

**As Introduced**

**132nd General Assembly  
Regular Session  
2017-2018**

**H. B. No. 726**

**Representative Gavarone**

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**A BILL**

To amend sections 1751.67, 2133.211, 2919.171, 1  
2919.202, 3313.539, 3701.926, 3707.511, 3719.06, 2  
3727.06, 3923.233, 3923.301, 3923.63, 3923.64, 3  
4723.01, 4723.07, 4723.28, 4723.41, 4723.42, 4  
4723.43, 4723.432, 4723.44, 4723.48, 4723.481, 5  
4723.482, 4723.493, 4723.50, 4731.22, 4731.27, 6  
4731.281, 4761.17, and 5164.07, to enact section 7  
4731.058, and to repeal sections 4723.431 and 8  
5164.73 of the Revised Code regarding standard 9  
care arrangements entered into by advanced 10  
practice registered nurses and collaborating 11  
physicians or podiatrists, physician prescribing 12  
of schedule II controlled substances from 13  
convenience care clinics, and clearances by 14  
licensed health professionals of concussed 15  
student athletes. 16

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

**Section 1.** That sections 1751.67, 2133.211, 2919.171, 17  
2919.202, 3313.539, 3701.926, 3707.511, 3719.06, 3727.06, 18  
3923.233, 3923.301, 3923.63, 3923.64, 4723.01, 4723.07, 4723.28, 19  
4723.41, 4723.42, 4723.43, 4723.432, 4723.44, 4723.48, 4723.481, 20

4723.482, 4723.493, 4723.50, 4731.22, 4731.27, 4731.281, 21  
4761.17, and 5164.07 be amended and section 4731.058 of the 22  
Revised Code be enacted to read as follows: 23

**Sec. 1751.67.** (A) Each individual or group health insuring 24  
corporation policy, contract, or agreement delivered, issued for 25  
delivery, or renewed in this state that provides maternity 26  
benefits shall provide coverage of inpatient care and follow-up 27  
care for a mother and her newborn as follows: 28

(1) The policy, contract, or agreement shall cover a 29  
minimum of forty-eight hours of inpatient care following a 30  
normal vaginal delivery and a minimum of ninety-six hours of 31  
inpatient care following a cesarean delivery. Services covered 32  
as inpatient care shall include medical, educational, and any 33  
other services that are consistent with the inpatient care 34  
recommended in the protocols and guidelines developed by 35  
national organizations that represent pediatric, obstetric, and 36  
nursing professionals. 37

(2) The policy, contract, or agreement shall cover a 38  
physician-directed source of follow-up care or a source of 39  
follow-up care directed by an advanced practice registered 40  
nurse. Services covered as follow-up care shall include physical 41  
assessment of the mother and newborn, parent education, 42  
assistance and training in breast or bottle feeding, assessment 43  
of the home support system, performance of any medically 44  
necessary and appropriate clinical tests, and any other services 45  
that are consistent with the follow-up care recommended in the 46  
protocols and guidelines developed by national organizations 47  
that represent pediatric, obstetric, and nursing professionals. 48  
The coverage shall apply to services provided in a medical 49  
setting or through home health care visits. The coverage shall 50

apply to a home health care visit only if the provider who 51  
conducts the visit is knowledgeable and experienced in maternity 52  
and newborn care. 53

When a decision is made in accordance with division (B) of 54  
this section to discharge a mother or newborn prior to the 55  
expiration of the applicable number of hours of inpatient care 56  
required to be covered, the coverage of follow-up care shall 57  
apply to all follow-up care that is provided within seventy-two 58  
hours after discharge. When a mother or newborn receives at 59  
least the number of hours of inpatient care required to be 60  
covered, the coverage of follow-up care shall apply to follow-up 61  
care that is determined to be medically necessary by the 62  
provider responsible for discharging the mother or newborn. 63

(B) Any decision to shorten the length of inpatient stay 64  
to less than that specified under division (A) (1) of this 65  
section shall be made by the physician attending the mother or 66  
newborn, except that if a certified nurse-midwife is attending 67  
the mother ~~in collaboration with a physician~~, the decision may 68  
be made by the certified nurse-midwife. Decisions regarding 69  
early discharge shall be made only after conferring with the 70  
mother or a person responsible for the mother or newborn. For 71  
purposes of this division, a person responsible for the mother 72  
or newborn may include a parent, guardian, or any other person 73  
with authority to make medical decisions for the mother or 74  
newborn. 75

(C) (1) No health insuring corporation may do either of the 76  
following: 77

(a) Terminate the participation of a provider or health 78  
care facility in an individual or group health care plan solely 79  
for making recommendations for inpatient or follow-up care for a 80

particular mother or newborn that are consistent with the care 81  
required to be covered by this section; 82

(b) Establish or offer monetary or other financial 83  
incentives for the purpose of encouraging a person to decline 84  
the inpatient or follow-up care required to be covered by this 85  
section. 86

(2) Whoever violates division (C) (1) (a) or (b) of this 87  
section has engaged in an unfair and deceptive act or practice 88  
in the business of insurance under sections 3901.19 to 3901.26 89  
of the Revised Code. 90

(D) This section does not do any of the following: 91

(1) Require a policy, contract, or agreement to cover 92  
inpatient or follow-up care that is not received in accordance 93  
with the policy's, contract's, or agreement's terms pertaining 94  
to the providers and facilities from which an individual is 95  
authorized to receive health care services; 96

(2) Require a mother or newborn to stay in a hospital or 97  
other inpatient setting for a fixed period of time following 98  
delivery; 99

(3) Require a child to be delivered in a hospital or other 100  
inpatient setting; 101

(4) Authorize a certified nurse-midwife to practice beyond 102  
the authority to practice nurse-midwifery in accordance with 103  
Chapter 4723. of the Revised Code; 104

(5) Establish minimum standards of medical diagnosis, 105  
care, or treatment for inpatient or follow-up care for a mother 106  
or newborn. A deviation from the care required to be covered 107  
under this section shall not, solely on the basis of this 108

section, give rise to a medical claim or to derivative claims 109  
for relief, as those terms are defined in section 2305.113 of 110  
the Revised Code. 111

**Sec. 2133.211.** A person who holds a current, valid license 112  
issued under Chapter 4723. of the Revised Code to practice as an 113  
advanced practice registered nurse may take any action that may 114  
be taken by an attending physician under sections 2133.21 to 115  
2133.26 of the Revised Code and has the immunity provided by 116  
section 2133.22 of the Revised Code ~~if the action is taken~~ 117  
~~pursuant to a standard care arrangement with a collaborating~~ 118  
~~physician.~~ 119

A person who holds a license to practice as a physician 120  
assistant issued under Chapter 4730. of the Revised Code may 121  
take any action that may be taken by an attending physician 122  
under sections 2133.21 to 2133.26 of the Revised Code and has 123  
the immunity provided by section 2133.22 of the Revised Code if 124  
the action is taken pursuant to a supervision agreement entered 125  
into under section 4730.19 of the Revised Code, including, if 126  
applicable, the policies of a health care facility in which the 127  
physician assistant is practicing. 128

**Sec. 2919.171.** (A) A physician who performs or induces or 129  
attempts to perform or induce an abortion on a pregnant woman 130  
shall submit a report to the department of health in accordance 131  
with the forms, rules, and regulations adopted by the department 132  
that includes all of the information the physician is required 133  
to certify in writing or determine under sections 2919.17 and 134  
2919.18 of the Revised Code: 135

(B) By September 30 of each year, the department of health 136  
shall issue a public report that provides statistics for the 137  
previous calendar year compiled from all of the reports covering 138

that calendar year submitted to the department in accordance 139  
with this section for each of the items listed in division (A) 140  
of this section. The report shall also provide the statistics 141  
for each previous calendar year in which a report was filed with 142  
the department pursuant to this section, adjusted to reflect any 143  
additional information that a physician provides to the 144  
department in a late or corrected report. The department shall 145  
ensure that none of the information included in the report could 146  
reasonably lead to the identification of any pregnant woman upon 147  
whom an abortion is performed. 148

(C) (1) The physician shall submit the report described in 149  
division (A) of this section to the department of health within 150  
fifteen days after the woman is discharged. If the physician 151  
fails to submit the report more than thirty days after that 152  
fifteen-day deadline, the physician shall be subject to a late 153  
fee of five hundred dollars for each additional thirty-day 154  
period or portion of a thirty-day period the report is overdue. 155  
A physician who is required to submit to the department of 156  
health a report under division (A) of this section and who has 157  
not submitted a report or has submitted an incomplete report 158  
more than one year following the fifteen-day deadline may, in an 159  
action brought by the department of health, be directed by a 160  
court of competent jurisdiction to submit a complete report to 161  
the department of health within a period of time stated in a 162  
court order or be subject to contempt of court. 163

(2) If a physician fails to comply with the requirements 164  
of this section, other than filing a late report with the 165  
department of health, or fails to submit a complete report to 166  
the department of health in accordance with a court order, the 167  
physician is subject to division ~~(B) (44)~~ (B) (43) of section 168  
4731.22 of the Revised Code. 169

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

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

**Sec. 2919.202.** (A) A physician who performs or induces or attempts to perform or induce an abortion on a pregnant woman shall submit a report to the department of health in accordance with the forms, rules, and regulations adopted by the department that includes all of the information the physician is required to certify in writing or determine under sections 2919.201 and 2919.203 of the Revised Code.

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

(C) (1) The physician shall submit the report described in division (A) of this section to the department of health within fifteen days after the woman is discharged. If the physician fails to submit the report more than thirty days after that

fifteen-day deadline, the physician shall be subject to a late 200  
fee of five hundred dollars for each additional thirty-day 201  
period or portion of a thirty-day period the report is overdue. 202  
A physician who is required to submit to the department of 203  
health a report under division (A) of this section and who has 204  
not submitted a report or has submitted an incomplete report 205  
more than one year following the last day of the fifteen-day 206  
deadline may, in an action brought by the department of health, 207  
be directed by a court of competent jurisdiction to submit a 208  
complete report to the department of health within a period of 209  
time stated in a court order or be subject to contempt of court. 210

(2) If a physician fails to comply with the requirements 211  
of this section, other than filing a late report with the 212  
department of health, or fails to submit a complete report to 213  
the department of health in accordance with a court order, the 214  
physician is subject to division ~~(B) (44)~~ (B) (43) of section 215  
4731.22 of the Revised Code. 216

(3) No person shall purposely falsify any report required 217  
under this section. Whoever purposely violates this division is 218  
guilty of pain-capable unborn child abortion report 219  
falsification, a misdemeanor of the first degree. 220

(D) Within ninety days of the effective date of this 221  
section March 14, 2017, the department of health shall adopt 222  
rules pursuant to section 111.15 of the Revised Code to assist 223  
in compliance with this section. 224

**Sec. 3313.539.** (A) As used in this section: 225

(1) "Licensing agency" has the same meaning as in section 226  
4745.01 of the Revised Code. 227

(2) "Licensed health care professional" means an 228

individual, other than a physician, who is authorized under 229  
Title XLVII of the Revised Code to practice a health care 230  
profession. 231

(3) "Physician" means a person authorized under Chapter 232  
4731. of the Revised Code to practice medicine and surgery or 233  
osteopathic medicine and surgery. 234

(B) No school district board of education or governing 235  
authority of a chartered or nonchartered nonpublic school shall 236  
permit a student to practice for or compete in interscholastic 237  
athletics until the student has submitted, to a school official 238  
designated by the board or governing authority, a form signed by 239  
the parent, guardian, or other person having care or charge of 240  
the student stating that the student and the parent, guardian, 241  
or other person having care or charge of the student have 242  
received the concussion and head injury information sheet 243  
required by section 3707.52 of the Revised Code. A completed 244  
form shall be submitted each school year, as defined in section 245  
3313.62 of the Revised Code, for each sport or other category of 246  
interscholastic athletics for or in which the student practices 247  
or competes. 248

(C) (1) No school district board of education or governing 249  
authority of a chartered or nonchartered nonpublic school shall 250  
permit an individual to coach interscholastic athletics unless 251  
the individual holds a pupil-activity program permit issued 252  
under section 3319.303 of the Revised Code for coaching 253  
interscholastic athletics. 254

(2) No school district board of education or governing 255  
authority of a chartered or nonchartered nonpublic school shall 256  
permit an individual to referee interscholastic athletics unless 257  
the individual holds a pupil-activity program permit issued 258

under section 3319.303 of the Revised Code for coaching 259  
interscholastic athletics or presents evidence that the 260  
individual has successfully completed, within the previous three 261  
years, a training program in recognizing the symptoms of 262  
concussions and head injuries to which the department of health 263  
has provided a link on its internet web site under section 264  
3707.52 of the Revised Code or a training program authorized and 265  
required by an organization that regulates interscholastic 266  
athletic competition and conducts interscholastic athletic 267  
events. 268

(D) If a student practicing for or competing in an 269  
interscholastic athletic event exhibits signs, symptoms, or 270  
behaviors consistent with having sustained a concussion or head 271  
injury while participating in the practice or competition, the 272  
student shall be removed from the practice or competition by 273  
either of the following: 274

(1) The individual who is serving as the student's coach 275  
during that practice or competition; 276

(2) An individual who is serving as a referee during that 277  
practice or competition. 278

(E) (1) If a student is removed from practice or 279  
competition under division (D) of this section, the coach or 280  
referee who removed the student shall not allow the student, on 281  
the same day the student is removed, to return to that practice 282  
or competition or to participate in any other practice or 283  
competition for which the coach or referee is responsible. 284  
Thereafter, the coach or referee shall not allow the student to 285  
return to that practice or competition or to participate in any 286  
other practice or competition for which the coach or referee is 287  
responsible until both of the following conditions are 288

satisfied:	289
(a) The student's condition is assessed by any of the	290
following who has complied with the requirements in division (E)	291
<del>(4)</del> <u>(3)</u> of this section:	292
(i) A physician;	293
(ii) A licensed health care professional <u>who is authorized</u>	294
<u>by</u> the school district board of education or governing authority	295
of the chartered or nonchartered nonpublic school, <del>pursuant to</del>	296
<del>division (E) (2) of this section, authorizes</del> to assess a student	297
who has been removed from practice or competition under division	298
(D) of this section;	299
(iii) A licensed health care professional who meets the	300
minimum education requirements established by rules adopted	301
under section 3707.521 of the Revised Code by the professional's	302
licensing agency.	303
(b) The student receives written clearance that it is safe	304
for the student to return to practice or competition from the	305
physician or licensed health care professional who assessed the	306
student's condition.	307
(2) <del>A school district board of education or governing</del>	308
<del>authority of a chartered or nonchartered nonpublic school may</del>	309
<del>authorize a licensed health care professional to make an</del>	310
<del>assessment or grant a clearance for purposes of division (E) (1)</del>	311
<del>of this section only if the professional is acting in accordance</del>	312
<del>with one of the following, as applicable to the professional's</del>	313
<del>authority to practice in this state:</del>	314
<del>(a) In consultation with a physician;</del>	315
<del>(b) Pursuant to the referral of a physician;</del>	316

<del>(c) In collaboration with a physician,</del>	317
<del>(d) Under the supervision of a physician.</del>	318
<del>(3) A physician or licensed health care professional who</del>	319
makes an assessment or grants a clearance for purposes of	320
division (E) (1) of this section may be a volunteer.	321
<del>(4) (3) Beginning one year after the effective date of</del>	322
<del>this amendment</del> <u>September 17, 2014</u> , all physicians and licensed	323
health care professionals who conduct assessments and clearances	324
under division (E) (1) of this section must meet the minimum	325
education requirements established by rules adopted under	326
section 3707.521 of the Revised Code by their respective	327
licensing agencies.	328
(F) A school district board of education or governing	329
authority of a chartered or nonchartered nonpublic school that	330
is subject to the rules of an interscholastic conference or an	331
organization that regulates interscholastic athletic competition	332
and conducts interscholastic athletic events shall be considered	333
to be in compliance with divisions (B), (D), and (E) of this	334
section, as long as the requirements of those rules are	335
substantially similar to the requirements of divisions (B), (D),	336
and (E) of this section.	337
(G) (1) A school district, member of a school district	338
board of education, or school district employee or volunteer,	339
including a coach or referee, is not liable in damages in a	340
civil action for injury, death, or loss to person or property	341
allegedly arising from providing services or performing duties	342
under this section, unless the act or omission constitutes	343
willful or wanton misconduct.	344
This section does not eliminate, limit, or reduce any	345

other immunity or defense that a school district, member of a 346  
school district board of education, or school district employee 347  
or volunteer, including a coach or referee, may be entitled to 348  
under Chapter 2744. or any other provision of the Revised Code 349  
or under the common law of this state. 350

(2) A chartered or nonchartered nonpublic school or any 351  
officer, director, employee, or volunteer of the school, 352  
including a coach or referee, is not liable in damages in a 353  
civil action for injury, death, or loss to person or property 354  
allegedly arising from providing services or performing duties 355  
under this section, unless the act or omission constitutes 356  
willful or wanton misconduct. 357

**Sec. 3701.926.** (A) To be eligible for inclusion in the 358  
patient centered medical home education pilot project, a primary 359  
care practice led by physicians shall meet all of the following 360  
requirements: 361

(1) Consist of physicians who are board-certified in 362  
family medicine, general pediatrics, or internal medicine, as 363  
those designations are issued by a medical specialty certifying 364  
board recognized by the American board of medical specialties or 365  
American osteopathic association; 366

(2) Be capable of adapting the practice during the period 367  
in which the practice participates in the patient centered 368  
medical home education pilot project in such a manner that the 369  
practice is fully compliant with the minimum standards for 370  
operation of a patient centered medical home, as those standards 371  
are established by the director of health; 372

(3) Have submitted an application to participate in the 373  
project established under former section 185.05 of the Revised 374

Code not later than April 15, 2011.	375
(4) Meet any other criteria established by the director as part of the selection process.	376 377
(B) To be eligible for inclusion in the pilot project, a primary care practice led by advanced practice registered nurses shall meet all of the following requirements:	378 379 380
(1) Consist of advanced practice registered nurses, each of whom meets both of the following requirements:	381 382
(a) Is authorized to prescribe drugs and therapeutic devices under section 4723.43 of the Revised Code;	383 384
(b) Is board-certified by a national certifying organization approved by the board of nursing pursuant to section 4723.46 of the Revised Code as a family nurse practitioner, adult nurse practitioner, adult-gerontology nurse practitioner, women's health nurse practitioner, or pediatric nurse practitioner;	385 386 387 388 389 390
<del>(c) Collaborates under a standard care arrangement with a physician with board certification as specified in division (A)(1) of this section and who is an active participant on the health care team.</del>	391 392 393 394
(2) Be capable of adapting the practice during the period in which the practice participates in the project in such a manner that the practice is fully compliant with the minimum standards for operation of a patient centered medical home, as those standards are established by the director;	395 396 397 398 399
(3) Have submitted an application to participate in the project established under former section 185.05 of the Revised Code not later than April 15, 2011.	400 401 402

