

**As Reported by the Senate Health and Human Services Committee**

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**Sub. H. B. No. 470**

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**Representative Schuring**

**Cosponsors: Representatives Bishoff, Brown, Johnson, T., Anielski, Antonio, Arndt, Baker, Barnes, Boyd, Craig, Curtin, Derickson, Dovilla, Grossman, Hambley, Lepore-Hagan, McClain, O'Brien, M., Patterson, Ramos, Rezabek, Rogers, Scherer, Sears, Slesnick, Sweeney, Young**

**Senators Cafaro, Brown, Tavares**

**A BILL**

To amend sections 109.57, 140.01, 140.08, 1337.11, 1  
1739.05, 2133.01, 2317.54, 2929.14, 3701.881, 2  
3712.01, 3712.09, 3721.01, 3795.01, 3795.03, 3  
3963.01, 4719.01, 4723.36, 4723.481, 4723.487, 4  
4729.43, 4730.202, 4730.411, 4730.53, 4731.055, 5  
4731.228, 4752.02, and 5119.34 and to enact 6  
sections 1751.84, 3712.032, 3712.042, 3712.052, 7  
3712.063, 3727.70, 3727.71, 3727.72, 3727.73, 8  
3727.74, 3727.75, 3727.76, 3727.77, 3727.78, 9  
3727.79, 3923.84, and 3795.04 of the Revised 10  
Code to establish requirements for the operation 11  
of palliative care facilities and requirements 12  
for hospital after-care and discharge planning, 13  
to prohibit assisting suicide, to require 14  
coverage for autism services, and to require the 15  
development of recommendations concerning the 16  
operation of memory care units. 17

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

**Section 1.** That sections 109.57, 140.01, 140.08, 1337.11, 18  
1739.05, 2133.01, 2317.54, 2929.14, 3701.881, 3712.01, 3712.09, 19  
3721.01, 3795.01, 3795.03, 3963.01, 4719.01, 4723.36, 4723.481, 20  
4723.487, 4729.43, 4730.202, 4730.411, 4730.53, 4731.055, 21  
4731.228, 4752.02, and 5119.34 be amended and sections 1751.84, 22  
3712.032, 3712.042, 3712.052, 3712.063, 3727.70, 3727.71, 23  
3727.72, 3727.73, 3727.74, 3727.75, 3727.76, 3727.77, 3727.78, 24  
3727.79, 3923.84, and 3795.04 of the Revised Code be enacted to 25  
read as follows: 26

**Sec. 109.57.** (A) (1) The superintendent of the bureau of 27  
criminal identification and investigation shall procure from 28  
wherever procurable and file for record photographs, pictures, 29  
descriptions, fingerprints, measurements, and other information 30  
that may be pertinent of all persons who have been convicted of 31  
committing within this state a felony, any crime constituting a 32  
misdemeanor on the first offense and a felony on subsequent 33  
offenses, or any misdemeanor described in division (A) (1) (a), 34  
(A) (5) (a), or (A) (7) (a) of section 109.572 of the Revised Code, 35  
of all children under eighteen years of age who have been 36  
adjudicated delinquent children for committing within this state 37  
an act that would be a felony or an offense of violence if 38  
committed by an adult or who have been convicted of or pleaded 39  
guilty to committing within this state a felony or an offense of 40  
violence, and of all well-known and habitual criminals. The 41  
person in charge of any county, multicounty, municipal, 42  
municipal-county, or multicounty-municipal jail or workhouse, 43  
community-based correctional facility, halfway house, 44  
alternative residential facility, or state correctional 45  
institution and the person in charge of any state institution 46  
having custody of a person suspected of having committed a 47  
felony, any crime constituting a misdemeanor on the first 48

offense and a felony on subsequent offenses, or any misdemeanor 49  
described in division (A) (1) (a), (A) (5) (a), or (A) (7) (a) of 50  
section 109.572 of the Revised Code or having custody of a child 51  
under eighteen years of age with respect to whom there is 52  
probable cause to believe that the child may have committed an 53  
act that would be a felony or an offense of violence if 54  
committed by an adult shall furnish such material to the 55  
superintendent of the bureau. Fingerprints, photographs, or 56  
other descriptive information of a child who is under eighteen 57  
years of age, has not been arrested or otherwise taken into 58  
custody for committing an act that would be a felony or an 59  
offense of violence who is not in any other category of child 60  
specified in this division, if committed by an adult, has not 61  
been adjudicated a delinquent child for committing an act that 62  
would be a felony or an offense of violence if committed by an 63  
adult, has not been convicted of or pleaded guilty to committing 64  
a felony or an offense of violence, and is not a child with 65  
respect to whom there is probable cause to believe that the 66  
child may have committed an act that would be a felony or an 67  
offense of violence if committed by an adult shall not be 68  
procured by the superintendent or furnished by any person in 69  
charge of any county, multicounty, municipal, municipal-county, 70  
or multicounty-municipal jail or workhouse, community-based 71  
correctional facility, halfway house, alternative residential 72  
facility, or state correctional institution, except as 73  
authorized in section 2151.313 of the Revised Code. 74

(2) Every clerk of a court of record in this state, other 75  
than the supreme court or a court of appeals, shall send to the 76  
superintendent of the bureau a weekly report containing a 77  
summary of each case involving a felony, involving any crime 78  
constituting a misdemeanor on the first offense and a felony on 79

subsequent offenses, involving a misdemeanor described in 80  
division (A) (1) (a), (A) (5) (a), or (A) (7) (a) of section 109.572 81  
of the Revised Code, or involving an adjudication in a case in 82  
which a child under eighteen years of age was alleged to be a 83  
delinquent child for committing an act that would be a felony or 84  
an offense of violence if committed by an adult. The clerk of 85  
the court of common pleas shall include in the report and 86  
summary the clerk sends under this division all information 87  
described in divisions (A) (2) (a) to (f) of this section 88  
regarding a case before the court of appeals that is served by 89  
that clerk. The summary shall be written on the standard forms 90  
furnished by the superintendent pursuant to division (B) of this 91  
section and shall include the following information: 92

(a) The incident tracking number contained on the standard 93  
forms furnished by the superintendent pursuant to division (B) 94  
of this section; 95

(b) The style and number of the case; 96

(c) The date of arrest, offense, summons, or arraignment; 97

(d) The date that the person was convicted of or pleaded 98  
guilty to the offense, adjudicated a delinquent child for 99  
committing the act that would be a felony or an offense of 100  
violence if committed by an adult, found not guilty of the 101  
offense, or found not to be a delinquent child for committing an 102  
act that would be a felony or an offense of violence if 103  
committed by an adult, the date of an entry dismissing the 104  
charge, an entry declaring a mistrial of the offense in which 105  
the person is discharged, an entry finding that the person or 106  
child is not competent to stand trial, or an entry of a nolle 107  
prosequi, or the date of any other determination that 108  
constitutes final resolution of the case; 109

(e) A statement of the original charge with the section of 110  
the Revised Code that was alleged to be violated; 111

(f) If the person or child was convicted, pleaded guilty, 112  
or was adjudicated a delinquent child, the sentence or terms of 113  
probation imposed or any other disposition of the offender or 114  
the delinquent child. 115

If the offense involved the disarming of a law enforcement 116  
officer or an attempt to disarm a law enforcement officer, the 117  
clerk shall clearly state that fact in the summary, and the 118  
superintendent shall ensure that a clear statement of that fact 119  
is placed in the bureau's records. 120

(3) The superintendent shall cooperate with and assist 121  
sheriffs, chiefs of police, and other law enforcement officers 122  
in the establishment of a complete system of criminal 123  
identification and in obtaining fingerprints and other means of 124  
identification of all persons arrested on a charge of a felony, 125  
any crime constituting a misdemeanor on the first offense and a 126  
felony on subsequent offenses, or a misdemeanor described in 127  
division (A) (1) (a), (A) (5) (a), or (A) (7) (a) of section 109.572 128  
of the Revised Code and of all children under eighteen years of 129  
age arrested or otherwise taken into custody for committing an 130  
act that would be a felony or an offense of violence if 131  
committed by an adult. The superintendent also shall file for 132  
record the fingerprint impressions of all persons confined in a 133  
county, multicounty, municipal, municipal-county, or 134  
multicounty-municipal jail or workhouse, community-based 135  
correctional facility, halfway house, alternative residential 136  
facility, or state correctional institution for the violation of 137  
state laws and of all children under eighteen years of age who 138  
are confined in a county, multicounty, municipal, municipal- 139

county, or multicounty-municipal jail or workhouse, community- 140  
based correctional facility, halfway house, alternative 141  
residential facility, or state correctional institution or in 142  
any facility for delinquent children for committing an act that 143  
would be a felony or an offense of violence if committed by an 144  
adult, and any other information that the superintendent may 145  
receive from law enforcement officials of the state and its 146  
political subdivisions. 147

(4) The superintendent shall carry out Chapter 2950. of 148  
the Revised Code with respect to the registration of persons who 149  
are convicted of or plead guilty to a sexually oriented offense 150  
or a child-victim oriented offense and with respect to all other 151  
duties imposed on the bureau under that chapter. 152

(5) The bureau shall perform centralized recordkeeping 153  
functions for criminal history records and services in this 154  
state for purposes of the national crime prevention and privacy 155  
compact set forth in section 109.571 of the Revised Code and is 156  
the criminal history record repository as defined in that 157  
section for purposes of that compact. The superintendent or the 158  
superintendent's designee is the compact officer for purposes of 159  
that compact and shall carry out the responsibilities of the 160  
compact officer specified in that compact. 161

(B) The superintendent shall prepare and furnish to every 162  
county, multicounty, municipal, municipal-county, or 163  
multicounty-municipal jail or workhouse, community-based 164  
correctional facility, halfway house, alternative residential 165  
facility, or state correctional institution and to every clerk 166  
of a court in this state specified in division (A) (2) of this 167  
section standard forms for reporting the information required 168  
under division (A) of this section. The standard forms that the 169

superintendent prepares pursuant to this division may be in a 170  
tangible format, in an electronic format, or in both tangible 171  
formats and electronic formats. 172

(C) (1) The superintendent may operate a center for 173  
electronic, automated, or other data processing for the storage 174  
and retrieval of information, data, and statistics pertaining to 175  
criminals and to children under eighteen years of age who are 176  
adjudicated delinquent children for committing an act that would 177  
be a felony or an offense of violence if committed by an adult, 178  
criminal activity, crime prevention, law enforcement, and 179  
criminal justice, and may establish and operate a statewide 180  
communications network to be known as the Ohio law enforcement 181  
gateway to gather and disseminate information, data, and 182  
statistics for the use of law enforcement agencies and for other 183  
uses specified in this division. The superintendent may gather, 184  
store, retrieve, and disseminate information, data, and 185  
statistics that pertain to children who are under eighteen years 186  
of age and that are gathered pursuant to sections 109.57 to 187  
109.61 of the Revised Code together with information, data, and 188  
statistics that pertain to adults and that are gathered pursuant 189  
to those sections. 190

(2) The superintendent or the superintendent's designee 191  
shall gather information of the nature described in division (C) 192  
(1) of this section that pertains to the offense and delinquency 193  
history of a person who has been convicted of, pleaded guilty 194  
to, or been adjudicated a delinquent child for committing a 195  
sexually oriented offense or a child-victim oriented offense for 196  
inclusion in the state registry of sex offenders and child- 197  
victim offenders maintained pursuant to division (A) (1) of 198  
section 2950.13 of the Revised Code and in the internet database 199  
operated pursuant to division (A) (13) of that section and for 200

possible inclusion in the internet database operated pursuant to 201  
division (A) (11) of that section. 202

(3) In addition to any other authorized use of 203  
information, data, and statistics of the nature described in 204  
division (C) (1) of this section, the superintendent or the 205  
superintendent's designee may provide and exchange the 206  
information, data, and statistics pursuant to the national crime 207  
prevention and privacy compact as described in division (A) (5) 208  
of this section. 209

(4) The Ohio law enforcement gateway shall contain the 210  
name, confidential address, and telephone number of program 211  
participants in the address confidentiality program established 212  
under sections 111.41 to 111.47 of the Revised Code. 213

(5) The attorney general may adopt rules under Chapter 214  
119. of the Revised Code establishing guidelines for the 215  
operation of and participation in the Ohio law enforcement 216  
gateway. The rules may include criteria for granting and 217  
restricting access to information gathered and disseminated 218  
through the Ohio law enforcement gateway. The attorney general 219  
shall adopt rules under Chapter 119. of the Revised Code that 220  
grant access to information in the gateway regarding an address 221  
confidentiality program participant under sections 111.41 to 222  
111.47 of the Revised Code to only chiefs of police, village 223  
marshals, county sheriffs, county prosecuting attorneys, and a 224  
designee of each of these individuals. The attorney general 225  
shall permit the state medical board and board of nursing to 226  
access and view, but not alter, information gathered and 227  
disseminated through the Ohio law enforcement gateway. 228

The attorney general may appoint a steering committee to 229  
advise the attorney general in the operation of the Ohio law 230



enforcement gateway that is comprised of persons who are 231  
representatives of the criminal justice agencies in this state 232  
that use the Ohio law enforcement gateway and is chaired by the 233  
superintendent or the superintendent's designee. 234

(D) (1) The following are not public records under section 235  
149.43 of the Revised Code: 236

(a) Information and materials furnished to the 237  
superintendent pursuant to division (A) of this section; 238

(b) Information, data, and statistics gathered or 239  
disseminated through the Ohio law enforcement gateway pursuant 240  
to division (C) (1) of this section; 241

(c) Information and materials furnished to any board or 242  
person under division (F) or (G) of this section. 243

(2) The superintendent or the superintendent's designee 244  
shall gather and retain information so furnished under division 245  
(A) of this section that pertains to the offense and delinquency 246  
history of a person who has been convicted of, pleaded guilty 247  
to, or been adjudicated a delinquent child for committing a 248  
sexually oriented offense or a child-victim oriented offense for 249  
the purposes described in division (C) (2) of this section. 250

(E) (1) The attorney general shall adopt rules, in 251  
accordance with Chapter 119. of the Revised Code and subject to 252  
division (E) (2) of this section, setting forth the procedure by 253  
which a person may receive or release information gathered by 254  
the superintendent pursuant to division (A) of this section. A 255  
reasonable fee may be charged for this service. If a temporary 256  
employment service submits a request for a determination of 257  
whether a person the service plans to refer to an employment 258  
position has been convicted of or pleaded guilty to an offense 259

listed or described in division (A) (1), (2), or (3) of section 260  
109.572 of the Revised Code, the request shall be treated as a 261  
single request and only one fee shall be charged. 262

(2) Except as otherwise provided in this division or 263  
division (E) (3) or (4) of this section, a rule adopted under 264  
division (E) (1) of this section may provide only for the release 265  
of information gathered pursuant to division (A) of this section 266  
that relates to the conviction of a person, or a person's plea 267  
of guilty to, a criminal offense or to the arrest of a person as 268  
provided in division (E) (3) of this section. The superintendent 269  
shall not release, and the attorney general shall not adopt any 270  
rule under division (E) (1) of this section that permits the 271  
release of, any information gathered pursuant to division (A) of 272  
this section that relates to an adjudication of a child as a 273  
delinquent child, or that relates to a criminal conviction of a 274  
person under eighteen years of age if the person's case was 275  
transferred back to a juvenile court under division (B) (2) or 276  
(3) of section 2152.121 of the Revised Code and the juvenile 277  
court imposed a disposition or serious youthful offender 278  
disposition upon the person under either division, unless either 279  
of the following applies with respect to the adjudication or 280  
conviction: 281

(a) The adjudication or conviction was for a violation of 282  
section 2903.01 or 2903.02 of the Revised Code. 283

(b) The adjudication or conviction was for a sexually 284  
oriented offense, the juvenile court was required to classify 285  
the child a juvenile offender registrant for that offense under 286  
section 2152.82, 2152.83, or 2152.86 of the Revised Code, that 287  
classification has not been removed, and the records of the 288  
adjudication or conviction have not been sealed or expunged 289

pursuant to sections 2151.355 to 2151.358 or sealed pursuant to	290
section 2952.32 of the Revised Code.	291
(3) A rule adopted under division (E) (1) of this section	292
may provide for the release of information gathered pursuant to	293
division (A) of this section that relates to the arrest of a	294
person who is eighteen years of age or older when the person has	295
not been convicted as a result of that arrest if any of the	296
following applies:	297
(a) The arrest was made outside of this state.	298
(b) A criminal action resulting from the arrest is	299
pending, and the superintendent confirms that the criminal	300
action has not been resolved at the time the criminal records	301
check is performed.	302
(c) The bureau cannot reasonably determine whether a	303
criminal action resulting from the arrest is pending, and not	304
more than one year has elapsed since the date of the arrest.	305
(4) A rule adopted under division (E) (1) of this section	306
may provide for the release of information gathered pursuant to	307
division (A) of this section that relates to an adjudication of	308
a child as a delinquent child if not more than five years have	309
elapsed since the date of the adjudication, the adjudication was	310
for an act that would have been a felony if committed by an	311
adult, the records of the adjudication have not been sealed or	312
expunged pursuant to sections 2151.355 to 2151.358 of the	313
Revised Code, and the request for information is made under	314
division (F) of this section or under section 109.572 of the	315
Revised Code. In the case of an adjudication for a violation of	316
the terms of community control or supervised release, the five-	317
year period shall be calculated from the date of the	318

adjudication to which the community control or supervised 319  
release pertains. 320

(F) (1) As used in division (F) (2) of this section, "head 321  
start agency" means an entity in this state that has been 322  
approved to be an agency for purposes of subchapter II of the 323  
"Community Economic Development Act," 95 Stat. 489 (1981), 42 324  
U.S.C.A. 9831, as amended. 325

(2) (a) In addition to or in conjunction with any request 326  
that is required to be made under section 109.572, 2151.86, 327  
3301.32, 3301.541, division (C) of section 3310.58, or section 328  
3319.39, 3319.391, 3327.10, 3701.881, 5104.013, 5123.081, or 329  
5153.111 of the Revised Code or that is made under section 330  
3314.41, 3319.392, 3326.25, or 3328.20 of the Revised Code, the 331  
board of education of any school district; the director of 332  
developmental disabilities; any county board of developmental 333  
disabilities; any provider or subcontractor as defined in 334  
section 5123.081 of the Revised Code; the chief administrator of 335  
any chartered nonpublic school; the chief administrator of a 336  
registered private provider that is not also a chartered 337  
nonpublic school; the chief administrator of any home health 338  
agency; the chief administrator of or person operating any child 339  
day-care center, type A family day-care home, or type B family 340  
day-care home licensed under Chapter 5104. of the Revised Code; 341  
the chief administrator of any head start agency; the executive 342  
director of a public children services agency; a private company 343  
described in section 3314.41, 3319.392, 3326.25, or 3328.20 of 344  
the Revised Code; or an employer described in division (J) (2) of 345  
section 3327.10 of the Revised Code may request that the 346  
superintendent of the bureau investigate and determine, with 347  
respect to any individual who has applied for employment in any 348  
position after October 2, 1989, or any individual wishing to 349

apply for employment with a board of education may request, with 350  
regard to the individual, whether the bureau has any information 351  
gathered under division (A) of this section that pertains to 352  
that individual. On receipt of the request, subject to division 353  
(E) (2) of this section, the superintendent shall determine 354  
whether that information exists and, upon request of the person, 355  
board, or entity requesting information, also shall request from 356  
the federal bureau of investigation any criminal records it has 357  
pertaining to that individual. The superintendent or the 358  
superintendent's designee also may request criminal history 359  
records from other states or the federal government pursuant to 360  
the national crime prevention and privacy compact set forth in 361  
section 109.571 of the Revised Code. Within thirty days of the 362  
date that the superintendent receives a request, subject to 363  
division (E) (2) of this section, the superintendent shall send 364  
to the board, entity, or person a report of any information that 365  
the superintendent determines exists, including information 366  
contained in records that have been sealed under section 2953.32 367  
of the Revised Code, and, within thirty days of its receipt, 368  
subject to division (E) (2) of this section, shall send the 369  
board, entity, or person a report of any information received 370  
from the federal bureau of investigation, other than information 371  
the dissemination of which is prohibited by federal law. 372

(b) When a board of education or a registered private 373  
provider is required to receive information under this section 374  
as a prerequisite to employment of an individual pursuant to 375  
division (C) of section 3310.58 or section 3319.39 of the 376  
Revised Code, it may accept a certified copy of records that 377  
were issued by the bureau of criminal identification and 378  
investigation and that are presented by an individual applying 379  
for employment with the district in lieu of requesting that 380

information itself. In such a case, the board shall accept the 381  
certified copy issued by the bureau in order to make a photocopy 382  
of it for that individual's employment application documents and 383  
shall return the certified copy to the individual. In a case of 384  
that nature, a district or provider only shall accept a 385  
certified copy of records of that nature within one year after 386  
the date of their issuance by the bureau. 387

(c) Notwithstanding division (F) (2) (a) of this section, in 388  
the case of a request under section 3319.39, 3319.391, or 389  
3327.10 of the Revised Code only for criminal records maintained 390  
by the federal bureau of investigation, the superintendent shall 391  
not determine whether any information gathered under division 392  
(A) of this section exists on the person for whom the request is 393  
made. 394

(3) The state board of education may request, with respect 395  
to any individual who has applied for employment after October 396  
2, 1989, in any position with the state board or the department 397  
of education, any information that a school district board of 398  
education is authorized to request under division (F) (2) of this 399  
section, and the superintendent of the bureau shall proceed as 400  
if the request has been received from a school district board of 401  
education under division (F) (2) of this section. 402

(4) When the superintendent of the bureau receives a 403  
request for information under section 3319.291 of the Revised 404  
Code, the superintendent shall proceed as if the request has 405  
been received from a school district board of education and 406  
shall comply with divisions (F) (2) (a) and (c) of this section. 407

(5) When a recipient of a classroom reading improvement 408  
grant paid under section 3301.86 of the Revised Code requests, 409  
with respect to any individual who applies to participate in 410

providing any program or service funded in whole or in part by 411  
the grant, the information that a school district board of 412  
education is authorized to request under division (F) (2) (a) of 413  
this section, the superintendent of the bureau shall proceed as 414  
if the request has been received from a school district board of 415  
education under division (F) (2) (a) of this section. 416

(G) In addition to or in conjunction with any request that 417  
is required to be made under section 3701.881, 3712.09, or 418  
3721.121 of the Revised Code with respect to an individual who 419  
has applied for employment in a position that involves providing 420  
direct care to an older adult or adult resident, the chief 421  
administrator of a home health agency, hospice care program, 422  
home licensed under Chapter 3721. of the Revised Code, or adult 423  
day-care program operated pursuant to rules adopted under 424  
section 3721.04 of the Revised Code may request that the 425  
superintendent of the bureau investigate and determine, with 426  
respect to any individual who has applied after January 27, 427  
1997, for employment in a position that does not involve 428  
providing direct care to an older adult or adult resident, 429  
whether the bureau has any information gathered under division 430  
(A) of this section that pertains to that individual. 431

In addition to or in conjunction with any request that is 432  
required to be made under section 173.27 of the Revised Code 433  
with respect to an individual who has applied for employment in 434  
a position that involves providing ombudsman services to 435  
residents of long-term care facilities or recipients of 436  
community-based long-term care services, the state long-term 437  
care ombudsman, the director of aging, a regional long-term care 438  
ombudsman program, or the designee of the ombudsman, director, 439  
or program may request that the superintendent investigate and 440  
determine, with respect to any individual who has applied for 441

employment in a position that does not involve providing such 442  
ombudsman services, whether the bureau has any information 443  
gathered under division (A) of this section that pertains to 444  
that applicant. 445

In addition to or in conjunction with any request that is 446  
required to be made under section 173.38 of the Revised Code 447  
with respect to an individual who has applied for employment in 448  
a direct-care position, the chief administrator of a provider, 449  
as defined in section 173.39 of the Revised Code, may request 450  
that the superintendent investigate and determine, with respect 451  
to any individual who has applied for employment in a position 452  
that is not a direct-care position, whether the bureau has any 453  
information gathered under division (A) of this section that 454  
pertains to that applicant. 455

In addition to or in conjunction with any request that is 456  
required to be made under section 3712.09 of the Revised Code 457  
with respect to an individual who has applied for employment in 458  
a position that involves providing direct care to a pediatric 459  
respite care patient or palliative care patient, the chief 460  
administrator of a pediatric respite care program or palliative 461  
care facility may request that the superintendent of the bureau 462  
investigate and determine, with respect to any individual who 463  
has applied for employment in a position that does not involve 464  
providing direct care to a pediatric respite care patient, 465  
whether the bureau has any information gathered under division 466  
(A) of this section that pertains to that individual. 467

On receipt of a request under this division, the 468  
superintendent shall determine whether that information exists 469  
and, on request of the individual requesting information, shall 470  
also request from the federal bureau of investigation any 471



criminal records it has pertaining to the applicant. The 472  
superintendent or the superintendent's designee also may request 473  
criminal history records from other states or the federal 474  
government pursuant to the national crime prevention and privacy 475  
compact set forth in section 109.571 of the Revised Code. Within 476  
thirty days of the date a request is received, subject to 477  
division (E) (2) of this section, the superintendent shall send 478  
to the requester a report of any information determined to 479  
exist, including information contained in records that have been 480  
sealed under section 2953.32 of the Revised Code, and, within 481  
thirty days of its receipt, shall send the requester a report of 482  
any information received from the federal bureau of 483  
investigation, other than information the dissemination of which 484  
is prohibited by federal law. 485

(H) Information obtained by a government entity or person 486  
under this section is confidential and shall not be released or 487  
disseminated. 488

(I) The superintendent may charge a reasonable fee for 489  
providing information or criminal records under division (F) (2) 490  
or (G) of this section. 491

(J) As used in this section: 492

(1) "~~Pediatric Palliative care facility,~~" "palliative care 493  
patient," "pediatric respite care patient," and "pediatric 494  
respite care program" and "~~pediatric care patient~~" have the same 495  
meanings as in section 3712.01 of the Revised Code. 496

(2) "Sexually oriented offense" and "child-victim oriented 497  
offense" have the same meanings as in section 2950.01 of the 498  
Revised Code. 499

(3) "Registered private provider" means a nonpublic school 500

or entity registered with the superintendent of public 501  
instruction under section 3310.41 of the Revised Code to 502  
participate in the autism scholarship program or section 3310.58 503  
of the Revised Code to participate in the Jon Peterson special 504  
needs scholarship program. 505

**Sec. 140.01.** As used in this chapter: 506

(A) "Hospital agency" means any public hospital agency or 507  
any nonprofit hospital agency. 508

(B) "Public hospital agency" means any county, board of 509  
county hospital trustees established pursuant to section 339.02 510  
of the Revised Code, county hospital commission established 511  
pursuant to section 339.14 of the Revised Code, municipal 512  
corporation, new community authority organized under Chapter 513  
349. of the Revised Code, joint township hospital district, 514  
state or municipal university or college operating or authorized 515  
to operate a hospital facility, or the state. 516

(C) "Nonprofit hospital agency" means a corporation or 517  
association not for profit, no part of the net earnings of which 518  
inures or may lawfully inure to the benefit of any private 519  
shareholder or individual, that has authority to own or operate 520  
a hospital facility or provides or is to provide services to one 521  
or more other hospital agencies. 522

(D) "Governing body" means, in the case of a county, the 523  
board of county commissioners or other legislative body; in the 524  
case of a board of county hospital trustees, the board; in the 525  
case of a county hospital commission, the commission; in the 526  
case of a municipal corporation, the council or other 527  
legislative authority; in the case of a new community authority, 528  
its board of trustees; in the case of a joint township hospital 529

district, the joint township district hospital board; in the 530  
case of a state or municipal university or college, its board of 531  
trustees or board of directors; in the case of a nonprofit 532  
hospital agency, the board of trustees or other body having 533  
general management of the agency; and, in the case of the state, 534  
the director of development services or the Ohio higher 535  
educational facility commission. 536

(E) "Hospital facilities" means buildings, structures and 537  
other improvements, additions thereto and extensions thereof, 538  
furnishings, equipment, and real estate and interests in real 539  
estate, used or to be used for or in connection with one or more 540  
hospitals, emergency, intensive, intermediate, extended, long- 541  
term, or self-care facilities, diagnostic and treatment and out- 542  
patient facilities, facilities related to programs for home 543  
health services, clinics, laboratories, public health centers, 544  
research facilities, and rehabilitation facilities, for or 545  
pertaining to diagnosis, treatment, care, or rehabilitation of 546  
sick, ill, injured, infirm, impaired, disabled, or handicapped 547  
persons, or the prevention, detection, and control of disease, 548  
and also includes education, training, and food service 549  
facilities for health professions personnel, housing facilities 550  
for such personnel and their families, and parking and service 551  
facilities in connection with any of the foregoing; and includes 552  
any one, part of, or any combination of the foregoing; and 553  
further includes site improvements, utilities, machinery, 554  
facilities, furnishings, and any separate or connected 555  
buildings, structures, improvements, sites, utilities, 556  
facilities, or equipment to be used in, or in connection with 557  
the operation or maintenance of, or supplementing or otherwise 558  
related to the services or facilities to be provided by, any one 559  
or more of such hospital facilities. 560

(F) "Costs of hospital facilities" means the costs of 561  
acquiring hospital facilities or interests in hospital 562  
facilities, including membership interests in nonprofit hospital 563  
agencies, costs of constructing hospital facilities, costs of 564  
improving one or more hospital facilities, including 565  
reconstructing, rehabilitating, remodeling, renovating, and 566  
enlarging, costs of equipping and furnishing such facilities, 567  
and all financing costs pertaining thereto, including, without 568  
limitation thereto, costs of engineering, architectural, and 569  
other professional services, designs, plans, specifications and 570  
surveys, and estimates of cost, costs of tests and inspections, 571  
the costs of any indemnity or surety bonds and premiums on 572  
insurance, all related direct or allocable administrative 573  
expenses pertaining thereto, fees and expenses of trustees, 574  
depositories, and paying agents for the obligations, cost of 575  
issuance of the obligations and financing charges and fees and 576  
expenses of financial advisors, attorneys, accountants, 577  
consultants and rating services in connection therewith, 578  
capitalized interest on the obligations, amounts necessary to 579  
establish reserves as required by the bond proceedings, the 580  
reimbursement of all moneys advanced or applied by the hospital 581  
agency or others or borrowed from others for the payment of any 582  
item or items of costs of such facilities, and all other 583  
expenses necessary or incident to planning or determining 584  
feasibility or practicability with respect to such facilities, 585  
and such other expenses as may be necessary or incident to the 586  
acquisition, construction, reconstruction, rehabilitation, 587  
remodeling, renovation, enlargement, improvement, equipment, and 588  
furnishing of such facilities, the financing thereof, and the 589  
placing of the same in use and operation, including any one, 590  
part of, or combination of such classes of costs and expenses, 591  
and means the costs of refinancing obligations issued by, or 592

reimbursement of money advanced by, nonprofit hospital agencies 593  
or others the proceeds of which were used for the payment of 594  
costs of hospital facilities, if the governing body of the 595  
public hospital agency determines that the refinancing or 596  
reimbursement advances the purposes of this chapter, whether or 597  
not the refinancing or reimbursement is in conjunction with the 598  
acquisition or construction of additional hospital facilities. 599

(G) "Hospital receipts" means all moneys received by or on 600  
behalf of a hospital agency from or in connection with the 601  
ownership, operation, acquisition, construction, improvement, 602  
equipping, or financing of any hospital facilities, including, 603  
without limitation thereto, any rentals and other moneys 604  
received from the lease, sale, or other disposition of hospital 605  
facilities, and any gifts, grants, interest subsidies, or other 606  
moneys received under any federal program for assistance in 607  
financing the costs of hospital facilities, and any other gifts, 608  
grants, and donations, and receipts therefrom, available for 609  
financing the costs of hospital facilities. 610

