, in which case the advanced practice registered nurse

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 board of nursing may adopt rules, in accordance with Chapter 119. of the Revised Code, that establish standards and procedures to be followed by an advanced practice registered nurse ~~with a certificate to prescribe issued under section 4723.48 of the Revised Code~~ 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. 4723.488. (A) Notwithstanding any provision of this chapter or rule adopted by the board of nursing, ~~a clinical nurse specialist, certified nurse midwife, or certified nurse practitioner who holds a certificate to prescribe issued under section 4723.48 of the Revised Code~~ an advanced practice registered nurse may personally furnish a supply of naloxone, or

issue a prescription for naloxone, without having examined the 4366
individual to whom it may be administered if all of the 4367
following conditions are met: 4368

(1) The naloxone supply is furnished to, or the 4369
prescription is issued to and in the name of, a family member, 4370
friend, or other individual in a position to assist an 4371
individual who there is reason to believe is at risk of 4372
experiencing an opioid-related overdose. 4373

(2) The advanced practice registered nurse instructs the 4374
individual receiving the naloxone supply or prescription to 4375
summon emergency services either immediately before or 4376
immediately after administering naloxone to an individual 4377
apparently experiencing an opioid-related overdose. 4378

(3) The naloxone is personally furnished or prescribed in 4379
such a manner that it may be administered by only either of the 4380
following routes: 4381

(a) Using a device manufactured for the intranasal 4382
administration of liquid drugs; 4383

(b) Using an autoinjector in a manufactured dosage form. 4384

(B) ~~A~~An advanced practice registered nurse who under 4385
division (A) of this section in good faith furnishes a supply of 4386
naloxone or issues a prescription for naloxone is not liable for 4387
or subject to any of the following for any action or omission of 4388
the individual to whom the naloxone is furnished or the 4389
prescription is issued: damages in any civil action, prosecution 4390
in any criminal proceeding, or professional disciplinary action. 4391

Sec. 4723.49. (A) There is hereby created within the board 4392
of nursing the advisory committee on prescriptive- 4393
governance advanced practice registered nursing. The committee 4394

shall consist of the following members: 4395

(1) ~~A clinical nurse specialist~~Four advanced practice 4396
registered nurses who are actively practicing in this state in 4397
clinical settings, at least two of whom are actively engaged in 4398
providing primary care; 4399

(2) ~~A certified nurse midwife~~Four advanced practice 4400
registered nurses who each serve as faculty members of approved 4401
programs of nursing education that prepare students for 4402
licensure as advanced practice registered nurses; 4403

(3) ~~A certified nurse practitioner;~~ 4404

~~(4) A member of the board of nursing who at a minimum as a~~ 4405
is an advanced practice registered nurse; 4406

~~(5) Four physicians who meet the qualifications for~~ 4407
appointment specified in division (B) of this section; 4408

~~(6) A pharmacist member of the state board of pharmacy;~~ 4409

~~(7) A pharmacist actively engaged in practice in this~~ 4410
state as a clinical pharmacist(4) A representative of an entity 4411
that employs ten or more advanced practice registered nurses who 4412
are actively practicing in this state. 4413

(B) ~~Except as provided in division (D) of this section,~~ 4414
~~the~~The board of nursing shall appoint the members who are 4415
~~nurses, the state medical board shall appoint the members who~~ 4416
~~are physicians, and the state board of pharmacy shall appoint~~ 4417
~~the members who are pharmacists. The physician members shall be~~ 4418
~~appointed in such a manner that the committee at all times~~ 4419
~~includes at least two physicians who collaborate with clinical~~ 4420
~~nurse specialists, certified nurse midwives, or certified nurse~~ 4421
~~practitioners; one physician certified in family practice by a~~ 4422

~~medical specialty board of the American medical association or 4423
American osteopathic association; and one physician member of 4424
the state medical board. If the physician member who is a family 4425
practice physician or member of the state medical board is also 4426
a collaborating physician, the member may be counted both as a 4427
collaborating member and as a family practice physician or state 4428
medical board member for purposes of this division. 4429~~

~~(C) described in division (A) of this section. Initial 4430
appointments to the committee shall be made not later than sixty 4431
days after the effective date of this section. ~~Of the initial 4432
appointments the board of nursing must make, two shall be for 4433
terms of three years and two shall be for terms of two years. Of 4434
the initial appointments the state medical board must make, two 4435
shall be for terms of three years and two shall be for terms of 4436
two years. Of the initial appointments the state board of 4437
pharmacy must make, one shall be for a term of three years and 4438
one shall be for a term of two years. Thereafter, terms shall be 4439
for three years, with each term ending on the same day of the 4440
same month as did the term that it succeeds. 4441~~~~

~~When the term of any member expires, a successor shall be 4442
appointed who has the qualifications the vacancy requires. Any 4443
member appointed to fill a vacancy occurring prior to the 4444
expiration of the term for which the member's predecessor was 4445
appointed shall hold office for the remainder of that term. A 4446
member shall continue in office subsequent to the expiration 4447
date of the member's term until the member's successor takes 4448
office, or until a period of sixty days has elapsed, whichever 4449
occurs first. A member may be reappointed. Members shall serve at 4450
the discretion of the board. 4451~~

Recommendations for making initial appointments and 4452

filling vacancies may be submitted to the board of nursing by 4453
professional nursing associations and individuals, to the state 4454
medical board by professional medical associations and 4455
individuals, and to the board of pharmacy by professional 4456
pharmacy associations and individuals. Each The board shall 4457
appoint initial members and fill vacancies according to the 4458
recommendations it receives. If no recommendations or an 4459
insufficient number of recommendations are submitted to a board, 4460
the board shall proceed on its own advice. 4461

~~(D) If the state medical board or state board of pharmacy 4462
fails to appoint an initial member prior to sixty days after the 4463
effective date of this section or fails to appoint a successor 4464
prior to sixty days after the expiration of the term for which 4465
the appointment is to be made, the board of nursing shall 4466
appoint the successor. If the board of nursing fails to appoint 4467
an initial member prior to sixty days after the effective date 4468
of this section or fails to appoint a successor prior to sixty 4469
days after the expiration of the term for which the appointment 4470
is to be made, the state medical board shall appoint the member 4471
after consulting with the state board of pharmacy. The board may 4472
appoint to the committee additional members not described in 4473
division (A) of this section on the recommendation of the 4474
committee. The committee may recommend to the board a person 4475
considered an expert in an advanced practice nursing specialty. 4476~~

(C) The committee shall advise the board regarding the 4477
practice and regulation of advanced practice registered nurses. 4478

Sec. 4723.491. (A) The advisory committee on prescriptive 4479
governance advanced practice nursing shall organize by selecting 4480
a chairperson from among its members ~~who are nurses or 4481
collaborating physicians.~~ The committee may select a new 4482

chairperson at any time. 4483

(B) ~~Five~~ Six members constitute a quorum for the 4484
transaction of official business. ~~The clinical pharmacist member~~ 4485
~~may participate in any meeting of the committee, but shall be~~ 4486
~~included as a voting member only when the committee is~~ 4487
~~considering one of the following:~~ 4488

~~(1) The composition of the formulary of drugs and~~ 4489
~~therapeutic devices that may be prescribed by a clinical nurse~~ 4490
~~specialist, certified nurse midwife, or certified nurse~~ 4491
~~practitioner who holds a certificate to prescribe issued under~~ 4492
~~section 4723.48 of the Revised Code;~~ 4493

~~(2) The manner in which a nurse may personally furnish to~~ 4494
~~patients drugs and therapeutic devices packaged as samples and~~ 4495
~~may personally furnish partial or complete supplies of other~~ 4496
~~drugs and therapeutic devices;~~ 4497

~~(3) Recommendations to be given to the board of nursing~~ 4498
~~for use in adopting rules under section 4723.50 of the Revised~~ 4499
~~Code pertaining to the matters specified in divisions (B) (1) and~~ 4500
~~(2) of this section.~~ 4501

~~(C)~~ Members shall serve without compensation but shall 4502
receive payment for their actual and necessary expenses incurred 4503
in the performance of their official duties. The expenses shall 4504
be paid by the board of nursing. 4505

Sec. 4723.71. (A) There is hereby established, under the 4506
board of nursing, the advisory group on dialysis. The advisory 4507
group shall advise the board of nursing regarding the 4508
qualifications, standards for training, and competence of 4509
dialysis technicians and dialysis technician interns and all 4510
other related matters. The advisory group shall consist of the 4511

members appointed under divisions (B) and (C) of this section. A 4512
member of the board of nursing or a representative appointed by 4513
the board shall serve as chairperson of all meetings of the 4514
advisory group. 4515

(B) The board of nursing shall appoint the following as 4516
members of the advisory group: 4517

(1) Four dialysis technicians; 4518

(2) A registered nurse who regularly performs dialysis and 4519
cares for patients who receive dialysis; 4520

(3) A physician, recommended by the state medical board, 4521
who specializes in nephrology or an advanced practice registered 4522
nurse recommended by the board of nursing who specializes in 4523
nephrology; 4524

(4) An administrator of a dialysis center; 4525

(5) A dialysis patient; 4526

(6) A representative of the Ohio hospital association; 4527

(7) A representative from the end-stage renal disease 4528
network, as defined in 42 C.F.R. 405.2102. 4529

(C) The members of the advisory group appointed under 4530
division (B) of this section may recommend additional persons to 4531
serve as members of the advisory group. The board of nursing may 4532
appoint, as appropriate, any of the additional persons 4533
recommended. 4534

(D) The board of nursing shall specify the terms for the 4535
advisory group members. Members shall serve at the discretion of 4536
the board of nursing. Members shall receive their actual and 4537
necessary expenses incurred in the performance of their official 4538

duties. 4539

(E) Sections 101.82 to 101.87 of the Revised Code do not 4540
apply to the advisory group. 4541

Sec. 4723.88. The board of nursing, in accordance with 4542
Chapter 119. of the Revised Code, shall adopt rules to 4543
administer and enforce sections 4723.81 to 4723.87 of the 4544
Revised Code. The rules shall establish all of the following: 4545

(A) Standards and procedures for issuance of community 4546
health worker certificates; 4547

(B) Standards for evaluating the competency of an 4548
individual who applies to receive a certificate on the basis of 4549
having been employed in a capacity substantially the same as a 4550
community health worker before the board implemented the 4551
certification program; 4552

(C) Standards and procedures for renewal of community 4553
health worker certificates, including the continuing education 4554
requirements that must be met for renewal; 4555

(D) Standards governing the performance of activities 4556
related to nursing care that are delegated by a registered nurse 4557
to certified community health workers. In establishing the 4558
standards, the board shall specify limits on the number of 4559
certified community health workers a registered nurse may 4560
supervise at any one time. 4561

(E) Standards and procedures for assessing the quality of 4562
the services that are provided by certified community health 4563
workers; 4564

(F) Standards and procedures for denying, suspending, and 4565
revoking a community health worker certificate, including 4566

reasons for imposing the sanctions that are substantially 4567
similar to the reasons that sanctions are imposed under section 4568
4723.28 of the Revised Code; 4569

(G) Standards and procedures for approving and renewing 4570
the board's approval of training programs that prepare 4571
individuals to become certified community health workers. In 4572
establishing the standards, the board shall specify the minimum 4573
components that must be included in a training program, shall 4574
require that all approved training programs offer the 4575
standardized curriculum, and shall ensure that the curriculum 4576
enables individuals to use the training as a basis for entering 4577
programs leading to other careers, including nursing education 4578
programs. 4579

(H) Standards for approval of continuing education 4580
programs and courses for certified community health workers; 4581

(I) Standards and procedures for withdrawing the board's 4582
approval of a training program, refusing to renew the approval 4583
of a training program, and placing a training program on 4584
provisional approval; 4585

(J) Amounts for each fee that may be imposed under 4586
division (A) ~~(21)~~ (20) of section 4723.08 of the Revised Code; 4587

