

**As Introduced**

**135th General Assembly  
Regular Session  
2023-2024**

**S. B. No. 196**

**Senator Roegner**

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**A BILL**

To amend sections 173.521, 173.542, 940.09, 1  
1347.08, 1561.12, 1571.012, 1751.84, 3304.23, 2  
3309.22, 3313.716, 3319.141, 3501.382, 3701.046, 3  
3701.144, 3701.162, 3701.262, 3701.47, 3701.48, 4  
3701.50, 3701.59, 3701.74, 3705.30, 3705.33, 5  
3705.35, 3707.08, 3710.07, 3721.01, 3721.011, 6  
3721.041, 3727.19, 3742.03, 3742.04, 3742.07, 7  
3901.56, 3923.25, 3923.84, 4113.23, 4506.07, 8  
4507.06, 4507.08, 4507.081, 4507.141, 4507.30, 9  
4511.81, 4729.284, 4729.41, 4729.45, 4729.47, 10  
5120.17, 5120.21, 5145.22, and 5739.01 and to 11  
enact sections 4723.436 and 4723.4812 of the 12  
Revised Code regarding the authority of advanced 13  
practice registered nurses, and to amend the 14  
version of section 3705.30 of the Revised Code 15  
that is scheduled to take effect on September 16  
30, 2024, to continue the changes to that 17  
section on and after that date. 18

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

**Section 1.** That sections 173.521, 173.542, 940.09, 19  
1347.08, 1561.12, 1571.012, 1751.84, 3304.23, 3309.22, 3313.716, 20

3319.141, 3501.382, 3701.046, 3701.144, 3701.162, 3701.262, 21  
3701.47, 3701.48, 3701.50, 3701.59, 3701.74, 3705.30, 3705.33, 22  
3705.35, 3707.08, 3710.07, 3721.01, 3721.011, 3721.041, 3727.19, 23  
3742.03, 3742.04, 3742.07, 3901.56, 3923.25, 3923.84, 4113.23, 24  
4506.07, 4507.06, 4507.08, 4507.081, 4507.141, 4507.30, 4511.81, 25  
4729.284, 4729.41, 4729.45, 4729.47, 5120.17, 5120.21, 5145.22, 26  
and 5739.01 be amended and sections 4723.436 and 4723.4812 of 27  
the Revised Code be enacted to read as follows: 28

**Sec. 173.521.** (A) The department of aging shall establish 29  
a home first component of the PASSPORT program under which 30  
eligible individuals may be enrolled in the medicaid-funded 31  
component of the PASSPORT program in accordance with this 32  
section. An individual is eligible for the PASSPORT program's 33  
home first component if both of the following apply: 34

(1) The individual has been determined to be eligible for 35  
the medicaid-funded component of the PASSPORT program. 36

(2) At least one of the following applies: 37

(a) The individual has been admitted to a nursing 38  
facility. 39

(b) A physician, certified nurse-midwife if authorized as 40  
described in section 4723.436 of the Revised Code, clinical 41  
nurse specialist, or certified nurse practitioner has determined 42  
and documented in writing that the individual has a medical 43  
condition that, unless the individual is enrolled in home and 44  
community-based services such as the PASSPORT program, will 45  
require the individual to be admitted to a nursing facility 46  
within thirty days of the physician's or nurse's determination. 47

(c) The individual has been hospitalized and a physician,  48  
certified nurse-midwife if authorized as described in section 49

4723.436 of the Revised Code, clinical nurse specialist, or 50  
certified nurse practitioner has determined and documented in 51  
writing that, unless the individual is enrolled in home and 52  
community-based services such as the PASSPORT program, the 53  
individual is to be transported directly from the hospital to a 54  
nursing facility and admitted. 55

(d) Both of the following apply: 56

(i) The individual is the subject of a report made under 57  
section 5101.63 of the Revised Code regarding abuse, neglect, or 58  
exploitation or such a report referred to a county department of 59  
job and family services under section 5126.31 of the Revised 60  
Code or has made a request to a county department for protective 61  
services as defined in section 5101.60 of the Revised Code. 62

(ii) A county department of job and family services and an 63  
area agency on aging have jointly documented in writing that, 64  
unless the individual is enrolled in home and community-based 65  
services such as the PASSPORT program, the individual should be 66  
admitted to a nursing facility. 67

(B) Each month, each area agency on aging shall identify 68  
individuals residing in the area that the agency serves who are 69  
eligible for the home first component of the PASSPORT program. 70  
When an area agency on aging identifies such an individual, the 71  
agency shall notify the long-term care consultation program 72  
administrator serving the area in which the individual resides. 73  
The administrator shall determine whether the PASSPORT program 74  
is appropriate for the individual and whether the individual 75  
would rather participate in the PASSPORT program than continue 76  
or begin to reside in a nursing facility. If the administrator 77  
determines that the PASSPORT program is appropriate for the 78  
individual and the individual would rather participate in the 79

PASSPORT program than continue or begin to reside in a nursing facility, the administrator shall so notify the department of aging. On receipt of the notice from the administrator, the department shall approve the individual's enrollment in the medicaid-funded component of the PASSPORT program regardless of the unified waiting list established under section 173.55 of the Revised Code, unless the enrollment would cause the component to exceed any limit on the number of individuals who may be enrolled in the component as set by the United States secretary of health and human services in the PASSPORT waiver.

**Sec. 173.542.** (A) The department of aging shall establish a home first component of the assisted living program under which eligible individuals may be enrolled in the medicaid-funded component of the assisted living program in accordance with this section. An individual is eligible for the assisted living program's home first component if both of the following apply:

(1) The individual has been determined to be eligible for the medicaid-funded component of the assisted living program.

(2) At least one of the following applies:

(a) The individual has been admitted to a nursing facility.

(b) A physician, certified nurse-midwife if authorized as described in section 4723.436 of the Revised Code, clinical nurse specialist, or certified nurse practitioner has determined and documented in writing that the individual has a medical condition that, unless the individual is enrolled in home and community-based services such as the assisted living program, will require the individual to be admitted to a nursing facility

within thirty days of the physician's or nurse's determination. 109

(c) The individual has been hospitalized and a physician, certified nurse-midwife if authorized as described in section 4723.436 of the Revised Code, clinical nurse specialist, or certified nurse practitioner has determined and documented in writing that, unless the individual is enrolled in home and community-based services such as the assisted living program, the individual is to be transported directly from the hospital to a nursing facility and admitted. 110  
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(d) Both of the following apply: 118

(i) The individual is the subject of a report made under section 5101.63 of the Revised Code regarding abuse, neglect, or exploitation or such a report referred to a county department of job and family services under section 5126.31 of the Revised Code or has made a request to a county department for protective services as defined in section 5101.60 of the Revised Code. 119  
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(ii) A county department of job and family services and an area agency on aging have jointly documented in writing that, unless the individual is enrolled in home and community-based services such as the assisted living program, the individual should be admitted to a nursing facility. 125  
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(B) Each month, each area agency on aging shall identify individuals residing in the area that the area agency on aging serves who are eligible for the home first component of the assisted living program. When an area agency on aging identifies such an individual and determines that there is a vacancy in a residential care facility participating in the medicaid-funded component of the assisted living program that is acceptable to the individual, the agency shall notify the long-term care 130  
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consultation program administrator serving the area in which the individual resides. The administrator shall determine whether the assisted living program is appropriate for the individual and whether the individual would rather participate in the assisted living program than continue or begin to reside in a nursing facility. If the administrator determines that the assisted living program is appropriate for the individual and the individual would rather participate in the assisted living program than continue or begin to reside in a nursing facility, the administrator shall so notify the department of aging. On receipt of the notice from the administrator, the department shall approve the individual's enrollment in the medicaid-funded component of the assisted living program regardless of the unified waiting list established under section 173.55 of the Revised Code, unless the enrollment would cause the component to exceed any limit on the number of individuals who may participate in the component as set by the United States secretary of health and human services in the assisted living waiver.

**Sec. 940.09.** ~~(A)As~~ (A) As used in this section:

(1) "Receiving employee" means an employee of a soil and water conservation district who receives donated sick leave as authorized by this section.

(2) "Donating employee" means an employee of a soil and water conservation district who donates sick leave as authorized by this section.

(3) "Paid leave" has the same meaning as in section 124.391 of the Revised Code.

(4) "Full-time employee" means an employee of a soil and

water conservation district whose regular hours of service for 167  
the district total forty hours per week or who renders any other 168  
standard of service accepted as full-time by the district. 169

(5) "Full-time limited hours employee" means an employee 170  
of a soil and water conservation district whose regular hours of 171  
service for the district total twenty-five to thirty-nine hours 172  
per week or who renders any other standard of service accepted 173  
as full-time limited hours by the district. 174

(B) (1) An employee of a soil and water conservation 175  
district is eligible to become a receiving employee if the 176  
employee is a full-time employee, or a full-time limited hours 177  
employee, who has completed the prescribed probationary period, 178  
has used up all accrued paid leave, and has been placed on an 179  
approved, unpaid, medical-related leave of absence for a period 180  
of at least thirty consecutive working days because of the 181  
employee's own serious illness or because of a serious illness 182  
of a member of the employee's immediate family. 183

(2) An employee who desires to become a receiving employee 184  
shall submit to the board of supervisors of the employing soil 185  
and water conservation district, along with a satisfactory 186  
~~physician's certification by a physician, certified nurse-~~ 187  
midwife, clinical nurse specialist, or certified nurse 188  
practitioner, a written request for donated sick leave. The 189  
board of supervisors shall determine whether the employee is 190  
eligible to become a receiving employee and shall approve the 191  
request if it determines the employee is eligible. 192

(C) (1) A board of supervisors that approves a request for 193  
an employee to become a receiving employee shall forward the 194  
approved application to a committee that the Ohio association of 195  
soil and water conservation district employees shall appoint to 196

act as a clearinghouse for the donation of sick leave under this 197  
section. The committee shall post notice for not less than ten 198  
days informing all employees of soil and water conservation 199  
districts throughout the state that it has received an approved 200  
application to become a receiving employee. 201

(2) A soil and water conservation district employee 202  
desiring to become a donating employee shall complete and submit 203  
a sick leave donation form to the employee's immediate 204  
supervisor within twenty days after the date of the initial 205  
posting of the notice described in division (C) (1) of this 206  
section. If the board of supervisors of the employing district 207  
of an employee desiring to become a donating employee approves 208  
the sick leave donation, the board shall forward to the 209  
committee, together with a check equal to the total value of the 210  
sick leave donation, a copy of the sick leave donation form, and 211  
the board shall notify the receiving employee regarding the 212  
donation. 213

(D) If the committee described in division (C) (1) of this 214  
section receives a sick leave donation form and a check from a 215  
board of supervisors, the committee shall deposit the check into 216  
an account that it shall establish to be used to dispense funds 217  
to the employing district of a receiving employee. The committee 218  
shall notify the board of supervisors of the employing district 219  
of a receiving employee of the amount of sick leave donated. The 220  
board of supervisors shall bill the committee during each pay 221  
period for the receiving employee's gross hourly wages in an 222  
amount that does not exceed the amount donated to the receiving 223  
employee. The board of supervisors, with the approval of the 224  
county auditor, shall provide for the deposit into its 225  
appropriate payroll account of any payments it receives for the 226  
benefit of a receiving employee. 227



(E) The donation and receipt of sick leave under this section is subject to all of the following:	228 229
(1) All donations of sick leave shall be voluntary.	230
(2) A donating employee is eligible to donate not less than eight hours and not more than eighty hours of sick leave during the same calendar year.	231 232 233
(3) The value of an hour of sick leave donated is the value of the donating employee's gross hourly wage. The number of hours received by a receiving employee from a donating employee shall be a number that, when multiplied by the receiving employee's gross hourly wage, equals the amount resulting when the donating employee's gross hourly wage is multiplied by the number of hours of sick leave donated.	234 235 236 237 238 239 240
(4) No paid leave shall accrue to a receiving employee for any compensation received through donated sick leave, and the receipt of donated sick leave does not affect the date on which a receiving employee first qualifies for continuation of health insurance coverage.	241 242 243 244 245
(5) If a receiving employee does not use all donated sick leave during the period of the employee's leave of absence, the unused balance shall remain in the account that the committee described in division (C) (1) of this section established under division (D) of this section and shall be used to dispense funds in the future to the employing district of a receiving employee.	246 247 248 249 250 251
<b>Sec. 1347.08.</b> (A) Every state or local agency that maintains a personal information system, upon the request and the proper identification of any person who is the subject of personal information in the system, shall:	252 253 254 255
(1) Inform the person of the existence of any personal	256

information in the system of which the person is the subject; 257

(2) Except as provided in divisions (C) and (E) (2) of this 258  
section, permit the person, the person's legal guardian, or an 259  
attorney who presents a signed written authorization made by the 260  
person, to inspect all personal information in the system of 261  
which the person is the subject; 262

(3) Inform the person about the types of uses made of the 263  
personal information, including the identity of any users 264  
usually granted access to the system. 265

(B) Any person who wishes to exercise a right provided by 266  
this section may be accompanied by another individual of the 267  
person's choice. 268

(C) (1) A state or local agency, upon request, shall 269  
disclose medical, psychiatric, or psychological information to a 270  
person who is the subject of the information or to the person's 271  
legal guardian, unless ~~a physician, psychiatrist, or~~ 272  
~~psychologist~~ one of the following determines for the agency that 273  
the disclosure of the information is likely to have an adverse 274  
effect on the person, ~~in which case:~~ a physician, including such 275  
a person who specializes as a psychiatrist; an advanced practice 276  
registered nurse, including such a person who specializes as a 277  
psychiatric-mental health nurse practitioner or psychiatric 278  
clinical nurse specialist; or a psychologist. If such a 279  
determination is made, the information shall be released to a ~~—~~ 280  
~~physician, psychiatrist, or psychologist~~ one of the following 281  
who is designated by the person or by the person's legal 282  
guardian: a physician, including such a person who specializes 283  
as a psychiatrist; an advanced practice registered nurse, 284  
including such a person who specializes as a psychiatric-mental 285  
health nurse practitioner or psychiatric clinical nurse 286

specialist; or a psychologist. 287

(2) Upon the signed written request of ~~either~~ a licensed 288  
attorney at law ~~or,~~ a licensed physician, or an advanced 289  
practice registered nurse designated by the inmate, together 290  
with the signed written request of an inmate of a correctional 291  
institution under the administration of the department of 292  
rehabilitation and correction, the department shall disclose 293  
medical information to the designated attorney ~~or,~~ physician, or 294  
advanced practice registered nurse as provided in division (C) 295  
of section 5120.21 of the Revised Code. 296

(D) If an individual who is authorized to inspect personal 297  
information that is maintained in a personal information system 298  
requests the state or local agency that maintains the system to 299  
provide a copy of any personal information that the individual 300  
is authorized to inspect, the agency shall provide a copy of the 301  
personal information to the individual. Each state and local 302  
agency may establish reasonable fees for the service of copying, 303  
upon request, personal information that is maintained by the 304  
agency. 305

(E) (1) This section regulates access to personal 306  
information that is maintained in a personal information system 307  
by persons who are the subject of the information, but does not 308  
limit the authority of any person, including a person who is the 309  
subject of personal information maintained in a personal 310  
information system, to inspect or have copied, pursuant to 311  
section 149.43 of the Revised Code, a public record as defined 312  
in that section. 313

(2) This section does not provide a person who is the 314  
subject of personal information maintained in a personal 315  
information system, the person's legal guardian, or an attorney 316

authorized by the person, with a right to inspect or have 317  
copied, or require an agency that maintains a personal 318  
information system to permit the inspection of or to copy, a 319  
confidential law enforcement investigatory record or trial 320  
preparation record, as defined in divisions (A) (2) and (4) of 321  
section 149.43 of the Revised Code. 322

(F) This section does not apply to any of the following: 323

(1) The contents of an adoption file maintained by the 324  
department of health under sections 3705.12 to 3705.124 of the 325  
Revised Code; 326

(2) Information contained in the putative father registry 327  
established by section 3107.062 of the Revised Code, regardless 328  
of whether the information is held by the department of job and 329  
family services or, pursuant to section 3111.69 of the Revised 330  
Code, the office of child support in the department or a child 331  
support enforcement agency; 332

(3) Papers, records, and books that pertain to an adoption 333  
and that are subject to inspection in accordance with section 334  
3107.17 of the Revised Code; 335

(4) Records specified in division (A) of section 3107.52 336  
of the Revised Code; 337

(5) Records that identify an individual described in 338  
division (A) (1) of section 3721.031 of the Revised Code, or that 339  
would tend to identify such an individual; 340

(6) Files and records that have been expunged under 341  
division (D) (1) or (2) of section 3721.23 of the Revised Code; 342

(7) Records that identify an individual described in 343  
division (A) (1) of section 3721.25 of the Revised Code, or that 344

would tend to identify such an individual; 345

(8) Records that identify an individual described in 346  
division (A)(1) of section 5165.88 of the Revised Code, or that 347  
would tend to identify such an individual; 348

(9) Test materials, examinations, or evaluation tools used 349  
in an examination for licensure as a nursing home administrator 350  
that the board of executives of long-term services and supports 351  
administers under section 4751.15 of the Revised Code or 352  
contracts under that section with a private or government entity 353  
to administer; 354

(10) Information contained in a database established and 355  
maintained pursuant to section 5101.13 of the Revised Code; 356

(11) Information contained in a database established and 357  
maintained pursuant to section 5101.631 of the Revised Code. 358

**Sec. 1561.12.** An applicant for any examination or 359  
certificate under this section shall, before being examined, 360  
register the applicant's name with the chief of the division of 361  
mineral resources management and file with the chief an 362  
affidavit as to all matters of fact establishing the applicant's 363  
right to receive the examination and a certificate from a 364  
reputable and disinterested physician, clinical nurse 365  
specialist, or certified nurse practitioner as to the physical 366  
condition of the applicant showing that the applicant is 367  
physically capable of performing the duties of the office or 368  
position. 369

Each applicant for examination for any of the following 370  
positions shall present evidence satisfactory to the chief that 371  
the applicant has been a resident and citizen of this state for 372  
two years next preceding the date of application: 373

(A) An applicant for the position of deputy mine inspector 374  
of underground mines shall have had actual practical experience 375  
of not less than six years in underground mines. In lieu of two 376  
of the six years of actual practical experience required in 377  
underground mines, the chief may accept as the equivalent 378  
thereof a certificate evidencing graduation from an accredited 379  
school of mines or mining, after a four-year course of study. 380

The applicant shall pass an examination as to the 381  
applicant's practical and technological knowledge of mine 382  
surveying, mining machinery, and appliances; the proper 383  
development and operation of mines; the best methods of working 384  
and ventilating mines; the nature, properties, and powers of 385  
noxious, poisonous, and explosive gases, particularly methane; 386  
the best means and methods of detecting, preventing, and 387  
removing the accumulation of such gases; the use and operation 388  
of gas detecting devices and appliances; first aid to the 389  
injured; and the uses and dangers of electricity as applied and 390  
used in, at, and around mines. The applicant shall also hold a 391  
certificate for foreperson of gaseous mines issued by the chief. 392

(B) An applicant for the position of deputy mine inspector 393  
of surface mines shall have had actual practical mining 394  
experience of not less than six years in surface mines. In lieu 395  
of two of the six years of actual practical experience required, 396  
the chief may accept as the equivalent thereof a certificate 397  
evidencing graduation from an accredited school of mines or 398  
mining, after a four-year course of study. The applicant shall 399  
pass an examination as to the applicant's practical and 400  
technological knowledge of surface mine surveying, machinery, 401  
and appliances; the proper development and operations of surface 402  
mines; first aid to the injured; and the use and dangers of 403  
explosives and electricity as applied and used in, at, and 404

around surface mines. The applicant shall also hold a surface 405  
mine foreperson certificate issued by the chief. 406

(C) An applicant for the position of electrical inspector 407  
shall have had at least five years' practical experience in the 408  
installation and maintenance of electrical circuits and 409  
equipment in mines, and the applicant shall be thoroughly 410  
familiar with the principles underlying the safety features of 411  
permissible and approved equipment as authorized and used in 412  
mines. 413

The applicant shall be required to pass the examination 414  
required for deputy mine inspectors and an examination testing 415  
and determining the applicant's qualification and ability to 416  
competently inspect and administer the mining law that relates 417  
to electricity used in and around mines and mining in this 418  
state. 419

(D) An applicant for the position of superintendent or 420  
assistant superintendent of rescue stations shall possess the 421  
same qualifications as those required for a deputy mine 422  
inspector. In addition, the applicant shall present evidence 423  
satisfactory to the chief that the applicant is sufficiently 424  
qualified and trained to organize, supervise, and conduct group 425  
training classes in first aid, safety, and rescue work. 426

The applicant shall pass the examination required for 427  
deputy mine inspectors and shall be tested as to the applicant's 428  
practical and technological experience and training in first 429  
aid, safety, and mine rescue work. 430

(E) An applicant for the position of mine chemist shall 431  
have such educational training as is represented by the degree 432  
MS in chemistry from a university of recognized standing, and at 433

least five years of actual practical experience in research work 434  
in chemistry or as an assistant chemist. The chief may provide 435  
that an equivalent combination of education and experience 436  
together with a wide knowledge of the methods of and skill in 437  
chemical analysis and research may be accepted in lieu of the 438  
above qualifications. It is preferred that the chemist shall 439  
have had actual experience in mineralogy and metallurgy. 440

**Sec. 1571.012.** An applicant for the position of gas 441  
storage well inspector shall register the applicant's name with 442  
the chief of the division of oil and gas resources management 443  
and file with the chief an affidavit as to all matters of fact 444  
establishing the applicant's right to take the examination for 445  
that position and a certificate from a reputable and 446  
disinterested physician, clinical nurse specialist, or certified 447  
nurse practitioner as to the physical condition of the applicant 448  
showing that the applicant is physically capable of performing 449  
the duties of the position. The applicant also shall present 450  
evidence satisfactory to the chief that the applicant has been a 451  
resident and citizen of this state for at least two years next 452  
preceding the date of application. 453

An applicant shall possess the same qualifications as an 454  
applicant for the position of deputy mine inspector established 455  
in section 1561.12 of the Revised Code. In addition, the 456  
applicant shall have practical knowledge and experience of and 457  
in the operation, location, drilling, maintenance, and 458  
abandonment of oil and gas wells, especially in coal or mineral 459  
bearing townships, and shall have a thorough knowledge of the 460  
latest and best method of plugging and sealing abandoned oil and 461  
gas wells. 462

An applicant for gas storage well inspector shall pass an 463



examination conducted by the chief to determine the applicant's 464  
fitness to act as gas storage well inspector before being 465  
eligible for appointment. 466

**Sec. 1751.84.** (A) Notwithstanding section 3901.71 of the 467  
Revised Code, each individual and group health insuring 468  
corporation policy, contract, or agreement providing basic 469  
health care services that is delivered, issued for delivery, or 470  
renewed in this state shall provide coverage for the screening, 471  
diagnosis, and treatment of autism spectrum disorder. A health 472  
insuring corporation shall not terminate an individual's 473  
coverage, or refuse to deliver, execute, issue, amend, adjust, 474  
or renew coverage to an individual solely because the individual 475  
is diagnosed with or has received treatment for an autism 476  
spectrum disorder. Nothing in this section shall be applied to 477  
nongrandfathered plans in the individual and small group markets 478  
or to medicare supplement, accident-only, specified disease, 479  
hospital indemnity, disability income, long-term care, or other 480  
limited benefit hospital insurance policies. Except as otherwise 481  
provided in division (B) of this section, coverage under this 482  
section shall not be subject to dollar limits, deductibles, or 483  
coinsurance provisions that are less favorable to an enrollee 484  
than the dollar limits, deductibles, or coinsurance provisions 485  
that apply to substantially all medical and surgical benefits 486  
under the policy, contract, or agreement. 487

(B) Benefits provided under this section shall cover, at 488  
minimum, all of the following: 489

(1) For speech and language therapy or occupational 490  
therapy for an enrollee under the age of fourteen that is 491  
performed by a licensed therapist, twenty visits per year for 492  
each service; 493

(2) For clinical therapeutic intervention for an enrollee 494  
under the age of fourteen that is provided by or under the 495  
supervision of a professional who is licensed, certified, or 496  
registered by an appropriate agency of this state to perform 497  
such services in accordance with a health treatment plan, twenty 498  
hours per week; 499

(3) For mental or behavioral health outpatient services 500  
for an enrollee under the age of fourteen that are performed by 501  
~~a licensed psychologist, psychiatrist, or physician~~ any of the 502  
following providing consultation, assessment, development, or 503  
oversight of treatment plans, thirty visits per year: 504

(a) A licensed psychologist; 505

(b) A licensed physician, including a psychiatrist; 506

(c) A clinical nurse specialist or certified nurse 507  
practitioner, including a psychiatric-mental health advanced 508  
practice registered nurse or a clinical nurse specialist or 509  
certified nurse practitioner specializing in pediatric or family 510  
health. 511

(C) (1) Except as provided in division (C) (2) of this 512  
section, this section shall not be construed as limiting 513  
benefits that are otherwise available to an individual under a 514  
policy, contract, or agreement. 515

(2) A policy, contract, or agreement shall stipulate that 516  
coverage provided under this section be contingent upon both of 517  
the following: 518

(a) The covered individual receiving prior authorization 519  
for the services in question; 520

(b) The services in question being prescribed or ordered 521

by ~~either a developmental pediatrician or a~~ psychologist trained 522  
in autism, a developmental pediatrician, or a clinical nurse 523  
specialist or certified nurse practitioner specializing in 524  
pediatric health. 525

(D) (1) Except for inpatient services, if an enrollee is 526  
receiving treatment for an autism spectrum disorder, a health 527  
insuring corporation may review the treatment plan annually, 528  
unless the health insuring corporation and the enrollee's 529  
treating physician, clinical nurse specialist, certified nurse 530  
practitioner, or psychologist agree that a more frequent review 531  
is necessary. 532

(2) Any such agreement as described in division (D) (1) of 533  
this section shall apply only to a particular enrollee being 534  
treated for an autism spectrum disorder and shall not apply to 535  
all individuals being treated for autism spectrum disorder by a 536  
physician, clinical nurse specialist, certified nurse 537  
practitioner, or psychologist. 538

(3) The health insuring corporation shall cover the cost 539  
of obtaining any review or treatment plan. 540

(E) This section shall not be construed as affecting any 541  
obligation to provide services to an enrollee under an 542  
individualized family service plan, an individualized education 543  
program, or an individualized service plan. 544

(F) As used in this section: 545

(1) "Applied behavior analysis" means the design, 546  
implementation, and evaluation of environmental modifications, 547  
using behavioral stimuli and consequences, to produce socially 548  
significant improvement in human behavior, including the use of 549  
direct observation, measurement, and functional analysis of the 550

relationship between environment and behavior.	551
(2) "Autism spectrum disorder" means any of the pervasive developmental disorders or autism spectrum disorder as defined by the most recent edition of the diagnostic and statistical manual of mental disorders published by the American psychiatric association available at the time an individual is first evaluated for suspected developmental delay.	552 553 554 555 556 557
(3) "Clinical therapeutic intervention" means therapies supported by empirical evidence, which include, but are not limited to, applied behavioral analysis, that satisfy both of the following:	558 559 560 561
(a) Are necessary to develop, maintain, or restore, to the maximum extent practicable, the function of an individual;	562 563
(b) Are provided by or under the supervision of any of the following:	564 565
(i) A certified Ohio behavior analyst as defined in section 4783.01 of the Revised Code;	566 567
(ii) An individual licensed under Chapter 4732. of the Revised Code to practice psychology;	568 569
(iii) An individual licensed under Chapter 4757. of the Revised Code to practice professional counseling, social work, or marriage and family therapy.	570 571 572
(4) "Diagnosis of autism spectrum disorder" means medically necessary assessments, evaluations, or tests to diagnose whether an individual has an autism spectrum disorder.	573 574 575
(5) "Pharmacy care" means <u>prescribed</u> medications <del>prescribed by a licensed physician</del> and any health-related services considered medically necessary to determine the need or	576 577 578

effectiveness of the medications. 579

(6) "Psychiatric care" means direct or consultative 580  
services provided by a psychiatrist or psychiatric-mental health 581  
advanced practice registered nurse who is licensed in the state 582  
in which the psychiatrist or nurse practices. 583

(7) "Psychiatric-mental health advanced practice 584  
registered nurse" means an advanced practice registered nurse 585  
who is either of the following: 586

(a) A clinical nurse specialist who is certified as a 587  
psychiatric-mental health CNS by the American nurses 588  
credentialing center; 589

(b) A certified nurse practitioner who is certified as a 590  
psychiatric-mental health NP by the American nurses 591  
credentialing center. 592

(8) "Psychological care" means direct or consultative 593  
services provided by a psychologist licensed in the state in 594  
which the psychologist practices. 595

~~(8)~~ (9) "Therapeutic care" means services provided by a 596  
speech therapist, occupational therapist, or physical therapist 597  
licensed or certified in the state in which the person 598  
practices. 599

~~(9)~~ (10) "Treatment for autism spectrum disorder" means 600  
evidence-based care and related equipment prescribed or ordered 601  
for an individual diagnosed with an autism spectrum disorder, by 602  
a licensed physician who is a developmental pediatrician ~~or a~~, 603  
licensed psychologist trained in autism, clinical nurse 604  
specialist or certified nurse practitioner specializing in 605  
pediatric health, or clinical nurse specialist or certified 606  
nurse practitioner trained in autism who determines the care and 607

related equipment to be medically necessary, including any of 608  
the following: 609

(a) Clinical therapeutic intervention; 610

(b) Pharmacy care; 611

(c) Psychiatric care; 612

(d) Psychological care; 613

(e) Therapeutic care. 614

(G) If any provision of this section or the application 615  
thereof to any person or circumstances is for any reason held to 616  
be invalid, the remainder of the section and the application of 617  
such remainder to other persons or circumstances shall not be 618  
affected thereby. 619

**Sec. 3304.23.** (A) As used in this section: 620

(1) "Clinical nurse specialist" and "certified nurse 621  
practitioner" have the same meanings as in section 4723.01 of 622  
the Revised Code. 623

(2) "Communication disability" means a human condition 624  
involving an impairment in the human's ability to receive, send, 625  
process, or comprehend concepts or verbal, nonverbal, or graphic 626  
symbol systems that may result in a primary disability or may be 627  
secondary to other disabilities. 628

~~(2)~~(3) "Disability that can impair communication" means a 629  
human condition with symptoms that can impair the human's 630  
ability to receive, send, process, or comprehend concepts or 631  
verbal, nonverbal, or graphic symbol systems. 632

~~(3)~~(4) "Guardian" has the same meaning as in section 633  
2111.01 of the Revised Code. 634

~~(4)~~(5) "Physician" means a person licensed to practice 635  
medicine or surgery or osteopathic medicine and surgery under 636  
Chapter 4731. of the Revised Code. 637

~~(5)~~(6) "Psychiatrist" has the same meaning as in section 638  
5122.01 of the Revised Code. 639

~~(6)~~(7) "Psychologist" has the same meaning as in section 640  
4732.01 of the Revised Code. 641

(B) The opportunities for Ohioans with disabilities agency 642  
shall develop a verification form for a person diagnosed with a 643  
communication disability or a disability that can impair 644  
communication to be submitted voluntarily to the department of 645  
public safety so that the person may be included in the database 646  
established under section 5502.08 of the Revised Code. The same 647  
form shall be used to indicate that the person wishes to be 648  
removed from the database in accordance with division (F) of 649  
section 5502.08 of the Revised Code. 650

(C) The form shall include the following information: 651

(1) The name of the person diagnosed with a communication 652  
disability or a disability that can impair communication; 653

(2) The name of the person completing the form on behalf 654  
of the person diagnosed with a communication disability or a 655  
disability that can impair communication, if applicable; 656

(3) The relationship between the person completing the 657  
form and the person diagnosed with a communication disability or 658  
a disability that can impair communication, if applicable; 659

(4) The driver's license number or state identification 660  
card number issued to the person diagnosed with a communication 661  
disability or a disability that can impair communication, if 662

that person has such a number; 663

(5) The license plate number of each vehicle owned, 664  
operated, or regularly occupied by the person diagnosed with a 665  
communication disability or a disability that can impair 666  
communication or registered in that person's name; 667

(6) A ~~physician, psychiatrist, or psychologist's signed~~ 668  
certification that the person has been diagnosed with a 669  
communication disability or a disability that can impair 670  
communication, signed by a psychiatrist or other physician, a 671  
psychologist, a clinical nurse specialist, or a certified nurse 672  
practitioner; 673

(7) The name, business address, business telephone number, 674  
and ~~medical professional license number of the physician,~~ 675  
~~psychiatrist, or psychologist professional~~ making the 676  
certification described in division (C)(6) of this section; 677

(8) The signature of the person diagnosed with a 678  
communication disability or a disability that can impair 679  
communication or the signature of the person completing the form 680  
on behalf of such a person; 681

(9) A place where the person diagnosed with a 682  
communication disability or a disability that can impair 683  
communication or the person completing the form on behalf of 684  
such a person may indicate the desire to be removed from the 685  
database. 686

(D) Any of the following persons may complete the 687  
verification form: 688

(1) Any person diagnosed with a communication disability 689  
or a disability that can impair communication who is eighteen 690  
years of age or older; 691



(2) The parent or parents of a minor child diagnosed with a communication disability or a disability that can impair communication;

(3) The guardian of a person diagnosed with a communication disability or a disability that can impair communication, regardless of the age of the person.