(4) Meet any other criteria established by the director as part of the selection process.	403 404
<b>Sec. 3707.511.</b> (A) As used in this section:	405
(1) "Licensing agency" has the same meaning as in section 4745.01 of the Revised Code.	406 407
(2) "Licensed health care professional" means an individual, other than a physician, who is authorized under Title XLVII of the Revised Code to practice a health care profession.	408 409 410 411
(3) "Physician" means a person authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.	412 413 414
(B) A youth sports organization shall provide to the parent, guardian, or other person having care or charge of an individual who wishes to practice for or compete in an athletic activity organized by a youth sports organization the concussion and head injury information sheet required by section 3707.52 of the Revised Code. The organization shall provide the information sheet annually for each sport or other category of athletic activity for or in which the individual practices or competes.	415 416 417 418 419 420 421 422
(C) (1) No individual shall act as a coach or referee for a youth sports organization unless the individual holds a pupil-activity program permit issued under section 3319.303 of the Revised Code for coaching interscholastic athletics or presents evidence that the individual has successfully completed, within the previous three years, a training program in recognizing the symptoms of concussions and head injuries to which the department of health has provided a link on its internet web site under section 3707.52 of the Revised Code.	423 424 425 426 427 428 429 430 431

(2) The youth sports organization for which the individual 432  
intends to act as a coach or referee shall inform the individual 433  
of the requirement described in division (C)(1) of this section. 434

(D) If an individual practicing for or competing in an 435  
athletic event organized by a youth sports organization exhibits 436  
signs, symptoms, or behaviors consistent with having sustained a 437  
concussion or head injury while participating in the practice or 438  
competition, the individual shall be removed from the practice 439  
or competition by one of the following: 440

(1) The individual who is serving as the individual's 441  
coach during that practice or competition; 442

(2) An individual who is serving as a referee during that 443  
practice or competition; 444

(3) An official of the youth sports organization who is 445  
supervising that practice or competition. 446

(E)(1) If an individual is removed from practice or 447  
competition under division (D) of this section, the coach, 448  
referee, or official who removed the individual shall not allow 449  
the individual, on the same day the individual is removed, to 450  
return to that practice or competition or to participate in any 451  
other practice or competition for which the coach, referee, or 452  
official is responsible. Thereafter, the coach, referee, or 453  
official shall not allow the student to return to that practice 454  
or competition or to participate in any other practice or 455  
competition for which the coach, referee, or official is 456  
responsible until both of the following conditions are 457  
satisfied: 458

(a) The individual's condition is assessed by any of the 459  
following who has complied with the requirements in division (E) 460

<del>(4)</del> <u>(3)</u> of this section:	461
(i) A physician;	462
(ii) A licensed health care professional <u>who is authorized</u> <del>by the youth sports organization, pursuant to division (E) (2) of</del> <del>this section, authorizes</del> to assess an individual who has been removed from practice or competition under division (D) of this section;	463 464 465 466 467
(iii) A licensed health care professional who meets the minimum education requirements established by rules adopted under section 3707.521 of the Revised Code by the professional's licensing agency.	468 469 470 471
(b) The individual receives written clearance that it is safe for the individual to return to practice or competition from the physician or licensed health care professional who assessed the individual's condition.	472 473 474 475
(2) <del>A youth sports organization may authorize a licensed</del> <del>health care professional to make an assessment or grant a</del> <del>clearance for purposes of division (E) (1) of this section only</del> <del>if the professional is acting in accordance with one of the</del> <del>following, as applicable to the professional's authority to</del> <del>practice in this state:</del>	476 477 478 479 480 481
<del>(a) In consultation with a physician;</del>	482
<del>(b) Pursuant to the referral of a physician;</del>	483
<del>(c) In collaboration with a physician;</del>	484
<del>(d) Under the supervision of a physician.</del>	485
<del>(3)</del> A physician or licensed health care professional who makes an assessment or grants a clearance for purposes of	486 487

division (E) (1) of this section may be a volunteer. 488

~~(4)~~ (3) Beginning one year after ~~the effective date of~~ 489  
~~this amendment~~ September 17, 2014, all physicians and licensed 490  
health care professionals who conduct assessments and clearances 491  
under division (E) (1) of this section must meet the minimum 492  
education requirements established by rules adopted under 493  
section 3707.521 of the Revised Code by their respective 494  
licensing agencies. 495

(F) (1) A youth sports organization or official, employee, 496  
or volunteer of a youth sports organization, including a coach 497  
or referee, is not liable in damages in a civil action for 498  
injury, death, or loss to person or property allegedly arising 499  
from providing services or performing duties under this section, 500  
unless the act or omission constitutes willful or wanton 501  
misconduct. 502

(2) This section does not eliminate, limit, or reduce any 503  
other immunity or defense that a public entity, public official, 504  
or public employee may be entitled to under Chapter 2744. or any 505  
other provision of the Revised Code or under the common law of 506  
this state. 507

**Sec. 3719.06.** (A) (1) A licensed health professional 508  
authorized to prescribe drugs, if acting in the course of 509  
professional practice, in accordance with the laws regulating 510  
the professional's practice, and in accordance with rules 511  
adopted by the state board of pharmacy, may, except as provided 512  
in division (A) (2) or (3) of this section, do the following: 513

(a) Prescribe schedule II, III, IV, and V controlled 514  
substances; 515

(b) Administer or personally furnish to patients schedule 516

II, III, IV, and V controlled substances;	517
(c) Cause schedule II, III, IV, and V controlled substances to be administered under the prescriber's direction and supervision.	518 519 520
(2) A licensed health professional authorized to prescribe drugs who is a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner is subject to both of the following:	521 522 523 524
(a) A schedule II controlled substance may be prescribed only in accordance with division <del>(C)</del> <u>(B)</u> of section 4723.481 of the Revised Code.	525 526 527
(b) No schedule II controlled substance shall be personally furnished to any patient.	528 529
(3) A licensed health professional authorized to prescribe drugs who is a physician assistant is subject to all of the following:	530 531 532
(a) A controlled substance may be prescribed or personally furnished only if it is included in the physician-delegated prescriptive authority granted to the physician assistant in accordance with Chapter 4730. of the Revised Code.	533 534 535 536
(b) A schedule II controlled substance may be prescribed only in accordance with division (B)(4) of section 4730.41 and section 4730.411 of the Revised Code.	537 538 539
(c) No schedule II controlled substance shall be personally furnished to any patient.	540 541
(B) No licensed health professional authorized to prescribe drugs shall prescribe, administer, or personally furnish a schedule III anabolic steroid for the purpose of human	542 543 544

muscle building or enhancing human athletic performance and no 545  
pharmacist shall dispense a schedule III anabolic steroid for 546  
either purpose, unless it has been approved for that purpose 547  
under the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 548  
(1938), 21 U.S.C.A. 301, as amended. 549

(C) Each written prescription shall be properly executed, 550  
dated, and signed by the prescriber on the day when issued and 551  
shall bear the full name and address of the person for whom, or 552  
the owner of the animal for which, the controlled substance is 553  
prescribed and the full name, address, and registry number under 554  
the federal drug abuse control laws of the prescriber. If the 555  
prescription is for an animal, it shall state the species of the 556  
animal for which the controlled substance is prescribed. 557

**Sec. 3727.06.** (A) As used in this section: 558

(1) "Doctor" means an individual authorized to practice 559  
medicine and surgery or osteopathic medicine and surgery. 560

(2) "Podiatrist" means an individual authorized to 561  
practice podiatric medicine and surgery. 562

(B) (1) Only the following may admit a patient to a 563  
hospital: 564

(a) A doctor who is a member of the hospital's medical 565  
staff; 566

(b) A dentist who is a member of the hospital's medical 567  
staff; 568

(c) A podiatrist who is a member of the hospital's medical 569  
staff; 570

(d) A clinical nurse specialist, certified nurse-midwife, 571  
or certified nurse practitioner if ~~all of the following~~ 572

~~conditions are met:—~~ 573

~~(i) The clinical nurse specialist, certified nurse—~~ 574  
~~midwife, or certified nurse practitioner has a standard care—~~ 575  
~~arrangement entered into pursuant to section 4723.431 of the—~~ 576  
~~Revised Code with a collaborating doctor or podiatrist who is a—~~ 577  
~~member of the medical staff;—~~ 578

~~(ii) The patient will be under the medical supervision of—~~ 579  
~~the collaborating doctor or podiatrist;—~~ 580

~~(iii) The the hospital has granted the clinical nurse~~ 581  
~~specialist, certified nurse-midwife, or certified nurse~~ 582  
~~practitioner admitting privileges and appropriate credentials.~~ 583

(e) A physician assistant if all of the following 584  
conditions are met: 585

(i) The physician assistant is listed on a supervision 586  
agreement entered into under section 4730.19 of the Revised Code 587  
for a doctor or podiatrist who is a member of the hospital's 588  
medical staff. 589

(ii) The patient will be under the medical supervision of 590  
the supervising doctor or podiatrist. 591

(iii) The hospital has granted the physician assistant 592  
admitting privileges and appropriate credentials. 593

(2) Prior to admitting a patient, a ~~clinical nurse—~~ 594  
~~specialist, certified nurse-midwife, certified nurse—~~ 595  
~~practitioner, or physician assistant shall notify the~~ 596  
~~collaborating or supervising doctor or podiatrist of the planned~~ 597  
~~admission.~~ 598

(C) All hospital patients shall be under the medical 599  
supervision of a doctor, except that services that may be 600

rendered by a licensed dentist pursuant to Chapter 4715. of the 601  
Revised Code provided to patients admitted solely for the 602  
purpose of receiving such services shall be under the 603  
supervision of the admitting dentist and that services that may 604  
be rendered by a podiatrist pursuant to section 4731.51 of the 605  
Revised Code provided to patients admitted solely for the 606  
purpose of receiving such services shall be under the 607  
supervision of the admitting podiatrist. If treatment not within 608  
the scope of Chapter 4715. or section 4731.51 of the Revised 609  
Code is required at the time of admission by a dentist or 610  
podiatrist, or becomes necessary during the course of hospital 611  
treatment by a dentist or podiatrist, such treatment shall be 612  
under the supervision of a doctor who is a member of the medical 613  
staff. It shall be the responsibility of the admitting dentist 614  
or podiatrist to make arrangements with a doctor who is a member 615  
of the medical staff to be responsible for the patient's 616  
treatment outside the scope of Chapter 4715. or section 4731.51 617  
of the Revised Code when necessary during the patient's stay in 618  
the hospital. 619

**Sec. 3923.233.** Notwithstanding any provision of any 620  
certificate furnished by an insurer in connection with or 621  
pursuant to any group sickness and accident insurance policy 622  
delivered, issued, renewed, or used, in or outside this state, 623  
on or after January 1, 1985, and notwithstanding any provision 624  
of any policy of insurance delivered, issued for delivery, 625  
renewed, or used, in or outside this state, on or after January 626  
1, 1985, whenever the policy or certificate is subject to the 627  
jurisdiction of this state and provides for reimbursement for 628  
any service that may be legally performed by an advanced 629  
practice registered nurse who holds a current, valid license 630  
issued under Chapter 4723. of the Revised Code and is designated 631

as a certified nurse-midwife in accordance with section 4723.42 632  
of the Revised Code, reimbursement under the policy or 633  
certificate shall not be denied to a certified nurse-midwife 634  
performing the service ~~in collaboration with a licensed-~~ 635  
~~physician. The collaborating physician shall be identified on an-~~ 636  
~~insurance claim form.~~ 637

~~The cost of collaboration with a certified nurse-midwife-~~ 638  
~~by a licensed physician as required under section 4723.43 of the-~~ 639  
~~Revised Code is a reimbursable expense.~~ 640

~~The division of any reimbursement payment for services-~~ 641  
~~performed by a certified nurse-midwife between the certified-~~ 642  
~~nurse-midwife and the certified nurse-midwife's collaborating-~~ 643  
~~physician shall be determined and mutually agreed upon by the-~~ 644  
~~certified nurse-midwife and the physician. The division of fees-~~ 645  
~~shall not be considered a violation of division (B) (17) of-~~ 646  
~~section 4731.22 of the Revised Code. In no case shall the total-~~ 647  
~~fees charged exceed the fee the physician would have charged had-~~ 648  
~~the physician provided the entire service.~~ 649

**Sec. 3923.301.** Every person, the state and any of its 650  
instrumentalities, any county, township, school district, or 651  
other political subdivision and any of its instrumentalities, 652  
and any municipal corporation and any of its instrumentalities 653  
that provides payment for health care benefits for any of its 654  
employees resident in this state, which benefits are not 655  
provided by contract with an insurer qualified to provide 656  
sickness and accident insurance or a health insuring 657  
corporation, and that includes reimbursement for any service 658  
that may be legally performed by an advanced practice registered 659  
nurse who holds a current, valid license issued under Chapter 660  
4723. of the Revised Code and is designated as a certified 661

nurse-midwife in accordance with section 4723.42 of the Revised Code, shall not deny reimbursement to a certified nurse-midwife performing the service ~~if the service is performed in collaboration with a licensed physician. The collaborating physician shall be identified on the claim form.~~

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

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

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

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

represent pediatric, obstetric, and nursing professionals. 692

(2) The policy shall cover a physician-directed source of 693  
follow-up care or a source of follow-up care directed by an 694  
advanced practice registered nurse. Services covered as follow- 695  
up care shall include physical assessment of the mother and 696  
newborn, parent education, assistance and training in breast or 697  
bottle feeding, assessment of the home support system, 698  
performance of any medically necessary and appropriate clinical 699  
tests, and any other services that are consistent with the 700  
follow-up care recommended in the protocols and guidelines 701  
developed by national organizations that represent pediatric, 702  
obstetric, and nursing professionals. The coverage shall apply 703  
to services provided in a medical setting or through home health 704  
care visits. The coverage shall apply to a home health care 705  
visit only if the health care professional who conducts the 706  
visit is knowledgeable and experienced in maternity and newborn 707  
care. 708

When a decision is made in accordance with division (B) of 709  
this section to discharge a mother or newborn prior to the 710  
expiration of the applicable number of hours of inpatient care 711  
required to be covered, the coverage of follow-up care shall 712  
apply to all follow-up care that is provided within seventy-two 713  
hours after discharge. When a mother or newborn receives at 714  
least the number of hours of inpatient care required to be 715  
covered, the coverage of follow-up care shall apply to follow-up 716  
care that is determined to be medically necessary by the health 717  
care professionals responsible for discharging the mother or 718  
newborn. 719

(B) Any decision to shorten the length of inpatient stay 720  
to less than that specified under division (A)(1) of this 721

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

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

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

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

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

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

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

pertaining to the health care professionals and facilities from 751  
which an individual is authorized to receive health care 752  
services; 753

(2) Require a mother or newborn to stay in a hospital or 754  
other inpatient setting for a fixed period of time following 755  
delivery; 756

(3) Require a child to be delivered in a hospital or other 757  
inpatient setting; 758

(4) Authorize a certified nurse-midwife to practice beyond 759  
the authority to practice nurse-midwifery in accordance with 760  
Chapter 4723. of the Revised Code; 761

(5) Establish minimum standards of medical diagnosis, care 762  
or treatment for inpatient or follow-up care for a mother or 763  
newborn. A deviation from the care required to be covered under 764  
this section shall not, solely on the basis of this section, 765  
give rise to a medical claim or derivative medical claim, as 766  
those terms are defined in section 2305.113 of the Revised Code. 767

**Sec. 3923.64.** (A) Notwithstanding section 3901.71 of the 768  
Revised Code, each public employee benefit plan established or 769  
modified in this state that provides maternity benefits shall 770  
provide coverage of inpatient care and follow-up care for a 771  
mother and her newborn as follows: 772

(1) The plan shall cover a minimum of forty-eight hours of 773  
inpatient care following a normal vaginal delivery and a minimum 774  
of ninety-six hours of inpatient care following a cesarean 775  
delivery. Services covered as inpatient care shall include 776  
medical, educational, and any other services that are consistent 777  
with the inpatient care recommended in the protocols and 778  
guidelines developed by national organizations that represent 779

pediatric, obstetric, and nursing professionals. 780

(2) The plan shall cover a physician-directed source of 781  
follow-up care or a source of follow-up care directed by an 782  
advanced practice registered nurse. Services covered as follow- 783  
up care shall include physical assessment of the mother and 784  
newborn, parent education, assistance and training in breast or 785  
bottle feeding, assessment of the home support system, 786  
performance of any medically necessary and appropriate clinical 787  
tests, and any other services that are consistent with the 788  
follow-up care recommended in the protocols and guidelines 789  
developed by national organizations that represent pediatric, 790  
obstetric, and nursing professionals. The coverage shall apply 791  
to services provided in a medical setting or through home health 792  
care visits. The coverage shall apply to a home health care 793  
visit only if the health care professional who conducts the 794  
visit is knowledgeable and experienced in maternity and newborn 795  
care. 796

When a decision is made in accordance with division (B) of 797  
this section to discharge a mother or newborn prior to the 798  
expiration of the applicable number of hours of inpatient care 799  
required to be covered, the coverage of follow-up care shall 800  
apply to all follow-up care that is provided within seventy-two 801  
hours after discharge. When a mother or newborn receives at 802  
least the number of hours of inpatient care required to be 803  
covered, the coverage of follow-up care shall apply to follow-up 804  
care that is determined to be medically necessary by the health 805  
care professionals responsible for discharging the mother or 806  
newborn. 807

(B) Any decision to shorten the length of inpatient stay 808  
to less than that specified under division (A) (1) of this 809

section shall be made by the physician attending the mother or 810  
newborn, except that if a certified nurse-midwife is attending 811  
the mother ~~in collaboration with a physician~~, the decision may 812  
be made by the certified nurse-midwife. Decisions regarding 813  
early discharge shall be made only after conferring with the 814  
mother or a person responsible for the mother or newborn. For 815  
purposes of this division, a person responsible for the mother 816  
or newborn may include a parent, guardian, or any other person 817  
with authority to make medical decisions for the mother or 818  
newborn. 819

(C) (1) No public employer who offers an employee benefit 820  
plan may do either of the following: 821

(a) Terminate the participation of a health care 822  
professional or health care facility as a provider under the 823  
plan solely for making recommendations for inpatient or follow- 824  
up care for a particular mother or newborn that are consistent 825  
with the care required to be covered by this section; 826

(b) Establish or offer monetary or other financial 827  
incentives for the purpose of encouraging a person to decline 828  
the inpatient or follow-up care required to be covered by this 829  
section. 830

(2) Whoever violates division (C) (1) (a) or (b) of this 831  
section has engaged in an unfair and deceptive act or practice 832  
in the business of insurance under sections 3901.19 to 3901.26 833  
of the Revised Code. 834

(D) This section does not do any of the following: 835

(1) Require a plan to cover inpatient or follow-up care 836  
that is not received in accordance with the plan's terms 837  
pertaining to the health care professionals and facilities from 838

which an individual is authorized to receive health care 839  
services; 840

(2) Require a mother or newborn to stay in a hospital or 841  
other inpatient setting for a fixed period of time following 842  
delivery; 843

(3) Require a child to be delivered in a hospital or other 844  
inpatient setting; 845

(4) Authorize a certified nurse-midwife to practice beyond 846  
the authority to practice nurse-midwifery in accordance with 847  
Chapter 4723. of the Revised Code; 848

(5) Establish minimum standards of medical diagnosis, 849  
care, or treatment for inpatient or follow-up care for a mother 850  
or newborn. A deviation from the care required to be covered 851  
under this section shall not, solely on the basis of this 852  
section, give rise to a medical claim or derivative medical 853  
claim, as those terms are defined in section 2305.113 of the 854  
Revised Code. 855

**Sec. 4723.01.** As used in this chapter: 856

(A) "Registered nurse" means an individual who holds a 857  
current, valid license issued under this chapter that authorizes 858  
the practice of nursing as a registered nurse. 859

(B) "Practice of nursing as a registered nurse" means 860  
providing to individuals and groups nursing care requiring 861  
specialized knowledge, judgment, and skill derived from the 862  
principles of biological, physical, behavioral, social, and 863  
nursing sciences. Such nursing care includes: 864