(H) "Obligations" means bonds, notes, or other evidences 611  
of indebtedness or obligation, including interest coupons 612  
pertaining thereto, issued or issuable by a public hospital 613  
agency to pay costs of hospital facilities. 614

(I) "Bond service charges" means principal, interest, and 615  
call premium, if any, required to be paid on obligations. 616

(J) "Bond proceedings" means one or more ordinances, 617  
resolutions, trust agreements, indentures, and other agreements 618  
or documents, and amendments and supplements to the foregoing, 619  
or any combination thereof, authorizing or providing for the 620  
terms, including any variable interest rates, and conditions 621  
applicable to, or providing for the security of, obligations and 622

the provisions contained in such obligations.	623
(K) "Nursing home" has the same meaning as in division (A)	624
(1) of section 5701.13 of the Revised Code.	625
(L) "Residential care facility" has the same meaning as in	626
division (A) (2) of section 5701.13 of the Revised Code.	627
(M) "Independent living facility" means any self-care	628
facility or other housing facility designed or used as a	629
residence for elderly persons. An "independent living facility"	630
does not include a residential facility, or that part of a	631
residential facility, that is any of the following:	632
(1) A hospital required to be certified by section 3727.02	633
of the Revised Code;	634
(2) A nursing home or residential care facility;	635
(3) A facility operated by a hospice care program licensed	636
under section 3712.04 of the Revised Code and used for the	637
program's hospice patients;	638
(4) <u>A palliative care facility licensed under section</u>	639
<u>3712.042 of the Revised Code;</u>	640
<u>(5)</u> A residential facility licensed by the department of	641
mental health and addiction services under section 5119.34 of	642
the Revised Code that provides accommodations, supervision, and	643
personal care services for three to sixteen unrelated adults;	644
<del>(5)</del> <u>(6)</u> A residential facility licensed by the department	645
of mental health and addiction services under section 5119.34 of	646
the Revised Code that is not a residential facility described in	647
division (M) (4) of this section;	648
<del>(6)</del> <u>(7)</u> A facility licensed to provide methadone treatment	649

under section 5119.391 of the Revised Code; 650

~~(7)~~(8) A community addiction services provider, as 651  
defined in section 5119.01 of the Revised Code; 652

~~(8)~~(9) A residential facility licensed under section 653  
5123.19 of the Revised Code or a facility providing services 654  
under a contract with the department of developmental 655  
disabilities under section 5123.18 of the Revised Code; 656

~~(9)~~(10) A residential facility used as part of a hospital 657  
to provide housing for staff of the hospital or students 658  
pursuing a course of study at the hospital. 659

**Sec. 140.08.** (A) Except as otherwise provided in divisions 660  
(B) (1) and (2) of this section, all hospital facilities 661  
purchased, acquired, constructed, or owned by a public hospital 662  
agency, or financed in whole or in part by obligations issued by 663  
a public hospital agency, and used, or to be used when 664  
completed, as hospital facilities, and the income therefrom, are 665  
exempt from all taxation within this state, including ad valorem 666  
and excise taxes, notwithstanding any other provisions of law, 667  
and hospital agencies are exempt from taxes levied under 668  
Chapters 5739. and 5741. of the Revised Code. The obligations 669  
issued hereafter under section 133.08, 140.06, or 339.15 of the 670  
Revised Code or Section 3 of Article XVIII, Ohio Constitution, 671  
to pay costs of hospital facilities or to refund such 672  
obligations, and the transfer thereof, and the interest and 673  
other income from such obligations, including any profit made on 674  
the sale thereof, is free from taxation within the state. 675

(B) (1) Division (A) of this section does not exempt 676  
independent living facilities from taxes levied on property or 677  
taxes levied under Chapters 5739. and 5741. of the Revised Code. 678

If an independent living facility or part of such facility 679  
becomes on or after January 10, 1991, a nursing home, 680  
residential care facility, or residential facility described in 681  
division (M) ~~(4)~~ (5) of section 140.01 of the Revised Code, that 682  
part of the independent living facility that is a nursing home, 683  
residential care facility, or residential facility described in 684  
division (M) ~~(4)~~ (5) of section 140.01 of the Revised Code is 685  
exempt from taxation subject to division (B) (2) of this section 686  
on and after the date it becomes a nursing home, residential 687  
care facility, or residential facility described in division (M) 688  
~~(4)~~ (5) of section 140.01 of the Revised Code. 689

(2) Division (A) of this section exempts nursing homes, 690  
residential care facilities, and residential facilities 691  
described in division (M) ~~(4)~~ (5) of section 140.01 of the 692  
Revised Code from taxes levied on property and taxes levied 693  
under Chapters 5739. and 5741. of the Revised Code only until 694  
all obligations issued to finance such homes or facilities, or 695  
all refunding or series of refundings of those obligations, are 696  
redeemed or otherwise retired. 697

**Sec. 1337.11.** As used in sections 1337.11 to 1337.17 of 698  
the Revised Code: 699

(A) "Adult" means a person who is eighteen years of age or 700  
older. 701

(B) "Attending physician" means the physician to whom a 702  
principal or the family of a principal has assigned primary 703  
responsibility for the treatment or care of the principal or, if 704  
the responsibility has not been assigned, the physician who has 705  
accepted that responsibility. 706

(C) "Comfort care" means any of the following: 707



(1) Nutrition when administered to diminish the pain or discomfort of a principal, but not to postpone death;	708 709
(2) Hydration when administered to diminish the pain or discomfort of a principal, but not to postpone death;	710 711
(3) Any other medical or nursing procedure, treatment, intervention, or other measure that is taken to diminish the pain or discomfort of a principal, but not to postpone death.	712 713 714
(D) "Consulting physician" means a physician who, in conjunction with the attending physician of a principal, makes one or more determinations that are required to be made by the attending physician, or to be made by the attending physician and one other physician, by an applicable provision of sections 1337.11 to 1337.17 of the Revised Code, to a reasonable degree of medical certainty and in accordance with reasonable medical standards.	715 716 717 718 719 720 721 722
(E) "Declaration for mental health treatment" has the same meaning as in section 2135.01 of the Revised Code.	723 724
(F) "Guardian" means a person appointed by a probate court pursuant to Chapter 2111. of the Revised Code to have the care and management of the person of an incompetent.	725 726 727
(G) "Health care" means any care, treatment, service, or procedure to maintain, diagnose, or treat an individual's physical or mental condition or physical or mental health.	728 729 730
(H) "Health care decision" means informed consent, refusal to give informed consent, or withdrawal of informed consent to health care.	731 732 733
(I) "Health care facility" means any of the following:	734
(1) A hospital;	735

(2) A hospice care program, pediatric respite care	736
program, or other institution that specializes in comfort care	737
of patients in a terminal condition or in a permanently	738
unconscious state;	739
(3) <u>A palliative care facility;</u>	740
<u>(4) A nursing home;</u>	741
<del>(4)</del> <u>(5) A home health agency;</u>	742
<del>(5)</del> <u>(6) An intermediate care facility for individuals with</u>	743
intellectual disabilities;	744
<del>(6)</del> <u>(7) A regulated community mental health organization.</u>	745
(J) "Health care personnel" means physicians, nurses,	746
physician assistants, emergency medical technicians-basic,	747
emergency medical technicians-intermediate, emergency medical	748
technicians-paramedic, medical technicians, dietitians, other	749
authorized persons acting under the direction of an attending	750
physician, and administrators of health care facilities.	751
(K) "Home health agency" has the same meaning as in	752
section 3701.881 of the Revised Code.	753
(L) "Hospice care program," <del>and</del> "pediatric respite care	754
program," <u>and "palliative care facility"</u> have the same meanings	755
as in section 3712.01 of the Revised Code.	756
(M) "Hospital" has the same meanings as in sections	757
3701.01, 3727.01, and 5122.01 of the Revised Code.	758
(N) "Hydration" means fluids that are artificially or	759
technologically administered.	760
(O) "Incompetent" has the same meaning as in section	761
2111.01 of the Revised Code.	762

(P) "Intermediate care facility for individuals with intellectual disabilities" has the same meaning as in section 5124.01 of the Revised Code. 763  
764  
765

(Q) "Life-sustaining treatment" means any medical procedure, treatment, intervention, or other measure that, when administered to a principal, will serve principally to prolong the process of dying. 766  
767  
768  
769

(R) "Medical claim" has the same meaning as in section 2305.113 of the Revised Code. 770  
771

(S) "Mental health treatment" has the same meaning as in section 2135.01 of the Revised Code. 772  
773

(T) "Nursing home" has the same meaning as in section 3721.01 of the Revised Code. 774  
775

(U) "Nutrition" means sustenance that is artificially or technologically administered. 776  
777

(V) "Permanently unconscious state" means a state of permanent unconsciousness in a principal that, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by the principal's attending physician and one other physician who has examined the principal, is characterized by both of the following: 778  
779  
780  
781  
782  
783

(1) Irreversible unawareness of one's being and environment. 784  
785

(2) Total loss of cerebral cortical functioning, resulting in the principal having no capacity to experience pain or suffering. 786  
787  
788

(W) "Person" has the same meaning as in section 1.59 of the Revised Code and additionally includes political 789  
790

subdivisions and governmental agencies, boards, commissions,	791
departments, institutions, offices, and other instrumentalities.	792
(X) "Physician" means a person who is authorized under	793
Chapter 4731. of the Revised Code to practice medicine and	794
surgery or osteopathic medicine and surgery.	795
(Y) "Political subdivision" and "state" have the same	796
meanings as in section 2744.01 of the Revised Code.	797
(Z) "Professional disciplinary action" means action taken	798
by the board or other entity that regulates the professional	799
conduct of health care personnel, including the state medical	800
board and the board of nursing.	801
(AA) "Regulated community mental health organization"	802
means a residential facility as defined and licensed under	803
section 5119.34 of the Revised Code or a community mental health	804
services provider as defined in section 5122.01 of the Revised	805
Code.	806
(BB) "Terminal condition" means an irreversible,	807
incurable, and untreatable condition caused by disease, illness,	808
or injury from which, to a reasonable degree of medical	809
certainty as determined in accordance with reasonable medical	810
standards by a principal's attending physician and one other	811
physician who has examined the principal, both of the following	812
apply:	813
(1) There can be no recovery.	814
(2) Death is likely to occur within a relatively short	815
time if life-sustaining treatment is not administered.	816
(CC) "Tort action" means a civil action for damages for	817
injury, death, or loss to person or property, other than a civil	818

action for damages for a breach of contract or another agreement 819  
between persons. 820

**Sec. 1739.05.** (A) A multiple employer welfare arrangement 821  
that is created pursuant to sections 1739.01 to 1739.22 of the 822  
Revised Code and that operates a group self-insurance program 823  
may be established only if any of the following applies: 824

(1) The arrangement has and maintains a minimum enrollment 825  
of three hundred employees of two or more employers. 826

(2) The arrangement has and maintains a minimum enrollment 827  
of three hundred self-employed individuals. 828

(3) The arrangement has and maintains a minimum enrollment 829  
of three hundred employees or self-employed individuals in any 830  
combination of divisions (A) (1) and (2) of this section. 831

(B) A multiple employer welfare arrangement that is 832  
created pursuant to sections 1739.01 to 1739.22 of the Revised 833  
Code and that operates a group self-insurance program shall 834  
comply with all laws applicable to self-funded programs in this 835  
state, including sections 3901.04, 3901.041, 3901.19 to 3901.26, 836  
3901.38, 3901.381 to 3901.3814, 3901.40, 3901.45, 3901.46, 837  
3901.491, 3902.01 to 3902.14, 3923.041, 3923.24, 3923.282, 838  
3923.30, 3923.301, 3923.38, 3923.581, 3923.602, 3923.63, 839  
3923.80, 3923.84, 3923.85, 3924.031, 3924.032, and 3924.27 of 840  
the Revised Code. 841

(C) A multiple employer welfare arrangement created 842  
pursuant to sections 1739.01 to 1739.22 of the Revised Code 843  
shall solicit enrollments only through agents or solicitors 844  
licensed pursuant to Chapter 3905. of the Revised Code to sell 845  
or solicit sickness and accident insurance. 846

(D) A multiple employer welfare arrangement created 847

pursuant to sections 1739.01 to 1739.22 of the Revised Code 848  
shall provide benefits only to individuals who are members, 849  
employees of members, or the dependents of members or employees, 850  
or are eligible for continuation of coverage under section 851  
1751.53 or 3923.38 of the Revised Code or under Title X of the 852  
"Consolidated Omnibus Budget Reconciliation Act of 1985," 100 853  
Stat. 227, 29 U.S.C.A. 1161, as amended. 854

(E) A multiple employer welfare arrangement created 855  
pursuant to sections 1739.01 to 1739.22 of the Revised Code is 856  
subject to, and shall comply with, sections 3903.81 to 3903.93 857  
of the Revised Code in the same manner as other life or health 858  
insurers, as defined in section 3903.81 of the Revised Code. 859

Sec. 1751.84. (A) Notwithstanding section 3901.71 of the 860  
Revised Code, each individual and group health insuring 861  
corporation policy, contract, or agreement providing basic 862  
health care services that is delivered, issued for delivery, or 863  
renewed in this state shall provide coverage for the screening, 864  
diagnosis, and treatment of autism spectrum disorder. A health 865  
insuring corporation shall not terminate an individual's 866  
coverage, or refuse to deliver, execute, issue, amend, adjust, 867  
or renew coverage to an individual solely because the individual 868  
is diagnosed with or has received treatment for an autism 869  
spectrum disorder. Nothing in this section shall be applied to 870  
nongrandfathered plans in the individual and small group markets 871  
or to medicare supplement, accident-only, specified disease, 872  
hospital indemnity, disability income, long-term care, or other 873  
limited benefit hospital insurance policies. Except as otherwise 874  
provided in division (B) of this section, coverage under this 875  
section shall not be subject to dollar limits, deductibles, or 876  
coinsurance provisions that are less favorable to an enrollee 877  
than the dollar limits, deductibles, or coinsurance provisions 878

that apply to substantially all medical and surgical benefits 879  
under the policy, contract, or agreement. 880

(B) Benefits provided under this section shall cover, at 881  
minimum, all of the following: 882

(1) For speech and language therapy or occupational 883  
therapy for an enrollee under the age of fourteen that is 884  
performed by a licensed therapist, twenty visits per year for 885  
each service; 886

(2) For clinical therapeutic intervention for an enrollee 887  
under the age of fourteen that is provided by or under the 888  
supervision of a professional who is licensed, certified, or 889  
registered by an appropriate agency of this state to perform 890  
such services in accordance with a health treatment plan, twenty 891  
hours per week; 892

(3) For mental or behavioral outpatient services for an 893  
enrollee under the age of fourteen that are performed by a 894  
licensed psychologist, psychiatrist, or physician providing 895  
consultation, assessment, development, or oversight of treatment 896  
plans, thirty visits per year. 897

(C) (1) Except as provided in division (C) (2) of this 898  
section, this section shall not be construed as limiting 899  
benefits that are otherwise available to an individual under a 900  
policy, contract, or agreement. 901

(2) A policy, contract, or agreement shall stipulate that 902  
coverage provided under this section be contingent upon both of 903  
the following: 904

(a) The covered individual receiving prior authorization 905  
for the services in question; 906

(b) The services in question being prescribed or ordered 907  
by either a developmental pediatrician or a psychologist trained 908  
in autism. 909

(D) (1) Except for inpatient services, if an enrollee is 910  
receiving treatment for an autism spectrum disorder, a health 911  
insuring corporation may review the treatment plan annually, 912  
unless the health insuring corporation and the enrollee's 913  
treating physician or psychologist agree that a more frequent 914  
review is necessary. 915

(2) Any such agreement as described in division (D) (1) of 916  
this section shall apply only to a particular enrollee being 917  
treated for an autism spectrum disorder and shall not apply to 918  
all individuals being treated for autism spectrum disorder by a 919  
physician or psychologist. 920

(3) The health insuring corporation shall cover the cost 921  
of obtaining any review or treatment plan. 922

(E) This section shall not be construed as affecting any 923  
obligation to provide services to an enrollee under an 924  
individualized family service plan, an individualized education 925  
program, or an individualized service plan. 926

(F) As used in this section: 927

(1) "Applied behavior analysis" means the design, 928  
implementation, and evaluation of environmental modifications, 929  
using behavioral stimuli and consequences, to produce socially 930  
significant improvement in human behavior, including the use of 931  
direct observation, measurement, and functional analysis of the 932  
relationship between environment and behavior. 933

(2) "Autism spectrum disorder" means any of the pervasive 934  
developmental disorders or autism spectrum disorder as defined 935



by the most recent edition of the diagnostic and statistical 936  
manual of mental disorders published by the American psychiatric 937  
association available at the time an individual is first 938  
evaluated for suspected developmental delay. 939

(3) "Clinical therapeutic intervention" means therapies 940  
supported by empirical evidence, which include, but are not 941  
limited to, applied behavioral analysis, that satisfy both of 942  
the following: 943

(a) Are necessary to develop, maintain, or restore, to the 944  
maximum extent practicable, the function of an individual; 945

(b) Are provided by or under the supervision of any of the 946  
following: 947

(i) A certified Ohio behavior analyst as defined in 948  
section 4783.01 of the Revised Code; 949

(ii) An individual licensed under Chapter 4732. of the 950  
Revised Code to practice psychology; 951

(iii) An individual licensed under Chapter 4757. of the 952  
Revised Code to practice professional counseling, social work, 953  
or marriage and family therapy. 954

(4) "Diagnosis of autism spectrum disorder" means 955  
medically necessary assessment, evaluations, or tests to 956  
diagnose whether an individual has an autism spectrum disorder. 957

(5) "Pharmacy care" means medications prescribed by a 958  
licensed physician and any health-related services considered 959  
medically necessary to determine the need or effectiveness of 960  
the medications. 961

(6) "Psychiatric care" means direct or consultative 962  
services provided by a psychiatrist licensed in the state in 963

which the psychiatrist practices. 964

(7) "Psychological care" means direct or consultative 965  
services provided by a psychologist licensed in the state in 966  
which the psychologist practices. 967

(8) "Therapeutic care" means services provided by a speech 968  
therapist, occupational therapist, or physical therapist 969  
licensed or certified in the state in which the person 970  
practices. 971

(9) "Treatment for autism spectrum disorder" means 972  
evidence-based care and related equipment prescribed or ordered 973  
for an individual diagnosed with an autism spectrum disorder by 974  
a licensed physician who is a developmental pediatrician or a 975  
licensed psychologist trained in autism who determines the care 976  
to be medically necessary, including any of the following: 977

(a) Clinical therapeutic intervention; 978

(b) Pharmacy care; 979

(c) Psychiatric care; 980

(d) Psychological care; 981

(e) Therapeutic care. 982

(G) If any provision of this section or the application 983  
thereof to any person or circumstances is for any reason held to 984  
be invalid, the remainder of the section and the application of 985  
such remainder to other persons or circumstances shall not be 986  
affected thereby. 987

**Sec. 2133.01.** Unless the context otherwise requires, as 988  
used in sections 2133.01 to 2133.15 of the Revised Code: 989

(A) "Adult" means an individual who is eighteen years of 990

age or older.	991
(B) "Attending physician" means the physician to whom a	992
declarant or other patient, or the family of a declarant or	993
other patient, has assigned primary responsibility for the	994
treatment or care of the declarant or other patient, or, if the	995
responsibility has not been assigned, the physician who has	996
accepted that responsibility.	997
(C) "Comfort care" means any of the following:	998
(1) Nutrition when administered to diminish the pain or	999
discomfort of a declarant or other patient, but not to postpone	1000
the declarant's or other patient's death;	1001
(2) Hydration when administered to diminish the pain or	1002
discomfort of a declarant or other patient, but not to postpone	1003
the declarant's or other patient's death;	1004
(3) Any other medical or nursing procedure, treatment,	1005
intervention, or other measure that is taken to diminish the	1006
pain or discomfort of a declarant or other patient, but not to	1007
postpone the declarant's or other patient's death.	1008
(D) "Consulting physician" means a physician who, in	1009
conjunction with the attending physician of a declarant or other	1010
patient, makes one or more determinations that are required to	1011
be made by the attending physician, or to be made by the	1012
attending physician and one other physician, by an applicable	1013
provision of this chapter, to a reasonable degree of medical	1014
certainty and in accordance with reasonable medical standards.	1015
(E) "Declarant" means any adult who has executed a	1016
declaration in accordance with section 2133.02 of the Revised	1017
Code.	1018

(F) "Declaration" means a written document executed in accordance with section 2133.02 of the Revised Code.	1019 1020
(G) "Durable power of attorney for health care" means a document created pursuant to sections 1337.11 to 1337.17 of the Revised Code.	1021 1022 1023
(H) "Guardian" means a person appointed by a probate court pursuant to Chapter 2111. of the Revised Code to have the care and management of the person of an incompetent.	1024 1025 1026
(I) "Health care facility" means any of the following:	1027
(1) A hospital;	1028
(2) A hospice care program, pediatric respite care program, or other institution that specializes in comfort care of patients in a terminal condition or in a permanently unconscious state;	1029 1030 1031 1032
(3) <u>A palliative care facility;</u>	1033
<u>(4)</u> A nursing home or residential care facility, as defined in section 3721.01 of the Revised Code;	1034 1035
<del>(4)</del> <u>(5)</u> A home health agency and any residential facility where a person is receiving care under the direction of a home health agency;	1036 1037 1038
<del>(5)</del> <u>(6)</u> An intermediate care facility for individuals with intellectual disabilities.	1039 1040
(J) "Health care personnel" means physicians, nurses, physician assistants, emergency medical technicians-basic, emergency medical technicians-intermediate, emergency medical technicians-paramedic, medical technicians, dietitians, other authorized persons acting under the direction of an attending	1041 1042 1043 1044 1045

physician, and administrators of health care facilities.	1046
(K) "Home health agency" has the same meaning as in	1047
section 3701.881 of the Revised Code.	1048
(L) "Hospice care program," " <u>palliative care facility,</u> "	1049
and "pediatric respite care program" have the same meanings as	1050
in section 3712.01 of the Revised Code.	1051
(M) "Hospital" has the same meanings as in sections	1052
3701.01, 3727.01, and 5122.01 of the Revised Code.	1053
(N) "Hydration" means fluids that are artificially or	1054
technologically administered.	1055
(O) "Incompetent" has the same meaning as in section	1056
2111.01 of the Revised Code.	1057
(P) "Intermediate care facility for the individuals with	1058
intellectual disabilities" has the same meaning as in section	1059
5124.01 of the Revised Code.	1060
(Q) "Life-sustaining treatment" means any medical	1061
procedure, treatment, intervention, or other measure that, when	1062
administered to a qualified patient or other patient, will serve	1063
principally to prolong the process of dying.	1064
(R) "Nurse" means a person who is licensed to practice	1065
nursing as a registered nurse or to practice practical nursing	1066
as a licensed practical nurse pursuant to Chapter 4723. of the	1067
Revised Code.	1068
(S) "Nursing home" has the same meaning as in section	1069
3721.01 of the Revised Code.	1070
(T) "Nutrition" means sustenance that is artificially or	1071
technologically administered.	1072

(U) "Permanently unconscious state" means a state of 1073  
permanent unconsciousness in a declarant or other patient that, 1074  
to a reasonable degree of medical certainty as determined in 1075  
accordance with reasonable medical standards by the declarant's 1076  
or other patient's attending physician and one other physician 1077  
who has examined the declarant or other patient, is 1078  
characterized by both of the following: 1079

(1) Irreversible unawareness of one's being and 1080  
environment. 1081

(2) Total loss of cerebral cortical functioning, resulting 1082  
in the declarant or other patient having no capacity to 1083  
experience pain or suffering. 1084

(V) "Person" has the same meaning as in section 1.59 of 1085  
the Revised Code and additionally includes political 1086  
subdivisions and governmental agencies, boards, commissions, 1087  
departments, institutions, offices, and other instrumentalities. 1088

(W) "Physician" means a person who is authorized under 1089  
Chapter 4731. of the Revised Code to practice medicine and 1090  
surgery or osteopathic medicine and surgery. 1091

(X) "Political subdivision" and "state" have the same 1092  
meanings as in section 2744.01 of the Revised Code. 1093

(Y) "Professional disciplinary action" means action taken 1094  
by the board or other entity that regulates the professional 1095  
conduct of health care personnel, including the state medical 1096  
board and the board of nursing. 1097

(Z) "Qualified patient" means an adult who has executed a 1098  
declaration and has been determined to be in a terminal 1099  
condition or in a permanently unconscious state. 1100

(AA) "Terminal condition" means an irreversible, 1101  
incurable, and untreatable condition caused by disease, illness, 1102  
or injury from which, to a reasonable degree of medical 1103  
certainty as determined in accordance with reasonable medical 1104  
standards by a declarant's or other patient's attending 1105  
physician and one other physician who has examined the declarant 1106  
or other patient, both of the following apply: 1107

(1) There can be no recovery. 1108

(2) Death is likely to occur within a relatively short 1109  
time if life-sustaining treatment is not administered. 1110

(BB) "Tort action" means a civil action for damages for 1111  
injury, death, or loss to person or property, other than a civil 1112  
action for damages for breach of a contract or another agreement 1113  
between persons. 1114

**Sec. 2317.54.** No hospital, home health agency, ambulatory 1115  
surgical facility, palliative care facility, or provider of a 1116  
hospice care program or pediatric respite care program shall be 1117  
held liable for a physician's failure to obtain an informed 1118  
consent from the physician's patient prior to a surgical or 1119  
medical procedure or course of procedures, unless the physician 1120  
is an employee of the hospital, home health agency, ambulatory 1121  
surgical facility, palliative care facility, or provider of a 1122  
hospice care program or pediatric respite care program. 1123

Written consent to a surgical or medical procedure or 1124  
course of procedures shall, to the extent that it fulfills all 1125  
the requirements in divisions (A), (B), and (C) of this section, 1126  
be presumed to be valid and effective, in the absence of proof 1127  
by a preponderance of the evidence that the person who sought 1128  
such consent was not acting in good faith, or that the execution 1129

of the consent was induced by fraudulent misrepresentation of 1130  
material facts, or that the person executing the consent was not 1131  
able to communicate effectively in spoken and written English or 1132  
any other language in which the consent is written. Except as 1133  
herein provided, no evidence shall be admissible to impeach, 1134  
modify, or limit the authorization for performance of the 1135  
procedure or procedures set forth in such written consent. 1136

(A) The consent sets forth in general terms the nature and 1137  
purpose of the procedure or procedures, and what the procedures 1138  
are expected to accomplish, together with the reasonably known 1139  
risks, and, except in emergency situations, sets forth the names 1140  
of the physicians who shall perform the intended surgical 1141  
procedures. 1142

(B) The person making the consent acknowledges that such 1143  
disclosure of information has been made and that all questions 1144  
asked about the procedure or procedures have been answered in a 1145  
satisfactory manner. 1146

(C) The consent is signed by the patient for whom the 1147  
procedure is to be performed, or, if the patient for any reason 1148  
including, but not limited to, competence, minority, or the fact 1149  
that, at the latest time that the consent is needed, the patient 1150  
is under the influence of alcohol, hallucinogens, or drugs, 1151  
lacks legal capacity to consent, by a person who has legal 1152  
authority to consent on behalf of such patient in such 1153  
circumstances, including either of the following: 1154

(1) The parent, whether the parent is an adult or a minor, 1155  
of the parent's minor child; 1156

(2) An adult whom the parent of the minor child has given 1157  
written authorization to consent to a surgical or medical 1158



procedure or course of procedures for the parent's minor child. 1159

Any use of a consent form that fulfills the requirements 1160  
stated in divisions (A), (B), and (C) of this section has no 1161  
effect on the common law rights and liabilities, including the 1162  
right of a physician to obtain the oral or implied consent of a 1163  
patient to a medical procedure, that may exist as between 1164  
physicians and patients on July 28, 1975. 1165

As used in this section the term "hospital" has the same 1166  
meaning as in section 2305.113 of the Revised Code; "home health 1167  
agency" has the same meaning as in section 5101.61 of the 1168  
Revised Code; "ambulatory surgical facility" has the meaning as 1169  
in division (A) of section 3702.30 of the Revised Code; and 1170  
"hospice care program," "palliative care facility," and 1171  
"pediatric respite care program" have the same meanings as in 1172  
section 3712.01 of the Revised Code. The provisions of this 1173  
division apply to hospitals, doctors of medicine, doctors of 1174  
osteopathic medicine, and doctors of podiatric medicine. 1175

**Sec. 2929.14.** (A) Except as provided in division (B) (1), 1176  
(B) (2), (B) (3), (B) (4), (B) (5), (B) (6), (B) (7), (B) (8), (E), 1177  
(G), (H), (J), or (K) of this section or in division (D) (6) of 1178  
section 2919.25 of the Revised Code and except in relation to an 1179  
offense for which a sentence of death or life imprisonment is to 1180  
be imposed, if the court imposing a sentence upon an offender 1181  
for a felony elects or is required to impose a prison term on 1182  
the offender pursuant to this chapter, the court shall impose a 1183  
definite prison term that shall be one of the following: 1184

(1) For a felony of the first degree, the prison term 1185  
shall be three, four, five, six, seven, eight, nine, ten, or 1186  
eleven years. 1187

(2) For a felony of the second degree, the prison term shall be two, three, four, five, six, seven, or eight years.

(3) (a) For a felony of the third degree that is a violation of section 2903.06, 2903.08, 2907.03, 2907.04, ~~or~~ 2907.05, or 3795.04 of the Revised Code or that is a violation of section 2911.02 or 2911.12 of the Revised Code if the offender previously has been convicted of or pleaded guilty in two or more separate proceedings to two or more violations of section 2911.01, 2911.02, 2911.11, or 2911.12 of the Revised Code, the prison term shall be twelve, eighteen, twenty-four, thirty, thirty-six, forty-two, forty-eight, fifty-four, or sixty months.

(b) For a felony of the third degree that is not an offense for which division (A) (3) (a) of this section applies, the prison term shall be nine, twelve, eighteen, twenty-four, thirty, or thirty-six months.

(4) For a felony of the fourth degree, the prison term shall be six, seven, eight, nine, ten, eleven, twelve, thirteen, fourteen, fifteen, sixteen, seventeen, or eighteen months.

(5) For a felony of the fifth degree, the prison term shall be six, seven, eight, nine, ten, eleven, or twelve months.