(E) The opportunities for Ohioans with disabilities agency and the department of public safety shall make the verification form electronically available on each of their respective web sites.

**Sec. 3309.22.** (A) (1) As used in this division, "personal history record" means information maintained in any format by the board on an individual who is a member, former member, contributor, former contributor, retirant, or beneficiary that includes the address, electronic mail address, telephone number, social security number, record of contributions, correspondence with the system, and other information the board determines to be confidential.

(2) The records of the board shall be open to public inspection and may be made available in printed or electronic format, except for the following, which shall be excluded, except with the written authorization of the individual concerned:

(a) The individual's statement of previous service and other information as provided for in section 3309.28 of the Revised Code;

(b) Any information identifying by name and address the amount of a monthly allowance or benefit paid to the individual;

(c) The individual's personal history record.

(B) All medical reports and recommendations required by	721
the system are privileged except as follows:	722
(1) Copies of medical reports or recommendations shall be	723
made available to the following:	724
(a) The individual concerned, on written request;	725
(b) The personal physician, <u>certified nurse-midwife,</u>	726
<u>clinical nurse specialist, certified nurse practitioner,</u>	727
attorney, or authorized agent of the individual concerned on	728
written release received from the individual or the individual's	729
agent;	730
(c) The board assigned physician, <u>certified nurse-midwife,</u>	731
<u>clinical nurse specialist, or certified nurse practitioner.</u>	732
(2) Documentation required by section 2929.193 of the	733
Revised Code shall be provided to a court holding a hearing	734
under that section.	735
(C) Any person who is a contributor of the system shall be	736
furnished, on written request, with a statement of the amount to	737
the credit of the person's account. The board need not answer	738
more than one such request of a person in any one year.	739
(D) Notwithstanding the exceptions to public inspection in	740
division (A) (2) of this section, the board may furnish the	741
following information:	742
(1) If a member, former member, contributor, former	743
contributor, or retirant is subject to an order issued under	744
section 2907.15 of the Revised Code or an order issued under	745
division (A) or (B) of section 2929.192 of the Revised Code or	746
is convicted of or pleads guilty to a violation of section	747
2921.41 of the Revised Code, on written request of a prosecutor	748

as defined in section 2935.01 of the Revised Code, the board 749  
shall furnish to the prosecutor the information requested from 750  
the individual's personal history record. 751

(2) Pursuant to a court or administrative order issued 752  
under section 3119.80, 3119.81, 3121.02, 3121.03, or 3123.06 of 753  
the Revised Code, the board shall furnish to a court or child 754  
support enforcement agency the information required under that 755  
section. 756

(3) At the written request of any person, the board shall 757  
provide to the person a list of the names and addresses of 758  
members, former members, retirants, contributors, former 759  
contributors, or beneficiaries. The costs of compiling, copying, 760  
and mailing the list shall be paid by such person. 761

(4) Within fourteen days after receiving from the director 762  
of job and family services a list of the names and social 763  
security numbers of recipients of public assistance pursuant to 764  
section 5101.181 of the Revised Code, the board shall inform the 765  
auditor of state of the name, current or most recent employer 766  
address, and social security number of each contributor whose 767  
name and social security number are the same as that of a person 768  
whose name or social security number was submitted by the 769  
director. The board and its employees shall, except for purposes 770  
of furnishing the auditor of state with information required by 771  
this section, preserve the confidentiality of recipients of 772  
public assistance in compliance with section 5101.181 of the 773  
Revised Code. 774

(5) The system shall comply with orders issued under 775  
section 3105.87 of the Revised Code. 776

On the written request of an alternate payee, as defined 777

in section 3105.80 of the Revised Code, the system shall furnish 778  
to the alternate payee information on the amount and status of 779  
any amounts payable to the alternate payee under an order issued 780  
under section 3105.171 or 3105.65 of the Revised Code. 781

(6) At the request of any person, the board shall make 782  
available to the person copies of all documents, including 783  
resumes, in the board's possession regarding filling a vacancy 784  
of an employee member or retirant member of the board. The 785  
person who made the request shall pay the cost of compiling, 786  
copying, and mailing the documents. The information described in 787  
this division is a public record. 788

(7) The system shall provide the notice required by 789  
section 3309.673 of the Revised Code to the prosecutor assigned 790  
to the case. 791

(8) The system may provide information requested by the 792  
United States social security administration, United States 793  
centers for medicare and medicaid services, Ohio public 794  
employees deferred compensation program, Ohio police and fire 795  
pension fund, state teachers retirement system, public employees 796  
retirement system, state highway patrol retirement system, 797  
Cincinnati retirement system, or a third party that the school 798  
employees retirement board has contracted with for the purpose 799  
of administering any part of this chapter. 800

(E) A statement that contains information obtained from 801  
the system's records that is signed by an officer of the 802  
retirement system and to which the system's official seal is 803  
affixed, or copies of the system's records to which the 804  
signature and seal are attached, shall be received as true 805  
copies of the system's records in any court or before any 806  
officer of this state. 807

**Sec. 3313.716.** (A) Notwithstanding section 3313.713 of the Revised Code or any policy adopted under that section, a student of a school operated by a city, local, exempted village, or joint vocational school district or a student of a chartered nonpublic school may possess and use a metered dose inhaler or a dry powder inhaler to alleviate asthmatic symptoms, or before exercise to prevent the onset of asthmatic symptoms, if both of the following conditions are satisfied:

(1) The student has the written approval of the student's physician, clinical nurse specialist, or certified nurse practitioner and, if the student is a minor, the written approval of the parent, guardian, or other person having care or charge of the student. The physician's or nurse's written approval shall include at least all of the following information:

(a) The student's name and address;

(b) The names and dose of the medication contained in the inhaler;

(c) The date the administration of the medication is to begin;

(d) The date, if known, that the administration of the medication is to cease;

(e) Written instructions that outline procedures school personnel should follow in the event that the asthma medication does not produce the expected relief from the student's asthma attack;

(f) Any severe adverse reactions that may occur to the child using the inhaler and that should be reported to the physician or nurse;

(g) Any severe adverse reactions that may occur to another 837  
child, for whom the inhaler is not prescribed, should such a 838  
child receive a dose of the medication; 839

(h) At least one emergency telephone number for contacting 840  
the physician or nurse in an emergency; 841

(i) At least one emergency telephone number for contacting 842  
the parent, guardian, or other person having care or charge of 843  
the student in an emergency; 844

(j) Any other special instructions from the physician or 845  
nurse. 846

(2) The school principal and, if a school nurse is 847  
assigned to the student's school building, the school nurse has 848  
received copies of the written approvals required by division 849  
(A) (1) of this section. 850

If these conditions are satisfied, the student may possess 851  
and use the inhaler at school or at any activity, event, or 852  
program sponsored by or in which the student's school is a 853  
participant. 854

(B) (1) A school district, member of a school district 855  
board of education, or school district employee is not liable in 856  
damages in a civil action for injury, death, or loss to person 857  
or property allegedly arising from a district employee's 858  
prohibiting a student from using an inhaler because of the 859  
employee's good faith belief that the conditions of divisions 860  
(A) (1) and (2) of this section had not been satisfied. A school 861  
district, member of a school district board of education, or 862  
school district employee is not liable in damages in a civil 863  
action for injury, death, or loss to person or property 864  
allegedly arising from a district employee's permitting a 865

student to use an inhaler because of the employee's good faith 866  
belief that the conditions of divisions (A) (1) and (2) of this 867  
section had been satisfied. Furthermore, when a school district 868  
is required by this section to permit a student to possess and 869  
use an inhaler because the conditions of divisions (A) (1) and 870  
(2) of this section have been satisfied, the school district, 871  
any member of the school district board of education, or any 872  
school district employee is not liable in damages in a civil 873  
action for injury, death, or loss to person or property 874  
allegedly arising from the use of the inhaler by a student for 875  
whom it was not prescribed. 876

This section does not eliminate, limit, or reduce any 877  
other immunity or defense that a school district, member of a 878  
school district board of education, or school district employee 879  
may be entitled to under Chapter 2744. or any other provision of 880  
the Revised Code or under the common law of this state. 881

(2) A chartered nonpublic school or any officer, director, 882  
or employee of the school is not liable in damages in a civil 883  
action for injury, death, or loss to person or property 884  
allegedly arising from a school employee's prohibiting a student 885  
from using an inhaler because of the employee's good faith 886  
belief that the conditions of divisions (A) (1) and (2) of this 887  
section had not been satisfied. A chartered nonpublic school or 888  
any officer, director, or employee of the school is not liable 889  
in damages in a civil action for injury, death, or loss to 890  
person or property allegedly arising from a school employee's 891  
permitting a student to use an inhaler because of the employee's 892  
good faith belief that the conditions of divisions (A) (1) and 893  
(2) of this section had been satisfied. Furthermore, when a 894  
chartered nonpublic school is required by this section to permit 895  
a student to possess and use an inhaler because the conditions 896

of divisions (A) (1) and (2) of this section have been satisfied, 897  
the chartered nonpublic school or any officer, director, or 898  
employee of the school is not liable in damages in a civil 899  
action for injury, death, or loss to person or property 900  
allegedly arising from the use of the inhaler by a student for 901  
whom it was not prescribed. 902

**Sec. 3319.141.** Each person who is employed by any board of 903  
education in this state, except for substitutes, adult education 904  
instructors who are scheduled to work the full-time equivalent 905  
of less than one hundred twenty days per school year, or persons 906  
who are employed on an as-needed, seasonal, or intermittent 907  
basis, shall be entitled to fifteen days sick leave with pay, 908  
for each year under contract, which shall be credited at the 909  
rate of one and one-fourth days per month. Teachers and regular 910  
nonteaching school employees, upon approval of the responsible 911  
administrative officer of the school district, may use sick 912  
leave for absence due to personal illness, pregnancy, injury, 913  
exposure to contagious disease which could be communicated to 914  
others, and for absence due to illness, injury, or death in the 915  
employee's immediate family. Unused sick leave shall be 916  
cumulative up to one hundred twenty work days, unless more than 917  
one hundred twenty days are approved by the employing board of 918  
education. The previously accumulated sick leave of a person who 919  
has been separated from public service, whether accumulated 920  
pursuant to section 124.38 of the Revised Code or pursuant to 921  
this section, shall be placed to the person's credit upon re- 922  
employment in the public service, provided that such re- 923  
employment takes place within ten years of the date of the last 924  
termination from public service. A teacher or nonteaching school 925  
employee who transfers from one public agency to another shall 926  
be credited with the unused balance of the teacher's or 927



nonteaching employee's accumulated sick leave up to the maximum 928  
of the sick leave accumulation permitted in the public agency to 929  
which the employee transfers. Teachers and nonteaching school 930  
employees who render regular part-time, per diem, or hourly 931  
service shall be entitled to sick leave for the time actually 932  
worked at the same rate as that granted like full-time 933  
employees, calculated in the same manner as the ratio of sick 934  
leave granted to hours of service established by section 124.38 935  
of the Revised Code. Each board of education may establish 936  
regulations for the entitlement, crediting and use of sick leave 937  
by those substitute teachers employed by such board pursuant to 938  
section 3319.10 of the Revised Code who are not otherwise 939  
entitled to sick leave pursuant to such section. A board of 940  
education shall require a teacher or nonteaching school employee 941  
to furnish a written, signed statement on forms prescribed by 942  
such board to justify the use of sick leave. If medical 943  
attention is required, the employee's statement shall list the 944  
name and address of the attending physician, certified nurse- 945  
midwife, clinical nurse specialist, or certified nurse 946  
practitioner and the dates when the physician or nurse was 947  
consulted. Nothing in this section shall be construed to waive 948  
the physician-patient or advanced practice registered nurse- 949  
patient privilege provided by section 2317.02 of the Revised 950  
Code. Falsification of a statement is grounds for suspension or 951  
termination of employment under sections 3311.82, 3319.081, and 952  
3319.16 of the Revised Code. No sick leave shall be granted or 953  
credited to a teacher after the teacher's retirement or 954  
termination of employment. 955

Except to the extent used as sick leave, leave granted 956  
under regulations adopted by a board of education pursuant to 957  
section 3311.77 or 3319.08 of the Revised Code shall not be 958

charged against sick leave earned or earnable under this 959  
section. Nothing in this section shall be construed to affect in 960  
any other way the granting of leave pursuant to section 3311.77 961  
or 3319.08 of the Revised Code and any granting of sick leave 962  
pursuant to such section shall be charged against sick leave 963  
accumulated pursuant to this section. 964

This section shall not be construed to interfere with any 965  
unused sick leave credit in any agency of government where 966  
attendance records are maintained and credit has been given for 967  
unused sick leave. Unused sick leave accumulated by teachers and 968  
nonteaching school employees under section 124.38 of the Revised 969  
Code shall continue to be credited toward the maximum 970  
accumulation permitted in accordance with this section. Each 971  
newly hired regular nonteaching and each regular nonteaching 972  
employee of any board of education who has exhausted the 973  
employee's accumulated sick leave shall be entitled to an 974  
advancement of not less than five days of sick leave each year, 975  
as authorized by rules which each board shall adopt, to be 976  
charged against the sick leave the employee subsequently 977  
accumulates under this section. 978

This section shall be uniformly administered. 979

**Sec. 3501.382.** (A) (1) A registered voter who, by reason of 980  
disability, is unable to physically sign the voter's name as a 981  
candidate, signer, or circulator on a declaration of candidacy 982  
and petition, nominating petition, other petition, or other 983  
document under Title XXXV of the Revised Code may authorize a 984  
legally competent resident of this state who is eighteen years 985  
of age or older as an attorney in fact to sign that voter's name 986  
to the petition or other election document, at the voter's 987  
direction and in the voter's presence, in accordance with either 988

of the following procedures:	989
(a) The voter may file with the board of elections of the voter's county of residence a notarized form that includes or has attached all of the following:	990 991 992
(i) The name of the voter who is authorizing an attorney in fact to sign petitions or other election documents on that voter's behalf, at the voter's direction and in the voter's presence;	993 994 995 996
(ii) An attestation of the voter that the voter, by reason of disability, is unable to sign physically petitions or other election documents and that the voter desires the attorney in fact to sign them on the voter's behalf, at the direction of the voter and in the voter's presence;	997 998 999 1000 1001
(iii) The name, residence address, date of birth, and, if applicable, Ohio supreme court registration number of the attorney in fact authorized to sign on the voter's behalf, at the voter's direction and in the voter's presence. A photocopy of the attorney in fact's driver's license or state identification card issued under section 4507.50 of the Revised Code shall be attached to the notarized form.	1002 1003 1004 1005 1006 1007 1008
(iv) The form of the signature that the attorney in fact will use in signing petitions or other election documents on the voter's behalf, at the voter's direction and in the voter's presence.	1009 1010 1011 1012
(b) The voter may acknowledge, before an election official, and file with the board of elections of the voter's county of residence a form that includes or has attached all of the following:	1013 1014 1015 1016
(i) The name of the voter who is authorizing an attorney	1017

in fact to sign petitions or other election documents on that 1018  
voter's behalf, at the voter's direction and in the voter's 1019  
presence; 1020

(ii) An attestation of the voter that the voter, by reason 1021  
of disability, is physically unable to sign petitions or other 1022  
election documents and that the voter desires the attorney in 1023  
fact to sign them on the voter's behalf, at the direction of the 1024  
voter and in the voter's presence; 1025

(iii) An attestation from a licensed physician, clinical 1026  
nurse specialist, or certified nurse practitioner that the voter 1027  
is disabled and, by reason of that disability, is physically 1028  
unable to sign petitions or other election documents; 1029

(iv) The name, residence address, date of birth, and, if 1030  
applicable, Ohio supreme court registration number of the 1031  
attorney in fact authorized to sign on the voter's behalf, at 1032  
the voter's direction and in the voter's presence. A photocopy 1033  
of the attorney in fact's driver's license or state 1034  
identification card issued under section 4507.50 of the Revised 1035  
Code shall be attached to the notarized form. 1036

(v) The form of the signature that the attorney in fact 1037  
will use in signing petitions or other election documents on the 1038  
voter's behalf, at the voter's direction and in the voter's 1039  
presence. 1040

(2) In addition to performing customary notarial acts with 1041  
respect to the power of attorney form described in division (A) 1042  
(1) (a) of this section, the notary public shall acknowledge that 1043  
the voter in question affirmed in the presence of the notary 1044  
public the information listed in divisions (A) (1) (a) (i), (ii), 1045  
and (iii) of this section. A notary public shall not perform any 1046

notarial acts with respect to such a power of attorney form 1047  
unless the voter first gives such an affirmation. Only a notary 1048  
public satisfying the requirements of section 147.01 of the 1049  
Revised Code may perform notarial acts with respect to such a 1050  
power of attorney form. 1051

(B) A board of elections that receives a form under 1052  
division (A) (1) of this section from a voter shall do both of 1053  
the following: 1054

(1) Use the signature provided in accordance with division 1055  
(A) (1) (a) (iv) or (A) (1) (b) (v) of this section for the purpose of 1056  
verifying the voter's signature on all declarations of candidacy 1057  
and petitions, nominating petitions, other petitions, or other 1058  
documents signed by that voter under Title XXXV of the Revised 1059  
Code; 1060

(2) Cause the poll list or signature pollbook for the 1061  
relevant precinct to identify the voter in question as having 1062  
authorized an attorney in fact to sign petitions or other 1063  
election documents on the voter's behalf, at the voter's 1064  
direction and in the voter's presence. 1065

(C) Notwithstanding division (D) of section 3501.38 or any 1066  
other provision of the Revised Code to the contrary, an attorney 1067  
in fact authorized to sign petitions or other election documents 1068  
on a disabled voter's behalf, at the direction of and in the 1069  
presence of that voter, in accordance with division (A) of this 1070  
section may sign that voter's name to any petition or other 1071  
election document under Title XXXV of the Revised Code after the 1072  
power of attorney has been filed with the board of elections in 1073  
accordance with division (A) (1) of this section. The signature 1074  
shall be deemed to be that of the disabled voter, and the voter 1075  
shall be deemed to be the signer. 1076

(D) (1) Notwithstanding division (F) of section 3501.38 or 1077  
any other provision of the Revised Code to the contrary, the 1078  
circulator of a petition may knowingly permit an attorney in 1079  
fact to sign the petition on a disabled voter's behalf, at the 1080  
direction of and in the presence of that voter, in accordance 1081  
with division (A) (1) of this section. 1082

(2) Notwithstanding division (F) of section 3501.38 or any 1083  
other provision of the Revised Code to the contrary, no petition 1084  
paper shall be invalidated on the ground that the circulator 1085  
knowingly permitted an attorney in fact to write a name other 1086  
than the attorney in fact's own name on a petition paper, if 1087  
that attorney in fact signed the petition on a disabled voter's 1088  
behalf, at the direction of and in the presence of that voter, 1089  
in accordance with division (C) of this section. 1090

(E) The secretary of state shall prescribe the form and 1091  
content of the form for the power of attorney prescribed under 1092  
division (A) (1) of this section and also shall prescribe the 1093  
form and content of a distinct form to revoke such a power of 1094  
attorney. 1095

(F) As used in this section, "unable to physically sign" 1096  
means that the person with a disability cannot comply with the 1097  
provisions of section 3501.011 of the Revised Code. A person is 1098  
not "unable to physically sign" if the person is able to comply 1099  
with section 3501.011 through reasonable accommodation, 1100  
including the use of assistive technology or augmentative 1101  
devices. 1102

**Sec. 3701.046.** The director of health is authorized to 1103  
make grants for women's health services from funds appropriated 1104  
for that purpose by the general assembly. 1105

None of the funds received through grants for women's health services shall be used to provide abortion services. None of the funds received through these grants shall be used for counseling for or referrals for abortion, except in the case of a medical emergency. These funds shall be distributed by the director to programs that the department of health determines will provide services that are physically and financially separate from abortion-providing and abortion-promoting activities, and that do not include counseling for or referrals for abortion, other than in the case of medical emergency.

These women's health services include and are limited to the following: pelvic examinations and laboratory testing; breast examinations and patient education on breast cancer; screening for cervical cancer; screening and treatment for sexually transmitted diseases and HIV screening; voluntary choice of contraception, including abstinence and natural family planning; patient education and pre-pregnancy counseling on the dangers of smoking, alcohol, and drug use during pregnancy; education on sexual coercion and violence in relationships; and prenatal care or referral for prenatal care. These health care services shall be provided in a medical clinic setting by persons authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery; authorized under Chapter 4730. of the Revised Code to practice as a physician assistant; licensed under Chapter 4723. of the Revised Code as a registered nurse, including an advanced practice registered nurse, or as a licensed practical nurse; or licensed under Chapter 4757. of the Revised Code as a social worker, independent social worker, licensed professional clinical counselor, or licensed professional counselor.

The director shall adopt rules under Chapter 119. of the

Revised Code specifying reasonable eligibility standards that 1137  
must be met to receive the state funding and provide reasonable 1138  
methods by which a grantee wishing to be eligible for federal 1139  
funding may comply with these requirements for state funding 1140  
without losing its eligibility for federal funding. 1141

Each applicant for these funds shall provide sufficient 1142  
assurance to the director of all of the following: 1143

(A) The program shall not discriminate in the provision of 1144  
services based on an individual's religion, race, national 1145  
origin, disability, age, sex, number of pregnancies, or marital 1146  
status; 1147

(B) The program shall provide services without subjecting 1148  
individuals to any coercion to accept services or to employ any 1149  
particular methods of family planning; 1150

(C) Acceptance of services shall be solely on a voluntary 1151  
basis and may not be made a prerequisite to eligibility for, or 1152  
receipt of, any other service, assistance from, or participation 1153  
in, any other program of the service provider; 1154

(D) Any charges for services provided by the program shall 1155  
be based on the patient's ability to pay and priority in the 1156  
provision of services shall be given to persons from low-income 1157  
families. 1158

In distributing these grant funds, the director shall give 1159  
priority to grant requests from local departments of health for 1160  
women's health services to be provided directly by personnel of 1161  
the local department of health. The director shall issue a 1162  
single request for proposals for all grants for women's health 1163  
services. The director shall send a notification of this request 1164  
for proposals to every local department of health in this state 1165



and shall place a notification on the department's web site. The 1166  
director shall allow at least thirty days after issuing this 1167  
notification before closing the period to receive applications. 1168

After the closing date for receiving grant applications, 1169  
the director shall first consider grant applications from local 1170  
departments of health that apply for grants for women's health 1171  
services to be provided directly by personnel of the local 1172  
department of health. Local departments of health that apply for 1173  
grants for women's health services to be provided directly by 1174  
personnel of the local department of health need not provide all 1175  
the listed women's health services in order to qualify for a 1176  
grant. However, in prioritizing awards among local departments 1177  
of health that qualify for funding under this paragraph, the 1178  
director may consider, among other reasonable factors, the 1179  
comprehensiveness of the women's health services to be offered, 1180  
provided that no local department of health shall be 1181  
discriminated against in the process of awarding these grant 1182  
funds because the applicant does not provide contraception. 1183

If funds remain after awarding grants to all local 1184  
departments of health that qualify for the priority, the 1185  
director may make grants to other applicants. Awards to other 1186  
applicants may be made to those applicants that will offer all 1187  
eight of the listed women's health services or that will offer 1188  
all of the services except contraception. No applicant shall be 1189  
discriminated against in the process of awarding these grant 1190  
funds because the applicant does not provide contraception. 1191

**Sec. 3701.144.** (A) As used in this section, "cost sharing" 1192  
has the same meaning as in section 3923.85 of the Revised Code. 1193

(B) The department of health shall administer the state's 1194  
participation in the national breast and cervical cancer early 1195

detection program (NBCCEDP), which shall be known as the Ohio 1196  
breast and cervical cancer project. The project shall be 1197  
administered in accordance with Title XV of the "Public Health 1198  
Service Act," 42 U.S.C. 300k et seq., and the department's 1199  
NBCCEDP grant agreement with the United States centers for 1200  
disease control and prevention. 1201

(C) In administering the project, the department shall set 1202  
eligibility requirements for services provided through the 1203  
project as follows: 1204

(1) The woman must have countable family income not 1205  
exceeding three hundred per cent of the federal poverty line. 1206

(2) One of the following must be the case: 1207

(a) The woman is not covered by health insurance. 1208

(b) The woman is covered by health insurance that does not 1209  
include the screening or diagnostic services the woman seeks 1210  
through the project. 1211

(c) The woman is covered by health insurance that imposes 1212  
cost sharing for the screening or diagnostic services the woman 1213  
seeks through the project that exceeds the limit specified ~~by~~ 1214  
~~the director of health~~ in rules adopted under division (D) of 1215  
this section. 1216

(3) In the case of a woman seeking cervical cancer 1217  
screening and diagnostic services through the project, the woman 1218  
must be at least twenty-one and less than sixty-five years of 1219  
age. 1220

(4) In the case of a woman seeking breast cancer screening 1221  
and diagnostic services through the project, either of the 1222  
following must be the case: 1223

(a) The woman is at least forty years of age. 1224

(b) The woman is at least twenty-one and less than forty 1225  
years of age and has been determined by a physician, certified 1226  
nurse-midwife, clinical nurse specialist, or certified nurse 1227  
practitioner to need breast cancer screening and diagnostic 1228  
services due to the results of a clinical breast examination, 1229  
the woman's family history, or other factors. 1230

(D) The director of health shall adopt rules for purposes 1231  
of division (C) (2) (c) of this section specifying the cost 1232  
sharing limit for each screening and diagnostic service that may 1233  
be obtained through the project. The director may adopt other 1234  
rules as necessary to implement this section. The rules shall be 1235  
adopted in accordance with Chapter 119. of the Revised Code. 1236

**Sec. 3701.162.** Any licensed physician, certified nurse- 1237  
midwife if authorized as described in section 4723.436 of the 1238  
Revised Code, clinical nurse specialist, or certified nurse 1239  
practitioner practicing in this state, or the superintendent of 1240  
any state or county institution, may receive without charge the 1241  
quantities of antitoxin as the physician, nurse, or 1242  
superintendent requires for the treatment or prevention of 1243  
diphtheria in indigent persons, provided such antitoxin shall be 1244  
used only for persons residing in the state, and that a 1245  
sufficient supply is available for distribution. 1246

**Sec. 3701.262.** (A) As used in this section: 1247

(1) "Physician" means a person authorized under Chapter 1248  
4731. of the Revised Code to practice medicine and surgery or 1249  
osteopathic medicine and surgery. 1250

(2) "Dentist" means a person who is licensed under Chapter 1251  
4715. of the Revised Code to practice dentistry. 1252

(3) "Hospital" has the same meaning as in section 3727.01 of the Revised Code.	1253 1254
(4) "Cancer" includes those diseases specified by rule of the director of health under division (B)(2) of this section.	1255 1256
<u>(5) "Certified nurse-midwife," "clinical nurse specialist," and "certified nurse practitioner" have the same meanings as in section 4723.01 of the Revised Code.</u>	1257 1258 1259
(B) The director of health shall adopt rules in accordance with Chapter 119. of the Revised Code to do all of the following:	1260 1261 1262
(1) Establish the Ohio cancer incidence surveillance system required by section 3701.261 of the Revised Code;	1263 1264
(2) Specify the types of cancer and other tumorous and precancerous diseases to be reported to the department of health under division (D) of this section;	1265 1266 1267
(3) Establish reporting requirements for information concerning diagnosed cancer cases as the director considers necessary to conduct epidemiologic surveys of cancer in this state;	1268 1269 1270 1271
(4) Establish standards that must be met by research projects to be eligible to receive information concerning individual cancer patients from the department of health.	1272 1273 1274
(C) The department of health shall record in the registry all reports of cancer received by it. In the development and administration of the cancer registry the department may use information compiled by public or private cancer registries and may contract for the collection and analysis of, and research related to, the information recorded under this section.	1275 1276 1277 1278 1279 1280

(D) (1) Each physician, certified nurse-midwife, clinical 1281  
nurse specialist, certified nurse practitioner, dentist, 1282  
hospital, or person providing diagnostic or treatment services 1283  
to patients with cancer shall report each case of cancer to the 1284  
department. Any person required to report pursuant to this 1285  
section may elect to report to the department through an 1286  
existing cancer registry if the registry meets the reporting 1287  
standards established by the director and reports to the 1288  
department. 1289

(2) No person shall fail to make the cancer reports 1290  
required by division (D) (1) of this section. 1291

(E) All physicians, certified nurse-midwives, clinical 1292  
nurse specialists, certified nurse practitioners, dentists, 1293  
hospitals, or persons providing diagnostic or treatment services 1294  
to patients with cancer shall grant to the department or its 1295  
authorized representative access to all records that identify 1296  
cases of cancer or establish characteristics of cancer, the 1297  
treatment of cancer, or the medical status of any identified 1298  
cancer patient. 1299

(F) The Arthur G. James cancer hospital and Richard J. 1300  
Solove research institute of the Ohio state university, shall 1301  
analyze and evaluate the cancer reports collected pursuant to 1302  
this section. The department shall publish and make available to 1303  
the public reports summarizing the information collected. 1304  
Reports shall be made on a calendar year basis and published not 1305  
later than ninety days after the end of each calendar year. 1306

(G) Furnishing information, including records, reports, 1307  
statements, notes, memoranda, or other information, to the 1308  
department of health, either voluntarily or as required by this 1309  
section, or to a person or governmental entity designated as a 1310

medical research project by the department, does not subject a 1311  
physician, certified nurse-midwife, clinical nurse specialist, 1312  
certified nurse practitioner, dentist, hospital, or person 1313  
providing diagnostic or treatment services to patients with 1314  
cancer to liability in an action for damages or other relief for 1315  
furnishing the information. 1316

(H) This section does not affect the authority of any 1317  
person or facility providing diagnostic or treatment services to 1318  
patients with cancer to maintain facility-based tumor 1319  
registries, in addition to complying with the reporting 1320  
requirements of this section. 1321

**Sec. 3701.47.** As used in sections 3701.46 to 3701.50 of 1322  
the Revised Code, the standard tests for syphilis and gonorrhea 1323  
are tests approved by the department of health, and shall be 1324  
made at a laboratory approved to make such tests by the 1325  
department. Such tests as are required shall, on request of the 1326  
physician, certified nurse-midwife, clinical nurse specialist, 1327  
or certified nurse practitioner submitting the specimens, be 1328  
made without charge by the department. 1329

**Sec. 3701.48.** The approved laboratory making the standard 1330  
tests for syphilis and gonorrhea shall make a report to the 1331  
physician, certified nurse-midwife, clinical nurse specialist, 1332  
certified nurse practitioner, or health commissioner submitting 1333  
the specimens. Such laboratory shall forthwith report any 1334  
reactive syphilis test or positive gonorrhea test to the 1335  
department of health on forms prescribed and furnished by the 1336  
director of health. 1337

**Sec. 3701.50.** Every physician, certified nurse-midwife, 1338  
clinical nurse specialist, or certified nurse practitioner who 1339  
attends any pregnant woman for conditions relating to pregnancy 1340

during the period of gestation shall take specimens of such 1341  
woman at the time of first examination or within ten days 1342  
thereof, and shall submit such specimens to an approved 1343  
laboratory for standard syphilis and gonorrhoea tests. If, in the 1344  
opinion of the physician or nurse attending such woman, her 1345  
condition does not permit the taking of specimens for submission 1346  
to an approved laboratory, then no specimens shall be taken 1347  
prior to delivery. If no specimens are taken prior to delivery 1348  
because of the woman's condition, then such specimens shall be 1349  
taken as soon after delivery as the physician or nurse deems it 1350  
advisable. 1351

The health commissioner of the city or general health 1352  
district, wherein any person required to be tested for syphilis 1353  
and gonorrhoea under this section or section 3701.49 of the 1354  
Revised Code resides, may waive the requirements of such 1355  
sections if the commissioner is satisfied by written affidavit 1356  
or other written proof that the tests required are contrary to 1357  
the tenets or practices of the religious creed of which the 1358  
person is an adherent, and that the public health and welfare 1359  
would not be injuriously affected by such waiver. 1360

**Sec. 3701.59.** (A) As used in this section: 1361

(1) "Addiction services" and "alcohol and drug addiction 1362  
services" have the same meanings as in section 5119.01 of the 1363  
Revised Code. 1364

(2) "Controlled substance" has the same meaning as in 1365  
section 3719.01 of the Revised Code. 1366