(1) Identifying patterns of human responses to actual or 865  
potential health problems amenable to a nursing regimen; 866

(2) Executing a nursing regimen through the selection,	867
performance, management, and evaluation of nursing actions;	868
(3) Assessing health status for the purpose of providing	869
nursing care;	870
(4) Providing health counseling and health teaching;	871
(5) Administering medications, treatments, and executing	872
regimens authorized by an individual who is authorized to	873
practice in this state and is acting within the course of the	874
individual's professional practice;	875
(6) Teaching, administering, supervising, delegating, and	876
evaluating nursing practice.	877
(C) "Nursing regimen" may include preventative,	878
restorative, and health-promotion activities.	879
(D) "Assessing health status" means the collection of data	880
through nursing assessment techniques, which may include	881
interviews, observation, and physical evaluations for the	882
purpose of providing nursing care.	883
(E) "Licensed practical nurse" means an individual who	884
holds a current, valid license issued under this chapter that	885
authorizes the practice of nursing as a licensed practical	886
nurse.	887
(F) "The practice of nursing as a licensed practical	888
nurse" means providing to individuals and groups nursing care	889
requiring the application of basic knowledge of the biological,	890
physical, behavioral, social, and nursing sciences at the	891
direction of a registered nurse or any of the following who is	892
authorized to practice in this state: a physician, physician	893
assistant, dentist, podiatrist, optometrist, or chiropractor.	894

Such nursing care includes:	895
(1) Observation, patient teaching, and care in a diversity of health care settings;	896 897
(2) Contributions to the planning, implementation, and evaluation of nursing;	898 899
(3) Administration of medications and treatments authorized by an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice on the condition that the licensed practical nurse is authorized under section 4723.17 of the Revised Code to administer medications;	900 901 902 903 904 905
(4) Administration to an adult of intravenous therapy authorized by an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice, on the condition that the licensed practical nurse is authorized under section 4723.18 or 4723.181 of the Revised Code to perform intravenous therapy and performs intravenous therapy only in accordance with those sections;	906 907 908 909 910 911 912
(5) Delegation of nursing tasks as directed by a registered nurse;	913 914
(6) Teaching nursing tasks to licensed practical nurses and individuals to whom the licensed practical nurse is authorized to delegate nursing tasks as directed by a registered nurse.	915 916 917 918
(G) "Certified registered nurse anesthetist" means an advanced practice registered nurse who holds a current, valid license issued under this chapter and is designated as a certified registered nurse anesthetist in accordance with section 4723.42 of the Revised Code and rules adopted by the	919 920 921 922 923

board of nursing. 924

(H) "Clinical nurse specialist" means an advanced practice 925  
registered nurse who holds a current, valid license issued under 926  
this chapter and is designated as a clinical nurse specialist in 927  
accordance with section 4723.42 of the Revised Code and rules 928  
adopted by the board of nursing. 929

(I) "Certified nurse-midwife" means an advanced practice 930  
registered nurse who holds a current, valid license issued under 931  
this chapter and is designated as a certified nurse-midwife in 932  
accordance with section 4723.42 of the Revised Code and rules 933  
adopted by the board of nursing. 934

(J) "Certified nurse practitioner" means an advanced 935  
practice registered nurse who holds a current, valid license 936  
issued under this chapter and is designated as a certified nurse 937  
practitioner in accordance with section 4723.42 of the Revised 938  
Code and rules adopted by the board of nursing. 939

(K) "Physician" means an individual authorized under 940  
Chapter 4731. of the Revised Code to practice medicine and 941  
surgery or osteopathic medicine and surgery. 942

(L) ~~"Collaboration" or "collaborating" means the-~~ 943  
~~following:-~~ 944

~~(1) In the case of a clinical nurse specialist or a 945  
certified nurse practitioner, that one or more podiatrists 946  
acting within the scope of practice of podiatry in accordance 947  
with section 4731.51 of the Revised Code and with whom the nurse 948  
has entered into a standard care arrangement or one or more 949  
physicians with whom the nurse has entered into a standard care 950  
arrangement are continuously available to communicate with the 951  
clinical nurse specialist or certified nurse practitioner either 952~~

~~in person or by electronic communication;~~ 953

~~(2) In the case of a certified nurse midwife, that one or  
more physicians with whom the certified nurse midwife has  
entered into a standard care arrangement are continuously  
available to communicate with the certified nurse midwife either  
in person or by electronic communication.~~ 954  
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~~(M)~~ "Supervision," as it pertains to a certified 959  
registered nurse anesthetist, means that the certified 960  
registered nurse anesthetist is under the direction of a 961  
podiatrist acting within the podiatrist's scope of practice in 962  
accordance with section 4731.51 of the Revised Code, a dentist 963  
acting within the dentist's scope of practice in accordance with 964  
Chapter 4715. of the Revised Code, or a physician, and, when 965  
administering anesthesia, the certified registered nurse 966  
anesthetist is in the immediate presence of the podiatrist, 967  
dentist, or physician. 968

~~(N) "Standard care arrangement" means a written, formal  
guide for planning and evaluating a patient's health care that  
is developed by one or more collaborating physicians or  
podiatrists and a clinical nurse specialist, certified nurse  
midwife, or certified nurse practitioner and meets the  
requirements of section 4723.431 of the Revised Code.~~ 969  
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~~(O)~~ (M) "Advanced practice registered nurse" means an 975  
individual who holds a current, valid license issued under this 976  
chapter that authorizes the practice of nursing as an advanced 977  
practice registered nurse and is designated as any of the 978  
following: 979

(1) A certified registered nurse anesthetist; 980

(2) A clinical nurse specialist; 981

(3) A certified nurse-midwife;	982
(4) A certified nurse practitioner.	983
<del>(P)</del> <u>(N)</u> "Practice of nursing as an advanced practice registered nurse" means providing to individuals and groups nursing care that requires knowledge and skill obtained from advanced formal education, training, and clinical experience. Such nursing care includes the care described in section 4723.43 of the Revised Code.	984 985 986 987 988 989
<del>(Q)</del> <u>(O)</u> "Dialysis care" means the care and procedures that a dialysis technician or dialysis technician intern is authorized to provide and perform, as specified in section 4723.72 of the Revised Code.	990 991 992 993
<del>(R)</del> <u>(P)</u> "Dialysis technician" means an individual who holds a current, valid certificate to practice as a dialysis technician issued under section 4723.75 of the Revised Code.	994 995 996
<del>(S)</del> <u>(Q)</u> "Dialysis technician intern" means an individual who holds a current, valid certificate to practice as a dialysis technician intern issued under section 4723.75 of the Revised Code.	997 998 999 1000
<del>(T)</del> <u>(R)</u> "Certified community health worker" means an individual who holds a current, valid certificate as a community health worker issued under section 4723.85 of the Revised Code.	1001 1002 1003
<del>(U)</del> <u>(S)</u> "Medication aide" means an individual who holds a current, valid certificate issued under this chapter that authorizes the individual to administer medication in accordance with section 4723.67 of the Revised Code.	1004 1005 1006 1007
<del>(V)</del> <u>(T)</u> " <del>Nursing specialty</del> <u>Designation</u> " means a <del>specialty</del> <u>in practice designation</u> as a certified registered nurse	1008 1009

anesthetist, clinical nurse specialist, certified nurse-midwife, 1010  
or certified nurse practitioner. 1011

**Sec. 4723.07.** In accordance with Chapter 119. of the 1012  
Revised Code, the board of nursing shall adopt and may amend and 1013  
rescind rules that establish all of the following: 1014

(A) Provisions for the board's government and control of 1015  
its actions and business affairs; 1016

(B) Minimum standards for nursing education programs that 1017  
prepare graduates to be licensed under this chapter and 1018  
procedures for granting, renewing, and withdrawing approval of 1019  
those programs; 1020

(C) Criteria that applicants for licensure must meet to be 1021  
eligible to take examinations for licensure; 1022

(D) Standards and procedures for renewal of the licenses 1023  
and certificates issued by the board; 1024

(E) Standards for approval of continuing nursing education 1025  
programs and courses for registered nurses, advanced practice 1026  
registered nurses, and licensed practical nurses. The standards 1027  
may provide for approval of continuing nursing education 1028  
programs and courses that have been approved by other state 1029  
boards of nursing or by national accreditation systems for 1030  
nursing, including, but not limited to, the American nurses' 1031  
credentialing center and the national association for practical 1032  
nurse education and service. 1033

(F) Standards that persons must meet to be authorized by 1034  
the board to approve continuing education programs and courses 1035  
and a schedule by which that authorization expires and may be 1036  
renewed; 1037

(G) Requirements, including continuing education	1038
requirements, for reactivating inactive licenses or	1039
certificates, and for reinstating licenses or certificates that	1040
have lapsed;	1041
(H) Conditions that may be imposed for reinstatement of a	1042
license or certificate following action taken under section	1043
3123.47, 4723.28, 4723.281, 4723.652, or 4723.86 of the Revised	1044
Code resulting in a license or certificate suspension;	1045
(I) Requirements for board approval of courses in	1046
medication administration by licensed practical nurses;	1047
(J) Criteria for evaluating the qualifications of an	1048
applicant for a license to practice nursing as a registered	1049
nurse, a license to practice nursing as an advanced practice	1050
registered nurse, or a license to practice nursing as a licensed	1051
practical nurse for the purpose of issuing the license by the	1052
board's endorsement of the applicant's authority to practice	1053
issued by the licensing agency of another state;	1054
(K) Universal and standard precautions that shall be used	1055
by each licensee or certificate holder. The rules shall define	1056
and establish requirements for universal and standard	1057
precautions that include the following:	1058
(1) Appropriate use of hand washing;	1059
(2) Disinfection and sterilization of equipment;	1060
(3) Handling and disposal of needles and other sharp	1061
instruments;	1062
(4) Wearing and disposal of gloves and other protective	1063
garments and devices.	1064
(L) Quality assurance standards for advanced practice	1065

registered nurses; 1066

~~(M) Additional criteria for the standard care arrangement  
required by section 4723.431 of the Revised Code entered into by  
a clinical nurse specialist, certified nurse midwife, or  
certified nurse practitioner and the nurse's collaborating  
physician or pediatricist;~~ 1067  
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1071

~~(N)~~ For purposes of division ~~(B) (31)~~ (B) (30) of section 1072  
4723.28 of the Revised Code, the actions, omissions, or other 1073  
circumstances that constitute failure to establish and maintain 1074  
professional boundaries with a patient; 1075

~~(O)~~ (N) Standards and procedures for delegation under 1076  
section 4723.48 of the Revised Code of the authority to 1077  
administer drugs. 1078

The board may adopt other rules necessary to carry out the 1079  
provisions of this chapter. The rules shall be adopted in 1080  
accordance with Chapter 119. of the Revised Code. 1081

**Sec. 4723.28.** (A) The board of nursing, by a vote of a 1082  
quorum, may impose one or more of the following sanctions if it 1083  
finds that a person committed fraud in passing an examination 1084  
required to obtain a license or dialysis technician certificate 1085  
issued by the board or to have committed fraud, 1086  
misrepresentation, or deception in applying for or securing any 1087  
nursing license or dialysis technician certificate issued by the 1088  
board: deny, revoke, suspend, or place restrictions on any 1089  
nursing license or dialysis technician certificate issued by the 1090  
board; reprimand or otherwise discipline a holder of a nursing 1091  
license or dialysis technician certificate; or impose a fine of 1092  
not more than five hundred dollars per violation. 1093

(B) The board of nursing, by a vote of a quorum, may 1094

impose one or more of the following sanctions: deny, revoke, 1095  
suspend, or place restrictions on any nursing license or 1096  
dialysis technician certificate issued by the board; reprimand 1097  
or otherwise discipline a holder of a nursing license or 1098  
dialysis technician certificate; or impose a fine of not more 1099  
than five hundred dollars per violation. The sanctions may be 1100  
imposed for any of the following: 1101

(1) Denial, revocation, suspension, or restriction of 1102  
authority to engage in a licensed profession or practice a 1103  
health care occupation, including nursing or practice as a 1104  
dialysis technician, for any reason other than a failure to 1105  
renew, in Ohio or another state or jurisdiction; 1106

(2) Engaging in the practice of nursing or engaging in 1107  
practice as a dialysis technician, having failed to renew a 1108  
nursing license or dialysis technician certificate issued under 1109  
this chapter, or while a nursing license or dialysis technician 1110  
certificate is under suspension; 1111

(3) Conviction of, a plea of guilty to, a judicial finding 1112  
of guilt of, a judicial finding of guilt resulting from a plea 1113  
of no contest to, or a judicial finding of eligibility for a 1114  
pretrial diversion or similar program or for intervention in 1115  
lieu of conviction for, a misdemeanor committed in the course of 1116  
practice; 1117

(4) Conviction of, a plea of guilty to, a judicial finding 1118  
of guilt of, a judicial finding of guilt resulting from a plea 1119  
of no contest to, or a judicial finding of eligibility for a 1120  
pretrial diversion or similar program or for intervention in 1121  
lieu of conviction for, any felony or of any crime involving 1122  
gross immorality or moral turpitude; 1123

(5) Selling, giving away, or administering drugs or 1124  
therapeutic devices for other than legal and legitimate 1125  
therapeutic purposes; or conviction of, a plea of guilty to, a 1126  
judicial finding of guilt of, a judicial finding of guilt 1127  
resulting from a plea of no contest to, or a judicial finding of 1128  
eligibility for a pretrial diversion or similar program or for 1129  
intervention in lieu of conviction for, violating any municipal, 1130  
state, county, or federal drug law; 1131

(6) Conviction of, a plea of guilty to, a judicial finding 1132  
of guilt of, a judicial finding of guilt resulting from a plea 1133  
of no contest to, or a judicial finding of eligibility for a 1134  
pretrial diversion or similar program or for intervention in 1135  
lieu of conviction for, an act in another jurisdiction that 1136  
would constitute a felony or a crime of moral turpitude in Ohio; 1137

(7) Conviction of, a plea of guilty to, a judicial finding 1138  
of guilt of, a judicial finding of guilt resulting from a plea 1139  
of no contest to, or a judicial finding of eligibility for a 1140  
pretrial diversion or similar program or for intervention in 1141  
lieu of conviction for, an act in the course of practice in 1142  
another jurisdiction that would constitute a misdemeanor in 1143  
Ohio; 1144

(8) Self-administering or otherwise taking into the body 1145  
any dangerous drug, as defined in section 4729.01 of the Revised 1146  
Code, in any way that is not in accordance with a legal, valid 1147  
prescription issued for that individual, or self-administering 1148  
or otherwise taking into the body any drug that is a schedule I 1149  
controlled substance; 1150

(9) Habitual or excessive use of controlled substances, 1151  
other habit-forming drugs, or alcohol or other chemical 1152  
substances to an extent that impairs the individual's ability to 1153

provide safe nursing care or safe dialysis care;	1154
(10) Impairment of the ability to practice according to	1155
acceptable and prevailing standards of safe nursing care or safe	1156
dialysis care because of the use of drugs, alcohol, or other	1157
chemical substances;	1158
(11) Impairment of the ability to practice according to	1159
acceptable and prevailing standards of safe nursing care or safe	1160
dialysis care because of a physical or mental disability;	1161
(12) Assaulting or causing harm to a patient or depriving	1162
a patient of the means to summon assistance;	1163
(13) Misappropriation or attempted misappropriation of	1164
money or anything of value in the course of practice;	1165
(14) Adjudication by a probate court of being mentally ill	1166
or mentally incompetent. The board may reinstate the person's	1167
nursing license or dialysis technician certificate upon	1168
adjudication by a probate court of the person's restoration to	1169
competency or upon submission to the board of other proof of	1170
competency.	1171
(15) The suspension or termination of employment by the	1172
United States department of defense or department of veterans	1173
affairs for any act that violates or would violate this chapter;	1174
(16) Violation of this chapter or any rules adopted under	1175
it;	1176
(17) Violation of any restrictions placed by the board on	1177
a nursing license or dialysis technician certificate;	1178
(18) Failure to use universal and standard precautions	1179
established by rules adopted under section 4723.07 of the	1180
Revised Code;	1181

(19) Failure to practice in accordance with acceptable and prevailing standards of safe nursing care or safe dialysis care;	1182 1183
(20) In the case of a registered nurse, engaging in activities that exceed the practice of nursing as a registered nurse;	1184 1185 1186
(21) In the case of a licensed practical nurse, engaging in activities that exceed the practice of nursing as a licensed practical nurse;	1187 1188 1189
(22) In the case of a dialysis technician, engaging in activities that exceed those permitted under section 4723.72 of the Revised Code;	1190 1191 1192
(23) Aiding and abetting a person in that person's practice of nursing without a license or practice as a dialysis technician without a certificate issued under this chapter;	1193 1194 1195
(24) In the case of an advanced practice registered nurse, except as provided in division (M) of this section, either of the following:	1196 1197 1198
(a) Waiving the payment of all or any part of a deductible or copayment that a patient, pursuant to a health insurance or health care policy, contract, or plan that covers such nursing services, would otherwise be required to pay if the waiver is used as an enticement to a patient or group of patients to receive health care services from that provider;	1199 1200 1201 1202 1203 1204
(b) Advertising that the nurse will waive the payment of all or any part of a deductible or copayment that a patient, pursuant to a health insurance or health care policy, contract, or plan that covers such nursing services, would otherwise be required to pay.	1205 1206 1207 1208 1209

(25) Failure to comply with the terms and conditions of participation in the chemical dependency monitoring program established under section 4723.35 of the Revised Code;	1210 1211 1212
(26) Failure to comply with the terms and conditions required under the practice intervention and improvement program established under section 4723.282 of the Revised Code;	1213 1214 1215
(27) In the case of an advanced practice registered nurse:	1216
(a) Engaging in activities that exceed those permitted <del>for the nurse's nursing specialty</del> under section 4723.43 of the Revised Code <u>for the nurse's designation</u> ;	1217 1218 1219
(b) Failure to meet the quality assurance standards established under section 4723.07 of the Revised Code.	1220 1221
<del>(28) In the case of an advanced practice registered nurse other than a certified registered nurse anesthetist, failure to maintain a standard care arrangement in accordance with section 4723.431 of the Revised Code or to practice in accordance with the standard care arrangement;</del>	1222 1223 1224 1225 1226
<del>(29)</del> In the case of an advanced practice registered nurse who is designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, failure to prescribe drugs and therapeutic devices in accordance with section 4723.481 of the Revised Code;	1227 1228 1229 1230 1231
<del>(30)</del> <u>(29)</u> Prescribing any drug or device to perform or induce an abortion, or otherwise performing or inducing an abortion;	1232 1233 1234
<del>(31)</del> <u>(30)</u> Failure to establish and maintain professional boundaries with a patient, as specified in rules adopted under section 4723.07 of the Revised Code;	1235 1236 1237

~~(32)~~ (31) Regardless of whether the contact or verbal 1238  
behavior is consensual, engaging with a patient other than the 1239  
spouse of the registered nurse, licensed practical nurse, or 1240  
dialysis technician in any of the following: 1241

(a) Sexual contact, as defined in section 2907.01 of the 1242  
Revised Code; 1243

(b) Verbal behavior that is sexually demeaning to the 1244  
patient or may be reasonably interpreted by the patient as 1245  
sexually demeaning. 1246

~~(33)~~ (32) Assisting suicide, as defined in section 3795.01 1247  
of the Revised Code; 1248

~~(34)~~ (33) Failure to comply with the requirements in 1249  
section 3719.061 of the Revised Code before issuing for a minor 1250  
a prescription for an opioid analgesic, as defined in section 1251  
3719.01 of the Revised Code; 1252