(K) Any other standards or procedures the board considers 4588
necessary and appropriate for the administration and enforcement 4589
of sections 4723.81 to 4723.87 of the Revised Code. 4590

Sec. 4723.99. (A) Except as provided in division (B) of 4591
this section, whoever violates section 4723.03, 4723.44, 4592
4723.653, or 4723.73 of the Revised Code is guilty of a felony 4593
of the fifth degree on a first offense and a felony of the 4594
fourth degree on each subsequent offense. 4595

(B) Each of the following is guilty of a minor 4596
misdemeanor: 4597

(1) A registered nurse, advanced practice registered 4598
nurse, or licensed practical nurse who violates division (A) ~~or~~ 4599
, (B), or (C) of section 4723.03 of the Revised Code by reason 4600
of a license to practice nursing that has lapsed for failure to 4601
renew or by practicing nursing after a license has been 4602
classified as inactive; 4603

(2) A medication aide who violates section 4723.653 of the 4604
Revised Code by reason of a medication aide certificate that has 4605
lapsed for failure to renew or by administering medication as a 4606
medication aide after a certificate has been classified as 4607
inactive. 4608

Sec. 4729.01. As used in this chapter: 4609

(A) "Pharmacy," except when used in a context that refers 4610
to the practice of pharmacy, means any area, room, rooms, place 4611
of business, department, or portion of any of the foregoing 4612
where the practice of pharmacy is conducted. 4613

(B) "Practice of pharmacy" means providing pharmacist care 4614
requiring specialized knowledge, judgment, and skill derived 4615
from the principles of biological, chemical, behavioral, social, 4616
pharmaceutical, and clinical sciences. As used in this division, 4617
"pharmacist care" includes the following: 4618

(1) Interpreting prescriptions; 4619

(2) Dispensing drugs and drug therapy related devices; 4620

(3) Compounding drugs; 4621

(4) Counseling individuals with regard to their drug 4622
therapy, recommending drug therapy related devices, and 4623

assisting in the selection of drugs and appliances for treatment 4624
of common diseases and injuries and providing instruction in the 4625
proper use of the drugs and appliances; 4626

(5) Performing drug regimen reviews with individuals by 4627
discussing all of the drugs that the individual is taking and 4628
explaining the interactions of the drugs; 4629

(6) Performing drug utilization reviews with licensed 4630
health professionals authorized to prescribe drugs when the 4631
pharmacist determines that an individual with a prescription has 4632
a drug regimen that warrants additional discussion with the 4633
prescriber; 4634

(7) Advising an individual and the health care 4635
professionals treating an individual with regard to the 4636
individual's drug therapy; 4637

(8) Acting pursuant to a consult agreement with a 4638
physician authorized under Chapter 4731. of the Revised Code to 4639
practice medicine and surgery or osteopathic medicine and 4640
surgery, if an agreement has been established with the 4641
physician; 4642

(9) Engaging in the administration of immunizations to the 4643
extent authorized by section 4729.41 of the Revised Code. 4644

(C) "Compounding" means the preparation, mixing, 4645
assembling, packaging, and labeling of one or more drugs in any 4646
of the following circumstances: 4647

(1) Pursuant to a prescription issued by a licensed health 4648
professional authorized to prescribe drugs; 4649

(2) Pursuant to the modification of a prescription made in 4650
accordance with a consult agreement; 4651

- (3) As an incident to research, teaching activities, or
chemical analysis; 4652
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- (4) In anticipation of orders for drugs pursuant to
prescriptions, based on routine, regularly observed dispensing
patterns; 4654
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- (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: 4657
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- (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. 4662
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- (b) A limited quantity of the drug is compounded and
provided to the professional. 4667
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- (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. 4669
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- (D) "Consult agreement" means an agreement to manage an
individual's drug therapy that has been entered into by a
pharmacist and either a physician authorized under Chapter 4731.
of the Revised Code to practice medicine and surgery or
osteopathic medicine and surgery or an advanced practice
registered nurse who holds a current, valid license issued under
Chapter 4723. of the Revised Code. 4672
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- (E) "Drug" means: 4679

(1) Any article recognized in the United States 4680
pharmacopoeia and national formulary, or any supplement to them, 4681
intended for use in the diagnosis, cure, mitigation, treatment, 4682
or prevention of disease in humans or animals; 4683

(2) Any other article intended for use in the diagnosis, 4684
cure, mitigation, treatment, or prevention of disease in humans 4685
or animals; 4686

(3) Any article, other than food, intended to affect the 4687
structure or any function of the body of humans or animals; 4688

(4) Any article intended for use as a component of any 4689
article specified in division (E) (1), (2), or (3) of this 4690
section; but does not include devices or their components, 4691
parts, or accessories. 4692

(F) "Dangerous drug" means any of the following: 4693

(1) Any drug to which either of the following applies: 4694

(a) Under the "Federal Food, Drug, and Cosmetic Act," 52 4695
Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, the drug is 4696
required to bear a label containing the legend "Caution: Federal 4697
law prohibits dispensing without prescription" or "Caution: 4698
Federal law restricts this drug to use by or on the order of a 4699
licensed veterinarian" or any similar restrictive statement, or 4700
the drug may be dispensed only upon a prescription; 4701

(b) Under Chapter 3715. or 3719. of the Revised Code, the 4702
drug may be dispensed only upon a prescription. 4703

(2) Any drug that contains a schedule V controlled 4704
substance and that is exempt from Chapter 3719. of the Revised 4705
Code or to which that chapter does not apply; 4706

(3) Any drug intended for administration by injection into 4707

the human body other than through a natural orifice of the human body. 4708
4709

(G) "Federal drug abuse control laws" has the same meaning as in section 3719.01 of the Revised Code. 4710
4711

(H) "Prescription" means 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. 4712
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(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: 4717
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(1) A dentist licensed under Chapter 4715. of the Revised Code; 4722
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(2) ~~A clinical nurse specialist, certified nurse midwife, or certified nurse practitioner~~ An advanced practice registered nurse who holds a certificate to prescribe current, valid license issued under section 4723.48 Chapter 4723. of the Revised Code; 4724
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(3) An optometrist licensed under Chapter 4725. of the Revised Code to practice optometry under a therapeutic pharmaceutical agents certificate; 4729
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(4) A physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery; 4732
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(5) A physician assistant who holds a certificate to 4735

prescribe issued under Chapter 4730. of the Revised Code;	4736
(6) A veterinarian licensed under Chapter 4741. of the Revised Code.	4737 4738
(J) "Sale" and "sell" include delivery, transfer, barter, exchange, or gift, or offer therefor, and each such transaction made by any person, whether as principal proprietor, agent, or employee.	4739 4740 4741 4742
(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.	4743 4744 4745
(L) "Retail sale" and "sale at retail" mean any sale other than a wholesale sale or sale at wholesale.	4746 4747
(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.	4748 4749 4750 4751 4752
(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:	4753 4754 4755
(1) The proprietary name of the drug product;	4756
(2) The established (generic) name of the drug product;	4757
(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	4758 4759 4760 4761 4762 4763

cannot be so associated with a drug product containing more than 4764
one ingredient. 4765

(4) The dosage form; 4766

(5) The price charged for a specific quantity of the drug 4767
product. The stated price shall include all charges to the 4768
consumer, including, but not limited to, the cost of the drug 4769
product, professional fees, handling fees, if any, and a 4770
statement identifying professional services routinely furnished 4771
by the pharmacy. Any mailing fees and delivery fees may be 4772
stated separately without repetition. The information shall not 4773
be false or misleading. 4774

(O) "Wholesale distributor of dangerous drugs" means a 4775
person engaged in the sale of dangerous drugs at wholesale and 4776
includes any agent or employee of such a person authorized by 4777
the person to engage in the sale of dangerous drugs at 4778
wholesale. 4779

(P) "Manufacturer of dangerous drugs" means a person, 4780
other than a pharmacist, who manufactures dangerous drugs and 4781
who is engaged in the sale of those dangerous drugs within this 4782
state. 4783

(Q) "Terminal distributor of dangerous drugs" means a 4784
person who is engaged in the sale of dangerous drugs at retail, 4785
or any person, other than a wholesale distributor or a 4786
pharmacist, who has possession, custody, or control of dangerous 4787
drugs for any purpose other than for that person's own use and 4788
consumption, and includes pharmacies, hospitals, nursing homes, 4789
and laboratories and all other persons who procure dangerous 4790
drugs for sale or other distribution by or under the supervision 4791
of a pharmacist or licensed health professional authorized to 4792

prescribe drugs. 4793

(R) "Promote to the public" means disseminating a 4794
representation to the public in any manner or by any means, 4795
other than by labeling, for the purpose of inducing, or that is 4796
likely to induce, directly or indirectly, the purchase of a 4797
dangerous drug at retail. 4798

(S) "Person" includes any individual, partnership, 4799
association, limited liability company, or corporation, the 4800
state, any political subdivision of the state, and any district, 4801
department, or agency of the state or its political 4802
subdivisions. 4803

(T) "Finished dosage form" has the same meaning as in 4804
section 3715.01 of the Revised Code. 4805

(U) "Generically equivalent drug" has the same meaning as 4806
in section 3715.01 of the Revised Code. 4807

(V) "Animal shelter" means a facility operated by a humane 4808
society or any society organized under Chapter 1717. of the 4809
Revised Code or a dog pound operated pursuant to Chapter 955. of 4810
the Revised Code. 4811

(W) "Food" has the same meaning as in section 3715.01 of 4812
the Revised Code. 4813

(X) "Pain management clinic" has the same meaning as in 4814
section 4731.054 of the Revised Code. 4815

Sec. 4729.39. (A) A pharmacist may enter into a consult 4816
agreement with a physician authorized under Chapter 4731. of the 4817
Revised Code to practice medicine and surgery or osteopathic 4818
medicine and surgery or an advanced practice registered nurse 4819
who holds a current, valid license issued under Chapter 4723. of 4820

the Revised Code. Under a consult agreement, a pharmacist is 4821
authorized to manage an individual's drug therapy, but only to 4822
the extent specified in the agreement, this section, and the 4823
rules adopted under this section. 4824

(B) All of the following apply to a consult agreement that 4825
authorizes a pharmacist to manage the drug therapy of an 4826
individual who is not a patient of a hospital, as defined in 4827
section 3727.01 of the Revised Code, or a resident in a long- 4828
term care facility, as defined in section 3729.01 of the Revised 4829
Code: 4830

(1) A separate consult agreement must be entered into for 4831
each individual whose drug therapy is to be managed by a 4832
pharmacist. A consult agreement applies only to the particular 4833
diagnosis for which a physician or advanced practice registered 4834
nurse prescribed an individual's drug therapy. If a different 4835
diagnosis is made for the individual, the pharmacist and 4836
physician or advanced practice registered nurse must enter into 4837
a new or additional consult agreement. 4838

(2) Management of an individual's drug therapy by a 4839
pharmacist under a consult agreement may include monitoring and 4840
modifying a prescription that has been issued for the 4841
individual. Except as provided in section 4729.38 of the Revised 4842
Code for the selection of generically equivalent drugs, 4843
management of an individual's drug therapy by a pharmacist under 4844
a consult agreement shall not include dispensing a drug that has 4845
not been prescribed by the physician. 4846

(3) Each consult agreement shall be in writing, except 4847
that a consult agreement may be entered into verbally if it is 4848
immediately reduced to writing. 4849

(4) A physician or advanced practice registered nurse 4850
entering into a consult agreement shall specify in the agreement 4851
the extent to which the pharmacist is authorized to manage the 4852
drug therapy of the individual specified in the agreement. 4853