(B) Any of the following health care professionals who 1367  
attends a pregnant woman for conditions relating to pregnancy 1368  
before the end of the twentieth week of pregnancy and who has 1369

reason to believe that the woman is using or has used a 1370  
controlled substance in a manner that may place the woman's 1371  
fetus in jeopardy shall encourage the woman to enroll in a drug 1372  
treatment program offered by a provider of addiction services or 1373  
alcohol and drug addiction services: 1374

(1) Physicians authorized under Chapter 4731. of the 1375  
Revised Code to practice medicine and surgery or osteopathic 1376  
medicine and surgery; 1377

(2) Registered nurses licensed under Chapter 4723. of the 1378  
Revised Code, including certified nurse-midwives, clinical nurse 1379  
specialists, and certified nurse practitioners, and licensed 1380  
practical nurses licensed under ~~Chapter 4723. of the Revised~~ 1381  
~~Code that chapter;~~ 1382

(3) Physician assistants licensed under Chapter 4730. of 1383  
the Revised Code. 1384

(C) A health care professional is immune from civil 1385  
liability and is not subject to criminal prosecution with regard 1386  
to both of the following: 1387

(1) Failure to recognize that a pregnant woman has used or 1388  
is using a controlled substance in a manner that may place the 1389  
woman's fetus in jeopardy; 1390

(2) Any action taken in good faith compliance with this 1391  
section. 1392

**Sec. 3701.74.** (A) As used in this section and section 1393  
3701.741 of the Revised Code: 1394

(1) "Ambulatory care facility" means a facility that 1395  
provides medical, diagnostic, or surgical treatment to patients 1396  
who do not require hospitalization, including a dialysis center, 1397



ambulatory surgical facility, cardiac catheterization facility, 1398  
diagnostic imaging center, extracorporeal shock wave lithotripsy 1399  
center, home health agency, inpatient hospice, birthing center, 1400  
radiation therapy center, emergency facility, and an urgent care 1401  
center. "Ambulatory care facility" does not include the private 1402  
office of a physician, advanced practice registered nurse, or 1403  
dentist, whether the office is for an individual or group 1404  
practice. 1405

(2) "Chiropractor" means an individual licensed under 1406  
Chapter 4734. of the Revised Code to practice chiropractic. 1407

(3) "Emergency facility" means a hospital emergency 1408  
department or any other facility that provides emergency medical 1409  
services. 1410

(4) "Health care practitioner" means all of the following: 1411

(a) A dentist or dental hygienist licensed under Chapter 1412  
4715. of the Revised Code; 1413

(b) A registered nurse, including an advanced practice 1414  
registered nurse, or licensed practical nurse licensed under 1415  
Chapter 4723. of the Revised Code; 1416

(c) An optometrist licensed under Chapter 4725. of the 1417  
Revised Code; 1418

(d) A dispensing optician, spectacle dispensing optician, 1419  
or spectacle-contact lens dispensing optician licensed under 1420  
Chapter 4725. of the Revised Code; 1421

(e) A pharmacist licensed under Chapter 4729. of the 1422  
Revised Code; 1423

(f) A physician; 1424

(g) A physician assistant authorized under Chapter 4730.	1425
of the Revised Code to practice as a physician assistant;	1426
(h) A practitioner of a limited branch of medicine issued	1427
a <u>license or certificate</u> under Chapter 4731. of the Revised	1428
Code;	1429
(i) A psychologist licensed under Chapter 4732. of the	1430
Revised Code;	1431
(j) A chiropractor;	1432
(k) A hearing aid dealer or fitter licensed under Chapter	1433
4747. of the Revised Code;	1434
(l) A speech-language pathologist or audiologist licensed	1435
under Chapter 4753. of the Revised Code;	1436
(m) An occupational therapist or occupational therapy	1437
assistant licensed under Chapter 4755. of the Revised Code;	1438
(n) A physical therapist or physical therapy assistant	1439
licensed under Chapter 4755. of the Revised Code;	1440
(o) A licensed professional clinical counselor, licensed	1441
professional counselor, social worker, independent social	1442
worker, independent marriage and family therapist, or marriage	1443
and family therapist licensed, or a social work assistant	1444
registered, under Chapter 4757. of the Revised Code;	1445
(p) A dietitian licensed under Chapter 4759. of the	1446
Revised Code;	1447
(q) A respiratory care professional licensed under Chapter	1448
4761. of the Revised Code;	1449
(r) An emergency medical technician-basic, emergency	1450
medical technician-intermediate, or emergency medical	1451

technician-paramedic certified under Chapter 4765. of the 1452  
Revised Code. 1453

(5) "Health care provider" means a hospital, ambulatory 1454  
care facility, long-term care facility, pharmacy, emergency 1455  
facility, or health care practitioner. 1456

(6) "Hospital" has the same meaning as in section 3727.01 1457  
of the Revised Code. 1458

(7) "Long-term care facility" means a nursing home, 1459  
residential care facility, or home for the aging, as those terms 1460  
are defined in section 3721.01 of the Revised Code; a 1461  
residential facility licensed under section 5119.34 of the 1462  
Revised Code that provides accommodations, supervision, and 1463  
personal care services for three to sixteen unrelated adults; a 1464  
nursing facility, as defined in section 5165.01 of the Revised 1465  
Code; a skilled nursing facility, as defined in section 5165.01 1466  
of the Revised Code; and an intermediate care facility for 1467  
individuals with intellectual disabilities, as defined in 1468  
section 5124.01 of the Revised Code. 1469

(8) "Medical record" means data in any form that pertains 1470  
to a patient's medical history, diagnosis, prognosis, or medical 1471  
condition and that is generated and maintained by a health care 1472  
provider in the process of the patient's health care treatment. 1473

(9) "Medical records company" means a person who stores, 1474  
locates, or copies medical records for a health care provider, 1475  
or is compensated for doing so by a health care provider, and 1476  
charges a fee for providing medical records to a patient or 1477  
patient's representative. 1478

(10) "Patient" means either of the following: 1479

(a) An individual who received health care treatment from 1480

a health care provider; 1481

(b) A guardian, as defined in section 1337.11 of the 1482  
Revised Code, of an individual described in division (A)(10)(a) 1483  
of this section. 1484

(11) "Patient's personal representative" means a minor 1485  
patient's parent or other person acting in loco parentis, a 1486  
court-appointed guardian, or a person with durable power of 1487  
attorney for health care for a patient, the executor or 1488  
administrator of the patient's estate, or the person responsible 1489  
for the patient's estate if it is not to be probated. "Patient's 1490  
personal representative" does not include an insurer authorized 1491  
under Title XXXIX of the Revised Code to do the business of 1492  
sickness and accident insurance in this state, a health insuring 1493  
corporation holding a certificate of authority under Chapter 1494  
1751. of the Revised Code, or any other person not named in this 1495  
division. 1496

(12) "Pharmacy" has the same meaning as in section 4729.01 1497  
of the Revised Code. 1498

(13) "Physician" means a person authorized under Chapter 1499  
4731. of the Revised Code to practice medicine and surgery, 1500  
osteopathic medicine and surgery, or podiatric medicine and 1501  
surgery. 1502

(14) "Authorized person" means a person to whom a patient 1503  
has given written authorization to act on the patient's behalf 1504  
regarding the patient's medical record. 1505

(15) "Advanced practice registered nurse" has the same 1506  
meaning as in section 4723.01 of the Revised Code. 1507

(B) A patient, a patient's personal representative, or an 1508  
authorized person who wishes to examine or obtain a copy of part 1509

or all of a medical record shall submit to the health care 1510  
provider a written request signed by the patient, personal 1511  
representative, or authorized person dated not more than one 1512  
year before the date on which it is submitted. The request shall 1513  
indicate whether the copy is to be sent to the requestor, sent 1514  
to a physician, advanced practice registered nurse, or 1515  
chiropractor, or held for the requestor at the office of the 1516  
health care provider. Within a reasonable time after receiving a 1517  
request that meets the requirements of this division and 1518  
includes sufficient information to identify the record 1519  
requested, a health care provider that has the patient's medical 1520  
records shall permit the patient to examine the record during 1521  
regular business hours without charge or, on request, shall 1522  
provide a copy of the record in accordance with section 3701.741 1523  
of the Revised Code, except that if a physician, advanced 1524  
practice registered nurse, psychologist, licensed professional 1525  
clinical counselor, licensed professional counselor, independent 1526  
social worker, social worker, independent marriage and family 1527  
therapist, marriage and family therapist, or chiropractor who 1528  
has treated the patient determines for clearly stated treatment 1529  
reasons that disclosure of the requested record is likely to 1530  
have an adverse effect on the patient, the health care provider 1531  
shall provide the record to a physician, advanced practice 1532  
registered nurse, psychologist, licensed professional clinical 1533  
counselor, licensed professional counselor, independent social 1534  
worker, social worker, independent marriage and family 1535  
therapist, marriage and family therapist, or chiropractor 1536  
designated by the patient. The health care provider shall take 1537  
reasonable steps to establish the identity of the person making 1538  
the request to examine or obtain a copy of the patient's record. 1539

(C) If a health care provider fails to furnish a medical 1540

record as required by division (B) of this section, the patient, 1541  
personal representative, or authorized person who requested the 1542  
record may bring a civil action to enforce the patient's right 1543  
of access to the record. 1544

(D) (1) This section does not apply to medical records 1545  
whose release is covered by section 173.20 or 3721.13 of the 1546  
Revised Code, by Chapter 1347., 5119., or 5122. of the Revised 1547  
Code, by 42 C.F.R. part 2, "Confidentiality of Alcohol and Drug 1548  
Abuse Patient Records," or by 42 C.F.R. 483.10. 1549

(2) Nothing in this section is intended to supersede the 1550  
confidentiality provisions of sections 2305.24, 2305.25, 1551  
2305.251, and 2305.252 of the Revised Code. 1552

**Sec. 3705.30.** (A) As used in this section and in sections 1553  
3705.31 to 3705.36 of the Revised Code: 1554

(1) "Certified nurse-midwife," "clinical nurse 1555  
specialist," and "certified nurse practitioner" have the same 1556  
meanings as in section 4723.01 of the Revised Code. 1557

(2) "Freestanding birthing center" has the same meaning as 1558  
in section 3702.141 of the Revised Code. 1559

~~(2)~~ (3) "Hospital" means a hospital classified under 1560  
section 3701.07 of the Revised Code as a general hospital or 1561  
children's hospital. 1562

~~(3)~~ (4) "Physician" means an individual authorized under 1563  
Chapter 4731. of the Revised Code to practice medicine and 1564  
surgery or osteopathic medicine and surgery. 1565

(B) The director of health shall establish and, if funds 1566  
for this purpose are available, implement a statewide birth 1567  
defects information system for the collection of information 1568

concerning congenital anomalies, stillbirths, and abnormal 1569  
conditions of newborns. 1570

(C) If the system is implemented under division (B) of 1571  
this section, all of the following apply: 1572

(1) The director may require each physician, certified 1573  
nurse-midwife, clinical nurse specialist, certified nurse 1574  
practitioner, hospital, and freestanding birthing center to 1575  
report to the system information concerning all patients under 1576  
five years of age with a primary diagnosis of a congenital 1577  
anomaly or abnormal condition. The director shall not require a 1578  
hospital, freestanding birthing center, ~~or physician, certified~~ 1579  
nurse-midwife, clinical nurse specialist, or certified nurse 1580  
practitioner to report to the system any information that is 1581  
reported to the director or department of health under another 1582  
provision of the Revised Code or Administrative Code. 1583

(2) On request, each physician, certified nurse-midwife, 1584  
clinical nurse specialist, certified nurse practitioner, 1585  
hospital, and freestanding birthing center shall give the 1586  
director or authorized employees of the department of health 1587  
access to the medical records of any patient described in 1588  
division (C)(1) of this section. The department shall pay the 1589  
costs of copying any medical records pursuant to this division. 1590

(3) The director may review vital statistics records and 1591  
shall consider expanding the list of congenital anomalies and 1592  
abnormal conditions of newborns reported on birth certificates 1593  
pursuant to section 3705.08 of the Revised Code. 1594

(D) A physician, certified nurse-midwife, clinical nurse 1595  
specialist, certified nurse practitioner, hospital, or 1596  
freestanding birthing center that provides information to the 1597

system under division (C) of this section shall not be subject 1598  
to criminal or civil liability for providing the information. 1599

**Sec. 3705.33.** As used in this section, "local health 1600  
department" means a health department operated by the board of 1601  
health of a city or general health district or the authority 1602  
having the duties of a board of health under section 3709.05 of 1603  
the Revised Code. 1604

A child's parent or legal guardian who wants information 1605  
concerning the child removed from the birth defects information 1606  
system shall request from the local health department or the 1607  
child's physician, certified nurse-midwife, clinical nurse 1608  
specialist, or certified nurse practitioner a form prepared by 1609  
the director of health. On request, a local health department 1610  
~~or~~, physician, certified nurse-midwife, clinical nurse 1611  
specialist, or certified nurse practitioner shall provide the 1612  
form to the child's parent or legal guardian. The individual 1613  
providing the form shall discuss with the child's parent or 1614  
legal guardian the information contained in the system. If the 1615  
child's parent or legal guardian signs the form, the department 1616  
~~or~~, physician, or nurse shall forward it to the director. On 1617  
receipt of the signed form, the director shall remove from the 1618  
system any information that identifies the child. 1619

**Sec. 3705.35.** Not later than one hundred eighty days after 1620  
October 5, 2000, the director of health shall adopt rules in 1621  
accordance with Chapter 119. of the Revised Code to do all of 1622  
the following: 1623

(A) Implement the birth defects information system; 1624

(B) Specify the types of congenital anomalies and abnormal 1625  
conditions of newborns to be reported to the system under 1626



section 3705.30 of the Revised Code; 1627

(C) Establish reporting requirements for information 1628  
concerning diagnosed congenital anomalies and abnormal 1629  
conditions of newborns; 1630

(D) Establish standards that must be met by persons or 1631  
government entities that seek access to the system; 1632

(E) Establish a form for use by parents or legal guardians 1633  
who seek to have information regarding their children removed 1634  
from the system and a method of distributing the form to local 1635  
health departments, as defined in section 3705.33 of the Revised 1636  
Code, and to physicians, certified nurse-midwives, clinical 1637  
nurse specialists, and certified nurse practitioners. The method 1638  
of distribution must include making the form available on the 1639  
internet. 1640

**Sec. 3707.08.** When a person known to have been exposed to 1641  
a communicable disease declared quarantinable by the board of 1642  
health of a city or general health district or the department of 1643  
health is reported within its jurisdiction, the board shall at 1644  
once restrict such person to ~~his~~ the person's place of residence 1645  
or other suitable place, prohibit entrance to or exit from such 1646  
place without the board's written permission in such manner as 1647  
to prevent effective contact with individuals not so exposed, 1648  
and enforce such restrictive measures as are prescribed by the 1649  
department. 1650

When a person has, or is suspected of having, a 1651  
communicable disease for which isolation is required by the 1652  
board or the department, the board shall at once cause such 1653  
person to be separated from susceptible persons in such places 1654  
and under such circumstances as will prevent the conveyance of 1655

the infectious agents to susceptible persons, prohibit entrance 1656  
to or exit from such places without the board's written 1657  
permission, and enforce such restrictive measures as are 1658  
prescribed by the department. 1659

When persons have, or are exposed to, a communicable 1660  
disease for which placarding of premises is required by the 1661  
board or the department, the board shall at once place in a 1662  
conspicuous position on the premises where such a person is 1663  
isolated or quarantined a placard having printed on it, in large 1664  
letters, the name of the disease. No person shall remove, mar, 1665  
deface, or destroy such placard, which shall remain in place 1666  
until after the persons restricted have been released from 1667  
isolation or quarantine. 1668

Physicians, certified nurse-midwives, clinical nurse 1669  
specialists, and certified nurse practitioners attending a 1670  
person affected with a communicable disease shall use such 1671  
precautionary measures to prevent its spread as are required by 1672  
the board or the department. 1673

No person isolated or quarantined by a board shall leave 1674  
the premises to which ~~he~~ the person has been restricted without 1675  
the written permission of such board until released from 1676  
isolation or quarantine by it in ~~accordance~~ accordance with the 1677  
rules and regulations of the department. 1678

**Sec. 3710.07.** (A) Prior to engaging in any asbestos hazard 1679  
abatement project, an asbestos hazard abatement contractor shall 1680  
do all of the following: 1681

(1) Prepare a written respiratory protection program as 1682  
defined by the director of environmental protection pursuant to 1683  
rule, and make the program available to the environmental 1684

protection agency, and workers at the job site if the contractor 1685  
is a public entity or prepare a written respiratory protection 1686  
program, consistent with 29 C.F.R. 1910.134 and make the program 1687  
available to the agency, and workers at the job site if the 1688  
contractor is a business entity; 1689

(2) Ensure that each worker who will be involved in any 1690  
asbestos hazard abatement project has been examined within the 1691  
preceding year and has been declared by a physician, clinical 1692  
nurse specialist, or certified nurse practitioner to be 1693  
physically capable of working while wearing a respirator; 1694

(3) Ensure that each of the contractor's employees or 1695  
agents who will come in contact with asbestos-containing 1696  
materials or will be responsible for an asbestos hazard 1697  
abatement project receives the appropriate certification or 1698  
licensure required by this chapter and the following training: 1699

(a) An initial course approved by the agency pursuant to 1700  
section 3710.10 of the Revised Code, completed before engaging 1701  
in any asbestos hazard abatement activity; and 1702

(b) An annual review course approved by the agency 1703  
pursuant to section 3710.10 of the Revised Code. 1704

(B) After obtaining or renewing a license, an asbestos 1705  
hazard abatement contractor shall notify the agency, on a form 1706  
approved by the director, at least ten working days before 1707  
beginning each asbestos hazard abatement project conducted 1708  
during the term of the contractor's license. 1709

(C) In addition to any other fee imposed under this 1710  
chapter, an asbestos hazard abatement contractor shall pay, at 1711  
the time of providing notice under division (B) of this section, 1712  
the agency a fee of sixty-five dollars for each asbestos hazard 1713

abatement project conducted. 1714

**Sec. 3721.01.** (A) As used in sections 3721.01 to 3721.09 1715  
and 3721.99 of the Revised Code: 1716

(1) (a) "Home" means an institution, residence, or facility 1717  
that provides, for a period of more than twenty-four hours, 1718  
whether for a consideration or not, accommodations to three or 1719  
more unrelated individuals who are dependent upon the services 1720  
of others, including a nursing home, residential care facility, 1721  
home for the aging, and a veterans' home operated under Chapter 1722  
5907. of the Revised Code. 1723

(b) "Home" also means both of the following: 1724

(i) Any facility that a person, as defined in section 1725  
3702.51 of the Revised Code, proposes for certification as a 1726  
skilled nursing facility or nursing facility under Title XVIII 1727  
or XIX of the "Social Security Act," 49 Stat. 620 (1935), 42 1728  
U.S.C.A. 301, as amended, and for which a certificate of need, 1729  
other than a certificate to recategorize hospital beds as 1730  
described in section 3702.521 of the Revised Code or division 1731  
(R) (7) (d) of the version of section 3702.51 of the Revised Code 1732  
in effect immediately prior to April 20, 1995, has been granted 1733  
to the person under sections 3702.51 to 3702.62 of the Revised 1734  
Code after August 5, 1989; 1735

(ii) A county home or district home that is or has been 1736  
licensed as a residential care facility. 1737

(c) "Home" does not mean any of the following: 1738

(i) Except as provided in division (A) (1) (b) of this 1739  
section, a public hospital or hospital as defined in section 1740  
3701.01 or 5122.01 of the Revised Code; 1741

(ii) A residential facility as defined in section 5119.34	1742
of the Revised Code;	1743
(iii) A residential facility as defined in section 5123.19	1744
of the Revised Code;	1745
(iv) A community addiction services provider as defined in	1746
section 5119.01 of the Revised Code;	1747
(v) A facility licensed under section 5119.37 of the	1748
Revised Code to operate an opioid treatment program;	1749
(vi) A facility providing services under contract with the	1750
department of developmental disabilities under section 5123.18	1751
of the Revised Code;	1752
(vii) A facility operated by a hospice care program	1753
licensed under section 3712.04 of the Revised Code that is used	1754
exclusively for care of hospice patients;	1755
(viii) A facility operated by a pediatric respite care	1756
program licensed under section 3712.041 of the Revised Code that	1757
is used exclusively for the care of pediatric respite care	1758
patients or a location operated by a pediatric transition care	1759
program registered under section 3712.042 of the Revised Code	1760
that is used exclusively for the care of pediatric transition	1761
care patients;	1762
(ix) A facility, infirmary, or other entity that is	1763
operated by a religious order, provides care exclusively to	1764
members of religious orders who take vows of celibacy and live	1765
by virtue of their vows within the orders as if related, and	1766
does not participate in the medicare program or the medicaid	1767
program if on January 1, 1994, the facility, infirmary, or	1768
entity was providing care exclusively to members of the	1769
religious order;	1770

- (x) A county home or district home that has never been licensed as a residential care facility. 1771  
1772
- (2) "Unrelated individual" means one who is not related to the owner or operator of a home or to the spouse of the owner or operator as a parent, grandparent, child, grandchild, brother, sister, niece, nephew, aunt, uncle, or as the child of an aunt or uncle. 1773  
1774  
1775  
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1777
- (3) "Mental impairment" does not mean mental illness, as defined in section 5122.01 of the Revised Code, or developmental disability, as defined in section 5123.01 of the Revised Code. 1778  
1779  
1780
- (4) "Skilled nursing care" means procedures that require technical skills and knowledge beyond those the untrained person possesses and that are commonly employed in providing for the physical, mental, and emotional needs of the ill or otherwise incapacitated. "Skilled nursing care" includes, but is not limited to, the following: 1781  
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- (a) Irrigations, catheterizations, application of dressings, and supervision of special diets; 1787  
1788
- (b) Objective observation of changes in the patient's condition as a means of analyzing and determining the nursing care required and the need for further medical diagnosis and treatment; 1789  
1790  
1791  
1792
- (c) Special procedures contributing to rehabilitation; 1793
- (d) Administration of medication by any method ordered by a physician, such as hypodermically, rectally, or orally, including observation of the patient after receipt of the medication; 1794  
1795  
1796  
1797
- (e) Carrying out other treatments prescribed by the 1798

physician that involve a similar level of complexity and skill 1799  
in administration. 1800

(5) (a) "Personal care services" means services including, 1801  
but not limited to, the following: 1802

(i) Assisting residents with activities of daily living; 1803

(ii) Assisting residents with self-administration of 1804  
medication, in accordance with rules adopted under section 1805  
3721.04 of the Revised Code; 1806

(iii) Preparing special diets, other than complex 1807  
therapeutic diets, for residents pursuant to the instructions of 1808  
a physician, certified nurse-midwife if authorized as described 1809  
in section 4723.436 of the Revised Code, clinical nurse 1810  
specialist, certified nurse practitioner, or a-licensed 1811  
dietitian, in accordance with rules adopted under section 1812  
3721.04 of the Revised Code. 1813

(b) "Personal care services" does not include "skilled 1814  
nursing care" as defined in division (A) (4) of this section. A 1815  
facility need not provide more than one of the services listed 1816  
in division (A) (5) (a) of this section to be considered to be 1817  
providing personal care services. 1818

(6) "Nursing home" means a home used for the reception and 1819  
care of individuals who by reason of illness or physical or 1820  
mental impairment require skilled nursing care and of 1821  
individuals who require personal care services but not skilled 1822  
nursing care. A nursing home is licensed to provide personal 1823  
care services and skilled nursing care. 1824

(7) "Residential care facility" means a home that provides 1825  
either of the following: 1826

(a) Accommodations for seventeen or more unrelated 1827  
individuals and supervision and personal care services for three 1828  
or more of those individuals who are dependent on the services 1829  
of others by reason of age or physical or mental impairment; 1830

(b) Accommodations for three or more unrelated 1831  
individuals, supervision and personal care services for at least 1832  
three of those individuals who are dependent on the services of 1833  
others by reason of age or physical or mental impairment, and, 1834  
to at least one of those individuals, any of the skilled nursing 1835  
care authorized by section 3721.011 of the Revised Code. 1836

(8) "Home for the aging" means a home that provides 1837  
services as a residential care facility and a nursing home, 1838  
except that the home provides its services only to individuals 1839  
who are dependent on the services of others by reason of both 1840  
age and physical or mental impairment. 1841

The part or unit of a home for the aging that provides 1842  
services only as a residential care facility is licensed as a 1843  
residential care facility. The part or unit that may provide 1844  
skilled nursing care beyond the extent authorized by section 1845  
3721.011 of the Revised Code is licensed as a nursing home. 1846

(9) "County home" and "district home" mean a county home 1847  
or district home operated under Chapter 5155. of the Revised 1848  
Code. 1849

(10) "Change of operator" has the same meaning as in 1850  
section 5165.01 of the Revised Code. 1851

(11) "Related party" has the same meaning as in section 1852  
5165.01 of the Revised Code. 1853

(12) "SFF list" means the list of nursing facilities 1854  
created by the United States department of health and human 1855



services under the special focus facility program. 1856

(13) "Special focus facility program" means the program 1857  
conducted by the United States secretary of health and human 1858  
services pursuant to section 1919(f)(10) of the "Social Security 1859  
Act," 42 U.S.C. 1396r(f)(10). 1860

(14) "Real and present danger" means immediate danger of 1861  
serious physical or life-threatening harm to one or more 1862  
occupants of a home. 1863

(B) The director of health may further classify homes. For 1864  
the purposes of this chapter, any residence, institution, hotel, 1865  
congregate housing project, or similar facility that meets the 1866  
definition of a home under this section is such a home 1867  
regardless of how the facility holds itself out to the public. 1868

(C) For purposes of this chapter, personal care services 1869  
or skilled nursing care shall be considered to be provided by a 1870  
facility if they are provided by a person employed by or 1871  
associated with the facility or by another person pursuant to an 1872  
agreement to which neither the resident who receives the 1873  
services nor the resident's sponsor is a party. 1874

(D) Nothing in division (A)(4) of this section shall be 1875  
construed to permit skilled nursing care to be imposed on an 1876  
individual who does not require skilled nursing care. 1877

Nothing in division (A)(5) of this section shall be 1878  
construed to permit personal care services to be imposed on an 1879  
individual who is capable of performing the activity in question 1880  
without assistance. 1881

(E) Division (A)(1)(c)(ix) of this section does not 1882  
prohibit a facility, infirmary, or other entity described in 1883  
that division from seeking licensure under sections 3721.01 to 1884

3721.09 of the Revised Code or certification under Title XVIII 1885  
or XIX of the "Social Security Act." However, such a facility, 1886  
infirmary, or entity that applies for licensure or certification 1887  
must meet the requirements of those sections or titles and the 1888  
rules adopted under them and obtain a certificate of need from 1889  
the director of health under section 3702.52 of the Revised 1890  
Code. 1891

(F) Nothing in this chapter, or rules adopted pursuant to 1892  
it, shall be construed as authorizing the supervision, 1893  
regulation, or control of the spiritual care or treatment of 1894  
residents or patients in any home who rely upon treatment by 1895  
prayer or spiritual means in accordance with the creed or tenets 1896  
of any recognized church or religious denomination. 1897

**Sec. 3721.011.** (A) In addition to providing 1898  
accommodations, supervision, and personal care services to its 1899  
residents, a residential care facility may do the following: 1900

(1) Provide the following skilled nursing care to its 1901  
residents: 1902

(a) Supervision of special diets; 1903

(b) Application of dressings, in accordance with rules 1904  
adopted under section 3721.04 of the Revised Code; 1905

(c) Subject to division (B) (1) of this section, 1906  
administration of medication. 1907

(2) Subject to division (C) of this section, provide other 1908  
skilled nursing care on a part-time, intermittent basis for not 1909  
more than a total of one hundred twenty days in a twelve-month 1910  
period; 1911

(3) Provide skilled nursing care for more than one hundred 1912

twenty days in a twelve-month period to a resident when the 1913  
requirements of division (D) of this section are met. 1914

A residential care facility may not admit or retain an 1915  
individual requiring skilled nursing care that is not authorized 1916  
by this section. A residential care facility may not provide 1917  
skilled nursing care beyond the limits established by this 1918  
section. 1919

(B)(1) A residential care facility may admit or retain an 1920  
individual requiring medication, including biologicals, only if 1921  
the individual's personal physician, certified nurse-midwife if 1922  
authorized as described in section 4723.436 of the Revised Code, 1923  
clinical nurse specialist, or certified nurse practitioner has 1924  
determined in writing that the individual is capable of self- 1925  
administering the medication or the facility provides for the 1926  
medication to be administered to the individual by a home health 1927  
agency certified under Title XVIII of the "Social Security Act," 1928  
79 Stat. 620 (1965), 42 U.S.C. 1395, as amended; a hospice care 1929  
program licensed under Chapter 3712. of the Revised Code; or a 1930  
member of the staff of the residential care facility who is 1931  
qualified to perform medication administration. Medication may 1932  
be administered in a residential care facility only by the 1933  
following persons authorized by law to administer medication: 1934

(a) A registered nurse licensed under Chapter 4723. of the 1935  
Revised Code, including a certified nurse-midwife, clinical 1936  
nurse specialist, or certified nurse practitioner; 1937

(b) A licensed practical nurse licensed under Chapter 1938  
4723. of the Revised Code who holds proof of successful 1939  
completion of a course in medication administration approved by 1940  
the board of nursing and who administers the medication only at 1941  
the direction of a registered nurse or a physician authorized 1942

under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery;	1943 1944
(c) A medication aide certified under Chapter 4723. of the Revised Code;	1945 1946
(d) A physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.	1947 1948 1949
(2) In assisting a resident with self-administration of medication, any member of the staff of a residential care facility may do the following:	1950 1951 1952
(a) Remind a resident when to take medication and watch to ensure that the resident follows the directions on the container;	1953 1954 1955
(b) Assist a resident by taking the medication from the locked area where it is stored, in accordance with rules adopted pursuant to section 3721.04 of the Revised Code, and handing it to the resident. If the resident is physically unable to open the container, a staff member may open the container for the resident.	1956 1957 1958 1959 1960 1961
(c) Assist a resident who is physically impaired but mentally alert, such as a resident with arthritis, cerebral palsy, or Parkinson's disease, in removing oral or topical medication from containers and in consuming or applying the medication, upon request by or with the consent of the resident. If a resident is physically unable to place a dose of medicine to the resident's mouth without spilling it, a staff member may place the dose in a container and place the container to the mouth of the resident.	1962 1963 1964 1965 1966 1967 1968 1969 1970
(C) Except as provided in division (D) of this section, a	1971

residential care facility may admit or retain individuals who 1972  
require skilled nursing care beyond the supervision of special 1973  
diets, application of dressings, or administration of 1974  
medication, only if the care will be provided on a part-time, 1975  
intermittent basis for not more than a total of one hundred 1976  
twenty days in any twelve-month period. In accordance with 1977  
Chapter 119. of the Revised Code, the director of health shall 1978  
adopt rules specifying what constitutes the need for skilled 1979  
nursing care on a part-time, intermittent basis. The director 1980  
shall adopt rules that are consistent with rules pertaining to 1981  
home health care adopted by the medicaid director for the 1982  
medicaid program. Skilled nursing care provided pursuant to this 1983  
division may be provided by a home health agency certified for 1984  
participation in the medicare program, a hospice care program 1985  
licensed under Chapter 3712. of the Revised Code, or a member of 1986  
the staff of a residential care facility who is qualified to 1987  
perform skilled nursing care. 1988

A residential care facility that provides skilled nursing 1989  
care pursuant to this division shall do both of the following: 1990

(1) Evaluate each resident receiving the skilled nursing 1991  
care at least once every seven days to determine whether the 1992  
resident should be transferred to a nursing home; 1993

(2) Meet the skilled nursing care needs of each resident 1994  
receiving the care. 1995

(D) (1) A residential care facility may admit or retain an 1996  
individual who requires skilled nursing care for more than one 1997  
hundred twenty days in any twelve-month period only if the 1998  
facility has entered into a written agreement with each of the 1999  
following: 2000