(B) (1) (a) Except as provided in division (B) (1) (e) of this section, if an offender who is convicted of or pleads guilty to a felony also is convicted of or pleads guilty to a specification of the type described in section 2941.141, 2941.144, or 2941.145 of the Revised Code, the court shall impose on the offender one of the following prison terms:

(i) A prison term of six years if the specification is of the type described in division (A) of section 2941.144 of the

Revised Code that charges the offender with having a firearm 1217  
that is an automatic firearm or that was equipped with a firearm 1218  
muffler or suppressor on or about the offender's person or under 1219  
the offender's control while committing the offense; 1220

(ii) A prison term of three years if the specification is 1221  
of the type described in division (A) of section 2941.145 of the 1222  
Revised Code that charges the offender with having a firearm on 1223  
or about the offender's person or under the offender's control 1224  
while committing the offense and displaying the firearm, 1225  
brandishing the firearm, indicating that the offender possessed 1226  
the firearm, or using it to facilitate the offense; 1227

(iii) A prison term of one year if the specification is of 1228  
the type described in division (A) of section 2941.141 of the 1229  
Revised Code that charges the offender with having a firearm on 1230  
or about the offender's person or under the offender's control 1231  
while committing the offense; 1232

(iv) A prison term of nine years if the specification is 1233  
of the type described in division (D) of section 2941.144 of the 1234  
Revised Code that charges the offender with having a firearm 1235  
that is an automatic firearm or that was equipped with a firearm 1236  
muffler or suppressor on or about the offender's person or under 1237  
the offender's control while committing the offense and 1238  
specifies that the offender previously has been convicted of or 1239  
pleaded guilty to a specification of the type described in 1240  
section 2941.141, 2941.144, 2941.145, 2941.146, or 2941.1412 of 1241  
the Revised Code; 1242

(v) A prison term of fifty-four months if the 1243  
specification is of the type described in division (D) of 1244  
section 2941.145 of the Revised Code that charges the offender 1245  
with having a firearm on or about the offender's person or under 1246

the offender's control while committing the offense and 1247  
displaying the firearm, brandishing the firearm, indicating that 1248  
the offender possessed the firearm, or using the firearm to 1249  
facilitate the offense and that the offender previously has been 1250  
convicted of or pleaded guilty to a specification of the type 1251  
described in section 2941.141, 2941.144, 2941.145, 2941.146, or 1252  
2941.1412 of the Revised Code; 1253

(vi) A prison term of eighteen months if the specification 1254  
is of the type described in division (D) of section 2941.141 of 1255  
the Revised Code that charges the offender with having a firearm 1256  
on or about the offender's person or under the offender's 1257  
control while committing the offense and that the offender 1258  
previously has been convicted of or pleaded guilty to a 1259  
specification of the type described in section 2941.141, 1260  
2941.144, 2941.145, 2941.146, or 2941.1412 of the Revised Code. 1261

(b) If a court imposes a prison term on an offender under 1262  
division (B)(1)(a) of this section, the prison term shall not be 1263  
reduced pursuant to section 2967.19, section 2929.20, section 1264  
2967.193, or any other provision of Chapter 2967. or Chapter 1265  
5120. of the Revised Code. Except as provided in division (B)(1) 1266  
(g) of this section, a court shall not impose more than one 1267  
prison term on an offender under division (B)(1)(a) of this 1268  
section for felonies committed as part of the same act or 1269  
transaction. 1270

(c) (i) Except as provided in division (B)(1)(e) of this 1271  
section, if an offender who is convicted of or pleads guilty to 1272  
a violation of section 2923.161 of the Revised Code or to a 1273  
felony that includes, as an essential element, purposely or 1274  
knowingly causing or attempting to cause the death of or 1275  
physical harm to another, also is convicted of or pleads guilty 1276

to a specification of the type described in division (A) of 1277  
section 2941.146 of the Revised Code that charges the offender 1278  
with committing the offense by discharging a firearm from a 1279  
motor vehicle other than a manufactured home, the court, after 1280  
imposing a prison term on the offender for the violation of 1281  
section 2923.161 of the Revised Code or for the other felony 1282  
offense under division (A), (B) (2), or (B) (3) of this section, 1283  
shall impose an additional prison term of five years upon the 1284  
offender that shall not be reduced pursuant to section 2929.20, 1285  
section 2967.19, section 2967.193, or any other provision of 1286  
Chapter 2967. or Chapter 5120. of the Revised Code. 1287

(ii) Except as provided in division (B) (1) (e) of this 1288  
section, if an offender who is convicted of or pleads guilty to 1289  
a violation of section 2923.161 of the Revised Code or to a 1290  
felony that includes, as an essential element, purposely or 1291  
knowingly causing or attempting to cause the death of or 1292  
physical harm to another, also is convicted of or pleads guilty 1293  
to a specification of the type described in division (C) of 1294  
section 2941.146 of the Revised Code that charges the offender 1295  
with committing the offense by discharging a firearm from a 1296  
motor vehicle other than a manufactured home and that the 1297  
offender previously has been convicted of or pleaded guilty to a 1298  
specification of the type described in section 2941.141, 1299  
2941.144, 2941.145, 2941.146, or 2941.1412 of the Revised Code, 1300  
the court, after imposing a prison term on the offender for the 1301  
violation of section 2923.161 of the Revised Code or for the 1302  
other felony offense under division (A), (B) (2), or (3) of this 1303  
section, shall impose an additional prison term of ninety months 1304  
upon the offender that shall not be reduced pursuant to section 1305  
2929.20, 2967.19, 2967.193, or any other provision of Chapter 1306  
2967. or Chapter 5120. of the Revised Code. 1307

(iii) A court shall not impose more than one additional 1308  
prison term on an offender under division (B) (1) (c) of this 1309  
section for felonies committed as part of the same act or 1310  
transaction. If a court imposes an additional prison term on an 1311  
offender under division (B) (1) (c) of this section relative to an 1312  
offense, the court also shall impose a prison term under 1313  
division (B) (1) (a) of this section relative to the same offense, 1314  
provided the criteria specified in that division for imposing an 1315  
additional prison term are satisfied relative to the offender 1316  
and the offense. 1317

(d) If an offender who is convicted of or pleads guilty to 1318  
an offense of violence that is a felony also is convicted of or 1319  
pleads guilty to a specification of the type described in 1320  
section 2941.1411 of the Revised Code that charges the offender 1321  
with wearing or carrying body armor while committing the felony 1322  
offense of violence, the court shall impose on the offender a 1323  
prison term of two years. The prison term so imposed, subject to 1324  
divisions (C) to (I) of section 2967.19 of the Revised Code, 1325  
shall not be reduced pursuant to section 2929.20, section 1326  
2967.19, section 2967.193, or any other provision of Chapter 1327  
2967. or Chapter 5120. of the Revised Code. A court shall not 1328  
impose more than one prison term on an offender under division 1329  
(B) (1) (d) of this section for felonies committed as part of the 1330  
same act or transaction. If a court imposes an additional prison 1331  
term under division (B) (1) (a) or (c) of this section, the court 1332  
is not precluded from imposing an additional prison term under 1333  
division (B) (1) (d) of this section. 1334

(e) The court shall not impose any of the prison terms 1335  
described in division (B) (1) (a) of this section or any of the 1336  
additional prison terms described in division (B) (1) (c) of this 1337  
section upon an offender for a violation of section 2923.12 or 1338

2923.123 of the Revised Code. The court shall not impose any of 1339  
the prison terms described in division (B)(1)(a) or (b) of this 1340  
section upon an offender for a violation of section 2923.122 1341  
that involves a deadly weapon that is a firearm other than a 1342  
dangerous ordnance, section 2923.16, or section 2923.121 of the 1343  
Revised Code. The court shall not impose any of the prison terms 1344  
described in division (B)(1)(a) of this section or any of the 1345  
additional prison terms described in division (B)(1)(c) of this 1346  
section upon an offender for a violation of section 2923.13 of 1347  
the Revised Code unless all of the following apply: 1348

(i) The offender previously has been convicted of 1349  
aggravated murder, murder, or any felony of the first or second 1350  
degree. 1351

(ii) Less than five years have passed since the offender 1352  
was released from prison or post-release control, whichever is 1353  
later, for the prior offense. 1354

(f)(i) If an offender is convicted of or pleads guilty to 1355  
a felony that includes, as an essential element, causing or 1356  
attempting to cause the death of or physical harm to another and 1357  
also is convicted of or pleads guilty to a specification of the 1358  
type described in division (A) of section 2941.1412 of the 1359  
Revised Code that charges the offender with committing the 1360  
offense by discharging a firearm at a peace officer as defined 1361  
in section 2935.01 of the Revised Code or a corrections officer, 1362  
as defined in section 2941.1412 of the Revised Code, the court, 1363  
after imposing a prison term on the offender for the felony 1364  
offense under division (A), (B)(2), or (B)(3) of this section, 1365  
shall impose an additional prison term of seven years upon the 1366  
offender that shall not be reduced pursuant to section 2929.20, 1367  
section 2967.19, section 2967.193, or any other provision of 1368

Chapter 2967. or Chapter 5120. of the Revised Code. 1369

(ii) If an offender is convicted of or pleads guilty to a 1370  
felony that includes, as an essential element, causing or 1371  
attempting to cause the death of or physical harm to another and 1372  
also is convicted of or pleads guilty to a specification of the 1373  
type described in division (B) of section 2941.1412 of the 1374  
Revised Code that charges the offender with committing the 1375  
offense by discharging a firearm at a peace officer, as defined 1376  
in section 2935.01 of the Revised Code, or a corrections 1377  
officer, as defined in section 2941.1412 of the Revised Code, 1378  
and that the offender previously has been convicted of or 1379  
pleaded guilty to a specification of the type described in 1380  
section 2941.141, 2941.144, 2941.145, 2941.146, or 2941.1412 of 1381  
the Revised Code, the court, after imposing a prison term on the 1382  
offender for the felony offense under division (A), (B) (2), or 1383  
(3) of this section, shall impose an additional prison term of 1384  
one hundred twenty-six months upon the offender that shall not 1385  
be reduced pursuant to section 2929.20, 2967.19, 2967.193, or 1386  
any other provision of Chapter 2967. or 5120. of the Revised 1387  
Code. 1388

(iii) If an offender is convicted of or pleads guilty to 1389  
two or more felonies that include, as an essential element, 1390  
causing or attempting to cause the death or physical harm to 1391  
another and also is convicted of or pleads guilty to a 1392  
specification of the type described under division (B) (1) (f) of 1393  
this section in connection with two or more of the felonies of 1394  
which the offender is convicted or to which the offender pleads 1395  
guilty, the sentencing court shall impose on the offender the 1396  
prison term specified under division (B) (1) (f) of this section 1397  
for each of two of the specifications of which the offender is 1398  
convicted or to which the offender pleads guilty and, in its 1399



discretion, also may impose on the offender the prison term 1400  
specified under that division for any or all of the remaining 1401  
specifications. If a court imposes an additional prison term on 1402  
an offender under division (B) (1) (f) of this section relative to 1403  
an offense, the court shall not impose a prison term under 1404  
division (B) (1) (a) or (c) of this section relative to the same 1405  
offense. 1406

(g) If an offender is convicted of or pleads guilty to two 1407  
or more felonies, if one or more of those felonies are 1408  
aggravated murder, murder, attempted aggravated murder, 1409  
attempted murder, aggravated robbery, felonious assault, or 1410  
rape, and if the offender is convicted of or pleads guilty to a 1411  
specification of the type described under division (B) (1) (a) of 1412  
this section in connection with two or more of the felonies, the 1413  
sentencing court shall impose on the offender the prison term 1414  
specified under division (B) (1) (a) of this section for each of 1415  
the two most serious specifications of which the offender is 1416  
convicted or to which the offender pleads guilty and, in its 1417  
discretion, also may impose on the offender the prison term 1418  
specified under that division for any or all of the remaining 1419  
specifications. 1420

(2) (a) If division (B) (2) (b) of this section does not 1421  
apply, the court may impose on an offender, in addition to the 1422  
longest prison term authorized or required for the offense, an 1423  
additional definite prison term of one, two, three, four, five, 1424  
six, seven, eight, nine, or ten years if all of the following 1425  
criteria are met: 1426

(i) The offender is convicted of or pleads guilty to a 1427  
specification of the type described in section 2941.149 of the 1428  
Revised Code that the offender is a repeat violent offender. 1429

(ii) The offense of which the offender currently is 1430  
convicted or to which the offender currently pleads guilty is 1431  
aggravated murder and the court does not impose a sentence of 1432  
death or life imprisonment without parole, murder, terrorism and 1433  
the court does not impose a sentence of life imprisonment 1434  
without parole, any felony of the first degree that is an 1435  
offense of violence and the court does not impose a sentence of 1436  
life imprisonment without parole, or any felony of the second 1437  
degree that is an offense of violence and the trier of fact 1438  
finds that the offense involved an attempt to cause or a threat 1439  
to cause serious physical harm to a person or resulted in 1440  
serious physical harm to a person. 1441

(iii) The court imposes the longest prison term for the 1442  
offense that is not life imprisonment without parole. 1443

(iv) The court finds that the prison terms imposed 1444  
pursuant to division (B) (2) (a) (iii) of this section and, if 1445  
applicable, division (B) (1) or (3) of this section are 1446  
inadequate to punish the offender and protect the public from 1447  
future crime, because the applicable factors under section 1448  
2929.12 of the Revised Code indicating a greater likelihood of 1449  
recidivism outweigh the applicable factors under that section 1450  
indicating a lesser likelihood of recidivism. 1451

(v) The court finds that the prison terms imposed pursuant 1452  
to division (B) (2) (a) (iii) of this section and, if applicable, 1453  
division (B) (1) or (3) of this section are demeaning to the 1454  
seriousness of the offense, because one or more of the factors 1455  
under section 2929.12 of the Revised Code indicating that the 1456  
offender's conduct is more serious than conduct normally 1457  
constituting the offense are present, and they outweigh the 1458  
applicable factors under that section indicating that the 1459

offender's conduct is less serious than conduct normally 1460  
constituting the offense. 1461

(b) The court shall impose on an offender the longest 1462  
prison term authorized or required for the offense and shall 1463  
impose on the offender an additional definite prison term of 1464  
one, two, three, four, five, six, seven, eight, nine, or ten 1465  
years if all of the following criteria are met: 1466

(i) The offender is convicted of or pleads guilty to a 1467  
specification of the type described in section 2941.149 of the 1468  
Revised Code that the offender is a repeat violent offender. 1469

(ii) The offender within the preceding twenty years has 1470  
been convicted of or pleaded guilty to three or more offenses 1471  
described in division (CC) (1) of section 2929.01 of the Revised 1472  
Code, including all offenses described in that division of which 1473  
the offender is convicted or to which the offender pleads guilty 1474  
in the current prosecution and all offenses described in that 1475  
division of which the offender previously has been convicted or 1476  
to which the offender previously pleaded guilty, whether 1477  
prosecuted together or separately. 1478

(iii) The offense or offenses of which the offender 1479  
currently is convicted or to which the offender currently pleads 1480  
guilty is aggravated murder and the court does not impose a 1481  
sentence of death or life imprisonment without parole, murder, 1482  
terrorism and the court does not impose a sentence of life 1483  
imprisonment without parole, any felony of the first degree that 1484  
is an offense of violence and the court does not impose a 1485  
sentence of life imprisonment without parole, or any felony of 1486  
the second degree that is an offense of violence and the trier 1487  
of fact finds that the offense involved an attempt to cause or a 1488  
threat to cause serious physical harm to a person or resulted in 1489

serious physical harm to a person. 1490

(c) For purposes of division (B)(2)(b) of this section, 1491  
two or more offenses committed at the same time or as part of 1492  
the same act or event shall be considered one offense, and that 1493  
one offense shall be the offense with the greatest penalty. 1494

(d) A sentence imposed under division (B)(2)(a) or (b) of 1495  
this section shall not be reduced pursuant to section 2929.20, 1496  
section 2967.19, or section 2967.193, or any other provision of 1497  
Chapter 2967. or Chapter 5120. of the Revised Code. The offender 1498  
shall serve an additional prison term imposed under this section 1499  
consecutively to and prior to the prison term imposed for the 1500  
underlying offense. 1501

(e) When imposing a sentence pursuant to division (B)(2) 1502  
(a) or (b) of this section, the court shall state its findings 1503  
explaining the imposed sentence. 1504

(3) Except when an offender commits a violation of section 1505  
2903.01 or 2907.02 of the Revised Code and the penalty imposed 1506  
for the violation is life imprisonment or commits a violation of 1507  
section 2903.02 of the Revised Code, if the offender commits a 1508  
violation of section 2925.03 or 2925.11 of the Revised Code and 1509  
that section classifies the offender as a major drug offender, 1510  
if the offender commits a felony violation of section 2925.02, 1511  
2925.04, 2925.05, 2925.36, 3719.07, 3719.08, 3719.16, 3719.161, 1512  
4729.37, or 4729.61, division (C) or (D) of section 3719.172, 1513  
division (C) of section 4729.51, or division (J) of section 1514  
4729.54 of the Revised Code that includes the sale, offer to 1515  
sell, or possession of a schedule I or II controlled substance, 1516  
with the exception of marihuana, and the court imposing sentence 1517  
upon the offender finds that the offender is guilty of a 1518  
specification of the type described in section 2941.1410 of the 1519

Revised Code charging that the offender is a major drug 1520  
offender, if the court imposing sentence upon an offender for a 1521  
felony finds that the offender is guilty of corrupt activity 1522  
with the most serious offense in the pattern of corrupt activity 1523  
being a felony of the first degree, or if the offender is guilty 1524  
of an attempted violation of section 2907.02 of the Revised Code 1525  
and, had the offender completed the violation of section 2907.02 1526  
of the Revised Code that was attempted, the offender would have 1527  
been subject to a sentence of life imprisonment or life 1528  
imprisonment without parole for the violation of section 2907.02 1529  
of the Revised Code, the court shall impose upon the offender 1530  
for the felony violation a mandatory prison term of the maximum 1531  
prison term prescribed for a felony of the first degree that, 1532  
subject to divisions (C) to (I) of section 2967.19 of the 1533  
Revised Code, cannot be reduced pursuant to section 2929.20, 1534  
section 2967.19, or any other provision of Chapter 2967. or 1535  
5120. of the Revised Code. 1536

(4) If the offender is being sentenced for a third or 1537  
fourth degree felony OVI offense under division (G) (2) of 1538  
section 2929.13 of the Revised Code, the sentencing court shall 1539  
impose upon the offender a mandatory prison term in accordance 1540  
with that division. In addition to the mandatory prison term, if 1541  
the offender is being sentenced for a fourth degree felony OVI 1542  
offense, the court, notwithstanding division (A) (4) of this 1543  
section, may sentence the offender to a definite prison term of 1544  
not less than six months and not more than thirty months, and if 1545  
the offender is being sentenced for a third degree felony OVI 1546  
offense, the sentencing court may sentence the offender to an 1547  
additional prison term of any duration specified in division (A) 1548  
(3) of this section. In either case, the additional prison term 1549  
imposed shall be reduced by the sixty or one hundred twenty days 1550

imposed upon the offender as the mandatory prison term. The 1551  
total of the additional prison term imposed under division (B) 1552  
(4) of this section plus the sixty or one hundred twenty days 1553  
imposed as the mandatory prison term shall equal a definite term 1554  
in the range of six months to thirty months for a fourth degree 1555  
felony OVI offense and shall equal one of the authorized prison 1556  
terms specified in division (A) (3) of this section for a third 1557  
degree felony OVI offense. If the court imposes an additional 1558  
prison term under division (B) (4) of this section, the offender 1559  
shall serve the additional prison term after the offender has 1560  
served the mandatory prison term required for the offense. In 1561  
addition to the mandatory prison term or mandatory and 1562  
additional prison term imposed as described in division (B) (4) 1563  
of this section, the court also may sentence the offender to a 1564  
community control sanction under section 2929.16 or 2929.17 of 1565  
the Revised Code, but the offender shall serve all of the prison 1566  
terms so imposed prior to serving the community control 1567  
sanction. 1568

If the offender is being sentenced for a fourth degree 1569  
felony OVI offense under division (G) (1) of section 2929.13 of 1570  
the Revised Code and the court imposes a mandatory term of local 1571  
incarceration, the court may impose a prison term as described 1572  
in division (A) (1) of that section. 1573

(5) If an offender is convicted of or pleads guilty to a 1574  
violation of division (A) (1) or (2) of section 2903.06 of the 1575  
Revised Code and also is convicted of or pleads guilty to a 1576  
specification of the type described in section 2941.1414 of the 1577  
Revised Code that charges that the victim of the offense is a 1578  
peace officer, as defined in section 2935.01 of the Revised 1579  
Code, or an investigator of the bureau of criminal 1580  
identification and investigation, as defined in section 2903.11 1581

of the Revised Code, the court shall impose on the offender a 1582  
prison term of five years. If a court imposes a prison term on 1583  
an offender under division (B) (5) of this section, the prison 1584  
term, subject to divisions (C) to (I) of section 2967.19 of the 1585  
Revised Code, shall not be reduced pursuant to section 2929.20, 1586  
section 2967.19, section 2967.193, or any other provision of 1587  
Chapter 2967. or Chapter 5120. of the Revised Code. A court 1588  
shall not impose more than one prison term on an offender under 1589  
division (B) (5) of this section for felonies committed as part 1590  
of the same act. 1591

(6) If an offender is convicted of or pleads guilty to a 1592  
violation of division (A) (1) or (2) of section 2903.06 of the 1593  
Revised Code and also is convicted of or pleads guilty to a 1594  
specification of the type described in section 2941.1415 of the 1595  
Revised Code that charges that the offender previously has been 1596  
convicted of or pleaded guilty to three or more violations of 1597  
division (A) or (B) of section 4511.19 of the Revised Code or an 1598  
equivalent offense, as defined in section 2941.1415 of the 1599  
Revised Code, or three or more violations of any combination of 1600  
those divisions and offenses, the court shall impose on the 1601  
offender a prison term of three years. If a court imposes a 1602  
prison term on an offender under division (B) (6) of this 1603  
section, the prison term, subject to divisions (C) to (I) of 1604  
section 2967.19 of the Revised Code, shall not be reduced 1605  
pursuant to section 2929.20, section 2967.19, section 2967.193, 1606  
or any other provision of Chapter 2967. or Chapter 5120. of the 1607  
Revised Code. A court shall not impose more than one prison term 1608  
on an offender under division (B) (6) of this section for 1609  
felonies committed as part of the same act. 1610

(7) (a) If an offender is convicted of or pleads guilty to 1611  
a felony violation of section 2905.01, 2905.02, 2907.21, 1612

2907.22, or 2923.32, division (A) (1) or (2) of section 2907.323, 1613  
or division (B) (1), (2), (3), (4), or (5) of section 2919.22 of 1614  
the Revised Code and also is convicted of or pleads guilty to a 1615  
specification of the type described in section 2941.1422 of the 1616  
Revised Code that charges that the offender knowingly committed 1617  
the offense in furtherance of human trafficking, the court shall 1618  
impose on the offender a mandatory prison term that is one of 1619  
the following: 1620

(i) If the offense is a felony of the first degree, a 1621  
definite prison term of not less than five years and not greater 1622  
than ten years; 1623

(ii) If the offense is a felony of the second or third 1624  
degree, a definite prison term of not less than three years and 1625  
not greater than the maximum prison term allowed for the offense 1626  
by division (A) of section 2929.14 of the Revised Code; 1627

(iii) If the offense is a felony of the fourth or fifth 1628  
degree, a definite prison term that is the maximum prison term 1629  
allowed for the offense by division (A) of section 2929.14 of 1630  
the Revised Code. 1631

(b) Subject to divisions (C) to (I) of section 2967.19 of 1632  
the Revised Code, the prison term imposed under division (B) (7) 1633  
(a) of this section shall not be reduced pursuant to section 1634  
2929.20, section 2967.19, section 2967.193, or any other 1635  
provision of Chapter 2967. of the Revised Code. A court shall 1636  
not impose more than one prison term on an offender under 1637  
division (B) (7) (a) of this section for felonies committed as 1638  
part of the same act, scheme, or plan. 1639

(8) If an offender is convicted of or pleads guilty to a 1640  
felony violation of section 2903.11, 2903.12, or 2903.13 of the 1641



Revised Code and also is convicted of or pleads guilty to a 1642  
specification of the type described in section 2941.1423 of the 1643  
Revised Code that charges that the victim of the violation was a 1644  
woman whom the offender knew was pregnant at the time of the 1645  
violation, notwithstanding the range of prison terms prescribed 1646  
in division (A) of this section for felonies of the same degree 1647  
as the violation, the court shall impose on the offender a 1648  
mandatory prison term that is either a definite prison term of 1649  
six months or one of the prison terms prescribed in section 1650  
2929.14 of the Revised Code for felonies of the same degree as 1651  
the violation. 1652

(C) (1) (a) Subject to division (C) (1) (b) of this section, 1653  
if a mandatory prison term is imposed upon an offender pursuant 1654  
to division (B) (1) (a) of this section for having a firearm on or 1655  
about the offender's person or under the offender's control 1656  
while committing a felony, if a mandatory prison term is imposed 1657  
upon an offender pursuant to division (B) (1) (c) of this section 1658  
for committing a felony specified in that division by 1659  
discharging a firearm from a motor vehicle, or if both types of 1660  
mandatory prison terms are imposed, the offender shall serve any 1661  
mandatory prison term imposed under either division 1662  
consecutively to any other mandatory prison term imposed under 1663  
either division or under division (B) (1) (d) of this section, 1664  
consecutively to and prior to any prison term imposed for the 1665  
underlying felony pursuant to division (A), (B) (2), or (B) (3) of 1666  
this section or any other section of the Revised Code, and 1667  
consecutively to any other prison term or mandatory prison term 1668  
previously or subsequently imposed upon the offender. 1669

(b) If a mandatory prison term is imposed upon an offender 1670  
pursuant to division (B) (1) (d) of this section for wearing or 1671  
carrying body armor while committing an offense of violence that 1672

is a felony, the offender shall serve the mandatory term so 1673  
imposed consecutively to any other mandatory prison term imposed 1674  
under that division or under division (B) (1) (a) or (c) of this 1675  
section, consecutively to and prior to any prison term imposed 1676  
for the underlying felony under division (A), (B) (2), or (B) (3) 1677  
of this section or any other section of the Revised Code, and 1678  
consecutively to any other prison term or mandatory prison term 1679  
previously or subsequently imposed upon the offender. 1680

(c) If a mandatory prison term is imposed upon an offender 1681  
pursuant to division (B) (1) (f) of this section, the offender 1682  
shall serve the mandatory prison term so imposed consecutively 1683  
to and prior to any prison term imposed for the underlying 1684  
felony under division (A), (B) (2), or (B) (3) of this section or 1685  
any other section of the Revised Code, and consecutively to any 1686  
other prison term or mandatory prison term previously or 1687  
subsequently imposed upon the offender. 1688

(d) If a mandatory prison term is imposed upon an offender 1689  
pursuant to division (B) (7) or (8) of this section, the offender 1690  
shall serve the mandatory prison term so imposed consecutively 1691  
to any other mandatory prison term imposed under that division 1692  
or under any other provision of law and consecutively to any 1693  
other prison term or mandatory prison term previously or 1694  
subsequently imposed upon the offender. 1695

(2) If an offender who is an inmate in a jail, prison, or 1696  
other residential detention facility violates section 2917.02, 1697  
2917.03, or 2921.35 of the Revised Code or division (A) (1) or 1698  
(2) of section 2921.34 of the Revised Code, if an offender who 1699  
is under detention at a detention facility commits a felony 1700  
violation of section 2923.131 of the Revised Code, or if an 1701  
offender who is an inmate in a jail, prison, or other 1702

residential detention facility or is under detention at a 1703  
detention facility commits another felony while the offender is 1704  
an escapee in violation of division (A) (1) or (2) of section 1705  
2921.34 of the Revised Code, any prison term imposed upon the 1706  
offender for one of those violations shall be served by the 1707  
offender consecutively to the prison term or term of 1708  
imprisonment the offender was serving when the offender 1709  
committed that offense and to any other prison term previously 1710  
or subsequently imposed upon the offender. 1711

(3) If a prison term is imposed for a violation of 1712  
division (B) of section 2911.01 of the Revised Code, a violation 1713  
of division (A) of section 2913.02 of the Revised Code in which 1714  
the stolen property is a firearm or dangerous ordnance, or a 1715  
felony violation of division (B) of section 2921.331 of the 1716  
Revised Code, the offender shall serve that prison term 1717  
consecutively to any other prison term or mandatory prison term 1718  
previously or subsequently imposed upon the offender. 1719

(4) If multiple prison terms are imposed on an offender 1720  
for convictions of multiple offenses, the court may require the 1721  
offender to serve the prison terms consecutively if the court 1722  
finds that the consecutive service is necessary to protect the 1723  
public from future crime or to punish the offender and that 1724  
consecutive sentences are not disproportionate to the 1725  
seriousness of the offender's conduct and to the danger the 1726  
offender poses to the public, and if the court also finds any of 1727  
the following: 1728

(a) The offender committed one or more of the multiple 1729  
offenses while the offender was awaiting trial or sentencing, 1730  
was under a sanction imposed pursuant to section 2929.16, 1731  
2929.17, or 2929.18 of the Revised Code, or was under post- 1732

release control for a prior offense. 1733

(b) At least two of the multiple offenses were committed 1734  
as part of one or more courses of conduct, and the harm caused 1735  
by two or more of the multiple offenses so committed was so 1736  
great or unusual that no single prison term for any of the 1737  
offenses committed as part of any of the courses of conduct 1738  
adequately reflects the seriousness of the offender's conduct. 1739

(c) The offender's history of criminal conduct 1740  
demonstrates that consecutive sentences are necessary to protect 1741  
the public from future crime by the offender. 1742

(5) If a mandatory prison term is imposed upon an offender 1743  
pursuant to division (B) (5) or (6) of this section, the offender 1744  
shall serve the mandatory prison term consecutively to and prior 1745  
to any prison term imposed for the underlying violation of 1746  
division (A) (1) or (2) of section 2903.06 of the Revised Code 1747  
pursuant to division (A) of this section or section 2929.142 of 1748  
the Revised Code. If a mandatory prison term is imposed upon an 1749  
offender pursuant to division (B) (5) of this section, and if a 1750  
mandatory prison term also is imposed upon the offender pursuant 1751  
to division (B) (6) of this section in relation to the same 1752  
violation, the offender shall serve the mandatory prison term 1753  
imposed pursuant to division (B) (5) of this section 1754  
consecutively to and prior to the mandatory prison term imposed 1755  
pursuant to division (B) (6) of this section and consecutively to 1756  
and prior to any prison term imposed for the underlying 1757  
violation of division (A) (1) or (2) of section 2903.06 of the 1758  
Revised Code pursuant to division (A) of this section or section 1759  
2929.142 of the Revised Code. 1760

(6) When consecutive prison terms are imposed pursuant to 1761  
division (C) (1), (2), (3), (4), or (5) or division (H) (1) or (2) 1762

of this section, the term to be served is the aggregate of all 1763  
of the terms so imposed. 1764

(D) (1) If a court imposes a prison term for a felony of 1765  
the first degree, for a felony of the second degree, for a 1766  
felony sex offense, or for a felony of the third degree that is 1767  
not a felony sex offense and in the commission of which the 1768  
offender caused or threatened to cause physical harm to a 1769  
person, it shall include in the sentence a requirement that the 1770  
offender be subject to a period of post-release control after 1771  
the offender's release from imprisonment, in accordance with 1772  
that division. If a court imposes a sentence including a prison 1773  
term of a type described in this division on or after July 11, 1774  
2006, the failure of a court to include a post-release control 1775  
requirement in the sentence pursuant to this division does not 1776  
negate, limit, or otherwise affect the mandatory period of post- 1777  
release control that is required for the offender under division 1778  
(B) of section 2967.28 of the Revised Code. Section 2929.191 of 1779  
the Revised Code applies if, prior to July 11, 2006, a court 1780  
imposed a sentence including a prison term of a type described 1781  
in this division and failed to include in the sentence pursuant 1782  
to this division a statement regarding post-release control. 1783

(2) If a court imposes a prison term for a felony of the 1784  
third, fourth, or fifth degree that is not subject to division 1785  
(D) (1) of this section, it shall include in the sentence a 1786  
requirement that the offender be subject to a period of post- 1787  
release control after the offender's release from imprisonment, 1788  
in accordance with that division, if the parole board determines 1789  
that a period of post-release control is necessary. Section 1790  
2929.191 of the Revised Code applies if, prior to July 11, 2006, 1791  
a court imposed a sentence including a prison term of a type 1792  
described in this division and failed to include in the sentence 1793

pursuant to this division a statement regarding post-release control. 1794  
1795

(E) The court shall impose sentence upon the offender in accordance with section 2971.03 of the Revised Code, and Chapter 2971. of the Revised Code applies regarding the prison term or term of life imprisonment without parole imposed upon the offender and the service of that term of imprisonment if any of the following apply: 1796  
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1801

(1) A person is convicted of or pleads guilty to a violent sex offense or a designated homicide, assault, or kidnapping offense, and, in relation to that offense, the offender is adjudicated a sexually violent predator. 1802  
1803  
1804  
1805

(2) A person is convicted of or pleads guilty to a violation of division (A) (1) (b) of section 2907.02 of the Revised Code committed on or after January 2, 2007, and either the court does not impose a sentence of life without parole when authorized pursuant to division (B) of section 2907.02 of the Revised Code, or division (B) of section 2907.02 of the Revised Code provides that the court shall not sentence the offender pursuant to section 2971.03 of the Revised Code. 1806  
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(3) A person is convicted of or pleads guilty to attempted rape committed on or after January 2, 2007, and a specification of the type described in section 2941.1418, 2941.1419, or 2941.1420 of the Revised Code. 1814  
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(4) A person is convicted of or pleads guilty to a violation of section 2905.01 of the Revised Code committed on or after January 1, 2008, and that section requires the court to sentence the offender pursuant to section 2971.03 of the Revised Code. 1818  
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(5) A person is convicted of or pleads guilty to aggravated murder committed on or after January 1, 2008, and division (A) (2) (b) (ii) of section 2929.022, division (A) (1) (e), (C) (1) (a) (v), (C) (2) (a) (ii), (D) (2) (b), (D) (3) (a) (iv), or (E) (1) (d) of section 2929.03, or division (A) or (B) of section 2929.06 of the Revised Code requires the court to sentence the offender pursuant to division (B) (3) of section 2971.03 of the Revised Code.