~~(35)~~ (34) Failure to comply with section 4723.487 of the 1253  
Revised Code, unless the state board of pharmacy no longer 1254  
maintains a drug database pursuant to section 4729.75 of the 1255  
Revised Code; 1256

~~(36)~~ (35) The revocation, suspension, restriction, 1257  
reduction, or termination of clinical privileges by the United 1258  
States department of defense or department of veterans affairs 1259  
or the termination or suspension of a certificate of 1260  
registration to prescribe drugs by the drug enforcement 1261  
administration of the United States department of justice. 1262

(C) Disciplinary actions taken by the board under 1263  
divisions (A) and (B) of this section shall be taken pursuant to 1264  
an adjudication conducted under Chapter 119. of the Revised 1265  
Code, except that in lieu of a hearing, the board may enter into 1266

a consent agreement with an individual to resolve an allegation 1267  
of a violation of this chapter or any rule adopted under it. A 1268  
consent agreement, when ratified by a vote of a quorum, shall 1269  
constitute the findings and order of the board with respect to 1270  
the matter addressed in the agreement. If the board refuses to 1271  
ratify a consent agreement, the admissions and findings 1272  
contained in the agreement shall be of no effect. 1273

(D) The hearings of the board shall be conducted in 1274  
accordance with Chapter 119. of the Revised Code, the board may 1275  
appoint a hearing examiner, as provided in section 119.09 of the 1276  
Revised Code, to conduct any hearing the board is authorized to 1277  
hold under Chapter 119. of the Revised Code. 1278

In any instance in which the board is required under 1279  
Chapter 119. of the Revised Code to give notice of an 1280  
opportunity for a hearing and the applicant, licensee, or 1281  
certificate holder does not make a timely request for a hearing 1282  
in accordance with section 119.07 of the Revised Code, the board 1283  
is not required to hold a hearing, but may adopt, by a vote of a 1284  
quorum, a final order that contains the board's findings. In the 1285  
final order, the board may order any of the sanctions listed in 1286  
division (A) or (B) of this section. 1287

(E) If a criminal action is brought against a registered 1288  
nurse, licensed practical nurse, or dialysis technician for an 1289  
act or crime described in divisions (B)(3) to (7) of this 1290  
section and the action is dismissed by the trial court other 1291  
than on the merits, the board shall conduct an adjudication to 1292  
determine whether the registered nurse, licensed practical 1293  
nurse, or dialysis technician committed the act on which the 1294  
action was based. If the board determines on the basis of the 1295  
adjudication that the registered nurse, licensed practical 1296

nurse, or dialysis technician committed the act, or if the 1297  
registered nurse, licensed practical nurse, or dialysis 1298  
technician fails to participate in the adjudication, the board 1299  
may take action as though the registered nurse, licensed 1300  
practical nurse, or dialysis technician had been convicted of 1301  
the act. 1302

If the board takes action on the basis of a conviction, 1303  
plea, or a judicial finding as described in divisions (B) (3) to 1304  
(7) of this section that is overturned on appeal, the registered 1305  
nurse, licensed practical nurse, or dialysis technician may, on 1306  
exhaustion of the appeal process, petition the board for 1307  
reconsideration of its action. On receipt of the petition and 1308  
supporting court documents, the board shall temporarily rescind 1309  
its action. If the board determines that the decision on appeal 1310  
was a decision on the merits, it shall permanently rescind its 1311  
action. If the board determines that the decision on appeal was 1312  
not a decision on the merits, it shall conduct an adjudication 1313  
to determine whether the registered nurse, licensed practical 1314  
nurse, or dialysis technician committed the act on which the 1315  
original conviction, plea, or judicial finding was based. If the 1316  
board determines on the basis of the adjudication that the 1317  
registered nurse, licensed practical nurse, or dialysis 1318  
technician committed such act, or if the registered nurse, 1319  
licensed practical nurse, or dialysis technician does not 1320  
request an adjudication, the board shall reinstate its action; 1321  
otherwise, the board shall permanently rescind its action. 1322

Notwithstanding the provision of division (C) (2) of 1323  
section 2953.32 of the Revised Code specifying that if records 1324  
pertaining to a criminal case are sealed under that section the 1325  
proceedings in the case shall be deemed not to have occurred, 1326  
sealing of the following records on which the board has based an 1327

action under this section shall have no effect on the board's 1328  
action or any sanction imposed by the board under this section: 1329  
records of any conviction, guilty plea, judicial finding of 1330  
guilt resulting from a plea of no contest, or a judicial finding 1331  
of eligibility for a pretrial diversion program or intervention 1332  
in lieu of conviction. 1333

The board shall not be required to seal, destroy, redact, 1334  
or otherwise modify its records to reflect the court's sealing 1335  
of conviction records. 1336

(F) The board may investigate an individual's criminal 1337  
background in performing its duties under this section. As part 1338  
of such investigation, the board may order the individual to 1339  
submit, at the individual's expense, a request to the bureau of 1340  
criminal identification and investigation for a criminal records 1341  
check and check of federal bureau of investigation records in 1342  
accordance with the procedure described in section 4723.091 of 1343  
the Revised Code. 1344

(G) During the course of an investigation conducted under 1345  
this section, the board may compel any registered nurse, 1346  
licensed practical nurse, or dialysis technician or applicant 1347  
under this chapter to submit to a mental or physical 1348  
examination, or both, as required by the board and at the 1349  
expense of the individual, if the board finds reason to believe 1350  
that the individual under investigation may have a physical or 1351  
mental impairment that may affect the individual's ability to 1352  
provide safe nursing care. Failure of any individual to submit 1353  
to a mental or physical examination when directed constitutes an 1354  
admission of the allegations, unless the failure is due to 1355  
circumstances beyond the individual's control, and a default and 1356  
final order may be entered without the taking of testimony or 1357

presentation of evidence. 1358

If the board finds that an individual is impaired, the 1359  
board shall require the individual to submit to care, 1360  
counseling, or treatment approved or designated by the board, as 1361  
a condition for initial, continued, reinstated, or renewed 1362  
authority to practice. The individual shall be afforded an 1363  
opportunity to demonstrate to the board that the individual can 1364  
begin or resume the individual's occupation in compliance with 1365  
acceptable and prevailing standards of care under the provisions 1366  
of the individual's authority to practice. 1367

For purposes of this division, any registered nurse, 1368  
licensed practical nurse, or dialysis technician or applicant 1369  
under this chapter shall be deemed to have given consent to 1370  
submit to a mental or physical examination when directed to do 1371  
so in writing by the board, and to have waived all objections to 1372  
the admissibility of testimony or examination reports that 1373  
constitute a privileged communication. 1374

(H) The board shall investigate evidence that appears to 1375  
show that any person has violated any provision of this chapter 1376  
or any rule of the board. Any person may report to the board any 1377  
information the person may have that appears to show a violation 1378  
of any provision of this chapter or rule of the board. In the 1379  
absence of bad faith, any person who reports such information or 1380  
who testifies before the board in any adjudication conducted 1381  
under Chapter 119. of the Revised Code shall not be liable for 1382  
civil damages as a result of the report or testimony. 1383

(I) All of the following apply under this chapter with 1384  
respect to the confidentiality of information: 1385

(1) Information received by the board pursuant to a 1386

complaint or an investigation is confidential and not subject to 1387  
discovery in any civil action, except that the board may 1388  
disclose information to law enforcement officers and government 1389  
entities for purposes of an investigation of either a licensed 1390  
health care professional, including a registered nurse, licensed 1391  
practical nurse, or dialysis technician, or a person who may 1392  
have engaged in the unauthorized practice of nursing or dialysis 1393  
care. No law enforcement officer or government entity with 1394  
knowledge of any information disclosed by the board pursuant to 1395  
this division shall divulge the information to any other person 1396  
or government entity except for the purpose of a government 1397  
investigation, a prosecution, or an adjudication by a court or 1398  
government entity. 1399

(2) If an investigation requires a review of patient 1400  
records, the investigation and proceeding shall be conducted in 1401  
such a manner as to protect patient confidentiality. 1402

(3) All adjudications and investigations of the board 1403  
shall be considered civil actions for the purposes of section 1404  
2305.252 of the Revised Code. 1405

(4) Any board activity that involves continued monitoring 1406  
of an individual as part of or following any disciplinary action 1407  
taken under this section shall be conducted in a manner that 1408  
maintains the individual's confidentiality. Information received 1409  
or maintained by the board with respect to the board's 1410  
monitoring activities is not subject to discovery in any civil 1411  
action and is confidential, except that the board may disclose 1412  
information to law enforcement officers and government entities 1413  
for purposes of an investigation of a licensee or certificate 1414  
holder. 1415

(J) Any action taken by the board under this section 1416

resulting in a suspension from practice shall be accompanied by 1417  
a written statement of the conditions under which the person may 1418  
be reinstated to practice. 1419

(K) When the board refuses to grant a license or 1420  
certificate to an applicant, revokes a license or certificate, 1421  
or refuses to reinstate a license or certificate, the board may 1422  
specify that its action is permanent. An individual subject to 1423  
permanent action taken by the board is forever ineligible to 1424  
hold a license or certificate of the type that was refused or 1425  
revoked and the board shall not accept from the individual an 1426  
application for reinstatement of the license or certificate or 1427  
for a new license or certificate. 1428

(L) No unilateral surrender of a nursing license, 1429  
certificate of authority, or dialysis technician certificate 1430  
issued under this chapter shall be effective unless accepted by 1431  
majority vote of the board. No application for a nursing 1432  
license, certificate of authority, or dialysis technician 1433  
certificate issued under this chapter may be withdrawn without a 1434  
majority vote of the board. The board's jurisdiction to take 1435  
disciplinary action under this section is not removed or limited 1436  
when an individual has a license or certificate classified as 1437  
inactive or fails to renew a license or certificate. 1438

(M) Sanctions shall not be imposed under division (B) (24) 1439  
of this section against any licensee who waives deductibles and 1440  
copayments as follows: 1441

(1) In compliance with the health benefit plan that 1442  
expressly allows such a practice. Waiver of the deductibles or 1443  
copayments shall be made only with the full knowledge and 1444  
consent of the plan purchaser, payer, and third-party 1445  
administrator. Documentation of the consent shall be made 1446

available to the board upon request. 1447

(2) For professional services rendered to any other person 1448  
licensed pursuant to this chapter to the extent allowed by this 1449  
chapter and the rules of the board. 1450

**Sec. 4723.41.** (A) Each person who desires to practice 1451  
nursing as a certified nurse-midwife and has not been authorized 1452  
to practice midwifery prior to December 1, 1967, and each person 1453  
who desires to practice nursing as a certified registered nurse 1454  
anesthetist, clinical nurse specialist, or certified nurse 1455  
practitioner shall file with the board of nursing a written 1456  
application for a license to practice nursing as an advanced 1457  
practice registered nurse and that specifies the desired 1458  
~~designation in the desired specialty.~~ The application must be 1459  
filed, under oath, on a form prescribed by the board accompanied 1460  
by the application fee required by section 4723.08 of the 1461  
Revised Code. 1462

Except as provided in division (B) of this section, at the 1463  
time of making application, the applicant shall meet all of the 1464  
following requirements: 1465

(1) Be a registered nurse; 1466

(2) Submit documentation satisfactory to the board that 1467  
the applicant has earned a master's or doctoral degree with a 1468  
major in a nursing specialty or in a related field that 1469  
qualifies the applicant to sit for the certification examination 1470  
of a national certifying organization approved by the board 1471  
under section 4723.46 of the Revised Code; 1472

(3) Submit documentation satisfactory to the board of 1473  
having passed the certification examination of a national 1474  
certifying organization approved by the board under section 1475

4723.46 of the Revised Code to examine and certify, as 1476  
applicable, nurse-midwives, registered nurse anesthetists, 1477  
clinical nurse specialists, or nurse practitioners; 1478

(4) Submit an affidavit with the application that states 1479  
all of the following: 1480

(a) That the applicant is the person named in the 1481  
documents submitted under divisions (A) (2) and (3) of this 1482  
section and is the lawful possessor thereof; 1483

(b) The applicant's age, residence, the school at which 1484  
the applicant obtained education in the applicant's nursing 1485  
specialty, and any other facts that the board requires; 1486

(c) The ~~specialty in which~~ designation sought by the 1487  
applicant ~~seeks designation~~. 1488

(B) (1) A certified registered nurse anesthetist, clinical 1489  
nurse specialist, certified nurse-midwife, or certified nurse 1490  
practitioner who is practicing or has practiced as such in 1491  
another jurisdiction may apply for a license by endorsement to 1492  
practice nursing as an advanced practice registered nurse and 1493  
designation as a certified registered nurse anesthetist, 1494  
clinical nurse specialist, certified nurse-midwife, or certified 1495  
nurse practitioner in this state if the nurse meets the 1496  
requirements set forth in division (A) of this section or 1497  
division (B) (2) of this section. 1498

(2) If an applicant who is practicing or has practiced in 1499  
another jurisdiction applies for designation under division (B) 1500  
(2) of this section, the application shall be submitted to the 1501  
board in the form prescribed by rules of the board and be 1502  
accompanied by the application fee required by section 4723.08 1503  
of the Revised Code. The application shall include evidence that 1504

the applicant meets the requirements of division (B) (2) of this 1505  
section, holds authority to practice nursing and is in good 1506  
standing in another jurisdiction granted after meeting 1507  
requirements approved by the entity of that jurisdiction that 1508  
regulates nurses, and other information required by rules of the 1509  
board of nursing. 1510

With respect to the educational requirements and national 1511  
certification requirements that an applicant under division (B) 1512  
(2) of this section must meet, both of the following apply: 1513

(a) If the applicant is a certified registered nurse 1514  
anesthetist, certified nurse-midwife, or certified nurse 1515  
practitioner who, on or before December 31, 2000, obtained 1516  
certification in the applicant's nursing specialty with a 1517  
national certifying organization listed in division (A) (3) of 1518  
section 4723.41 of the Revised Code as that division existed 1519  
prior to March 20, 2013, or that was at that time approved by 1520  
the board under section 4723.46 of the Revised Code, the 1521  
applicant must have maintained the certification. The applicant 1522  
is not required to have earned a master's or doctoral degree 1523  
with a major in a nursing specialty or in a related field that 1524  
qualifies the applicant to sit for the certification 1525  
examination. 1526

(b) If the applicant is a clinical nurse specialist, one 1527  
of the following must apply to the applicant: 1528

(i) On or before December 31, 2000, the applicant obtained 1529  
a master's or doctoral degree with a major in a clinical area of 1530  
nursing from an educational institution accredited by a national 1531  
or regional accrediting organization. The applicant is not 1532  
required to have passed a certification examination. 1533

(ii) On or before December 31, 2000, the applicant 1534  
obtained a master's or doctoral degree in nursing or a related 1535  
field and was certified as a clinical nurse specialist by the 1536  
American nurses credentialing center or another national 1537  
certifying organization that was at that time approved by the 1538  
board under section 4723.46 of the Revised Code. 1539

(3) The board may grant a nonrenewable temporary permit to 1540  
practice nursing as an advanced practice registered nurse to an 1541  
applicant for licensure by endorsement if the board is satisfied 1542  
by the evidence that the applicant holds a valid, unrestricted 1543  
license in or equivalent authorization from another 1544  
jurisdiction. The temporary permit shall expire at the earlier 1545  
of one hundred eighty days after issuance or upon the issuance 1546  
of a license by endorsement. 1547

**Sec. 4723.42.** (A) If the applicant for a license to 1548  
practice nursing as an advanced practice registered nurse has 1549  
met all the requirements of section 4723.41 of the Revised Code 1550  
and has paid the fee required by section 4723.08 of the Revised 1551  
Code, the board of nursing shall issue the license and designate 1552  
the license holder as a certified registered nurse anesthetist, 1553  
clinical nurse specialist, certified nurse-midwife, or certified 1554  
nurse practitioner. The license and designation authorize the 1555  
holder to practice as an advanced practice registered nurse ~~in~~ 1556  
~~the specialty as~~ indicated by the designation. 1557

The board shall issue or deny the license not later than 1558  
thirty days after receiving all of the documents required by 1559  
section 4723.41 of the Revised Code. 1560

If an applicant is under investigation for a violation of 1561  
this chapter, the board shall conclude the investigation not 1562  
later than ninety days after receipt of all required documents, 1563

unless this ninety-day period is extended by written consent of 1564  
the applicant, or unless the board determines that a substantial 1565  
question of such a violation exists and the board has notified 1566  
the applicant in writing of the reasons for the continuation of 1567  
the investigation. If the board determines that the applicant 1568  
has not violated this chapter, it shall issue a certificate not 1569  
later than forty-five days after making that determination. 1570

(B) A license to practice nursing as an advanced practice 1571  
registered nurse is subject to the renewal schedule that applies 1572  
under section 4723.24 of the Revised Code. In providing renewal 1573  
applications, the board shall follow the procedures that apply 1574  
under section 4723.24 of the Revised Code for providing renewal 1575  
applications to license holders. Failure of the license holder 1576  
to receive an application for renewal from the board does not 1577  
excuse the holder from the requirements of section 4723.44 of 1578  
the Revised Code. 1579

A license holder seeking renewal of the license shall 1580  
complete the renewal application and submit it to the board with 1581  
all of the following: 1582

(1) The renewal fee established under section 4723.08 of 1583  
the Revised Code and, if the application is submitted after it 1584  
is due but before the license lapses, the fee established under 1585  
that section for processing a late application for renewal; 1586

(2) Documentation satisfactory to the board that the 1587  
holder has maintained certification in the nursing specialty 1588  
with a national certifying organization approved by the board 1589  
under section 4723.46 of the Revised Code; 1590

~~(3) A list of the names and business addresses of the 1591  
holder's current collaborating physicians and podiatrists, if 1592~~

~~the holder is a clinical nurse specialist, certified nurse- 1593  
midwife, or certified nurse practitioner; 1594~~

~~(4) If the license holder is a clinical nurse specialist, 1595  
documentation satisfactory to the board that the holder has 1596  
completed continuing education for that ~~specialty designation~~ as 1597  
required by rule of the board. 1598~~

On receipt of the renewal application, fees, and 1599  
documents, the board shall verify that the applicant holds a 1600  
current, valid license to practice nursing as a registered nurse 1601  
in this state and a current, valid license to practice nursing 1602  
as an advanced practice registered nurse in this state, and, if 1603  
it so verifies, shall renew the license to practice nursing as 1604  
an advanced practice registered nurse. 1605

(C) An applicant for reinstatement of a license that has 1606  
lapsed shall submit the reinstatement fee established under 1607  
section 4723.08 of the Revised Code. 1608

(D) An individual who holds an active license and does not 1609  
intend to practice in this state as an advanced practice 1610  
registered nurse may send to the board written or electronic 1611  
notice to that effect on or before the date the license lapses, 1612  
and the board shall classify the license as inactive. 1613

**Sec. 4723.43.** A certified registered nurse anesthetist, 1614  
clinical nurse specialist, certified nurse-midwife, or certified 1615  
nurse practitioner may provide to individuals and groups nursing 1616  
care that requires knowledge and skill obtained from advanced 1617  
formal education and clinical experience. In this capacity as an 1618  
advanced practice registered nurse, a certified nurse-midwife is 1619  
subject to division (A) of this section, a certified registered 1620  
nurse anesthetist is subject to division (B) of this section, a 1621

certified nurse practitioner is subject to division (C) of this 1622  
section, and a clinical nurse specialist is subject to division 1623  
(D) of this section. 1624