(a) The individual or individual's sponsor;	2001
(b) The individual's personal physician, <u>certified nurse-</u> <u>midwife if authorized as described in section 4723.436 of the</u> <u>Revised Code, clinical nurse specialist, or certified nurse</u> <u>practitioner;</u>	2002 2003 2004 2005
(c) Unless the individual's personal physician, <u>certified</u> <u>nurse-midwife, clinical nurse specialist, or certified nurse</u> <u>practitioner</u> oversees the skilled nursing care, the provider of the skilled nursing care;	2006 2007 2008 2009
(d) If the individual is a hospice patient as defined in section 3712.01 of the Revised Code, a hospice care program licensed under Chapter 3712. of the Revised Code.	2010 2011 2012
(2) The agreement required by division (D)(1) of this section shall include all of the following provisions:	2013 2014
(a) That the individual will be provided skilled nursing care in the facility only if a determination has been made that the individual's needs can be met at the facility;	2015 2016 2017
(b) That the individual will be retained in the facility only if periodic redeterminations are made that the individual's needs are being met at the facility;	2018 2019 2020
(c) That the redeterminations will be made according to a schedule specified in the agreement;	2021 2022
(d) If the individual is a hospice patient, that the individual has been given an opportunity to choose the hospice care program that best meets the individual's needs;	2023 2024 2025
(e) Unless the individual is a hospice patient, that the individual's personal physician, <u>certified nurse-midwife,</u> <u>clinical nurse specialist, or certified nurse practitioner</u> has	2026 2027 2028

determined that the skilled nursing care the individual needs is 2029  
routine. 2030

(E) Notwithstanding any other provision of this chapter, a 2031  
residential care facility in which residents receive skilled 2032  
nursing care pursuant to this section is not a nursing home. 2033

**Sec. 3721.041.** (A) As used in this section: 2034

(1) "Advisory committee" means the advisory committee on 2035  
immunization practices of the United States centers for disease 2036  
control and prevention or a successor committee or agency. 2037

(2) ~~"Home" has the same meaning as in section 3721.01~~ 2038  
"Certified nurse-midwife," "clinical nurse specialist," and 2039  
"certified nurse practitioner" have the same meanings as in 2040  
section 4723.01 of the Revised Code. 2041

(3) "Physician" means an individual authorized under 2042  
Chapter 4731. of the Revised Code to practice medicine and 2043  
surgery or osteopathic medicine and surgery. 2044

(B) (1) Each home shall, on an annual basis, offer to each 2045  
resident, in accordance with guidelines issued by the advisory 2046  
committee, vaccination against influenza, unless a physician,  2047  
certified nurse-midwife if authorized as described in section 2048  
4723.436 of the Revised Code, clinical nurse specialist, or 2049  
certified nurse practitioner has determined that vaccination of 2050  
the resident is medically inappropriate. The vaccine shall be of 2051  
a form approved by the advisory committee for that calendar 2052  
year. A resident may refuse vaccination. 2053

(2) Each home shall obtain the influenza vaccine 2054  
information sheet described in section 3701.138 of the Revised 2055  
Code and post the sheet in a conspicuous location that is 2056  
accessible to all residents, employees, and visitors. Not later 2057

than the first day of August each year, the home shall determine 2058  
whether the information sheet it has posted is the most recent 2059  
version available. If it is not, the home shall replace the 2060  
information sheet with the updated version. Nothing in this 2061  
division requires an older adult to be vaccinated against 2062  
influenza. 2063

Failure to comply with the requirement to post the 2064  
information sheet shall not be taken into account when any 2065  
survey or inspection of the home is conducted and shall not be 2066  
used as the basis for imposing any penalty against the home. 2067

(C) Each home shall offer to each resident, in accordance 2068  
with guidelines issued by the advisory committee, vaccination 2069  
against pneumococcal pneumonia, unless the resident has already 2070  
received such vaccination or a physician, certified nurse- 2071  
midwife if authorized as described in section 4723.436 of the 2072  
Revised Code, clinical nurse specialist, or certified nurse 2073  
practitioner has determined that vaccination of the resident is 2074  
medically inappropriate. Each vaccine shall be of a form 2075  
approved by the advisory committee for that calendar year. A 2076  
resident may refuse vaccination. 2077

(D) The director of health may adopt rules under Chapter 2078  
119. of the Revised Code as the director considers appropriate 2079  
to implement this section. 2080

**Sec. 3727.19.** (A) As used in this section: 2081

(1) "Advisory committee" means the advisory committee on 2082  
immunization practices of the United States centers for disease 2083  
control and prevention or its successor agency. 2084

(2) "Certified nurse-midwife," "clinical nurse 2085  
specialist," and "certified nurse practitioner" have the same 2086



meanings as in section 4723.01 of the Revised Code. 2087

(3) "Physician" means an individual authorized under 2088  
Chapter 4731. of the Revised Code to practice medicine and 2089  
surgery or osteopathic medicine and surgery. 2090

(B) Each hospital shall offer to each patient who is 2091  
admitted to the hospital, in accordance with guidelines issued 2092  
by the advisory committee, vaccination against influenza, unless 2093  
a physician, certified nurse-midwife if authorized as described 2094  
in section 4723.436 of the Revised Code, clinical nurse 2095  
specialist, or certified nurse practitioner has determined that 2096  
vaccination of the patient is medically inappropriate. The 2097  
vaccine shall be of a form approved by the advisory committee 2098  
for that calendar year. A patient may refuse vaccination. 2099

(C) Each hospital shall offer to each patient who is 2100  
admitted to the hospital, in accordance with guidelines issued 2101  
by the advisory committee, vaccination against pneumococcal 2102  
pneumonia, unless a physician, certified nurse-midwife if 2103  
authorized as described in section 4723.436 of the Revised Code, 2104  
clinical nurse specialist, or certified nurse practitioner has 2105  
determined that vaccination of the patient is medically 2106  
inappropriate. Each vaccine shall be of a form approved by the 2107  
advisory committee for that calendar year. A patient may refuse 2108  
vaccination. 2109

(D) The director of health may adopt rules under Chapter 2110  
119. of the Revised Code as the director considers appropriate 2111  
to implement this section. 2112

**Sec. 3742.03.** The director of health shall adopt rules in 2113  
accordance with Chapter 119. of the Revised Code for the 2114  
administration and enforcement of sections 3742.01 to 3742.19 2115

and 3742.99 of the Revised Code. The rules shall specify all of 2116  
the following: 2117

(A) Procedures to be followed by a lead abatement 2118  
contractor, lead abatement project designer, lead abatement 2119  
worker, lead inspector, or lead risk assessor licensed under 2120  
section 3742.05 of the Revised Code for undertaking lead 2121  
abatement activities and procedures to be followed by a 2122  
clearance technician, lead inspector, or lead risk assessor in 2123  
performing a clearance examination; 2124

(B) (1) Requirements for training and licensure, in 2125  
addition to those established under section 3742.08 of the 2126  
Revised Code, to include levels of training and periodic 2127  
refresher training for each class of worker, and to be used for 2128  
licensure under section 3742.05 of the Revised Code. Except in 2129  
the case of clearance technicians, these requirements shall 2130  
include at least twenty-four classroom hours of training based 2131  
on the Occupational Safety and Health Act training program for 2132  
lead set forth in 29 C.F.R. 1926.62. For clearance technicians, 2133  
the training requirements to obtain an initial license shall not 2134  
exceed six hours and the requirements for refresher training 2135  
shall not exceed two hours every four years. In establishing the 2136  
training and licensure requirements, the director shall consider 2137  
the core of information that is needed by all licensed persons, 2138  
and establish the training requirements so that persons who 2139  
would seek licenses in more than one area would not have to take 2140  
duplicative course work. 2141

(2) Persons certified by the American board of industrial 2142  
hygiene as a certified industrial hygienist or as an industrial 2143  
hygienist-in-training, and persons registered as ~~a~~an 2144  
environmental health specialist or environmental health 2145

specialist in training under Chapter 3776. of the Revised Code, 2146  
shall be exempt from any training requirements for initial 2147  
licensure established under this chapter, but shall be required 2148  
to take any examinations for licensure required under section 2149  
3742.05 of the Revised Code. 2150

(C) Fees for licenses issued under section 3742.05 of the 2151  
Revised Code and for their renewal; 2152

(D) Procedures to be followed by lead inspectors, lead 2153  
abatement contractors, environmental lead analytical 2154  
laboratories, lead risk assessors, lead abatement project 2155  
designers, and lead abatement workers to prevent public exposure 2156  
to lead hazards and ensure worker protection during lead 2157  
abatement projects; 2158

(E) (1) Record-keeping and reporting requirements for 2159  
clinical laboratories, environmental lead analytical 2160  
laboratories, lead inspectors, lead abatement contractors, lead 2161  
risk assessors, lead abatement project designers, and lead 2162  
abatement workers for lead abatement projects and record-keeping 2163  
and reporting requirements for clinical laboratories, 2164  
environmental lead analytical laboratories, and clearance 2165  
technicians for clearance examinations; 2166

(2) Record-keeping and reporting requirements regarding 2167  
lead poisoning ~~for~~ to be followed by physicians, certified 2168  
nurse-midwives if authorized as described in section 4723.436 of 2169  
the Revised Code, clinical nurse specialists, and certified 2170  
nurse practitioners; 2171

(3) Information that is required to be reported under 2172  
rules based on divisions (E) (1) and (2) of this section and that 2173  
is a medical record is not a public record under section 149.43 2174

of the Revised Code and shall not be released, except in 2175  
aggregate statistical form. 2176

(F) Environmental sampling techniques for use in 2177  
collecting samples of air, water, dust, paint, and other 2178  
materials; 2179

(G) Requirements for a respiratory protection plan 2180  
prepared in accordance with section 3742.07 of the Revised Code; 2181

(H) Requirements under which a manufacturer of 2182  
encapsulants must demonstrate evidence of the safety and 2183  
durability of its encapsulants by providing results of testing 2184  
from an independent laboratory indicating that the encapsulants 2185  
meet the standards developed by the "E06.23.30 task group on 2186  
encapsulants," which is the task group of the lead hazards 2187  
associated with buildings subcommittee of the performance of 2188  
buildings committee of the American society for testing and 2189  
materials. 2190

**Sec. 3742.04.** (A) The director of health shall do all of 2191  
the following: 2192

(1) Administer and enforce the requirements of sections 2193  
3742.01 to 3742.19 and 3742.99 of the Revised Code and the rules 2194  
adopted pursuant to those sections; 2195

(2) Examine records and reports submitted by lead 2196  
inspectors, lead abatement contractors, lead risk assessors, 2197  
lead abatement project designers, lead abatement workers, and 2198  
clearance technicians in accordance with section 3742.05 of the 2199  
Revised Code to determine whether the requirements of this 2200  
chapter are being met; 2201

(3) Examine records and reports submitted by physicians,  2202  
certified nurse-midwives if authorized as described in section 2203

4723.436 of the Revised Code, clinical nurse specialists, and 2204  
certified nurse practitioners pursuant to rules adopted under 2205  
section 3742.03 of the Revised Code and by clinical laboratories 2206  
and environmental lead analytical laboratories under section 2207  
3742.09 of the Revised Code; 2208

(4) Issue approval to manufacturers of encapsulants that 2209  
have done all of the following: 2210

(a) Submitted an application for approval to the director 2211  
on a form prescribed by the director; 2212

(b) Paid the application fee established by the director; 2213

(c) Submitted results from an independent laboratory 2214  
indicating that the manufacturer's encapsulants satisfy the 2215  
requirements established in rules adopted under division (H) of 2216  
section 3742.03 of the Revised Code; 2217

(d) Complied with rules adopted by the director regarding 2218  
durability and safety to workers and residents. 2219

(5) Establish liaisons and cooperate with the directors or 2220  
agencies in states having lead abatement, licensing, 2221  
accreditation, certification, and approval programs to promote 2222  
consistency between the requirements of this chapter and those 2223  
of other states in order to facilitate reciprocity of the 2224  
programs among states; 2225

(6) Establish a program to monitor and audit the quality 2226  
of work of lead inspectors, lead risk assessors, lead abatement 2227  
project designers, lead abatement contractors, lead abatement 2228  
workers, and clearance technicians. The director may refer 2229  
improper work discovered through the program to the attorney 2230  
general for appropriate action. 2231

(B) In addition to any other authority granted by this chapter, the director of health may do any of the following:	2232 2233
(1) Employ persons who have received training from a program the director has determined provides the necessary background. The appropriate training may be obtained in a state that has an ongoing lead abatement program under which it conducts educational programs.	2234 2235 2236 2237 2238
(2) Cooperate with the United States environmental protection agency in any joint oversight procedures the agency may propose for laboratories that offer lead analysis services and are accredited under the agency's laboratory accreditation program;	2239 2240 2241 2242 2243
(3) Advise, consult, cooperate with, or enter into contracts or cooperative agreements with any person, government entity, interstate agency, or the federal government as the director considers necessary to fulfill the requirements of this chapter and the rules adopted under it.	2244 2245 2246 2247 2248
<b>Sec. 3742.07.</b> (A) Prior to engaging in any lead abatement project on a residential unit, child care facility, or school, the lead abatement contractor primarily responsible for the project shall do all of the following:	2249 2250 2251 2252
(1) Prepare a written respiratory protection plan that meets requirements established by rule adopted under section 3742.03 of the Revised Code and make the plan available to the department of health and all lead abatement workers at the project site;	2253 2254 2255 2256 2257
(2) Ensure that each lead abatement worker who is or will be involved in a lead abatement project has been examined <del>by a licensed physician</del> within the preceding calendar year <u>by a</u>	2258 2259 2260

physician, certified nurse-midwife if authorized as described in 2261  
section 4723.436 of the Revised Code, clinical nurse specialist, 2262  
or certified nurse practitioner and has been declared by the 2263  
physician or nurse to be physically capable of working while 2264  
wearing a respirator; 2265

(3) Ensure that each employee or agent who will come in 2266  
contact with lead hazards or will be responsible for a lead 2267  
abatement project receives a license and appropriate training as 2268  
required by this chapter before engaging in a lead abatement 2269  
project; 2270

(4) At least ten days prior to the commencement of a 2271  
project, notify the department of health, on a form prescribed 2272  
by the director of health, of the date a lead abatement project 2273  
will commence. 2274

(B) During each lead abatement project, the lead abatement 2275  
contractor primarily responsible for the project shall ensure 2276  
that all persons involved in the project follow the worker 2277  
protection standards established under 29 C.F.R. 1926.62 by the 2278  
United States occupational safety and health administration. 2279

**Sec. 3901.56.** An insurer may offer a wellness or health 2280  
improvement program that provides rewards or incentives, 2281  
including merchandise; gift cards; debit cards; premium 2282  
discounts or rebates; contributions to a health savings account; 2283  
modifications to copayment, deductible, or coinsurance amounts; 2284  
or any combination of these incentives, to encourage 2285  
participation or to reward participation in the program. 2286

A wellness or health improvement program offered by an 2287  
insurer under this section shall not be construed to violate 2288  
division (E) of section 1751.31 or division (G) of section 2289

3901.21 of the Revised Code if the program is disclosed in the 2290  
policy or plan. 2291

The insured may be required to provide verification, such 2292  
as a statement from ~~their~~ the individual's physician, certified 2293  
nurse-midwife, clinical nurse specialist, or certified nurse 2294  
practitioner, that a medical condition makes it unreasonably 2295  
difficult or medically inadvisable for the individual to 2296  
participate in the wellness or health improvement program. 2297

Nothing in this section shall prohibit an insurer from 2298  
offering incentives or rewards to members for adherence to 2299  
wellness or health improvement programs if otherwise allowed by 2300  
federal law. 2301

Nothing under division (C) (1) of section 3923.571 or 2302  
section 3924.25 of the Revised Code shall be construed as 2303  
prohibiting an insurer from offering a wellness or health 2304  
improvement program or restricting the amount an employee is 2305  
charged for coverage under a group policy after the application 2306  
of any premium discounts or rebates, or modifying otherwise 2307  
applicable copayments or deductibles for adherence to wellness 2308  
or health improvement programs. 2309

For purposes of this section, "insurer" means a life 2310  
insurance company, sickness and accident insurer, multiple 2311  
employer welfare arrangement, public employee benefit plan, or 2312  
health insuring corporation. 2313

**Sec. 3923.25.** Every certificate furnished by an insurer in 2314  
connection with, or pursuant to any provision of any group 2315  
sickness and accident insurance policy delivered, issued for 2316  
delivery, renewed, or used in this state, provided such policy 2317  
was delivered, issued for delivery, or renewed on or after July 2318



1, 1972, and every policy of sickness and accident insurance 2319  
delivered, issued for delivery, renewed, or used in this state, 2320  
provided such policy was delivered, issued for delivery, or 2321  
renewed on or after July 1, 1972, which provides for kidney 2322  
dialysis benefits, shall be deemed to include such benefits on 2323  
an equal basis if the dialysis is performed on an out-patient 2324  
basis. For purposes of this section, "out-patient basis" 2325  
includes care rendered at any location whether or not at a 2326  
hospital, upon approval by the attending physician, certified 2327  
nurse-midwife if authorized as described in section 4723.436 of 2328  
the Revised Code, clinical nurse specialist, or certified nurse 2329  
practitioner. 2330

**Sec. 3923.84.** (A) Notwithstanding section 3901.71 of the 2331  
Revised Code, each individual and group sickness and accident 2332  
insurance policy that is delivered, issued for delivery, or 2333  
renewed in this state shall provide coverage for the screening, 2334  
diagnosis, and treatment of autism spectrum disorder. A sickness 2335  
and accident insurer shall not terminate an individual's 2336  
coverage, or refuse to deliver, execute, issue, amend, adjust, 2337  
or renew coverage to an individual solely because the individual 2338  
is diagnosed with or has received treatment for an autism 2339  
spectrum disorder. Nothing in this section shall be applied to 2340  
nongrandfathered plans in the individual and small group markets 2341  
or to medicare supplement, accident-only, specified disease, 2342  
hospital indemnity, disability income, long-term care, or other 2343  
limited benefit hospital insurance policies. Except as otherwise 2344  
provided in division (B) of this section, coverage under this 2345  
section shall not be subject to dollar limits, deductibles, or 2346  
coinsurance provisions that are less favorable to an insured 2347  
than the dollar limits, deductibles, or coinsurance provisions 2348  
that apply to substantially all medical and surgical benefits 2349

under the policy. 2350

(B) Benefits provided under this section shall cover, at 2351  
minimum, all of the following: 2352

(1) For speech and language therapy or occupational 2353  
therapy for an insured under the age of fourteen that is 2354  
performed by a licensed therapist, twenty visits per year for 2355  
each service; 2356

(2) For clinical therapeutic intervention for an insured 2357  
under the age of fourteen that is provided by or under the 2358  
supervision of a professional who is licensed, certified, or 2359  
registered by an appropriate agency of this state to perform 2360  
such services in accordance with a health treatment plan, twenty 2361  
hours per week; 2362

(3) For mental or behavioral health outpatient services 2363  
for an insured under the age of fourteen that are performed by a- 2364  
~~licensed psychologist, psychiatrist, or physician any of the~~ 2365  
following providing consultation, assessment, development, or 2366  
oversight of treatment plans, thirty visits per year: 2367

(a) A licensed psychologist; 2368

(b) A licensed physician, including a psychiatrist; 2369

(c) A clinical nurse specialist or certified nurse 2370  
practitioner, including a psychiatric-mental health advanced 2371  
practice registered nurse or a clinical nurse specialist or 2372  
certified nurse practitioner specializing in pediatric or family 2373  
health. 2374

(C) (1) Except as provided in division (C) (2) of this 2375  
section, this section shall not be construed as limiting 2376  
benefits that are otherwise available to an insured under a 2377

policy. 2378

(2) A policy of sickness and accident insurance shall 2379  
stipulate that coverage provided under this section be 2380  
contingent upon both of the following: 2381

(a) The covered individual receiving prior authorization 2382  
for the services in question; 2383

(b) The services in question being prescribed or ordered 2384  
by ~~either a developmental pediatrician or a psychologist trained~~ 2385  
in autism, a developmental pediatrician, or a clinical nurse 2386  
specialist or certified nurse practitioner specializing in 2387  
pediatric health. 2388

(D) (1) Except for inpatient services, if an insured is 2389  
receiving treatment for an autism spectrum disorder, a sickness 2390  
and accident insurer may review the treatment plan annually, 2391  
unless the insurer and the insured's treating physician, 2392  
clinical nurse specialist, certified nurse practitioner, or 2393  
psychologist agree that a more frequent review is necessary. 2394

(2) Any such agreement as described in division (D) (1) of 2395  
this section shall apply only to a particular insured being 2396  
treated for an autism spectrum disorder and shall not apply to 2397  
all individuals being treated for autism spectrum disorder by a 2398  
physician, clinical nurse specialist, certified nurse 2399  
practitioner, or psychologist. 2400

(3) The insurer shall cover the cost of obtaining any 2401  
review or treatment plan. 2402

(E) This section shall not be construed as affecting any 2403  
obligation to provide services to an insured under an 2404  
individualized family service plan, an individualized education 2405  
program, or an individualized service plan. 2406

(F) As used in this section:	2407
(1) "Applied behavior analysis" means the design,	2408
implementation, and evaluation of environmental modifications,	2409
using behavioral stimuli and consequences, to produce socially	2410
significant improvement in human behavior, including the use of	2411
direct observation, measurement, and functional analysis of the	2412
relationship between environment and behavior.	2413
(2) "Autism spectrum disorder" means any of the pervasive	2414
developmental disorders or autism spectrum disorder as defined	2415
by the most recent edition of the diagnostic and statistical	2416
manual of mental disorders published by the American psychiatric	2417
association available at the time an individual is first	2418
evaluated for suspected developmental delay.	2419
(3) "Clinical therapeutic intervention" means therapies	2420
supported by empirical evidence, which include, but are not	2421
limited to, applied behavioral analysis, that satisfy both of	2422
the following:	2423
(a) Are necessary to develop, maintain, or restore, to the	2424
maximum extent practicable, the function of an individual;	2425
(b) Are provided by or under the supervision of any of the	2426
following:	2427
(i) A certified Ohio behavior analyst as defined in	2428
section 4783.01 of the Revised Code;	2429
(ii) An individual licensed under Chapter 4732. of the	2430
Revised Code to practice psychology;	2431
(iii) An individual licensed under Chapter 4757. of the	2432
Revised Code to practice professional counseling, social work,	2433
or marriage and family therapy.	2434

(4) "Diagnosis of autism spectrum disorder" means 2435  
medically necessary assessment, evaluations, or tests to 2436  
diagnose whether an individual has an autism spectrum disorder. 2437

(5) "Pharmacy care" means prescribed medications 2438  
~~prescribed by a licensed physician~~ and any health-related 2439  
services considered medically necessary to determine the need or 2440  
effectiveness of the medications. 2441

(6) "Psychiatric care" means direct or consultative 2442  
services provided by a psychiatrist or psychiatric-mental health 2443  
advanced practice registered nurse who is licensed in the state 2444  
in which the psychiatrist or nurse practices. 2445

(7) "Psychiatric-mental health advanced practice 2446  
registered nurse" means an advanced practice registered nurse 2447  
who is either of the following: 2448

(a) A clinical nurse specialist who is certified as a 2449  
psychiatric-mental health CNS by the American nurses 2450  
credentialing center; 2451

(b) A certified nurse practitioner who is certified as a 2452  
psychiatric-mental health NP by the American nurses 2453  
credentialing center. 2454

(8) "Psychological care" means direct or consultative 2455  
services provided by a psychologist licensed in the state in 2456  
which the psychologist practices. 2457

~~(8)~~ (9) "Therapeutic care" means services provided by a 2458  
speech therapist, occupational therapist, or physical therapist 2459  
licensed or certified in the state in which the person 2460  
practices. 2461

~~(9)~~ (10) "Treatment for autism spectrum disorder" means 2462

evidence-based care and related equipment prescribed or ordered 2463  
for an individual diagnosed with an autism spectrum disorder, by 2464  
a licensed physician who is a developmental pediatrician ~~or a,~~ 2465  
licensed psychologist trained in autism, clinical nurse 2466  
specialist or certified nurse practitioner specializing in 2467  
pediatric health, or clinical nurse specialist or certified 2468  
nurse practitioner trained in autism who determines the care and 2469  
related equipment to be medically necessary, including any of 2470  
the following: 2471

- (a) Clinical therapeutic intervention; 2472
- (b) Pharmacy care; 2473
- (c) Psychiatric care; 2474
- (d) Psychological care; 2475
- (e) Therapeutic care. 2476

(G) If any provision of this section or the application 2477  
thereof to any person or circumstances is for any reason held to 2478  
be invalid, the remainder of the section and the application of 2479  
such remainder to other persons or circumstances shall not be 2480  
affected thereby. 2481

**Sec. 4113.23.** (A) No employer ~~or,~~ and no physician, 2482  
certified nurse-midwife, clinical nurse specialist, or certified 2483  
nurse practitioner, other health care professional, hospital, or 2484  
laboratory that contracts with the employer to provide medical 2485  
information pertaining to employees, shall refuse upon written 2486  
request of an employee, including a former employee, to furnish 2487  
to the employee ~~or former employee or their~~ the employee's 2488  
designated representative a copy of any medical report 2489  
pertaining to the employee. The requirements of this section 2490  
extend to any medical report arising out of any physical 2491

examination by a physician, certified nurse-midwife, clinical 2492  
nurse specialist, certified nurse practitioner, or other health 2493  
care professional and any hospital or laboratory tests which 2494  
examinations or tests are required by the employer as a 2495  
condition of employment or arising out of any injury or disease 2496  
related to the employee's employment. However, if a physician,  2497  
certified nurse-midwife, clinical nurse specialist, or certified 2498  
nurse practitioner concludes that presentation of all or any 2499  
part of an employee's medical record directly to the employee 2500  
will result in serious medical harm to the employee, ~~he~~ the 2501  
physician or nurse shall so indicate on the medical record, in 2502  
which case a copy thereof shall be given to a physician,  2503  
certified nurse-midwife, clinical nurse specialist, or certified 2504  
nurse practitioner designated in writing by the employee. 2505

(B) The employer may require the employee to pay the cost 2506  
of furnishing copies of the medical reports described in 2507  
division (A) of this section but in no case shall the employer 2508  
charge more than twenty-five cents for each page of a report. 2509

(C) As used in this section, "employer" has the same 2510  
meaning as contained in the definition of that term found in 2511  
section 4123.01 of the Revised Code. 2512

(D) Any employer who refuses to furnish the reports to 2513  
which an employee is entitled is guilty of a minor misdemeanor 2514  
for each violation. The bureau of workers' compensation shall 2515  
enforce this section. 2516

**Sec. 4506.07.** (A) An applicant for a commercial driver's 2517  
license, restricted commercial driver's license, or a commercial 2518  
driver's license temporary instruction permit, or a duplicate of 2519  
such a license or permit, shall submit an application upon a 2520  
form approved and furnished by the registrar of motor vehicles. 2521

Except as provided in section 4506.24 of the Revised Code in 2522  
regard to a restricted commercial driver's license, the 2523  
applicant shall sign the application which shall contain the 2524  
following information: 2525

(1) The applicant's name, date of birth, social security 2526  
account number, sex, general description including height, 2527  
weight, and color of hair and eyes, current residence, duration 2528  
of residence in this state, state of domicile, country of 2529  
citizenship, and occupation; 2530

(2) Whether the applicant previously has been licensed to 2531  
operate a commercial motor vehicle or any other type of motor 2532  
vehicle in another state or a foreign jurisdiction and, if so, 2533  
when, by what state, and whether the license or driving 2534  
privileges currently are suspended or revoked in any 2535  
jurisdiction, or the applicant otherwise has been disqualified 2536  
from operating a commercial motor vehicle, or is subject to an 2537  
out-of-service order issued under this chapter or any similar 2538  
law of another state or a foreign jurisdiction and, if so, the 2539  
date of, locations involved, and reason for the suspension, 2540  
revocation, disqualification, or out-of-service order; 2541

(3) Whether the applicant has any physical or mental 2542  
disability or disease that prevents the applicant from 2543  
exercising reasonable and ordinary control over a motor vehicle 2544  
while operating it upon a highway or is or has been subject to 2545  
any condition resulting in episodic impairment of consciousness 2546  
or loss of muscular control and, if so, the nature and extent of 2547  
the disability, disease, or condition, and the names and 2548  
addresses of the physicians, certified nurse-midwives if 2549  
authorized as described in section 4723.436 of the Revised Code, 2550  
clinical nurse specialists, or certified nurse practitioners 2551



attending the applicant; 2552

(4) Whether the applicant has obtained a medical 2553  
examiner's certificate as required by this chapter and, 2554  
beginning January 30, 2012, the applicant, prior to or at the 2555  
time of applying, has self-certified to the registrar the 2556  
applicable status of the applicant under division (A) (1) of 2557  
section 4506.10 of the Revised Code; 2558

(5) Whether the applicant has pending a citation for 2559  
violation of any motor vehicle law or ordinance except a parking 2560  
violation and, if so, a description of the citation, the court 2561  
having jurisdiction of the offense, and the date when the 2562  
offense occurred; 2563

(6) If an applicant has not certified the applicant's 2564  
willingness to make an anatomical gift under section 2108.05 of 2565  
the Revised Code, whether the applicant wishes to certify 2566  
willingness to make such an anatomical gift, which shall be 2567  
given no consideration in the issuance of a license; 2568

(7) Whether the applicant has executed a valid durable 2569  
power of attorney for health care pursuant to sections 1337.11 2570  
to 1337.17 of the Revised Code or has executed a declaration 2571  
governing the use or continuation, or the withholding or 2572  
withdrawal, of life-sustaining treatment pursuant to sections 2573  
2133.01 to 2133.15 of the Revised Code and, if the applicant has 2574  
executed either type of instrument, whether the applicant wishes 2575  
the license issued to indicate that the applicant has executed 2576  
the instrument; 2577

(8) Whether the applicant is a veteran, active duty, or 2578  
reservist of the armed forces of the United States and, if the 2579  
applicant is such, whether the applicant wishes the license 2580

issued to indicate that the applicant is a veteran, active duty, 2581  
or reservist of the armed forces of the United States by a 2582  
military designation on the license. 2583

(B) Every applicant shall certify, on a form approved and 2584  
furnished by the registrar, all of the following: 2585

(1) That the motor vehicle in which the applicant intends 2586  
to take the driving skills test is representative of the type of 2587  
motor vehicle that the applicant expects to operate as a driver; 2588

(2) That the applicant is not subject to any 2589  
disqualification or out-of-service order, or license suspension, 2590  
revocation, or cancellation, under the laws of this state, of 2591  
another state, or of a foreign jurisdiction and does not have 2592  
more than one driver's license issued by this or another state 2593  
or a foreign jurisdiction; 2594

(3) Any additional information, certification, or evidence 2595  
that the registrar requires by rule in order to ensure that the 2596  
issuance of a commercial driver's license or commercial driver's 2597  
license temporary instruction permit to the applicant is in 2598  
compliance with the law of this state and with federal law. 2599

(C) Every applicant shall execute a form, approved and 2600  
furnished by the registrar, under which the applicant consents 2601  
to the release by the registrar of information from the 2602  
applicant's driving record. 2603

(D) The registrar or a deputy registrar, in accordance 2604  
with section 3503.11 of the Revised Code, shall register as an 2605  
elector any applicant for a commercial driver's license or for a 2606  
renewal or duplicate of such a license under this chapter, if 2607  
the applicant is eligible and wishes to be registered as an 2608  
elector. The decision of an applicant whether to register as an 2609

elector shall be given no consideration in the decision of 2610  
whether to issue the applicant a license or a renewal or 2611  
duplicate. 2612

(E) The registrar or a deputy registrar, in accordance 2613  
with section 3503.11 of the Revised Code, shall offer the 2614  
opportunity of completing a notice of change of residence or 2615  
change of name to any applicant for a commercial driver's 2616  
license or for a renewal or duplicate of such a license who is a 2617  
resident of this state, if the applicant is a registered elector 2618  
who has changed the applicant's residence or name and has not 2619  
filed such a notice. 2620

(F) In considering any application submitted pursuant to 2621  
this section, the bureau of motor vehicles may conduct any 2622  
inquiries necessary to ensure that issuance or renewal of a 2623  
commercial driver's license would not violate any provision of 2624  
the Revised Code or federal law. 2625

(G) In addition to any other information it contains, the 2626  
form approved and furnished by the registrar of motor vehicles 2627  
for an application for a commercial driver's license, restricted 2628  
commercial driver's license, or a commercial driver's license 2629  
temporary instruction permit or an application for a duplicate 2630  
of such a license or permit shall inform applicants that the 2631  
applicant must present a copy of the applicant's DD-214 or an 2632  
equivalent document in order to qualify to have the license, or 2633  
permit, or duplicate indicate that the applicant is a veteran, 2634  
active duty, or reservist of the armed forces of the United 2635  
States based on a request made pursuant to division (A) (8) of 2636  
this section. 2637

**Sec. 4507.06.** (A) (1) Every application for a driver's 2638  
license, motorcycle operator's license or endorsement, or motor- 2639

driven cycle or motor scooter license or endorsement, or 2640  
duplicate of any such license or endorsement, shall be made upon 2641  
the approved form furnished by the registrar of motor vehicles 2642  
and shall be signed by the applicant. 2643

Every application shall state the following: 2644

(a) The applicant's name, date of birth, social security 2645  
number if such has been assigned, sex, general description, 2646  
including height, weight, color of hair, and eyes, residence 2647  
address, including county of residence, duration of residence in 2648  
this state, and country of citizenship; 2649