(5) A physician entering into a consult agreement may 4854
specify one other physician who has agreed to serve as an 4855
alternate physician in the event that the primary physician is 4856
unavailable to consult directly with the pharmacist. An advanced 4857
practice registered nurse entering into a consult agreement may 4858
specify one other advanced practice registered nurse who has 4859
agreed to serve as an alternate advanced practice registered 4860
nurse in the event that the primary advanced practice registered 4861
nurse is unavailable to consult directly with the pharmacist. 4862
The pharmacist may specify one other pharmacist who has agreed 4863
to serve as an alternate pharmacist in the event that the 4864
primary pharmacist is unavailable to consult directly with the 4865
physician. 4866

(6) A consult agreement may not be implemented until it 4867
has been signed by the primary pharmacist, the primary physician 4868
or advanced practice registered nurse, and the individual whose 4869
drug therapy will be managed or another person who has the 4870
authority to provide consent to treatment on behalf of the 4871
individual. Once the agreement is signed by all required 4872
parties, the physician or advanced practice registered nurse 4873
shall include in the individual's medical record the fact that a 4874
consult agreement has been entered into with a pharmacist. 4875

(7) Prior to commencing any action to manage an 4876
individual's drug therapy under a consult agreement, the 4877
pharmacist shall make reasonable attempts to contact and confer 4878
with the physician or advanced practice registered nurse who 4879

entered into the consult agreement with the pharmacist. A 4880
pharmacist may commence an action to manage an individual's drug 4881
therapy prior to conferring with the physician or ~~the~~ 4882
physician's alternate or the advanced practice registered nurse 4883
or nurse's delegate, but shall immediately cease the action that 4884
was commenced if the pharmacist has not conferred with either 4885
physician or either advanced practice registered nurse within 4886
forty-eight hours. 4887

A pharmacist acting under a consult agreement shall 4888
maintain a record of each action taken to manage an individual's 4889
drug therapy. The pharmacist shall send to the individual's 4890
physician or advanced practice registered nurse a written report 4891
of all actions taken to manage the individual's drug therapy at 4892
intervals the physician or advanced practice registered nurse 4893
shall specify when entering into the agreement. The physician or 4894
advanced practice registered nurse shall include the 4895
pharmacist's report in the medical records the physician or 4896
advanced practice registered nurse maintains for the individual. 4897

(8) A consult agreement may be terminated by either the 4898
pharmacist ~~or~~, physician, or advanced practice registered nurse 4899
who entered into the agreement. By withdrawing consent, the 4900
individual whose drug therapy is being managed or the individual 4901
who consented to the treatment on behalf of the individual may 4902
terminate a consult agreement. The pharmacist ~~or~~, physician, or 4903
advanced practice registered nurse who receives the individual's 4904
withdrawal of consent shall provide written notice to the 4905
opposite party. A pharmacist ~~or~~, physician, or advanced 4906
practice registered nurse who terminates a consult agreement 4907
shall provide written notice to the opposite party and to the 4908
individual who consented to treatment under the agreement. The 4909
termination of a consult agreement shall be recorded by the 4910

pharmacist and physician or advanced practice registered nurse 4911
in the records they maintain on the individual being treated. 4912

(9) Except as described in division (B)(5) of this 4913
section, the authority of a pharmacist to manage an individual's 4914
drug therapy under a consult agreement does not permit the 4915
pharmacist to manage drug therapy prescribed by any other 4916
physician or advanced practice registered nurse. 4917

(C) All of the following apply to a consult agreement that 4918
authorizes a pharmacist to manage the drug therapy of an 4919
individual who is a patient of a hospital, as defined in section 4920
3727.01 of the Revised Code, or a resident in a long-term care 4921
facility, as defined in section 3729.01 of the Revised Code: 4922

(1) Before a consult agreement may be entered into and 4923
implemented, a hospital or long-term care facility shall adopt a 4924
policy for consult agreements. For any period of time during 4925
which a pharmacist ~~or,~~ physician, or advanced practice 4926
registered nurse acting under a consult agreement is not 4927
physically present and available at the hospital or facility, 4928
the policy shall require that another pharmacist ~~and,~~ 4929
physician, or advanced practice registered nurse be available at 4930
the hospital or facility. 4931

(2) The consult agreement shall be made in writing and 4932
shall comply with the hospital's or facility's policy on consult 4933
agreements. 4934

(3) The content of the consult agreement shall be 4935
communicated to the individual whose drug therapy will be 4936
managed in a manner consistent with the hospital's or facility's 4937
policy on consult agreements. 4938

(4) A pharmacist acting under a consult agreement shall 4939

maintain in the individual's medical record a record of each 4940
action taken under the agreement. 4941

(5) Communication between a pharmacist and physician or 4942
advanced practice registered nurse acting under the consult 4943
agreement shall take place at regular intervals specified by the 4944
primary physician or advanced practice registered nurse acting 4945
under the agreement. 4946

(6) A consult agreement may be terminated by the 4947
individual, a person authorized to act on behalf of the 4948
individual, the primary physician or advanced practice 4949
registered nurse acting under the agreement, or the primary 4950
pharmacist acting under the agreement. When a consult agreement 4951
is terminated, all parties to the agreement shall be notified 4952
and the termination shall be recorded in the individual's 4953
medical record. 4954

(7) The authority of a pharmacist acting under a consult 4955
agreement does not permit the pharmacist to act under the 4956
agreement in a hospital long-term care facility at which the 4957
pharmacist is not authorized to practice. 4958

(D) The state board of pharmacy, in consultation with the 4959
state medical board and the state board of nursing, shall adopt 4960
rules to be followed by pharmacists, ~~and the~~. 4961

The state medical board, in consultation with the state 4962
board of pharmacy, shall adopt rules to be followed by 4963
physicians, ~~that~~ and the state board of nursing, in consultation 4964
with the state board of pharmacy, shall adopt rules to be 4965
followed by advanced practice registered nurses. The rules shall 4966
establish standards and procedures for entering into a consult 4967
agreement and managing an individual's drug therapy under a 4968

consult agreement. The boards shall specify in the rules any 4969
categories of drugs or types of diseases for which a consult 4970
agreement may not be established. Either board may adopt any 4971
other rules it considers necessary for the implementation and 4972
administration of this section. All rules adopted under this 4973
division shall be adopted in accordance with Chapter 119. of the 4974
Revised Code. 4975

Sec. 4731.22. (A) The state medical board, by an 4976
affirmative vote of not fewer than six of its members, may 4977
limit, revoke, or suspend an individual's certificate to 4978
practice, refuse to grant a certificate to an individual, refuse 4979
to register an individual, refuse to reinstate a certificate, or 4980
reprimand or place on probation the holder of a certificate if 4981
the individual or certificate holder is found by the board to 4982
have committed fraud during the administration of the 4983
examination for a certificate to practice or to have committed 4984
fraud, misrepresentation, or deception in applying for or 4985
securing any certificate to practice or certificate of 4986
registration issued by the board. 4987

(B) The board, by an affirmative vote of not fewer than 4988
six members, shall, to the extent permitted by law, limit, 4989
revoke, or suspend an individual's certificate to practice, 4990
refuse to register an individual, refuse to reinstate a 4991
certificate, or reprimand or place on probation the holder of a 4992
certificate for one or more of the following reasons: 4993

(1) Permitting one's name or one's certificate to practice 4994
or certificate of registration to be used by a person, group, or 4995
corporation when the individual concerned is not actually 4996
directing the treatment given; 4997

(2) Failure to maintain minimal standards applicable to 4998

the selection or administration of drugs, or failure to employ 4999
acceptable scientific methods in the selection of drugs or other 5000
modalities for treatment of disease; 5001

(3) Selling, giving away, personally furnishing, 5002
prescribing, or administering drugs for other than legal and 5003
legitimate therapeutic purposes or a plea of guilty to, a 5004
judicial finding of guilt of, or a judicial finding of 5005
eligibility for intervention in lieu of conviction of, a 5006
violation of any federal or state law regulating the possession, 5007
distribution, or use of any drug; 5008

(4) Willfully betraying a professional confidence. 5009

For purposes of this division, "willfully betraying a 5010
professional confidence" does not include providing any 5011
information, documents, or reports to a child fatality review 5012
board under sections 307.621 to 307.629 of the Revised Code and 5013
does not include the making of a report of an employee's use of 5014
a drug of abuse, or a report of a condition of an employee other 5015
than one involving the use of a drug of abuse, to the employer 5016
of the employee as described in division (B) of section 2305.33 5017
of the Revised Code. Nothing in this division affects the 5018
immunity from civil liability conferred by that section upon a 5019
physician who makes either type of report in accordance with 5020
division (B) of that section. As used in this division, 5021
"employee," "employer," and "physician" have the same meanings 5022
as in section 2305.33 of the Revised Code. 5023

(5) Making a false, fraudulent, deceptive, or misleading 5024
statement in the solicitation of or advertising for patients; in 5025
relation to the practice of medicine and surgery, osteopathic 5026
medicine and surgery, podiatric medicine and surgery, or a 5027
limited branch of medicine; or in securing or attempting to 5028

secure any certificate to practice or certificate of 5029
registration issued by the board. 5030

As used in this division, "false, fraudulent, deceptive, 5031
or misleading statement" means a statement that includes a 5032
misrepresentation of fact, is likely to mislead or deceive 5033
because of a failure to disclose material facts, is intended or 5034
is likely to create false or unjustified expectations of 5035
favorable results, or includes representations or implications 5036
that in reasonable probability will cause an ordinarily prudent 5037
person to misunderstand or be deceived. 5038

(6) A departure from, or the failure to conform to, 5039
minimal standards of care of similar practitioners under the 5040
same or similar circumstances, whether or not actual injury to a 5041
patient is established; 5042

(7) Representing, with the purpose of obtaining 5043
compensation or other advantage as personal gain or for any 5044
other person, that an incurable disease or injury, or other 5045
incurable condition, can be permanently cured; 5046

(8) The obtaining of, or attempting to obtain, money or 5047
anything of value by fraudulent misrepresentations in the course 5048
of practice; 5049

(9) A plea of guilty to, a judicial finding of guilt of, 5050
or a judicial finding of eligibility for intervention in lieu of 5051
conviction for, a felony; 5052

(10) Commission of an act that constitutes a felony in 5053
this state, regardless of the jurisdiction in which the act was 5054
committed; 5055

(11) A plea of guilty to, a judicial finding of guilt of, 5056
or a judicial finding of eligibility for intervention in lieu of 5057

conviction for, a misdemeanor committed in the course of 5058
practice; 5059

(12) Commission of an act in the course of practice that 5060
constitutes a misdemeanor in this state, regardless of the 5061
jurisdiction in which the act was committed; 5062

(13) A plea of guilty to, a judicial finding of guilt of, 5063
or a judicial finding of eligibility for intervention in lieu of 5064
conviction for, a misdemeanor involving moral turpitude; 5065

(14) Commission of an act involving moral turpitude that 5066
constitutes a misdemeanor in this state, regardless of the 5067
jurisdiction in which the act was committed; 5068

(15) Violation of the conditions of limitation placed by 5069
the board upon a certificate to practice; 5070

(16) Failure to pay license renewal fees specified in this 5071
chapter; 5072

(17) Except as authorized in section 4731.31 of the 5073
Revised Code, engaging in the division of fees for referral of 5074
patients, or the receiving of a thing of value in return for a 5075
specific referral of a patient to utilize a particular service 5076
or business; 5077

(18) Subject to section 4731.226 of the Revised Code, 5078
violation of any provision of a code of ethics of the American 5079
medical association, the American osteopathic association, the 5080
American podiatric medical association, or any other national 5081
professional organizations that the board specifies by rule. The 5082
state medical board shall obtain and keep on file current copies 5083
of the codes of ethics of the various national professional 5084
organizations. The individual whose certificate is being 5085
suspended or revoked shall not be found to have violated any 5086

provision of a code of ethics of an organization not appropriate 5087
to the individual's profession. 5088