(6) A person is convicted of or pleads guilty to murder committed on or after January 1, 2008, and division (B) (2) of section 2929.02 of the Revised Code requires the court to sentence the offender pursuant to section 2971.03 of the Revised Code.

(F) If a person who has been convicted of or pleaded guilty to a felony is sentenced to a prison term or term of imprisonment under this section, sections 2929.02 to 2929.06 of the Revised Code, section 2929.142 of the Revised Code, section 2971.03 of the Revised Code, or any other provision of law, section 5120.163 of the Revised Code applies regarding the person while the person is confined in a state correctional institution.

(G) If an offender who is convicted of or pleads guilty to a felony that is an offense of violence also is convicted of or pleads guilty to a specification of the type described in section 2941.142 of the Revised Code that charges the offender with having committed the felony while participating in a criminal gang, the court shall impose upon the offender an additional prison term of one, two, or three years.

(H) (1) If an offender who is convicted of or pleads guilty to aggravated murder, murder, or a felony of the first, second,

or third degree that is an offense of violence also is convicted 1853  
of or pleads guilty to a specification of the type described in 1854  
section 2941.143 of the Revised Code that charges the offender 1855  
with having committed the offense in a school safety zone or 1856  
towards a person in a school safety zone, the court shall impose 1857  
upon the offender an additional prison term of two years. The 1858  
offender shall serve the additional two years consecutively to 1859  
and prior to the prison term imposed for the underlying offense. 1860

(2) (a) If an offender is convicted of or pleads guilty to 1861  
a felony violation of section 2907.22, 2907.24, 2907.241, or 1862  
2907.25 of the Revised Code and to a specification of the type 1863  
described in section 2941.1421 of the Revised Code and if the 1864  
court imposes a prison term on the offender for the felony 1865  
violation, the court may impose upon the offender an additional 1866  
prison term as follows: 1867

(i) Subject to division (H) (2) (a) (ii) of this section, an 1868  
additional prison term of one, two, three, four, five, or six 1869  
months; 1870

(ii) If the offender previously has been convicted of or 1871  
pleaded guilty to one or more felony or misdemeanor violations 1872  
of section 2907.22, 2907.23, 2907.24, 2907.241, or 2907.25 of 1873  
the Revised Code and also was convicted of or pleaded guilty to 1874  
a specification of the type described in section 2941.1421 of 1875  
the Revised Code regarding one or more of those violations, an 1876  
additional prison term of one, two, three, four, five, six, 1877  
seven, eight, nine, ten, eleven, or twelve months. 1878

(b) In lieu of imposing an additional prison term under 1879  
division (H) (2) (a) of this section, the court may directly 1880  
impose on the offender a sanction that requires the offender to 1881  
wear a real-time processing, continual tracking electronic 1882



monitoring device during the period of time specified by the 1883  
court. The period of time specified by the court shall equal the 1884  
duration of an additional prison term that the court could have 1885  
imposed upon the offender under division (H) (2) (a) of this 1886  
section. A sanction imposed under this division shall commence 1887  
on the date specified by the court, provided that the sanction 1888  
shall not commence until after the offender has served the 1889  
prison term imposed for the felony violation of section 2907.22, 1890  
2907.24, 2907.241, or 2907.25 of the Revised Code and any 1891  
residential sanction imposed for the violation under section 1892  
2929.16 of the Revised Code. A sanction imposed under this 1893  
division shall be considered to be a community control sanction 1894  
for purposes of section 2929.15 of the Revised Code, and all 1895  
provisions of the Revised Code that pertain to community control 1896  
sanctions shall apply to a sanction imposed under this division, 1897  
except to the extent that they would by their nature be clearly 1898  
inapplicable. The offender shall pay all costs associated with a 1899  
sanction imposed under this division, including the cost of the 1900  
use of the monitoring device. 1901

(I) At the time of sentencing, the court may recommend the 1902  
offender for placement in a program of shock incarceration under 1903  
section 5120.031 of the Revised Code or for placement in an 1904  
intensive program prison under section 5120.032 of the Revised 1905  
Code, disapprove placement of the offender in a program of shock 1906  
incarceration or an intensive program prison of that nature, or 1907  
make no recommendation on placement of the offender. In no case 1908  
shall the department of rehabilitation and correction place the 1909  
offender in a program or prison of that nature unless the 1910  
department determines as specified in section 5120.031 or 1911  
5120.032 of the Revised Code, whichever is applicable, that the 1912  
offender is eligible for the placement. 1913

If the court disapproves placement of the offender in a program or prison of that nature, the department of rehabilitation and correction shall not place the offender in any program of shock incarceration or intensive program prison.

If the court recommends placement of the offender in a program of shock incarceration or in an intensive program prison, and if the offender is subsequently placed in the recommended program or prison, the department shall notify the court of the placement and shall include with the notice a brief description of the placement.

If the court recommends placement of the offender in a program of shock incarceration or in an intensive program prison and the department does not subsequently place the offender in the recommended program or prison, the department shall send a notice to the court indicating why the offender was not placed in the recommended program or prison.

If the court does not make a recommendation under this division with respect to an offender and if the department determines as specified in section 5120.031 or 5120.032 of the Revised Code, whichever is applicable, that the offender is eligible for placement in a program or prison of that nature, the department shall screen the offender and determine if there is an available program of shock incarceration or an intensive program prison for which the offender is suited. If there is an available program of shock incarceration or an intensive program prison for which the offender is suited, the department shall notify the court of the proposed placement of the offender as specified in section 5120.031 or 5120.032 of the Revised Code and shall include with the notice a brief description of the placement. The court shall have ten days from receipt of the

notice to disapprove the placement. 1944

(J) If a person is convicted of or pleads guilty to 1945  
aggravated vehicular homicide in violation of division (A) (1) of 1946  
section 2903.06 of the Revised Code and division (B) (2) (c) of 1947  
that section applies, the person shall be sentenced pursuant to 1948  
section 2929.142 of the Revised Code. 1949

(K) (1) The court shall impose an additional mandatory 1950  
prison term of two, three, four, five, six, seven, eight, nine, 1951  
ten, or eleven years on an offender who is convicted of or 1952  
pleads guilty to a violent felony offense if the offender also 1953  
is convicted of or pleads guilty to a specification of the type 1954  
described in section 2941.1424 of the Revised Code that charges 1955  
that the offender is a violent career criminal and had a firearm 1956  
on or about the offender's person or under the offender's 1957  
control while committing the presently charged violent felony 1958  
offense and displayed or brandished the firearm, indicated that 1959  
the offender possessed a firearm, or used the firearm to 1960  
facilitate the offense. The offender shall serve the prison term 1961  
imposed under this division consecutively to and prior to the 1962  
prison term imposed for the underlying offense. The prison term 1963  
shall not be reduced pursuant to section 2929.20 or 2967.19 or 1964  
any other provision of Chapter 2967. or 5120. of the Revised 1965  
Code. A court may not impose more than one sentence under 1966  
division (B) (2) (a) of this section and this division for acts 1967  
committed as part of the same act or transaction. 1968

(2) As used in division (K) (1) of this section, "violent 1969  
career criminal" and "violent felony offense" have the same 1970  
meanings as in section 2923.132 of the Revised Code. 1971

**Sec. 3701.881.** (A) As used in this section: 1972

- (1) "Applicant" means a person who is under final consideration for employment with a home health agency in a full-time, part-time, or temporary position that involves providing direct care to an individual or is referred to a home health agency by an employment service for such a position. 1973  
1974  
1975  
1976  
1977
- (2) "Community-based long-term care provider" means a provider as defined in section 173.39 of the Revised Code. 1978  
1979
- (3) "Community-based long-term care subcontractor" means a subcontractor as defined in section 173.38 of the Revised Code. 1980  
1981
- (4) "Criminal records check" has the same meaning as in section 109.572 of the Revised Code. 1982  
1983
- (5) "Direct care" means any of the following: 1984
- (a) Any service identified in divisions (A) (8) (a) to (f) of this section that is provided in a patient's place of residence used as the patient's home; 1985  
1986  
1987
- (b) Any activity that requires the person performing the activity to be routinely alone with a patient or to routinely have access to a patient's personal property or financial documents regarding a patient; 1988  
1989  
1990  
1991
- (c) For each home health agency individually, any other routine service or activity that the chief administrator of the home health agency designates as direct care. 1992  
1993  
1994
- (6) "Disqualifying offense" means any of the offenses listed or described in divisions (A) (3) (a) to (e) of section 109.572 of the Revised Code. 1995  
1996  
1997
- (7) "Employee" means a person employed by a home health agency in a full-time, part-time, or temporary position that involves providing direct care to an individual and a person who 1998  
1999  
2000

works in such a position due to being referred to a home health agency by an employment service.	2001 2002
(8) "Home health agency" means a person or government entity, other than a nursing home, residential care facility, <u>palliative care facility</u> , hospice care program, or pediatric respite care program, that has the primary function of providing any of the following services to a patient at a place of residence used as the patient's home:	2003 2004 2005 2006 2007 2008
(a) Skilled nursing care;	2009
(b) Physical therapy;	2010
(c) Speech-language pathology;	2011
(d) Occupational therapy;	2012
(e) Medical social services;	2013
(f) Home health aide services.	2014
(9) "Home health aide services" means any of the following services provided by an employee of a home health agency:	2015 2016
(a) Hands-on bathing or assistance with a tub bath or shower;	2017 2018
(b) Assistance with dressing, ambulation, and toileting;	2019
(c) Catheter care but not insertion;	2020
(d) Meal preparation and feeding.	2021
(10) "Hospice care program," " <u>palliative care facility</u> ," and "pediatric respite care program" have the same meanings as in section 3712.01 of the Revised Code.	2022 2023 2024
(11) "Medical social services" means services provided by a social worker under the direction of a patient's attending	2025 2026

physician.	2027
(12) "Minor drug possession offense" has the same meaning as in section 2925.01 of the Revised Code.	2028 2029
(13) "Nursing home," "residential care facility," and "skilled nursing care" have the same meanings as in section 3721.01 of the Revised Code.	2030 2031 2032
(14) "Occupational therapy" has the same meaning as in section 4755.04 of the Revised Code.	2033 2034
(15) "Physical therapy" has the same meaning as in section 4755.40 of the Revised Code.	2035 2036
(16) "Social worker" means a person licensed under Chapter 4757. of the Revised Code to practice as a social worker or independent social worker.	2037 2038 2039
(17) "Speech-language pathology" has the same meaning as in section 4753.01 of the Revised Code.	2040 2041
(18) "Waiver agency" has the same meaning as in section 5164.342 of the Revised Code.	2042 2043
(B) No home health agency shall employ an applicant or continue to employ an employee in a position that involves providing direct care to an individual if any of the following apply:	2044 2045 2046 2047
(1) A review of the databases listed in division (D) of this section reveals any of the following:	2048 2049
(a) That the applicant or employee is included in one or more of the databases listed in divisions (D) (1) to (5) of this section;	2050 2051 2052
(b) That there is in the state nurse aide registry	2053

established under section 3721.32 of the Revised Code a 2054  
statement detailing findings by the director of health that the 2055  
applicant or employee neglected or abused a long-term care 2056  
facility or residential care facility resident or 2057  
misappropriated property of such a resident; 2058

(c) That the applicant or employee is included in one or 2059  
more of the databases, if any, specified in rules adopted under 2060  
this section and the rules prohibit the home health agency from 2061  
employing an applicant or continuing to employ an employee 2062  
included in such a database in a position that involves 2063  
providing direct care to an individual. 2064

(2) After the applicant or employee is provided, pursuant 2065  
to division (E) (2) (a) of this section, a copy of the form 2066  
prescribed pursuant to division (C) (1) of section 109.572 of the 2067  
Revised Code and the standard impression sheet prescribed 2068  
pursuant to division (C) (2) of that section, the applicant or 2069  
employee fails to complete the form or provide the applicant's 2070  
or employee's fingerprint impressions on the standard impression 2071  
sheet. 2072

(3) Except as provided in rules adopted under this 2073  
section, the applicant or employee is found by a criminal 2074  
records check required by this section to have been convicted 2075  
of, pleaded guilty to, or been found eligible for intervention 2076  
in lieu of conviction for a disqualifying offense. 2077

(C) Except as provided by division (F) of this section, 2078  
the chief administrator of a home health agency shall inform 2079  
each applicant of both of the following at the time of the 2080  
applicant's initial application for employment or referral to 2081  
the home health agency by an employment service for a position 2082  
that involves providing direct care to an individual: 2083

(1) That a review of the databases listed in division (D) 2084  
of this section will be conducted to determine whether the home 2085  
health agency is prohibited by division (B) (1) of this section 2086  
from employing the applicant in the position; 2087

(2) That, unless the database review reveals that the 2088  
applicant may not be employed in the position, a criminal 2089  
records check of the applicant will be conducted and the 2090  
applicant is required to provide a set of the applicant's 2091  
fingerprint impressions as part of the criminal records check. 2092

(D) As a condition of employing any applicant in a 2093  
position that involves providing direct care to an individual, 2094  
the chief administrator of a home health agency shall conduct a 2095  
database review of the applicant in accordance with rules 2096  
adopted under this section. If rules adopted under this section 2097  
so require, the chief administrator of a home health agency 2098  
shall conduct a database review of an employee in accordance 2099  
with the rules as a condition of continuing to employ the 2100  
employee in a position that involves providing direct care to an 2101  
individual. However, the chief administrator is not required to 2102  
conduct a database review of an applicant or employee if 2103  
division (F) of this section applies. A database review shall 2104  
determine whether the applicant or employee is included in any 2105  
of the following: 2106

(1) The excluded parties list system that is maintained by 2107  
the United States general services administration pursuant to 2108  
subpart 9.4 of the federal acquisition regulation and available 2109  
at the federal web site known as the system for award 2110  
management; 2111

(2) The list of excluded individuals and entities 2112  
maintained by the office of inspector general in the United 2113



States department of health and human services pursuant to the 2114  
"Social Security Act," sections 1128 and 1156, 42 U.S.C. 1320a-7 2115  
and 1320c-5; 2116

(3) The registry of MR/DD employees established under 2117  
section 5123.52 of the Revised Code; 2118

(4) The internet-based sex offender and child-victim 2119  
offender database established under division (A)(11) of section 2120  
2950.13 of the Revised Code; 2121

(5) The internet-based database of inmates established 2122  
under section 5120.66 of the Revised Code; 2123

(6) The state nurse aide registry established under 2124  
section 3721.32 of the Revised Code; 2125

(7) Any other database, if any, specified in rules adopted 2126  
under this section. 2127

(E)(1) As a condition of employing any applicant in a 2128  
position that involves providing direct care to an individual, 2129  
the chief administrator of a home health agency shall request 2130  
the superintendent of the bureau of criminal identification and 2131  
investigation to conduct a criminal records check of the 2132  
applicant. If rules adopted under this section so require, the 2133  
chief administrator of a home health agency shall request the 2134  
superintendent to conduct a criminal records check of an 2135  
employee at times specified in the rules as a condition of 2136  
continuing to employ the employee in a position that involves 2137  
providing direct care to an individual. However, the chief 2138  
administrator is not required to request the criminal records 2139  
check of the applicant or the employee if division (F) of this 2140  
section applies or the home health agency is prohibited by 2141  
division (B)(1) of this section from employing the applicant or 2142

continuing to employ the employee in a position that involves 2143  
providing direct care to an individual. If an applicant or 2144  
employee for whom a criminal records check request is required 2145  
by this section does not present proof of having been a resident 2146  
of this state for the five-year period immediately prior to the 2147  
date upon which the criminal records check is requested or does 2148  
not provide evidence that within that five-year period the 2149  
superintendent has requested information about the applicant 2150  
from the federal bureau of investigation in a criminal records 2151  
check, the chief administrator shall request that the 2152  
superintendent obtain information from the federal bureau of 2153  
investigation as a part of the criminal records check. Even if 2154  
an applicant or employee for whom a criminal records check 2155  
request is required by this section presents proof that the 2156  
applicant or employee has been a resident of this state for that 2157  
five-year period, the chief administrator may request that the 2158  
superintendent include information from the federal bureau of 2159  
investigation in the criminal records check. 2160

(2) The chief administrator shall do all of the following: 2161

(a) Provide to each applicant and employee for whom a 2162  
criminal records check request is required by this section a 2163  
copy of the form prescribed pursuant to division (C)(1) of 2164  
section 109.572 of the Revised Code and a standard impression 2165  
sheet prescribed pursuant to division (C)(2) of that section; 2166

(b) Obtain the completed form and standard impression 2167  
sheet from each applicant and employee; 2168

(c) Forward the completed form and standard impression 2169  
sheet to the superintendent at the time the chief administrator 2170  
requests the criminal records check. 2171

(3) A home health agency shall pay to the bureau of 2172  
criminal identification and investigation the fee prescribed 2173  
pursuant to division (C) (3) of section 109.572 of the Revised 2174  
Code for each criminal records check the agency requests under 2175  
this section. A home health agency may charge an applicant a fee 2176  
not exceeding the amount the agency pays to the bureau under 2177  
this section if both of the following apply: 2178

(a) The home health agency notifies the applicant at the 2179  
time of initial application for employment of the amount of the 2180  
fee and that, unless the fee is paid, the applicant will not be 2181  
considered for employment. 2182

(b) The medicaid program does not reimburse the home 2183  
health agency for the fee it pays to the bureau under this 2184  
section. 2185

(F) Divisions (C) to (E) of this section do not apply with 2186  
regard to an applicant or employee if the applicant or employee 2187  
is referred to a home health agency by an employment service 2188  
that supplies full-time, part-time, or temporary staff for 2189  
positions that involve providing direct care to an individual 2190  
and both of the following apply: 2191

(1) The chief administrator of the home health agency 2192  
receives from the employment service confirmation that a review 2193  
of the databases listed in division (D) of this section was 2194  
conducted with regard to the applicant or employee. 2195

(2) The chief administrator of the home health agency 2196  
receives from the employment service, applicant, or employee a 2197  
report of the results of a criminal records check of the 2198  
applicant or employee that has been conducted by the 2199  
superintendent within the one-year period immediately preceding 2200

the following: 2201

(a) In the case of an applicant, the date of the 2202  
applicant's referral by the employment service to the home 2203  
health agency; 2204

(b) In the case of an employee, the date by which the home 2205  
health agency would otherwise have to request a criminal records 2206  
check of the employee under division (E) of this section. 2207

(G) (1) A home health agency may employ conditionally an 2208  
applicant for whom a criminal records check request is required 2209  
by this section before obtaining the results of the criminal 2210  
records check if the agency is not prohibited by division (B) of 2211  
this section from employing the applicant in a position that 2212  
involves providing direct care to an individual and either of 2213  
the following applies: 2214

(a) The chief administrator of the home health agency 2215  
requests the criminal records check in accordance with division 2216  
(E) of this section not later than five business days after the 2217  
applicant begins conditional employment. 2218

(b) The applicant is referred to the home health agency by 2219  
an employment service, the employment service or the applicant 2220  
provides the chief administrator of the agency a letter that is 2221  
on the letterhead of the employment service, the letter is dated 2222  
and signed by a supervisor or another designated official of the 2223  
employment service, and the letter states all of the following: 2224

(i) That the employment service has requested the 2225  
superintendent to conduct a criminal records check regarding the 2226  
applicant; 2227

(ii) That the requested criminal records check is to 2228  
include a determination of whether the applicant has been 2229

convicted of, pleaded guilty to, or been found eligible for 2230  
intervention in lieu of conviction for a disqualifying offense; 2231

(iii) That the employment service has not received the 2232  
results of the criminal records check as of the date set forth 2233  
on the letter; 2234

(iv) That the employment service promptly will send a copy 2235  
of the results of the criminal records check to the chief 2236  
administrator of the home health agency when the employment 2237  
service receives the results. 2238

(2) If a home health agency employs an applicant 2239  
conditionally pursuant to division (G) (1) (b) of this section, 2240  
the employment service, on its receipt of the results of the 2241  
criminal records check, promptly shall send a copy of the 2242  
results to the chief administrator of the agency. 2243

(3) A home health agency that employs an applicant 2244  
conditionally pursuant to division (G) (1) (a) or (b) of this 2245  
section shall terminate the applicant's employment if the 2246  
results of the criminal records check, other than the results of 2247  
any request for information from the federal bureau of 2248  
investigation, are not obtained within the period ending sixty 2249  
days after the date the request for the criminal records check 2250  
is made. Regardless of when the results of the criminal records 2251  
check are obtained, if the results indicate that the applicant 2252  
has been convicted of, pleaded guilty to, or been found eligible 2253  
for intervention in lieu of conviction for a disqualifying 2254  
offense, the home health agency shall terminate the applicant's 2255  
employment unless circumstances specified in rules adopted under 2256  
this section that permit the agency to employ the applicant 2257  
exist and the agency chooses to employ the applicant. 2258  
Termination of employment under this division shall be 2259

considered just cause for discharge for purposes of division (D) 2260  
(2) of section 4141.29 of the Revised Code if the applicant 2261  
makes any attempt to deceive the home health agency about the 2262  
applicant's criminal record. 2263

(H) The report of any criminal records check conducted by 2264  
the bureau of criminal identification and investigation in 2265  
accordance with section 109.572 of the Revised Code and pursuant 2266  
to a request made under this section is not a public record for 2267  
the purposes of section 149.43 of the Revised Code and shall not 2268  
be made available to any person other than the following: 2269

(1) The applicant or employee who is the subject of the 2270  
criminal records check or the applicant's or employee's 2271  
representative; 2272

(2) The home health agency requesting the criminal records 2273  
check or its representative; 2274

(3) The administrator of any other facility, agency, or 2275  
program that provides direct care to individuals that is owned 2276  
or operated by the same entity that owns or operates the home 2277  
health agency that requested the criminal records check; 2278

(4) The employment service that requested the criminal 2279  
records check; 2280

(5) The director of health and the staff of the department 2281  
of health who monitor a home health agency's compliance with 2282  
this section; 2283

(6) The director of aging or the director's designee if 2284  
either of the following apply: 2285

(a) In the case of a criminal records check requested by a 2286  
home health agency, the home health agency also is a community- 2287

based long-term care provider or community-based long-term care	2288
subcontractor;	2289
(b) In the case of a criminal records check requested by	2290
an employment service, the employment service makes the request	2291
for an applicant or employee the employment service refers to a	2292
home health agency that also is a community-based long-term care	2293
provider or community-based long-term care subcontractor.	2294
(7) The medicaid director and the staff of the department	2295
of medicaid who are involved in the administration of the	2296
medicaid program if either of the following apply:	2297
(a) In the case of a criminal records check requested by a	2298
home health agency, the home health agency also is a waiver	2299
agency;	2300
(b) In the case of a criminal records check requested by	2301
an employment service, the employment service makes the request	2302
for an applicant or employee the employment service refers to a	2303
home health agency that also is a waiver agency.	2304
(8) Any court, hearing officer, or other necessary	2305
individual involved in a case dealing with any of the following:	2306
(a) A denial of employment of the applicant or employee;	2307
(b) Employment or unemployment benefits of the applicant	2308
or employee;	2309
(c) A civil or criminal action regarding the medicaid	2310
program.	2311
(I) In a tort or other civil action for damages that is	2312
brought as the result of an injury, death, or loss to person or	2313
property caused by an applicant or employee who a home health	2314
agency employs in a position that involves providing direct care	2315

to an individual, all of the following shall apply: 2316

(1) If the home health agency employed the applicant or 2317  
employee in good faith and reasonable reliance on the report of 2318  
a criminal records check requested under this section, the 2319  
agency shall not be found negligent solely because of its 2320  
reliance on the report, even if the information in the report is 2321  
determined later to have been incomplete or inaccurate. 2322

(2) If the home health agency employed the applicant in 2323  
good faith on a conditional basis pursuant to division (G) of 2324  
this section, the agency shall not be found negligent solely 2325  
because it employed the applicant prior to receiving the report 2326  
of a criminal records check requested under this section. 2327

(3) If the home health agency in good faith employed the 2328  
applicant or employee according to the personal character 2329  
standards established in rules adopted under this section, the 2330  
agency shall not be found negligent solely because the applicant 2331  
or employee had been convicted of, pleaded guilty to, or been 2332  
found eligible for intervention in lieu of conviction for a 2333  
disqualifying offense. 2334

(J) The director of health shall adopt rules in accordance 2335  
with Chapter 119. of the Revised Code to implement this section. 2336

(1) The rules may do the following: 2337

(a) Require employees to undergo database reviews and 2338  
criminal records checks under this section; 2339

(b) If the rules require employees to undergo database 2340  
reviews and criminal records checks under this section, exempt 2341  
one or more classes of employees from the requirements; 2342

(c) For the purpose of division (D)(7) of this section, 2343



specify other databases that are to be checked as part of a 2344  
database review conducted under this section. 2345

(2) The rules shall specify all of the following: 2346

(a) The procedures for conducting database reviews under 2347  
this section; 2348

(b) If the rules require employees to undergo database 2349  
reviews and criminal records checks under this section, the 2350  
times at which the database reviews and criminal records checks 2351  
are to be conducted; 2352

(c) If the rules specify other databases to be checked as 2353  
part of the database reviews, the circumstances under which a 2354  
home health agency is prohibited from employing an applicant or 2355  
continuing to employ an employee who is found by a database 2356  
review to be included in one or more of those databases; 2357

(d) Circumstances under which a home health agency may 2358  
employ an applicant or employee who is found by a criminal 2359  
records check required by this section to have been convicted 2360  
of, pleaded guilty to, or been found eligible for intervention 2361  
in lieu of conviction for a disqualifying offense but meets 2362  
personal character standards. 2363

**Sec. 3712.01.** As used in this chapter: 2364

(A) "Hospice care program" means a coordinated program of 2365  
home, outpatient, and inpatient care and services that is 2366  
operated by a person or public agency and that provides the 2367  
following care and services to hospice patients, including 2368  
services as indicated below to hospice patients' families, 2369  
through a medically directed interdisciplinary team, under 2370  
interdisciplinary plans of care established pursuant to section 2371  
3712.06 of the Revised Code, in order to meet the physical, 2372

psychological, social, spiritual, and other special needs that	2373
are experienced during the final stages of illness, dying, and	2374
bereavement:	2375
(1) Nursing care by or under the supervision of a	2376
registered nurse;	2377
(2) Physical, occupational, or speech or language therapy,	2378
unless waived by the department of health pursuant to rules	2379
adopted under division (A) of section 3712.03 of the Revised	2380
Code;	2381
(3) Medical social services by a social worker under the	2382
direction of a physician;	2383
(4) Services of a home health aide;	2384
(5) Medical supplies, including drugs and biologicals, and	2385
the use of medical appliances;	2386
(6) Physician's services;	2387
(7) Short-term inpatient care, including both palliative	2388
and respite care and procedures;	2389
(8) Counseling for hospice patients and hospice patients'	2390
families;	2391
(9) Services of volunteers under the direction of the	2392
provider of the hospice care program;	2393
(10) Bereavement services for hospice patients' families.	2394
"Hospice care program" does not include a <u>palliative care</u>	2395
<u>facility or pediatric respite care program.</u>	2396
(B) "Hospice patient" means a patient, other than a	2397
pediatric respite care patient, who has been diagnosed as	2398
terminally ill, has an anticipated life expectancy of six months	2399

or less, and has voluntarily requested and is receiving care 2400  
from a person or public agency licensed under this chapter to 2401  
provide a hospice care program. 2402

(C) "Hospice patient's family" means a hospice patient's 2403  
immediate family members, including a spouse, brother, sister, 2404  
child, or parent, and any other relative or individual who has 2405  
significant personal ties to the patient and who is designated 2406  
as a member of the patient's family by mutual agreement of the 2407  
patient, the relative or individual, and the patient's 2408  
interdisciplinary team. 2409

(D) "Interdisciplinary team" means a working unit composed 2410  
of professional and lay persons that includes at least a 2411  
physician, a registered nurse, a social worker, a member of the 2412  
clergy or a counselor, and a volunteer. 2413

(E) "Palliative care" means treatment for a patient with a 2414  
serious, chronic, or life-threatening illness directed at 2415  
controlling pain, relieving other symptoms, and enhancing the 2416  
quality of life of the patient and the patient's family, 2417  
particularly with psychosocial support and medical decision 2418  
guidance, rather than treatment for the purpose of cure. Nothing 2419  
in this ~~section~~ chapter shall be interpreted to mean that 2420  
palliative care can be provided only in a palliative care 2421  
facility or as a component of a hospice care program or 2422  
pediatric respite care program. 2423

(F) "Physician" means a person authorized under Chapter 2424  
4731. of the Revised Code to practice medicine and surgery or 2425  
osteopathic medicine and surgery. 2426

(G) "Attending physician" means the physician identified 2427  
by the hospice patient, pediatric respite care patient, hospice 2428

patient's family, or pediatric respite care patient's family as 2429  
having primary responsibility for the medical care of the 2430  
hospice patient or pediatric respite care patient. 2431

(H) "Registered nurse" means a person registered under 2432  
Chapter 4723. of the Revised Code to practice professional 2433  
nursing. 2434

(I) "Social worker" means a person licensed under Chapter 2435  
4757. of the Revised Code to practice as a social worker or 2436  
independent social worker. 2437

(J) "Pediatric respite care program" means a program 2438  
operated by a person or public agency that provides inpatient 2439  
respite care and related services, including all of the 2440  
following services, only to pediatric respite care patients and, 2441  
as indicated below, pediatric respite care patients' families, 2442  
in order to meet the physical, psychological, social, spiritual, 2443  
and other special needs that are experienced during or leading 2444  
up to the final stages of illness, dying, and bereavement: 2445

(1) Short-term inpatient care, including both palliative 2446  
and respite care and procedures; 2447

(2) Nursing care by or under the supervision of a 2448  
registered nurse; 2449

(3) Physician's services; 2450

(4) Medical social services by a social worker under the 2451  
direction of a physician; 2452

(5) Medical supplies, including drugs and biologicals, and 2453  
the use of medical appliances; 2454

(6) Counseling for pediatric respite care patients and 2455  
pediatric respite care patients' families; 2456

(7) Bereavement services for respite care patients' families. 2457  
2458

"Pediatric respite care program" does not include a hospice care program or palliative care facility. 2459  
2460