(b) Whether the applicant previously has been licensed as 2650  
an operator, chauffeur, driver, commercial driver, or motorcycle 2651  
operator and, if so, when, by what state, and whether such 2652  
license is suspended or canceled at the present time and, if so, 2653  
the date of and reason for the suspension or cancellation; 2654

(c) Whether the applicant is now or ever has been 2655  
afflicted with epilepsy, or whether the applicant now has any 2656  
physical or mental disability or disease and, if so, the nature 2657  
and extent of the disability or disease, giving the names and 2658  
addresses of physicians, certified nurse-midwives if authorized 2659  
as described in section 4723.436 of the Revised Code, clinical 2660  
nurse specialists, or certified nurse practitioners then or 2661  
previously in attendance upon the applicant; 2662

(d) Whether an applicant for a duplicate driver's license, 2663  
duplicate license containing a motorcycle operator endorsement, 2664  
or duplicate license containing a motor-driven cycle or motor 2665  
scooter endorsement has pending a citation for violation of any 2666  
motor vehicle law or ordinance, a description of any such 2667  
citation pending, and the date of the citation; 2668

(e) If an applicant has not certified the applicant's 2669  
willingness to make an anatomical gift under section 2108.05 of 2670  
the Revised Code, whether the applicant wishes to certify 2671  
willingness to make such an anatomical gift, which shall be 2672  
given no consideration in the issuance of a license or 2673  
endorsement; 2674

(f) Whether the applicant has executed a valid durable 2675  
power of attorney for health care pursuant to sections 1337.11 2676  
to 1337.17 of the Revised Code or has executed a declaration 2677  
governing the use or continuation, or the withholding or 2678  
withdrawal, of life-sustaining treatment pursuant to sections 2679  
2133.01 to 2133.15 of the Revised Code and, if the applicant has 2680  
executed either type of instrument, whether the applicant wishes 2681  
the applicant's license to indicate that the applicant has 2682  
executed the instrument; 2683

(g) Whether the applicant is a veteran, active duty, or 2684  
reservist of the armed forces of the United States and, if the 2685  
applicant is such, whether the applicant wishes the applicant's 2686  
license to indicate that the applicant is a veteran, active 2687  
duty, or reservist of the armed forces of the United States by a 2688  
military designation on the license. 2689

(2) Every applicant for a driver's license applying in 2690  
person at a deputy registrar office shall be photographed at the 2691  
time the application for the license is made. The application 2692  
shall state any additional information that the registrar 2693  
requires. 2694

(B) The registrar or a deputy registrar, in accordance 2695  
with section 3503.11 of the Revised Code, shall register as an 2696  
elector any person who applies for a license or endorsement 2697  
under division (A) of this section, or for a renewal or 2698

duplicate of the license or endorsement, if the applicant is 2699  
eligible and wishes to be registered as an elector. The decision 2700  
of an applicant whether to register as an elector shall be given 2701  
no consideration in the decision of whether to issue the 2702  
applicant a license or endorsement, or a renewal or duplicate. 2703

(C) The registrar or a deputy registrar, in accordance 2704  
with section 3503.11 of the Revised Code, shall offer the 2705  
opportunity of completing a notice of change of residence or 2706  
change of name to any applicant for a driver's license or 2707  
endorsement under division (A) of this section, or for a renewal 2708  
or duplicate of the license or endorsement, if the applicant is 2709  
a registered elector who has changed the applicant's residence 2710  
or name and has not filed such a notice. 2711

(D) In addition to any other information it contains, the 2712  
approved form furnished by the registrar of motor vehicles for 2713  
an application for a license or endorsement or an application 2714  
for a duplicate of any such license or endorsement shall inform 2715  
applicants that the applicant must present a copy of the 2716  
applicant's DD-214 or an equivalent document in order to qualify 2717  
to have the license or duplicate indicate that the applicant is 2718  
a veteran, active duty, or reservist of the armed forces of the 2719  
United States based on a request made pursuant to division (A) 2720  
(1)(g) of this section. 2721

**Sec. 4507.08.** (A) No probationary license shall be issued 2722  
to any person under the age of eighteen who has been adjudicated 2723  
an unruly or delinquent child or a juvenile traffic offender for 2724  
having committed any act that if committed by an adult would be 2725  
a drug abuse offense, as defined in section 2925.01 of the 2726  
Revised Code, a violation of division (B) of section 2917.11, or 2727  
a violation of division (A) of section 4511.19 of the Revised 2728

Code, unless the person has been required by the court to attend 2729  
a drug abuse or alcohol abuse education, intervention, or 2730  
treatment program specified by the court and has satisfactorily 2731  
completed the program. 2732

(B) No temporary instruction permit or driver's license 2733  
shall be issued to any person whose license has been suspended, 2734  
during the period for which the license was suspended, nor to 2735  
any person whose license has been canceled, under Chapter 4510. 2736  
or any other provision of the Revised Code. 2737

(C) No temporary instruction permit or driver's license 2738  
shall be issued to any person whose commercial driver's license 2739  
is suspended under Chapter 4510. or any other provision of the 2740  
Revised Code during the period of the suspension. 2741

No temporary instruction permit or driver's license shall 2742  
be issued to any person when issuance is prohibited by division 2743  
(A) of section 4507.091 of the Revised Code. 2744

(D) No temporary instruction permit or driver's license 2745  
shall be issued to, or retained by, any of the following 2746  
persons: 2747

(1) Any person who has alcoholism, or is addicted to the 2748  
use of controlled substances to the extent that the use 2749  
constitutes an impairment to the person's ability to operate a 2750  
motor vehicle with the required degree of safety; 2751

(2) Any person who is under the age of eighteen and has 2752  
been adjudicated an unruly or delinquent child or a juvenile 2753  
traffic offender for having committed any act that if committed 2754  
by an adult would be a drug abuse offense, as defined in section 2755  
2925.01 of the Revised Code, a violation of division (B) of 2756  
section 2917.11, or a violation of division (A) of section 2757

4511.19 of the Revised Code, unless the person has been required 2758  
by the court to attend a drug abuse or alcohol abuse education, 2759  
intervention, or treatment program specified by the court and 2760  
has satisfactorily completed the program; 2761

(3) Any person who, in the opinion of the registrar, has a 2762  
physical or mental disability or disease that prevents the 2763  
person from exercising reasonable and ordinary control over a 2764  
motor vehicle while operating the vehicle upon the highways, 2765  
except that a restricted license effective for six months may be 2766  
issued to any person otherwise qualified who is or has been 2767  
subject to any condition resulting in episodic impairment of 2768  
consciousness or loss of muscular control and whose condition, 2769  
in the opinion of the registrar, is dormant or is sufficiently 2770  
under medical control that the person is capable of exercising 2771  
reasonable and ordinary control over a motor vehicle. A 2772  
restricted license effective for six months shall be issued to 2773  
any person who otherwise is qualified and who is subject to any 2774  
condition that causes episodic impairment of consciousness or a 2775  
loss of muscular control if the person presents a statement from 2776  
a licensed physician, certified nurse-midwife if authorized as 2777  
described in section 4723.436 of the Revised Code, clinical 2778  
nurse specialist, or certified nurse practitioner that the 2779  
person's condition is under effective medical control and the 2780  
period of time for which the control has been continuously 2781  
maintained, unless, thereafter, a medical examination is ordered 2782  
and, pursuant thereto, cause for denial is found. 2783

A person to whom a six-month restricted license has been 2784  
issued shall give notice of the person's medical condition to 2785  
the registrar on forms provided by the registrar and signed by 2786  
the licensee's physician, certified nurse-midwife, clinical 2787  
nurse specialist, or certified nurse practitioner. The notice 2788



shall be sent to the registrar six months after the issuance of 2789  
the license. Subsequent restricted licenses issued to the same 2790  
individual shall be effective for six months. 2791

(4) Any person who is unable to understand highway 2792  
warnings or traffic signs or directions given in the English 2793  
language; 2794

(5) Any person making an application whose driver's 2795  
license or driving privileges are under cancellation, 2796  
revocation, or suspension in the jurisdiction where issued or 2797  
any other jurisdiction, until the expiration of one year after 2798  
the license was canceled or revoked or until the period of 2799  
suspension ends. Any person whose application is denied under 2800  
this division may file a petition in the municipal court or 2801  
county court in whose jurisdiction the person resides agreeing 2802  
to pay the cost of the proceedings and alleging that the conduct 2803  
involved in the offense that resulted in suspension, 2804  
cancellation, or revocation in the foreign jurisdiction would 2805  
not have resulted in a suspension, cancellation, or revocation 2806  
had the offense occurred in this state. If the petition is 2807  
granted, the petitioner shall notify the registrar by a 2808  
certified copy of the court's findings and a license shall not 2809  
be denied under this division. 2810

(6) Any person who is under a class one or two suspension 2811  
imposed for a violation of section 2903.01, 2903.02, 2903.04, 2812  
2903.06, 2903.08, 2903.11, 2921.331, or 2923.02 of the Revised 2813  
Code or whose driver's or commercial driver's license or permit 2814  
was permanently revoked prior to January 1, 2004, for a 2815  
substantially equivalent violation pursuant to section 4507.16 2816  
of the Revised Code; 2817

(7) Any person who is not a resident or temporary resident 2818

of this state. 2819

(E) No person whose driver's license or permit has been 2820  
suspended under Chapter 4510. of the Revised Code or any other 2821  
provision of the Revised Code shall have driving privileges 2822  
reinstated if the registrar determines that a warrant has been 2823  
issued in this state or any other state for the person's arrest 2824  
and that warrant is an active warrant. 2825

**Sec. 4507.081.** (A) Upon the expiration of a restricted 2826  
license issued under division (D) (3) of section 4507.08 of the 2827  
Revised Code and submission of a statement as provided in 2828  
division (C) of this section, the registrar of motor vehicles 2829  
may issue a driver's license to the person to whom the 2830  
restricted license was issued. A driver's license issued under 2831  
this section, unless otherwise suspended or canceled, shall be 2832  
effective for one year. 2833

(B) A driver's license issued under this section may be 2834  
renewed annually, for no more than three consecutive years, 2835  
whenever the person to whom the license has been issued submits 2836  
to the registrar no sooner than thirty days prior to the 2837  
expiration date of the license or renewal thereof, a statement 2838  
as provided in division (C) of this section. A renewal of a 2839  
driver's license, unless the license is otherwise suspended or 2840  
canceled, shall be effective for one year following the 2841  
expiration date of the license or renewal thereof. 2842

(C) No person may be issued a driver's license under this 2843  
section, and no such driver's license may be renewed, unless the 2844  
person presents a signed statement from a licensed physician, 2845  
certified nurse-midwife if authorized as described in section 2846  
4723.436 of the Revised Code, clinical nurse specialist, or 2847  
certified nurse practitioner that the person's condition either 2848

is dormant or is under effective medical control, that the 2849  
control has been maintained continuously for at least one year 2850  
prior to the date on which application for the license is made, 2851  
and that, if continued medication is prescribed to control the 2852  
condition, the person may be depended upon to take the 2853  
medication. 2854

The statement shall be made on a form provided by the 2855  
registrar and shall contain any other information the registrar 2856  
considers necessary. 2857

(D) Whenever the registrar receives a statement indicating 2858  
that the condition of a person to whom a driver's license has 2859  
been issued under this section no longer is dormant or under 2860  
effective medical control, the registrar shall cancel the 2861  
person's driver's license. 2862

(E) Nothing in this section shall require a person 2863  
submitting a signed statement from a licensed physician, 2864  
certified nurse-midwife, clinical nurse specialist, or certified 2865  
nurse practitioner to obtain a medical examination prior to the 2866  
submission of the statement. 2867

(F) Any person whose driver's license has been canceled 2868  
under this section may apply for a subsequent restricted license 2869  
according to the provisions of section 4507.08 of the Revised 2870  
Code. 2871

**Sec. 4507.141.** (A) Any hearing-impaired person may apply 2872  
to the registrar of motor vehicles for an identification card 2873  
identifying the person as hearing-impaired. The application for 2874  
a hearing-impaired identification card shall be accompanied by a 2875  
statement, signed ~~statement from~~ by the applicant's personal 2876  
physician, certified nurse-midwife if authorized as described in 2877

section 4723.436 of the Revised Code, clinical nurse specialist, 2878  
or certified nurse practitioner, certifying that the applicant 2879  
is hearing-impaired. Upon receipt of the application ~~for the~~ 2880  
~~identification card and the signed statement from the~~ 2881  
~~applicant's personal physician,~~ and upon presentation by the 2882  
applicant of the applicant's driver's or commercial driver's 2883  
license or motorcycle operator's license, the registrar shall 2884  
issue the applicant an identification card. A hearing-impaired 2885  
person may also apply for a hearing-impaired identification card 2886  
at the time the person applies for a driver's or commercial 2887  
driver's license or motorcycle operator's license or 2888  
endorsement. Every hearing-impaired identification card shall 2889  
expire on the same date that the cardholder's driver's or 2890  
commercial driver's license or motorcycle operator's license 2891  
expires. 2892

(B) The hearing-impaired identification card shall be 2893  
rectangular in shape, approximately the same size as an average 2894  
motor vehicle sun visor, as determined by the registrar, to 2895  
enable the identification card to be attached to a sun visor in 2896  
a motor vehicle. The identification card shall contain the 2897  
heading "Identification Card for the Hearing-impaired Driver" in 2898  
boldface type, the name and signature of the hearing-impaired 2899  
person to whom it is issued, an identifying number, and 2900  
instructions on the actions the hearing-impaired person should 2901  
take and the actions the person should refrain from taking in 2902  
the event the person is stopped by a law enforcement officer 2903  
while operating the motor vehicle. The registrar shall determine 2904  
the preferred manner in which a hearing-impaired motorcycle 2905  
operator should carry or display the hearing-impaired 2906  
identification card, and the color and composition of, and any 2907  
other information to be included on, the identification card. 2908

(C) As used in this section, "hearing-impaired" means a hearing loss of forty decibels or more in one or both ears.

**Sec. 4507.30.** No person shall do any of the following:

(A) Display, or cause or permit to be displayed, or possess any identification card, driver's or commercial driver's license, temporary instruction permit, or commercial driver's license temporary instruction permit knowing the same to be fictitious, or to have been canceled, suspended, or altered;

(B) Lend to a person not entitled thereto, or knowingly permit a person not entitled thereto to use any identification card, driver's or commercial driver's license, temporary instruction permit, or commercial driver's license temporary instruction permit issued to the person so lending or permitting the use thereof;

(C) Display, or represent as one's own, any identification card, driver's or commercial driver's license, temporary instruction permit, or commercial driver's license temporary instruction permit not issued to the person so displaying the same;

(D) Fail to surrender to the registrar of motor vehicles, upon the registrar's demand, any identification card, driver's or commercial driver's license, temporary instruction permit, or commercial driver's license temporary instruction permit that has been suspended or canceled;

(E) In any application for an identification card, driver's or commercial driver's license, temporary instruction permit, or commercial driver's license temporary instruction permit, or any renewal, reprint, or duplicate thereof, knowingly conceal a material fact, or present any ~~physician's~~ statement

required under section 4507.08 or 4507.081 of the Revised Code 2938  
when knowing the same to be false or fictitious. 2939

(F) Whoever violates any division of this section is 2940  
guilty of a misdemeanor of the first degree. 2941

**Sec. 4511.81.** (A) When any child who is in either or both 2942  
of the following categories is being transported in a motor 2943  
vehicle, other than a taxicab or public safety vehicle as 2944  
defined in section 4511.01 of the Revised Code, that is required 2945  
by the United States department of transportation to be equipped 2946  
with seat belts at the time of manufacture or assembly, the 2947  
operator of the motor vehicle shall have the child properly 2948  
secured in accordance with the manufacturer's instructions in a 2949  
child restraint system that meets federal motor vehicle safety 2950  
standards: 2951

(1) A child who is less than four years of age; 2952

(2) A child who weighs less than forty pounds. 2953

(B) When any child who is in either or both of the 2954  
following categories is being transported in a motor vehicle, 2955  
other than a taxicab, that is owned, leased, or otherwise under 2956  
the control of a nursery school or child care center, the 2957  
operator of the motor vehicle shall have the child properly 2958  
secured in accordance with the manufacturer's instructions in a 2959  
child restraint system that meets federal motor vehicle safety 2960  
standards: 2961

(1) A child who is less than four years of age; 2962

(2) A child who weighs less than forty pounds. 2963

(C) When any child who is less than eight years of age and 2964  
less than four feet nine inches in height, who is not required 2965

by division (A) or (B) of this section to be secured in a child 2966  
restraint system, is being transported in a motor vehicle, other 2967  
than a taxicab or public safety vehicle as defined in section 2968  
4511.01 of the Revised Code or a vehicle that is regulated under 2969  
section 5104.015 of the Revised Code, that is required by the 2970  
United States department of transportation to be equipped with 2971  
seat belts at the time of manufacture or assembly, the operator 2972  
of the motor vehicle shall have the child properly secured in 2973  
accordance with the manufacturer's instructions on a booster 2974  
seat that meets federal motor vehicle safety standards. 2975

(D) When any child who is at least eight years of age but 2976  
not older than fifteen years of age, and who is not otherwise 2977  
required by division (A), (B), or (C) of this section to be 2978  
secured in a child restraint system or booster seat, is being 2979  
transported in a motor vehicle, other than a taxicab or public 2980  
safety vehicle as defined in section 4511.01 of the Revised 2981  
Code, that is required by the United States department of 2982  
transportation to be equipped with seat belts at the time of 2983  
manufacture or assembly, the operator of the motor vehicle shall 2984  
have the child properly restrained either in accordance with the 2985  
manufacturer's instructions in a child restraint system that 2986  
meets federal motor vehicle safety standards or in an occupant 2987  
restraining device as defined in section 4513.263 of the Revised 2988  
Code. 2989

(E) Notwithstanding any provision of law to the contrary, 2990  
no law enforcement officer shall cause an operator of a motor 2991  
vehicle being operated on any street or highway to stop the 2992  
motor vehicle for the sole purpose of determining whether a 2993  
violation of division (C) or (D) of this section has been or is 2994  
being committed or for the sole purpose of issuing a ticket, 2995  
citation, or summons for a violation of division (C) or (D) of 2996

this section or causing the arrest of or commencing a 2997  
prosecution of a person for a violation of division (C) or (D) 2998  
of this section, and absent another violation of law, a law 2999  
enforcement officer's view of the interior or visual inspection 3000  
of a motor vehicle being operated on any street or highway may 3001  
not be used for the purpose of determining whether a violation 3002  
of division (C) or (D) of this section has been or is being 3003  
committed. 3004

(F) The director of public safety shall adopt such rules 3005  
as are necessary to carry out this section. 3006

(G) The failure of an operator of a motor vehicle to 3007  
secure a child in a child restraint system, a booster seat, or 3008  
an occupant restraining device as required by this section is 3009  
not negligence imputable to the child, is not admissible as 3010  
evidence in any civil action involving the rights of the child 3011  
against any other person allegedly liable for injuries to the 3012  
child, is not to be used as a basis for a criminal prosecution 3013  
of the operator of the motor vehicle other than a prosecution 3014  
for a violation of this section, and is not admissible as 3015  
evidence in any criminal action involving the operator of the 3016  
motor vehicle other than a prosecution for a violation of this 3017  
section. 3018

(H) This section does not apply when an emergency exists 3019  
that threatens the life of any person operating or occupying a 3020  
motor vehicle that is being used to transport a child who 3021  
otherwise would be required to be restrained under this section. 3022  
This section does not apply to a person operating a motor 3023  
vehicle who has an affidavit signed by a physician licensed to 3024  
practice in this state under Chapter 4731. of the Revised Code,  3025  
a clinical nurse specialist or certified nurse practitioner 3026



licensed to practice in this state under Chapter 4723. of the 3027  
Revised Code, or a chiropractor licensed to practice in this 3028  
state under Chapter 4734. of the Revised Code that states that 3029  
the child who otherwise would be required to be restrained under 3030  
this section has a physical impairment that makes use of a child 3031  
restraint system, booster seat, or an occupant restraining 3032  
device impossible or impractical, provided that the person 3033  
operating the vehicle has safely and appropriately restrained 3034  
the child in accordance with any recommendations of the 3035  
physician, nurse, or chiropractor as noted on the affidavit. 3036

(I) There is hereby created in the state treasury the 3037  
child highway safety fund, consisting of fines imposed pursuant 3038  
to division (L)(1) of this section for violations of divisions 3039  
(A), (B), (C), and (D) of this section. The money in the fund 3040  
shall be used by the department of health only to defray the 3041  
cost of designating hospitals as pediatric trauma centers under 3042  
section 3727.081 of the Revised Code and to establish and 3043  
administer a child highway safety program. The purpose of the 3044  
program shall be to educate the public about child restraint 3045  
systems and booster seats and the importance of their proper 3046  
use. The program also shall include a process for providing 3047  
child restraint systems and booster seats to persons who meet 3048  
the eligibility criteria established by the department, and a 3049  
toll-free telephone number the public may utilize to obtain 3050  
information about child restraint systems and booster seats, and 3051  
their proper use. 3052

(J) The director of health, in accordance with Chapter 3053  
119. of the Revised Code, shall adopt any rules necessary to 3054  
carry out this section, including rules establishing the 3055  
criteria a person must meet in order to receive a child 3056  
restraint system or booster seat under the department's child 3057

highway safety program; provided that rules relating to the 3058  
verification of pediatric trauma centers shall not be adopted 3059  
under this section. 3060

(K) Nothing in this section shall be construed to require 3061  
any person to carry with the person the birth certificate of a 3062  
child to prove the age of the child, but the production of a 3063  
valid birth certificate for a child showing that the child was 3064  
not of an age to which this section applies is a defense against 3065  
any ticket, citation, or summons issued for violating this 3066  
section. 3067

(L) (1) Whoever violates division (A), (B), (C), or (D) of 3068  
this section shall be punished as follows, provided that the 3069  
failure of an operator of a motor vehicle to secure more than 3070  
one child in a child restraint system, booster seat, or occupant 3071  
restraining device as required by this section that occurred at 3072  
the same time, on the same day, and at the same location is 3073  
deemed to be a single violation of this section: 3074

(a) Except as otherwise provided in division (L) (1) (b) of 3075  
this section, the offender is guilty of a minor misdemeanor and 3076  
shall be fined not less than twenty-five dollars nor more than 3077  
seventy-five dollars. 3078

(b) If the offender previously has been convicted of or 3079  
pleaded guilty to a violation of division (A), (B), (C), or (D) 3080  
of this section or of a municipal ordinance that is 3081  
substantially similar to any of those divisions, the offender is 3082  
guilty of a misdemeanor of the fourth degree. 3083

(2) All fines imposed pursuant to division (L) (1) of this 3084  
section shall be forwarded to the treasurer of state for deposit 3085  
in the child highway safety fund created by division (I) of this 3086

section. 3087

Sec. 4723.436. For purposes of sections 173.521, 173.542, 3088  
3701.162, 3721.01, 3721.011, 3721.041, 3727.19, 3742.03, 3089  
3742.04, 3742.07, 3923.25, 4506.07, 4507.06, 4507.08, 4507.081, 3090  
4507.141, and 4507.30 of the Revised Code, a certified nurse- 3091  
midwife may sign documents or take related actions under those 3092  
sections only if the nurse's scope of practice, as determined in 3093  
accordance with section 4723.43 of the Revised Code and 3094  
standards established by the board of nursing, authorizes the 3095  
nurse to practice in the manner described in those sections. 3096

Sec. 4723.4812. (A) A certified nurse-midwife, clinical 3097  
nurse specialist, or certified nurse practitioner who has 3098  
established a protocol that meets the requirements of section 3099  
4729.284 of the Revised Code and the rules adopted under that 3100  
section may authorize one or more pharmacists to use the 3101  
protocol for the purpose of dispensing nicotine replacement 3102  
therapy under section 4729.284 of the Revised Code. 3103

(B) The board of nursing shall adopt rules establishing 3104  
standards and procedures to be followed by a certified nurse- 3105  
midwife, clinical nurse specialist, or certified nurse 3106  
practitioner when prescribing a drug that may be administered by 3107  
a pharmacist pursuant to section 4729.45 of the Revised Code. 3108  
The rules shall be adopted in accordance with Chapter 119. of 3109  
the Revised Code and in consultation with the state board of 3110  
pharmacy. 3111

(C) A certified nurse-midwife, clinical nurse specialist 3112  
or certified nurse practitioner who has established a protocol 3113  
that meets the requirements specified by the state board of 3114  
pharmacy in rules adopted under section 4729.47 of the Revised 3115  
Code may authorize one or more pharmacists and any of the 3116

pharmacy interns supervised by the pharmacist or pharmacists to 3117  
use the protocol for the purpose of dispensing epinephrine under 3118  
section 4729.47 of the Revised Code. 3119

**Sec. 4729.284.** (A) As used in this section, "nicotine 3120  
replacement therapy" means a drug, including a dangerous drug, 3121  
that delivers small doses of nicotine to an individual for the 3122  
purpose of aiding in tobacco cessation or smoking cessation. 3123

(B) Subject to division (C) of this section, if use of a 3124  
protocol that has been developed under this section has been 3125  
authorized under section 4723.4812 or 4731.90 of the Revised 3126  
Code, a pharmacist may dispense nicotine replacement therapy in 3127  
accordance with that protocol to individuals who are eighteen 3128  
years old or older and seeking to quit using tobacco-containing 3129  
products. 3130

(C) For a pharmacist to be authorized to dispense nicotine 3131  
replacement therapy under this section, the pharmacist shall do 3132  
both of the following: 3133

(1) Successfully complete a course on nicotine replacement 3134  
therapy that is taught by a provider that is accredited by the 3135  
accreditation council for pharmacy education, or another 3136  
provider approved by the state board of pharmacy, and that meets 3137  
requirements established in rules adopted under this section; 3138

(2) Practice in accordance with a protocol that meets the 3139  
requirements of division (D) of this section. 3140

(D) All of the following apply with respect to the 3141  
protocol required by this section: 3142

(1) The protocol shall be established by a physician 3143  
authorized under Chapter 4731. of the Revised Code to practice 3144  
medicine and surgery or osteopathic medicine and surgery or a 3145

certified nurse-midwife, clinical nurse specialist, or certified 3146  
nurse practitioner licensed under Chapter 4723. of the Revised 3147  
Code. 3148

(2) The protocol shall specify a definitive set of 3149  
treatment guidelines and the locations at which a pharmacist may 3150  
dispense nicotine replacement therapy under this section. 3151

(3) The protocol shall include provisions for 3152  
implementation of the following requirements: 3153

(a) Use by the pharmacist of a screening procedure, 3154  
recommended by the United States centers for disease control and 3155  
prevention or another organization approved by the board, to 3156  
determine if an individual is a good candidate to receive 3157  
nicotine replacement therapy dispensed as authorized by this 3158  
section; 3159

(b) A requirement that the pharmacist refer high-risk 3160  
individuals or individuals with contraindications to a primary 3161  
care provider or, as appropriate, to another type of provider; 3162

(c) A requirement that the pharmacist develop and 3163  
implement a follow-up care plan in accordance with guidelines 3164  
specified in rules adopted under this section, including a 3165  
recommendation by the pharmacist that the individual seek 3166  
additional assistance with behavior change, including assistance 3167  
from the Ohio tobacco quit line made available by the department 3168  
of health. 3169

(4) The protocol shall satisfy any additional requirements 3170  
established in rules adopted under this section. 3171

(E) (1) Documentation related to screening, dispensing, and 3172  
follow-up care plans shall be maintained in the records of the 3173  
pharmacy where the pharmacist practices for at least three 3174

years. Dispensing of nicotine replacement therapy may be 3175  
documented on a prescription form, and the form may be assigned 3176  
a number for recordkeeping purposes. 3177

(2) Not later than seventy-two hours after a screening is 3178  
conducted under this section, the pharmacist shall provide 3179  
notice to the individual's primary care provider, if known, or 3180  
to the individual if the primary care provider is unknown. The 3181  
notice shall include results of the screening, and if 3182  
applicable, the dispensing record and follow-up care plan. 3183

A copy of the documentation identified in division (E) (1) 3184  
of this section shall also be provided to the individual or the 3185  
individual's primary care provider on request. 3186

(F) This section does not affect the authority of a 3187  
pharmacist to do any of the following: 3188

(1) Fill or refill prescriptions for nicotine replacement 3189  
therapy; 3190

(2) Sell nicotine replacement therapy that does not 3191  
require a prescription. 3192

(G) No pharmacist shall do either of the following: 3193

(1) Dispense nicotine replacement therapy in accordance 3194  
with a protocol unless the requirements of division (C) of this 3195  
section have been met; 3196

(2) Delegate to any person the pharmacist's authority to 3197  
engage in or supervise the dispensing of nicotine replacement 3198  
therapy. 3199

(H) (1) The board shall adopt rules to implement this 3200  
section. The rules shall be adopted in accordance with Chapter 3201  
119. of the Revised Code and shall include all of the following: 3202

(a) Provisions specifying the nicotine replacement therapy that may be dispensed in accordance with a protocol;	3203 3204
(b) Requirements for courses on nicotine replacement therapy including requirements that are consistent with any standards established for such courses by the United States centers for disease control and prevention;	3205 3206 3207 3208
(c) Requirements for protocols to be followed by pharmacists in dispensing nicotine replacement therapy;	3209 3210
(d) Guidelines for follow-up care plans.	3211
(2) Prior to adopting rules regarding requirements for protocols to be followed by pharmacists in dispensing of nicotine replacement therapy, the state board of pharmacy shall consult with the state medical board, <u>board of nursing</u> , and <del>the</del> department of health.	3212 3213 3214 3215 3216
(I) A physician, <u>certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner</u> who in good faith authorizes a pharmacist to dispense nicotine replacement therapy in accordance with a protocol developed pursuant to rules adopted under division (H) of this section is not liable for or subject to any of the following for any action or omission of the individual to whom the nicotine replacement therapy is dispensed: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action.	3217 3218 3219 3220 3221 3222 3223 3224 3225
<b>Sec. 4729.41.</b> (A) (1) A pharmacist licensed under this chapter who meets the requirements of division (B) of this section, and a pharmacy intern licensed under this chapter who meets the requirements of division (B) of this section and is working under the direct supervision of a pharmacist who meets the requirements of that division, may do any of the following:	3226 3227 3228 3229 3230 3231

(a) In the case of an individual who is seven years of age 3232  
or older but not more than thirteen years of age, administer to 3233  
the individual an immunization for any of the following: 3234

(i) Influenza; 3235

(ii) COVID-19; 3236

(iii) Any other disease, but only pursuant to a 3237  
prescription. 3238

(b) In the case of an individual who is thirteen years of 3239  
age or older, administer to the individual an immunization for 3240  
any disease, including an immunization for influenza or COVID- 3241  
19. 3242

(2) As part of engaging in the administration of 3243  
immunizations or supervising a pharmacy intern's administration 3244  
of immunizations, a pharmacist may administer epinephrine or 3245  
diphenhydramine, or both, to individuals in emergency situations 3246  
resulting from adverse reactions to the immunizations 3247  
administered by the pharmacist or pharmacy intern. 3248

(B) For a pharmacist or pharmacy intern to be authorized 3249  
to engage in the administration of immunizations, the pharmacist 3250  
or pharmacy intern shall do all of the following: 3251

(1) Successfully complete a course in the administration 3252  
of immunizations that meets the requirements established in 3253  
rules adopted under this section for such courses; 3254

(2) Receive and maintain certification to perform basic 3255  
life-support procedures by successfully completing a basic life- 3256  
support training course that is certified by the American red 3257  
cross or American heart association or approved by the state 3258  
board of pharmacy; 3259



(3) Practice in accordance with a protocol that meets the requirements of division (C) of this section. 3260  
3261

(C) All of the following apply with respect to the protocol required by division (B) (3) of this section: 3262  
3263

(1) The protocol shall be established by a physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery or a certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner licensed under Chapter 4723. of the Revised Code. 3264  
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(2) The protocol shall specify a definitive set of treatment guidelines and the locations at which a pharmacist or pharmacy intern may engage in the administration of immunizations. 3270  
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(3) The protocol shall satisfy the requirements established in rules adopted under this section for protocols. 3274  
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(4) The protocol shall include provisions for implementation of the following requirements: 3276  
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(a) The pharmacist or pharmacy intern who administers an immunization shall observe the individual who receives the immunization to determine whether the individual has an adverse reaction to the immunization. The length of time and location of the observation shall comply with the rules adopted under this section establishing requirements for protocols. The protocol shall specify procedures to be followed by a pharmacist when administering epinephrine, or diphenhydramine, or both, to an individual who has an adverse reaction to an immunization administered by the pharmacist or a pharmacy intern. 3278  
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(b) For each immunization administered to an individual by 3288

a pharmacist or pharmacy intern, other than an immunization for 3289  
influenza administered to an individual eighteen years of age or 3290  
older, the pharmacist or pharmacy intern shall notify the 3291  
individual's primary care provider or, if the individual has no 3292  
primary care provider, the board of health of the health 3293  
district in which the individual resides or the authority having 3294  
the duties of a board of health for that district under section 3295  
3709.05 of the Revised Code. The notice shall be given not later 3296  
than thirty days after the immunization is administered. 3297