For purposes of this division, a "provision of a code of 5089
ethics of a national professional organization" does not include 5090
any provision that would preclude the making of a report by a 5091
physician of an employee's use of a drug of abuse, or of a 5092
condition of an employee other than one involving the use of a 5093
drug of abuse, to the employer of the employee as described in 5094
division (B) of section 2305.33 of the Revised Code. Nothing in 5095
this division affects the immunity from civil liability 5096
conferred by that section upon a physician who makes either type 5097
of report in accordance with division (B) of that section. As 5098
used in this division, "employee," "employer," and "physician" 5099
have the same meanings as in section 2305.33 of the Revised 5100
Code. 5101

(19) Inability to practice according to acceptable and 5102
prevailing standards of care by reason of mental illness or 5103
physical illness, including, but not limited to, physical 5104
deterioration that adversely affects cognitive, motor, or 5105
perceptive skills. 5106

In enforcing this division, the board, upon a showing of a 5107
possible violation, may compel any individual authorized to 5108
practice by this chapter or who has submitted an application 5109
pursuant to this chapter to submit to a mental examination, 5110
physical examination, including an HIV test, or both a mental 5111
and a physical examination. The expense of the examination is 5112
the responsibility of the individual compelled to be examined. 5113
Failure to submit to a mental or physical examination or consent 5114
to an HIV test ordered by the board constitutes an admission of 5115
the allegations against the individual unless the failure is due 5116

to circumstances beyond the individual's control, and a default 5117
and final order may be entered without the taking of testimony 5118
or presentation of evidence. If the board finds an individual 5119
unable to practice because of the reasons set forth in this 5120
division, the board shall require the individual to submit to 5121
care, counseling, or treatment by physicians approved or 5122
designated by the board, as a condition for initial, continued, 5123
reinstated, or renewed authority to practice. An individual 5124
affected under this division shall be afforded an opportunity to 5125
demonstrate to the board the ability to resume practice in 5126
compliance with acceptable and prevailing standards under the 5127
provisions of the individual's certificate. For the purpose of 5128
this division, any individual who applies for or receives a 5129
certificate to practice under this chapter accepts the privilege 5130
of practicing in this state and, by so doing, shall be deemed to 5131
have given consent to submit to a mental or physical examination 5132
when directed to do so in writing by the board, and to have 5133
waived all objections to the admissibility of testimony or 5134
examination reports that constitute a privileged communication. 5135

(20) Except when civil penalties are imposed under section 5136
4731.225 or 4731.281 of the Revised Code, and subject to section 5137
4731.226 of the Revised Code, violating or attempting to 5138
violate, directly or indirectly, or assisting in or abetting the 5139
violation of, or conspiring to violate, any provisions of this 5140
chapter or any rule promulgated by the board. 5141

This division does not apply to a violation or attempted 5142
violation of, assisting in or abetting the violation of, or a 5143
conspiracy to violate, any provision of this chapter or any rule 5144
adopted by the board that would preclude the making of a report 5145
by a physician of an employee's use of a drug of abuse, or of a 5146
condition of an employee other than one involving the use of a 5147

drug of abuse, to the employer of the employee as described in 5148
division (B) of section 2305.33 of the Revised Code. Nothing in 5149
this division affects the immunity from civil liability 5150
conferred by that section upon a physician who makes either type 5151
of report in accordance with division (B) of that section. As 5152
used in this division, "employee," "employer," and "physician" 5153
have the same meanings as in section 2305.33 of the Revised 5154
Code. 5155

(21) The violation of section 3701.79 of the Revised Code 5156
or of any abortion rule adopted by the ~~public health council~~ 5157
director of health pursuant to section 3701.341 of the Revised 5158
Code; 5159

(22) Any of the following actions taken by an agency 5160
responsible for authorizing, certifying, or regulating an 5161
individual to practice a health care occupation or provide 5162
health care services in this state or another jurisdiction, for 5163
any reason other than the nonpayment of fees: the limitation, 5164
revocation, or suspension of an individual's license to 5165
practice; acceptance of an individual's license surrender; 5166
denial of a license; refusal to renew or reinstate a license; 5167
imposition of probation; or issuance of an order of censure or 5168
other reprimand; 5169

(23) The violation of section 2919.12 of the Revised Code 5170
or the performance or inducement of an abortion upon a pregnant 5171
woman with actual knowledge that the conditions specified in 5172
division (B) of section 2317.56 of the Revised Code have not 5173
been satisfied or with a heedless indifference as to whether 5174
those conditions have been satisfied, unless an affirmative 5175
defense as specified in division (H) (2) of that section would 5176
apply in a civil action authorized by division (H) (1) of that 5177

section; 5178

(24) The revocation, suspension, restriction, reduction, 5179
or termination of clinical privileges by the United States 5180
department of defense or department of veterans affairs or the 5181
termination or suspension of a certificate of registration to 5182
prescribe drugs by the drug enforcement administration of the 5183
United States department of justice; 5184

(25) Termination or suspension from participation in the 5185
medicare or medicaid programs by the department of health and 5186
human services or other responsible agency for any act or acts 5187
that also would constitute a violation of division (B) (2), (3), 5188
(6), (8), or (19) of this section; 5189

(26) Impairment of ability to practice according to 5190
acceptable and prevailing standards of care because of habitual 5191
or excessive use or abuse of drugs, alcohol, or other substances 5192
that impair ability to practice. 5193

For the purposes of this division, any individual 5194
authorized to practice by this chapter accepts the privilege of 5195
practicing in this state subject to supervision by the board. By 5196
filing an application for or holding a certificate to practice 5197
under this chapter, an individual shall be deemed to have given 5198
consent to submit to a mental or physical examination when 5199
ordered to do so by the board in writing, and to have waived all 5200
objections to the admissibility of testimony or examination 5201
reports that constitute privileged communications. 5202

If it has reason to believe that any individual authorized 5203
to practice by this chapter or any applicant for certification 5204
to practice suffers such impairment, the board may compel the 5205
individual to submit to a mental or physical examination, or 5206

both. The expense of the examination is the responsibility of 5207
the individual compelled to be examined. Any mental or physical 5208
examination required under this division shall be undertaken by 5209
a treatment provider or physician who is qualified to conduct 5210
the examination and who is chosen by the board. 5211

Failure to submit to a mental or physical examination 5212
ordered by the board constitutes an admission of the allegations 5213
against the individual unless the failure is due to 5214
circumstances beyond the individual's control, and a default and 5215
final order may be entered without the taking of testimony or 5216
presentation of evidence. If the board determines that the 5217
individual's ability to practice is impaired, the board shall 5218
suspend the individual's certificate or deny the individual's 5219
application and shall require the individual, as a condition for 5220
initial, continued, reinstated, or renewed certification to 5221
practice, to submit to treatment. 5222

Before being eligible to apply for reinstatement of a 5223
certificate suspended under this division, the impaired 5224
practitioner shall demonstrate to the board the ability to 5225
resume practice in compliance with acceptable and prevailing 5226
standards of care under the provisions of the practitioner's 5227
certificate. The demonstration shall include, but shall not be 5228
limited to, the following: 5229

(a) Certification from a treatment provider approved under 5230
section 4731.25 of the Revised Code that the individual has 5231
successfully completed any required inpatient treatment; 5232

(b) Evidence of continuing full compliance with an 5233
aftercare contract or consent agreement; 5234

(c) Two written reports indicating that the individual's 5235

ability to practice has been assessed and that the individual 5236
has been found capable of practicing according to acceptable and 5237
prevailing standards of care. The reports shall be made by 5238
individuals or providers approved by the board for making the 5239
assessments and shall describe the basis for their 5240
determination. 5241

The board may reinstate a certificate suspended under this 5242
division after that demonstration and after the individual has 5243
entered into a written consent agreement. 5244

When the impaired practitioner resumes practice, the board 5245
shall require continued monitoring of the individual. The 5246
monitoring shall include, but not be limited to, compliance with 5247
the written consent agreement entered into before reinstatement 5248
or with conditions imposed by board order after a hearing, and, 5249
upon termination of the consent agreement, submission to the 5250
board for at least two years of annual written progress reports 5251
made under penalty of perjury stating whether the individual has 5252
maintained sobriety. 5253

(27) A second or subsequent violation of section 4731.66 5254
or 4731.69 of the Revised Code; 5255

(28) Except as provided in division (N) of this section: 5256

(a) Waiving the payment of all or any part of a deductible 5257
or copayment that a patient, pursuant to a health insurance or 5258
health care policy, contract, or plan that covers the 5259
individual's services, otherwise would be required to pay if the 5260
waiver is used as an enticement to a patient or group of 5261
patients to receive health care services from that individual; 5262

(b) Advertising that the individual will waive the payment 5263
of all or any part of a deductible or copayment that a patient, 5264

pursuant to a health insurance or health care policy, contract, 5265
or plan that covers the individual's services, otherwise would 5266
be required to pay. 5267

(29) Failure to use universal blood and body fluid 5268
precautions established by rules adopted under section 4731.051 5269
of the Revised Code; 5270

(30) Failure to provide notice to, and receive 5271
acknowledgment of the notice from, a patient when required by 5272
section 4731.143 of the Revised Code prior to providing 5273
nonemergency professional services, or failure to maintain that 5274
notice in the patient's file; 5275

(31) Failure of a physician supervising a physician 5276
assistant to maintain supervision in accordance with the 5277
requirements of Chapter 4730. of the Revised Code and the rules 5278
adopted under that chapter; 5279

~~(32) Failure of a physician or podiatrist to enter into a 5280
standard care arrangement with a clinical nurse specialist, 5281
certified nurse midwife, or certified nurse practitioner with 5282
whom the physician or podiatrist is in collaboration pursuant to 5283
section 4731.27 of the Revised Code or failure to fulfill the 5284
responsibilities of collaboration after entering into a standard 5285
care arrangement;~~ 5286

~~(33)~~ Failure to comply with the terms of a consult 5287
agreement entered into with a pharmacist pursuant to section 5288
4729.39 of the Revised Code; 5289

~~(34)~~ (33) Failure to cooperate in an investigation 5290
conducted by the board under division (F) of this section, 5291
including failure to comply with a subpoena or order issued by 5292
the board or failure to answer truthfully a question presented 5293

by the board in an investigative interview, an investigative 5294
office conference, at a deposition, or in written 5295
interrogatories, except that failure to cooperate with an 5296
investigation shall not constitute grounds for discipline under 5297
this section if a court of competent jurisdiction has issued an 5298
order that either quashes a subpoena or permits the individual 5299
to withhold the testimony or evidence in issue; 5300

~~(35)~~ (34) Failure to supervise an oriental medicine 5301
practitioner or acupuncturist in accordance with Chapter 4762. 5302
of the Revised Code and the board's rules for providing that 5303
supervision; 5304

~~(36)~~ (35) Failure to supervise an anesthesiologist 5305
assistant in accordance with Chapter 4760. of the Revised Code 5306
and the board's rules for supervision of an anesthesiologist 5307
assistant; 5308

~~(37)~~ (36) Assisting suicide, as defined in section 3795.01 5309
of the Revised Code; 5310

~~(38)~~ (37) Failure to comply with the requirements of 5311
section 2317.561 of the Revised Code; 5312

~~(39)~~ (38) Failure to supervise a radiologist assistant in 5313
accordance with Chapter 4774. of the Revised Code and the 5314
board's rules for supervision of radiologist assistants; 5315

~~(40)~~ (39) Performing or inducing an abortion at an office 5316
or facility with knowledge that the office or facility fails to 5317
post the notice required under section 3701.791 of the Revised 5318
Code; 5319