(A) A nurse authorized to practice as a certified nurse- 1625  
midwife, ~~in collaboration with one or more physicians,~~ may 1626  
provide the management of preventive services and those primary 1627  
care services necessary to provide health care to women 1628  
antepartally, intrapartally, postpartally, and gynecologically, 1629  
consistent with the nurse's education and certification, and in 1630  
accordance with rules adopted by the board of nursing. 1631

No certified nurse-midwife may perform version, deliver 1632  
breech or face presentation, use forceps, do any obstetric 1633  
operation, or treat any other abnormal condition, except in 1634  
emergencies. Division (A) of this section does not prohibit a 1635  
certified nurse-midwife from performing episiotomies or normal 1636  
vaginal deliveries, or repairing vaginal tears. A certified 1637  
nurse-midwife may, ~~in collaboration with one or more physicians,~~ 1638  
prescribe drugs and therapeutic devices in accordance with 1639  
section 4723.481 of the Revised Code. 1640

(B) A nurse authorized to practice as a certified 1641  
registered nurse anesthetist, with the supervision and in the 1642  
immediate presence of a physician, podiatrist, or dentist, may 1643  
administer anesthesia and perform anesthesia induction, 1644  
maintenance, and emergence, and may perform with supervision 1645  
preanesthetic preparation and evaluation, postanesthesia care, 1646  
and clinical support functions, consistent with the nurse's 1647  
education and certification, and in accordance with rules 1648  
adopted by the board. 1649

The physician, podiatrist, or dentist supervising a 1650  
certified registered nurse anesthetist must be actively engaged 1651

in practice in this state. When a certified registered nurse 1652  
anesthetist is supervised by a podiatrist, the nurse's scope of 1653  
practice is limited to the anesthesia procedures that the 1654  
podiatrist has the authority under section 4731.51 of the 1655  
Revised Code to perform. A certified registered nurse 1656  
anesthetist may not administer general anesthesia under the 1657  
supervision of a podiatrist in a podiatrist's office. When a 1658  
certified registered nurse anesthetist is supervised by a 1659  
dentist, the nurse's scope of practice is limited to the 1660  
anesthesia procedures that the dentist has the authority under 1661  
Chapter 4715. of the Revised Code to perform. 1662

(C) A nurse authorized to practice as a certified nurse 1663  
practitioner, ~~in collaboration with one or more physicians or~~ 1664  
~~podiatrists,~~ may provide preventive and primary care services, 1665  
provide services for acute illnesses, and evaluate and promote 1666  
patient wellness within the nurse's ~~nursing-~~ 1667  
~~specialty designation,~~ consistent with the nurse's education and 1668  
certification, and in accordance with rules adopted by the 1669  
board. A certified nurse practitioner may, ~~in collaboration with~~ 1670  
~~one or more physicians or podiatrists,~~ prescribe drugs and 1671  
therapeutic devices in accordance with section 4723.481 of the 1672  
Revised Code. 1673

~~When a certified nurse practitioner is collaborating with~~ 1674  
~~a podiatrist, the nurse's scope of practice is limited to the~~ 1675  
~~procedures that the podiatrist has the authority under section~~ 1676  
~~4731.51 of the Revised Code to perform.~~ 1677

(D) A nurse authorized to practice as a clinical nurse 1678  
specialist, ~~in collaboration with one or more physicians or~~ 1679  
~~podiatrists,~~ may provide and manage the care of individuals and 1680  
groups with complex health problems and provide health care 1681

services that promote, improve, and manage health care within 1682  
the nurse's ~~nursing specialty~~ designation, consistent with the 1683  
nurse's education and in accordance with rules adopted by the 1684  
board. A clinical nurse specialist may, ~~in collaboration with~~ 1685  
~~one or more physicians or podiatrists~~, prescribe drugs and 1686  
therapeutic devices in accordance with section 4723.481 of the 1687  
Revised Code. 1688

~~When a clinical nurse specialist is collaborating with a~~ 1689  
~~podiatrist, the nurse's scope of practice is limited to the~~ 1690  
~~procedures that the podiatrist has the authority under section~~ 1691  
~~4731.51 of the Revised Code to perform.~~ 1692

**Sec. 4723.432.** (A) An advanced practice registered nurse 1693  
who is designated as a clinical nurse specialist, certified 1694  
nurse-midwife, or certified nurse practitioner shall cooperate 1695  
with the state medical board in any investigation the board 1696  
conducts with respect to a physician or podiatrist ~~who~~ 1697  
~~collaborates with the nurse~~. The nurse shall cooperate with the 1698  
board in any investigation the board conducts with respect to 1699  
the unauthorized practice of medicine by the nurse. 1700

(B) An advanced practice registered nurse who is 1701  
designated as a certified registered nurse anesthetist shall 1702  
cooperate with the state medical board or state dental board in 1703  
any investigation either board conducts with respect to a 1704  
physician, podiatrist, or dentist who permits the nurse to 1705  
practice with the supervision of that physician, podiatrist, or 1706  
dentist. The nurse shall cooperate with either board in any 1707  
investigation it conducts with respect to the unauthorized 1708  
practice of medicine or dentistry by the nurse. 1709

**Sec. 4723.44.** (A) No person shall knowingly do any of the 1710  
following unless the person holds a current, valid license 1711

issued by the board of nursing under this chapter to practice 1712  
nursing as an advanced practice registered nurse ~~in the~~ 1713  
~~specialty as~~ indicated by the designation: 1714

(1) Engage in the practice of nursing as an advanced 1715  
practice registered nurse for a fee, salary, or other 1716  
consideration, or as a volunteer; 1717

(2) Represent the person as being an advanced practice 1718  
registered nurse, including representing the person as being a 1719  
certified registered nurse anesthetist, clinical nurse 1720  
specialist, certified nurse-midwife, or certified nurse 1721  
practitioner; 1722

(3) Use any title or initials implying that the person is 1723  
an advanced practice registered nurse, including using any title 1724  
or initials implying the person is a certified registered nurse 1725  
anesthetist, clinical nurse specialist, certified nurse-midwife, 1726  
or certified nurse practitioner. 1727

(B) No advanced practice registered nurse shall knowingly 1728  
do any of the following: 1729

(1) Engage, for a fee, salary, or other consideration, or 1730  
as a volunteer, in the practice of a ~~nursing specialty~~ 1731  
designation other than the specialty designated that indicated 1732  
on the nurse's current, valid license issued by the board under 1733  
this chapter to practice nursing as an advanced practice 1734  
registered nurse; 1735

(2) Represent the person as being authorized to practice 1736  
any ~~nursing specialty designation~~ other than ~~the specialty~~ 1737  
designated that indicated on the current, valid license to 1738  
practice nursing as an advanced practice registered nurse; 1739

(3) Use the title "certified registered nurse anesthetist" 1740

or the initials "N.A." or "C.R.N.A.," the title "clinical nurse 1741  
specialist" or the initials "C.N.S.," the title "certified 1742  
nurse-midwife" or the initials "C.N.M.," the title "certified 1743  
nurse practitioner" or the initials "C.N.P.," the title 1744  
"advanced practice registered nurse" or the initials "A.P.R.N.," 1745  
or any other title or initials implying that the nurse is 1746  
authorized to practice any nursing specialty designation other 1747  
than the specialty designated that indicated on the nurse's 1748  
current, valid license to practice nursing as an advanced 1749  
practice registered nurse; 1750

~~(4) Except as provided in division (D) of section 4723.431- 1751  
of the Revised Code, enter into a standard care arrangement with- 1752  
a physician or podiatrist whose practice is not the same as or- 1753  
similar to the nurse's nursing specialty;~~ 1754

~~(5) Prescribe drugs or therapeutic devices in a manner 1755  
that does not comply with section 4723.481 of the Revised Code;~~ 1756

~~(6) (5) Prescribe any drug or device to perform or induce 1757  
an abortion, or otherwise perform or induce an abortion. 1758~~

(C) No person shall knowingly employ a person to engage in 1759  
the practice of nursing as an advanced practice registered nurse 1760  
unless the person so employed holds a current, valid license and 1761  
designation issued by the board under this chapter to practice 1762  
as an advanced practice registered nurse in the specialty as 1763  
indicated by the designation. 1764

(D) A document certified by the executive director of the 1765  
board, under the official seal of the board, to the effect that 1766  
it appears from the records of the board that no license to 1767  
practice nursing as an advanced practice registered nurse has 1768  
been issued to the person specified in the document, or that a 1769

license to practice nursing as an advanced practice registered 1770  
nurse, if issued, has been revoked or suspended, shall be 1771  
received as prima-facie evidence of the record of the board in 1772  
any court or before any officer of the state. 1773

**Sec. 4723.48.** (A) A clinical nurse specialist, certified 1774  
nurse-midwife, or certified nurse practitioner who holds a 1775  
license to practice nursing issued under section 4723.42 of the 1776  
Revised Code may delegate to a person not otherwise authorized 1777  
to administer drugs the authority to administer to a specified 1778  
patient a drug, unless the drug is a controlled substance or is 1779  
listed in the formulary established in rules adopted under 1780  
section 4723.50 of the Revised Code. The delegation shall be in 1781  
accordance with division (B) of this section and standards and 1782  
procedures established in rules adopted under division ~~(O)~~(N) 1783  
of section 4723.07 of the Revised Code. 1784

(B) Prior to delegating the authority, the nurse shall do 1785  
both of the following: 1786

(1) Assess the patient and determine that the drug is 1787  
appropriate for the patient; 1788

(2) Determine that the person to whom the authority will 1789  
be delegated has met the conditions specified in division (D) of 1790  
section 4723.489 of the Revised Code. 1791

**Sec. 4723.481.** This section establishes standards and 1792  
conditions regarding the authority of an advanced practice 1793  
registered nurse who is designated as a clinical nurse 1794  
specialist, certified nurse-midwife, or certified nurse 1795  
practitioner to prescribe and personally furnish drugs and 1796  
therapeutic devices under a license issued under section 4723.42 1797  
of the Revised Code. 1798

(A) Except as provided in division (F) of this section, a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall not prescribe or furnish any drug or therapeutic device that is listed on the exclusionary formulary established in rules adopted under section 4723.50 of the Revised Code.

~~(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.~~

~~(C) (1)~~ (B) (1) Except as provided in division ~~(C) (2)~~ (B) (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:

(a) The patient has a terminal condition, as defined in section 2133.01 of the Revised Code.

(b) A physician initially prescribed the substance for the patient.

(c) The prescription is for an amount that does not exceed the amount necessary for the patient's use in a single, seventy-two-hour period.

(2) The restrictions on prescriptive authority in division ~~(C) (1)~~ (B) (1) of this section do not apply if a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner issues the prescription to the patient from any of

the following locations:	1828
(a) A hospital registered under section 3701.07 of the Revised Code;	1829 1830
(b) An entity owned or controlled, in whole or in part, by a hospital or by an entity that owns or controls, in whole or in part, one or more hospitals;	1831 1832 1833
(c) A health care facility operated by the department of mental health and addiction services or the department of developmental disabilities;	1834 1835 1836
(d) 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;	1837 1838 1839
(e) A county home or district home operated under Chapter 5155. of the Revised Code that is certified under the medicare or medicaid program;	1840 1841 1842
(f) A hospice care program, as defined in section 3712.01 of the Revised Code;	1843 1844
(g) A community mental health services provider, as defined in section 5122.01 of the Revised Code;	1845 1846
(h) An ambulatory surgical facility, as defined in section 3702.30 of the Revised Code;	1847 1848
(i) A freestanding birthing center, as defined in section 3702.141 of the Revised Code;	1849 1850
(j) A federally qualified health center, as defined in section 3701.047 of the Revised Code;	1851 1852
(k) A federally qualified health center look-alike, as defined in section 3701.047 of the Revised Code;	1853 1854

(l) A health care office or facility operated by the board 1855  
of health of a city or general health district or the authority 1856  
having the duties of a board of health under section 3709.05 of 1857  
the Revised Code; 1858

(m) A site where a medical practice is operated, but only 1859  
if the practice is comprised of one or more physicians who also 1860  
are owners of the practice; the practice is organized to provide 1861  
direct patient care; and the clinical nurse specialist, 1862  
certified nurse-midwife, or certified nurse practitioner 1863  
~~providing provides~~ services at the site ~~has a standard care~~ 1864  
~~arrangement and collaborates with at least one of the physician-~~ 1865  
~~owners who practices primarily at that site;~~ 1866

(n) A residential care facility, as defined in section 1867  
3721.01 of the Revised Code. 1868

(3) A clinical nurse specialist, certified nurse-midwife, 1869  
or certified nurse practitioner shall not issue to a patient a 1870  
prescription for a schedule II controlled substance from a 1871  
convenience care clinic even if the clinic is owned or operated 1872  
by an entity specified in division ~~(C) (2)~~ (B) (2) of this 1873  
section. 1874

~~(D)~~ (C) A pharmacist who acts in good faith reliance on a 1875  
prescription issued by a clinical nurse specialist, certified 1876  
nurse-midwife, or certified nurse practitioner under division 1877  
~~(C) (2)~~ (B) (2) of this section is not liable for or subject to 1878  
any of the following for relying on the prescription: damages in 1879  
any civil action, prosecution in any criminal proceeding, or 1880  
professional disciplinary action by the state board of pharmacy 1881  
under Chapter 4729. of the Revised Code. 1882

~~(E)~~ (D) A clinical nurse specialist, certified nurse- 1883

midwife, or certified nurse practitioner shall comply with 1884  
section 3719.061 of the Revised Code if the nurse prescribes for 1885  
a minor, as defined in that section, an opioid analgesic, as 1886  
defined in section 3719.01 of the Revised Code. 1887

~~(F) Until the board of nursing establishes a new formulary 1888  
in rules adopted under section 4723.50 of the Revised Code, a 1889  
clinical nurse specialist, certified nurse midwife, or certified 1890  
nurse practitioner who prescribes or furnishes any drug or 1891  
therapeutic device shall do so in accordance with the formulary 1892  
established by the board prior to the effective date of this 1893  
amendment. 1894~~

**Sec. 4723.482.** (A) An applicant for a license to practice 1895  
nursing as an advanced practice registered nurse who seeks 1896  
designation as a clinical nurse specialist, certified nurse- 1897  
midwife, or certified nurse practitioner shall include with the 1898  
application submitted under section 4723.41 of the Revised Code 1899  
evidence of successfully completing the course of study in 1900  
advanced pharmacology and related topics in accordance with the 1901  
requirements specified in division (B) of this section. 1902

(B) With respect to the course of study in advanced 1903  
pharmacology and related topics, all of the following 1904  
requirements apply: 1905

(1) The course of study shall be completed not longer than 1906  
five years before the application is filed. 1907

(2) The course of study shall be not less than forty-five 1908  
contact hours. 1909

~~(3) The course of study shall meet the requirements to be 1910  
approved by the board in accordance with standards established 1911  
in rules adopted under section 4723.50 of the Revised Code. 1912~~

<del>(4)</del> The content of the course of study shall be specific	1913
to the applicant's <del>nursing specialty</del> <u>designation</u> .	1914
<del>(5)</del> <u>(4)</u> The instruction provided in the course of study	1915
shall include all of the following:	1916
(a) A minimum of thirty-six contact hours of instruction	1917
in advanced pharmacology that includes pharmacokinetic	1918
principles and clinical application and the use of drugs and	1919
therapeutic devices in the prevention of illness and maintenance	1920
of health;	1921
(b) Instruction in the fiscal and ethical implications of	1922
prescribing drugs and therapeutic devices;	1923
(c) Instruction in the state and federal laws that apply	1924
to the authority to prescribe;	1925
(d) Instruction that is specific to schedule II controlled	1926
substances, including instruction in all of the following:	1927
(i) Indications for the use of schedule II controlled	1928
substances in drug therapies;	1929
(ii) The most recent guidelines for pain management	1930
therapies, as established by state and national organizations	1931
such as the Ohio pain initiative and the American pain society;	1932
(iii) Fiscal and ethical implications of prescribing	1933
schedule II controlled substances;	1934
(iv) State and federal laws that apply to the authority to	1935
prescribe schedule II controlled substances;	1936
(v) Prevention of abuse and diversion of schedule II	1937
controlled substances, including identification of the risk of	1938
abuse and diversion, recognition of abuse and diversion, types	1939

of assistance available for prevention of abuse and diversion, 1940  
and methods of establishing safeguards against abuse and 1941  
diversion. 1942

(C) An applicant who practiced or is practicing as a 1943  
clinical nurse specialist, certified nurse-midwife, or certified 1944  
nurse practitioner in another jurisdiction or as an employee of 1945  
the United States government shall include with the application 1946  
submitted under section 4723.41 of the Revised Code all of the 1947  
following: 1948

(1) Evidence of having completed a two-hour course of 1949  
instruction approved by the board in the laws of this state that 1950  
govern drugs and prescriptive authority; 1951

(2) Either of the following: 1952

(a) Evidence of having held, for a continuous period of at 1953  
least one year during the three years immediately preceding the 1954  
date of application, valid authority issued by another 1955  
jurisdiction to prescribe therapeutic devices and drugs, 1956  
including at least some controlled substances; 1957

(b) Evidence of having been employed by the United States 1958  
government and authorized, for a continuous period of at least 1959  
one year during the three years immediately preceding the date 1960  
of application, to prescribe therapeutic devices and drugs, 1961  
including at least some controlled substances, in conjunction 1962  
with that employment. 1963

**Sec. 4723.493.** (A) There is hereby created within the 1964  
board of nursing the advisory committee on advanced practice 1965  
registered nursing. The committee shall consist of the following 1966  
members and any other members the board appoints under division 1967  
(B) of this section: 1968

(1) Four advanced practice registered nurses, each 1969  
actively engaged in the practice of advanced practice registered 1970  
nursing in a clinical setting in this state, at least one of 1971  
whom is actively engaged in providing primary care, at least one 1972  
of whom is actively engaged in practice as a certified 1973  
registered nurse anesthetist, and at least one of whom is 1974  
actively engaged in practice as a certified nurse-midwife; 1975

(2) Two advanced practice registered nurses, each serving 1976  
as a faculty member of an approved program of nursing education 1977  
that prepares students for licensure as advanced practice 1978  
registered nurses; 1979

(3) A member of the board of nursing who is an advanced 1980  
practice registered nurse; 1981

(4) A representative of an entity employing ten or more 1982  
advanced practice registered nurses actively engaged in practice 1983  
in this state. 1984

(B) The board of nursing shall appoint the members 1985  
described in division (A) of this section. Recommendations for 1986  
initial appointments and for filling any vacancies may be 1987  
submitted to the board by organizations representing advanced 1988  
practice registered nurses practicing in this state and by 1989  
schools of advanced practice registered nursing. The board shall 1990  
appoint initial members and fill vacancies according to the 1991  
recommendations it receives. If it does not receive any 1992  
recommendations or receives an insufficient number of 1993  
recommendations, the board shall appoint members and fill 1994  
vacancies on its own advice. 1995

Initial appointments to the committee shall be made not 1996  
later than sixty days after ~~the effective date of this section~~ 1997

April 6, 2017. Of the initial appointments described in division 1998  
(A) (1) of this section, two shall be for terms of one year and 1999  
two shall be for terms of two years. Of the initial appointments 2000  
described in division (A) (2) of this section, one shall be for a 2001  
term of one year and one shall be for a term of two years. Of 2002  
the initial appointments described in divisions (A) (3) and (4) 2003  
of this section, each shall be for a term of two years. 2004  
Thereafter, terms shall be for two years, with each term ending 2005  
on the same day of the same month as did the term that it 2006  
succeeds. Vacancies shall be filled in the same manner as 2007  
appointments. 2008