(c) For each immunization administered by a pharmacist or 3298  
pharmacy intern to an individual younger than eighteen years of 3299  
age, the pharmacist or a pharmacy intern shall obtain permission 3300  
from the individual's parent or legal guardian in accordance 3301  
with the procedures specified in rules adopted under this 3302  
section. 3303

(D) (1) No pharmacist shall do either of the following: 3304

(a) Engage in the administration of immunizations unless 3305  
the requirements of division (B) of this section have been met; 3306

(b) Delegate to any person the pharmacist's authority to 3307  
engage in or supervise the administration of immunizations. 3308

(2) No pharmacy intern shall engage in the administration 3309  
of immunizations unless the requirements of division (B) of this 3310  
section have been met. 3311

(E) (1) The state board of pharmacy shall adopt rules to 3312  
implement this section. The rules shall be adopted in accordance 3313  
with Chapter 119. of the Revised Code and shall include the 3314  
following: 3315

(a) Requirements for courses in administration of 3316  
immunizations, including requirements that are consistent with 3317

any standards established for such courses by the centers for 3318  
disease control and prevention; 3319

(b) Requirements for protocols to be followed by 3320  
pharmacists and pharmacy interns in engaging in the 3321  
administration of immunizations; 3322

(c) Procedures to be followed by pharmacists and pharmacy 3323  
interns in obtaining from the individual's parent or legal 3324  
guardian permission to administer immunizations to an individual 3325  
younger than eighteen years of age. 3326

(2) Prior to adopting rules regarding requirements for 3327  
protocols to be followed by pharmacists and pharmacy interns in 3328  
engaging in the administration of immunizations, the state board 3329  
of pharmacy shall consult with the state medical board and the 3330  
board of nursing. 3331

**Sec. 4729.45.** (A) As used in this section, ~~"physician"~~: 3332

(1) "Certified nurse-midwife," "clinical nurse 3333  
specialist," and "certified nurse practitioner" have the same 3334  
meanings as in section 4723.01 of the Revised Code. 3335

(2) "Physician" means an individual authorized under 3336  
Chapter 4731. of the Revised Code to practice medicine and 3337  
surgery or osteopathic medicine and surgery. 3338

(B) (1) Subject to division (C) of this section, a 3339  
pharmacist licensed under this chapter may administer by 3340  
injection any of the following drugs as long as the drug that is 3341  
to be administered has been prescribed by a physician, certified 3342  
nurse-midwife, clinical nurse specialist, or certified nurse 3343  
practitioner and the individual to whom the drug was prescribed 3344  
has an ongoing physician-patient or nurse-patient relationship 3345  
with the physician or nurse: 3346

(a) An addiction treatment drug administered in a long-acting or extended-release form;	3347 3348
(b) An antipsychotic drug administered in a long-acting or extended-release form;	3349 3350
(c) Hydroxyprogesterone caproate;	3351
(d) Medroxyprogesterone acetate;	3352
(e) Cobalamin.	3353
(2) As part of engaging in the administration of drugs by injection pursuant to this section, a pharmacist may administer epinephrine or diphenhydramine, or both, to an individual in an emergency situation resulting from an adverse reaction to a drug administered by the pharmacist.	3354 3355 3356 3357 3358
(C) To be authorized to administer drugs pursuant to this section, a pharmacist must do all of the following:	3359 3360
(1) Successfully complete a course in the administration of drugs that satisfies the requirements established by the state board of pharmacy in rules adopted under division (H) (1) (a) of this section;	3361 3362 3363 3364
(2) Receive and maintain certification to perform basic life-support procedures by successfully completing a basic life-support training course that is certified by the American red cross or American heart association or approved by the state board of pharmacy;	3365 3366 3367 3368 3369
(3) Practice in accordance with a protocol that meets the requirements of division (F) of this section.	3370 3371
(D) Each time a pharmacist administers a drug pursuant to this section, the pharmacist shall do all of the following:	3372 3373

(1) Obtain permission in accordance with the procedures 3374  
specified in rules adopted under division (H) of this section 3375  
and comply with the following requirements: 3376

(a) Except as provided in division (D)(1)(c) of this 3377  
section, for each drug administered by a pharmacist to an 3378  
individual who is eighteen years of age or older, the pharmacist 3379  
shall obtain permission from the individual. 3380

(b) For each drug administered by a pharmacist to an 3381  
individual who is under eighteen years of age, the pharmacist 3382  
shall obtain permission from the individual's parent or other 3383  
person having care or charge of the individual. 3384

(c) For each drug administered by a pharmacist to an 3385  
individual who lacks the capacity to make informed health care 3386  
decisions, the pharmacist shall obtain permission from the 3387  
person authorized to make such decisions on the individual's 3388  
behalf. 3389

(2) In the case of an addiction treatment drug described 3390  
in division (B)(1)(a) of this section, obtain in accordance with 3391  
division (E) of this section test results indicating that it is 3392  
appropriate to administer the drug to the individual if either 3393  
of the following is to be administered: 3394

(a) The initial dose of the drug; 3395

(b) Any subsequent dose, if the administration occurs more 3396  
than thirty days after the previous dose of the drug was 3397  
administered. 3398

(3) Observe the individual to whom the drug is 3399  
administered to determine whether the individual has an adverse 3400  
reaction to the drug; 3401

(4) Notify the physician, certified nurse-midwife, 3402  
clinical nurse specialist, or certified nurse practitioner who 3403  
prescribed the drug that the drug has been administered to the 3404  
individual. 3405

(E) A pharmacist may obtain the test results described in 3406  
division (D) (2) of this section in either of the following ways: 3407

(1) From the physician, certified nurse-midwife, clinical 3408  
nurse specialist, or certified nurse practitioner; 3409

(2) By ordering blood and urine tests for the individual 3410  
to whom the drug is to be administered. 3411

If a pharmacist orders blood and urine tests, the 3412  
pharmacist shall evaluate the results of the tests to determine 3413  
whether they indicate that it is appropriate to administer the 3414  
drug. A pharmacist's authority to evaluate test results under 3415  
this division does not authorize the pharmacist to make a 3416  
diagnosis. 3417

(F) All of the following apply with respect to the 3418  
protocol required by division (C) (3) of this section: 3419

(1) The protocol must be established by a physician,  3420  
certified nurse-midwife, clinical nurse specialist, or certified 3421  
nurse practitioner who has a scope of practice that includes 3422  
treatment of the condition for which the individual has been 3423  
prescribed the drug to be administered. 3424

(2) The protocol must satisfy the requirements established 3425  
in rules adopted under division (H) (1) (b) of this section. 3426

(3) The protocol must do all of the following: 3427

(a) Specify a definitive set of treatment guidelines; 3428

(b) Specify the locations at which a pharmacist may engage in the administration of drugs pursuant to this section;	3429 3430
(c) Include provisions for implementing the requirements of division (D) of this section, including for purposes of division (D) (3) of this section provisions specifying the length of time and location at which a pharmacist must observe an individual who receives a drug to determine whether the individual has an adverse reaction to the drug;	3431 3432 3433 3434 3435 3436
(d) Specify procedures to be followed by a pharmacist when administering epinephrine, diphenhydramine, or both, to an individual who has an adverse reaction to a drug administered by the pharmacist.	3437 3438 3439 3440
(G) A pharmacist shall not do either of the following:	3441
(1) Engage in the administration of drugs pursuant to this section unless the requirements of division (C) of this section have been met;	3442 3443 3444
(2) Delegate to any person the pharmacist's authority to engage in the administration of drugs pursuant to this section.	3445 3446
(H) (1) The state board of pharmacy shall adopt rules to implement this section. The rules shall be adopted in accordance with Chapter 119. of the Revised Code and include all of the following:	3447 3448 3449 3450
(a) Requirements for courses in administration of drugs;	3451
(b) Requirements for protocols to be followed by pharmacists in administering drugs pursuant to this section;	3452 3453
(c) Procedures to be followed by a pharmacist in obtaining permission to administer a drug to an individual.	3454 3455

(2) The board shall consult with the state medical board 3456  
and board of nursing before adopting rules regarding 3457  
requirements for protocols under this section. 3458

**Sec. 4729.47.** (A) As used in this section: 3459

(1) "Board of health" means a board of health of a city or 3460  
general health district or an authority having the duties of a 3461  
board of health under section 3709.05 of the Revised Code. 3462

(2) "Physician" means an individual authorized under 3463  
Chapter 4731. of the Revised Code to practice medicine and 3464  
surgery, osteopathic medicine and surgery, or podiatric medicine 3465  
and surgery. 3466

(B) If use of a protocol that has been developed pursuant 3467  
to rules adopted under division (G) of this section has been 3468  
authorized under section 3707.60, 4723.4812, or 4731.961 of the 3469  
Revised Code, a pharmacist or pharmacy intern may dispense 3470  
epinephrine without a prescription in accordance with that 3471  
protocol to either of the following individuals so long as the 3472  
individual is at least eighteen years of age: 3473

(1) An individual who there is reason to believe is 3474  
experiencing or at risk of experiencing anaphylaxis if the 3475  
pharmacy affiliated with the pharmacist or intern has a record 3476  
of previously dispensing epinephrine to the individual in 3477  
accordance with a prescription issued by a licensed health 3478  
professional authorized to prescribe drugs; 3479

(2) An individual acting on behalf of a qualified entity, 3480  
as defined in section 3728.01 of the Revised Code. 3481

(C) (1) A pharmacist or pharmacy intern who dispenses 3482  
epinephrine under this section shall instruct the individual to 3483  
whom epinephrine is dispensed to summon emergency services as 3484



soon as practicable either before or after administering 3485  
epinephrine. 3486

(2) A pharmacist or pharmacy intern who dispenses 3487  
epinephrine to an individual identified in division (B) (1) (a) of 3488  
this section shall provide notice of the dispensing to the 3489  
individual's primary care provider, if known, or to the 3490  
prescriber who issued the individual the initial prescription 3491  
for epinephrine. 3492

(D) A pharmacist may document the dispensing of 3493  
epinephrine by the pharmacist or a pharmacy intern supervised by 3494  
the pharmacist on a prescription form. The form may be assigned 3495  
a number for record-keeping purposes. 3496

(E) This section does not affect the authority of a 3497  
pharmacist or pharmacy intern to fill or refill a prescription 3498  
for epinephrine. 3499

(F) A board of health that in good faith authorizes a 3500  
pharmacist or pharmacy intern to dispense epinephrine without a 3501  
prescription in accordance with a protocol developed pursuant to 3502  
rules adopted under division (G) of this section is not liable 3503  
for or subject to any of the following for any action or 3504  
omission of the individual to whom the epinephrine is dispensed: 3505  
damages in any civil action, prosecution in any criminal 3506  
proceeding, or professional disciplinary action. 3507

A physician, certified nurse-midwife, clinical nurse 3508  
specialist, or certified nurse practitioner who in good faith 3509  
authorizes a pharmacist or pharmacy intern to dispense 3510  
epinephrine without a prescription in accordance with a protocol 3511  
developed pursuant to rules adopted under division (G) of this 3512  
section is not liable for or subject to any of the following for 3513

any action or omission of the individual to whom the epinephrine 3514  
is dispensed: damages in any civil action, prosecution in any 3515  
criminal proceeding, or professional disciplinary action. 3516

A pharmacist or pharmacy intern authorized under this 3517  
section to dispense epinephrine without a prescription who does 3518  
so in good faith is not liable for or subject to any of the 3519  
following for any action or omission of the individual to whom 3520  
the epinephrine is dispensed: damages in any civil action, 3521  
prosecution in any criminal proceeding, or professional 3522  
disciplinary action. 3523

(G) Not later than ninety days after ~~the effective date of~~ 3524  
~~this section~~ April 8, 2019, the state board of pharmacy shall, 3525  
after consulting with the state medical board and board of 3526  
nursing, adopt rules to implement this section. The rules shall 3527  
specify minimum requirements for protocols established by 3528  
physicians, certified nurse-midwives, clinical nurse 3529  
specialists, or certified nurse practitioners under which 3530  
pharmacists or pharmacy interns may dispense epinephrine without 3531  
a prescription. 3532

All rules adopted under this section shall be adopted in 3533  
accordance with Chapter 119. of the Revised Code. 3534

**Sec. 5120.17.** (A) As used in this section: 3535

(1) "Mental illness" means a substantial disorder of 3536  
thought, mood, perception, orientation, or memory that grossly 3537  
impairs judgment, behavior, capacity to recognize reality, or 3538  
ability to meet the ordinary demands of life. 3539

(2) "Person with a mental illness subject to 3540  
hospitalization" means a person with a mental illness to whom 3541  
any of the following applies because of the person's mental 3542

illness: 3543

(a) The person represents a substantial risk of physical 3544  
harm to the person as manifested by evidence of threats of, or 3545  
attempts at, suicide or serious self-inflicted bodily harm. 3546

(b) The person represents a substantial risk of physical 3547  
harm to others as manifested by evidence of recent homicidal or 3548  
other violent behavior, evidence of recent threats that place 3549  
another in reasonable fear of violent behavior and serious 3550  
physical harm, or other evidence of present dangerousness. 3551

(c) The person represents a substantial and immediate risk 3552  
of serious physical impairment or injury to the person as 3553  
manifested by evidence that the person is unable to provide for 3554  
and is not providing for the person's basic physical needs 3555  
because of the person's mental illness and that appropriate 3556  
provision for those needs cannot be made immediately available 3557  
in the correctional institution in which the inmate is currently 3558  
housed. 3559

(d) The person would benefit from treatment in a hospital 3560  
for the person's mental illness and is in need of treatment in a 3561  
hospital as manifested by evidence of behavior that creates a 3562  
grave and imminent risk to substantial rights of others or the 3563  
person. 3564

(3) "Psychiatric hospital" means all or part of a facility 3565  
that is operated and managed by the department of mental health 3566  
and addiction services to provide psychiatric hospitalization 3567  
services in accordance with the requirements of this section 3568  
pursuant to an agreement between the directors of rehabilitation 3569  
and correction and mental health and addiction services or, is 3570  
licensed by the department of mental health and addiction 3571

services pursuant to section 5119.33 of the Revised Code as a 3572  
psychiatric hospital and is accredited by a health care 3573  
accrediting organization approved by the department of mental 3574  
health and addiction services and the psychiatric hospital is 3575  
any of the following: 3576

(a) Operated and managed by the department of 3577  
rehabilitation and correction within a facility that is operated 3578  
by the department of rehabilitation and correction; 3579

(b) Operated and managed by a contractor for the 3580  
department of rehabilitation and correction within a facility 3581  
that is operated by the department of rehabilitation and 3582  
correction; 3583

(c) Operated and managed in the community by an entity 3584  
that has contracted with the department of rehabilitation and 3585  
correction to provide psychiatric hospitalization services in 3586  
accordance with the requirements of this section. 3587

(4) "Inmate patient" means an inmate who is admitted to a 3588  
psychiatric hospital. 3589

(5) "Admitted" to a psychiatric hospital means being 3590  
accepted for and staying at least one night at the psychiatric 3591  
hospital. 3592

(6) "Treatment plan" means a written statement of 3593  
reasonable objectives and goals for an inmate patient that is 3594  
based on the needs of the inmate patient and that is established 3595  
by the treatment team, with the active participation of the 3596  
inmate patient and with documentation of that participation. 3597  
"Treatment plan" includes all of the following: 3598

(a) The specific criteria to be used in evaluating 3599  
progress toward achieving the objectives and goals; 3600

(b) The services to be provided to the inmate patient 3601  
during the inmate patient's hospitalization; 3602

(c) The services to be provided to the inmate patient 3603  
after discharge from the hospital, including, but not limited 3604  
to, housing and mental health services provided at the state 3605  
correctional institution to which the inmate patient returns 3606  
after discharge or community mental health services. 3607

(7) "Emergency transfer" means the transfer of an inmate 3608  
with a mental illness to a psychiatric hospital when the inmate 3609  
presents an immediate danger to self or others and requires 3610  
hospital-level care. 3611

(8) "Uncontested transfer" means the transfer of an inmate 3612  
with a mental illness to a psychiatric hospital when the inmate 3613  
has the mental capacity to, and has waived, the hearing required 3614  
by division (B) of this section. 3615

(9) (a) "Independent decision-maker" means a person who is 3616  
employed or retained by the department of rehabilitation and 3617  
correction and is appointed by the chief or chief clinical 3618  
officer of mental health services as a hospitalization hearing 3619  
officer to conduct due process hearings. 3620

(b) An independent decision-maker who presides over any 3621  
hearing or issues any order pursuant to this section shall be a 3622  
psychiatrist, psychiatric-mental health advanced practice 3623  
registered nurse, psychologist, or attorney, shall not be 3624  
specifically associated with the institution in which the inmate 3625  
who is the subject of the hearing or order resides at the time 3626  
of the hearing or order, and previously shall not have had any 3627  
treatment relationship with nor have represented in any legal 3628  
proceeding the inmate who is the subject of the order. 3629

(10) "Psychiatric-mental health advanced practice registered nurse" means an advanced practice registered nurse, as defined in section 4723.01 of the Revised Code, who is either of the following: 3630  
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(a) A clinical nurse specialist who is certified as a psychiatric-mental health CNS by the American nurses credentialing center; 3634  
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(b) A certified nurse practitioner who is certified as a psychiatric-mental health NP by the American nurses credentialing center. 3637  
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(B) (1) Except as provided in division (C) of this section, 3640  
if the warden of a state correctional institution or the 3641  
warden's designee believes that an inmate should be transferred 3642  
from the institution to a psychiatric hospital, the department 3643  
shall hold a hearing to determine whether the inmate is a person 3644  
with a mental illness subject to hospitalization. The department 3645  
shall conduct the hearing at the state correctional institution 3646  
in which the inmate is confined, and the department shall 3647  
provide qualified independent assistance to the inmate for the 3648  
hearing. An independent decision-maker provided by the 3649  
department shall preside at the hearing and determine whether 3650  
the inmate is a person with a mental illness subject to 3651  
hospitalization. 3652

(2) Except as provided in division (C) of this section, 3653  
prior to the hearing held pursuant to division (B) (1) of this 3654  
section, the warden or the warden's designee shall give written 3655  
notice to the inmate that the department is considering 3656  
transferring the inmate to a psychiatric hospital, that it will 3657  
hold a hearing on the proposed transfer at which the inmate may 3658  
be present, that at the hearing the inmate has the rights 3659

described in division (B) (3) of this section, and that the 3660  
department will provide qualified independent assistance to the 3661  
inmate with respect to the hearing. The department shall not 3662  
hold the hearing until the inmate has received written notice of 3663  
the proposed transfer and has had sufficient time to consult 3664  
with the person appointed by the department to provide 3665  
assistance to the inmate and to prepare for a presentation at 3666  
the hearing. 3667

(3) At the hearing held pursuant to division (B) (1) of 3668  
this section, the department shall disclose to the inmate the 3669  
evidence that it relies upon for the transfer and shall give the 3670  
inmate an opportunity to be heard. Unless the independent 3671  
decision-maker finds good cause for not permitting it, the 3672  
inmate may present documentary evidence and the testimony of 3673  
witnesses at the hearing and may confront and cross-examine 3674  
witnesses called by the department. 3675

(4) If the independent decision-maker does not find clear 3676  
and convincing evidence that the inmate is a person with a 3677  
mental illness subject to hospitalization, the department shall 3678  
not transfer the inmate to a psychiatric hospital but shall 3679  
continue to confine the inmate in the same state correctional 3680  
institution or in another state correctional institution that 3681  
the department considers appropriate. If the independent 3682  
decision-maker finds clear and convincing evidence that the 3683  
inmate is a person with a mental illness subject to 3684  
hospitalization, the decision-maker shall order that the inmate 3685  
be transported to a psychiatric hospital for observation and 3686  
treatment for a period of not longer than thirty days. After the 3687  
hearing, the independent decision-maker shall submit to the 3688  
department a written decision that states one of the findings 3689  
described in division (B) (4) of this section, the evidence that 3690

the decision-maker relied on in reaching that conclusion, and, 3691  
if the decision is that the inmate should be transferred, the 3692  
reasons for the transfer. 3693

(C) (1) The department may transfer an inmate to a 3694  
psychiatric hospital under an emergency transfer order if a 3695  
determination is made that the inmate has a mental illness, 3696  
presents an immediate danger to self or others, and requires 3697  
hospital-level care. To qualify, the determination shall be made 3698  
as follows: by the chief clinical officer of mental health 3699  
services of the department or that officer's designee and either 3700  
a psychiatrist or psychiatric-mental health advanced practice 3701  
registered nurse employed or retained by the department or, in 3702  
the absence of a psychiatrist or psychiatric-mental health 3703  
advanced practice registered nurse, a psychologist employed or 3704  
retained by the department ~~determines that the inmate has a~~ 3705  
~~mental illness, presents an immediate danger to self or others,~~ 3706  
~~and requires hospital-level care.~~ 3707

(2) The department may transfer an inmate to a psychiatric 3708  
hospital under an uncontested transfer order if both of the 3709  
following apply: 3710

(a) A psychiatrist or psychiatric-mental health advanced 3711  
practice registered nurse employed or retained by the department 3712  
determines all of the following apply: 3713

(i) The inmate has a mental illness or is a person with a 3714  
mental illness subject to hospitalization. 3715

(ii) The inmate requires hospital care to address the 3716  
mental illness. 3717

(iii) The inmate has the mental capacity to make a 3718  
reasoned choice regarding the inmate's transfer to a hospital. 3719



(b) The inmate agrees to a transfer to a hospital.	3720
(3) The written notice and the hearing required under divisions (B) (1) and (2) of this section are not required for an emergency transfer or uncontested transfer under division (C) (1) or (2) of this section.	3721 3722 3723 3724
(4) After an emergency transfer under division (C) (1) of this section, the department shall hold a hearing for continued hospitalization within five working days after admission of the transferred inmate to the psychiatric hospital. The department shall hold subsequent hearings pursuant to division (F) of this section at the same intervals as required for inmate patients who are transported to a psychiatric hospital under division (B) (4) of this section.	3725 3726 3727 3728 3729 3730 3731 3732
(5) After an uncontested transfer under division (C) (2) of this section, the inmate may withdraw consent to the transfer in writing at any time. Upon the inmate's withdrawal of consent, the hospital shall discharge the inmate, or, within five working days, the department shall hold a hearing for continued hospitalization. The department shall hold subsequent hearings pursuant to division (F) of this section at the same time intervals as required for inmate patients who are transported to a psychiatric hospital under division (B) (4) of this section.	3733 3734 3735 3736 3737 3738 3739 3740 3741
(D) (1) If an independent decision-maker, pursuant to division (B) (4) of this section, orders an inmate transported to a psychiatric hospital or if an inmate is transferred pursuant to division (C) (1) or (2) of this section, the staff of the psychiatric hospital shall examine the inmate patient when admitted to the psychiatric hospital as soon as practicable after the inmate patient arrives at the hospital and no later than twenty-four hours after the time of arrival. The attending	3742 3743 3744 3745 3746 3747 3748 3749

physician, certified nurse-midwife, clinical nurse specialist, 3750  
or certified nurse practitioner responsible for the inmate 3751  
patient's care shall give the inmate patient all information 3752  
necessary to enable the patient to give a fully informed, 3753  
intelligent, and knowing consent to the treatment the inmate 3754  
patient will receive in the hospital. The attending physician or 3755  
attending nurse shall tell the inmate patient the expected 3756  
physical and medical consequences of any proposed treatment and 3757  
shall give the inmate patient the opportunity to consult with 3758  
another psychiatrist or psychiatric-mental health advanced 3759  
practice registered nurse at the hospital and with the inmate 3760  
advisor. 3761

(2) No inmate patient who is transported or transferred 3762  
pursuant to division (B) (4) or (C) (1) or (2) of this section to 3763  
a psychiatric hospital within a facility that is operated by the 3764  
department of rehabilitation and correction shall be subjected 3765  
to any of the following procedures: 3766

- (a) Convulsive therapy; 3767
- (b) Major aversive interventions; 3768
- (c) Any unusually hazardous treatment procedures; 3769
- (d) Psychosurgery. 3770

(E) The department of rehabilitation and correction shall 3771  
ensure that an inmate patient hospitalized pursuant to this 3772  
section receives or has all of the following: 3773

(1) Receives sufficient professional care within twenty 3774  
days of admission to ensure that an evaluation of the inmate 3775  
patient's current status, differential diagnosis, probable 3776  
prognosis, and description of the current treatment plan have 3777  
been formulated and are stated on the inmate patient's official 3778

chart;	3779
(2) Has a written treatment plan consistent with the	3780
evaluation, diagnosis, prognosis, and goals of treatment;	3781
(3) Receives treatment consistent with the treatment plan;	3782
(4) Receives periodic reevaluations of the treatment plan	3783
by the professional staff at intervals not to exceed thirty	3784
days;	3785
(5) Is provided with adequate medical treatment for	3786
physical disease or injury;	3787
(6) Receives humane care and treatment, including, without	3788
being limited to, the following:	3789
(a) Access to the facilities and personnel required by the	3790
treatment plan;	3791
(b) A humane psychological and physical environment;	3792
(c) The right to obtain current information concerning the	3793
treatment program, the expected outcomes of treatment, and the	3794
expectations for the inmate patient's participation in the	3795
treatment program in terms that the inmate patient reasonably	3796
can understand;	3797
(d) Opportunity for participation in programs designed to	3798
help the inmate patient acquire the skills needed to work toward	3799
discharge from the psychiatric hospital;	3800
(e) The right to be free from unnecessary or excessive	3801
medication and from unnecessary restraints or isolation;	3802
(f) All other rights afforded inmates in the custody of	3803
the department consistent with rules, policy, and procedure of	3804
the department.	3805

(F) The department shall hold a hearing for the continued hospitalization of an inmate patient who is transported or transferred to a psychiatric hospital pursuant to division (B) (4) or (C) (1) of this section prior to the expiration of the initial thirty-day period of hospitalization. The department shall hold any subsequent hearings, if necessary, not later than ninety days after the first thirty-day hearing and then not later than each one hundred and eighty days after the immediately prior hearing. An independent decision-maker shall conduct the hearings at the psychiatric hospital in which the inmate patient is confined. The inmate patient shall be afforded all of the rights set forth in this section for the hearing prior to transfer to the psychiatric hospital. The department may not waive a hearing for continued commitment. A hearing for continued commitment is mandatory for an inmate patient transported or transferred to a psychiatric hospital pursuant to division (B) (4) or (C) (1) of this section unless the inmate patient has the capacity to make a reasoned choice to execute a waiver and waives the hearing in writing. An inmate patient who is transferred to a psychiatric hospital pursuant to an uncontested transfer under division (C) (2) of this section and who has scheduled hearings after withdrawal of consent for hospitalization may waive any of the scheduled hearings if the inmate has the capacity to make a reasoned choice and executes a written waiver of the hearing.

If upon completion of the hearing the independent decision-maker does not find by clear and convincing evidence that the inmate patient is a person with a mental illness subject to hospitalization, the independent decision-maker shall order the inmate patient's discharge from the psychiatric hospital. If the independent decision-maker finds by clear and

convincing evidence that the inmate patient is a person with a 3837  
mental illness subject to hospitalization, the independent 3838  
decision-maker shall order that the inmate patient remain at the 3839  
psychiatric hospital for continued hospitalization until the 3840  
next required hearing. 3841

If at any time prior to the next required hearing for 3842  
continued hospitalization, the medical director of the hospital 3843  
or the attending physician, certified nurse-midwife, clinical 3844  
nurse specialist, or certified nurse practitioner determines 3845  
that the treatment needs of the inmate patient could be met 3846  
equally well in an available and appropriate less restrictive 3847  
state correctional institution or unit, the medical director ~~or,~~ 3848  
attending physician, or attending nurse may discharge the inmate 3849  
to that facility. 3850

(G) An inmate patient is entitled to the credits toward 3851  
the reduction of the inmate patient's stated prison term 3852  
pursuant to Chapters 2967. and 5120. of the Revised Code under 3853  
the same terms and conditions as if the inmate patient were in 3854  
any other institution of the department of rehabilitation and 3855  
correction. 3856

(H) The adult parole authority may place an inmate patient 3857  
on parole or under post-release control directly from a 3858  
psychiatric hospital. 3859

(I) If an inmate patient who is a person with a mental 3860  
illness subject to hospitalization is to be released from a 3861  
psychiatric hospital because of the expiration of the inmate 3862  
patient's stated prison term, the director of rehabilitation and 3863  
correction or the director's designee, at least fourteen days 3864  
before the expiration date, may file an affidavit under section 3865  
5122.11 or 5123.71 of the Revised Code with the probate court in 3866

the county where the psychiatric hospital is located or the 3867  
probate court in the county where the inmate will reside, 3868  
alleging that the inmate patient is a person with a mental 3869  
illness subject to court order, as defined in section 5122.01 of 3870  
the Revised Code, or a person with an intellectual disability 3871  
subject to institutionalization by court order, as defined in 3872  
section 5123.01 of the Revised Code, whichever is applicable. 3873  
The proceedings in the probate court shall be conducted pursuant 3874  
to Chapter 5122. or 5123. of the Revised Code except as modified 3875  
by this division. 3876

Upon the request of the inmate patient, the probate court 3877  
shall grant the inmate patient an initial hearing under section 3878  
5122.141 of the Revised Code or a probable cause hearing under 3879  
section 5123.75 of the Revised Code before the expiration of the 3880  
stated prison term. After holding a full hearing, the probate 3881  
court shall make a disposition authorized by section 5122.15 or 3882  
5123.76 of the Revised Code before the date of the expiration of 3883  
the stated prison term. No inmate patient shall be held in the 3884  
custody of the department of rehabilitation and correction past 3885  
the date of the expiration of the inmate patient's stated prison 3886  
term. 3887

(J) The department of rehabilitation and correction shall 3888  
set standards for treatment provided to inmate patients. 3889

(K) A certificate, application, record, or report that is 3890  
made in compliance with this section and that directly or 3891  
indirectly identifies an inmate or former inmate whose 3892  
hospitalization has been sought under this section is 3893  
confidential. No person shall disclose the contents of any 3894  
certificate, application, record, or report of that nature or 3895  
any other psychiatric or medical record or report regarding an 3896

inmate with a mental illness unless one of the following 3897  
applies: 3898

(1) The person identified, or the person's legal guardian, 3899  
if any, consents to disclosure, and the chief clinical officer 3900  
or designee of mental health services of the department of 3901  
rehabilitation and correction determines that disclosure is in 3902  
the best interests of the person. 3903

(2) Disclosure is required by a court order signed by a 3904  
judge. 3905

(3) An inmate patient seeks access to the inmate patient's 3906  
own psychiatric and medical records, unless access is 3907  
specifically restricted in the treatment plan for clear 3908  
treatment reasons. 3909

(4) Hospitals and other institutions and facilities within 3910  
the department of rehabilitation and correction may exchange 3911  
psychiatric records and other pertinent information with other 3912  
hospitals, institutions, and facilities of the department, but 3913  
the information that may be released about an inmate patient is 3914  
limited to medication history, physical health status and 3915  
history, summary of course of treatment in the hospital, summary 3916  
of treatment needs, and a discharge summary, if any. 3917

(5) An inmate patient's family member who is involved in 3918  
planning, providing, and monitoring services to the inmate 3919  
patient may receive medication information, a summary of the 3920  
inmate patient's diagnosis and prognosis, and a list of the 3921  
services and personnel available to assist the inmate patient 3922  
and family if the attending physician, certified nurse-midwife, 3923  
clinical nurse specialist, or certified nurse-practitioner 3924  
determines that disclosure would be in the best interest of the 3925

inmate patient. No disclosure shall be made under this division 3926  
unless the inmate patient is notified of the possible 3927  
disclosure, receives the information to be disclosed, and does 3928  
not object to the disclosure. 3929

(6) The department of rehabilitation and correction may 3930  
exchange psychiatric hospitalization records, other mental 3931  
health treatment records, and other pertinent information with 3932  
county sheriffs' offices, hospitals, institutions, and 3933  
facilities of the department of mental health and addiction 3934  
services and with community mental health services providers and 3935  
boards of alcohol, drug addiction, and mental health services 3936  
with which the department of mental health and addiction 3937  
services has a current agreement for patient care or services to 3938  
ensure continuity of care. With respect to an inmate with a 3939  
mental illness, disclosure under this division is limited to 3940  
records regarding the inmate's medication history, physical 3941  
health status and history, summary of course of treatment, 3942  
summary of treatment needs, and a discharge summary, if any. No 3943  
office, department, agency, provider, or board shall disclose 3944  
the records and other information unless one of the following 3945  
applies: 3946