~~(41)~~ (40) Failure to comply with the standards and 5320
procedures established in rules under section 4731.054 of the 5321
Revised Code for the operation of or the provision of care at a 5322

pain management clinic;	5323
(42) <u>(41)</u> Failure to comply with the standards and	5324
procedures established in rules under section 4731.054 of the	5325
Revised Code for providing supervision, direction, and control	5326
of individuals at a pain management clinic;	5327
(43) <u>(42)</u> Failure to comply with the requirements of	5328
section 4729.79 of the Revised Code, unless the state board of	5329
pharmacy no longer maintains a drug database pursuant to section	5330
4729.75 of the Revised Code;	5331
(44) <u>(43)</u> Failure to comply with the requirements of	5332
section 2919.171 of the Revised Code or failure to submit to the	5333
department of health in accordance with a court order a complete	5334
report as described in section 2919.171 of the Revised Code;	5335
(45) <u>(44)</u> Practicing at a facility that is subject to	5336
licensure as a category III terminal distributor of dangerous	5337
drugs with a pain management clinic classification unless the	5338
person operating the facility has obtained and maintains the	5339
license with the classification;	5340
(46) <u>(45)</u> Owning a facility that is subject to licensure	5341
as a category III terminal distributor of dangerous drugs with a	5342
pain management clinic classification unless the facility is	5343
licensed with the classification;	5344
(47) <u>(46)</u> Failure to comply with the requirement regarding	5345
maintaining notes described in division (B) of section 2919.191	5346
of the Revised Code or failure to satisfy the requirements of	5347
section 2919.191 of the Revised Code prior to performing or	5348
inducing an abortion upon a pregnant woman;	5349
(48) <u>(47)</u> Failure to comply with the requirements in	5350
section 3719.061 of the Revised Code before issuing for a minor	5351

a prescription for an opioid analgesic, as defined in section 5352
3719.01 of the Revised Code. 5353

(C) Disciplinary actions taken by the board under 5354
divisions (A) and (B) of this section shall be taken pursuant to 5355
an adjudication under Chapter 119. of the Revised Code, except 5356
that in lieu of an adjudication, the board may enter into a 5357
consent agreement with an individual to resolve an allegation of 5358
a violation of this chapter or any rule adopted under it. A 5359
consent agreement, when ratified by an affirmative vote of not 5360
fewer than six members of the board, shall constitute the 5361
findings and order of the board with respect to the matter 5362
addressed in the agreement. If the board refuses to ratify a 5363
consent agreement, the admissions and findings contained in the 5364
consent agreement shall be of no force or effect. 5365

A telephone conference call may be utilized for 5366
ratification of a consent agreement that revokes or suspends an 5367
individual's certificate to practice. The telephone conference 5368
call shall be considered a special meeting under division (F) of 5369
section 121.22 of the Revised Code. 5370

If the board takes disciplinary action against an 5371
individual under division (B) of this section for a second or 5372
subsequent plea of guilty to, or judicial finding of guilt of, a 5373
violation of section 2919.123 of the Revised Code, the 5374
disciplinary action shall consist of a suspension of the 5375
individual's certificate to practice for a period of at least 5376
one year or, if determined appropriate by the board, a more 5377
serious sanction involving the individual's certificate to 5378
practice. Any consent agreement entered into under this division 5379
with an individual that pertains to a second or subsequent plea 5380
of guilty to, or judicial finding of guilt of, a violation of 5381

that section shall provide for a suspension of the individual's 5382
certificate to practice for a period of at least one year or, if 5383
determined appropriate by the board, a more serious sanction 5384
involving the individual's certificate to practice. 5385

(D) For purposes of divisions (B) (10), (12), and (14) of 5386
this section, the commission of the act may be established by a 5387
finding by the board, pursuant to an adjudication under Chapter 5388
119. of the Revised Code, that the individual committed the act. 5389
The board does not have jurisdiction under those divisions if 5390
the trial court renders a final judgment in the individual's 5391
favor and that judgment is based upon an adjudication on the 5392
merits. The board has jurisdiction under those divisions if the 5393
trial court issues an order of dismissal upon technical or 5394
procedural grounds. 5395

(E) The sealing of conviction records by any court shall 5396
have no effect upon a prior board order entered under this 5397
section or upon the board's jurisdiction to take action under 5398
this section if, based upon a plea of guilty, a judicial finding 5399
of guilt, or a judicial finding of eligibility for intervention 5400
in lieu of conviction, the board issued a notice of opportunity 5401
for a hearing prior to the court's order to seal the records. 5402
The board shall not be required to seal, destroy, redact, or 5403
otherwise modify its records to reflect the court's sealing of 5404
conviction records. 5405

(F) (1) The board shall investigate evidence that appears 5406
to show that a person has violated any provision of this chapter 5407
or any rule adopted under it. Any person may report to the board 5408
in a signed writing any information that the person may have 5409
that appears to show a violation of any provision of this 5410
chapter or any rule adopted under it. In the absence of bad 5411

faith, any person who reports information of that nature or who 5412
testifies before the board in any adjudication conducted under 5413
Chapter 119. of the Revised Code shall not be liable in damages 5414
in a civil action as a result of the report or testimony. Each 5415
complaint or allegation of a violation received by the board 5416
shall be assigned a case number and shall be recorded by the 5417
board. 5418

(2) Investigations of alleged violations of this chapter 5419
or any rule adopted under it shall be supervised by the 5420
supervising member elected by the board in accordance with 5421
section 4731.02 of the Revised Code and by the secretary as 5422
provided in section 4731.39 of the Revised Code. The president 5423
may designate another member of the board to supervise the 5424
investigation in place of the supervising member. No member of 5425
the board who supervises the investigation of a case shall 5426
participate in further adjudication of the case. 5427

(3) In investigating a possible violation of this chapter 5428
or any rule adopted under this chapter, or in conducting an 5429
inspection under division (E) of section 4731.054 of the Revised 5430
Code, the board may question witnesses, conduct interviews, 5431
administer oaths, order the taking of depositions, inspect and 5432
copy any books, accounts, papers, records, or documents, issue 5433
subpoenas, and compel the attendance of witnesses and production 5434
of books, accounts, papers, records, documents, and testimony, 5435
except that a subpoena for patient record information shall not 5436
be issued without consultation with the attorney general's 5437
office and approval of the secretary and supervising member of 5438
the board. 5439

(a) Before issuance of a subpoena for patient record 5440
information, the secretary and supervising member shall 5441

determine whether there is probable cause to believe that the 5442
complaint filed alleges a violation of this chapter or any rule 5443
adopted under it and that the records sought are relevant to the 5444
alleged violation and material to the investigation. The 5445
subpoena may apply only to records that cover a reasonable 5446
period of time surrounding the alleged violation. 5447

(b) On failure to comply with any subpoena issued by the 5448
board and after reasonable notice to the person being 5449
subpoenaed, the board may move for an order compelling the 5450
production of persons or records pursuant to the Rules of Civil 5451
Procedure. 5452

(c) A subpoena issued by the board may be served by a 5453
sheriff, the sheriff's deputy, or a board employee designated by 5454
the board. Service of a subpoena issued by the board may be made 5455
by delivering a copy of the subpoena to the person named 5456
therein, reading it to the person, or leaving it at the person's 5457
usual place of residence, usual place of business, or address on 5458
file with the board. When serving a subpoena to an applicant for 5459
or the holder of a certificate issued under this chapter, 5460
service of the subpoena may be made by certified mail, return 5461
receipt requested, and the subpoena shall be deemed served on 5462
the date delivery is made or the date the person refuses to 5463
accept delivery. If the person being served refuses to accept 5464
the subpoena or is not located, service may be made to an 5465
attorney who notifies the board that the attorney is 5466
representing the person. 5467

(d) A sheriff's deputy who serves a subpoena shall receive 5468
the same fees as a sheriff. Each witness who appears before the 5469
board in obedience to a subpoena shall receive the fees and 5470
mileage provided for under section 119.094 of the Revised Code. 5471

(4) All hearings, investigations, and inspections of the 5472
board shall be considered civil actions for the purposes of 5473
section 2305.252 of the Revised Code. 5474

(5) A report required to be submitted to the board under 5475
this chapter, a complaint, or information received by the board 5476
pursuant to an investigation or pursuant to an inspection under 5477
division (E) of section 4731.054 of the Revised Code is 5478
confidential and not subject to discovery in any civil action. 5479

The board shall conduct all investigations or inspections 5480
and proceedings in a manner that protects the confidentiality of 5481
patients and persons who file complaints with the board. The 5482
board shall not make public the names or any other identifying 5483
information about patients or complainants unless proper consent 5484
is given or, in the case of a patient, a waiver of the patient 5485
privilege exists under division (B) of section 2317.02 of the 5486
Revised Code, except that consent or a waiver of that nature is 5487
not required if the board possesses reliable and substantial 5488
evidence that no bona fide physician-patient relationship 5489
exists. 5490

The board may share any information it receives pursuant 5491
to an investigation or inspection, including patient records and 5492
patient record information, with law enforcement agencies, other 5493
licensing boards, and other governmental agencies that are 5494
prosecuting, adjudicating, or investigating alleged violations 5495
of statutes or administrative rules. An agency or board that 5496
receives the information shall comply with the same requirements 5497
regarding confidentiality as those with which the state medical 5498
board must comply, notwithstanding any conflicting provision of 5499
the Revised Code or procedure of the agency or board that 5500
applies when it is dealing with other information in its 5501

possession. In a judicial proceeding, the information may be 5502
admitted into evidence only in accordance with the Rules of 5503
Evidence, but the court shall require that appropriate measures 5504
are taken to ensure that confidentiality is maintained with 5505
respect to any part of the information that contains names or 5506
other identifying information about patients or complainants 5507
whose confidentiality was protected by the state medical board 5508
when the information was in the board's possession. Measures to 5509
ensure confidentiality that may be taken by the court include 5510
sealing its records or deleting specific information from its 5511
records. 5512

(6) On a quarterly basis, the board shall prepare a report 5513
that documents the disposition of all cases during the preceding 5514
three months. The report shall contain the following information 5515
for each case with which the board has completed its activities: 5516

(a) The case number assigned to the complaint or alleged 5517
violation; 5518

(b) The type of certificate to practice, if any, held by 5519
the individual against whom the complaint is directed; 5520

(c) A description of the allegations contained in the 5521
complaint; 5522

(d) The disposition of the case. 5523

The report shall state how many cases are still pending 5524
and shall be prepared in a manner that protects the identity of 5525
each person involved in each case. The report shall be a public 5526
record under section 149.43 of the Revised Code. 5527

(G) If the secretary and supervising member determine both 5528
of the following, they may recommend that the board suspend an 5529
individual's certificate to practice without a prior hearing: 5530

(1) That there is clear and convincing evidence that an individual has violated division (B) 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 six of its members, excluding the secretary and supervising member, may suspend a 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 issue a written order of suspension by certified mail or in person in accordance with section 119.07 of the Revised Code. The order shall not be subject to suspension by the court during pendency of 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) If the board takes action under division (B) (9), (11), 5561
or (13) of this section and the judicial finding of guilt, 5562
guilty plea, or judicial finding of eligibility for intervention 5563
in lieu of conviction is overturned on appeal, upon exhaustion 5564
of the criminal appeal, a petition for reconsideration of the 5565
order may be filed with the board along with appropriate court 5566
documents. Upon receipt of a petition of that nature and 5567
supporting court documents, the board shall reinstate the 5568
individual's certificate to practice. The board may then hold an 5569
adjudication under Chapter 119. of the Revised Code to determine 5570
whether the individual committed the act in question. Notice of 5571
an opportunity for a hearing shall be given in accordance with 5572
Chapter 119. of the Revised Code. If the board finds, pursuant 5573
to an adjudication held under this division, that the individual 5574
committed the act or if no hearing is requested, the board may 5575
order any of the sanctions identified under division (B) of this 5576
section. 5577