When the term of any member expires, a successor shall be 2009  
appointed in the same manner as the initial appointment. Any 2010  
member appointed to fill a vacancy occurring prior to the 2011  
expiration of the term for which the member's predecessor was 2012  
appointed shall hold office for the remainder of that term. A 2013  
member shall continue in office subsequent to the expiration 2014  
date of the member's term until the member's successor takes 2015  
office or until a period of sixty days has elapsed, whichever 2016  
occurs first. A member may be reappointed for one additional 2017  
term only. 2018

(C) The committee shall organize by selecting a 2019  
chairperson from among its members. The committee may select a 2020  
new chairperson at any time. Five members constitute a quorum 2021  
for the transaction of official business. Members shall serve 2022  
without compensation but receive payment for their actual and 2023  
necessary expenses incurred in the performance of their official 2024  
duties. The expenses shall be paid by the board of nursing. 2025

(D) The committee shall advise the board regarding the 2026  
practice and regulation of advanced practice registered nurses 2027

and may make recommendations to the committee on prescriptive 2028  
governance. The committee may also recommend to the board that 2029  
an individual with expertise in an advanced practice registered 2030  
~~nursing specialty~~ nurse designation be appointed under division 2031  
(B) of this section as an additional member of the committee. 2032

**Sec. 4723.50.** (A) As used in this section: 2033

(1) "Controlled substance" has the same meaning as in 2034  
section 3719.01 of the Revised Code. 2035

(2) "Medication-assisted treatment" has the same meaning 2036  
as in section 340.01 of the Revised Code. 2037

(B) In accordance with Chapter 119. of the Revised Code, 2038  
the board of nursing shall adopt rules as necessary to implement 2039  
the provisions of this chapter pertaining to the authority of 2040  
advanced practice registered nurses who are designated as 2041  
clinical nurse specialists, certified nurse-midwives, and 2042  
certified nurse practitioners to prescribe and furnish drugs and 2043  
therapeutic devices. 2044

The board shall adopt rules that are consistent with a 2045  
recommended exclusionary formulary the board receives from the 2046  
committee on prescriptive governance pursuant to section 2047  
4723.492 of the Revised Code. After reviewing a formulary 2048  
submitted by the committee, the board may either adopt the 2049  
formulary as a rule or ask the committee to reconsider and 2050  
resubmit the formulary. The board shall not adopt any rule that 2051  
does not conform to a formulary developed by the committee. 2052

The exclusionary formulary shall permit, in a manner 2053  
consistent with section 4723.481 of the Revised Code, the 2054  
prescribing of controlled substances, including drugs that 2055  
contain buprenorphine used in medication-assisted treatment and 2056

both oral and long-acting opioid antagonists. The formulary 2057  
shall not permit the prescribing or furnishing of any of the 2058  
following: 2059

(1) A drug or device to perform or induce an abortion; 2060

(2) A drug or device prohibited by federal or state law. 2061

(C) In addition to the rules described in division (B) of 2062  
this section, the board shall adopt rules under this section 2063  
~~that do the following:—~~ 2064

~~(1) Establish standards for board approval of the course 2065  
of study in advanced pharmacology and related topics required by 2066  
section 4723.482 of the Revised Code;— 2067~~

~~(2) Establish establishing requirements for board approval 2068  
of the two-hour course of instruction in the laws of this state 2069  
as required under division (C) (1) of section 4723.482 of the 2070  
Revised Code ~~and division (B) (2) of section 4723.484 of the 2071  
Revised Code;— 2072~~~~

~~(3) Establish criteria for the components of the standard- 2073  
care arrangements described in section 4723.431 of the Revised- 2074  
Code that apply to the authority to prescribe, including the 2075  
components that apply to the authority to prescribe schedule II- 2076  
controlled substances. The rules shall be consistent with that- 2077  
section and include all of the following:— 2078~~

~~(a) Quality assurance standards;— 2079~~

~~(b) Standards for periodic review by a collaborating 2080  
physician or podiatrist of the records of patients treated by- 2081  
the clinical nurse specialist, certified nurse midwife, or 2082  
certified nurse practitioner;— 2083~~

~~(c) Acceptable travel time between the location at which- 2084~~

~~the clinical nurse specialist, certified nurse midwife, or  
certified nurse practitioner is engaging in the prescribing  
components of the nurse's practice and the location of the  
nurse's collaborating physician or podiatrist;~~

~~(d) Any other criteria recommended by the committee on  
prescriptive governance.~~

Sec. 4731.058. A physician shall not issue to a patient a  
prescription for a schedule II controlled substance from a  
convenience care clinic.

**Sec. 4731.22.** (A) The state medical board, by an  
affirmative vote of not fewer than six of its members, may  
limit, revoke, or suspend a license or certificate to practice  
or certificate to recommend, refuse to grant a license or  
certificate, refuse to renew a license or certificate, refuse to  
reinstate a license or certificate, or reprimand or place on  
probation the holder of a license or certificate if the  
individual applying for or holding the license or certificate is  
found by the board to have committed fraud during the  
administration of the examination for a license or certificate  
to practice or to have committed fraud, misrepresentation, or  
deception in applying for, renewing, or securing any license or  
certificate to practice or certificate to recommend issued by  
the board.

(B) The board, by an affirmative vote of not fewer than  
six members, shall, to the extent permitted by law, limit,  
revoke, or suspend a license or certificate to practice or  
certificate to recommend, refuse to issue a license or  
certificate, refuse to renew a license or certificate, refuse to  
reinstate a license or certificate, or reprimand or place on  
probation the holder of a license or certificate for one or more

of the following reasons: 2115

(1) Permitting one's name or one's license or certificate 2116  
to practice to be used by a person, group, or corporation when 2117  
the individual concerned is not actually directing the treatment 2118  
given; 2119

(2) Failure to maintain minimal standards applicable to 2120  
the selection or administration of drugs, or failure to employ 2121  
acceptable scientific methods in the selection of drugs or other 2122  
modalities for treatment of disease; 2123

(3) Except as provided in section 4731.97 of the Revised 2124  
Code, selling, giving away, personally furnishing, prescribing, 2125  
or administering drugs for other than legal and legitimate 2126  
therapeutic purposes or a plea of guilty to, a judicial finding 2127  
of guilt of, or a judicial finding of eligibility for 2128  
intervention in lieu of conviction of, a violation of any 2129  
federal or state law regulating the possession, distribution, or 2130  
use of any drug; 2131

(4) Willfully betraying a professional confidence. 2132

For purposes of this division, "willfully betraying a 2133  
professional confidence" does not include providing any 2134  
information, documents, or reports under sections 307.621 to 2135  
307.629 of the Revised Code to a child fatality review board; 2136  
does not include providing any information, documents, or 2137  
reports to the director of health pursuant to guidelines 2138  
established under section 3701.70 of the Revised Code; does not 2139  
include written notice to a mental health professional under 2140  
section 4731.62 of the Revised Code; and does not include the 2141  
making of a report of an employee's use of a drug of abuse, or a 2142  
report of a condition of an employee other than one involving 2143

the use of a drug of abuse, to the employer of the employee as 2144  
described in division (B) of section 2305.33 of the Revised 2145  
Code. Nothing in this division affects the immunity from civil 2146  
liability conferred by section 2305.33 or 4731.62 of the Revised 2147  
Code upon a physician who makes a report in accordance with 2148  
section 2305.33 or notifies a mental health professional in 2149  
accordance with section 4731.62 of the Revised Code. As used in 2150  
this division, "employee," "employer," and "physician" have the 2151  
same meanings as in section 2305.33 of the Revised Code. 2152

(5) Making a false, fraudulent, deceptive, or misleading 2153  
statement in the solicitation of or advertising for patients; in 2154  
relation to the practice of medicine and surgery, osteopathic 2155  
medicine and surgery, podiatric medicine and surgery, or a 2156  
limited branch of medicine; or in securing or attempting to 2157  
secure any license or certificate to practice issued by the 2158  
board. 2159

As used in this division, "false, fraudulent, deceptive, 2160  
or misleading statement" means a statement that includes a 2161  
misrepresentation of fact, is likely to mislead or deceive 2162  
because of a failure to disclose material facts, is intended or 2163  
is likely to create false or unjustified expectations of 2164  
favorable results, or includes representations or implications 2165  
that in reasonable probability will cause an ordinarily prudent 2166  
person to misunderstand or be deceived. 2167

(6) A departure from, or the failure to conform to, 2168  
minimal standards of care of similar practitioners under the 2169  
same or similar circumstances, whether or not actual injury to a 2170  
patient is established; 2171

(7) Representing, with the purpose of obtaining 2172  
compensation or other advantage as personal gain or for any 2173

other person, that an incurable disease or injury, or other	2174
incurable condition, can be permanently cured;	2175
(8) The obtaining of, or attempting to obtain, money or	2176
anything of value by fraudulent misrepresentations in the course	2177
of practice;	2178
(9) A plea of guilty to, a judicial finding of guilt of,	2179
or a judicial finding of eligibility for intervention in lieu of	2180
conviction for, a felony;	2181
(10) Commission of an act that constitutes a felony in	2182
this state, regardless of the jurisdiction in which the act was	2183
committed;	2184
(11) A plea of guilty to, a judicial finding of guilt of,	2185
or a judicial finding of eligibility for intervention in lieu of	2186
conviction for, a misdemeanor committed in the course of	2187
practice;	2188
(12) Commission of an act in the course of practice that	2189
constitutes a misdemeanor in this state, regardless of the	2190
jurisdiction in which the act was committed;	2191
(13) A plea of guilty to, a judicial finding of guilt of,	2192
or a judicial finding of eligibility for intervention in lieu of	2193
conviction for, a misdemeanor involving moral turpitude;	2194
(14) Commission of an act involving moral turpitude that	2195
constitutes a misdemeanor in this state, regardless of the	2196
jurisdiction in which the act was committed;	2197
(15) Violation of the conditions of limitation placed by	2198
the board upon a license or certificate to practice;	2199
(16) Failure to pay license renewal fees specified in this	2200
chapter;	2201

(17) Except as authorized in section 4731.31 of the Revised Code, engaging in the division of fees for referral of patients, or the receiving of a thing of value in return for a specific referral of a patient to utilize a particular service or business;

(18) Subject to section 4731.226 of the Revised Code, violation of any provision of a code of ethics of the American medical association, the American osteopathic association, the American podiatric medical association, or any other national professional organizations that the board specifies by rule. The state medical board shall obtain and keep on file current copies of the codes of ethics of the various national professional organizations. The individual whose license or certificate is being suspended or revoked shall not be found to have violated any provision of a code of ethics of an organization not appropriate to the individual's profession.

For purposes of this division, a "provision of a code of ethics of a national professional organization" does not include any provision that would preclude the making of a report by a physician of an employee's use of a drug of abuse, or of a condition of an employee other than one involving the use of a drug of abuse, to the employer of the employee as described in division (B) of section 2305.33 of the Revised Code. Nothing in this division affects the immunity from civil liability conferred by that section upon a physician who makes either type of report in accordance with division (B) of that section. As used in this division, "employee," "employer," and "physician" have the same meanings as in section 2305.33 of the Revised Code.

(19) Inability to practice according to acceptable and

prevailing standards of care by reason of mental illness or 2232  
physical illness, including, but not limited to, physical 2233  
deterioration that adversely affects cognitive, motor, or 2234  
perceptive skills. 2235

In enforcing this division, the board, upon a showing of a 2236  
possible violation, may compel any individual authorized to 2237  
practice by this chapter or who has submitted an application 2238  
pursuant to this chapter to submit to a mental examination, 2239  
physical examination, including an HIV test, or both a mental 2240  
and a physical examination. The expense of the examination is 2241  
the responsibility of the individual compelled to be examined. 2242  
Failure to submit to a mental or physical examination or consent 2243  
to an HIV test ordered by the board constitutes an admission of 2244  
the allegations against the individual unless the failure is due 2245  
to circumstances beyond the individual's control, and a default 2246  
and final order may be entered without the taking of testimony 2247  
or presentation of evidence. If the board finds an individual 2248  
unable to practice because of the reasons set forth in this 2249  
division, the board shall require the individual to submit to 2250  
care, counseling, or treatment by physicians approved or 2251  
designated by the board, as a condition for initial, continued, 2252  
reinstated, or renewed authority to practice. An individual 2253  
affected under this division shall be afforded an opportunity to 2254  
demonstrate to the board the ability to resume practice in 2255  
compliance with acceptable and prevailing standards under the 2256  
provisions of the individual's license or certificate. For the 2257  
purpose of this division, any individual who applies for or 2258  
receives a license or certificate to practice under this chapter 2259  
accepts the privilege of practicing in this state and, by so 2260  
doing, shall be deemed to have given consent to submit to a 2261  
mental or physical examination when directed to do so in writing 2262

by the board, and to have waived all objections to the 2263  
admissibility of testimony or examination reports that 2264  
constitute a privileged communication. 2265

(20) Except as provided in division (F)(1)(b) of section 2266  
4731.282 of the Revised Code or when civil penalties are imposed 2267  
under section 4731.225 of the Revised Code, and subject to 2268  
section 4731.226 of the Revised Code, violating or attempting to 2269  
violate, directly or indirectly, or assisting in or abetting the 2270  
violation of, or conspiring to violate, any provisions of this 2271  
chapter or any rule promulgated by the board. 2272

This division does not apply to a violation or attempted 2273  
violation of, assisting in or abetting the violation of, or a 2274  
conspiracy to violate, any provision of this chapter or any rule 2275  
adopted by the board that would preclude the making of a report 2276  
by a physician of an employee's use of a drug of abuse, or of a 2277  
condition of an employee other than one involving the use of a 2278  
drug of abuse, to the employer of the employee as described in 2279  
division (B) of section 2305.33 of the Revised Code. Nothing in 2280  
this division affects the immunity from civil liability 2281  
conferred by that section upon a physician who makes either type 2282  
of report in accordance with division (B) of that section. As 2283  
used in this division, "employee," "employer," and "physician" 2284  
have the same meanings as in section 2305.33 of the Revised 2285  
Code. 2286

(21) The violation of section 3701.79 of the Revised Code 2287  
or of any abortion rule adopted by the director of health 2288  
pursuant to section 3701.341 of the Revised Code; 2289

(22) Any of the following actions taken by an agency 2290  
responsible for authorizing, certifying, or regulating an 2291  
individual to practice a health care occupation or provide 2292

health care services in this state or another jurisdiction, for 2293  
any reason other than the nonpayment of fees: the limitation, 2294  
revocation, or suspension of an individual's license to 2295  
practice; acceptance of an individual's license surrender; 2296  
denial of a license; refusal to renew or reinstate a license; 2297  
imposition of probation; or issuance of an order of censure or 2298  
other reprimand; 2299

(23) The violation of section 2919.12 of the Revised Code 2300  
or the performance or inducement of an abortion upon a pregnant 2301  
woman with actual knowledge that the conditions specified in 2302  
division (B) of section 2317.56 of the Revised Code have not 2303  
been satisfied or with a heedless indifference as to whether 2304  
those conditions have been satisfied, unless an affirmative 2305  
defense as specified in division (H)(2) of that section would 2306  
apply in a civil action authorized by division (H)(1) of that 2307  
section; 2308

(24) The revocation, suspension, restriction, reduction, 2309  
or termination of clinical privileges by the United States 2310  
department of defense or department of veterans affairs or the 2311  
termination or suspension of a certificate of registration to 2312  
prescribe drugs by the drug enforcement administration of the 2313  
United States department of justice; 2314

(25) Termination or suspension from participation in the 2315  
medicare or medicaid programs by the department of health and 2316  
human services or other responsible agency for any act or acts 2317  
that also would constitute a violation of division (B)(2), (3), 2318  
(6), (8), or (19) of this section; 2319

(26) Impairment of ability to practice according to 2320  
acceptable and prevailing standards of care because of habitual 2321  
or excessive use or abuse of drugs, alcohol, or other substances 2322

that impair ability to practice. 2323

For the purposes of this division, any individual 2324  
authorized to practice by this chapter accepts the privilege of 2325  
practicing in this state subject to supervision by the board. By 2326  
filing an application for or holding a license or certificate to 2327  
practice under this chapter, an individual shall be deemed to 2328  
have given consent to submit to a mental or physical examination 2329  
when ordered to do so by the board in writing, and to have 2330  
waived all objections to the admissibility of testimony or 2331  
examination reports that constitute privileged communications. 2332

If it has reason to believe that any individual authorized 2333  
to practice by this chapter or any applicant for licensure or 2334  
certification to practice suffers such impairment, the board may 2335  
compel the individual to submit to a mental or physical 2336  
examination, or both. The expense of the examination is the 2337  
responsibility of the individual compelled to be examined. Any 2338  
mental or physical examination required under this division 2339  
shall be undertaken by a treatment provider or physician who is 2340  
qualified to conduct the examination and who is chosen by the 2341  
board. 2342

Failure to submit to a mental or physical examination 2343  
ordered by the board constitutes an admission of the allegations 2344  
against the individual unless the failure is due to 2345  
circumstances beyond the individual's control, and a default and 2346  
final order may be entered without the taking of testimony or 2347  
presentation of evidence. If the board determines that the 2348  
individual's ability to practice is impaired, the board shall 2349  
suspend the individual's license or certificate or deny the 2350  
individual's application and shall require the individual, as a 2351  
condition for initial, continued, reinstated, or renewed 2352

licensure or certification to practice, to submit to treatment. 2353

Before being eligible to apply for reinstatement of a 2354  
license or certificate suspended under this division, the 2355  
impaired practitioner shall demonstrate to the board the ability 2356  
to resume practice in compliance with acceptable and prevailing 2357  
standards of care under the provisions of the practitioner's 2358  
license or certificate. The demonstration shall include, but 2359  
shall not be limited to, the following: 2360

(a) Certification from a treatment provider approved under 2361  
section 4731.25 of the Revised Code that the individual has 2362  
successfully completed any required inpatient treatment; 2363

(b) Evidence of continuing full compliance with an 2364  
aftercare contract or consent agreement; 2365

(c) Two written reports indicating that the individual's 2366  
ability to practice has been assessed and that the individual 2367  
has been found capable of practicing according to acceptable and 2368  
prevailing standards of care. The reports shall be made by 2369  
individuals or providers approved by the board for making the 2370  
assessments and shall describe the basis for their 2371  
determination. 2372

The board may reinstate a license or certificate suspended 2373  
under this division after that demonstration and after the 2374  
individual has entered into a written consent agreement. 2375

When the impaired practitioner resumes practice, the board 2376  
shall require continued monitoring of the individual. The 2377  
monitoring shall include, but not be limited to, compliance with 2378  
the written consent agreement entered into before reinstatement 2379  
or with conditions imposed by board order after a hearing, and, 2380  
upon termination of the consent agreement, submission to the 2381

board for at least two years of annual written progress reports	2382
made under penalty of perjury stating whether the individual has	2383
maintained sobriety.	2384
(27) A second or subsequent violation of section 4731.66	2385
or 4731.69 of the Revised Code;	2386
(28) Except as provided in division (N) of this section:	2387
(a) Waiving the payment of all or any part of a deductible	2388
or copayment that a patient, pursuant to a health insurance or	2389
health care policy, contract, or plan that covers the	2390
individual's services, otherwise would be required to pay if the	2391
waiver is used as an enticement to a patient or group of	2392
patients to receive health care services from that individual;	2393
(b) Advertising that the individual will waive the payment	2394
of all or any part of a deductible or copayment that a patient,	2395
pursuant to a health insurance or health care policy, contract,	2396
or plan that covers the individual's services, otherwise would	2397
be required to pay.	2398
(29) Failure to use universal blood and body fluid	2399
precautions established by rules adopted under section 4731.051	2400
of the Revised Code;	2401
(30) Failure to provide notice to, and receive	2402
acknowledgment of the notice from, a patient when required by	2403
section 4731.143 of the Revised Code prior to providing	2404
nonemergency professional services, or failure to maintain that	2405
notice in the patient's medical record;	2406
(31) Failure of a physician supervising a physician	2407
assistant to maintain supervision in accordance with the	2408
requirements of Chapter 4730. of the Revised Code and the rules	2409
adopted under that chapter;	2410

