

**As Introduced**

**133rd General Assembly**

**Regular Session**

**2019-2020**

**H. B. No. 177**

**Representative Brinkman**

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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
<del>(2) 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	518
substances to be administered under the prescriber's direction	519
and supervision.	520
(2) A licensed health professional authorized to prescribe	521
drugs who is a clinical nurse specialist, certified nurse-	522
midwife, or certified nurse practitioner is subject to both of	523
the following:	524
(a) A schedule II controlled substance may be prescribed	525
only in accordance with division <del>(C)</del> <u>(B)</u> of section 4723.481 of	526
the Revised Code.	527
(b) No schedule II controlled substance shall be	528
personally furnished to any patient.	529
(3) A licensed health professional authorized to prescribe	530
drugs who is a physician assistant is subject to all of the	531
following:	532
(a) A controlled substance may be prescribed or personally	533
furnished only if it is included in the physician-delegated	534
prescriptive authority granted to the physician assistant in	535
accordance with Chapter 4730. of the Revised Code.	536
(b) A schedule II controlled substance may be prescribed	537
only in accordance with division (B)(4) of section 4730.41 and	538
section 4730.411 of the Revised Code.	539
(c) No schedule II controlled substance shall be	540
personally furnished to any patient.	541
(B) No licensed health professional authorized to	542
prescribe drugs shall prescribe, administer, or personally	543
furnish a schedule III anabolic steroid for the purpose of human	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 or electronic prescription for a 550  
controlled substance shall be properly executed, dated, and 551  
signed by the prescriber on the day when issued and shall bear 552  
the full name and address of the person for whom, or the owner 553  
of the animal for which, the controlled substance is prescribed 554  
and the full name, address, and registry number under the 555  
federal drug abuse control laws of the prescriber. If the 556  
prescription is for an animal, it shall state the species of the 557  
animal for which the controlled substance is prescribed. 558

**Sec. 3727.06.** (A) As used in this section: 559

(1) "Doctor" means an individual authorized to practice 560  
medicine and surgery or osteopathic medicine and surgery. 561

(2) "Podiatrist" means an individual authorized to 562  
practice podiatric medicine and surgery. 563

(B) (1) Only the following may admit a patient to a 564  
hospital: 565

(a) A doctor who is a member of the hospital's medical 566  
staff; 567

(b) A dentist who is a member of the hospital's medical 568  
staff; 569

(c) A podiatrist who is a member of the hospital's medical 570  
staff; 571

(d) A clinical nurse specialist, certified nurse-midwife, 572

or certified nurse practitioner if ~~all of the following~~ 573  
~~conditions are met:~~ 574

~~(i) The clinical nurse specialist, certified nurse~~ 575  
~~midwife, or certified nurse practitioner has a standard care~~ 576  
~~arrangement entered into pursuant to section 4723.431 of the~~ 577  
~~Revised Code with a collaborating doctor or podiatrist who is a~~ 578  
~~member of the medical staff;~~ 579

~~(ii) The patient will be under the medical supervision of~~ 580  
~~the collaborating doctor or podiatrist;~~ 581

~~(iii) The~~ the hospital has granted the clinical nurse 582  
specialist, certified nurse-midwife, or certified nurse 583  
practitioner admitting privileges and appropriate credentials. 584

(e) A physician assistant if all of the following 585  
conditions are met: 586

(i) The physician assistant is listed on a supervision 587  
agreement entered into under section 4730.19 of the Revised Code 588  
for a doctor or podiatrist who is a member of the hospital's 589  
medical staff. 590

(ii) The patient will be under the medical supervision of 591  
the supervising doctor or podiatrist. 592

(iii) The hospital has granted the physician assistant 593  
admitting privileges and appropriate credentials. 594

(2) Prior to admitting a patient, a ~~clinical nurse~~ 595  
~~specialist, certified nurse midwife, certified nurse~~ 596  
~~practitioner, or~~ physician assistant shall notify the 597  
~~collaborating or~~ supervising doctor or podiatrist of the planned 598  
admission. 599

(C) All hospital patients shall be under the medical 600

supervision of a doctor, except that services that may be 601  
rendered by a licensed dentist pursuant to Chapter 4715. of the 602  
Revised Code provided to patients admitted solely for the 603  
purpose of receiving such services shall be under the 604  
supervision of the admitting dentist and that services that may 605  
be rendered by a podiatrist pursuant to section 4731.51 of the 606  
Revised Code provided to patients admitted solely for the 607  
purpose of receiving such services shall be under the 608  
supervision of the admitting podiatrist. If treatment not within 609  
the scope of Chapter 4715. or section 4731.51 of the Revised 610  
Code is required at the time of admission by a dentist or 611  
podiatrist, or becomes necessary during the course of hospital 612  
treatment by a dentist or podiatrist, such treatment shall be 613  
under the supervision of a doctor who is a member of the medical 614  
staff. It shall be the responsibility of the admitting dentist 615  
or podiatrist to make arrangements with a doctor who is a member 616  
of the medical staff to be responsible for the patient's 617  
treatment outside the scope of Chapter 4715. or section 4731.51 618  
of the Revised Code when necessary during the patient's stay in 619  
the hospital. 620