(I) The certificate to practice issued to an individual 5578
under this chapter and the individual's practice in this state 5579
are automatically suspended as of the date of the individual's 5580
second or subsequent plea of guilty to, or judicial finding of 5581
guilt of, a violation of section 2919.123 of the Revised Code, 5582
or the date the individual pleads guilty to, is found by a judge 5583
or jury to be guilty of, or is subject to a judicial finding of 5584
eligibility for intervention in lieu of conviction in this state 5585
or treatment or intervention in lieu of conviction in another 5586
jurisdiction for any of the following criminal offenses in this 5587
state or a substantially equivalent criminal offense in another 5588
jurisdiction: aggravated murder, murder, voluntary manslaughter, 5589
felonious assault, kidnapping, rape, sexual battery, gross 5590
sexual imposition, aggravated arson, aggravated robbery, or 5591

aggravated burglary. Continued practice after suspension shall 5592
be considered practicing without a certificate. 5593

The board shall notify the individual subject to the 5594
suspension by certified mail or in person in accordance with 5595
section 119.07 of the Revised Code. If an individual whose 5596
certificate is automatically suspended under this division fails 5597
to make a timely request for an adjudication under Chapter 119. 5598
of the Revised Code, the board shall do whichever of the 5599
following is applicable: 5600

(1) If the automatic suspension under this division is for 5601
a second or subsequent plea of guilty to, or judicial finding of 5602
guilt of, a violation of section 2919.123 of the Revised Code, 5603
the board shall enter an order suspending the individual's 5604
certificate to practice for a period of at least one year or, if 5605
determined appropriate by the board, imposing a more serious 5606
sanction involving the individual's certificate to practice. 5607

(2) In all circumstances in which division (I)(1) of this 5608
section does not apply, enter a final order permanently revoking 5609
the individual's certificate to practice. 5610

(J) If the board is required by Chapter 119. of the 5611
Revised Code to give notice of an opportunity for a hearing and 5612
if the individual subject to the notice does not timely request 5613
a hearing in accordance with section 119.07 of the Revised Code, 5614
the board is not required to hold a hearing, but may adopt, by 5615
an affirmative vote of not fewer than six of its members, a 5616
final order that contains the board's findings. In that final 5617
order, the board may order any of the sanctions identified under 5618
division (A) or (B) of this section. 5619

(K) Any action taken by the board under division (B) of 5620

this section resulting in a suspension from practice shall be 5621
accompanied by a written statement of the conditions under which 5622
the individual's certificate to practice may be reinstated. The 5623
board shall adopt rules governing conditions to be imposed for 5624
reinstatement. Reinstatement of a certificate suspended pursuant 5625
to division (B) of this section requires an affirmative vote of 5626
not fewer than six members of the board. 5627

(L) When the board refuses to grant a certificate to an 5628
applicant, revokes an individual's certificate to practice, 5629
refuses to register an applicant, or refuses to reinstate an 5630
individual's certificate to practice, the board may specify that 5631
its action is permanent. An individual subject to a permanent 5632
action taken by the board is forever thereafter ineligible to 5633
hold a certificate to practice and the board shall not accept an 5634
application for reinstatement of the certificate or for issuance 5635
of a new certificate. 5636

(M) Notwithstanding any other provision of the Revised 5637
Code, all of the following apply: 5638

(1) The surrender of a certificate issued under this 5639
chapter shall not be effective unless or until accepted by the 5640
board. A telephone conference call may be utilized for 5641
acceptance of the surrender of an individual's certificate to 5642
practice. The telephone conference call shall be considered a 5643
special meeting under division (F) of section 121.22 of the 5644
Revised Code. Reinstatement of a certificate surrendered to the 5645
board requires an affirmative vote of not fewer than six members 5646
of the board. 5647

(2) An application for a certificate made under the 5648
provisions of this chapter may not be withdrawn without approval 5649
of the board. 5650

(3) Failure by an individual to renew a certificate of registration in accordance with this chapter shall not remove or limit the board's jurisdiction to take any disciplinary action under this section against the individual.

(4) At the request of the board, a certificate holder shall immediately surrender to the board a 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 5680
investigation the board conducts under this section; 5681

(2) Select providers of educational and assessment 5682
services, including a quality intervention program panel of case 5683
reviewers; 5684

(3) Make referrals to educational and assessment service 5685
providers and approve individual educational programs 5686
recommended by those providers. The board shall monitor the 5687
progress of each individual undertaking a recommended individual 5688
educational program. 5689

(4) Determine what constitutes successful completion of an 5690
individual educational program and require further monitoring of 5691
the individual who completed the program or other action that 5692
the board determines to be appropriate; 5693

(5) Adopt rules in accordance with Chapter 119. of the 5694
Revised Code to further implement the quality intervention 5695
program. 5696

An individual who participates in an individual 5697
educational program pursuant to this division shall pay the 5698
financial obligations arising from that educational program. 5699

Sec. 4731.281. (A) On or before the deadline established 5700
under division (B) of this section for applying for renewal of a 5701
certificate of registration, each person holding a certificate 5702
under this chapter to practice medicine and surgery, osteopathic 5703
medicine and surgery, or podiatric medicine and surgery shall 5704
certify to the state medical board that in the preceding two 5705
years the person has completed one hundred hours of continuing 5706
medical education. The certification shall be made upon the 5707
application for biennial registration submitted pursuant to 5708

division (B) of this section. The board shall adopt rules 5709
providing for pro rata reductions by month of the number of 5710
hours of continuing education required for persons who are in 5711
their first registration period, who have been disabled due to 5712
illness or accident, or who have been absent from the country. 5713

In determining whether a course, program, or activity 5714
qualifies for credit as continuing medical education, the board 5715
shall approve all continuing medical education taken by persons 5716
holding a certificate to practice medicine and surgery that is 5717
certified by the Ohio state medical association, all continuing 5718
medical education taken by persons holding a certificate to 5719
practice osteopathic medicine and surgery that is certified by 5720
the Ohio osteopathic association, and all continuing medical 5721
education taken by persons holding a certificate to practice 5722
podiatric medicine and surgery that is certified by the Ohio 5723
podiatric medical association. Each person holding a certificate 5724
to practice under this chapter shall be given sufficient choice 5725
of continuing education programs to ensure that the person has 5726
had a reasonable opportunity to participate in continuing 5727
education programs that are relevant to the person's medical 5728
practice in terms of subject matter and level. 5729

The board may require a random sample of persons holding a 5730
certificate to practice under this chapter to submit materials 5731
documenting completion of the continuing medical education 5732
requirement during the preceding registration period, but this 5733
provision shall not limit the board's authority to investigate 5734
pursuant to section 4731.22 of the Revised Code. 5735

(B) (1) Every person holding a certificate under this 5736
chapter to practice medicine and surgery, osteopathic medicine 5737
and surgery, or podiatric medicine and surgery wishing to renew 5738

that certificate shall apply to the board for a certificate of registration upon an application furnished by the board, and pay to the board at the time of application a fee of three hundred five dollars, according to the following schedule:

(a) Persons whose last name begins with the letters "A" through "B," on or before April 1, 2001, and the first day of April of every odd-numbered year thereafter;

(b) Persons whose last name begins with the letters "C" through "D," on or before January 1, 2001, and the first day of January of every odd-numbered year thereafter;

(c) Persons whose last name begins with the letters "E" through "G," on or before October 1, 2000, and the first day of October of every even-numbered year thereafter;

(d) Persons whose last name begins with the letters "H" through "K," on or before July 1, 2000, and the first day of July of every even-numbered year thereafter;

(e) Persons whose last name begins with the letters "L" through "M," on or before April 1, 2000, and the first day of April of every even-numbered year thereafter;

(f) Persons whose lastname begins with the letters "N" through "R," on or before January 1, 2000, and the first day of January of every even-numbered year thereafter;

(g) Persons whose last name begins with the letter "S," on or before October 1, 1999, and the first day of October of every odd-numbered year thereafter;

(h) Persons whose last name begins with the letters "T" through "Z," on or before July 1, 1999, and the first day of July of every odd-numbered year thereafter.

The board shall deposit the fee in accordance with section 5767
4731.24 of the Revised Code, except that the board shall deposit 5768
twenty dollars of the fee into the state treasury to the credit 5769
of the physician loan repayment fund created by section 3702.78 5770
of the Revised Code. 5771

(2) The board shall mail or cause to be mailed to every 5772
person registered to practice medicine and surgery, osteopathic 5773
medicine and surgery, or podiatric medicine and surgery, a 5774
notice of registration renewal addressed to the person's last 5775
known address or may cause the notice to be sent to the person 5776
through the secretary of any recognized medical, osteopathic, or 5777
podiatric society, according to the following schedule: 5778

(a) To persons whose last name begins with the letters "A" 5779
through "B," on or before January 1, 2001, and the first day of 5780
January of every odd-numbered year thereafter; 5781

(b) To persons whose last name begins with the letters "C" 5782
through "D," on or before October 1, 2000, and the first day of 5783
October of every even-numbered year thereafter; 5784

(c) To persons whose last name begins with the letters "E" 5785
through "G," on or before July 1, 2000, and the first day of 5786
July of every even-numbered year thereafter; 5787

(d) To persons whose last name begins with the letters "H" 5788
through "K," on or before April 1, 2000, and the first day of 5789
April of every even-numbered year thereafter; 5790

(e) To persons whose last name begins with the letters "L" 5791
through "M," on or before January 1, 2000, and the first day of 5792
January of every even-numbered year thereafter; 5793

(f) To persons whose last name begins with the letters "N" 5794
through "R," on or before October 1, 1999, and the first day of 5795

October of every odd-numbered year thereafter;	5796
(g) To persons whose last name begins with the letter "S,"	5797
on or before July 1, 1999, and the first day of July of every	5798
odd-numbered year thereafter;	5799
(h) To persons whose last name begins with the letters "T"	5800
through "Z," on or before April 1, 1999, and the first day of	5801
April of every odd-numbered year thereafter.	5802
(3) Failure of any person to receive a notice of renewal	5803
from the board shall not excuse the person from the requirements	5804
contained in this section.	5805
(4) The board's notice shall inform the applicant of the	5806
renewal procedure. The board shall provide the application for	5807
registration renewal in a form determined by the board.	5808
(5) The applicant shall provide in the application the	5809
applicant's full name, principal practice address and residence	5810
address, the number of the applicant's certificate to practice,	5811
and any other information required by the board.	5812
(6) (a) Except as provided in division (B) (6) (b) of this	5813
section, in the case of an applicant who prescribes or	5814
personally furnishes opioid analgesics or benzodiazepines, as	5815
defined in section 3719.01 of the Revised Code, the applicant	5816
shall certify to the board whether the applicant has been	5817
granted access to the drug database established and maintained	5818
by the state board of pharmacy pursuant to section 4729.75 of	5819
the Revised Code.	5820
(b) The requirement in division (B) (6) (a) of this section	5821
does not apply if any of the following is the case:	5822
(i) The state board of pharmacy notifies the state medical	5823

board pursuant to section 4729.861 of the Revised Code that the 5824
applicant has been restricted from obtaining further information 5825
from the drug database. 5826

(ii) The state board of pharmacy no longer maintains the 5827
drug database. 5828

(iii) The applicant does not practice medicine and 5829
surgery, osteopathic medicine and surgery, or podiatric medicine 5830
and surgery in this state. 5831

(c) If an applicant certifies to the state medical board 5832
that the applicant has been granted access to the drug database 5833
and the board finds through an audit or other means that the 5834
applicant has not been granted access, the board may take action 5835
under section 4731.22 of the Revised Code. 5836

~~(7) The applicant shall include with the application a 5837
list of the names and addresses of any clinical nurse 5838
specialists, certified nurse midwives, or certified nurse 5839
practitioners with whom the applicant is currently 5840
collaborating, as defined in section 4723.01 of the Revised 5841
Code. Every person registered under this section shall give 5842
written notice to the state medical board of any change of 5843
principal practice address or residence address or in the list 5844
within thirty days of the change. 5845~~