(K) "Pediatric respite care patient" means a patient, other than a hospice patient or palliative care patient, who is less than twenty-seven years of age and to whom all of the following conditions apply: 2461  
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(1) The patient has been diagnosed with a disease or condition that is life-threatening and is expected to shorten the life expectancy that would have applied to the patient absent the patient's diagnosis, regardless of whether the patient is terminally ill. 2465  
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(2) The diagnosis described in division (K) (1) of this section occurred while the patient was less than eighteen years of age. 2470  
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(3) The patient has voluntarily requested and is receiving care from a person or public agency licensed under this chapter to provide a pediatric respite care program. 2473  
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(L) "Pediatric respite care patient's family" means a pediatric respite care patient's family members, including a spouse, brother, sister, child, or parent, and any other relative or individual who has significant personal ties to the patient and who is designated as a member of the patient's family by mutual agreement of the patient, the relative or individual, and the patient's interdisciplinary team. 2476  
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(M) "Palliative care facility" means a facility operated by a person or public agency that provides inpatient palliative care on a continuous basis, twenty-four hours a day and seven 2483  
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<u>days a week, the medical components of which are under the</u>	2486
<u>direction of a physician;</u>	2487
<u>(N) "Palliative care patient" means a patient who has</u>	2488
<u>voluntarily requested and is receiving care from a person or</u>	2489
<u>public agency licensed under this chapter to operate a</u>	2490
<u>palliative care facility.</u>	2491
<u>Sec. 3712.032. (A) In accordance with Chapter 119. of the</u>	2492
<u>Revised Code, the director of health shall adopt rules that do</u>	2493
<u>all of the following:</u>	2494
<u>(1) Subject to division (B)(1) of this section, provide</u>	2495
<u>for the licensing of persons or public agencies operating</u>	2496
<u>palliative care facilities within this state by the department</u>	2497
<u>of health and for the suspension and revocation of licenses;</u>	2498
<u>(2) Establish a license fee and license renewal fee for</u>	2499
<u>palliative care facilities, neither of which shall, except as</u>	2500
<u>provided in division (C) of this section, exceed six hundred</u>	2501
<u>dollars. The fees shall cover the three-year period during which</u>	2502
<u>an existing license is valid as provided in division (B) of</u>	2503
<u>section 3712.042 of the Revised Code.</u>	2504
<u>(3) Establish an inspection fee not to exceed, except as</u>	2505
<u>provided in division (C) of this section, one thousand seven</u>	2506
<u>hundred fifty dollars;</u>	2507
<u>(4) Subject to division (B)(2) of this section, establish</u>	2508
<u>requirements for palliative care facilities and services;</u>	2509
<u>(5) Provide for the granting of licenses to operate</u>	2510
<u>palliative care facilities to persons and public agencies that</u>	2511
<u>are accredited or certified to operate such facilities by an</u>	2512
<u>entity whose standards for accreditation or certification equal</u>	2513
<u>or exceed those provided for licensure under this chapter and</u>	2514

<u>rules adopted under it;</u>	2515
<u>(6) Establish guidelines for quality assessment and performance improvement programs administered by palliative care facilities;</u>	2516
	2517
	2518
<u>(7) Establish interpretive guidelines for each rule adopted under divisions (A) (1) to (6) of this section.</u>	2519
	2520
<u>(B) (1) The rules adopted under division (A) (1) of this section shall require a palliative care facility to be inspected as a condition of initial licensure and not less than every three years thereafter while the license is maintained.</u>	2521
	2522
	2523
	2524
<u>(2) All of the following apply to the rules adopted under division (A) (4) of this section:</u>	2525
	2526
<u>(a) The rules shall establish minimum standards governing a facility's physical layout and equipment, patient assessments, and patient care planning.</u>	2527
	2528
	2529
<u>(b) The rules shall specify the number of qualified staff, including physicians, registered nurses, social workers, and spiritual or other counselors, that must be on duty twenty-four hours a day and seven days a week. The number specified shall be based on the number of patients the facility is able to admit and patient acuity levels.</u>	2530
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<u>(c) The rules shall specify that the medical components of the provision of palliative care must be under the direction of a physician.</u>	2536
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	2538
<u>(d) The rules shall specify that a palliative care facility must provide all of the following to meet the physical, psychological, social, spiritual, and other needs of a palliative care patient:</u>	2539
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<u>(i) Nursing care by or under the supervision of a</u>	2543
<u>registered nurse;</u>	2544
<u>(ii) Medical supplies, appliances, and drugs;</u>	2545
<u>(iii) Coordinated treatment planning that includes a</u>	2546
<u>central clinical record for each patient, a plan of care for</u>	2547
<u>each patient, and a procedure that addresses participation in</u>	2548
<u>decision-making by the patient and the patient's family;</u>	2549
<u>(iv) Medical-social services by a social worker or</u>	2550
<u>independent social worker who works under a physician's</u>	2551
<u>supervision;</u>	2552
<u>(v) Psychosocial support services.</u>	2553
<u>(C) Subject to the approval of the controlling board, the</u>	2554
<u>director of health may establish fees in excess of the maximum</u>	2555
<u>amounts specified in this section, provided that the fees do not</u>	2556
<u>exceed those amounts by greater than fifty per cent.</u>	2557
<u>(D) The department of health shall:</u>	2558
<u>(1) Grant, suspend, and revoke licenses for palliative</u>	2559
<u>care facilities in accordance with this chapter and rules</u>	2560
<u>adopted under it;</u>	2561
<u>(2) Make such inspections as are necessary, including</u>	2562
<u>those required by rules adopted in accordance with division (B)</u>	2563
<u>(1) of this section, to determine whether palliative care</u>	2564
<u>facilities and services meet the requirements of this chapter</u>	2565
<u>and rules adopted under it; and</u>	2566
<u>(3) Implement and enforce provisions of this chapter and</u>	2567
<u>rules adopted under it as such provisions apply to palliative</u>	2568
<u>care facilities.</u>	2569



Sec. 3712.042. Every person or public agency that proposes 2570  
to operate a palliative care facility shall apply to the 2571  
department of health for a license. Application shall be made on 2572  
forms prescribed and provided by the department, shall include 2573  
such information as the department requires, and shall be 2574  
accompanied by the license fee established in rules adopted by 2575  
the director of health under division (A) of section 3712.032 of 2576  
the Revised Code. 2577

The department shall grant a license to the applicant if 2578  
the applicant is in compliance with this chapter and rules 2579  
adopted under it. 2580

(B) A license granted under this section shall be valid 2581  
for three years. Application for renewal of a license shall be 2582  
made at least ninety days before the expiration of the license 2583  
in the same manner as for an initial license. The department 2584  
shall renew the license if the applicant meets the requirements 2585  
of this chapter and rules adopted under it. 2586

(C) Subject to Chapter 119. of the Revised Code, the 2587  
department may suspend or revoke a license if the licensee made 2588  
any material representation in the application for the license 2589  
or no longer meets the requirements of this chapter or rules 2590  
adopted under it. 2591

Sec. 3712.052. (A) As used in this division, "person" does 2592  
not include a member of an interdisciplinary team, as defined in 2593  
section 3712.01 of the Revised Code, or any individual who is 2594  
employed by a person or public agency licensed under section 2595  
3712.042 of the Revised Code. 2596

Except as provided in division (B) of this section, no 2597  
person or public agency, other than a person or public agency 2598

licensed pursuant to section 3712.042 of the Revised Code, shall 2599  
hold itself as operating a palliative care facility or operate a 2600  
palliative care facility. 2601

(B) Division (A) of this section does not apply to any of 2602  
the following: 2603

(1) A hospital; 2604

(2) A nursing home or residential care facility, as those 2605  
terms are defined in section 3721.01 of the Revised Code; 2606

(3) A home health agency; 2607

(4) A regional, state, or national nonprofit organization 2608  
whose members are operators of palliative care facilities, 2609  
individuals interested in palliative care facilities, or both, 2610  
as long as the organization does not provide or represent that 2611  
it operates a palliative care facility; 2612

(5) A person or government entity certified under section 2613  
5123.161 of the Revised Code as a supported living provider; 2614

(6) A residential facility licensed under section 5123.19 2615  
of the Revised Code; 2616

(7) A respite care home certified under section 5126.05 of 2617  
the Revised Code; 2618

(8) A person providing respite care under a family support 2619  
services program established under section 5126.11 of the 2620  
Revised Code; 2621

(9) A person or government entity providing respite care 2622  
under a medicaid waiver component that the department of 2623  
developmental disabilities administers pursuant to section 2624  
5166.21 of the Revised Code; 2625

(10) A hospice care program licensed under section 3712.04 2626  
of the Revised Code; 2627

(11) A terminal care facility for the homeless that has 2628  
entered into an agreement under section 3712.07 of the Revised 2629  
Code; 2630

(12) A pediatric respite care program licensed under 2631  
section 3712.041 of the Revised Code. 2632

(C) The department of health shall petition the court of 2633  
common pleas of any county in which a person or public agency, 2634  
without a license granted under section 3712.042 of the Revised 2635  
Code, is holding itself out as operating a palliative care 2636  
facility, is operating a palliative care facility, or is 2637  
representing a health program or agency as a palliative care 2638  
facility, for an order enjoining that person or public agency 2639  
from conducting those activities without a license. The court 2640  
has jurisdiction to grant injunctive relief on a showing that 2641  
the respondent named in the petition is conducting those 2642  
activities without a license. 2643

Any person or public agency may request the department to 2644  
petition the court for injunctive relief under this division, 2645  
and the department shall do so if it determines that the person 2646  
or public agency named in the request is violating division (A) 2647  
of this section. 2648

**Sec. 3712.063.** Notwithstanding any provision of this 2649  
chapter specifying that a hospice care program may provide care 2650  
and services only to hospice patients, a hospice care program 2651  
licensed under section 3712.04 of the Revised Code that operates 2652  
an inpatient facility or unit in which services described in 2653  
division (A) of section 3712.01 of the Revised Code are provided 2654

may provide palliative care to any patient. 2655

**Sec. 3712.09.** (A) As used in this section: 2656

(1) "Applicant" means a person who is under final 2657  
consideration for employment with a hospice care program ~~or,~~  2658  
pediatric respite care program, or palliative care facility in a 2659  
full-time, part-time, or temporary position that involves 2660  
providing direct care to an older adult ~~or,~~  pediatric respite 2661  
care patient, or palliative care patient. "Applicant" does not 2662  
include a person who provides direct care as a volunteer without 2663  
receiving or expecting to receive any form of remuneration other 2664  
than reimbursement for actual expenses. 2665

(2) "Criminal records check" has the same meaning as in 2666  
section 109.572 of the Revised Code. 2667

(3) "Older adult" means a person age sixty or older. 2668

(B) (1) Except as provided in division (I) of this section, 2669  
the chief administrator of a hospice care program ~~or,~~  pediatric 2670  
respite care program, or palliative care facility shall request 2671  
that the superintendent of the bureau of criminal identification 2672  
and investigation conduct a criminal records check of each 2673  
applicant. If an applicant for whom a criminal records check 2674  
request is required under this division does not present proof 2675  
of having been a resident of this state for the five-year period 2676  
immediately prior to the date the criminal records check is 2677  
requested or provide evidence that within that five-year period 2678  
the superintendent has requested information about the applicant 2679  
from the federal bureau of investigation in a criminal records 2680  
check, the chief administrator shall request that the 2681  
superintendent obtain information from the federal bureau of 2682  
investigation as part of the criminal records check of the 2683

applicant. Even if an applicant for whom a criminal records 2684  
check request is required under this division presents proof of 2685  
having been a resident of this state for the five-year period, 2686  
the chief administrator may request that the superintendent 2687  
include information from the federal bureau of investigation in 2688  
the criminal records check. 2689

(2) A person required by division (B) (1) of this section 2690  
to request a criminal records check shall do both of the 2691  
following: 2692

(a) Provide to each applicant for whom a criminal records 2693  
check request is required under that division a copy of the form 2694  
prescribed pursuant to division (C) (1) of section 109.572 of the 2695  
Revised Code and a standard fingerprint impression sheet 2696  
prescribed pursuant to division (C) (2) of that section, and 2697  
obtain the completed form and impression sheet from the 2698  
applicant; 2699

(b) Forward the completed form and impression sheet to the 2700  
superintendent of the bureau of criminal identification and 2701  
investigation. 2702

(3) An applicant provided the form and fingerprint 2703  
impression sheet under division (B) (2) (a) of this section who 2704  
fails to complete the form or provide fingerprint impressions 2705  
shall not be employed in any position for which a criminal 2706  
records check is required by this section. 2707

(C) (1) Except as provided in rules adopted by the director 2708  
of health in accordance with division (F) of this section and 2709  
subject to division (C) (2) of this section, no hospice care 2710  
program ~~or~~, pediatric respite care program, or palliative care 2711  
facility shall employ a person in a position that involves 2712

providing direct care to an older adult ~~or,~~ pediatric respite 2713  
care patient, or palliative care patient if the person has been 2714  
convicted of or pleaded guilty to any of the following: 2715

(a) A violation of section 2903.01, 2903.02, 2903.03, 2716  
2903.04, 2903.11, 2903.12, 2903.13, 2903.16, 2903.21, 2903.34, 2717  
2905.01, 2905.02, 2905.11, 2905.12, 2907.02, 2907.03, 2907.05, 2718  
2907.06, 2907.07, 2907.08, 2907.09, 2907.12, 2907.25, 2907.31, 2719  
2907.32, 2907.321, 2907.322, 2907.323, 2911.01, 2911.02, 2720  
2911.11, 2911.12, 2911.13, 2913.02, 2913.03, 2913.04, 2913.11, 2721  
2913.21, 2913.31, 2913.40, 2913.43, 2913.47, 2913.51, 2919.25, 2722  
2921.36, 2923.12, 2923.13, 2923.161, 2925.02, 2925.03, 2925.11, 2723  
2925.13, 2925.22, 2925.23, or 3716.11 of the Revised Code. 2724

(b) A violation of an existing or former law of this 2725  
state, any other state, or the United States that is 2726  
substantially equivalent to any of the offenses listed in 2727  
division (C) (1) (a) of this section. 2728

(2) (a) A hospice care program ~~or,~~ pediatric respite care 2729  
program, or palliative care facility may employ conditionally an 2730  
applicant for whom a criminal records check request is required 2731  
under division (B) of this section prior to obtaining the 2732  
results of a criminal records check regarding the individual, 2733  
provided that the program or facility shall request a criminal 2734  
records check regarding the individual in accordance with 2735  
division (B) (1) of this section not later than five business 2736  
days after the individual begins conditional employment. In the 2737  
circumstances described in division (I) (2) of this section, a 2738  
hospice care program ~~or,~~ pediatric respite care program, or 2739  
palliative care facility may employ conditionally an applicant 2740  
who has been referred to the ~~hospice care program or pediatric~~ 2741  
~~respite care program~~ facility by an employment service that 2742

supplies full-time, part-time, or temporary staff for positions 2743  
involving the direct care of older adults~~or,~~ pediatric respite 2744  
care patients, or palliative care patients and for whom, 2745  
pursuant to that division, a criminal records check is not 2746  
required under division (B) of this section. 2747

(b) A hospice care program~~or,~~ pediatric respite care 2748  
program, or palliative care facility that employs an individual 2749  
conditionally under authority of division (C) (2) (a) of this 2750  
section shall terminate the individual's employment if the 2751  
results of the criminal records check requested under division 2752  
(B) of this section or described in division (I) (2) of this 2753  
section, other than the results of any request for information 2754  
from the federal bureau of investigation, are not obtained 2755  
within the period ending thirty days after the date the request 2756  
is made. Regardless of when the results of the criminal records 2757  
check are obtained, if the results indicate that the individual 2758  
has been convicted of or pleaded guilty to any of the offenses 2759  
listed or described in division (C) (1) of this section, the 2760  
program or facility shall terminate the individual's employment 2761  
unless the program or facility chooses to employ the individual 2762  
pursuant to division (F) of this section. Termination of 2763  
employment under this division shall be considered just cause 2764  
for discharge for purposes of division (D) (2) of section 4141.29 2765  
of the Revised Code if the individual makes any attempt to 2766  
deceive the program about the individual's criminal record. 2767

(D) (1) Each hospice care program~~or,~~ pediatric respite 2768  
care program, or palliative care facility shall pay to the 2769  
bureau of criminal identification and investigation the fee 2770  
prescribed pursuant to division (C) (3) of section 109.572 of the 2771  
Revised Code for each criminal records check conducted pursuant 2772  
to a request made under division (B) of this section. 2773

(2) A hospice care program ~~or,~~ pediatric respite care 2774  
program, or palliative care facility may charge an applicant a 2775  
fee not exceeding the amount the program pays under division (D) 2776  
(1) of this section. A program or facility may collect a fee 2777  
only if both of the following apply: 2778

(a) The program or facility notifies the person at the 2779  
time of initial application for employment of the amount of the 2780  
fee and that, unless the fee is paid, the person will not be 2781  
considered for employment; 2782

(b) The medicaid program does not reimburse the program or 2783  
facility the fee it pays under division (D) (1) of this section. 2784

(E) The report of a criminal records check conducted 2785  
pursuant to a request made under this section is not a public 2786  
record for the purposes of section 149.43 of the Revised Code 2787  
and shall not be made available to any person other than the 2788  
following: 2789

(1) The individual who is the subject of the criminal 2790  
records check or the individual's representative; 2791

(2) The chief administrator of the program or facility 2792  
requesting the criminal records check or the administrator's 2793  
representative; 2794

(3) The administrator of any other facility, agency, or 2795  
program that provides direct care to older adults ~~or,~~ pediatric 2796  
respite care patients, or palliative care patients that is owned 2797  
or operated by the same entity that owns or operates the hospice 2798  
care program ~~or,~~ pediatric respite care program, or palliative 2799  
care facility; 2800

(4) A court, hearing officer, or other necessary 2801  
individual involved in a case dealing with a denial of 2802



employment of the applicant or dealing with employment or 2803  
unemployment benefits of the applicant; 2804

(5) Any person to whom the report is provided pursuant to, 2805  
and in accordance with, division (I)(1) or (2) of this section. 2806

(F) The director of health shall adopt rules in accordance 2807  
with Chapter 119. of the Revised Code to implement this section. 2808  
The rules shall specify circumstances under which a hospice care 2809  
program ~~or, pediatric respite care program, or palliative care~~ 2810  
facility may employ a person who has been convicted of or 2811  
pleaded guilty to an offense listed or described in division (C) 2812  
(1) of this section but meets personal character standards set 2813  
by the director. 2814

(G) The chief administrator of a hospice care program ~~or, pediatric respite care program, or palliative care facility~~ 2815  
shall inform each individual, at the time of initial application 2816  
for a position that involves providing direct care to an older 2817  
adult ~~or, pediatric respite care patient, or palliative care~~ 2818  
patient, that the individual is required to provide a set of 2819  
fingerprint impressions and that a criminal records check is 2820  
required to be conducted if the individual comes under final 2821  
consideration for employment. 2822  
2823

(H) In a tort or other civil action for damages that is 2824  
brought as the result of an injury, death, or loss to person or 2825  
property caused by an individual who a hospice care program ~~or, pediatric respite care program, or palliative care facility~~ 2826  
employs in a position that involves providing direct care to 2827  
older adults ~~or, pediatric respite care patients, or palliative~~ 2828  
care patients, all of the following shall apply: 2829  
2830

(1) If the program or facility employed the individual in 2831

good faith and reasonable reliance on the report of a criminal 2832  
records check requested under this section, the program or 2833  
facility shall not be found negligent solely because of its 2834  
reliance on the report, even if the information in the report is 2835  
determined later to have been incomplete or inaccurate; 2836

(2) If the program or facility employed the individual in 2837  
good faith on a conditional basis pursuant to division (C) (2) of 2838  
this section, the program or facility shall not be found 2839  
negligent solely because it employed the individual prior to 2840  
receiving the report of a criminal records check requested under 2841  
this section; 2842

(3) If the program or facility in good faith employed the 2843  
individual according to the personal character standards 2844  
established in rules adopted under division (F) of this section, 2845  
the program or facility shall not be found negligent solely 2846  
because the individual prior to being employed had been 2847  
convicted of or pleaded guilty to an offense listed or described 2848  
in division (C) (1) of this section. 2849

(I) (1) The chief administrator of a hospice care program 2850  
~~or~~, pediatric respite care program, or palliative care facility 2851  
is not required to request that the superintendent of the bureau 2852  
of criminal identification and investigation conduct a criminal 2853  
records check of an applicant if the applicant has been referred 2854  
to the program by an employment service that supplies full-time, 2855  
part-time, or temporary staff for positions involving the direct 2856  
care of older adults~~or~~, pediatric respite care patients, or 2857  
palliative care patients and both of the following apply: 2858

(a) The chief administrator receives from the employment 2859  
service or the applicant a report of the results of a criminal 2860  
records check regarding the applicant that has been conducted by 2861

the superintendent within the one-year period immediately 2862  
preceding the applicant's referral; 2863

(b) The report of the criminal records check demonstrates 2864  
that the person has not been convicted of or pleaded guilty to 2865  
an offense listed or described in division (C)(1) of this 2866  
section, or the report demonstrates that the person has been 2867  
convicted of or pleaded guilty to one or more of those offenses, 2868  
but the hospice care program ~~or, pediatric respite care~~ 2869  
program, or palliative care facility chooses to employ the 2870  
individual pursuant to division (F) of this section. 2871

(2) The chief administrator of a hospice care program ~~or, pediatric respite care program, or palliative care facility~~ is 2872  
pediatric respite care program, or palliative care facility is 2873  
not required to request that the superintendent of the bureau of 2874  
criminal identification and investigation conduct a criminal 2875  
records check of an applicant and may employ the applicant 2876  
conditionally as described in this division, if the applicant 2877  
has been referred to the program or facility by an employment 2878  
service that supplies full-time, part-time, or temporary staff 2879  
for positions involving the direct care of older adults ~~or, pediatric respite care patients, or palliative care patients~~ and 2880  
pediatric respite care patients, or palliative care patients and 2881  
if the chief administrator receives from the employment service 2882  
or the applicant a letter from the employment service that is on 2883  
the letterhead of the employment service, dated, and signed by a 2884  
supervisor or another designated official of the employment 2885  
service and that states that the employment service has 2886  
requested the superintendent to conduct a criminal records check 2887  
regarding the applicant, that the requested criminal records 2888  
check will include a determination of whether the applicant has 2889  
been convicted of or pleaded guilty to any offense listed or 2890  
described in division (C)(1) of this section, that, as of the 2891  
date set forth on the letter, the employment service had not 2892

received the results of the criminal records check, and that, 2893  
when the employment service receives the results of the criminal 2894  
records check, it promptly will send a copy of the results to 2895  
the hospice care program ~~or~~, pediatric respite care program, or 2896  
palliative care facility. If a ~~hospice care program or pediatric~~ 2897  
~~respite care program~~ facility employs an applicant conditionally 2898  
in accordance with this division, the employment service, upon 2899  
its receipt of the results of the criminal records check, 2900  
promptly shall send a copy of the results to the ~~hospice care~~ 2901  
~~program or pediatric respite care program~~ facility, and division 2902  
(C) (2) (b) of this section applies regarding the conditional 2903  
employment. 2904

**Sec. 3721.01.** (A) As used in sections 3721.01 to 3721.09 2905  
and 3721.99 of the Revised Code: 2906

(1) (a) "Home" means an institution, residence, or facility 2907  
that provides, for a period of more than twenty-four hours, 2908  
whether for a consideration or not, accommodations to three or 2909  
more unrelated individuals who are dependent upon the services 2910  
of others, including a nursing home, residential care facility, 2911  
home for the aging, and a veterans' home operated under Chapter 2912  
5907. of the Revised Code. 2913

(b) "Home" also means both of the following: 2914

(i) Any facility that a person, as defined in section 2915  
3702.51 of the Revised Code, proposes for certification as a 2916  
skilled nursing facility or nursing facility under Title XVIII 2917  
or XIX of the "Social Security Act," 49 Stat. 620 (1935), 42 2918  
U.S.C.A. 301, as amended, and for which a certificate of need, 2919  
other than a certificate to recategorize hospital beds as 2920  
described in section 3702.521 of the Revised Code or division 2921  
(R) (7) (d) of the version of section 3702.51 of the Revised Code 2922

in effect immediately prior to April 20, 1995, has been granted	2923
to the person under sections 3702.51 to 3702.62 of the Revised	2924
Code after August 5, 1989;	2925
(ii) A county home or district home that is or has been	2926
licensed as a residential care facility.	2927
(c) "Home" does not mean any of the following:	2928
(i) Except as provided in division (A)(1)(b) of this	2929
section, a public hospital or hospital as defined in section	2930
3701.01 or 5122.01 of the Revised Code;	2931
(ii) A residential facility as defined in section 5119.34	2932
of the Revised Code;	2933
(iii) A residential facility as defined in section 5123.19	2934
of the Revised Code;	2935
(iv) A community addiction services provider as defined in	2936
section 5119.01 of the Revised Code;	2937
(v) A facility licensed to provide methadone treatment	2938
under section 5119.391 of the Revised Code;	2939
(vi) A facility providing services under contract with the	2940
department of developmental disabilities under section 5123.18	2941
of the Revised Code;	2942
(vii) A facility operated by a hospice care program	2943
licensed under section 3712.04 of the Revised Code that is used	2944
exclusively for care of hospice patients;	2945
(viii) A facility operated by a pediatric respite care	2946
program licensed under section 3712.041 of the Revised Code that	2947
is used exclusively for care of pediatric respite care patients;	2948
(ix) <u>A palliative care facility licensed under section</u>	2949

<u>3712.042 of the Revised Code;</u>	2950
(x) A facility, infirmary, or other entity that is	2951
operated by a religious order, provides care exclusively to	2952
members of religious orders who take vows of celibacy and live	2953
by virtue of their vows within the orders as if related, and	2954
does not participate in the medicare program or the medicaid	2955
program if on January 1, 1994, the facility, infirmary, or	2956
entity was providing care exclusively to members of the	2957
religious order;	2958
<del>(x)</del> (xi) A county home or district home that has never	2959
been licensed as a residential care facility.	2960
(2) "Unrelated individual" means one who is not related to	2961
the owner or operator of a home or to the spouse of the owner or	2962
operator as a parent, grandparent, child, grandchild, brother,	2963
sister, niece, nephew, aunt, uncle, or as the child of an aunt	2964
or uncle.	2965
(3) "Mental impairment" does not mean mental illness, as	2966
defined in section 5122.01 of the Revised Code, or developmental	2967
disability, as defined in section 5123.01 of the Revised Code.	2968
(4) "Skilled nursing care" means procedures that require	2969
technical skills and knowledge beyond those the untrained person	2970
possesses and that are commonly employed in providing for the	2971
physical, mental, and emotional needs of the ill or otherwise	2972
incapacitated. "Skilled nursing care" includes, but is not	2973
limited to, the following:	2974
(a) Irrigations, catheterizations, application of	2975
dressings, and supervision of special diets;	2976
(b) Objective observation of changes in the patient's	2977
condition as a means of analyzing and determining the nursing	2978

care required and the need for further medical diagnosis and	2979
treatment;	2980
(c) Special procedures contributing to rehabilitation;	2981
(d) Administration of medication by any method ordered by	2982
a physician, such as hypodermically, rectally, or orally,	2983
including observation of the patient after receipt of the	2984
medication;	2985
(e) Carrying out other treatments prescribed by the	2986
physician that involve a similar level of complexity and skill	2987
in administration.	2988
(5) (a) "Personal care services" means services including,	2989
but not limited to, the following:	2990
(i) Assisting residents with activities of daily living;	2991
(ii) Assisting residents with self-administration of	2992
medication, in accordance with rules adopted under section	2993
3721.04 of the Revised Code;	2994
(iii) Preparing special diets, other than complex	2995
therapeutic diets, for residents pursuant to the instructions of	2996
a physician or a licensed dietitian, in accordance with rules	2997
adopted under section 3721.04 of the Revised Code.	2998
(b) "Personal care services" does not include "skilled	2999
nursing care" as defined in division (A) (4) of this section. A	3000
facility need not provide more than one of the services listed	3001
in division (A) (5) (a) of this section to be considered to be	3002
providing personal care services.	3003
(6) "Nursing home" means a home used for the reception and	3004
care of individuals who by reason of illness or physical or	3005
mental impairment require skilled nursing care and of	3006

individuals who require personal care services but not skilled nursing care. A nursing home is licensed to provide personal care services and skilled nursing care.