(a) The inmate with a mental illness is notified of the 3947  
possible disclosure and consents to the disclosure. 3948

(b) The inmate with a mental illness is notified of the 3949  
possible disclosure, an attempt to gain the consent of the 3950  
inmate is made, and the office, department, agency, or board 3951  
documents the attempt to gain consent, the inmate's objections, 3952  
if any, and the reasons for disclosure in spite of the inmate's 3953  
objections. 3954

(7) Information may be disclosed to staff members 3955



designated by the director of rehabilitation and correction for 3956  
the purpose of evaluating the quality, effectiveness, and 3957  
efficiency of services and determining if the services meet 3958  
minimum standards. 3959

The name of an inmate patient shall not be retained with 3960  
the information obtained during the evaluations. 3961

(L) The director of rehabilitation and correction may 3962  
adopt rules setting forth guidelines for the procedures required 3963  
under divisions (B), (C) (1), and (C) (2) of this section. 3964

**Sec. 5120.21.** (A) The department of rehabilitation and 3965  
correction shall keep in its office, accessible only to its 3966  
employees, except by the consent of the department or the order 3967  
of the judge of a court of record, and except as provided in 3968  
division (C) of this section, a record showing the name, 3969  
residence, sex, age, nativity, occupation, condition, and date 3970  
of entrance or commitment of every inmate in the several 3971  
institutions governed by it. The record also shall include the 3972  
date, cause, and terms of discharge and the condition of such 3973  
person at the time of leaving, a record of all transfers from 3974  
one institution to another, and, if such inmate is dead, the 3975  
date and cause of death. These and other facts that the 3976  
department requires shall be furnished by the managing officer 3977  
of each institution within ten days after the commitment, 3978  
entrance, death, or discharge of an inmate. 3979

(B) In case of an accident or injury or peculiar death of 3980  
an inmate, the managing officer shall make a special report to 3981  
the department within twenty-four hours thereafter, giving the 3982  
circumstances as fully as possible. 3983

(C) (1) As used in this division, "medical record" means 3984

any document or combination of documents that pertains to the 3985  
medical history, diagnosis, prognosis, or medical condition of a 3986  
patient and that is generated and maintained in the process of 3987  
medical treatment. 3988

(2) A separate medical record of every inmate in an 3989  
institution governed by the department shall be compiled, 3990  
maintained, and kept apart from and independently of any other 3991  
record pertaining to the inmate. Upon the signed written request 3992  
of the inmate to whom the record pertains together with the 3993  
written request of a person the inmate designates who is either 3994  
a licensed attorney at law or a licensed physician ~~designated by~~ 3995  
~~the inmate, certified nurse-midwife, clinical nurse specialist,~~ 3996  
or certified nurse practitioner, the department shall make the 3997  
inmate's medical record available to the designated attorney ~~or,~~ 3998  
physician, or nurse. The record may be inspected or copied by 3999  
the inmate's designated attorney ~~or,~~ physician, or nurse. The 4000  
department may establish a reasonable fee for the copying of any 4001  
medical record. If a physician, certified nurse-midwife, 4002  
clinical nurse specialist, or certified nurse practitioner 4003  
concludes that presentation of all or any part of the medical 4004  
record directly to the inmate will result in serious medical 4005  
harm to the inmate, the physician or nurse shall so indicate on 4006  
the medical record. An inmate's medical record shall be made 4007  
available to a physician ~~or to an,~~ certified nurse-midwife, 4008  
clinical nurse specialist, certified nurse practitioner, or 4009  
attorney designated in writing by the inmate not more than once 4010  
every twelve months. 4011

(D) Except as otherwise provided by a law of this state or 4012  
the United States, the department and the officers of its 4013  
institutions shall keep confidential and accessible only to its 4014  
employees, except by the consent of the department or the order 4015

of a judge of a court of record, all of the following: 4016

(1) Architectural, engineering, or construction diagrams, 4017  
drawings, or plans of a correctional institution; 4018

(2) Plans for hostage negotiation, for disturbance 4019  
control, for the control and location of keys, and for dealing 4020  
with escapes; 4021

(3) Statements made by inmate informants; 4022

(4) Records that are maintained by the department of youth 4023  
services, that pertain to children in its custody, and that are 4024  
released to the department of rehabilitation and correction by 4025  
the department of youth services pursuant to section 5139.05 of 4026  
the Revised Code; 4027

(5) Victim impact statements and information provided by 4028  
victims of crimes that the department considers when determining 4029  
the security level assignment, program participation, and 4030  
release eligibility of inmates; 4031

(6) Information and data of any kind or medium pertaining 4032  
to groups that pose a security threat; 4033

(7) Conversations recorded from the monitored inmate 4034  
telephones that involve nonprivileged communications. 4035

(E) Except as otherwise provided by a law of this state or 4036  
the United States, the department of rehabilitation and 4037  
correction may release inmate records to the department of youth 4038  
services or a court of record, and the department of youth 4039  
services or the court of record may use those records for the 4040  
limited purpose of carrying out the duties of the department of 4041  
youth services or the court of record. Inmate records released 4042  
by the department of rehabilitation and correction to the 4043

department of youth services or a court of record shall remain 4044  
confidential and shall not be considered public records as 4045  
defined in section 149.43 of the Revised Code. 4046

(F) Except as otherwise provided in division (C) of this 4047  
section, records of inmates committed to the department of 4048  
rehabilitation and correction as well as records of persons 4049  
under the supervision of the adult parole authority shall not be 4050  
considered public records as defined in section 149.43 of the 4051  
Revised Code. 4052

**Sec. 5145.22.** (A) ~~The chief~~ A physician, clinical nurse 4053  
specialist, or certified nurse practitioner who is designated by 4054  
the department of rehabilitation and correction shall keep a 4055  
correct record of vital statistics of the penitentiary, 4056  
containing the name, nationality or race, weight, stature, 4057  
former occupation, and family history of each prisoner, a 4058  
statement of the condition of the heart, lungs, and other 4059  
leading organs, rate of the pulse and respiration, measurement 4060  
of the chest and abdomen, condition of the inguinal canal, and 4061  
the arch of the foot, and any existing disease, deformity, or 4062  
other disability, acquired or inherited. ~~The chief physician or~~ 4063  
nurse designated by the department shall perform such other 4064  
duties in the line of ~~his~~ the physician's or nurse's profession 4065  
as the department ~~of rehabilitation and correction~~ requires. 4066

(B) ~~The chief physician or nurse designated under division~~ 4067  
(A) of this section shall keep a separate medical record of each 4068  
prisoner as provided in division (C) of section 5120.21 of the 4069  
Revised Code. 4070

**Sec. 5739.01.** As used in this chapter: 4071

(A) "Person" includes individuals, receivers, assignees, 4072

trustees in bankruptcy, estates, firms, partnerships, 4073  
associations, joint-stock companies, joint ventures, clubs, 4074  
societies, corporations, the state and its political 4075  
subdivisions, and combinations of individuals of any form. 4076

(B) "Sale" and "selling" include all of the following 4077  
transactions for a consideration in any manner, whether 4078  
absolutely or conditionally, whether for a price or rental, in 4079  
money or by exchange, and by any means whatsoever: 4080

(1) All transactions by which title or possession, or 4081  
both, of tangible personal property, is or is to be transferred, 4082  
or a license to use or consume tangible personal property is or 4083  
is to be granted; 4084

(2) All transactions by which lodging by a hotel is or is 4085  
to be furnished to transient guests; 4086

(3) All transactions by which: 4087

(a) An item of tangible personal property is or is to be 4088  
repaired, except property, the purchase of which would not be 4089  
subject to the tax imposed by section 5739.02 of the Revised 4090  
Code; 4091

(b) An item of tangible personal property is or is to be 4092  
installed, except property, the purchase of which would not be 4093  
subject to the tax imposed by section 5739.02 of the Revised 4094  
Code or property that is or is to be incorporated into and will 4095  
become a part of a production, transmission, transportation, or 4096  
distribution system for the delivery of a public utility 4097  
service; 4098

(c) The service of washing, cleaning, waxing, polishing, 4099  
or painting a motor vehicle is or is to be furnished; 4100

(d) Laundry and dry cleaning services are or are to be 4101  
provided; 4102

(e) Automatic data processing, computer services, or 4103  
electronic information services are or are to be provided for 4104  
use in business when the true object of the transaction is the 4105  
receipt by the consumer of automatic data processing, computer 4106  
services, or electronic information services rather than the 4107  
receipt of personal or professional services to which automatic 4108  
data processing, computer services, or electronic information 4109  
services are incidental or supplemental. Notwithstanding any 4110  
other provision of this chapter, such transactions that occur 4111  
between members of an affiliated group are not sales. An 4112  
"affiliated group" means two or more persons related in such a 4113  
way that one person owns or controls the business operation of 4114  
another member of the group. In the case of corporations with 4115  
stock, one corporation owns or controls another if it owns more 4116  
than fifty per cent of the other corporation's common stock with 4117  
voting rights. 4118

(f) Telecommunications service, including prepaid calling 4119  
service, prepaid wireless calling service, or ancillary service, 4120  
is or is to be provided, but not including coin-operated 4121  
telephone service; 4122

(g) Landscaping and lawn care service is or is to be 4123  
provided; 4124

(h) Private investigation and security service is or is to 4125  
be provided; 4126

(i) Information services or tangible personal property is 4127  
provided or ordered by means of a nine hundred telephone call; 4128

(j) Building maintenance and janitorial service is or is 4129

to be provided;	4130
(k) Exterminating service is or is to be provided;	4131
(l) Physical fitness facility service is or is to be provided;	4132 4133
(m) Recreation and sports club service is or is to be provided;	4134 4135
(n) Satellite broadcasting service is or is to be provided;	4136 4137
(o) Personal care service is or is to be provided to an individual. As used in this division, "personal care service" includes skin care, the application of cosmetics, manicuring, pedicuring, hair removal, tattooing, body piercing, tanning, massage, and other similar services. "Personal care service" does not include a service provided by or on the order of a licensed physician or licensed chiropractor, or the cutting, coloring, or styling of an individual's hair.	4138 4139 4140 4141 4142 4143 4144 4145
(p) The transportation of persons by motor vehicle or aircraft is or is to be provided, when the transportation is entirely within this state, except for transportation provided by an ambulance service, by a transit bus, as defined in section 5735.01 of the Revised Code, and transportation provided by a citizen of the United States holding a certificate of public convenience and necessity issued under 49 U.S.C. 41102;	4146 4147 4148 4149 4150 4151 4152
(q) Motor vehicle towing service is or is to be provided. As used in this division, "motor vehicle towing service" means the towing or conveyance of a wrecked, disabled, or illegally parked motor vehicle.	4153 4154 4155 4156
(r) Snow removal service is or is to be provided. As used	4157

in this division, "snow removal service" means the removal of 4158  
snow by any mechanized means, but does not include the providing 4159  
of such service by a person that has less than five thousand 4160  
dollars in sales of such service during the calendar year. 4161

(s) Electronic publishing service is or is to be provided 4162  
to a consumer for use in business, except that such transactions 4163  
occurring between members of an affiliated group, as defined in 4164  
division (B) (3) (e) of this section, are not sales. 4165

(4) All transactions by which printed, imprinted, 4166  
overprinted, lithographic, multilithic, blueprinted, 4167  
photostatic, or other productions or reproductions of written or 4168  
graphic matter are or are to be furnished or transferred; 4169

(5) The production or fabrication of tangible personal 4170  
property for a consideration for consumers who furnish either 4171  
directly or indirectly the materials used in the production of 4172  
fabrication work; and include the furnishing, preparing, or 4173  
serving for a consideration of any tangible personal property 4174  
consumed on the premises of the person furnishing, preparing, or 4175  
serving such tangible personal property. Except as provided in 4176  
section 5739.03 of the Revised Code, a construction contract 4177  
pursuant to which tangible personal property is or is to be 4178  
incorporated into a structure or improvement on and becoming a 4179  
part of real property is not a sale of such tangible personal 4180  
property. The construction contractor is the consumer of such 4181  
tangible personal property, provided that the sale and 4182  
installation of carpeting, the sale and installation of 4183  
agricultural land tile, the sale and erection or installation of 4184  
portable grain bins, or the provision of landscaping and lawn 4185  
care service and the transfer of property as part of such 4186  
service is never a construction contract. 4187



As used in division (B) (5) of this section:	4188
(a) "Agricultural land tile" means fired clay or concrete tile, or flexible or rigid perforated plastic pipe or tubing, incorporated or to be incorporated into a subsurface drainage system appurtenant to land used or to be used primarily in production by farming, agriculture, horticulture, or floriculture. The term does not include such materials when they are or are to be incorporated into a drainage system appurtenant to a building or structure even if the building or structure is used or to be used in such production.	4189 4190 4191 4192 4193 4194 4195 4196 4197
(b) "Portable grain bin" means a structure that is used or to be used by a person engaged in farming or agriculture to shelter the person's grain and that is designed to be disassembled without significant damage to its component parts.	4198 4199 4200 4201
(6) All transactions in which all of the shares of stock of a closely held corporation are transferred, or an ownership interest in a pass-through entity, as defined in section 5733.04 of the Revised Code, is transferred, if the corporation or pass-through entity is not engaging in business and its entire assets consist of boats, planes, motor vehicles, or other tangible personal property operated primarily for the use and enjoyment of the shareholders or owners;	4202 4203 4204 4205 4206 4207 4208 4209
(7) All transactions in which a warranty, maintenance or service contract, or similar agreement by which the vendor of the warranty, contract, or agreement agrees to repair or maintain the tangible personal property of the consumer is or is to be provided;	4210 4211 4212 4213 4214
(8) The transfer of copyrighted motion picture films used solely for advertising purposes, except that the transfer of	4215 4216

such films for exhibition purposes is not a sale; 4217

(9) All transactions by which tangible personal property 4218  
is or is to be stored, except such property that the consumer of 4219  
the storage holds for sale in the regular course of business; 4220

(10) All transactions in which "guaranteed auto 4221  
protection" is provided whereby a person promises to pay to the 4222  
consumer the difference between the amount the consumer receives 4223  
from motor vehicle insurance and the amount the consumer owes to 4224  
a person holding title to or a lien on the consumer's motor 4225  
vehicle in the event the consumer's motor vehicle suffers a 4226  
total loss under the terms of the motor vehicle insurance policy 4227  
or is stolen and not recovered, if the protection and its price 4228  
are included in the purchase or lease agreement; 4229

(11) (a) Except as provided in division (B) (11) (b) of this 4230  
section, all transactions by which health care services are paid 4231  
for, reimbursed, provided, delivered, arranged for, or otherwise 4232  
made available by a medicaid health insuring corporation 4233  
pursuant to the corporation's contract with the state. 4234

(b) If the centers for medicare and medicaid services of 4235  
the United States department of health and human services 4236  
determines that the taxation of transactions described in 4237  
division (B) (11) (a) of this section constitutes an impermissible 4238  
health care-related tax under the "Social Security Act," section 4239  
1903(w), 42 U.S.C. 1396b(w), and regulations adopted thereunder, 4240  
the medicaid director shall notify the tax commissioner of that 4241  
determination. Beginning with the first day of the month 4242  
following that notification, the transactions described in 4243  
division (B) (11) (a) of this section are not sales for the 4244  
purposes of this chapter or Chapter 5741. of the Revised Code. 4245  
The tax commissioner shall order that the collection of taxes 4246

under sections 5739.02, 5739.021, 5739.023, 5739.026, 5741.02, 4247  
5741.021, 5741.022, and 5741.023 of the Revised Code shall cease 4248  
for transactions occurring on or after that date. 4249

(12) All transactions by which a specified digital product 4250  
is provided for permanent use or less than permanent use, 4251  
regardless of whether continued payment is required. 4252

Except as provided in this section, "sale" and "selling" 4253  
do not include transfers of interest in leased property where 4254  
the original lessee and the terms of the original lease 4255  
agreement remain unchanged, or professional, insurance, or 4256  
personal service transactions that involve the transfer of 4257  
tangible personal property as an inconsequential element, for 4258  
which no separate charges are made. 4259

(C) "Vendor" means the person providing the service or by 4260  
whom the transfer effected or license given by a sale is or is 4261  
to be made or given and, for sales described in division (B)(3) 4262  
(i) of this section, the telecommunications service vendor that 4263  
provides the nine hundred telephone service; if two or more 4264  
persons are engaged in business at the same place of business 4265  
under a single trade name in which all collections on account of 4266  
sales by each are made, such persons shall constitute a single 4267  
vendor. 4268

Physicians, certified nurse-midwives, clinical nurse 4269  
specialists, certified nurse practitioners, dentists, hospitals, 4270  
and veterinarians who are engaged in selling tangible personal 4271  
property as received from others, such as eyeglasses, 4272  
mouthwashes, dentifrices, or similar articles, are vendors. 4273  
Veterinarians who are engaged in transferring to others for a 4274  
consideration drugs, the dispensing of which does not require an 4275  
order of a licensed veterinarian ~~or~~, physician, certified 4276

nurse-midwife, clinical nurse specialist, or certified nurse practitioner under federal law, are vendors. 4277  
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The operator of any peer-to-peer car sharing program shall be considered to be the vendor. 4279  
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(D) (1) "Consumer" means the person for whom the service is provided, to whom the transfer effected or license given by a sale is or is to be made or given, to whom the service described in division (B) (3) (f) or (i) of this section is charged, or to whom the admission is granted. 4281  
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(2) Physicians, certified nurse-midwives, clinical nurse specialists, certified nurse practitioners, dentists, hospitals, and blood banks operated by nonprofit institutions and persons licensed to practice veterinary medicine, surgery, and dentistry are consumers of all tangible personal property and services purchased by them in connection with the practice of medicine, dentistry, the rendition of hospital or blood bank service, or the practice of veterinary medicine, surgery, and dentistry. In addition to being consumers of drugs administered by them or by their assistants according to their direction, veterinarians also are consumers of drugs that under federal law may be dispensed only by or upon the order of a licensed veterinarian ~~or~~, physician, certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner, when transferred by them to others for a consideration to provide treatment to animals as directed by the veterinarian. 4286  
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(3) A person who performs a facility management, or similar service contract for a contractee is a consumer of all tangible personal property and services purchased for use in connection with the performance of such contract, regardless of whether title to any such property vests in the contractee. The 4302  
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purchase of such property and services is not subject to the 4307  
exception for resale under division (E) of this section. 4308

(4) (a) In the case of a person who purchases printed 4309  
matter for the purpose of distributing it or having it 4310  
distributed to the public or to a designated segment of the 4311  
public, free of charge, that person is the consumer of that 4312  
printed matter, and the purchase of that printed matter for that 4313  
purpose is a sale. 4314

(b) In the case of a person who produces, rather than 4315  
purchases, printed matter for the purpose of distributing it or 4316  
having it distributed to the public or to a designated segment 4317  
of the public, free of charge, that person is the consumer of 4318  
all tangible personal property and services purchased for use or 4319  
consumption in the production of that printed matter. That 4320  
person is not entitled to claim exemption under division (B) (42) 4321  
(f) of section 5739.02 of the Revised Code for any material 4322  
incorporated into the printed matter or any equipment, supplies, 4323  
or services primarily used to produce the printed matter. 4324

(c) The distribution of printed matter to the public or to 4325  
a designated segment of the public, free of charge, is not a 4326  
sale to the members of the public to whom the printed matter is 4327  
distributed or to any persons who purchase space in the printed 4328  
matter for advertising or other purposes. 4329

(5) A person who makes sales of any of the services listed 4330  
in division (B) (3) of this section is the consumer of any 4331  
tangible personal property used in performing the service. The 4332  
purchase of that property is not subject to the resale exception 4333  
under division (E) of this section. 4334

(6) A person who engages in highway transportation for 4335

hire is the consumer of all packaging materials purchased by 4336  
that person and used in performing the service, except for 4337  
packaging materials sold by such person in a transaction 4338  
separate from the service. 4339

(7) In the case of a transaction for health care services 4340  
under division (B)(11) of this section, a medicaid health 4341  
insuring corporation is the consumer of such services. The 4342  
purchase of such services by a medicaid health insuring 4343  
corporation is not subject to the exception for resale under 4344  
division (E) of this section or to the exemptions provided under 4345  
divisions (B)(12), (18), (19), and (22) of section 5739.02 of 4346  
the Revised Code. 4347

(E) "Retail sale" and "sales at retail" include all sales, 4348  
except those in which the purpose of the consumer is to resell 4349  
the thing transferred or benefit of the service provided, by a 4350  
person engaging in business, in the form in which the same is, 4351  
or is to be, received by the person. 4352

(F) "Business" includes any activity engaged in by any 4353  
person with the object of gain, benefit, or advantage, either 4354  
direct or indirect. "Business" does not include the activity of 4355  
a person in managing and investing the person's own funds. 4356

(G) "Engaging in business" means commencing, conducting, 4357  
or continuing in business, and liquidating a business when the 4358  
liquidator thereof holds itself out to the public as conducting 4359  
such business. Making a casual sale is not engaging in business. 4360

(H) (1) (a) "Price," except as provided in divisions (H) (2), 4361  
(3), and (4) of this section, means the total amount of 4362  
consideration, including cash, credit, property, and services, 4363  
for which tangible personal property or services are sold, 4364

leased, or rented, valued in money, whether received in money or	4365
otherwise, without any deduction for any of the following:	4366
(i) The vendor's cost of the property sold;	4367
(ii) The cost of materials used, labor or service costs,	4368
interest, losses, all costs of transportation to the vendor, all	4369
taxes imposed on the vendor, including the tax imposed under	4370
Chapter 5751. of the Revised Code, and any other expense of the	4371
vendor;	4372
(iii) Charges by the vendor for any services necessary to	4373
complete the sale;	4374
(iv) Delivery charges. As used in this division, "delivery	4375
charges" means charges by the vendor for preparation and	4376
delivery to a location designated by the consumer of tangible	4377
personal property or a service, including transportation,	4378
shipping, postage, handling, crating, and packing.	4379
(v) Installation charges;	4380
(vi) Credit for any trade-in.	4381
(b) "Price" includes consideration received by the vendor	4382
from a third party, if the vendor actually receives the	4383
consideration from a party other than the consumer, and the	4384
consideration is directly related to a price reduction or	4385
discount on the sale; the vendor has an obligation to pass the	4386
price reduction or discount through to the consumer; the amount	4387
of the consideration attributable to the sale is fixed and	4388
determinable by the vendor at the time of the sale of the item	4389
to the consumer; and one of the following criteria is met:	4390
(i) The consumer presents a coupon, certificate, or other	4391
document to the vendor to claim a price reduction or discount	4392

where the coupon, certificate, or document is authorized, 4393  
distributed, or granted by a third party with the understanding 4394  
that the third party will reimburse any vendor to whom the 4395  
coupon, certificate, or document is presented; 4396

(ii) The consumer identifies the consumer's self to the 4397  
seller as a member of a group or organization entitled to a 4398  
price reduction or discount. A preferred customer card that is 4399  
available to any patron does not constitute membership in such a 4400  
group or organization. 4401

(iii) The price reduction or discount is identified as a 4402  
third party price reduction or discount on the invoice received 4403  
by the consumer, or on a coupon, certificate, or other document 4404  
presented by the consumer. 4405

(c) "Price" does not include any of the following: 4406

(i) Discounts, including cash, term, or coupons that are 4407  
not reimbursed by a third party that are allowed by a vendor and 4408  
taken by a consumer on a sale; 4409

(ii) Interest, financing, and carrying charges from credit 4410  
extended on the sale of tangible personal property or services, 4411  
if the amount is separately stated on the invoice, bill of sale, 4412  
or similar document given to the purchaser; 4413

(iii) Any taxes legally imposed directly on the consumer 4414  
that are separately stated on the invoice, bill of sale, or 4415  
similar document given to the consumer. For the purpose of this 4416  
division, the tax imposed under Chapter 5751. of the Revised 4417  
Code is not a tax directly on the consumer, even if the tax or a 4418  
portion thereof is separately stated. 4419

(iv) Notwithstanding divisions (H) (1) (b) (i) to (iii) of 4420  
this section, any discount allowed by an automobile manufacturer 4421



to its employee, or to the employee of a supplier, on the 4422  
purchase of a new motor vehicle from a new motor vehicle dealer 4423  
in this state. 4424

(v) The dollar value of a gift card that is not sold by a 4425  
vendor or purchased by a consumer and that is redeemed by the 4426  
consumer in purchasing tangible personal property or services if 4427  
the vendor is not reimbursed and does not receive compensation 4428  
from a third party to cover all or part of the gift card value. 4429  
For the purposes of this division, a gift card is not sold by a 4430  
vendor or purchased by a consumer if it is distributed pursuant 4431  
to an awards, loyalty, or promotional program. Past and present 4432  
purchases of tangible personal property or services by the 4433  
consumer shall not be treated as consideration exchanged for a 4434  
gift card. 4435

(2) In the case of a sale of any new motor vehicle by a 4436  
new motor vehicle dealer, as defined in section 4517.01 of the 4437  
Revised Code, in which another motor vehicle is accepted by the 4438  
dealer as part of the consideration received, "price" has the 4439  
same meaning as in division (H)(1) of this section, reduced by 4440  
the credit afforded the consumer by the dealer for the motor 4441  
vehicle received in trade. 4442

(3) In the case of a sale of any watercraft or outboard 4443  
motor by a watercraft dealer licensed in accordance with section 4444  
1547.543 of the Revised Code, in which another watercraft, 4445  
watercraft and trailer, or outboard motor is accepted by the 4446  
dealer as part of the consideration received, "price" has the 4447  
same meaning as in division (H)(1) of this section, reduced by 4448  
the credit afforded the consumer by the dealer for the 4449  
watercraft, watercraft and trailer, or outboard motor received 4450  
in trade. As used in this division, "watercraft" includes an 4451

outdrive unit attached to the watercraft. 4452

(4) In the case of transactions for health care services 4453  
under division (B) (11) of this section, "price" means the amount 4454  
of managed care premiums received each month by a medicaid 4455  
health insuring corporation. 4456

(I) "Receipts" means the total amount of the prices of the 4457  
sales of vendors, provided that the dollar value of gift cards 4458  
distributed pursuant to an awards, loyalty, or promotional 4459  
program, and cash discounts allowed and taken on sales at the 4460  
time they are consummated are not included, minus any amount 4461  
deducted as a bad debt pursuant to section 5739.121 of the 4462  
Revised Code. "Receipts" does not include the sale price of 4463  
property returned or services rejected by consumers when the 4464  
full sale price and tax are refunded either in cash or by 4465  
credit. 4466

(J) "Place of business" means any location at which a 4467  
person engages in business. 4468

(K) "Premises" includes any real property or portion 4469  
thereof upon which any person engages in selling tangible 4470  
personal property at retail or making retail sales and also 4471  
includes any real property or portion thereof designated for, or 4472  
devoted to, use in conjunction with the business engaged in by 4473  
such person. 4474

(L) "Casual sale" means a sale of an item of tangible 4475  
personal property that was obtained by the person making the 4476  
sale, through purchase or otherwise, for the person's own use 4477  
and was previously subject to any state's taxing jurisdiction on 4478  
its sale or use, and includes such items acquired for the 4479  
seller's use that are sold by an auctioneer employed directly by 4480

the person for such purpose, provided the location of such sales 4481  
is not the auctioneer's permanent place of business. As used in 4482  
this division, "permanent place of business" includes any 4483  
location where such auctioneer has conducted more than two 4484  
auctions during the year. 4485

(M) "Hotel" means every establishment kept, used, 4486  
maintained, advertised, or held out to the public to be a place 4487  
where sleeping accommodations are offered to guests, in which 4488  
five or more rooms are used for the accommodation of such 4489  
guests, whether the rooms are in one or several structures, 4490  
except as otherwise provided in section 5739.091 of the Revised 4491  
Code. 4492

(N) "Transient guests" means persons occupying a room or 4493  
rooms for sleeping accommodations for less than thirty 4494  
consecutive days. 4495

(O) "Making retail sales" means the effecting of 4496  
transactions wherein one party is obligated to pay the price and 4497  
the other party is obligated to provide a service or to transfer 4498  
title to or possession of the item sold. "Making retail sales" 4499  
does not include the preliminary acts of promoting or soliciting 4500  
the retail sales, other than the distribution of printed matter 4501  
which displays or describes and prices the item offered for 4502  
sale, nor does it include delivery of a predetermined quantity 4503  
of tangible personal property or transportation of property or 4504  
personnel to or from a place where a service is performed. 4505

(P) "Used directly in the rendition of a public utility 4506  
service" means that property that is to be incorporated into and 4507  
will become a part of the consumer's production, transmission, 4508  
transportation, or distribution system and that retains its 4509  
classification as tangible personal property after such 4510

incorporation; fuel or power used in the production, 4511  
transmission, transportation, or distribution system; and 4512  
tangible personal property used in the repair and maintenance of 4513  
the production, transmission, transportation, or distribution 4514  
system, including only such motor vehicles as are specially 4515  
designed and equipped for such use. Tangible personal property 4516  
and services used primarily in providing highway transportation 4517  
for hire are not used directly in the rendition of a public 4518  
utility service. In this definition, "public utility" includes a 4519  
citizen of the United States holding, and required to hold, a 4520  
certificate of public convenience and necessity issued under 49 4521  
U.S.C. 41102. 4522

(Q) "Refining" means removing or separating a desirable 4523  
product from raw or contaminated materials by distillation or 4524  
physical, mechanical, or chemical processes. 4525

(R) "Assembly" and "assembling" mean attaching or fitting 4526  
together parts to form a product, but do not include packaging a 4527  
product. 4528

(S) "Manufacturing operation" means a process in which 4529  
materials are changed, converted, or transformed into a 4530  
different state or form from which they previously existed and 4531  
includes refining materials, assembling parts, and preparing raw 4532  
materials and parts by mixing, measuring, blending, or otherwise 4533  
committing such materials or parts to the manufacturing process. 4534  
"Manufacturing operation" does not include packaging. 4535

(T) "Fiscal officer" means, with respect to a regional 4536  
transit authority, the secretary-treasurer thereof, and with 4537  
respect to a county that is a transit authority, the fiscal 4538  
officer of the county transit board if one is appointed pursuant 4539  
to section 306.03 of the Revised Code or the county auditor if 4540

the board of county commissioners operates the county transit system. 4541  
4542

(U) "Transit authority" means a regional transit authority 4543  
created pursuant to section 306.31 of the Revised Code or a 4544  
county in which a county transit system is created pursuant to 4545  
section 306.01 of the Revised Code. For the purposes of this 4546  
chapter, a transit authority must extend to at least the entire 4547  
area of a single county. A transit authority that includes 4548  
territory in more than one county must include all the area of 4549  
the most populous county that is a part of such transit 4550  
authority. County population shall be measured by the most 4551  
recent census taken by the United States census bureau. 4552

(V) "Legislative authority" means, with respect to a 4553  
regional transit authority, the board of trustees thereof, and 4554  
with respect to a county that is a transit authority, the board 4555  
of county commissioners. 4556

(W) "Territory of the transit authority" means all of the 4557  
area included within the territorial boundaries of a transit 4558  
authority as they from time to time exist. Such territorial 4559  
boundaries must at all times include all the area of a single 4560  
county or all the area of the most populous county that is a 4561  
part of such transit authority. County population shall be 4562  
measured by the most recent census taken by the United States 4563  
census bureau. 4564

(X) "Providing a service" means providing or furnishing 4565  
anything described in division (B) (3) of this section for 4566  
consideration. 4567

(Y) (1) (a) "Automatic data processing" means processing of 4568  
others' data, including keypunching or similar data entry 4569

services together with verification thereof, or providing access 4570  
to computer equipment for the purpose of processing data. 4571

(b) "Computer services" means providing services 4572  
consisting of specifying computer hardware configurations and 4573  
evaluating technical processing characteristics, computer 4574  
programming, and training of computer programmers and operators, 4575  
provided in conjunction with and to support the sale, lease, or 4576  
operation of taxable computer equipment or systems. 4577

(c) "Electronic information services" means providing 4578  
access to computer equipment by means of telecommunications 4579  
equipment for the purpose of either of the following: 4580

(i) Examining or acquiring data stored in or accessible to 4581  
the computer equipment; 4582

(ii) Placing data into the computer equipment to be 4583  
retrieved by designated recipients with access to the computer 4584  
equipment. 4585

"Electronic information services" does not include 4586  
electronic publishing. 4587

(d) "Automatic data processing, computer services, or 4588  
electronic information services" shall not include personal or 4589  
professional services. 4590

(2) As used in divisions (B) (3) (e) and (Y) (1) of this 4591  
section, "personal and professional services" means all services 4592  
other than automatic data processing, computer services, or 4593  
electronic information services, including but not limited to: 4594

(a) Accounting and legal services such as advice on tax 4595  
matters, asset management, budgetary matters, quality control, 4596  
information security, and auditing and any other situation where 4597

the service provider receives data or information and studies,	4598
alters, analyzes, interprets, or adjusts such material;	4599
(b) Analyzing business policies and procedures;	4600
(c) Identifying management information needs;	4601
(d) Feasibility studies, including economic and technical	4602
analysis of existing or potential computer hardware or software	4603
needs and alternatives;	4604
(e) Designing policies, procedures, and custom software	4605
for collecting business information, and determining how data	4606
should be summarized, sequenced, formatted, processed,	4607
controlled, and reported so that it will be meaningful to	4608
management;	4609
(f) Developing policies and procedures that document how	4610
business events and transactions are to be authorized, executed,	4611
and controlled;	4612
(g) Testing of business procedures;	4613
(h) Training personnel in business procedure applications;	4614
(i) Providing credit information to users of such	4615
information by a consumer reporting agency, as defined in the	4616
"Fair Credit Reporting Act," 84 Stat. 1114, 1129 (1970), 15	4617
U.S.C. 1681a(f), or as hereafter amended, including but not	4618
limited to gathering, organizing, analyzing, recording, and	4619
furnishing such information by any oral, written, graphic, or	4620
electronic medium;	4621
(j) Providing debt collection services by any oral,	4622
written, graphic, or electronic means;	4623
(k) Providing digital advertising services;	4624

(1) Providing services to electronically file any federal, state, or local individual income tax return, report, or other related document or schedule with a federal, state, or local government entity or to electronically remit a payment of any such individual income tax to such an entity. For the purpose of this division, "individual income tax" does not include federal, state, or local taxes withheld by an employer from an employee's compensation.