~~(32) Failure of a physician or podiatrist to enter into a standard care arrangement with a clinical nurse specialist, certified nurse midwife, or certified nurse practitioner with whom the physician or podiatrist is in collaboration pursuant to section 4731.27 of the Revised Code or failure to fulfill the responsibilities of collaboration after entering into a standard care arrangement;~~

~~(33)~~ Failure to comply with the terms of a consult agreement entered into with a pharmacist pursuant to section 4729.39 of the Revised Code;

~~(34)~~ (33) Failure to cooperate in an investigation conducted by the board under division (F) of this section, including failure to comply with a subpoena or order issued by the board or failure to answer truthfully a question presented by the board in an investigative interview, an investigative office conference, at a deposition, or in written interrogatories, except that failure to cooperate with an investigation shall not constitute grounds for discipline under this section if a court of competent jurisdiction has issued an order that either quashes a subpoena or permits the individual to withhold the testimony or evidence in issue;

~~(35)~~ (34) Failure to supervise an oriental medicine practitioner or acupuncturist in accordance with Chapter 4762. of the Revised Code and the board's rules for providing that supervision;

~~(36)~~ (35) Failure to supervise an anesthesiologist assistant in accordance with Chapter 4760. of the Revised Code and the board's rules for supervision of an anesthesiologist assistant;

<del>(37)</del> <u>(36)</u> Assisting suicide, as defined in section 3795.01	2440
of the Revised Code;	2441
<del>(38)</del> <u>(37)</u> Failure to comply with the requirements of	2442
section 2317.561 of the Revised Code;	2443
<del>(39)</del> <u>(38)</u> Failure to supervise a radiologist assistant in	2444
accordance with Chapter 4774. of the Revised Code and the	2445
board's rules for supervision of radiologist assistants;	2446
<del>(40)</del> <u>(39)</u> Performing or inducing an abortion at an office	2447
or facility with knowledge that the office or facility fails to	2448
post the notice required under section 3701.791 of the Revised	2449
Code;	2450
<del>(41)</del> <u>(40)</u> Failure to comply with the standards and	2451
procedures established in rules under section 4731.054 of the	2452
Revised Code for the operation of or the provision of care at a	2453
pain management clinic;	2454
<del>(42)</del> <u>(41)</u> Failure to comply with the standards and	2455
procedures established in rules under section 4731.054 of the	2456
Revised Code for providing supervision, direction, and control	2457
of individuals at a pain management clinic;	2458
<del>(43)</del> <u>(42)</u> Failure to comply with the requirements of	2459
section 4729.79 or 4731.055 of the Revised Code, unless the	2460
state board of pharmacy no longer maintains a drug database	2461
pursuant to section 4729.75 of the Revised Code;	2462
<del>(44)</del> <u>(43)</u> Failure to comply with the requirements of	2463
section 2919.171, 2919.202, or 2919.203 of the Revised Code or	2464
failure to submit to the department of health in accordance with	2465
a court order a complete report as described in section 2919.171	2466
or 2919.202 of the Revised Code;	2467

~~(45)~~-(44) Practicing at a facility that is subject to 2468  
licensure as a category III terminal distributor of dangerous 2469  
drugs with a pain management clinic classification unless the 2470  
person operating the facility has obtained and maintains the 2471  
license with the classification; 2472

~~(46)~~-(45) Owning a facility that is subject to licensure 2473  
as a category III terminal distributor of dangerous drugs with a 2474  
pain management clinic classification unless the facility is 2475  
licensed with the classification; 2476

~~(47)~~-(46) Failure to comply with the requirement regarding 2477  
maintaining notes described in division (B) of section 2919.191 2478  
of the Revised Code or failure to satisfy the requirements of 2479  
section 2919.191 of the Revised Code prior to performing or 2480  
inducing an abortion upon a pregnant woman; 2481

~~(48)~~-(47) Failure to comply with the requirements in 2482  
section 3719.061 of the Revised Code before issuing for a minor 2483  
a prescription for an opioid analgesic, as defined in section 2484  
3719.01 of the Revised Code; 2485

~~(49)~~-(48) Failure to comply with the requirements of 2486  
section 4731.30 of the Revised Code or rules adopted under 2487  
section 4731.301 of the Revised Code when recommending treatment 2488  
with medical marijuana; 2489

~~(50)~~-(49) Practicing at a facility, clinic, or other 2490  
location that is subject to licensure as a category III terminal 2491  
distributor of dangerous drugs with an office-based opioid 2492  
treatment classification unless the person operating that place 2493  
has obtained and maintains the license with the classification; 2494

~~(51)~~-(50) Owning a facility, clinic, or other location 2495  
that is subject to licensure as a category III terminal 2496

distributor of dangerous drugs with an office-based opioid 2497  
treatment classification unless that place is licensed with the 2498  
classification; 2499

(51) Violating section 4731.058 of the Revised Code. 2500

(C) Disciplinary actions taken by the board under 2501  
divisions (A) and (B) of this section shall be taken pursuant to 2502  
an adjudication under Chapter 119. of the Revised Code, except 2503  
that in lieu of an adjudication, the board may enter into a 2504  
consent agreement with an individual to resolve an allegation of 2505  
a violation of this chapter or any rule adopted under it. A 2506  
consent agreement, when ratified by an affirmative vote of not 2507  
fewer than six members of the board, shall constitute the 2508  
findings and order of the board with respect to the matter 2509  
addressed in the agreement. If the board refuses to ratify a 2510  
consent agreement, the admissions and findings contained in the 2511  
consent agreement shall be of no force or effect. 2512

A telephone conference call may be utilized for 2513  
ratification of a consent agreement that revokes or suspends an 2514  
individual's license or certificate to practice or certificate 2515  
to recommend. The telephone conference call shall be considered 2516  
a special meeting under division (F) of section 121.22 of the 2517  
Revised Code. 2518

If the board takes disciplinary action against an 2519  
individual under division (B) of this section for a second or 2520  
subsequent plea of guilty to, or judicial finding of guilt of, a 2521  
violation of section 2919.123 of the Revised Code, the 2522  
disciplinary action shall consist of a suspension of the 2523  
individual's license or certificate to practice for a period of 2524  
at least one year or, if determined appropriate by the board, a 2525  
more serious sanction involving the individual's license or 2526

certificate to practice. Any consent agreement entered into 2527  
under this division with an individual that pertains to a second 2528  
or subsequent plea of guilty to, or judicial finding of guilt 2529  
of, a violation of that section shall provide for a suspension 2530  
of the individual's license or certificate to practice for a 2531  
period of at least one year or, if determined appropriate by the 2532  
board, a more serious sanction involving the individual's 2533  
license or certificate to practice. 2534

(D) For purposes of divisions (B) (10), (12), and (14) of 2535  
this section, the commission of the act may be established by a 2536  
finding by the board, pursuant to an adjudication under Chapter 2537  
119. of the Revised Code, that the individual committed the act. 2538  
The board does not have jurisdiction under those divisions if 2539  
the trial court renders a final judgment in the individual's 2540  
favor and that judgment is based upon an adjudication on the 2541  
merits. The board has jurisdiction under those divisions if the 2542  
trial court issues an order of dismissal upon technical or 2543  
procedural grounds. 2544

(E) The sealing of conviction records by any court shall 2545  
have no effect upon a prior board order entered under this 2546  
section or upon the board's jurisdiction to take action under 2547  
this section if, based upon a plea of guilty, a judicial finding 2548  
of guilt, or a judicial finding of eligibility for intervention 2549  
in lieu of conviction, the board issued a notice of opportunity 2550  
for a hearing prior to the court's order to seal the records. 2551  
The board shall not be required to seal, destroy, redact, or 2552  
otherwise modify its records to reflect the court's sealing of 2553  
conviction records. 2554

(F) (1) The board shall investigate evidence that appears 2555  
to show that a person has violated any provision of this chapter 2556

or any rule adopted under it. Any person may report to the board 2557  
in a signed writing any information that the person may have 2558  
that appears to show a violation of any provision of this 2559  
chapter or any rule adopted under it. In the absence of bad 2560  
faith, any person who reports information of that nature or who 2561  
testifies before the board in any adjudication conducted under 2562  
Chapter 119. of the Revised Code shall not be liable in damages 2563  
in a civil action as a result of the report or testimony. Each 2564  
complaint or allegation of a violation received by the board 2565  
shall be assigned a case number and shall be recorded by the 2566  
board. 2567

(2) Investigations of alleged violations of this chapter 2568  
or any rule adopted under it shall be supervised by the 2569  
supervising member elected by the board in accordance with 2570  
section 4731.02 of the Revised Code and by the secretary as 2571  
provided in section 4731.39 of the Revised Code. The president 2572  
may designate another member of the board to supervise the 2573  
investigation in place of the supervising member. No member of 2574  
the board who supervises the investigation of a case shall 2575  
participate in further adjudication of the case. 2576

(3) In investigating a possible violation of this chapter 2577  
or any rule adopted under this chapter, or in conducting an 2578  
inspection under division (E) of section 4731.054 of the Revised 2579  
Code, the board may question witnesses, conduct interviews, 2580  
administer oaths, order the taking of depositions, inspect and 2581  
copy any books, accounts, papers, records, or documents, issue 2582  
subpoenas, and compel the attendance of witnesses and production 2583  
of books, accounts, papers, records, documents, and testimony, 2584  
except that a subpoena for patient record information shall not 2585  
be issued without consultation with the attorney general's 2586  
office and approval of the secretary and supervising member of 2587

the board. 2588

(a) Before issuance of a subpoena for patient record 2589  
information, the secretary and supervising member shall 2590  
determine whether there is probable cause to believe that the 2591  
complaint filed alleges a violation of this chapter or any rule 2592  
adopted under it and that the records sought are relevant to the 2593  
alleged violation and material to the investigation. The 2594  
subpoena may apply only to records that cover a reasonable 2595  
period of time surrounding the alleged violation. 2596

(b) On failure to comply with any subpoena issued by the 2597  
board and after reasonable notice to the person being 2598  
subpoenaed, the board may move for an order compelling the 2599  
production of persons or records pursuant to the Rules of Civil 2600  
Procedure. 2601

(c) A subpoena issued by the board may be served by a 2602  
sheriff, the sheriff's deputy, or a board employee designated by 2603  
the board. Service of a subpoena issued by the board may be made 2604  
by delivering a copy of the subpoena to the person named 2605  
therein, reading it to the person, or leaving it at the person's 2606  
usual place of residence, usual place of business, or address on 2607  
file with the board. When serving a subpoena to an applicant for 2608  
or the holder of a license or certificate issued under this 2609  
chapter, service of the subpoena may be made by certified mail, 2610  
return receipt requested, and the subpoena shall be deemed 2611  
served on the date delivery is made or the date the person 2612  
refuses to accept delivery. If the person being served refuses 2613  
to accept the subpoena or is not located, service may be made to 2614  
an attorney who notifies the board that the attorney is 2615  
representing the person. 2616

(d) A sheriff's deputy who serves a subpoena shall receive 2617

the same fees as a sheriff. Each witness who appears before the 2618  
board in obedience to a subpoena shall receive the fees and 2619  
mileage provided for under section 119.094 of the Revised Code. 2620

(4) All hearings, investigations, and inspections of the 2621  
board shall be considered civil actions for the purposes of 2622  
section 2305.252 of the Revised Code. 2623

(5) A report required to be submitted to the board under 2624  
this chapter, a complaint, or information received by the board 2625  
pursuant to an investigation or pursuant to an inspection under 2626  
division (E) of section 4731.054 of the Revised Code is 2627  
confidential and not subject to discovery in any civil action. 2628

The board shall conduct all investigations or inspections 2629  
and proceedings in a manner that protects the confidentiality of 2630  
patients and persons who file complaints with the board. The 2631  
board shall not make public the names or any other identifying 2632  
information about patients or complainants unless proper consent 2633  
is given or, in the case of a patient, a waiver of the patient 2634  
privilege exists under division (B) of section 2317.02 of the 2635  
Revised Code, except that consent or a waiver of that nature is 2636  
not required if the board possesses reliable and substantial 2637  
evidence that no bona fide physician-patient relationship 2638  
exists. 2639

The board may share any information it receives pursuant 2640  
to an investigation or inspection, including patient records and 2641  
patient record information, with law enforcement agencies, other 2642  
licensing boards, and other governmental agencies that are 2643  
prosecuting, adjudicating, or investigating alleged violations 2644  
of statutes or administrative rules. An agency or board that 2645  
receives the information shall comply with the same requirements 2646  
regarding confidentiality as those with which the state medical 2647

board must comply, notwithstanding any conflicting provision of 2648  
the Revised Code or procedure of the agency or board that 2649  
applies when it is dealing with other information in its 2650  
possession. In a judicial proceeding, the information may be 2651  
admitted into evidence only in accordance with the Rules of 2652  
Evidence, but the court shall require that appropriate measures 2653  
are taken to ensure that confidentiality is maintained with 2654  
respect to any part of the information that contains names or 2655  
other identifying information about patients or complainants 2656  
whose confidentiality was protected by the state medical board 2657  
when the information was in the board's possession. Measures to 2658  
ensure confidentiality that may be taken by the court include 2659  
sealing its records or deleting specific information from its 2660  
records. 2661

(6) On a quarterly basis, the board shall prepare a report 2662  
that documents the disposition of all cases during the preceding 2663  
three months. The report shall contain the following information 2664  
for each case with which the board has completed its activities: 2665

(a) The case number assigned to the complaint or alleged 2666  
violation; 2667

(b) The type of license or certificate to practice, if 2668  
any, held by the individual against whom the complaint is 2669  
directed; 2670

(c) A description of the allegations contained in the 2671  
complaint; 2672

(d) The disposition of the case. 2673

The report shall state how many cases are still pending 2674  
and shall be prepared in a manner that protects the identity of 2675  
each person involved in each case. The report shall be a public 2676

record under section 149.43 of the Revised Code. 2677

(G) If the secretary and supervising member determine both 2678  
of the following, they may recommend that the board suspend an 2679  
individual's license or certificate to practice or certificate 2680  
to recommend without a prior hearing: 2681

(1) That there is clear and convincing evidence that an 2682  
individual has violated division (B) of this section; 2683

(2) That the individual's continued practice presents a 2684  
danger of immediate and serious harm to the public. 2685

Written allegations shall be prepared for consideration by 2686  
the board. The board, upon review of those allegations and by an 2687  
affirmative vote of not fewer than six of its members, excluding 2688  
the secretary and supervising member, may suspend a license or 2689  
certificate without a prior hearing. A telephone conference call 2690  
may be utilized for reviewing the allegations and taking the 2691  
vote on the summary suspension. 2692

The board shall issue a written order of suspension by 2693  
certified mail or in person in accordance with section 119.07 of 2694  
the Revised Code. The order shall not be subject to suspension 2695  
by the court during pendency of any appeal filed under section 2696  
119.12 of the Revised Code. If the individual subject to the 2697  
summary suspension requests an adjudicatory hearing by the 2698  
board, the date set for the hearing shall be within fifteen 2699  
days, but not earlier than seven days, after the individual 2700  
requests the hearing, unless otherwise agreed to by both the 2701  
board and the individual. 2702

Any summary suspension imposed under this division shall 2703  
remain in effect, unless reversed on appeal, until a final 2704  
adjudicative order issued by the board pursuant to this section 2705

and Chapter 119. of the Revised Code becomes effective. The 2706  
board shall issue its final adjudicative order within seventy- 2707  
five days after completion of its hearing. A failure to issue 2708  
the order within seventy-five days shall result in dissolution 2709  
of the summary suspension order but shall not invalidate any 2710  
subsequent, final adjudicative order. 2711

(H) If the board takes action under division (B) (9), (11), 2712  
or (13) of this section and the judicial finding of guilt, 2713  
guilty plea, or judicial finding of eligibility for intervention 2714  
in lieu of conviction is overturned on appeal, upon exhaustion 2715  
of the criminal appeal, a petition for reconsideration of the 2716  
order may be filed with the board along with appropriate court 2717  
documents. Upon receipt of a petition of that nature and 2718  
supporting court documents, the board shall reinstate the 2719  
individual's license or certificate to practice. The board may 2720  
then hold an adjudication under Chapter 119. of the Revised Code 2721  
to determine whether the individual committed the act in 2722  
question. Notice of an opportunity for a hearing shall be given 2723  
in accordance with Chapter 119. of the Revised Code. If the 2724  
board finds, pursuant to an adjudication held under this 2725  
division, that the individual committed the act or if no hearing 2726  
is requested, the board may order any of the sanctions 2727  
identified under division (B) of this section. 2728

(I) The license or certificate to practice issued to an 2729  
individual under this chapter and the individual's practice in 2730  
this state are automatically suspended as of the date of the 2731  
individual's second or subsequent plea of guilty to, or judicial 2732  
finding of guilt of, a violation of section 2919.123 of the 2733  
Revised Code. In addition, the license or certificate to 2734  
practice or certificate to recommend issued to an individual 2735  
under this chapter and the individual's practice in this state 2736

are automatically suspended as of the date the individual pleads 2737  
guilty to, is found by a judge or jury to be guilty of, or is 2738  
subject to a judicial finding of eligibility for intervention in 2739  
lieu of conviction in this state or treatment or intervention in 2740  
lieu of conviction in another jurisdiction for any of the 2741  
following criminal offenses in this state or a substantially 2742  
equivalent criminal offense in another jurisdiction: aggravated 2743  
murder, murder, voluntary manslaughter, felonious assault, 2744  
kidnapping, rape, sexual battery, gross sexual imposition, 2745  
aggravated arson, aggravated robbery, or aggravated burglary. 2746  
Continued practice after suspension shall be considered 2747  
practicing without a license or certificate. 2748

The board shall notify the individual subject to the 2749  
suspension by certified mail or in person in accordance with 2750  
section 119.07 of the Revised Code. If an individual whose 2751  
license or certificate is automatically suspended under this 2752  
division fails to make a timely request for an adjudication 2753  
under Chapter 119. of the Revised Code, the board shall do 2754  
whichever of the following is applicable: 2755

(1) If the automatic suspension under this division is for 2756  
a second or subsequent plea of guilty to, or judicial finding of 2757  
guilt of, a violation of section 2919.123 of the Revised Code, 2758  
the board shall enter an order suspending the individual's 2759  
license or certificate to practice for a period of at least one 2760  
year or, if determined appropriate by the board, imposing a more 2761  
serious sanction involving the individual's license or 2762  
certificate to practice. 2763

(2) In all circumstances in which division (I)(1) of this 2764  
section does not apply, enter a final order permanently revoking 2765  
the individual's license or certificate to practice. 2766

(J) If the board is required by Chapter 119. of the 2767  
Revised Code to give notice of an opportunity for a hearing and 2768  
if the individual subject to the notice does not timely request 2769  
a hearing in accordance with section 119.07 of the Revised Code, 2770  
the board is not required to hold a hearing, but may adopt, by 2771  
an affirmative vote of not fewer than six of its members, a 2772  
final order that contains the board's findings. In that final 2773  
order, the board may order any of the sanctions identified under 2774  
division (A) or (B) of this section. 2775

(K) Any action taken by the board under division (B) of 2776  
this section resulting in a suspension from practice shall be 2777  
accompanied by a written statement of the conditions under which 2778  
the individual's license or certificate to practice may be 2779  
reinstated. The board shall adopt rules governing conditions to 2780  
be imposed for reinstatement. Reinstatement of a license or 2781  
certificate suspended pursuant to division (B) of this section 2782  
requires an affirmative vote of not fewer than six members of 2783  
the board. 2784

(L) When the board refuses to grant or issue a license or 2785  
certificate to practice to an applicant, revokes an individual's 2786  
license or certificate to practice, refuses to renew an 2787  
individual's license or certificate to practice, or refuses to 2788  
reinstatement an individual's license or certificate to practice, 2789  
the board may specify that its action is permanent. An 2790  
individual subject to a permanent action taken by the board is 2791  
forever thereafter ineligible to hold a license or certificate 2792  
to practice and the board shall not accept an application for 2793  
reinstatement of the license or certificate or for issuance of a 2794  
new license or certificate. 2795

(M) Notwithstanding any other provision of the Revised 2796

Code, all of the following apply: 2797

(1) The surrender of a license or certificate issued under 2798  
this chapter shall not be effective unless or until accepted by 2799  
the board. A telephone conference call may be utilized for 2800  
acceptance of the surrender of an individual's license or 2801  
certificate to practice. The telephone conference call shall be 2802  
considered a special meeting under division (F) of section 2803  
121.22 of the Revised Code. Reinstatement of a license or 2804  
certificate surrendered to the board requires an affirmative 2805  
vote of not fewer than six members of the board. 2806

(2) An application for a license or certificate made under 2807  
the provisions of this chapter may not be withdrawn without 2808  
approval of the board. 2809

(3) Failure by an individual to renew a license or 2810  
certificate to practice in accordance with this chapter or a 2811  
certificate to recommend in accordance with rules adopted under 2812  
section 4731.301 of the Revised Code shall not remove or limit 2813  
the board's jurisdiction to take any disciplinary action under 2814  
this section against the individual. 2815

(4) At the request of the board, a license or certificate 2816  
holder shall immediately surrender to the board a license or 2817  
certificate that the board has suspended, revoked, or 2818  
permanently revoked. 2819

(N) Sanctions shall not be imposed under division (B) (28) 2820  
of this section against any person who waives deductibles and 2821  
copayments as follows: 2822

(1) In compliance with the health benefit plan that 2823  
expressly allows such a practice. Waiver of the deductibles or 2824  
copayments shall be made only with the full knowledge and 2825

consent of the plan purchaser, payer, and third-party administrator. Documentation of the consent shall be made available to the board upon request.