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

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

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

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

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

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

(B) The director of health may further classify homes. For



the purposes of this chapter, any residence, institution, hotel, 3036  
congregate housing project, or similar facility that meets the 3037  
definition of a home under this section is such a home 3038  
regardless of how the facility holds itself out to the public. 3039

(C) For purposes of this chapter, personal care services 3040  
or skilled nursing care shall be considered to be provided by a 3041  
facility if they are provided by a person employed by or 3042  
associated with the facility or by another person pursuant to an 3043  
agreement to which neither the resident who receives the 3044  
services nor the resident's sponsor is a party. 3045

(D) Nothing in division (A) (4) of this section shall be 3046  
construed to permit skilled nursing care to be imposed on an 3047  
individual who does not require skilled nursing care. 3048

Nothing in division (A) (5) of this section shall be 3049  
construed to permit personal care services to be imposed on an 3050  
individual who is capable of performing the activity in question 3051  
without assistance. 3052

(E) Division (A) (1) (c) ~~(ix)~~ (x) of this section does not 3053  
prohibit a facility, infirmary, or other entity described in 3054  
that division from seeking licensure under sections 3721.01 to 3055  
3721.09 of the Revised Code or certification under Title XVIII 3056  
or XIX of the "Social Security Act." However, such a facility, 3057  
infirmary, or entity that applies for licensure or certification 3058  
must meet the requirements of those sections or titles and the 3059  
rules adopted under them and obtain a certificate of need from 3060  
the director of health under section 3702.52 of the Revised 3061  
Code. 3062

(F) Nothing in this chapter, or rules adopted pursuant to 3063  
it, shall be construed as authorizing the supervision, 3064

regulation, or control of the spiritual care or treatment of 3065  
residents or patients in any home who rely upon treatment by 3066  
prayer or spiritual means in accordance with the creed or tenets 3067  
of any recognized church or religious denomination. 3068

Sec. 3727.70. As used in this section and sections 3727.71 3069  
to 3727.79 of the Revised Code: 3070

(A) "Admission" means a patient's admission to a hospital 3071  
on an inpatient basis by a health care professional specified in 3072  
division (B) (1) of section 3727.06 of the Revised Code. 3073

(B) "After-care" means assistance provided by a lay 3074  
caregiver to a patient in the patient's residence after the 3075  
patient's discharge and includes only the caregiving needs of 3076  
the patient at the time of discharge. 3077

(C) "Discharge" means the discharge or release of a 3078  
patient who has been admitted to a hospital on an inpatient 3079  
basis from the hospital directly to the patient's residence. 3080  
"Discharge" does not include the transfer of a patient to 3081  
another facility or setting. 3082

(D) "Discharging health care professional" means a health 3083  
care professional who is authorized by division (B) (1) of 3084  
section 3727.06 of the Revised Code to admit a patient to a 3085  
hospital and who has assumed responsibility for directing the 3086  
creation of the patient's discharge plan under section 3727.75 3087  
of the Revised Code. 3088

(E) "Guardian" has the same meaning as in section 2133.01 3089  
of the Revised Code. 3090

(F) "Lay caregiver" means an adult designated under 3091  
section 3727.71 of the Revised Code to provide after-care to a 3092  
patient. 3093

(G) "Lay caregiver designation" means the designation of a lay caregiver for a patient as described in section 3727.71 of the Revised Code. 3094  
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(H) (1) "Patient's residence" means either of the following: 3097  
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(a) The dwelling that a patient or the patient's guardian considers to be the patient's home; 3099  
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(b) The dwelling of a relative or other individual who has agreed to temporarily house the patient following discharge and who has communicated this fact to hospital staff. 3101  
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(2) "Patient's residence" does not include any of the following: 3104  
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(a) A hospital; 3106

(b) A nursing home, residential care facility, county home, or district home, as defined in section 3721.01 of the Revised Code; 3107  
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(c) A veterans' home operated under Chapter 5907. of the Revised Code; 3110  
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(d) A residential facility, as defined in section 5119.34 of the Revised Code; 3112  
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(e) A residential facility, as defined in section 5123.19 of the Revised Code; 3114  
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(f) A hospice care program, as defined in section 3712.01 of the Revised Code; 3116  
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(g) A freestanding inpatient rehabilitation facility licensed under section 3702.30 of the Revised Code; 3118  
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(h) Another facility similar to one specified in this 3120

division. 3121

**Sec. 3727.71.** (A) In the case of a patient who is at least 3122  
fifty-five years of age and not unconscious or otherwise 3123  
incapacitated at the time of admission, a hospital shall offer 3124  
the patient or the patient's guardian an opportunity to 3125  
designate a lay caregiver for the patient. The offer shall be 3126  
made after the patient's admission and before the patient's 3127  
discharge. 3128

(B) In the case of a patient who is at least fifty-five 3129  
years of age and unconscious or otherwise incapacitated at the 3130  
time of admission, a hospital shall offer the patient or the 3131  
patient's guardian an opportunity to designate a lay caregiver 3132  
for the patient. The offer shall be made after the patient 3133  
regains consciousness or capacity and before the patient's 3134  
discharge. 3135

**Sec. 3727.72.** (A) If a patient or guardian makes a lay 3136  
caregiver designation, the hospital shall do both of the 3137  
following: 3138

(1) To the extent the information is available, record in 3139  
the patient's medical record the lay caregiver's name, address, 3140  
telephone number, electronic mail address, and relationship to 3141  
the patient; 3142

(2) Request from the patient or guardian consent to 3143  
disclose the patient's medical information to the lay caregiver 3144  
in accordance with hospital policy and state and federal law. 3145

(B) If a patient or guardian declines to make a lay 3146  
caregiver designation, the hospital shall note that decision in 3147  
the patient's medical record and have no other obligation under 3148  
sections 3727.71 to 3727.79 of the Revised Code. 3149

Sec. 3727.73. A patient or guardian may revoke a lay caregiver designation at any time before the patient's discharge by communicating that intent to hospital staff. After revocation, a new lay caregiver designation may be completed in accordance with section 3727.71 of the Revised Code. 3150  
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Sec. 3727.74. (A) Except as provided in division (B) of this section, a hospital that intends to discharge a patient, or transfer a patient to another hospital or facility, shall notify the patient's lay caregiver of that intent as soon as practicable. 3155  
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(B) Division (A) of this section does not apply if the patient or guardian has not given the consent described in division (A) (2) of section 3727.72 of the Revised Code. 3160  
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Sec. 3727.75. (A) A hospital that intends to discharge a patient shall, as soon as practicable, create a discharge plan in accordance with state and federal law and hospital policy and review that plan with the patient or the patient's guardian. If a lay caregiver designation has been made, the discharging health care professional has determined that the lay caregiver's participation in the review would be appropriate, and the lay caregiver is available within a reasonable amount of time, the hospital shall arrange for the lay caregiver to also participate in the review. The review shall be conducted in accordance with section 3727.76 of the Revised Code. 3163  
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(B) (1) A discharge plan may include the following information: 3174  
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(a) A description of the tasks that are necessary to facilitate the patient's transition from the hospital to the patient's residence; 3176  
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(b) Contact information for the health care providers or providers of community or long-term care services that the hospital and the patient or guardian believe are necessary for successful implementation of the discharge plan. 3179  
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(2) If a lay caregiver designation has been made and the discharging health care professional has determined that the lay caregiver is to have a role in the discharge plan, the discharge plan may include any of the following: 3183  
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(a) The lay caregiver's name, address, telephone number, electronic mail address, and relationship to the patient, if available; 3187  
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(b) A description of all after-care tasks to be performed by the lay caregiver, taking into account the lay caregiver's capability to perform such tasks; 3190  
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(c) Any other information the hospital believes is necessary for successful implementation of the discharge plan. 3193  
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(C) A discharging health care professional shall not be subject to criminal prosecution or professional disciplinary action, or be liable in a tort action or other civil action, for an event or occurrence that allegedly arises out of the health care professional's determination that a patient's lay caregiver should or should not participate in the review of the patient's discharge plan. 3195  
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**Sec. 3727.76.** (A) The review of a discharge plan that has been created under section 3727.75 of the Revised Code shall be conducted in a manner that is culturally sensitive to each individual who participates in the review. In accordance with state and federal law and if appropriate, the hospital shall arrange for an interpreter to be present during the instruction. 3202  
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(B) (1) The review described in division (A) of this 3208  
section shall, subject to division (B) (2) of this section, 3209  
include the following components: 3210

(a) If the discharging health care professional determines 3211  
that it is appropriate, a live demonstration of each task 3212  
described in the discharge plan performed by a hospital employee 3213  
or an individual under contract with the hospital to provide the 3214  
instruction; 3215

(b) An opportunity for each participant to ask questions 3216  
and receive responses; 3217

(c) Any other component the hospital believes is necessary 3218  
to ensure that each participant receives adequate instruction on 3219  
the tasks described in the discharge plan. 3220

(2) It is the intent of the general assembly that 3221  
execution of the components in division (B) (1) of this section 3222  
not unreasonably delay a patient's discharge. 3223

(C) The hospital shall document information concerning the 3224  
instruction provided under this section in the patient's medical 3225  
record. The information shall include the date and time the 3226  
instruction was provided and a description of the instruction 3227  
content. 3228

**Sec. 3727.77.** (A) Sections 3727.70 to 3727.76 of the 3229  
Revised Code do not require a patient or guardian to make a lay 3230  
caregiver designation. 3231

(B) A lay caregiver designation does not obligate any 3232  
individual to perform after-care. 3233

(C) A lay caregiver designation or the absence of one 3234  
shall not interfere with, delay, or otherwise affect the 3235

provision of health care to the patient. 3236

Sec. 3727.78. It is the intent of the general assembly 3237  
that sections 3727.70 to 3727.77 of the Revised Code not be 3238  
construed to do any of the following: 3239

(A) Interfere with the authority of a patient's attorney- 3240  
in-fact under sections 1337.11 to 1337.17 of the Revised Code or 3241  
a patient's proxy under sections 2135.01 to 2135.14 of the 3242  
Revised Code; 3243

(B) Create a right of action against a hospital or an 3244  
employee, agent, or contractor of the hospital; 3245

(C) Create a liability for a hospital or an employee, 3246  
agent, or contractor of the hospital; 3247

(D) Limit, impair, or supersede any right or remedy that a 3248  
person has under any other statute, rule, regulation, or the 3249  
common law of this state; 3250

(E) Alter the obligations of an insurer under a health 3251  
insurance policy, contract, or plan. 3252

Sec. 3727.79. The department of health may adopt rules 3253  
pursuant to Chapter 119. of the Revised Code as necessary to 3254  
implement sections 3727.70 to 3727.78 of the Revised Code. 3255

Sec. 3795.01. As used in sections 3795.01, 3795.02, and 3256  
3795.03 of the Revised Code: 3257

(A) "Assist suicide" or "assisting suicide" means 3258  
knowingly doing either of the following, with the purpose of 3259  
helping another person to commit or attempt suicide: 3260

(1) Providing the physical means by which the person 3261  
commits or attempts to commit suicide; 3262



(2) Participating in a physical act by which the person commits or attempts to commit suicide.	3263 3264
(B) "Certified nurse practitioner," "certified nurse-midwife," and "clinical nurse specialist" have the same meanings as in section 4723.01 of the Revised Code.	3265 3266 3267
(C) "CPR" has the same meaning as in section 2133.21 of the Revised Code.	3268 3269
(D) "Health care" means any care, treatment, service, or procedure to maintain, diagnose, or treat a person's physical or mental condition.	3270 3271 3272
(E) "Health care decision" means informed consent, refusal to give informed consent, or withdrawal of informed consent to health care.	3273 3274 3275
(F) "Health care facility" means any of the following:	3276
(1) A hospital;	3277
(2) A hospice care program, <u>palliative care facility</u> , or pediatric respite care program as defined in section 3712.01 of the Revised Code;	3278 3279 3280
(3) A nursing home;	3281
(4) A home health agency;	3282
(5) An intermediate care facility for individuals with intellectual disabilities.	3283 3284
(G) "Health care personnel" means physicians, nurses, physician assistants, emergency medical technicians-basic, emergency medical technicians-intermediate, emergency medical technicians-paramedic, medical technicians, dietitians, other authorized persons acting under the direction of an attending	3285 3286 3287 3288 3289

physician, and administrators of health care facilities. 3290

(H) "Physician" means a person who is authorized under 3291  
Chapter 4731. of the Revised Code to practice medicine and 3292  
surgery or osteopathic medicine and surgery. 3293

**Sec. 3795.03.** Nothing in section 3795.01 ~~or,~~ 3795.02, or 3294  
3795.04 of the Revised Code shall do any of the following: 3295

(A) Prohibit or preclude a physician, certified nurse 3296  
practitioner, certified nurse-midwife, or clinical nurse 3297  
specialist who carries out the responsibility to provide comfort 3298  
care to a patient in good faith and while acting within the 3299  
scope of the physician's or nurse's authority from prescribing, 3300  
dispensing, administering, or causing to be administered any 3301  
particular medical procedure, treatment, intervention, or other 3302  
measure to the patient, including, but not limited to, 3303  
prescribing, personally furnishing, administering, or causing to 3304  
be administered by judicious titration or in another manner any 3305  
form of medication, for the purpose of diminishing the patient's 3306  
pain or discomfort and not for the purpose of postponing or 3307  
causing the patient's death, even though the medical procedure, 3308  
treatment, intervention, or other measure may appear to hasten 3309  
or increase the risk of the patient's death; 3310

(B) Prohibit or preclude health care personnel acting 3311  
under the direction of a person authorized to prescribe a 3312  
patient's treatment and who carry out the responsibility to 3313  
provide comfort care to the patient in good faith and while 3314  
acting within the scope of their authority from dispensing, 3315  
administering, or causing to be administered any particular 3316  
medical procedure, treatment, intervention, or other measure to 3317  
the patient, including, but not limited to, personally 3318  
furnishing, administering, or causing to be administered by 3319

judicious titration or in another manner any form of medication, 3320  
for the purpose of diminishing the patient's pain or discomfort 3321  
and not for the purpose of postponing or causing the patient's 3322  
death, even though the medical procedure, treatment, 3323  
intervention, or other measure may appear to hasten or increase 3324  
the risk of the patient's death; 3325

(C) Prohibit or affect the use or continuation, or the 3326  
withholding or withdrawal, of life-sustaining treatment, CPR, or 3327  
comfort care under Chapter 2133. of the Revised Code; 3328

(D) Prohibit or affect the provision or withholding of 3329  
health care, life-sustaining treatment, or comfort care to a 3330  
principal under a durable power of attorney for health care or 3331  
any other health care decision made by an attorney in fact under 3332  
sections 1337.11 to 1337.17 of the Revised Code; 3333

(E) Affect or limit the authority of a physician, a health 3334  
care facility, a person employed by or under contract with a 3335  
health care facility, or emergency service personnel to provide 3336  
or withhold health care to a person in accordance with 3337  
reasonable medical standards applicable in an emergency 3338  
situation; 3339

(F) Affect or limit the authority of a person to refuse to 3340  
give informed consent to health care, including through the 3341  
execution of a durable power of attorney for health care under 3342  
sections 1337.11 to 1337.17 of the Revised Code, the execution 3343  
of a declaration under sections 2133.01 to 2133.15 of the 3344  
Revised Code, or authorizing the withholding or withdrawal of 3345  
CPR under sections 2133.21 to 2133.26 of the Revised Code. 3346

Sec. 3795.04. (A) Except as provided in section 3795.03 of 3347  
the Revised Code, no person shall knowingly cause another person 3348

to commit or attempt to commit suicide by doing either of the 3349  
following: 3350

(1) Providing the physical means by which the other person 3351  
commits or attempts to commit suicide; 3352

(2) Participating in a physical act by which the other 3353  
person commits or attempts to commit suicide. 3354

(B) Whoever violates division (A) of this section is 3355  
guilty of assisting suicide, a felony of the third degree. 3356

**Sec. 3923.84.** (A) Notwithstanding section 3901.71 of the 3357  
Revised Code, each individual and group sickness and accident 3358  
insurance policy that is delivered, issued for delivery, or 3359  
renewed in this state shall provide coverage for the screening, 3360  
diagnosis, and treatment of autism spectrum disorder. A sickness 3361  
and accident insurer shall not terminate an individual's 3362  
coverage, or refuse to deliver, execute, issue, amend, adjust, 3363  
or renew coverage to an individual solely because the individual 3364  
is diagnosed with or has received treatment for an autism 3365  
spectrum disorder. Nothing in this section shall be applied to 3366  
nongrandfathered plans in the individual and small group markets 3367  
or to medicare supplement, accident-only, specified disease, 3368  
hospital indemnity, disability income, long-term care, or other 3369  
limited benefit hospital insurance policies. Except as otherwise 3370  
provided in division (B) of this section, coverage under this 3371  
section shall not be subject to dollar limits, deductibles, or 3372  
coinsurance provisions that are less favorable to an insured 3373  
than the dollar limits, deductibles, or coinsurance provisions 3374  
that apply to substantially all medical and surgical benefits 3375  
under the policy. 3376

(B) Benefits provided under this section shall cover, at 3377

<u>minimum, all of the following:</u>	3378
<u>(1) For speech and language therapy or occupational</u>	3379
<u>therapy for an insured under the age of fourteen that is</u>	3380
<u>performed by a licensed therapist, twenty visits per year for</u>	3381
<u>each service;</u>	3382
<u>(2) For clinical therapeutic intervention for an insured</u>	3383
<u>under the age of fourteen that is provided by or under the</u>	3384
<u>supervision of a professional who is licensed, certified, or</u>	3385
<u>registered by an appropriate agency of this state to perform</u>	3386
<u>such services in accordance with a health treatment plan, twenty</u>	3387
<u>hours per week;</u>	3388
<u>(3) For mental or behavioral health outpatient services</u>	3389
<u>for an insured under the age of fourteen that are performed by a</u>	3390
<u>licensed psychologist, psychiatrist, or physician providing</u>	3391
<u>consultation, assessment, development, or oversight of treatment</u>	3392
<u>plans, thirty visits per year.</u>	3393
<u>(C) (1) Except as provided in division (C) (2) of this</u>	3394
<u>section, this section shall not be construed as limiting</u>	3395
<u>benefits that are otherwise available to an insured under a</u>	3396
<u>policy.</u>	3397
<u>(2) A policy of sickness and accident insurance shall</u>	3398
<u>stipulate that coverage provided under this section be</u>	3399
<u>contingent upon both of the following:</u>	3400
<u>(a) The covered individual receiving prior authorization</u>	3401
<u>for the services in question;</u>	3402
<u>(b) The services in question being prescribed or ordered</u>	3403
<u>by either a developmental pediatrician or a psychologist trained</u>	3404
<u>in autism.</u>	3405

(D) (1) Except for inpatient services, if an insured is receiving treatment for an autism spectrum disorder, a sickness and accident insurer may review the treatment plan annually, unless the insurer and the insured's treating physician or psychologist agree that a more frequent review is necessary. 3406  
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(2) Any such agreement as described in division (D) (1) of this section shall apply only to a particular insured being treated for an autism spectrum disorder and shall not apply to all individuals being treated for autism spectrum disorder by a physician or psychologist. 3411  
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(3) The insurer shall cover the cost of obtaining any review or treatment plan. 3416  
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(E) This section shall not be construed as affecting any obligation to provide services to an insured under an individualized family service plan, an individualized education program, or an individualized service plan. 3418  
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(F) As used in this section: 3422

(1) "Applied behavior analysis" means the design implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. 3423  
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(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. 3429  
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(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: 3435  
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(a) Are necessary to develop, maintain, or restore, to the maximum extent practicable, the function of an individual; 3439  
3440

(b) Are provided by or under the supervision of any of the following: 3441  
3442

(i) A certified Ohio behavior analyst as defined in section 4783.01 of the Revised Code; 3443  
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(ii) An individual licensed under Chapter 4732. of the Revised Code to practice psychology; 3445  
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(iii) An individual licensed under Chapter 4757. of the Revised Code to practice professional counseling, social work, or marriage and family therapy. 3447  
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(4) "Diagnosis of autism spectrum disorder" means medically necessary assessment, evaluations, or tests to diagnose whether an individual has an autism spectrum disorder. 3450  
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(5) "Pharmacy care" means medications prescribed by a licensed physician and any health-related services considered medically necessary to determine the need or effectiveness of the medications. 3453  
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(6) "Psychiatric care" means direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices. 3457  
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(7) "Psychological care" means direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices. 3460  
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(8) "Therapeutic care" means services provided by a speech therapist, occupational therapist, or physical therapist licensed or certified in the state in which the person practices. 3463  
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(9) "Treatment for autism spectrum disorder" means evidence-based care and related equipment prescribed or ordered for an individual diagnosed with an autism spectrum disorder by a licensed physician who is a developmental pediatrician or a licensed psychologist trained in autism who determines the care to be medically necessary, including any of the following: 3467  
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(a) Clinical therapeutic intervention; 3473

(b) Pharmacy care; 3474

(c) Psychiatric care; 3475

(d) Psychological care; 3476

(e) Therapeutic care. 3477

(G) If any provision of this section or the application thereof to any person or circumstances is for any reason held to be invalid, the remainder of the section and the application of such remainder to other persons or circumstances shall not be affected thereby. 3478  
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**Sec. 3963.01.** As used in this chapter: 3483

(A) "Affiliate" means any person or entity that has ownership or control of a contracting entity, is owned or controlled by a contracting entity, or is under common ownership or control with a contracting entity. 3484  
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(B) "Basic health care services" has the same meaning as in division (A) of section 1751.01 of the Revised Code, except 3488  
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that it does not include any services listed in that division 3490  
that are provided by a pharmacist or nursing home. 3491

(C) "Contracting entity" means any person that has a 3492  
primary business purpose of contracting with participating 3493  
providers for the delivery of health care services. 3494

(D) "Credentialing" means the process of assessing and 3495  
validating the qualifications of a provider applying to be 3496  
approved by a contracting entity to provide basic health care 3497  
services, specialty health care services, or supplemental health 3498  
care services to enrollees. 3499

(E) "Edit" means adjusting one or more procedure codes 3500  
billed by a participating provider on a claim for payment or a 3501  
practice that results in any of the following: 3502

(1) Payment for some, but not all of the procedure codes 3503  
originally billed by a participating provider; 3504

(2) Payment for a different procedure code than the 3505  
procedure code originally billed by a participating provider; 3506

(3) A reduced payment as a result of services provided to 3507  
an enrollee that are claimed under more than one procedure code 3508  
on the same service date. 3509

(F) "Electronic claims transport" means to accept and 3510  
digitize claims or to accept claims already digitized, to place 3511  
those claims into a format that complies with the electronic 3512  
transaction standards issued by the United States department of 3513  
health and human services pursuant to the "Health Insurance 3514  
Portability and Accountability Act of 1996," 110 Stat. 1955, 42 3515  
U.S.C. 1320d, et seq., as those electronic standards are 3516  
applicable to the parties and as those electronic standards are 3517  
updated from time to time, and to electronically transmit those 3518

claims to the appropriate contracting entity, payer, or third-party administrator. 3519  
3520

(G) "Enrollee" means any person eligible for health care 3521  
benefits under a health benefit plan, including an eligible 3522  
recipient of medicaid, and includes all of the following terms: 3523

(1) "Enrollee" and "subscriber" as defined by section 3524  
1751.01 of the Revised Code; 3525

(2) "Member" as defined by section 1739.01 of the Revised 3526  
Code; 3527

(3) "Insured" and "plan member" pursuant to Chapter 3923. 3528  
of the Revised Code; 3529

(4) "Beneficiary" as defined by section 3901.38 of the 3530  
Revised Code. 3531

(H) "Health care contract" means a contract entered into, 3532  
materially amended, or renewed between a contracting entity and 3533  
a participating provider for the delivery of basic health care 3534  
services, specialty health care services, or supplemental health 3535  
care services to enrollees. 3536

(I) "Health care services" means basic health care 3537  
services, specialty health care services, and supplemental 3538  
health care services. 3539

(J) "Material amendment" means an amendment to a health 3540  
care contract that decreases the participating provider's 3541  
payment or compensation, changes the administrative procedures 3542  
in a way that may reasonably be expected to significantly 3543  
increase the provider's administrative expenses, or adds a new 3544  
product. A material amendment does not include any of the 3545  
following: 3546

(1) A decrease in payment or compensation resulting solely 3547  
from a change in a published fee schedule upon which the payment 3548  
or compensation is based and the date of applicability is 3549  
clearly identified in the contract; 3550

(2) A decrease in payment or compensation that was 3551  
anticipated under the terms of the contract, if the amount and 3552  
date of applicability of the decrease is clearly identified in 3553  
the contract; 3554

(3) An administrative change that may significantly 3555  
increase the provider's administrative expense, the specific 3556  
applicability of which is clearly identified in the contract; 3557

(4) Changes to an existing prior authorization, 3558  
precertification, notification, or referral program that do not 3559  
substantially increase the provider's administrative expense; 3560

(5) Changes to an edit program or to specific edits if the 3561  
participating provider is provided notice of the changes 3562  
pursuant to division (A) (1) of section 3963.04 of the Revised 3563  
Code and the notice includes information sufficient for the 3564  
provider to determine the effect of the change; 3565

(6) Changes to a health care contract described in 3566  
division (B) of section 3963.04 of the Revised Code. 3567

(K) "Participating provider" means a provider that has a 3568  
health care contract with a contracting entity and is entitled 3569  
to reimbursement for health care services rendered to an 3570  
enrollee under the health care contract. 3571

(L) "Payer" means any person that assumes the financial 3572  
risk for the payment of claims under a health care contract or 3573  
the reimbursement for health care services provided to enrollees 3574  
by participating providers pursuant to a health care contract. 3575

(M) "Primary enrollee" means a person who is responsible 3576  
for making payments for participation in a health care plan or 3577  
an enrollee whose employment or other status is the basis of 3578  
eligibility for enrollment in a health care plan. 3579

(N) "Procedure codes" includes the American medical 3580  
association's current procedural terminology code, the American 3581  
dental association's current dental terminology, and the centers 3582  
for medicare and medicaid services health care common procedure 3583  
coding system. 3584

(O) "Product" means one of the following types of 3585  
categories of coverage for which a participating provider may be 3586  
obligated to provide health care services pursuant to a health 3587  
care contract: 3588

(1) A health maintenance organization or other product 3589  
provided by a health insuring corporation; 3590

(2) A preferred provider organization; 3591

(3) Medicare; 3592

(4) Medicaid; 3593

(5) Workers' compensation. 3594

(P) "Provider" means a physician, podiatrist, dentist, 3595  
chiropractor, optometrist, psychologist, physician assistant, 3596  
advanced practice registered nurse, occupational therapist, 3597  
massage therapist, physical therapist, licensed professional 3598  
counselor, licensed professional clinical counselor, hearing aid 3599  
dealer, orthotist, prosthetist, home health agency, hospice care 3600  
program, pediatric respite care program, palliative care 3601  
facility, or hospital, or a provider organization or physician- 3602  
hospital organization that is acting exclusively as an 3603

administrator on behalf of a provider to facilitate the 3604  
provider's participation in health care contracts. "Provider" 3605  
does not mean a pharmacist, pharmacy, nursing home, or a 3606  
provider organization or physician-hospital organization that 3607  
leases the provider organization's or physician-hospital 3608  
organization's network to a third party or contracts directly 3609  
with employers or health and welfare funds. 3610

(Q) "Specialty health care services" has the same meaning 3611  
as in section 1751.01 of the Revised Code, except that it does 3612  
not include any services listed in division (B) of section 3613  
1751.01 of the Revised Code that are provided by a pharmacist or 3614  
a nursing home. 3615

(R) "Supplemental health care services" has the same 3616  
meaning as in division (B) of section 1751.01 of the Revised 3617  
Code, except that it does not include any services listed in 3618  
that division that are provided by a pharmacist or nursing home. 3619

**Sec. 4719.01.** (A) As used in sections 4719.01 to 4719.18 3620  
of the Revised Code: 3621

(1) "Affiliate" means a business entity that is owned by, 3622  
operated by, controlled by, or under common control with another 3623  
business entity. 3624

(2) "Communication" means a written or oral notification 3625  
or advertisement that meets both of the following criteria, as 3626  
applicable: 3627

(a) The notification or advertisement is transmitted by or 3628  
on behalf of the seller of goods or services and by or through 3629  
any printed, audio, video, cinematic, telephonic, or electronic 3630  
means. 3631

(b) In the case of a notification or advertisement other 3632

than by telephone, either of the following conditions is met: 3633

(i) The notification or advertisement is followed by a 3634  
telephone call from a telephone solicitor or salesperson. 3635

(ii) The notification or advertisement invites a response 3636  
by telephone, and, during the course of that response, a 3637  
telephone solicitor or salesperson attempts to make or makes a 3638  
sale of goods or services. As used in division (A) (2) (b) (ii) of 3639  
this section, "invites a response by telephone" excludes the 3640  
mere listing or inclusion of a telephone number in a 3641  
notification or advertisement. 3642

(3) "Gift, award, or prize" means anything of value that 3643  
is offered or purportedly offered, or given or purportedly given 3644  
by chance, at no cost to the receiver and with no obligation to 3645  
purchase goods or services. As used in this division, "chance" 3646  
includes a situation in which a person is guaranteed to receive 3647  
an item and, at the time of the offer or purported offer, the 3648  
telephone solicitor does not identify the specific item that the 3649  
person will receive. 3650

(4) "Goods or services" means any real property or any 3651  
tangible or intangible personal property, or services of any 3652  
kind provided or offered to a person. "Goods or services" 3653  
includes, but is not limited to, advertising; labor performed 3654  
for the benefit of a person; personal property intended to be 3655  
attached to or installed in any real property, regardless of 3656  
whether it is so attached or installed; timeshare estates or 3657  
licenses; and extended service contracts. 3658

(5) "Purchaser" means a person that is solicited to become 3659  
or does become financially obligated as a result of a telephone 3660  
solicitation. 3661

(6) "Salesperson" means an individual who is employed, 3662  
appointed, or authorized by a telephone solicitor to make 3663  
telephone solicitations but does not mean any of the following: 3664

(a) An individual who comes within one of the exemptions 3665  
in division (B) of this section; 3666

(b) An individual employed, appointed, or authorized by a 3667  
person who comes within one of the exemptions in division (B) of 3668  
this section; 3669

(c) An individual under a written contract with a person 3670  
who comes within one of the exemptions in division (B) of this 3671  
section, if liability for all transactions with purchasers is 3672  
assumed by the person so exempted. 3673

(7) "Telephone solicitation" means a communication to a 3674  
person that meets both of the following criteria: 3675

(a) The communication is initiated by or on behalf of a 3676  
telephone solicitor or by a salesperson. 3677

(b) The communication either represents a price or the 3678  
quality or availability of goods or services or is used to 3679  
induce the person to purchase goods or services, including, but 3680  
not limited to, inducement through the offering of a gift, 3681  
award, or prize. 3682

(8) "Telephone solicitor" means a person that engages in 3683  
telephone solicitation directly or through one or more 3684  
salespersons either from a location in this state, or from a 3685  
location outside this state to persons in this state. "Telephone 3686  
solicitor" includes, but is not limited to, any such person that 3687  
is an owner, operator, officer, or director of, partner in, or 3688  
other individual engaged in the management activities of, a 3689  
business. 3690

(B) A telephone solicitor is exempt from the provisions of 3691  
sections 4719.02 to 4719.18 and section 4719.99 of the Revised 3692  
Code if the telephone solicitor is any one of the following: 3693

(1) A person engaging in a telephone solicitation that is 3694  
a one-time or infrequent transaction not done in the course of a 3695  
pattern of repeated transactions of a like nature; 3696

(2) A person engaged in telephone solicitation solely for 3697  
religious or political purposes; a charitable organization, 3698  
fund-raising counsel, or professional solicitor in compliance 3699  
with the registration and reporting requirements of Chapter 3700  
1716. of the Revised Code; or any person or other entity exempt 3701  
under section 1716.03 of the Revised Code from filing a 3702  
registration statement under section 1716.02 of the Revised 3703  
Code; 3704

(3) A person, making a telephone solicitation involving a 3705  
home solicitation sale as defined in section 1345.21 of the 3706  
Revised Code, that makes the sales presentation and completes 3707  
the sale at a later, face-to-face meeting between the seller and 3708  
the purchaser rather than during the telephone solicitation. 3709  
However, if the person, following the telephone solicitation, 3710  
causes another person to collect the payment of any money, this 3711  
exemption does not apply. 3712

(4) A licensed securities, commodities, or investment 3713  
broker, dealer, investment advisor, or associated person when 3714  
making a telephone solicitation within the scope of the person's 3715  
license. As used in division (B)(4) of this section, "licensed 3716  
securities, commodities, or investment broker, dealer, 3717  
investment advisor, or associated person" means a person subject 3718  
to licensure or registration as such by the securities and 3719  
exchange commission; the National Association of Securities 3720



Dealers or other self-regulatory organization, as defined by 15 3721  
U.S.C.A. 78c; by the division of securities under Chapter 1707. 3722  
of the Revised Code; or by an official or agency of any other 3723  
state of the United States. 3724

(5) (a) A person primarily engaged in soliciting the sale 3725  
of a newspaper of general circulation; 3726

(b) As used in division (B) (5) (a) of this section, 3727  
"newspaper of general circulation" includes, but is not limited 3728  
to, both of the following: 3729

(i) A newspaper that is a daily law journal designated as 3730  
an official publisher of court calendars pursuant to section 3731  
2701.09 of the Revised Code; 3732

(ii) A newspaper or publication that has at least twenty- 3733  
five per cent editorial, non-advertising content, exclusive of 3734  
inserts, measured relative to total publication space, and an 3735  
audited circulation to at least fifty per cent of the households 3736  
in the newspaper's retail trade zone as defined by the audit. 3737

(6) (a) An issuer, or its subsidiary, that has a class of 3738  
securities to which all of the following apply: 3739

(i) The class of securities is subject to section 12 of 3740  
the "Securities Exchange Act of 1934," 15 U.S.C.A. 781, and is 3741  
registered or is exempt from registration under 15 U.S.C.A. 3742  
781(g) (2) (A), (B), (C), (E), (F), (G), or (H); 3743

(ii) The class of securities is listed on the New York 3744  
stock exchange, the American stock exchange, or the NASDAQ 3745  
national market system; 3746

(iii) The class of securities is a reported security as 3747  
defined in 17 C.F.R. 240.11Aa3-1(a) (4). 3748

(b) An issuer, or its subsidiary, that formerly had a class of securities that met the criteria set forth in division (B) (6) (a) of this section if the issuer, or its subsidiary, has a net worth in excess of one hundred million dollars, files or its parent files with the securities and exchange commission an S.E.C. form 10-K, and has continued in substantially the same business since it had a class of securities that met the criteria in division (B) (6) (a) of this section. As used in division (B) (6) (b) of this section, "issuer" and "subsidiary" include the successor to an issuer or subsidiary.