The services listed in divisions (Y) (2) (a) to (1) of this section are not automatic data processing or computer services.

(Z) "Highway transportation for hire" means the transportation of personal property belonging to others for consideration by any of the following:

(1) The holder of a permit or certificate issued by this state or the United States authorizing the holder to engage in transportation of personal property belonging to others for consideration over or on highways, roadways, streets, or any similar public thoroughfare;

(2) A person who engages in the transportation of personal property belonging to others for consideration over or on highways, roadways, streets, or any similar public thoroughfare but who could not have engaged in such transportation on December 11, 1985, unless the person was the holder of a permit or certificate of the types described in division (Z) (1) of this section;

(3) A person who leases a motor vehicle to and operates it for a person described by division (Z) (1) or (2) of this section.

(AA) (1) "Telecommunications service" means the electronic



transmission, conveyance, or routing of voice, data, audio, 4654  
video, or any other information or signals to a point, or 4655  
between or among points. "Telecommunications service" includes 4656  
such transmission, conveyance, or routing in which computer 4657  
processing applications are used to act on the form, code, or 4658  
protocol of the content for purposes of transmission, 4659  
conveyance, or routing without regard to whether the service is 4660  
referred to as voice-over internet protocol service or is 4661  
classified by the federal communications commission as enhanced 4662  
or value-added. "Telecommunications service" does not include 4663  
any of the following: 4664

(a) Data processing and information services that allow 4665  
data to be generated, acquired, stored, processed, or retrieved 4666  
and delivered by an electronic transmission to a consumer where 4667  
the consumer's primary purpose for the underlying transaction is 4668  
the processed data or information; 4669

(b) Installation or maintenance of wiring or equipment on 4670  
a customer's premises; 4671

(c) Tangible personal property; 4672

(d) Advertising, including directory advertising; 4673

(e) Billing and collection services provided to third 4674  
parties; 4675

(f) Internet access service; 4676

(g) Radio and television audio and video programming 4677  
services, regardless of the medium, including the furnishing of 4678  
transmission, conveyance, and routing of such services by the 4679  
programming service provider. Radio and television audio and 4680  
video programming services include, but are not limited to, 4681  
cable service, as defined in 47 U.S.C. 522(6), and audio and 4682

video programming services delivered by commercial mobile radio service providers, as defined in 47 C.F.R. 20.3; 4683  
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(h) Ancillary service; 4685

(i) Digital products delivered electronically, including software, music, video, reading materials, or ring tones. 4686  
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(2) "Ancillary service" means a service that is associated with or incidental to the provision of telecommunications service, including conference bridging service, detailed telecommunications billing service, directory assistance, vertical service, and voice mail service. As used in this division: 4688  
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(a) "Conference bridging service" means an ancillary service that links two or more participants of an audio or video conference call, including providing a telephone number. 4694  
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"Conference bridging service" does not include 4697  
telecommunications services used to reach the conference bridge. 4698

(b) "Detailed telecommunications billing service" means an ancillary service of separately stating information pertaining to individual calls on a customer's billing statement. 4699  
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(c) "Directory assistance" means an ancillary service of providing telephone number or address information. 4702  
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(d) "Vertical service" means an ancillary service that is offered in connection with one or more telecommunications services, which offers advanced calling features that allow customers to identify callers and manage multiple calls and call connections, including conference bridging service. 4704  
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(e) "Voice mail service" means an ancillary service that enables the customer to store, send, or receive recorded 4709  
4710

messages. "Voice mail service" does not include any vertical 4711  
services that the customer may be required to have in order to 4712  
utilize the voice mail service. 4713

(3) "900 service" means an inbound toll telecommunications 4714  
service purchased by a subscriber that allows the subscriber's 4715  
customers to call in to the subscriber's prerecorded 4716  
announcement or live service, and which is typically marketed 4717  
under the name "900 service" and any subsequent numbers 4718  
designated by the federal communications commission. "900 4719  
service" does not include the charge for collection services 4720  
provided by the seller of the telecommunications service to the 4721  
subscriber, or services or products sold by the subscriber to 4722  
the subscriber's customer. 4723

(4) "Prepaid calling service" means the right to access 4724  
exclusively telecommunications services, which must be paid for 4725  
in advance and which enables the origination of calls using an 4726  
access number or authorization code, whether manually or 4727  
electronically dialed, and that is sold in predetermined units 4728  
or dollars of which the number declines with use in a known 4729  
amount. 4730

(5) "Prepaid wireless calling service" means a 4731  
telecommunications service that provides the right to utilize 4732  
mobile telecommunications service as well as other non- 4733  
telecommunications services, including the download of digital 4734  
products delivered electronically, and content and ancillary 4735  
services, that must be paid for in advance and that is sold in 4736  
predetermined units or dollars of which the number declines with 4737  
use in a known amount. 4738

(6) "Value-added non-voice data service" means a 4739  
telecommunications service in which computer processing 4740

applications are used to act on the form, content, code, or 4741  
protocol of the information or data primarily for a purpose 4742  
other than transmission, conveyance, or routing. 4743

(7) "Coin-operated telephone service" means a 4744  
telecommunications service paid for by inserting money into a 4745  
telephone accepting direct deposits of money to operate. 4746

(8) "Customer" has the same meaning as in section 5739.034 4747  
of the Revised Code. 4748

(BB) "Laundry and dry cleaning services" means removing 4749  
soil or dirt from towels, linens, articles of clothing, or other 4750  
fabric items that belong to others and supplying towels, linens, 4751  
articles of clothing, or other fabric items. "Laundry and dry 4752  
cleaning services" does not include the provision of self- 4753  
service facilities for use by consumers to remove soil or dirt 4754  
from towels, linens, articles of clothing, or other fabric 4755  
items. 4756

(CC) "Magazines distributed as controlled circulation 4757  
publications" means magazines containing at least twenty-four 4758  
pages, at least twenty-five per cent editorial content, issued 4759  
at regular intervals four or more times a year, and circulated 4760  
without charge to the recipient, provided that such magazines 4761  
are not owned or controlled by individuals or business concerns 4762  
which conduct such publications as an auxiliary to, and 4763  
essentially for the advancement of the main business or calling 4764  
of, those who own or control them. 4765

(DD) "Landscaping and lawn care service" means the 4766  
services of planting, seeding, sodding, removing, cutting, 4767  
trimming, pruning, mulching, aerating, applying chemicals, 4768  
watering, fertilizing, and providing similar services to 4769

establish, promote, or control the growth of trees, shrubs, 4770  
flowers, grass, ground cover, and other flora, or otherwise 4771  
maintaining a lawn or landscape grown or maintained by the owner 4772  
for ornamentation or other nonagricultural purpose. However, 4773  
"landscaping and lawn care service" does not include the 4774  
providing of such services by a person who has less than five 4775  
thousand dollars in sales of such services during the calendar 4776  
year. 4777

(EE) "Private investigation and security service" means 4778  
the performance of any activity for which the provider of such 4779  
service is required to be licensed pursuant to Chapter 4749. of 4780  
the Revised Code, or would be required to be so licensed in 4781  
performing such services in this state, and also includes the 4782  
services of conducting polygraph examinations and of monitoring 4783  
or overseeing the activities on or in, or the condition of, the 4784  
consumer's home, business, or other facility by means of 4785  
electronic or similar monitoring devices. "Private investigation 4786  
and security service" does not include special duty services 4787  
provided by off-duty police officers, deputy sheriffs, and other 4788  
peace officers regularly employed by the state or a political 4789  
subdivision. 4790

(FF) "Information services" means providing conversation, 4791  
giving consultation or advice, playing or making a voice or 4792  
other recording, making or keeping a record of the number of 4793  
callers, and any other service provided to a consumer by means 4794  
of a nine hundred telephone call, except when the nine hundred 4795  
telephone call is the means by which the consumer makes a 4796  
contribution to a recognized charity. 4797

(GG) "Research and development" means designing, creating, 4798  
or formulating new or enhanced products, equipment, or 4799

manufacturing processes, and also means conducting scientific or 4800  
technological inquiry and experimentation in the physical 4801  
sciences with the goal of increasing scientific knowledge which 4802  
may reveal the bases for new or enhanced products, equipment, or 4803  
manufacturing processes. 4804

(HH) "Qualified research and development equipment" means 4805  
either of the following: 4806

(1) Capitalized tangible personal property, and leased 4807  
personal property that would be capitalized if purchased, used 4808  
by a person primarily to perform research and development; 4809

(2) Any tangible personal property used by a megaproject 4810  
operator primarily to perform research and development at the 4811  
site of a megaproject that satisfies the criteria described in 4812  
division (A) (11) (a) (ii) of section 122.17 of the Revised Code 4813  
during the period that the megaproject operator has an agreement 4814  
for such megaproject with the tax credit authority under 4815  
division (D) of that section that remains in effect and has not 4816  
expired or been terminated. 4817

"Qualified research and development equipment" does not 4818  
include tangible personal property primarily used in testing, as 4819  
defined in division (A) (4) of section 5739.011 of the Revised 4820  
Code, or used for recording or storing test results, unless such 4821  
property is primarily used by the consumer in testing the 4822  
product, equipment, or manufacturing process being created, 4823  
designed, or formulated by the consumer in the research and 4824  
development activity or in recording or storing such test 4825  
results. 4826

(II) "Building maintenance and janitorial service" means 4827  
cleaning the interior or exterior of a building and any tangible 4828

personal property located therein or thereon, including any 4829  
services incidental to such cleaning for which no separate 4830  
charge is made. However, "building maintenance and janitorial 4831  
service" does not include the providing of such service by a 4832  
person who has less than five thousand dollars in sales of such 4833  
service during the calendar year. As used in this division, 4834  
"cleaning" does not include sanitation services necessary for an 4835  
establishment described in 21 U.S.C. 608 to comply with rules 4836  
and regulations adopted pursuant to that section. 4837

(JJ) "Exterminating service" means eradicating or 4838  
attempting to eradicate vermin infestations from a building or 4839  
structure, or the area surrounding a building or structure, and 4840  
includes activities to inspect, detect, or prevent vermin 4841  
infestation of a building or structure. 4842

(KK) "Physical fitness facility service" means all 4843  
transactions by which a membership is granted, maintained, or 4844  
renewed, including initiation fees, membership dues, renewal 4845  
fees, monthly minimum fees, and other similar fees and dues, by 4846  
a physical fitness facility such as an athletic club, health 4847  
spa, or gymnasium, which entitles the member to use the facility 4848  
for physical exercise. 4849

(LL) "Recreation and sports club service" means all 4850  
transactions by which a membership is granted, maintained, or 4851  
renewed, including initiation fees, membership dues, renewal 4852  
fees, monthly minimum fees, and other similar fees and dues, by 4853  
a recreation and sports club, which entitles the member to use 4854  
the facilities of the organization. "Recreation and sports club" 4855  
means an organization that has ownership of, or controls or 4856  
leases on a continuing, long-term basis, the facilities used by 4857  
its members and includes an aviation club, gun or shooting club, 4858

yacht club, card club, swimming club, tennis club, golf club, 4859  
country club, riding club, amateur sports club, or similar 4860  
organization. 4861

(MM) "Livestock" means farm animals commonly raised for 4862  
food, food production, or other agricultural purposes, 4863  
including, but not limited to, cattle, sheep, goats, swine, 4864  
poultry, and captive deer. "Livestock" does not include 4865  
invertebrates, amphibians, reptiles, domestic pets, animals for 4866  
use in laboratories or for exhibition, or other animals not 4867  
commonly raised for food or food production. 4868

(NN) "Livestock structure" means a building or structure 4869  
used exclusively for the housing, raising, feeding, or 4870  
sheltering of livestock, and includes feed storage or handling 4871  
structures and structures for livestock waste handling. 4872

(OO) "Horticulture" means the growing, cultivation, and 4873  
production of flowers, fruits, herbs, vegetables, sod, 4874  
mushrooms, and nursery stock. As used in this division, "nursery 4875  
stock" has the same meaning as in section 927.51 of the Revised 4876  
Code. 4877

(PP) "Horticulture structure" means a building or 4878  
structure used exclusively for the commercial growing, raising, 4879  
or overwintering of horticultural products, and includes the 4880  
area used for stocking, storing, and packing horticultural 4881  
products when done in conjunction with the production of those 4882  
products. 4883

(QQ) "Newspaper" means an unbound publication bearing a 4884  
title or name that is regularly published, at least as 4885  
frequently as biweekly, and distributed from a fixed place of 4886  
business to the public in a specific geographic area, and that 4887



contains a substantial amount of news matter of international, 4888  
national, or local events of interest to the general public. 4889

(RR) (1) "Feminine hygiene products" means tampons, panty 4890  
liners, menstrual cups, sanitary napkins, and other similar 4891  
tangible personal property designed for feminine hygiene in 4892  
connection with the human menstrual cycle, but does not include 4893  
grooming and hygiene products. 4894

(2) "Grooming and hygiene products" means soaps and 4895  
cleaning solutions, shampoo, toothpaste, mouthwash, 4896  
antiperspirants, and sun tan lotions and screens, regardless of 4897  
whether any of these products are over-the-counter drugs. 4898

(3) "Over-the-counter drugs" means a drug that contains a 4899  
label that identifies the product as a drug as required by 21 4900  
C.F.R. 201.66, which label includes a drug facts panel or a 4901  
statement of the active ingredients with a list of those 4902  
ingredients contained in the compound, substance, or 4903  
preparation. 4904

(SS) (1) "Lease" or "rental" means any transfer of the 4905  
possession or control of tangible personal property for a fixed 4906  
or indefinite term, for consideration. "Lease" or "rental" 4907  
includes future options to purchase or extend, and agreements 4908  
described in 26 U.S.C. 7701(h) (1) covering motor vehicles and 4909  
trailers where the amount of consideration may be increased or 4910  
decreased by reference to the amount realized upon the sale or 4911  
disposition of the property. "Lease" or "rental" does not 4912  
include: 4913

(a) A transfer of possession or control of tangible 4914  
personal property under a security agreement or a deferred 4915  
payment plan that requires the transfer of title upon completion 4916

of the required payments; 4917

(b) A transfer of possession or control of tangible 4918  
personal property under an agreement that requires the transfer 4919  
of title upon completion of required payments and payment of an 4920  
option price that does not exceed the greater of one hundred 4921  
dollars or one per cent of the total required payments; 4922

(c) Providing tangible personal property along with an 4923  
operator for a fixed or indefinite period of time, if the 4924  
operator is necessary for the property to perform as designed. 4925  
For purposes of this division, the operator must do more than 4926  
maintain, inspect, or set up the tangible personal property. 4927

(2) "Lease" and "rental," as defined in division (SS) of 4928  
this section, shall not apply to leases or rentals that exist 4929  
before June 26, 2003. 4930

(3) "Lease" and "rental" have the same meaning as in 4931  
division (SS) (1) of this section regardless of whether a 4932  
transaction is characterized as a lease or rental under 4933  
generally accepted accounting principles, the Internal Revenue 4934  
Code, Title XIII of the Revised Code, or other federal, state, 4935  
or local laws. 4936

(TT) "Mobile telecommunications service" has the same 4937  
meaning as in the "Mobile Telecommunications Sourcing Act," Pub. 4938  
L. No. 106-252, 114 Stat. 631 (2000), 4 U.S.C.A. 124(7), as 4939  
amended, and, on and after August 1, 2003, includes related fees 4940  
and ancillary services, including universal service fees, 4941  
detailed billing service, directory assistance, service 4942  
initiation, voice mail service, and vertical services, such as 4943  
caller ID and three-way calling. 4944

(UU) "Certified service provider" has the same meaning as 4945

in section 5740.01 of the Revised Code. 4946

(VV) "Satellite broadcasting service" means the 4947  
distribution or broadcasting of programming or services by 4948  
satellite directly to the subscriber's receiving equipment 4949  
without the use of ground receiving or distribution equipment, 4950  
except the subscriber's receiving equipment or equipment used in 4951  
the uplink process to the satellite, and includes all service 4952  
and rental charges, premium channels or other special services, 4953  
installation and repair service charges, and any other charges 4954  
having any connection with the provision of the satellite 4955  
broadcasting service. 4956

(WW) "Tangible personal property" means personal property 4957  
that can be seen, weighed, measured, felt, or touched, or that 4958  
is in any other manner perceptible to the senses. For purposes 4959  
of this chapter and Chapter 5741. of the Revised Code, "tangible 4960  
personal property" includes motor vehicles, electricity, water, 4961  
gas, steam, and prewritten computer software. 4962

(XX) "Municipal gas utility" means a municipal corporation 4963  
that owns or operates a system for the distribution of natural 4964  
gas. 4965

(YY) "Computer" means an electronic device that accepts 4966  
information in digital or similar form and manipulates it for a 4967  
result based on a sequence of instructions. 4968

(ZZ) "Computer software" means a set of coded instructions 4969  
designed to cause a computer or automatic data processing 4970  
equipment to perform a task. 4971

(AAA) "Delivered electronically" means delivery of 4972  
computer software from the seller to the purchaser by means 4973  
other than tangible storage media. 4974

(BBB) "Prewritten computer software" means computer 4975  
software, including prewritten upgrades, that is not designed 4976  
and developed by the author or other creator to the 4977  
specifications of a specific purchaser. The combining of two or 4978  
more prewritten computer software programs or prewritten 4979  
portions thereof does not cause the combination to be other than 4980  
prewritten computer software. "Prewritten computer software" 4981  
includes software designed and developed by the author or other 4982  
creator to the specifications of a specific purchaser when it is 4983  
sold to a person other than the purchaser. If a person modifies 4984  
or enhances computer software of which the person is not the 4985  
author or creator, the person shall be deemed to be the author 4986  
or creator only of such person's modifications or enhancements. 4987  
Prewritten computer software or a prewritten portion thereof 4988  
that is modified or enhanced to any degree, where such 4989  
modification or enhancement is designed and developed to the 4990  
specifications of a specific purchaser, remains prewritten 4991  
computer software; provided, however, that where there is a 4992  
reasonable, separately stated charge or an invoice or other 4993  
statement of the price given to the purchaser for the 4994  
modification or enhancement, the modification or enhancement 4995  
shall not constitute prewritten computer software. 4996

(CCC) (1) "Food" means substances, whether in liquid, 4997  
concentrated, solid, frozen, dried, or dehydrated form, that are 4998  
sold for ingestion or chewing by humans and are consumed for 4999  
their taste or nutritional value. "Food" does not include 5000  
alcoholic beverages, dietary supplements, soft drinks, or 5001  
tobacco. 5002

(2) As used in division (CCC) (1) of this section: 5003

(a) "Dietary supplements" means any product, other than 5004

tobacco, that is intended to supplement the diet and that is 5005  
intended for ingestion in tablet, capsule, powder, softgel, 5006  
gelcap, or liquid form, or, if not intended for ingestion in 5007  
such a form, is not represented as conventional food for use as 5008  
a sole item of a meal or of the diet; that is required to be 5009  
labeled as a dietary supplement, identifiable by the "supplement 5010  
facts" box found on the label, as required by 21 C.F.R. 101.36; 5011  
and that contains one or more of the following dietary 5012  
ingredients: 5013

- (i) A vitamin; 5014
- (ii) A mineral; 5015
- (iii) An herb or other botanical; 5016
- (iv) An amino acid; 5017
- (v) A dietary substance for use by humans to supplement 5018  
the diet by increasing the total dietary intake; 5019
- (vi) A concentrate, metabolite, constituent, extract, or 5020  
combination of any ingredient described in divisions (CCC) (2) (a) 5021  
(i) to (v) of this section. 5022

(b) "Soft drinks" means nonalcoholic beverages that 5023  
contain natural or artificial sweeteners. "Soft drinks" does not 5024  
include beverages that contain milk or milk products, soy, rice, 5025  
or similar milk substitutes, or that contains greater than fifty 5026  
per cent vegetable or fruit juice by volume. 5027

(DDD) "Drug" means a compound, substance, or preparation, 5028  
and any component of a compound, substance, or preparation, 5029  
other than food, dietary supplements, or alcoholic beverages 5030  
that is recognized in the official United States pharmacopoeia, 5031  
official homeopathic pharmacopoeia of the United States, or 5032

official national formulary, and supplements to them; is 5033  
intended for use in the diagnosis, cure, mitigation, treatment, 5034  
or prevention of disease; or is intended to affect the structure 5035  
or any function of the body. 5036

(EEE) "Prescription" means an order, formula, or recipe 5037  
issued in any form of oral, written, electronic, or other means 5038  
of transmission by a duly licensed practitioner authorized by 5039  
the laws of this state to issue a prescription. 5040

(FFF) "Durable medical equipment" means equipment, 5041  
including repair and replacement parts for such equipment, that 5042  
can withstand repeated use, is primarily and customarily used to 5043  
serve a medical purpose, generally is not useful to a person in 5044  
the absence of illness or injury, and is not worn in or on the 5045  
body. "Durable medical equipment" does not include mobility 5046  
enhancing equipment. 5047

(GGG) "Mobility enhancing equipment" means equipment, 5048  
including repair and replacement parts for such equipment, that 5049  
is primarily and customarily used to provide or increase the 5050  
ability to move from one place to another and is appropriate for 5051  
use either in a home or a motor vehicle, that is not generally 5052  
used by persons with normal mobility, and that does not include 5053  
any motor vehicle or equipment on a motor vehicle normally 5054  
provided by a motor vehicle manufacturer. "Mobility enhancing 5055  
equipment" does not include durable medical equipment. 5056

(HHH) "Prosthetic device" means a replacement, corrective, 5057  
or supportive device, including repair and replacement parts for 5058  
the device, worn on or in the human body to artificially replace 5059  
a missing portion of the body, prevent or correct physical 5060  
deformity or malfunction, or support a weak or deformed portion 5061  
of the body. As used in this division, before July 1, 2019, 5062

"prosthetic device" does not include corrective eyeglasses, 5063  
contact lenses, or dental prosthesis. On or after July 1, 2019, 5064  
"prosthetic device" does not include dental prosthesis but does 5065  
include corrective eyeglasses or contact lenses. 5066

(III) (1) "Fractional aircraft ownership program" means a 5067  
program in which persons within an affiliated group sell and 5068  
manage fractional ownership program aircraft, provided that at 5069  
least one hundred airworthy aircraft are operated in the program 5070  
and the program meets all of the following criteria: 5071

(a) Management services are provided by at least one 5072  
program manager within an affiliated group on behalf of the 5073  
fractional owners. 5074

(b) Each program aircraft is owned or possessed by at 5075  
least one fractional owner. 5076

(c) Each fractional owner owns or possesses at least a 5077  
one-sixteenth interest in at least one fixed-wing program 5078  
aircraft. 5079

(d) A dry-lease aircraft interchange arrangement is in 5080  
effect among all of the fractional owners. 5081

(e) Multi-year program agreements are in effect regarding 5082  
the fractional ownership, management services, and dry-lease 5083  
aircraft interchange arrangement aspects of the program. 5084

(2) As used in division (III) (1) of this section: 5085

(a) "Affiliated group" has the same meaning as in division 5086  
(B) (3) (e) of this section. 5087

(b) "Fractional owner" means a person that owns or 5088  
possesses at least a one-sixteenth interest in a program 5089  
aircraft and has entered into the agreements described in 5090

division (III)(1)(e) of this section. 5091

(c) "Fractional ownership program aircraft" or "program aircraft" means a turbojet aircraft that is owned or possessed by a fractional owner and that has been included in a dry-lease aircraft interchange arrangement and agreement under divisions (III)(1)(d) and (e) of this section, or an aircraft a program manager owns or possesses primarily for use in a fractional aircraft ownership program. 5092  
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(d) "Management services" means administrative and aviation support services furnished under a fractional aircraft ownership program in accordance with a management services agreement under division (III)(1)(e) of this section, and offered by the program manager to the fractional owners, including, at a minimum, the establishment and implementation of safety guidelines; the coordination of the scheduling of the program aircraft and crews; program aircraft maintenance; program aircraft insurance; crew training for crews employed, furnished, or contracted by the program manager or the fractional owner; the satisfaction of record-keeping requirements; and the development and use of an operations manual and a maintenance manual for the fractional aircraft ownership program. 5099  
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(e) "Program manager" means the person that offers management services to fractional owners pursuant to a management services agreement under division (III)(1)(e) of this section. 5113  
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(JJJ) "Electronic publishing" means providing access to one or more of the following primarily for business customers, including the federal government or a state government or a political subdivision thereof, to conduct research: news; 5117  
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business, financial, legal, consumer, or credit materials; 5121  
editorials, columns, reader commentary, or features; photos or 5122  
images; archival or research material; legal notices, identity 5123  
verification, or public records; scientific, educational, 5124  
instructional, technical, professional, trade, or other literary 5125  
materials; or other similar information which has been gathered 5126  
and made available by the provider to the consumer in an 5127  
electronic format. Providing electronic publishing includes the 5128  
functions necessary for the acquisition, formatting, editing, 5129  
storage, and dissemination of data or information that is the 5130  
subject of a sale. 5131

(KKK) "Medicaid health insuring corporation" means a 5132  
health insuring corporation that holds a certificate of 5133  
authority under Chapter 1751. of the Revised Code and is under 5134  
contract with the department of medicaid pursuant to section 5135  
5167.10 of the Revised Code. 5136

(LLL) "Managed care premium" means any premium, 5137  
capitation, or other payment a medicaid health insuring 5138  
corporation receives for providing or arranging for the 5139  
provision of health care services to its members or enrollees 5140  
residing in this state. 5141

(MMM) "Captive deer" means deer and other cervidae that 5142  
have been legally acquired, or their offspring, that are 5143  
privately owned for agricultural or farming purposes. 5144

(NNN) "Gift card" means a document, card, certificate, or 5145  
other record, whether tangible or intangible, that may be 5146  
redeemed by a consumer for a dollar value when making a purchase 5147  
of tangible personal property or services. 5148

(OOO) "Specified digital product" means an electronically 5149

transferred digital audiovisual work, digital audio work, or 5150  
digital book. 5151

As used in division (000) of this section: 5152

(1) "Digital audiovisual work" means a series of related 5153  
images that, when shown in succession, impart an impression of 5154  
motion, together with accompanying sounds, if any. 5155

(2) "Digital audio work" means a work that results from 5156  
the fixation of a series of musical, spoken, or other sounds, 5157  
including digitized sound files that are downloaded onto a 5158  
device and that may be used to alert the customer with respect 5159  
to a communication. 5160

(3) "Digital book" means a work that is generally 5161  
recognized in the ordinary and usual sense as a book. 5162

(4) "Electronically transferred" means obtained by the 5163  
purchaser by means other than tangible storage media. 5164

(PPP) "Digital advertising services" means providing 5165  
access, by means of telecommunications equipment, to computer 5166  
equipment that is used to enter, upload, download, review, 5167  
manipulate, store, add, or delete data for the purpose of 5168  
electronically displaying, delivering, placing, or transferring 5169  
promotional advertisements to potential customers about products 5170  
or services or about industry or business brands. 5171

(QQQ) "Peer-to-peer car sharing program" has the same 5172  
meaning as in section 4516.01 of the Revised Code. 5173

(RRR) "Megaproject" and "megaproject operator" have the 5174  
same meanings as in section 122.17 of the Revised Code. 5175

(SSS) (1) "Diaper" means an absorbent garment worn by 5176  
humans who are incapable of, or have difficulty, controlling 5177

their bladder or bowel movements. 5178

(2) "Children's diaper" means a diaper marketed to be worn 5179  
by children. 5180

(3) "Adult diaper" means a diaper other than a children's 5181  
diaper. 5182

(TTT) "Sales tax holiday" means three or more dates on 5183  
which sales of all eligible tangible personal property are 5184  
exempt from the taxes levied under sections 5739.02, 5739.021, 5185  
5739.023, 5739.026, 5741.02, 5741.021, 5741.022, and 5741.023 of 5186  
the Revised Code. 5187

(UUU) "Eligible tangible personal property" means any item 5188  
of tangible personal property that meets both of the following 5189  
requirements: 5190

(1) The price of the item does not exceed five hundred 5191  
dollars; 5192

(2) The item is not a watercraft or outboard motor 5193  
required to be titled pursuant to Chapter 1548. of the Revised 5194  
Code, a motor vehicle, an alcoholic beverage, tobacco, a vapor 5195  
product as defined in section 5743.01 of the Revised Code, or an 5196  
item that contains marijuana as defined in section 3796.01 of 5197  
the Revised Code. 5198

(VVV) "Alcoholic beverages" means beverages that are 5199  
suitable for human consumption and contain one-half of one per 5200  
cent or more of alcohol by volume. 5201

(WWW) "Tobacco" means cigarettes, cigars, chewing or pipe 5202  
tobacco, or any other item that contains tobacco. 5203

**Section 2.** That existing sections 173.521, 173.542, 5204  
940.09, 1347.08, 1561.12, 1571.012, 1751.84, 3304.23, 3309.22, 5205

3313.716, 3319.141, 3501.382, 3701.046, 3701.144, 3701.162, 5206  
3701.262, 3701.47, 3701.48, 3701.50, 3701.59, 3701.74, 3705.30, 5207  
3705.33, 3705.35, 3707.08, 3710.07, 3721.01, 3721.011, 3721.041, 5208  
3727.19, 3742.03, 3742.04, 3742.07, 3901.56, 3923.25, 3923.84, 5209  
4113.23, 4506.07, 4507.06, 4507.08, 4507.081, 4507.141, 4507.30, 5210  
4511.81, 4729.284, 4729.41, 4729.45, 4729.47, 5120.17, 5120.21, 5211  
5145.22, and 5739.01 of the Revised Code are hereby repealed. 5212

**Section 3.** That the version of section 3705.30 of the 5213  
Revised Code that is scheduled to take effect September 30, 5214  
2024, be amended to read as follows: 5215

**Sec. 3705.30.** (A) As used in this section: 5216

(1) "Certified nurse-midwife," "clinical nurse 5217  
specialist," and "certified nurse practitioner" have the same 5218  
meanings as in section 4723.01 of the Revised Code. 5219

(2) "Freestanding birthing center" has the same meaning as 5220  
in section 3701.503 of the Revised Code. 5221

~~(2)~~(3) "Hospital" has the same meaning as in section 5222  
3722.01 of the Revised Code. 5223

~~(3)~~(4) "Physician" means an individual authorized under 5224  
Chapter 4731. of the Revised Code to practice medicine and 5225  
surgery or osteopathic medicine and surgery. 5226

(B) The director of health shall establish and, if funds 5227  
for this purpose are available, implement a statewide birth 5228  
defects information system for the collection of information 5229  
concerning congenital anomalies, stillbirths, and abnormal 5230  
conditions of newborns. 5231

(C) If the system is implemented under division (B) of 5232  
this section, all of the following apply: 5233

(1) The director may require each physician, certified nurse-midwife, clinical nurse specialist, certified nurse practitioner, hospital, and freestanding birthing center to report to the system information concerning all patients under five years of age with a primary diagnosis of a congenital anomaly or abnormal condition. The director shall not require a hospital, freestanding birthing center, ~~or physician,~~ certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner to report to the system any information that is reported to the director or department of health under another provision of the Revised Code or Administrative Code.

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

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

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

**Section 4.** That the existing version of section 3705.30 of the Revised Code that is scheduled to take effect September 30, 2024, is hereby repealed.

<b>Section 5.</b> Sections 3 and 4 of this act take effect	5264
September 30, 2024.	5265