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

issued under Chapter 4723. of the Revised Code and is designated 632  
as a certified nurse-midwife in accordance with section 4723.42 633  
of the Revised Code, reimbursement under the policy or 634  
certificate shall not be denied to a certified nurse-midwife 635  
performing the service ~~in collaboration with a licensed~~ 636  
~~physician. The collaborating physician shall be identified on an~~ 637  
~~insurance claim form.~~ 638

~~The cost of collaboration with a certified nurse midwife~~ 639  
~~by a licensed physician as required under section 4723.43 of the~~ 640  
~~Revised Code is a reimbursable expense.~~ 641

~~The division of any reimbursement payment for services~~ 642  
~~performed by a certified nurse midwife between the certified~~ 643  
~~nurse midwife and the certified nurse midwife's collaborating~~ 644  
~~physician shall be determined and mutually agreed upon by the~~ 645  
~~certified nurse midwife and the physician. The division of fees~~ 646  
~~shall not be considered a violation of division (B) (17) of~~ 647  
~~section 4731.22 of the Revised Code. In no case shall the total~~ 648  
~~fees charged exceed the fee the physician would have charged had~~ 649  
~~the physician provided the entire service.~~ 650

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

4723. of the Revised Code and is designated as a certified 662  
nurse-midwife in accordance with section 4723.42 of the Revised 663  
Code, shall not deny reimbursement to a certified nurse-midwife 664  
performing the service ~~if the service is performed in~~ 665  
~~collaboration with a licensed physician. The collaborating~~ 666  
~~physician shall be identified on the claim form.~~ 667

~~The cost of collaboration with a certified nurse-midwife~~ 668  
~~by a licensed physician as required under section 4723.43 of the~~ 669  
~~Revised Code is a reimbursable expense.~~ 670

~~The division of any reimbursement payment for services~~ 671  
~~performed by a certified nurse-midwife between the certified~~ 672  
~~nurse-midwife and the certified nurse-midwife's collaborating~~ 673  
~~physician shall be determined and mutually agreed upon by the~~ 674  
~~certified nurse-midwife and the physician. The division of fees~~ 675  
~~shall not be considered a violation of division (B) (17) of~~ 676  
~~section 4731.22 of the Revised Code. In no case shall the total~~ 677  
~~fees charged exceed the fee the physician would have charged had~~ 678  
~~the physician provided the entire service.~~ 679

**Sec. 3923.63.** (A) Notwithstanding section 3901.71 of the 680  
Revised Code, each individual or group policy of sickness and 681  
accident insurance delivered, issued for delivery, or renewed in 682  
this state that provides maternity benefits shall provide 683  
coverage of inpatient care and follow-up care for a mother and 684  
her newborn as follows: 685

(1) The policy shall cover a minimum of forty-eight hours 686  
of inpatient care following a normal vaginal delivery and a 687  
minimum of ninety-six hours of inpatient care following a 688  
cesarean delivery. Services covered as inpatient care shall 689  
include medical, educational, and any other services that are 690  
consistent with the inpatient care recommended in the protocols 691

and guidelines developed by national organizations that 692  
represent pediatric, obstetric, and nursing professionals. 693

(2) The policy shall cover a physician-directed source of 694  
follow-up care or a source of follow-up care directed by an 695  
advanced practice registered nurse. Services covered as follow- 696  
up care shall include physical assessment of the mother and 697  
newborn, parent education, assistance and training in breast or 698  
bottle feeding, assessment of the home support system, 699  
performance of any medically necessary and appropriate clinical 700  
tests, and any other services that are consistent with the 701  
follow-up care recommended in the protocols and guidelines 702  
developed by national organizations that represent pediatric, 703  
obstetric, and nursing professionals. The coverage shall apply 704  
to services provided in a medical setting or through home health 705  
care visits. The coverage shall apply to a home health care 706  
visit only if the health care professional who conducts the 707  
visit is knowledgeable and experienced in maternity and newborn 708  
care. 709