(7) A person soliciting a transaction regulated by the commodity futures trading commission, if the person is registered or temporarily registered for that activity with the commission under 7 U.S.C.A. 1 et seq. and the registration or temporary registration has not expired or been suspended or revoked;

(8) A person soliciting the sale of any book, record, audio tape, compact disc, or video, if the person allows the purchaser to review the merchandise for at least seven days and provides a full refund within thirty days to a purchaser who returns the merchandise or if the person solicits the sale on behalf of a membership club operating in compliance with regulations adopted by the federal trade commission in 16 C.F.R. 425;

(9) A supervised financial institution or its subsidiary. As used in division (B) (9) of this section, "supervised financial institution" means a bank, trust company, savings and loan association, savings bank, credit union, industrial loan company, consumer finance lender, commercial finance lender, or institution described in section 2(c) (2) (F) of the "Bank Holding

Company Act of 1956," 12 U.S.C.A. 1841(c) (2) (F), as amended, 3779  
supervised by an official or agency of the United States, this 3780  
state, or any other state of the United States; or a licensee or 3781  
registrant under sections 1321.01 to 1321.19, 1321.51 to 3782  
1321.60, or 1321.71 to 1321.83 of the Revised Code. 3783

(10) (a) An insurance company, association, or other 3784  
organization that is licensed or authorized to conduct business 3785  
in this state by the superintendent of insurance pursuant to 3786  
Title XXXIX of the Revised Code or Chapter 1751. of the Revised 3787  
Code, when soliciting within the scope of its license or 3788  
authorization. 3789

(b) A licensed insurance broker, agent, or solicitor when 3790  
soliciting within the scope of the person's license. As used in 3791  
division (B) (10) (b) of this section, "licensed insurance broker, 3792  
agent, or solicitor" means any person licensed as an insurance 3793  
broker, agent, or solicitor by the superintendent of insurance 3794  
pursuant to Title XXXIX of the Revised Code. 3795

(11) A person soliciting the sale of services provided by 3796  
a cable television system operating under authority of a 3797  
governmental franchise or permit; 3798

(12) A person soliciting a business-to-business sale under 3799  
which any of the following conditions are met: 3800

(a) The telephone solicitor has been operating 3801  
continuously for at least three years under the same business 3802  
name under which it solicits purchasers, and at least fifty-one 3803  
per cent of its gross dollar volume of sales consists of repeat 3804  
sales to existing customers to whom it has made sales under the 3805  
same business name. 3806

(b) The purchaser business intends to resell the goods 3807

purchased. 3808

(c) The purchaser business intends to use the goods or 3809  
services purchased in a recycling, reuse, manufacturing, or 3810  
remanufacturing process. 3811

(d) The telephone solicitor is a publisher of a periodical 3812  
or of magazines distributed as controlled circulation 3813  
publications as defined in division (CC) of section 5739.01 of 3814  
the Revised Code and is soliciting sales of advertising, 3815  
subscriptions, reprints, lists, information databases, 3816  
conference participation or sponsorships, trade shows or media 3817  
products related to the periodical or magazine, or other 3818  
publishing services provided by the controlled circulation 3819  
publication. 3820

(13) A person that, not less often than once each year, 3821  
publishes and delivers to potential purchasers a catalog that 3822  
complies with both of the following: 3823

(a) It includes all of the following: 3824

(i) The business address of the seller; 3825

(ii) A written description or illustration of each good or 3826  
service offered for sale; 3827

(iii) A clear and conspicuous disclosure of the sale price 3828  
of each good or service; shipping, handling, and other charges; 3829  
and return policy. 3830

(b) One of the following applies: 3831

(i) The catalog includes at least twenty-four pages of 3832  
written material and illustrations, is distributed in more than 3833  
one state, and has an annual postage-paid mail circulation of 3834  
not less than two hundred fifty thousand households; 3835

(ii) The catalog includes at least ten pages of written material or an equivalent amount of material in electronic form on the internet or an on-line computer service, the person does not solicit customers by telephone but solely receives telephone calls made in response to the catalog, and during the calls the person takes orders but does not engage in further solicitation of the purchaser. As used in division (B)(13)(b)(ii) of this section, "further solicitation" does not include providing the purchaser with information about, or attempting to sell, any other item in the catalog that prompted the purchaser's call or in a substantially similar catalog issued by the seller.

(14) A political subdivision or instrumentality of the United States, this state, or any state of the United States;

(15) A college or university or any other public or private institution of higher education in this state;

(16) A public utility as defined in section 4905.02 of the Revised Code or a retail natural gas supplier as defined in section 4929.01 of the Revised Code, if the utility or supplier is subject to regulation by the public utilities commission, or the affiliate of the utility or supplier;

(17) A person that solicits sales through a television program or advertisement that is presented in the same market area no fewer than twenty days per month or offers for sale no fewer than ten distinct items of goods or services; and offers to the purchaser an unconditional right to return any good or service purchased within a period of at least seven days and to receive a full refund within thirty days after the purchaser returns the good or cancels the service;

(18) (a) A person that, for at least one year, has been

operating a retail business under the same name as that used in 3865  
connection with telephone solicitation and both of the following 3866  
occur on a continuing basis: 3867

(i) The person either displays goods and offers them for 3868  
retail sale at the person's business premises or offers services 3869  
for sale and provides them at the person's business premises. 3870

(ii) At least fifty-one per cent of the person's gross 3871  
dollar volume of retail sales involves purchases of goods or 3872  
services at the person's business premises. 3873

(b) An affiliate of a person that meets the requirements 3874  
in division (B) (18) (a) of this section if the affiliate meets 3875  
all of the following requirements: 3876

(i) The affiliate has operated a retail business for a 3877  
period of less than one year; 3878

(ii) The affiliate either displays goods and offers them 3879  
for retail sale at the affiliate's business premises or offers 3880  
services for sale and provides them at the affiliate's business 3881  
premises; 3882

(iii) At least fifty-one per cent of the affiliate's gross 3883  
dollar volume of retail sales involves purchases of goods or 3884  
services at the affiliate's business premises. 3885

(c) A person that, for a period of less than one year, has 3886  
been operating a retail business in this state under the same 3887  
name as that used in connection with telephone solicitation, as 3888  
long as all of the following requirements are met: 3889

(i) The person either displays goods and offers them for 3890  
retail sale at the person's business premises or offers services 3891  
for sale and provides them at the person's business premises; 3892

(ii) The goods or services that are the subject of 3893  
telephone solicitation are sold at the person's business 3894  
premises, and at least sixty-five per cent of the person's gross 3895  
dollar volume of retail sales involves purchases of goods or 3896  
services at the person's business premises; 3897

(iii) The person conducts all telephone solicitation 3898  
activities according to sections 310.3, 310.4, and 310.5 of the 3899  
telemarketing sales rule adopted by the federal trade commission 3900  
in 16 C.F.R. part 310. 3901

(19) A person who performs telephone solicitation sales 3902  
services on behalf of other persons and to whom one of the 3903  
following applies: 3904

(a) The person has operated under the same ownership, 3905  
control, and business name for at least five years, and the 3906  
person receives at least seventy-five per cent of its gross 3907  
revenues from written telephone solicitation contracts with 3908  
persons who come within one of the exemptions in division (B) of 3909  
this section. 3910

(b) The person is an affiliate of one or more exempt 3911  
persons and makes telephone solicitations on behalf of only the 3912  
exempt persons of which it is an affiliate. 3913

(c) The person makes telephone solicitations on behalf of 3914  
only exempt persons, the person and each exempt person on whose 3915  
behalf telephone solicitations are made have entered into a 3916  
written contract that specifies the manner in which the 3917  
telephone solicitations are to be conducted and that at a 3918  
minimum requires compliance with the telemarketing sales rule 3919  
adopted by the federal trade commission in 16 C.F.R. part 310, 3920  
and the person conducts the telephone solicitations in the 3921

manner specified in the written contract. 3922

(d) The person performs telephone solicitation for 3923  
religious or political purposes, a charitable organization, a 3924  
fund-raising council, or a professional solicitor in compliance 3925  
with the registration and reporting requirements of Chapter 3926  
1716. of the Revised Code; and meets all of the following 3927  
requirements: 3928

(i) The person has operated under the same ownership, 3929  
control, and business name for at least five years, and the 3930  
person receives at least fifty-one per cent of its gross 3931  
revenues from written telephone solicitation contracts with 3932  
persons who come within the exemption in division (B) (2) of this 3933  
section; 3934

(ii) The person does not conduct a prize promotion or 3935  
offer the sale of an investment opportunity; 3936

(iii) The person conducts all telephone solicitation 3937  
activities according to sections 310.3, 310.4, and 310.5 of the 3938  
telemarketing sales rules adopted by the federal trade 3939  
commission in 16 C.F.R. part 310. 3940

(20) A person that is a licensed real estate salesperson 3941  
or broker under Chapter 4735. of the Revised Code when 3942  
soliciting within the scope of the person's license; 3943

(21) (a) Either of the following: 3944

(i) A publisher that solicits the sale of the publisher's 3945  
periodical or magazine of general, paid circulation, or a person 3946  
that solicits a sale of that nature on behalf of a publisher 3947  
under a written agreement directly between the publisher and the 3948  
person. 3949



(ii) A publisher that solicits the sale of the publisher's 3950  
periodical or magazine of general, paid circulation, or a person 3951  
that solicits a sale of that nature as authorized by a publisher 3952  
under a written agreement directly with a publisher's 3953  
clearinghouse provided the person is a resident of Ohio for more 3954  
than three years and initiates all telephone solicitations from 3955  
Ohio and the person conducts the solicitation and sale in 3956  
compliance with 16 C.F.R. part 310, as adopted by the federal 3957  
trade commission. 3958

(b) As used in division (B) (21) of this section, 3959  
"periodical or magazine of general, paid circulation" excludes a 3960  
periodical or magazine circulated only as part of a membership 3961  
package or given as a free gift or prize from the publisher or 3962  
person. 3963

(22) A person that solicits the sale of food, as defined 3964  
in section 3715.01 of the Revised Code, or the sale of products 3965  
of horticulture, as defined in section 5739.01 of the Revised 3966  
Code, if the person does not intend the solicitation to result 3967  
in, or the solicitation actually does not result in, a sale that 3968  
costs the purchaser an amount greater than five hundred dollars. 3969

(23) A funeral director licensed pursuant to Chapter 4717. 3970  
of the Revised Code when soliciting within the scope of that 3971  
license, if both of the following apply: 3972

(a) The solicitation and sale are conducted in compliance 3973  
with 16 C.F.R. part 453, as adopted by the federal trade 3974  
commission, and with sections 1107.33 and 1345.21 to 1345.28 of 3975  
the Revised Code; 3976

(b) The person provides to the purchaser of any preneed 3977  
funeral contract a notice that clearly and conspicuously sets 3978

forth the cancellation rights specified in division (G) of 3979  
section 1107.33 of the Revised Code, and retains a copy of the 3980  
notice signed by the purchaser. 3981

(24) A person, or affiliate thereof, licensed to sell or 3982  
issue Ohio instruments designated as travelers checks pursuant 3983  
to sections 1315.01 to 1315.18 of the Revised Code. 3984

(25) A person that solicits sales from its previous 3985  
purchasers and meets all of the following requirements: 3986

(a) The solicitation is made under the same business name 3987  
that was previously used to sell goods or services to the 3988  
purchaser; 3989

(b) The person has, for a period of not less than three 3990  
years, operated a business under the same business name as that 3991  
used in connection with telephone solicitation; 3992

(c) The person does not conduct a prize promotion or offer 3993  
the sale of an investment opportunity; 3994

(d) The person conducts all telephone solicitation 3995  
activities according to sections 310.3, 310.4, and 310.5 of the 3996  
telemarketing sales rules adopted by the federal trade 3997  
commission in 16 C.F.R. part 310; 3998

(e) Neither the person nor any of its principals has been 3999  
convicted of, pleaded guilty to, or has entered a plea of no 4000  
contest for a felony or a theft offense as defined in sections 4001  
2901.02 and 2913.01 of the Revised Code or similar law of 4002  
another state or of the United States; 4003

(f) Neither the person nor any of its principals has had 4004  
entered against them an injunction or a final judgment or order, 4005  
including an agreed judgment or order, an assurance of voluntary 4006

compliance, or any similar instrument, in any civil or 4007  
administrative action involving engaging in a pattern of corrupt 4008  
practices, fraud, theft, embezzlement, fraudulent conversion, or 4009  
misappropriation of property; the use of any untrue, deceptive, 4010  
or misleading representation; or the use of any unfair, 4011  
unlawful, deceptive, or unconscionable trade act or practice. 4012

(26) An institution defined as a home health agency in 4013  
section 3701.881 of the Revised Code, that conducts all 4014  
telephone solicitation activities according to sections 310.3, 4015  
310.4, and 310.5 of the telemarketing sales rules adopted by the 4016  
federal trade commission in 16 C.F.R. part 310, and engages in 4017  
telephone solicitation only within the scope of the 4018  
institution's certification, accreditation, contract with the 4019  
department of aging, or status as a home health agency; and that 4020  
meets one of the following requirements: 4021

(a) The institution is certified as a provider of home 4022  
health services under Title XVIII of the Social Security Act, 49 4023  
Stat. 620, 42 U.S.C. 301, as amended; 4024

(b) The institution is accredited by either the joint 4025  
~~commission on accreditation of health care organizations~~ or the 4026  
community health accreditation program; 4027

(c) The institution is providing PASSPORT services under 4028  
the direction of the department of aging under sections 173.52 4029  
to 173.523 of the Revised Code; 4030

(d) An affiliate of an institution that meets the 4031  
requirements of division (B) (26) (a), (b), or (c) of this section 4032  
when offering for sale substantially the same goods and services 4033  
as those that are offered by the institution that meets the 4034  
requirements of division (B) (26) (a), (b), or (c) of this 4035

section. 4036

(27) A person licensed by the department of health 4037  
pursuant to section 3712.04~~or~~, 3712.041, or 3712.042 of the 4038  
Revised Code to provide a hospice care program or pediatric 4039  
respite care program, or to operate a palliative care facility, 4040  
when conducting telephone solicitations within the scope of the 4041  
person's license and according to sections 310.3, 310.4, and 4042  
310.5 of the telemarketing sales rules adopted by the federal 4043  
trade commission in 16 C.F.R. part 310. 4044

**Sec. 4723.36.** (A) A certified nurse practitioner or 4045  
clinical nurse specialist may determine and pronounce an 4046  
individual's death, but only if the individual's respiratory and 4047  
circulatory functions are not being artificially sustained and, 4048  
at the time the determination and pronouncement of death is 4049  
made, either or both of the following apply: 4050

(1) The individual was receiving care in one of the 4051  
following: 4052

(a) A nursing home licensed under section 3721.02 of the 4053  
Revised Code or by a political subdivision under section 3721.09 4054  
of the Revised Code; 4055

(b) A residential care facility or home for the aging 4056  
licensed under Chapter 3721. of the Revised Code; 4057

(c) A county home or district home operated pursuant to 4058  
Chapter 5155. of the Revised Code; 4059

(d) A residential facility licensed under section 5123.19 4060  
of the Revised Code. 4061

(2) The certified nurse practitioner or clinical nurse 4062  
specialist is providing or supervising the individual's care at 4063

a palliative care facility or through a hospice care program 4064  
licensed under Chapter 3712. of the Revised Code or any other 4065  
entity that provides palliative care. 4066

(B) A registered nurse may determine and pronounce an 4067  
individual's death, but only if the individual's respiratory and 4068  
circulatory functions are not being artificially sustained and, 4069  
at the time the determination and pronouncement of death is 4070  
made, the registered nurse is providing or supervising the 4071  
individual's care at a palliative care facility licensed under 4072  
section 3712.042 of the Revised Code, or through a hospice care 4073  
program licensed under ~~Chapter 3712.~~ section 3712.04 of the 4074  
Revised Code or any other entity that provides palliative care. 4075

(C) If a certified nurse practitioner, clinical nurse 4076  
specialist, or registered nurse determines and pronounces an 4077  
individual's death, the nurse shall comply with both of the 4078  
following: 4079

(1) The nurse shall not complete any portion of the 4080  
individual's death certificate. 4081

(2) The nurse shall notify the individual's attending 4082  
physician of the determination and pronouncement of death in 4083  
order for the physician to fulfill the physician's duties under 4084  
section 3705.16 of the Revised Code. The nurse shall provide the 4085  
notification within a period of time that is reasonable but not 4086  
later than twenty-four hours following the determination and 4087  
pronouncement of the individual's death. 4088

**Sec. 4723.481.** This section establishes standards and 4089  
conditions regarding the authority of a clinical nurse 4090  
specialist, certified nurse-midwife, or certified nurse 4091  
practitioner to prescribe drugs and therapeutic devices under a 4092

certificate to prescribe issued under section 4723.48 of the Revised Code. 4093  
4094

(A) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall not prescribe any drug or therapeutic device that is not included in the types of drugs and devices listed on the formulary established in rules adopted under section 4723.50 of the Revised Code. 4095  
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(B) The prescriptive authority of a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall not exceed the prescriptive authority of the collaborating physician or podiatrist, including the collaborating physician's authority to treat chronic pain with controlled substances and products containing tramadol as described in section 4731.052 of the Revised Code. 4100  
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(C) (1) Except as provided in division (C) (2) or (3) of this section, a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may prescribe to a patient a schedule II controlled substance only if all of the following are the case: 4107  
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(a) The patient has a terminal condition, as defined in section 2133.01 of the Revised Code. 4112  
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(b) The collaborating physician of the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner initially prescribed the substance for the patient. 4114  
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(c) The prescription is for an amount that does not exceed the amount necessary for the patient's use in a single, twenty-four-hour period. 4117  
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(2) The restrictions on prescriptive authority in division (C) (1) of this section do not apply if a clinical nurse 4120  
4121

specialist, certified nurse-midwife, or certified nurse 4122  
practitioner issues the prescription to the patient from any of 4123  
the following locations: 4124

(a) A hospital registered under section 3701.07 of the 4125  
Revised Code; 4126

(b) An entity owned or controlled, in whole or in part, by 4127  
a hospital or by an entity that owns or controls, in whole or in 4128  
part, one or more hospitals; 4129

(c) A health care facility operated by the department of 4130  
mental health and addiction services or the department of 4131  
developmental disabilities; 4132

(d) A nursing home licensed under section 3721.02 of the 4133  
Revised Code or by a political subdivision certified under 4134  
section 3721.09 of the Revised Code; 4135

(e) A county home or district home operated under Chapter 4136  
5155. of the Revised Code that is certified under the medicare 4137  
or medicaid program; 4138

(f) A hospice care program or palliative care facility, as 4139  
defined in section 3712.01 of the Revised Code; 4140

(g) A community mental health services provider, as 4141  
defined in section 5122.01 of the Revised Code; 4142

(h) An ambulatory surgical facility, as defined in section 4143  
3702.30 of the Revised Code; 4144

(i) A freestanding birthing center, as defined in section 4145  
3702.141 of the Revised Code; 4146

(j) A federally qualified health center, as defined in 4147  
section 3701.047 of the Revised Code; 4148

(k) A federally qualified health center look-alike, as 4149  
defined in section 3701.047 of the Revised Code; 4150

(l) A health care office or facility operated by the board 4151  
of health of a city or general health district or the authority 4152  
having the duties of a board of health under section 3709.05 of 4153  
the Revised Code; 4154

(m) A site where a medical practice is operated, but only 4155  
if the practice is comprised of one or more physicians who also 4156  
are owners of the practice; the practice is organized to provide 4157  
direct patient care; and the clinical nurse specialist, 4158  
certified nurse-midwife, or certified nurse practitioner 4159  
providing services at the site has a standard care arrangement 4160  
and collaborates with at least one of the physician owners who 4161  
practices primarily at that site. 4162

(3) A clinical nurse specialist, certified nurse-midwife, 4163  
or certified nurse practitioner shall not issue to a patient a 4164  
prescription for a schedule II controlled substance from a 4165  
convenience care clinic even if the clinic is owned or operated 4166  
by an entity specified in division (C) (2) of this section. 4167

(D) A pharmacist who acts in good faith reliance on a 4168  
prescription issued by a clinical nurse specialist, certified 4169  
nurse-midwife, or certified nurse practitioner under division 4170  
(C) (2) of this section is not liable for or subject to any of 4171  
the following for relying on the prescription: damages in any 4172  
civil action, prosecution in any criminal proceeding, or 4173  
professional disciplinary action by the state board of pharmacy 4174  
under Chapter 4729. of the Revised Code. 4175

(E) A clinical nurse specialist, certified nurse-midwife, 4176  
or certified nurse practitioner may personally furnish to a 4177



patient a sample of any drug or therapeutic device included in 4178  
the types of drugs and devices listed on the formulary, except 4179  
that all of the following conditions apply: 4180

(1) The amount of the sample furnished shall not exceed a 4181  
seventy-two-hour supply, except when the minimum available 4182  
quantity of the sample is packaged in an amount that is greater 4183  
than a seventy-two-hour supply, in which case the packaged 4184  
amount may be furnished. 4185

(2) No charge may be imposed for the sample or for 4186  
furnishing it. 4187

(3) Samples of controlled substances may not be personally 4188  
furnished. 4189

(F) A clinical nurse specialist, certified nurse-midwife, 4190  
or certified nurse practitioner may personally furnish to a 4191  
patient a complete or partial supply of a drug or therapeutic 4192  
device included in the types of drugs and devices listed on the 4193  
formulary, except that all of the following conditions apply: 4194

(1) The clinical nurse specialist, certified nurse- 4195  
midwife, or certified nurse practitioner shall personally 4196  
furnish only antibiotics, antifungals, scabicides, 4197  
contraceptives, prenatal vitamins, antihypertensives, drugs and 4198  
devices used in the treatment of diabetes, drugs and devices 4199  
used in the treatment of asthma, and drugs used in the treatment 4200  
of dyslipidemia. 4201

(2) The clinical nurse specialist, certified nurse- 4202  
midwife, or certified nurse practitioner shall not furnish the 4203  
drugs and devices in locations other than a health department 4204  
operated by the board of health of a city or general health 4205  
district or the authority having the duties of a board of health 4206

under section 3709.05 of the Revised Code, a federally funded 4207  
comprehensive primary care clinic, or a nonprofit health care 4208  
clinic or program. 4209

(3) The clinical nurse specialist, certified nurse- 4210  
midwife, or certified nurse practitioner shall comply with all 4211  
safety standards for personally furnishing supplies of drugs and 4212  
devices, as established in rules adopted under section 4723.50 4213  
of the Revised Code. 4214

(G) A clinical nurse specialist, certified nurse-midwife, 4215  
or certified nurse practitioner shall comply with section 4216  
3719.061 of the Revised Code if the nurse prescribes for a 4217  
minor, as defined in that section, an opioid analgesic, as 4218  
defined in section 3719.01 of the Revised Code. 4219

**Sec. 4723.487.** (A) As used in this section: 4220

(1) "Drug database" means the database established and 4221  
maintained by the state board of pharmacy pursuant to section 4222  
4729.75 of the Revised Code. 4223

(2) "Opioid analgesic" and "benzodiazepine" have the same 4224  
meanings as in section 3719.01 of the Revised Code. 4225

(B) Except as provided in divisions (C) and (E) of this 4226  
section, an advanced practice registered nurse holding a 4227  
certificate to prescribe issued under this chapter shall comply 4228  
with all of the following as conditions of prescribing a drug 4229  
that is either an opioid analgesic or a benzodiazepine as part 4230  
of a patient's course of treatment for a particular condition: 4231

(1) Before initially prescribing the drug, the nurse or 4232  
the nurse's delegate shall request from the drug database a 4233  
report of information related to the patient that covers at 4234  
least the twelve months immediately preceding the date of the 4235

request. If the nurse practices primarily in a county of this 4236  
state that adjoins another state, the nurse or delegate also 4237  
shall request a report of any information available in the drug 4238  
database that pertains to prescriptions issued or drugs 4239  
furnished to the patient in the state adjoining that county. 4240

(2) If the patient's course of treatment for the condition 4241  
continues for more than ninety days after the initial report is 4242  
requested, the nurse or delegate shall make periodic requests 4243  
for reports of information from the drug database until the 4244  
course of treatment has ended. The requests shall be made at 4245  
intervals not exceeding ninety days, determined according to the 4246  
date the initial request was made. The request shall be made in 4247  
the same manner provided in division (B)(1) of this section for 4248  
requesting the initial report of information from the drug 4249  
database. 4250

(3) On receipt of a report under division (B)(1) or (2) of 4251  
this section, the nurse shall assess the information in the 4252  
report. The nurse shall document in the patient's record that 4253  
the report was received and the information was assessed. 4254

(C) Division (B) of this section does not apply if in any 4255  
of the following circumstances: 4256

(1) A drug database report regarding the patient is not 4257  
available, in which case the nurse shall document in the 4258  
patient's record the reason that the report is not available. 4259

(2) The drug is prescribed in an amount indicated for a 4260  
period not to exceed seven days. 4261

(3) The drug is prescribed for the treatment of cancer or 4262  
another condition associated with cancer. 4263

(4) The drug is prescribed to a hospice patient in a 4264

hospice care program or to a palliative care patient in a 4265  
palliative care facility, as those terms are defined in section 4266  
3712.01 of the Revised Code, or to any other patient diagnosed 4267  
as terminally ill. 4268

(5) The drug is prescribed for administration in a 4269  
hospital, nursing home, or residential care facility. 4270

(D) The board of nursing may adopt rules, in accordance 4271  
with Chapter 119. of the Revised Code, that establish standards 4272  
and procedures to be followed by an advanced practice registered 4273  
nurse with a certificate to prescribe issued under section 4274  
4723.48 of the Revised Code regarding the review of patient 4275  
information available through the drug database under division 4276  
(A) (5) of section 4729.80 of the Revised Code. The rules shall 4277  
be adopted in accordance with Chapter 119. of the Revised Code. 4278

(E) This section and any rules adopted under it do not 4279  
apply if the state board of pharmacy no longer maintains the 4280  
drug database. 4281

**Sec. 4729.43.** (A) As used in this section: 4282

(1) "Home health agency" has the same meaning as in 4283  
section 3701.881 of the Revised Code. 4284

(2) "Hospice care program," ~~and~~ "hospice patient," 4285  
"palliative care facility," and "palliative care patient" have 4286  
the same meanings as in section 3712.01 of the Revised Code. 4287

(B) With regard to a dangerous drug that is indicated for 4288  
the treatment of cancer or a cancer-related illness, must be 4289  
administered intravenously or by subcutaneous injection, and 4290  
cannot reasonably be self-administered by the patient to whom 4291  
the drug is prescribed or by an individual assisting the patient 4292  
with the self-administration, a pharmacist or pharmacy intern 4293

shall not dispense the drug by delivering the drug directly to 4294  
any of the following or causing the drug to be delivered 4295  
directly to any of the following: 4296

(1) The patient; 4297

(2) The patient's representative, which may include the 4298  
patient's guardian or a family member or friend of the patient; 4299

(3) The patient's private residence unless any of the 4300  
following is the case: 4301

(a) The patient's private residence is a nursing home, 4302  
residential care facility, rehabilitation facility, palliative 4303  
care facility, or similar institutional facility or health care 4304  
facility. 4305

(b) If the patient is an adult and a hospice patient or 4306  
client of a home health agency, the patient, the licensed health 4307  
professional authorized to prescribe drugs who prescribed the 4308  
drug to the patient, or an employee or agent of the prescriber 4309  
has notified the pharmacist or pharmacy intern that the patient 4310  
is a hospice patient or client of a home health agency and an 4311  
employee or agent of the hospice care program or home health 4312  
agency will be administering the drug to the patient. 4313

(c) If the patient is a minor and a hospice patient or 4314  
client of a home health agency, either of the following has 4315  
notified the pharmacist or pharmacy intern that the patient is a 4316  
client of a home health agency and an employee or agent of the 4317  
hospice care program or home health agency will be administering 4318  
the drug to the patient: 4319

(i) The licensed health professional authorized to 4320  
prescribe drugs who prescribed the drug to the patient or an 4321  
employee or agent of the prescriber; 4322

(ii) The parent, guardian, or other person who has care or charge of the patient and is authorized to consent to medical treatment on behalf of the patient.

**Sec. 4730.202.** (A) A physician assistant may determine and pronounce an individual's death, but only if the individual's respiratory and circulatory functions are not being artificially sustained and, at the time the determination and pronouncement of death is made, either or both of the following apply:

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

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

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

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

(d) A residential facility licensed under section 5123.19 of the Revised Code;

(e) A palliative care facility licensed under section 3712.042 of the Revised Code.

(2) The physician assistant is providing or supervising the individual's care through a hospice care program licensed under Chapter 3712. of the Revised Code or any other entity that provides palliative care other than a palliative care facility.