~~(8)~~ The applicant shall report any criminal offense to 5846
which the applicant has pleaded guilty, of which the applicant 5847
has been found guilty, or for which the applicant has been found 5848
eligible for intervention in lieu of conviction, since last 5849
filing an application for a certificate of registration. 5850

~~(9)~~ (8) The applicant shall execute and deliver the 5851
application to the board in a manner prescribed by the board. 5852

(C) The board shall issue to any person holding a 5853
certificate under this chapter to practice medicine and surgery, 5854
osteopathic medicine and surgery, or podiatric medicine and 5855
surgery, upon application and qualification therefor in 5856
accordance with this section, a certificate of registration 5857
under the seal of the board. A certificate of registration shall 5858
be valid for a two-year period. 5859

(D) Failure of any certificate holder to register and 5860
comply with this section shall operate automatically to suspend 5861
the holder's certificate to practice. Continued practice after 5862
the suspension of the certificate to practice shall be 5863
considered as practicing in violation of section 4731.41, 5864
4731.43, or 4731.60 of the Revised Code. If the certificate has 5865
been suspended pursuant to this division for two years or less, 5866
it may be reinstated. The board shall reinstate a certificate to 5867
practice suspended for failure to register upon an applicant's 5868
submission of a renewal application, the biennial registration 5869
fee, and the applicable monetary penalty. The penalty for 5870
reinstatement shall be fifty dollars. If the certificate has 5871
been suspended pursuant to this division for more than two 5872
years, it may be restored. Subject to section 4731.222 of the 5873
Revised Code, the board may restore a certificate to practice 5874
suspended for failure to register upon an applicant's submission 5875
of a restoration application, the biennial registration fee, and 5876
the applicable monetary penalty and compliance with sections 5877
4776.01 to 4776.04 of the Revised Code. The board shall not 5878
restore to an applicant a certificate to practice unless the 5879
board, in its discretion, decides that the results of the 5880
criminal records check do not make the applicant ineligible for 5881
a certificate issued pursuant to section 4731.14, 4731.56, or 5882
4731.57 of the Revised Code. The penalty for restoration shall 5883

be one hundred dollars. The board shall deposit the penalties in 5884
accordance with section 4731.24 of the Revised Code. 5885

(E) If an individual certifies completion of the number of 5886
hours and type of continuing medical education required to 5887
receive a certificate of registration or reinstatement of a 5888
certificate to practice, and the board finds through the random 5889
samples it conducts under this section or through any other 5890
means that the individual did not complete the requisite 5891
continuing medical education, the board may impose a civil 5892
penalty of not more than five thousand dollars. The board's 5893
finding shall be made pursuant to an adjudication under Chapter 5894
119. of the Revised Code and by an affirmative vote of not fewer 5895
than six members. 5896

A civil penalty imposed under this division may be in 5897
addition to or in lieu of any other action the board may take 5898
under section 4731.22 of the Revised Code. The board shall 5899
deposit civil penalties in accordance with section 4731.24 of 5900
the Revised Code. 5901

(F) The state medical board may obtain information not 5902
protected by statutory or common law privilege from courts and 5903
other sources concerning malpractice claims against any person 5904
holding a certificate to practice under this chapter or 5905
practicing as provided in section 4731.36 of the Revised Code. 5906

(G) Each mailing sent by the board under division (B) (2) 5907
of this section to a person registered to practice medicine and 5908
surgery or osteopathic medicine and surgery shall inform the 5909
applicant of the reporting requirement established by division 5910
(H) of section 3701.79 of the Revised Code. At the discretion of 5911
the board, the information may be included on the application 5912
for registration or on an accompanying page. 5913

Sec. 4731.35. (A) This chapter does not apply to or 5914
prohibit in any way the administration of anesthesia by a 5915
certified registered nurse anesthetist ~~under the direction of~~ 5916
~~and in the immediate presence of an individual authorized by~~ 5917
~~this chapter to practice medicine and surgery, osteopathic~~ 5918
~~medicine and surgery, or podiatric medicine and surgery.~~ 5919

(B) This chapter does not prohibit an individual from 5920
practicing as an anesthesiologist assistant in accordance with 5921
Chapter 4760. of the Revised Code. 5922

Sec. 4755.48. (A) No person shall employ fraud or 5923
deception in applying for or securing a license to practice 5924
physical therapy or to be a physical therapist assistant. 5925

(B) No person shall practice or in any way imply or claim 5926
to the public by words, actions, or the use of letters as 5927
described in division (C) of this section to be able to practice 5928
physical therapy or to provide physical therapy services, 5929
including practice as a physical therapist assistant, unless the 5930
person holds a valid license under sections 4755.40 to 4755.56 5931
of the Revised Code or except for submission of claims as 5932
provided in section 4755.56 of the Revised Code. 5933

(C) No person shall use the words or letters, physical 5934
therapist, physical therapy, physical therapy services, 5935
physiotherapist, physiotherapy, physiotherapy services, licensed 5936
physical therapist, P.T., Ph.T., P.T.T., R.P.T., L.P.T., M.P.T., 5937
D.P.T., M.S.P.T., P.T.A., physical therapy assistant, physical 5938
therapist assistant, physical therapy technician, licensed 5939
physical therapist assistant, L.P.T.A., R.P.T.A., or any other 5940
letters, words, abbreviations, or insignia, indicating or 5941
implying that the person is a physical therapist or physical 5942
therapist assistant without a valid license under sections 5943

4755.40 to 4755.56 of the Revised Code. 5944

(D) No person who practices physical therapy or assists in 5945
the provision of physical therapy treatments under the 5946
supervision of a physical therapist shall fail to display the 5947
person's current license granted under sections 4755.40 to 5948
4755.56 of the Revised Code in a conspicuous location in the 5949
place where the person spends the major part of the person's 5950
time so engaged. 5951

(E) Nothing in sections 4755.40 to 4755.56 of the Revised 5952
Code shall affect or interfere with the performance of the 5953
duties of any physical therapist or physical therapist assistant 5954
in active service in the army, navy, coast guard, marine corps, 5955
air force, public health service, or marine hospital service of 5956
the United States, while so serving. 5957

(F) Nothing in sections 4755.40 to 4755.56 of the Revised 5958
Code shall prevent or restrict the activities or services of a 5959
person pursuing a course of study leading to a degree in 5960
physical therapy in an accredited or approved educational 5961
program if the activities or services constitute a part of a 5962
supervised course of study and the person is designated by a 5963
title that clearly indicates the person's status as a student. 5964

(G) (1) Subject to division (G) (2) of this section, nothing 5965
in sections 4755.40 to 4755.56 of the Revised Code shall prevent 5966
or restrict the activities or services of any person who holds a 5967
current, unrestricted license to practice physical therapy in 5968
another state when that person, pursuant to contract or 5969
employment with an athletic team located in the state in which 5970
the person holds the license, provides physical therapy to any 5971
of the following while the team is traveling to or from or 5972
participating in a sporting event in this state: 5973

(a) A member of the athletic team;	5974
(b) A member of the athletic team's coaching, communications, equipment, or sports medicine staff;	5975 5976
(c) A member of a band or cheerleading squad accompanying the athletic team;	5977 5978
(d) The athletic team's mascot.	5979
(2) In providing physical therapy pursuant to division (G) (1) of this section, the person shall not do either of the following:	5980 5981 5982
(a) Provide physical therapy at a health care facility;	5983
(b) Provide physical therapy for more than sixty days in a calendar year.	5984 5985
(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:	5986 5987 5988 5989 5990
(a) Practice medicine and surgery, chiropractic, dentistry, osteopathic medicine and surgery, podiatric medicine and surgery;	5991 5992 5993
(b) Practice as a physician assistant;	5994
(c) Practice nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse midwife, or certified an advanced practice registered nurse practitioner.	5995 5996 5997
(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	5998 5999 6000

that division does not apply if either of the following applies 6001
to the person: 6002

(a) The person holds a master's or doctorate degree from a 6003
professional physical therapy program that is accredited by a 6004
national physical therapy accreditation agency recognized by the 6005
United States department of education. 6006

(b) On or before December 31, 2004, the person has 6007
completed at least two years of practical experience as a 6008
licensed physical therapist. 6009

(I) To be authorized to prescribe physical therapy or 6010
refer a patient to a physical therapist for physical therapy, a 6011
person described in division (H) (1) of this section must be in 6012
good standing with the relevant licensing board in this state or 6013
the state in which the person is licensed and must act only 6014
within the person's scope of practice. 6015

(J) In the prosecution of any person for violation of 6016
division (B) or (C) of this section, it is not necessary to 6017
allege or prove want of a valid license to practice physical 6018
therapy or to practice as a physical therapist assistant, but 6019
such matters shall be a matter of defense to be established by 6020
the accused. 6021

Sec. 4755.481. (A) If a physical therapist evaluates and 6022
treats a patient without the prescription of, or the referral of 6023
the patient by, a person described in division (G) (1) of section 6024
4755.48 of the Revised Code, all of the following apply: 6025

(1) The physical therapist shall, upon consent of the 6026
patient, inform the relevant person described in division (G) (1) 6027
of section 4755.48 of the Revised Code of the evaluation not 6028
later than five business days after the evaluation is made. 6029

(2) If the physical therapist determines, based on 6030
reasonable evidence, that no substantial progress has been made 6031
with respect to that patient during the thirty-day period 6032
immediately following the date of the patient's initial visit 6033
with the physical therapist, the physical therapist shall 6034
consult with or refer the patient to a person described in 6035
division ~~(G)~~(H)(1) of section 4755.48 of the Revised Code, 6036
unless either of the following applies: 6037

(a) The evaluation, treatment, or services are being 6038
provided for fitness, wellness, or prevention purposes. 6039

(b) The patient previously was diagnosed with chronic, 6040
neuromuscular, or developmental conditions and the evaluation, 6041
treatment, or services are being provided for problems or 6042
symptoms associated with one or more of those previously 6043
diagnosed conditions. 6044

(3) If the physical therapist determines that orthotic 6045
devices are necessary to treat the patient, the physical 6046
therapist shall be limited to the application of the following 6047
orthotic devices: 6048

(a) Upper extremity adaptive equipment used to facilitate 6049
the activities of daily living; 6050

(b) Finger splints; 6051

(c) Wrist splints; 6052

(d) Prefabricated elastic or fabric abdominal supports 6053
with or without metal or plastic reinforcing stays and other 6054
prefabricated soft goods requiring minimal fitting; 6055

(e) Nontherapeutic accommodative inlays; 6056

(f) Shoes that are not manufactured or modified for a 6057

particular individual; 6058

(g) Prefabricated foot care products; 6059

(h) Custom foot orthotics; 6060

(i) Durable medical equipment. 6061

(4) If, at any time, the physical therapist has reason to 6062
believe that the patient has symptoms or conditions that require 6063
treatment or services beyond the scope of practice of a physical 6064
therapist, the physical therapist shall refer the patient to a 6065
licensed health care practitioner acting within the 6066
practitioner's scope of practice. 6067

(B) Nothing in sections 4755.40 to 4755.56 of the Revised 6068
Code shall be construed to require reimbursement under any 6069
health insuring corporation policy, contract, or agreement, any 6070
sickness and accident insurance policy, the medicaid program, or 6071
the health partnership program or qualified health plans 6072
established pursuant to sections 4121.44 to 4121.442 of the 6073
Revised Code, for any physical therapy service rendered without 6074
the prescription of, or the referral of the patient by, a person 6075
described in division (G)(1) of section 4755.48 of the Revised 6076
Code. 6077

(C) For purposes of this section, "business day" means any 6078
calendar day that is not a Saturday, Sunday, or legal holiday. 6079
"Legal holiday" has the same meaning as in section 1.14 of the 6080
Revised Code. 6081

Sec. 4761.17. All of the following apply to the practice 6082
of respiratory care by a person who holds a license or limited 6083
permit issued under this chapter: 6084