(2) For professional services rendered to any other person authorized to practice pursuant to this chapter, to the extent allowed by this chapter and rules adopted by the board.

(0) Under the board's investigative duties described in this section and subject to division (F) of this section, the board shall develop and implement a quality intervention program designed to improve through remedial education the clinical and communication skills of individuals authorized under this chapter to practice medicine and surgery, osteopathic medicine and surgery, and podiatric medicine and surgery. In developing and implementing the quality intervention program, the board may do all of the following:

(1) Offer in appropriate cases as determined by the board an educational and assessment program pursuant to an investigation the board conducts under this section;

(2) Select providers of educational and assessment services, including a quality intervention program panel of case reviewers;

(3) Make referrals to educational and assessment service providers and approve individual educational programs recommended by those providers. The board shall monitor the progress of each individual undertaking a recommended individual educational program.

(4) Determine what constitutes successful completion of an individual educational program and require further monitoring of the individual who completed the program or other action that

the board determines to be appropriate; 2855

(5) Adopt rules in accordance with Chapter 119. of the 2856  
Revised Code to further implement the quality intervention 2857  
program. 2858

An individual who participates in an individual 2859  
educational program pursuant to this division shall pay the 2860  
financial obligations arising from that educational program. 2861

**Sec. 4731.27.** (A) As used in this section, 2862  
~~"collaboration," "physician," "standard care arrangement,"~~ and 2863  
"supervision" have the same meanings as in section 4723.01 of 2864  
the Revised Code. 2865

(B) ~~A physician or podiatrist shall enter into a standard-~~ 2866  
~~care arrangement with each clinical nurse specialist, certified~~ 2867  
~~nurse midwife, or certified nurse practitioner with whom the~~ 2868  
~~physician or podiatrist is in collaboration.~~ 2869

~~The collaborating physician or podiatrist shall fulfill~~ 2870  
~~the responsibilities of collaboration, as specified in the~~ 2871  
~~arrangement and in accordance with division (A) of section~~ 2872  
~~4723.431 of the Revised Code. A copy of the standard care~~ 2873  
~~arrangement shall be retained on file by the nurse's employer.~~ 2874  
~~Prior approval of the standard care arrangement by the state~~ 2875  
~~medical board is not required, but the board may periodically~~ 2876  
~~review it.~~ 2877

~~A physician or podiatrist who terminates collaboration~~ 2878  
~~with a certified nurse midwife, certified nurse practitioner, or~~ 2879  
~~clinical nurse specialist before their standard care arrangement~~ 2880  
~~expires shall give the nurse the written or electronic notice of~~ 2881  
~~termination required by division (E) (1) of section 4723.431 of~~ 2882  
~~the Revised Code.~~ 2883

~~Nothing in this division prohibits a hospital from hiring a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner as an employee and negotiating standard care arrangements on behalf of the employee as necessary to meet the requirements of this section. A standard care arrangement between the hospital's employee and the employee's collaborating physician is subject to approval by the medical staff and governing body of the hospital prior to implementation of the arrangement at the hospital.~~

~~(C) A physician or podiatrist shall cooperate with the board of nursing in any investigation the board conducts with respect to a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who collaborates with the physician or podiatrist or with respect to a certified registered nurse anesthetist who practices with the supervision of the physician or podiatrist.~~

**Sec. 4731.281.** (A) (1) Each person holding a license issued under this chapter to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery wishing to renew that license shall apply to the board for renewal. Applications shall be submitted to the board in a manner prescribed by the board. Each application shall be accompanied by a biennial renewal fee of three hundred five dollars. Applications shall be submitted according to the following schedule:

(a) Persons whose last name begins with the letters "A" through "B," on or before the first day of July of every odd-numbered year;

(b) Persons whose last name begins with the letters "C" through "D," on or before the first day of April of every odd-

numbered year;	2914
(c) Persons whose last name begins with the letters "E"	2915
through "G," on or before the first day of January of every odd-	2916
numbered year;	2917
(d) Persons whose last name begins with the letters "H"	2918
through "K," on or before the first day of October of every	2919
even-numbered year;	2920
(e) Persons whose last name begins with the letters "L"	2921
through "M," on or before the first day of July of every even-	2922
numbered year;	2923
(f) Persons whose last name begins with the letters "N"	2924
through "R," on or before the first day of April of every even-	2925
numbered year;	2926
(g) Persons whose last name begins with the letter "S," on	2927
or before the first day of January of every even-numbered year;	2928
(h) Persons whose last name begins with the letters "T"	2929
through "Z," on or before the first day of October of every odd-	2930
numbered year.	2931
The board shall deposit the fee in accordance with section	2932
4731.24 of the Revised Code, except that the board shall deposit	2933
twenty dollars of the fee into the state treasury to the credit	2934
of the physician loan repayment fund created by section 3702.78	2935
of the Revised Code.	2936
(2) The board shall provide to every person holding a	2937
license to practice medicine and surgery, osteopathic medicine	2938
and surgery, or podiatric medicine and surgery, a renewal notice	2939
or may provide the notice to the person through the secretary of	2940
any recognized medical, osteopathic, or podiatric society. The	2941

notice shall be provided to the person at least one month prior 2942  
to the date on which the person's license expires. 2943

(3) Failure of any person to receive a notice of renewal 2944  
from the board shall not excuse the person from the requirements 2945  
contained in this section. 2946

(4) The board's notice shall inform the applicant of the 2947  
renewal procedure. The board shall provide the application for 2948  
renewal in a form determined by the board. 2949

(5) The applicant shall provide in the application the 2950  
applicant's full name; the applicant's residence address, 2951  
business address, and electronic mail address; the number of the 2952  
applicant's license to practice; and any other information 2953  
required by the board. 2954

(6) (a) Except as provided in division (A) (6) (b) of this 2955  
section, in the case of an applicant who prescribes or 2956  
personally furnishes opioid analgesics or benzodiazepines, as 2957  
defined in section 3719.01 of the Revised Code, the applicant 2958  
shall certify to the board whether the applicant has been 2959  
granted access to the drug database established and maintained 2960  
by the state board of pharmacy pursuant to section 4729.75 of 2961  
the Revised Code. 2962

(b) The requirement in division (A) (6) (a) of this section 2963  
does not apply if any of the following is the case: 2964

(i) The state board of pharmacy notifies the state medical 2965  
board pursuant to section 4729.861 of the Revised Code that the 2966  
applicant has been restricted from obtaining further information 2967  
from the drug database. 2968

(ii) The state board of pharmacy no longer maintains the 2969  
drug database. 2970

(iii) The applicant does not practice medicine and 2971  
surgery, osteopathic medicine and surgery, or podiatric medicine 2972  
and surgery in this state. 2973

(c) If an applicant certifies to the state medical board 2974  
that the applicant has been granted access to the drug database 2975  
and the board finds through an audit or other means that the 2976  
applicant has not been granted access, the board may take action 2977  
under section 4731.22 of the Revised Code. 2978

~~(7) The applicant shall indicate whether the applicant 2979  
currently collaborates, as that term is defined in section 2980  
4723.01 of the Revised Code, with any clinical nurse 2981  
specialists, certified nurse midwives, or certified nurse 2982  
practitioners. 2983~~

~~(8)~~ The applicant shall report any criminal offense to 2984  
which the applicant has pleaded guilty, of which the applicant 2985  
has been found guilty, or for which the applicant has been found 2986  
eligible for intervention in lieu of conviction, since last 2987  
submitting an application for a license to practice or renewal 2988  
of a license. 2989

~~(9)~~ (8) The applicant shall execute and deliver the 2990  
application to the board in a manner prescribed by the board. 2991

(B) The board shall renew a license under this chapter to 2992  
practice medicine and surgery, osteopathic medicine and surgery, 2993  
or podiatric medicine and surgery upon application and 2994  
qualification therefor in accordance with this section. A 2995  
renewal shall be valid for a two-year period. 2996

(C) Failure of any license holder to renew and comply with 2997  
this section shall operate automatically to suspend the holder's 2998  
license to practice and if applicable, the holder's certificate 2999

to recommend issued under section 4731.30 of the Revised Code. 3000  
Continued practice after the suspension shall be considered as 3001  
practicing in violation of section 4731.41, 4731.43, or 4731.60 3002  
of the Revised Code. 3003

If the license has been suspended pursuant to this 3004  
division for two years or less, it may be reinstated. The board 3005  
shall reinstate a license to practice suspended for failure to 3006  
renew upon an applicant's submission of a renewal application 3007  
and payment of a reinstatement fee of four hundred five dollars. 3008

If the license has been suspended pursuant to this 3009  
division for more than two years, it may be restored. Subject to 3010  
section 4731.222 of the Revised Code, the board may restore a 3011  
license to practice suspended for failure to renew upon an 3012  
applicant's submission of a restoration application, payment of 3013  
a restoration fee of five hundred five dollars, and compliance 3014  
with sections 4776.01 to 4776.04 of the Revised Code. The board 3015  
shall not restore to an applicant a license to practice unless 3016  
the board, in its discretion, decides that the results of the 3017  
criminal records check do not make the applicant ineligible for 3018  
a license issued pursuant to section 4731.14 or 4731.56 of the 3019  
Revised Code. Any reinstatement or restoration of a license to 3020  
practice under this section shall operate automatically to renew 3021  
the holder's certificate to recommend. 3022

(D) The state medical board may obtain information not 3023  
protected by statutory or common law privilege from courts and 3024  
other sources concerning malpractice claims against any person 3025  
holding a license to practice under this chapter or practicing 3026  
as provided in section 4731.36 of the Revised Code. 3027

(E) Each mailing sent by the board under division (A) (2) 3028  
of this section to a person holding a license to practice 3029

medicine and surgery or osteopathic medicine and surgery shall 3030  
inform the applicant of the reporting requirement established by 3031  
division (H) of section 3701.79 of the Revised Code. At the 3032  
discretion of the board, the information may be included on the 3033  
application for renewal or on an accompanying page. 3034

(F) Each person holding a license to practice medicine and 3035  
surgery, osteopathic medicine and surgery, or podiatric medicine 3036  
and surgery shall give notice to the board of a change in the 3037  
license holder's residence address, business address, or 3038  
electronic mail address not later than thirty days after the 3039  
change occurs. 3040

**Sec. 4761.17.** All of the following apply to the practice 3041  
of respiratory care by a person who holds a license or limited 3042  
permit issued under this chapter: 3043

(A) The person shall practice only pursuant to a 3044  
prescription or other order for respiratory care issued by any 3045  
of the following: 3046

(1) A physician; 3047

(2) A clinical nurse specialist, certified nurse-midwife, 3048  
or certified nurse practitioner who holds a current, valid 3049  
license issued under Chapter 4723. of the Revised Code to 3050  
practice nursing as an advanced practice registered nurse ~~and~~ 3051  
~~has entered into a standard care arrangement with a physician;~~ 3052

(3) A physician assistant who holds a valid prescriber 3053  
number issued by the state medical board, has been granted 3054  
physician-delegated prescriptive authority, and has entered into 3055  
a supervision agreement that allows the physician assistant to 3056  
prescribe or order respiratory care services. 3057

(B) The person shall practice only under the supervision 3058

of any of the following: 3059

(1) A physician; 3060

(2) A certified nurse practitioner, certified nurse-  
midwife, or clinical nurse specialist; 3061  
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(3) A physician assistant who is authorized to prescribe  
or order respiratory care services as provided in division (A)  
(3) of this section. 3063  
3064  
3065

(C) (1) When practicing under the prescription or order of  
a certified nurse practitioner, certified nurse midwife, or  
clinical nurse specialist or under the supervision of such a  
nurse, the person's administration of medication that requires a  
prescription is limited to the drugs that the nurse is  
authorized to prescribe pursuant to section 4723.481 of the  
Revised Code. 3066  
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(2) When practicing under the prescription or order of a  
physician assistant or under the supervision of a physician  
assistant, the person's administration of medication that  
requires a prescription is limited to the drugs that the  
physician assistant is authorized to prescribe pursuant to the  
physician assistant's physician-delegated prescriptive  
authority. 3073  
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**Sec. 5164.07.** (A) The medicaid program shall include 3080  
coverage of inpatient care and follow-up care for a mother and  
her newborn as follows: 3081  
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(1) The medicaid program shall cover a minimum of forty-  
eight hours of inpatient care following a normal vaginal  
delivery and a minimum of ninety-six hours of inpatient care  
following a cesarean delivery. Services covered as inpatient  
care shall include medical, educational, and any other services 3083  
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that are consistent with the inpatient care recommended in the 3088  
protocols and guidelines developed by national organizations 3089  
that represent pediatric, obstetric, and nursing professionals. 3090

(2) The medicaid program shall cover a physician-directed 3091  
source of follow-up care or a source of follow-up care directed 3092  
by an advanced practice registered nurse. Services covered as 3093  
follow-up care shall include physical assessment of the mother 3094  
and newborn, parent education, assistance and training in breast 3095  
or bottle feeding, assessment of the home support system, 3096  
performance of any medically necessary and appropriate clinical 3097  
tests, and any other services that are consistent with the 3098  
follow-up care recommended in the protocols and guidelines 3099  
developed by national organizations that represent pediatric, 3100  
obstetric, and nursing professionals. The coverage shall apply 3101  
to services provided in a medical setting or through home health 3102  
care visits. The coverage shall apply to a home health care 3103  
visit only if the health care professional who conducts the 3104  
visit is knowledgeable and experienced in maternity and newborn 3105  
care. 3106

When a decision is made in accordance with division (B) of 3107  
this section to discharge a mother or newborn prior to the 3108  
expiration of the applicable number of hours of inpatient care 3109  
required to be covered, the coverage of follow-up care shall 3110  
apply to all follow-up care that is provided within forty-eight 3111  
hours after discharge. When a mother or newborn receives at 3112  
least the number of hours of inpatient care required to be 3113  
covered, the coverage of follow-up care shall apply to follow-up 3114  
care that is determined to be medically necessary by the health 3115  
care professionals responsible for discharging the mother or 3116  
newborn. 3117

(B) Any decision to shorten the length of inpatient stay 3118  
to less than that specified under division (A)(1) of this 3119  
section shall be made by the physician attending the mother or 3120  
newborn, except that if a certified nurse-midwife is attending 3121  
the mother ~~in collaboration with a physician~~, the decision may 3122  
be made by the certified nurse-midwife. Decisions regarding 3123  
early discharge shall be made only after conferring with the 3124  
mother or a person responsible for the mother or newborn. For 3125  
purposes of this division, a person responsible for the mother 3126  
or newborn may include a parent, guardian, or any other person 3127  
with authority to make medical decisions for the mother or 3128  
newborn. 3129

(C) The department of medicaid, in administering the 3130  
medicaid program, may not do either of the following: 3131

(1) Terminate the provider agreement of a health care 3132  
professional or health care facility solely for making 3133  
recommendations for inpatient or follow-up care for a particular 3134  
mother or newborn that are consistent with the care required to 3135  
be covered by this section; 3136

(2) Establish or offer monetary or other financial 3137  
incentives for the purpose of encouraging a person to decline 3138  
the inpatient or follow-up care required to be covered by this 3139  
section. 3140

(D) This section does not do any of the following: 3141

(1) Require the medicaid program to cover inpatient or 3142  
follow-up care that is not received in accordance with the 3143  
program's terms pertaining to the health care professionals and 3144  
facilities from which a medicaid recipient is authorized to 3145  
receive health care services. 3146

(2) Require a mother or newborn to stay in a hospital or 3147  
other inpatient setting for a fixed period of time following 3148  
delivery; 3149

(3) Require a child to be delivered in a hospital or other 3150  
inpatient setting; 3151

(4) Authorize a certified nurse-midwife to practice beyond 3152  
the authority to practice nurse-midwifery in accordance with 3153  
Chapter 4723. of the Revised Code; 3154

(5) Establish minimum standards of medical diagnosis, 3155  
care, or treatment for inpatient or follow-up care for a mother 3156  
or newborn. A deviation from the care required to be covered 3157  
under this section shall not, on the basis of this section, give 3158  
rise to a medical claim or derivative medical claim, as those 3159  
terms are defined in section 2305.113 of the Revised Code. 3160

**Section 2.** That existing sections 1751.67, 2133.211, 3161  
2919.171, 2919.202, 3313.539, 3701.926, 3707.511, 3719.06, 3162  
3727.06, 3923.233, 3923.301, 3923.63, 3923.64, 4723.01, 4723.07, 3163  
4723.28, 4723.41, 4723.42, 4723.43, 4723.432, 4723.44, 4723.48, 3164  
4723.481, 4723.482, 4723.493, 4723.50, 4731.22, 4731.27, 3165  
4731.281, 4761.17, and 5164.07 and sections 4723.431 and 5164.73 3166  
of the Revised Code are hereby repealed. 3167

**Section 3.** This act shall be known as the Better Access, 3168  
Better Care Act. 3169