(B) If a physician assistant determines and pronounces an individual's death, the physician assistant shall comply with both of the following:

(1) The physician assistant shall not complete any portion of the individual's death certificate. 4351  
4352

(2) The physician assistant shall notify the individual's attending physician of the determination and pronouncement of death in order for the physician to fulfill the physician's duties under section 3705.16 of the Revised Code. The physician assistant shall provide the notification within a period of time that is reasonable but not later than twenty-four hours following the determination and pronouncement of the individual's death. 4353  
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**Sec. 4730.411.** (A) Except as provided in division (B) or (C) of this section, a physician assistant may prescribe to a patient a schedule II controlled substance only if all of the following are the case: 4361  
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4363  
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(1) The patient is in a terminal condition, as defined in section 2133.01 of the Revised Code. 4365  
4366

(2) The physician assistant's supervising physician initially prescribed the substance for the patient. 4367  
4368

(3) The prescription is for an amount that does not exceed the amount necessary for the patient's use in a single, twenty-four-hour period. 4369  
4370  
4371

(B) The restrictions on prescriptive authority in division (A) of this section do not apply if a physician assistant issues the prescription to the patient from any of the following locations: 4372  
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(1) A hospital registered under section 3701.07 of the Revised Code; 4376  
4377

(2) An entity owned or controlled, in whole or in part, by 4378

a hospital or by an entity that owns or controls, in whole or in part, one or more hospitals;	4379 4380
(3) A health care facility operated by the department of mental health and addiction services or the department of developmental disabilities;	4381 4382 4383
(4) A nursing home licensed under section 3721.02 of the Revised Code or by a political subdivision certified under section 3721.09 of the Revised Code;	4384 4385 4386
(5) A county home or district home operated under Chapter 5155. of the Revised Code that is certified under the medicare or medicaid program;	4387 4388 4389
(6) A hospice care program <u>or palliative care facility</u> , as defined in section 3712.01 of the Revised Code;	4390 4391
(7) A community mental health services provider, as defined in section 5122.01 of the Revised Code;	4392 4393
(8) An ambulatory surgical facility, as defined in section 3702.30 of the Revised Code;	4394 4395
(9) A freestanding birthing center, as defined in section 3702.141 of the Revised Code;	4396 4397
(10) A federally qualified health center, as defined in section 3701.047 of the Revised Code;	4398 4399
(11) A federally qualified health center look-alike, as defined in section 3701.047 of the Revised Code;	4400 4401
(12) A health care office or facility operated by the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code;	4402 4403 4404 4405



(13) A site where a medical practice is operated, but only 4406  
if the practice is comprised of one or more physicians who also 4407  
are owners of the practice; the practice is organized to provide 4408  
direct patient care; and the physician assistant has entered 4409  
into a supervisory agreement with at least one of the physician 4410  
owners who practices primarily at that site. 4411

(C) A physician assistant shall not issue to a patient a 4412  
prescription for a schedule II controlled substance from a 4413  
convenience care clinic even if the convenience care clinic is 4414  
owned or operated by an entity specified in division (B) of this 4415  
section. 4416

(D) A pharmacist who acts in good faith reliance on a 4417  
prescription issued by a physician assistant under division (B) 4418  
of this section is not liable for or subject to any of the 4419  
following for relying on the prescription: damages in any civil 4420  
action, prosecution in any criminal proceeding, or professional 4421  
disciplinary action by the state board of pharmacy under Chapter 4422  
4729. of the Revised Code. 4423

**Sec. 4730.53.** (A) As used in this section: 4424

(1) "Drug database" means the database established and 4425  
maintained by the state board of pharmacy pursuant to section 4426  
4729.75 of the Revised Code. 4427

(2) "Opioid analgesic" and "benzodiazepine" have the same 4428  
meanings as in section 3719.01 of the Revised Code. 4429

(B) Except as provided in divisions (C) and (E) of this 4430  
section, a physician assistant licensed under this chapter who 4431  
has been granted physician-delegated prescriptive authority 4432  
shall comply with all of the following as conditions of 4433  
prescribing a drug that is either an opioid analgesic or a 4434

benzodiazepine as part of a patient's course of treatment for a 4435  
particular condition: 4436

(1) Before initially prescribing the drug, the physician 4437  
assistant or the physician assistant's delegate shall request 4438  
from the drug database a report of information related to the 4439  
patient that covers at least the twelve months immediately 4440  
preceding the date of the request. If the physician assistant 4441  
practices primarily in a county of this state that adjoins 4442  
another state, the physician assistant or delegate also shall 4443  
request a report of any information available in the drug 4444  
database that pertains to prescriptions issued or drugs 4445  
furnished to the patient in the state adjoining that county. 4446

(2) If the patient's course of treatment for the condition 4447  
continues for more than ninety days after the initial report is 4448  
requested, the physician assistant or delegate shall make 4449  
periodic requests for reports of information from the drug 4450  
database until the course of treatment has ended. The requests 4451  
shall be made at intervals not exceeding ninety days, determined 4452  
according to the date the initial request was made. The request 4453  
shall be made in the same manner provided in division (B)(1) of 4454  
this section for requesting the initial report of information 4455  
from the drug database. 4456

(3) On receipt of a report under division (B)(1) or (2) of 4457  
this section, the physician assistant shall assess the 4458  
information in the report. The physician assistant shall 4459  
document in the patient's record that the report was received 4460  
and the information was assessed. 4461

(C) Division (B) of this section does not apply in any of 4462  
the following circumstances: 4463

(1) A drug database report regarding the patient is not 4464  
available, in which case the physician assistant shall document 4465  
in the patient's record the reason that the report is not 4466  
available. 4467

(2) The drug is prescribed in an amount indicated for a 4468  
period not to exceed seven days. 4469

(3) The drug is prescribed for the treatment of cancer or 4470  
another condition associated with cancer. 4471

(4) The drug is prescribed to a hospice patient in a 4472  
hospice care program or to a palliative care patient in a 4473  
palliative care facility, as those terms are defined in section 4474  
3712.01 of the Revised Code, or to any other patient diagnosed 4475  
as terminally ill. 4476

(5) The drug is prescribed for administration in a 4477  
hospital, nursing home, or residential care facility. 4478

(D) The state medical board may adopt rules that establish 4479  
standards and procedures to be followed by a physician assistant 4480  
licensed under this chapter who has been granted physician- 4481  
delegated prescriptive authority regarding the review of patient 4482  
information available through the drug database under division 4483  
(A) (5) of section 4729.80 of the Revised Code. The rules shall 4484  
be adopted in accordance with Chapter 119. of the Revised Code. 4485

(E) This section and any rules adopted under it do not 4486  
apply if the state board of pharmacy no longer maintains the 4487  
drug database. 4488

**Sec. 4731.055.** (A) As used in this section: 4489

(1) "Drug database" means the database established and 4490  
maintained by the state board of pharmacy pursuant to section 4491

4729.75 of the Revised Code. 4492

(2) "Physician" means an individual authorized under this 4493  
chapter to practice medicine and surgery, osteopathic medicine 4494  
and surgery, or podiatric medicine and surgery. 4495

(3) "Opioid analgesic" and "benzodiazepine" have the same 4496  
meanings as in section 3719.01 of the Revised Code. 4497

(B) Except as provided in divisions (C) and (E) of this 4498  
section, a physician shall comply with all of the following as 4499  
conditions of prescribing a drug that is either an opioid 4500  
analgesic or a benzodiazepine, or personally furnishing a 4501  
complete or partial supply of such a drug, as part of a 4502  
patient's course of treatment for a particular condition: 4503

(1) Before initially prescribing or furnishing the drug, 4504  
the physician or the physician's delegate shall request from the 4505  
drug database a report of information related to the patient 4506  
that covers at least the twelve months immediately preceding the 4507  
date of the request. If the physician practices primarily in a 4508  
county of this state that adjoins another state, the physician 4509  
or delegate also shall request a report of any information 4510  
available in the drug database that pertains to prescriptions 4511  
issued or drugs furnished to the patient in the state adjoining 4512  
that county. 4513

(2) If the patient's course of treatment for the condition 4514  
continues for more than ninety days after the initial report is 4515  
requested, the physician or delegate shall make periodic 4516  
requests for reports of information from the drug database until 4517  
the course of treatment has ended. The requests shall be made at 4518  
intervals not exceeding ninety days, determined according to the 4519  
date the initial request was made. The request shall be made in 4520

the same manner provided in division (B) (1) of this section for 4521  
requesting the initial report of information from the drug 4522  
database. 4523

(3) On receipt of a report under division (B) (1) or (2) of 4524  
this section, the physician shall assess the information in the 4525  
report. The physician shall document in the patient's record 4526  
that the report was received and the information was assessed. 4527

(C) Division (B) of this section does not apply in any of 4528  
the following circumstances: 4529

(1) A drug database report regarding the patient is not 4530  
available, in which case the physician shall document in the 4531  
patient's record the reason that the report is not available. 4532

(2) The drug is prescribed or personally furnished in an 4533  
amount indicated for a period not to exceed seven days. 4534

(3) The drug is prescribed or personally furnished for the 4535  
treatment of cancer or another condition associated with cancer. 4536

(4) The drug is prescribed or personally furnished to a 4537  
hospice patient in a hospice care program or to a palliative 4538  
care patient in a palliative care facility, as those terms are 4539  
defined in section 3712.01 of the Revised Code, or to any other 4540  
patient diagnosed as terminally ill. 4541

(5) The drug is prescribed or personally furnished for 4542  
administration in a hospital, nursing home, or residential care 4543  
facility. 4544

(6) The drug is prescribed or personally furnished to 4545  
treat acute pain resulting from a surgical or other invasive 4546  
procedure or a delivery. 4547

(D) The state medical board may adopt rules that establish 4548

standards and procedures to be followed by a physician regarding 4549  
the review of patient information available through the drug 4550  
database under division (A) (5) of section 4729.80 of the Revised 4551  
Code. The rules shall be adopted in accordance with Chapter 119. 4552  
of the Revised Code. 4553

(E) This section and any rules adopted under it do not 4554  
apply if the state board of pharmacy no longer maintains the 4555  
drug database. 4556

**Sec. 4731.228.** (A) As used in this section: 4557

(1) "Federally qualified health center" has the same 4558  
meaning as in section 3701.047 of the Revised Code. 4559

(2) "Federally qualified health center look-alike" has the 4560  
same meaning as in section 3701.047 of the Revised Code. 4561

(3) "Health care entity" means any of the following that 4562  
employs a physician to provide physician services: 4563

(a) A hospital registered with the department of health 4564  
under section 3701.07 of the Revised Code; 4565

(b) A corporation formed under division (B) of section 4566  
1701.03 of the Revised Code; 4567

(c) A corporation formed under Chapter 1702. of the 4568  
Revised Code; 4569

(d) A limited liability company formed under Chapter 1705. 4570  
of the Revised Code; 4571

(e) A health insuring corporation holding a certificate of 4572  
authority under Chapter 1751. of the Revised Code; 4573

(f) A partnership; 4574

(g) A professional association formed under Chapter 1785. 4575

of the Revised Code. 4576

(4) "Physician" means an individual authorized under this 4577  
chapter to practice medicine and surgery, osteopathic medicine 4578  
and surgery, or podiatric medicine and surgery. 4579

(5) "Physician services" means direct patient care 4580  
services provided by a physician pursuant to a certificate 4581  
issued to the physician by the state medical board. 4582

(6) "Termination" means the end of a physician's 4583  
employment with a health care entity for any reason. 4584

(B) This section applies when a physician's employment 4585  
with a health care entity to provide physician services is 4586  
terminated for any reason, unless the physician continues to 4587  
provide medical services for patients of the health care entity 4588  
on an independent contractor basis. 4589

(C) (1) Except as provided in division (C) (2) of this 4590  
section, a health care entity shall send notice of the 4591  
termination of a physician's employment to each patient who 4592  
received physician services from the physician in the two-year 4593  
period immediately preceding the date of employment termination. 4594  
Only patients of the health care entity who received services 4595  
from the physician are to receive the notice. 4596

(2) If the health care entity provides to the physician a 4597  
list of patients treated and patient contact information, the 4598  
health care entity may require the physician to send the notice 4599  
required by this section. 4600

(D) The notice provided under division (C) of this section 4601  
shall be provided not later than the date of termination or 4602  
thirty days after the health care entity has actual knowledge of 4603  
termination or resignation of the physician, whichever is later. 4604

The notice shall be provided in accordance with rules adopted by 4605  
the state medical board under section 4731.05 of the Revised 4606  
Code. The notice shall include at least all of the following: 4607

(1) A notice to the patient that the physician will no 4608  
longer be practicing medicine as an employee of the health care 4609  
entity; 4610

(2) Except in situations in which the health care entity 4611  
has a good faith concern that the physician's conduct or the 4612  
medical care provided by the physician would jeopardize the 4613  
health and safety of patients, the physician's name and, if 4614  
known by the health care entity, information provided by the 4615  
physician that the patient may use to contact the physician; 4616

(3) The date on which the physician ceased or will cease 4617  
to practice as an employee of the health care entity; 4618

(4) Contact information for an alternative physician or 4619  
physicians employed by the health care entity or contact 4620  
information for a group practice that can provide care for the 4621  
patient; 4622

(5) Contact information that enables the patient to obtain 4623  
information on the patient's medical records. 4624

(E) The requirements of this section do not apply to any 4625  
of the following: 4626

(1) A physician rendering services to a patient on an 4627  
episodic basis or in an emergency department or urgent care 4628  
center, when it should not be reasonably expected that related 4629  
medical services will be rendered by the physician to the 4630  
patient in the future; 4631

(2) A medical director or other physician providing 4632



services in a similar capacity to a medical director to patients 4633  
through a hospice care program licensed pursuant to section 4634  
3712.04 of the Revised Code or a palliative care facility 4635  
licensed pursuant to section 3712.042 of the Revised Code. 4636

(3) Medical residents, interns, and fellows who work in 4637  
hospitals, health systems, federally qualified health centers, 4638  
and federally qualified health center look-alikes as part of 4639  
their medical education and training. 4640

(4) A physician providing services to a patient through a 4641  
community mental health agency certified by the director of 4642  
mental health under section 5119.611 of the Revised Code or an 4643  
alcohol and drug addiction program certified by the department 4644  
of alcohol and drug addiction services under section 3793.06 of 4645  
the Revised Code. 4646

(5) A physician providing services to a patient through a 4647  
federally qualified health center or a federally qualified 4648  
health center look-alike. 4649

**Sec. 4752.02.** (A) Except as provided in division (B) of 4650  
this section, no person shall provide home medical equipment 4651  
services or claim to the public to be a home medical equipment 4652  
services provider unless either of the following is the case: 4653

(1) The person holds a valid license issued under this 4654  
chapter; 4655

(2) The person holds a valid certificate of registration 4656  
issued under this chapter. 4657

(B) Division (A) of this section does not apply to any of 4658  
the following: 4659

(1) A health care practitioner, as defined in section 4660

4769.01 of the Revised Code, who does not sell or rent home 4661  
medical equipment; 4662

(2) A hospital that provides home medical equipment 4663  
services only as an integral part of patient care and does not 4664  
provide the services through a separate entity that has its own 4665  
medicare or medicaid provider number; 4666

(3) A manufacturer or wholesale distributor of home 4667  
medical equipment that does not sell directly to the public; 4668

(4) A hospice care program ~~or~~, pediatric respite care 4669  
program, or palliative care facility, as defined by section 4670  
3712.01 of the Revised Code, that does not sell or rent home 4671  
medical equipment; 4672

(5) A home, as defined by section 3721.01 of the Revised 4673  
Code; 4674

(6) A home health agency that is certified under Title 4675  
XVIII of the "Social Security Act," 79 Stat. 286 (1965), 42 4676  
U.S.C. 1395, as a provider of home health services and does not 4677  
sell or rent home medical equipment; 4678

(7) An individual who holds a current, valid license 4679  
issued under Chapter 4741. of the Revised Code to practice 4680  
veterinary medicine; 4681

(8) An individual who holds a current, valid license 4682  
issued under Chapter 4779. of the Revised Code to practice 4683  
orthotics, prosthetics, or pedorthics; 4684

(9) A pharmacy licensed under Chapter 4729. of the Revised 4685  
Code that either does not sell or rent home medical equipment or 4686  
receives total payments of less than ten thousand dollars per 4687  
year from selling or renting home medical equipment; 4688

(10) A home dialysis equipment provider regulated by federal law.	4689 4690
<b>Sec. 5119.34.</b> (A) As used in this section and sections 5119.341 and 5119.342 of the Revised Code:	4691 4692
(1) "Accommodations" means housing, daily meal preparation, laundry, housekeeping, arranging for transportation, social and recreational activities, maintenance, security, and other services that do not constitute personal care services or skilled nursing care.	4693 4694 4695 4696 4697
(2) "ADAMHS board" means a board of alcohol, drug addiction, and mental health services.	4698 4699
(3) "Adult" means a person who is eighteen years of age or older, other than a person described in division (A)(4) of this section who is between eighteen and twenty-one years of age.	4700 4701 4702
(4) "Child" means a person who is under eighteen years of age or a person with a mental disability who is under twenty-one years of age.	4703 4704 4705
(5) "Community mental health services provider" means a community mental health services provider as defined in section 5119.01 of the Revised Code.	4706 4707 4708
(6) "Community mental health services" means any mental health services certified by the department pursuant to section 5119.36 of the Revised Code.	4709 4710 4711
(7) "Operator" means the person or persons, firm, partnership, agency, governing body, association, corporation, or other entity that is responsible for the administration and management of a residential facility and that is the applicant for a residential facility license.	4712 4713 4714 4715 4716

- (8) "Personal care services" means services including, but not limited to, the following: 4717  
4718
- (a) Assisting residents with activities of daily living; 4719
  - (b) Assisting residents with self-administration of medication in accordance with rules adopted under this section; 4720  
4721
  - (c) Preparing special diets, other than complex therapeutic diets, for residents pursuant to the instructions of a physician or a licensed dietitian, in accordance with rules adopted under this section. 4722  
4723  
4724  
4725
- "Personal care services" does not include "skilled nursing care" as defined in section 3721.01 of the Revised Code. A facility need not provide more than one of the services listed in division (A) (8) of this section to be considered to be providing personal care services. 4726  
4727  
4728  
4729  
4730
- (9) "Room and board" means the provision of sleeping and living space, meals or meal preparation, laundry services, housekeeping services, or any combination thereof. 4731  
4732  
4733
- (10) "Residential state supplement" means the program administered under section 5119.41 of the Revised Code and related provisions of the Administrative Code under which the state supplements the supplemental security income payments received by aged, blind, or disabled adults under Title XVI of the Social Security Act. Residential state supplement payments are used for the provision of accommodations, supervision, and personal care services to supplemental security income recipients the department of mental health and addition services determines are at risk of needing institutional care. 4734  
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- (11) "Supervision" means any of the following: 4744

(a) Observing a resident to ensure the resident's health, 4745  
safety, and welfare while the resident engages in activities of 4746  
daily living or other activities; 4747

(b) Reminding a resident to perform or complete an 4748  
activity, such as reminding a resident to engage in personal 4749  
hygiene or other self-care activities; 4750

(c) Assisting a resident in making or keeping an 4751  
appointment. 4752

(12) "Unrelated" means that a resident is not related to 4753  
the owner or operator of a residential facility or to the 4754  
owner's or operator's spouse as a parent, grandparent, child, 4755  
stepchild, grandchild, brother, sister, niece, nephew, aunt, or 4756  
uncle, or as the child of an aunt or uncle. 4757

(B) (1) A "residential facility" is a publicly or privately 4758  
operated home or facility that falls into one of the following 4759  
categories: 4760

(a) Class one facilities provide accommodations, 4761  
supervision, personal care services, and mental health services 4762  
for one or more unrelated adults with mental illness or one or 4763  
more unrelated children or adolescents with severe emotional 4764  
disturbances; 4765

(b) Class two facilities provide accommodations, 4766  
supervision, and personal care services to any of the following: 4767

(i) One or two unrelated persons with mental illness; 4768

(ii) One or two unrelated adults who are receiving 4769  
residential state supplement payments; 4770

(iii) Three to sixteen unrelated adults. 4771

(c) Class three facilities provide room and board for five 4772  
or more unrelated adults with mental illness. 4773

(2) "Residential facility" does not include any of the 4774  
following: 4775

(a) A hospital subject to licensure under section 5119.33 4776  
of the Revised Code or an institution maintained, operated, 4777  
managed, and governed by the department of mental health and 4778  
addiction services for the hospitalization of mentally ill 4779  
persons pursuant to section 5119.14 of the Revised Code; 4780

(b) A residential facility licensed under section 5123.19 4781  
of the Revised Code or otherwise regulated by the department of 4782  
developmental disabilities; 4783

(c) An institution or association subject to certification 4784  
under section 5103.03 of the Revised Code; 4785

(d) A facility operated by a hospice care program licensed 4786  
under section 3712.04 of the Revised Code that is used 4787  
exclusively for care of hospice patients; 4788

(e) A palliative care facility licensed under section 4789  
3712.042 of the Revised Code; 4790

(f) A nursing home, residential care facility, or home for 4791  
the aging as defined in section 3721.02 of the Revised Code; 4792

~~(f)~~ (g) A facility licensed to provide methadone treatment 4793  
under section 5119.391 of the Revised Code; 4794

~~(g)~~ (h) Any facility that receives funding for operating 4795  
costs from the development services agency under any program 4796  
established to provide emergency shelter housing or transitional 4797  
housing for the homeless; 4798

~~(h)~~ (i) A terminal care facility for the homeless that has 4799  
entered into an agreement with a hospice care program under 4800  
section 3712.07 of the Revised Code; 4801

~~(i)~~ (j) A facility approved by the veterans administration 4802  
under section 104(a) of the "Veterans Health Care Amendments of 4803  
1983," 97 Stat. 993, 38 U.S.C. 630, as amended, and used 4804  
exclusively for the placement and care of veterans; 4805

~~(j)~~ (k) The residence of a relative or guardian of a 4806  
person with mental illness. 4807

(C) Nothing in division (B) of this section shall be 4808  
construed to permit personal care services to be imposed on a 4809  
resident who is capable of performing the activity in question 4810  
without assistance. 4811

(D) Except in the case of a residential facility described 4812  
in division (B) (1) (a) of this section, members of the staff of a 4813  
residential facility shall not administer medication to the 4814  
facility's residents, but may do any of the following: 4815

(1) Remind a resident when to take medication and watch to 4816  
ensure that the resident follows the directions on the 4817  
container; 4818

(2) Assist a resident in the self-administration of 4819  
medication by taking the medication from the locked area where 4820  
it is stored, in accordance with rules adopted pursuant to this 4821  
section, and handing it to the resident. If the resident is 4822  
physically unable to open the container, a staff member may open 4823  
the container for the resident. 4824

(3) Assist a physically impaired but mentally alert 4825  
resident, such as a resident with arthritis, cerebral palsy, or 4826  
Parkinson's disease, in removing oral or topical medication from 4827

containers and in consuming or applying the medication, upon 4828  
request by or with the consent of the resident. If a resident is 4829  
physically unable to place a dose of medicine to the resident's 4830  
mouth without spilling it, a staff member may place the dose in 4831  
a container and place the container to the mouth of the 4832  
resident. 4833

(E) (1) Except as provided in division (E) (2) of this 4834  
section, a person operating or seeking to operate a residential 4835  
facility shall apply for licensure of the facility to the 4836  
department of mental health and addiction services. The 4837  
application shall be submitted by the operator. When applying 4838  
for the license, the applicant shall pay to the department the 4839  
application fee specified in rules adopted under division (L) of 4840  
this section. The fee is nonrefundable. 4841

The department shall send a copy of an application to the 4842  
ADAMHS board serving the county in which the person operates or 4843  
seeks to operate the facility. The ADAMHS board shall review the 4844  
application and provide to the department any information about 4845  
the applicant or the facility that the board would like the 4846  
department to consider in reviewing the application. 4847

(2) A person may not apply for a license to operate a 4848  
residential facility if the person is or has been the owner, 4849  
operator, or manager of a residential facility for which a 4850  
license to operate was revoked or for which renewal of a license 4851  
was refused for any reason other than nonpayment of the license 4852  
renewal fee, unless both of the following conditions are met: 4853

(a) A period of not less than two years has elapsed since 4854  
the date the director of mental health and addiction services 4855  
issued the order revoking or refusing to renew the facility's 4856  
license. 4857



(b) The director's revocation or refusal to renew the license was not based on an act or omission at the facility that violated a resident's right to be free from abuse, neglect, or exploitation.

(F) (1) The department of mental health and addiction services shall inspect and license the operation of residential facilities. The department shall consider the past record of the facility and the applicant or licensee in arriving at its licensure decision.

The department may issue full, probationary, and interim licenses. A full license shall expire up to three years after the date of issuance, a probationary license shall expire in a shorter period of time as specified in rules adopted by the director of mental health and addiction services under division (L) of this section, and an interim license shall expire ninety days after the date of issuance. A license may be renewed in accordance with rules adopted by the director under division (L) of this section. The renewal application shall be submitted by the operator. When applying for renewal of a license, the applicant shall pay to the department the renewal fee specified in rules adopted under division (L) of this section. The fee is nonrefundable.

(2) The department may issue an order suspending the admission of residents to the facility or refuse to issue or renew and may revoke a license if it finds any of the following:

(a) The facility is not in compliance with rules adopted by the director pursuant to division (L) of this section;

(b) Any facility operated by the applicant or licensee has been cited for a pattern of serious noncompliance or repeated

violations of statutes or rules during the period of current or 4887  
previous licenses; 4888

(c) The applicant or licensee submits false or misleading 4889  
information as part of a license application, renewal, or 4890  
investigation. 4891

Proceedings initiated to deny applications for full or 4892  
probationary licenses or to revoke such licenses are governed by 4893  
Chapter 119. of the Revised Code. An order issued pursuant to 4894  
this division remains in effect during the pendency of those 4895  
proceedings. 4896

(G) The department may issue an interim license to operate 4897  
a residential facility if both of the following conditions are 4898  
met: 4899

(1) The department determines that the closing of or the 4900  
need to remove residents from another residential facility has 4901  
created an emergency situation requiring immediate removal of 4902  
residents and an insufficient number of licensed beds are 4903  
available. 4904

(2) The residential facility applying for an interim 4905  
license meets standards established for interim licenses in 4906  
rules adopted by the director under division (L) of this 4907  
section. 4908

An interim license shall be valid for ninety days and may 4909  
be renewed by the director no more than twice. Proceedings 4910  
initiated to deny applications for or to revoke interim licenses 4911  
under this division are not subject to Chapter 119. of the 4912  
Revised Code. 4913

(H) (1) The department of mental health and addiction 4914  
services may conduct an inspection of a residential facility as 4915

follows: 4916

(a) Prior to issuance of a license for the facility; 4917

(b) Prior to renewal of the license; 4918

(c) To determine whether the facility has completed a plan 4919  
of correction required pursuant to division (H) (2) of this 4920  
section and corrected deficiencies to the satisfaction of the 4921  
department and in compliance with this section and rules adopted 4922  
pursuant to it; 4923

(d) Upon complaint by any individual or agency; 4924

(e) At any time the director considers an inspection to be 4925  
necessary in order to determine whether the facility is in 4926  
compliance with this section and rules adopted pursuant to this 4927  
section. 4928

(2) In conducting inspections the department may conduct 4929  
an on-site examination and evaluation of the residential 4930  
facility and its personnel, activities, and services. The 4931  
department shall have access to examine and copy all records, 4932  
accounts, and any other documents relating to the operation of 4933  
the residential facility, including records pertaining to 4934  
residents, and shall have access to the facility in order to 4935  
conduct interviews with the operator, staff, and residents. 4936  
Following each inspection and review, the department shall 4937  
complete a report listing any deficiencies, and including, when 4938  
appropriate, a time table within which the operator shall 4939  
correct the deficiencies. The department may require the 4940  
operator to submit a plan of correction describing how the 4941  
deficiencies will be corrected. 4942

(I) No person shall do any of the following: 4943

(1) Operate a residential facility unless the facility holds a valid license;	4944 4945
(2) Violate any of the conditions of licensure after having been granted a license;	4946 4947
(3) Interfere with a state or local official's inspection or investigation of a residential facility;	4948 4949
(4) Violate any of the provisions of this section or any rules adopted pursuant to this section.	4950 4951
(J) The following may enter a residential facility at any time:	4952 4953
(1) Employees designated by the director of mental health and addiction services;	4954 4955
(2) Employees of an ADAMHS board under either of the following circumstances:	4956 4957
(a) When a resident of the facility is receiving services from a community mental health services provider under contract with that ADAMHS board or another ADAMHS board;	4958 4959 4960
(b) When authorized by section 340.05 of the Revised Code.	4961
(3) Employees of a community mental health services provider under either of the following circumstances:	4962 4963
(a) When the provider has a person receiving services residing in the facility;	4964 4965
(b) When the provider is acting as an agent of an ADAMHS board other than the board with which it is under contract.	4966 4967
(4) Representatives of the state long-term care ombudsman program when the facility provides accommodations, supervision, and personal care services for three to sixteen unrelated adults	4968 4969 4970

or to one or two unrelated adults who are recipients under the 4971  
residential state supplement program. 4972

The persons specified in division (J) of this section 4973  
shall be afforded access to examine and copy all records, 4974  
accounts, and any other documents relating to the operation of 4975  
the residential facility, including records pertaining to 4976  
residents. 4977

(K) Employees of the department of mental health and 4978  
addiction services may enter, for the purpose of investigation, 4979  
any institution, residence, facility, or other structure which 4980  
has been reported to the department as, or that the department 4981  
has reasonable cause to believe is, operating as a residential 4982  
facility without a valid license. 4983

(L) The director shall adopt and may amend and rescind 4984  
rules pursuant to Chapter 119. of the Revised Code governing the 4985  
licensing and operation of residential facilities. The rules 4986  
shall establish all of the following: 4987

(1) Minimum standards for the health, safety, adequacy, 4988  
and cultural competency of treatment of and services for persons 4989  
in residential facilities; 4990

(2) Procedures for the issuance, renewal, or revocation of 4991  
the licenses of residential facilities; 4992

(3) Procedures for conducting background investigations 4993  
for prospective or current operators, employees, volunteers, and 4994  
other non-resident occupants who may have direct access to 4995  
facility residents; 4996

(4) The fee to be paid when applying for a new residential 4997  
facility license or renewing the license; 4998

(5) Procedures for the operator of a residential facility	4999
to follow when notifying the ADAMHS board serving the county in	5000
which the facility is located when the facility is serving	5001
residents with mental illness or severe mental disability,	5002
including the circumstances under which the operator is required	5003
to make such a notification;	5004
(6) Procedures for the issuance and termination of orders	5005
of suspension of admission of residents to a residential	5006
facility;	5007
(7) Measures to be taken by residential facilities	5008
relative to residents' medication;	5009
(8) Requirements relating to preparation of special diets;	5010
(9) The maximum number of residents who may be served in a	5011
residential facility;	5012
(10) The rights of residents of residential facilities and	5013
procedures to protect such rights;	5014
(11) Standards and procedures under which the director may	5015
waive the requirements of any of the rules adopted.	5016
(M) (1) The department may withhold the source of any	5017
complaint reported as a violation of this section when the	5018
department determines that disclosure could be detrimental to	5019
the department's purposes or could jeopardize the investigation.	5020
The department may disclose the source of any complaint if the	5021
complainant agrees in writing to such disclosure and shall	5022
disclose the source upon order by a court of competent	5023
jurisdiction.	5024
(2) Any person who makes a complaint under division (M) (1)	5025
of this section, or any person who participates in an	5026

administrative or judicial proceeding resulting from such a 5027  
complaint, is immune from civil liability and is not subject to 5028  
criminal prosecution, other than for perjury, unless the person 5029  
has acted in bad faith or with malicious purpose. 5030

(N) (1) The director of mental health and addiction 5031  
services may petition the court of common pleas of the county in 5032  
which a residential facility is located for an order enjoining 5033  
any person from operating a residential facility without a 5034  
license or from operating a licensed facility when, in the 5035  
director's judgment, there is a present danger to the health or 5036  
safety of any of the occupants of the facility. The court shall 5037  
have jurisdiction to grant such injunctive relief upon a showing 5038  
that the respondent named in the petition is operating a 5039  
facility without a license or there is a present danger to the 5040  
health or safety of any residents of the facility. 5041

(2) When the court grants injunctive relief in the case of 5042  
a facility operating without a license, the court shall issue, 5043  
at a minimum, an order enjoining the facility from admitting new 5044  
residents to the facility and an order requiring the facility to 5045  
assist with the safe and orderly relocation of the facility's 5046  
residents. 5047

(3) If injunctive relief is granted against a facility for 5048  
operating without a license and the facility continues to 5049  
operate without a license, the director shall refer the case to 5050  
the attorney general for further action. 5051

(O) The director may fine a person for violating division 5052  
(I) of this section. The fine shall be five hundred dollars for 5053  
a first offense; for each subsequent offense, the fine shall be 5054  
one thousand dollars. The director's actions in imposing a fine 5055  
shall be taken in accordance with Chapter 119. of the Revised 5056

Code. 5057

**Section 2.** That existing sections 109.57, 140.01, 140.08, 5058  
1337.11, 1739.05, 2133.01, 2317.54, 2929.14, 3701.881, 3712.01, 5059  
3712.09, 3721.01, 3795.01, 3795.03, 3963.01, 4719.01, 4723.36, 5060  
4723.481, 4723.487, 4729.43, 4730.202, 4730.411, 4730.53, 5061  
4731.055, 4731.228, 4752.02, and 5119.34 of the Revised Code are 5062  
hereby repealed. 5063

**Section 3.** Sections 1739.05 and 1751.84 of the Revised 5064  
Code, as amended and enacted by this act, apply only to 5065  
policies, contracts, and agreements that are delivered, issued 5066  
for delivery, or renewed in this state on or after January 1, 5067  
2018. Section 3923.84 of the Revised Code, as enacted by this 5068  
act, applies only to policies of sickness and accident insurance 5069  
issued for delivery or renewed in this state on or after January 5070  
1, 2018. 5071

**Section 4.** The Director of Aging and the Director of 5072  
Health shall jointly develop recommendations regarding the 5073  
establishment of standards and procedures for the operation of 5074  
memory care units in this state, as well as quality-of-care 5075  
metrics to be used in measuring the performance of such units. 5076  
The directors shall, in accordance with section 101.68 of the 5077  
Revised Code, submit the recommendations to the General Assembly 5078  
not later than six months after the effective date of this 5079  
section. 5080

**Section 5.** Section 1739.05 of the Revised Code is 5081  
presented in this act as a composite of the section as amended 5082  
by Am. Sub. H.B. 64, Sub. H.B. 116, and Sub. S.B. 129, all of 5083  
the 131st General Assembly. The General Assembly, applying the 5084  
principle stated in division (B) of section 1.52 of the Revised 5085  
Code that amendments are to be harmonized if reasonably capable 5086



of simultaneous operation, finds that the composite is the 5087  
resulting version of the section in effect prior to the 5088  
effective date of the section as presented in this act. 5089

Section 4730.53 of the Revised Code is presented in this 5090  
act as a composite of the section as amended by S.B. 110 of the 5091  
131st General Assembly and H.B. 394 and S.B. 276 both of the 5092  
130th General Assembly. The General Assembly, applying the 5093  
principle stated in division (B) of section 1.52 of the Revised 5094  
Code that amendments are to be harmonized if reasonably capable 5095  
of simultaneous operation, finds that the composite is the 5096  
resulting version of the section in effect prior to the 5097  
effective date of the section as presented in this act. 5098