(A) The person shall practice only pursuant to a 6085

prescription or other order for respiratory care issued by a 6086
physician or by ~~an advanced practice~~ registered nurse who holds 6087
a ~~certificate of authority current, valid license~~ issued under 6088
Chapter 4723. of the Revised Code ~~to practice as a certified~~ 6089
~~nurse practitioner or clinical nurse specialist and has entered~~ 6090
~~into a standard care arrangement with a physician that allows~~ 6091
~~the nurse to prescribe or order respiratory care services.~~ 6092

(B) The person shall practice only under the supervision 6093
of a physician or ~~under the supervision of a certified nurse~~ 6094
~~practitioner or clinical nurse specialist who is authorized to~~ 6095
~~prescribe or order respiratory care services as provided in~~ 6096
~~division (A) of this section~~an advanced practice registered 6097
nurse. 6098

~~(C) When practicing under the prescription or order of a~~ 6099
~~certified nurse practitioner or clinical nurse specialist or~~ 6100
~~under the supervision of such a nurse, the person's~~ 6101
~~administration of medication that requires a prescription is~~ 6102
~~limited to the drugs that the nurse is authorized to prescribe~~ 6103
~~pursuant to the nurse's certificate to prescribe issued under~~ 6104
~~section 4723.48 of the Revised Code.~~ 6105

Sec. 5120.55. (A) As used in this section, "licensed 6106
health professional" means any or all of the following: 6107

(1) A dentist who holds a current, valid license issued 6108
under Chapter 4715. of the Revised Code to practice dentistry; 6109

(2) A licensed practical nurse who holds a current, valid 6110
license issued under Chapter 4723. of the Revised Code that 6111
authorizes the practice of nursing as a licensed practical 6112
nurse; 6113

(3) An optometrist who holds a current, valid certificate 6114

of licensure issued under Chapter 4725. of the Revised Code that 6115
authorizes the holder to engage in the practice of optometry; 6116

(4) A physician who is authorized under Chapter 4731. of 6117
the Revised Code to practice medicine and surgery, osteopathic 6118
medicine and surgery, or podiatric medicine and surgery; 6119

(5) A psychologist who holds a current, valid license 6120
issued under Chapter 4732. of the Revised Code that authorizes 6121
the practice of psychology as a licensed psychologist; 6122

(6) A registered nurse who holds a current, valid license 6123
issued under Chapter 4723. of the Revised Code that authorizes 6124
the practice of nursing as a registered nurse, including such a 6125
nurse who is also ~~authorized~~ licensed to practice as an advanced 6126
practice registered nurse as defined in section 4723.01 of the 6127
Revised Code. 6128

(B) (1) The department of rehabilitation and correction may 6129
establish a recruitment program under which the department, by 6130
means of a contract entered into under division (C) of this 6131
section, agrees to repay all or part of the principal and 6132
interest of a government or other educational loan incurred by a 6133
licensed health professional who agrees to provide services to 6134
inmates of correctional institutions under the department's 6135
administration. 6136

(2) (a) For a physician to be eligible to participate in 6137
the program, the physician must have attended a school that was, 6138
during the time of attendance, a medical school or osteopathic 6139
medical school in this country accredited by the liaison 6140
committee on medical education or the American osteopathic 6141
association, a college of podiatry in this country recognized as 6142
being in good standing under section 4731.53 of the Revised 6143

Code, or a medical school, osteopathic medical school, or 6144
college of podiatry located outside this country that was 6145
acknowledged by the world health organization and verified by a 6146
member state of that organization as operating within that 6147
state's jurisdiction. 6148

(b) For a nurse to be eligible to participate in the 6149
program, the nurse must have attended a school that was, during 6150
the time of attendance, a nursing school in this country 6151
accredited by the commission on collegiate nursing education or 6152
the national league for nursing accrediting commission or a 6153
nursing school located outside this country that was 6154
acknowledged by the world health organization and verified by a 6155
member state of that organization as operating within that 6156
state's jurisdiction. 6157

(c) For a dentist to be eligible to participate in the 6158
program, the dentist must have attended a school that was, 6159
during the time of attendance, a dental college that enabled the 6160
dentist to meet the requirements specified in section 4715.10 of 6161
the Revised Code to be granted a license to practice dentistry. 6162

(d) For an optometrist to be eligible to participate in 6163
the program, the optometrist must have attended a school of 6164
optometry that was, during the time of attendance, approved by 6165
the state board of optometry. 6166

(e) For a psychologist to be eligible to participate in 6167
the program, the psychologist must have attended an educational 6168
institution that, during the time of attendance, maintained a 6169
specific degree program recognized by the state board of 6170
psychology as acceptable for fulfilling the requirement of 6171
division (B) (3) of section 4732.10 of the Revised Code. 6172

(C) The department shall enter into a contract with each licensed health professional it recruits under this section. Each contract shall include at least the following terms:

(1) The licensed health professional agrees to provide a specified scope of medical, osteopathic medical, podiatric, optometric, psychological, nursing, or dental services to inmates of one or more specified state correctional institutions for a specified number of hours per week for a specified number of years.

(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 licensed health professional for the following expenses to attend, for up to a maximum of four years, a school that qualifies the licensed health professional 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 licensed health professional agrees to pay the department a specified amount, which shall be no less than the amount already paid by the department pursuant to its agreement, as damages if the licensed health professional 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 service obligation 6202
that remains uncompleted. 6203

(4) Other terms agreed upon by the parties. 6204

The licensed health professional's lending institution or 6205
the Ohio board of regents, may be a party to the contract. The 6206
contract may include an assignment to the department of the 6207
licensed health professional's duty to repay the principal and 6208
interest of the loan. 6209

(D) If the department elects to implement the recruitment 6210
program, it shall adopt rules in accordance with Chapter 119. of 6211
the Revised Code that establish all of the following: 6212

(1) Criteria for designating institutions for which 6213
licensed health professionals will be recruited; 6214

(2) Criteria for selecting licensed health professionals 6215
for participation in the program; 6216

(3) Criteria for determining the portion of a loan which 6217
the department will agree to repay; 6218

(4) Criteria for determining reasonable amounts of the 6219
expenses described in divisions (C) (2) (b) and (c) of this 6220
section; 6221

(5) Procedures for monitoring compliance by a licensed 6222
health professional with the terms of the contract the licensed 6223
health professional enters into under this section; 6224

(6) Any other criteria or procedures necessary to 6225
implement the program. 6226

Sec. 5164.07. (A) The medicaid program shall include 6227
coverage of inpatient care and follow-up care for a mother and 6228

her newborn as follows: 6229

(1) The medicaid program shall cover a minimum of forty- 6230
eight hours of inpatient care following a normal vaginal 6231
delivery and a minimum of ninety-six hours of inpatient care 6232
following a cesarean delivery. Services covered as inpatient 6233
care shall include medical, educational, and any other services 6234
that are consistent with the inpatient care recommended in the 6235
protocols and guidelines developed by national organizations 6236
that represent pediatric, obstetric, and nursing professionals. 6237

(2) The medicaid program shall cover a physician-directed 6238
source of follow-up care or a source of follow-up care directed 6239
by an advanced practice registered nurse. Services covered as 6240
follow-up care shall include physical assessment of the mother 6241
and newborn, parent education, assistance and training in breast 6242
or bottle feeding, assessment of the home support system, 6243
performance of any medically necessary and appropriate clinical 6244
tests, and any other services that are consistent with the 6245
follow-up care recommended in the protocols and guidelines 6246
developed by national organizations that represent pediatric, 6247
obstetric, and nursing professionals. The coverage shall apply 6248
to services provided in a medical setting or through home health 6249
care visits. The coverage shall apply to a home health care 6250
visit only if the health care professional who conducts the 6251
visit is knowledgeable and experienced in maternity and newborn 6252
care. 6253

When a decision is made in accordance with division (B) of 6254
this section to discharge a mother or newborn prior to the 6255
expiration of the applicable number of hours of inpatient care 6256
required to be covered, the coverage of follow-up care shall 6257
apply to all follow-up care that is provided within forty-eight 6258

hours after discharge. When a mother or newborn receives at 6259
least the number of hours of inpatient care required to be 6260
covered, the coverage of follow-up care shall apply to follow-up 6261
care that is determined to be medically necessary by the health 6262
care professionals responsible for discharging the mother or 6263
newborn. 6264

(B) Any decision to shorten the length of inpatient stay 6265
to less than that specified under division (A)(1) of this 6266
section shall be made by the physician attending the mother or 6267
newborn, except that if a nurse-midwife is attending the mother 6268
~~in collaboration with a physician~~, the decision may be made by 6269
the nurse-midwife. Decisions regarding early discharge shall be 6270
made only after conferring with the mother or a person 6271
responsible for the mother or newborn. For purposes of this 6272
division, a person responsible for the mother or newborn may 6273
include a parent, guardian, or any other person with authority 6274
to make medical decisions for the mother or newborn. 6275

(C) The department of medicaid, in administering the 6276
medicaid program, may not do either of the following: 6277

(1) Terminate the provider agreement of a health care 6278
professional or health care facility solely for making 6279
recommendations for inpatient or follow-up care for a particular 6280
mother or newborn that are consistent with the care required to 6281
be covered by this section; 6282

(2) Establish or offer monetary or other financial 6283
incentives for the purpose of encouraging a person to decline 6284
the inpatient or follow-up care required to be covered by this 6285
section. 6286

(D) This section does not do any of the following: 6287

(1) Require the medicaid program to cover inpatient or 6288
follow-up care that is not received in accordance with the 6289
program's terms pertaining to the health care professionals and 6290
facilities from which a medicaid recipient is authorized to 6291
receive health care services. 6292

(2) Require a mother or newborn to stay in a hospital or 6293
other inpatient setting for a fixed period of time following 6294
delivery; 6295

(3) Require a child to be delivered in a hospital or other 6296
inpatient setting; 6297

(4) Authorize a certified nurse-midwife to practice beyond 6298
the authority to practice nurse-midwifery in accordance with 6299
Chapter 4723. of the Revised Code; 6300

(5) Establish minimum standards of medical diagnosis, 6301
care, or treatment for inpatient or follow-up care for a mother 6302
or newborn. A deviation from the care required to be covered 6303
under this section shall not, on the basis of this section, give 6304
rise to a medical claim or derivative medical claim, as those 6305
terms are defined in section 2305.113 of the Revised Code. 6306

Section 2. That existing sections 1.64, 1751.67, 2133.211, 6307
2305.113, 2305.234, 2317.02, 2919.171, 2921.22, 2925.61, 6308
3701.351, 3701.926, 3705.16, 3719.06, 3719.121, 3727.06, 6309
3923.233, 3923.301, 3923.63, 3923.64, 4713.02, 4723.01, 4723.02, 6310
4723.03, 4723.05, 4723.06, 4723.07, 4723.08, 4723.09, 4723.10, 6311
4723.151, 4723.16, 4723.24, 4723.25, 4723.271, 4723.28, 4723.32, 6312
4723.341, 4723.36, 4723.41, 4723.42, 4723.432, 4723.44, 4723.46, 6313
4723.481, 4723.482, 4723.486, 4723.487, 4723.488, 4723.49, 6314
4723.491, 4723.71, 4723.88, 4723.99, 4729.01, 4729.39, 4731.22, 6315
4731.281, 4731.35, 4755.48, 4755.481, 4761.17, 5120.55, and 6316

5164.07 and sections 4723.43, 4723.431, 4723.47, 4723.48,
4723.484, 4723.485, 4723.492, 4723.50, and 4731.27 of the
Revised Code are hereby repealed.

Section 3. Section 4755.48 of the Revised Code is
presented in this act as a composite of the section as amended
by both Am. Sub. H.B. 284 and Sub. S.B. 141 of the 129th General
Assembly. 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 composite is the resulting version of
the section in effect prior to the effective date of the section
as presented in this act.