When a decision is made in accordance with division (B) of 710  
this section to discharge a mother or newborn prior to the 711  
expiration of the applicable number of hours of inpatient care 712  
required to be covered, the coverage of follow-up care shall 713  
apply to all follow-up care that is provided within seventy-two 714  
hours after discharge. When a mother or newborn receives at 715  
least the number of hours of inpatient care required to be 716  
covered, the coverage of follow-up care shall apply to follow-up 717  
care that is determined to be medically necessary by the health 718  
care professionals responsible for discharging the mother or 719  
newborn. 720

(B) Any decision to shorten the length of inpatient stay 721

to less than that specified under division (A) (1) of this 722  
section shall be made by the physician attending the mother or 723  
newborn, except that if a certified nurse-midwife is attending 724  
the mother ~~in collaboration with a physician~~, the decision may 725  
be made by the certified nurse-midwife. Decisions regarding 726  
early discharge shall be made only after conferring with the 727  
mother or a person responsible for the mother or newborn. For 728  
purposes of this division, a person responsible for the mother 729  
or newborn may include a parent, guardian, or any other person 730  
with authority to make medical decisions for the mother or 731  
newborn. 732

(C) (1) No sickness and accident insurer may do either of 733  
the following: 734

(a) Terminate the participation of a health care 735  
professional or health care facility as a provider under a 736  
sickness and accident insurance policy solely for making 737  
recommendations for inpatient or follow-up care for a particular 738  
mother or newborn that are consistent with the care required to 739  
be covered by this section; 740

(b) Establish or offer monetary or other financial 741  
incentives for the purpose of encouraging a person to decline 742  
the inpatient or follow-up care required to be covered by this 743  
section. 744

(2) Whoever violates division (C) (1) (a) or (b) of this 745  
section has engaged in an unfair and deceptive act or practice 746  
in the business of insurance under sections 3901.19 to 3901.26 747  
of the Revised Code. 748

(D) This section does not do any of the following: 749

(1) Require a policy to cover inpatient or follow-up care 750

that is not received in accordance with the policy's terms 751  
pertaining to the health care professionals and facilities from 752  
which an individual is authorized to receive health care 753  
services; 754

(2) Require a mother or newborn to stay in a hospital or 755  
other inpatient setting for a fixed period of time following 756  
delivery; 757

(3) Require a child to be delivered in a hospital or other 758  
inpatient setting; 759

(4) Authorize a certified nurse-midwife to practice beyond 760  
the authority to practice nurse-midwifery in accordance with 761  
Chapter 4723. of the Revised Code; 762

(5) Establish minimum standards of medical diagnosis, care 763  
or treatment for inpatient or follow-up care for a mother or 764  
newborn. A deviation from the care required to be covered under 765  
this section shall not, solely on the basis of this section, 766  
give rise to a medical claim or derivative medical claim, as 767  
those terms are defined in section 2305.113 of the Revised Code. 768

**Sec. 3923.64.** (A) Notwithstanding section 3901.71 of the 769  
Revised Code, each public employee benefit plan established or 770  
modified in this state that provides maternity benefits shall 771  
provide coverage of inpatient care and follow-up care for a 772  
mother and her newborn as follows: 773

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

guidelines developed by national organizations that represent 780  
pediatric, obstetric, and nursing professionals. 781

(2) The plan shall cover a physician-directed source of 782  
follow-up care or a source of follow-up care directed by an 783  
advanced practice registered nurse. Services covered as follow- 784  
up care shall include physical assessment of the mother and 785  
newborn, parent education, assistance and training in breast or 786  
bottle feeding, assessment of the home support system, 787  
performance of any medically necessary and appropriate clinical 788  
tests, and any other services that are consistent with the 789  
follow-up care recommended in the protocols and guidelines 790  
developed by national organizations that represent pediatric, 791  
obstetric, and nursing professionals. The coverage shall apply 792  
to services provided in a medical setting or through home health 793  
care visits. The coverage shall apply to a home health care 794  
visit only if the health care professional who conducts the 795  
visit is knowledgeable and experienced in maternity and newborn 796  
care. 797

When a decision is made in accordance with division (B) of 798  
this section to discharge a mother or newborn prior to the 799  
expiration of the applicable number of hours of inpatient care 800  
required to be covered, the coverage of follow-up care shall 801  
apply to all follow-up care that is provided within seventy-two 802  
hours after discharge. When a mother or newborn receives at 803  
least the number of hours of inpatient care required to be 804  
covered, the coverage of follow-up care shall apply to follow-up 805  
care that is determined to be medically necessary by the health 806  
care professionals responsible for discharging the mother or 807  
newborn. 808

(B) Any decision to shorten the length of inpatient stay 809

to less than that specified under division (A) (1) of this 810  
section shall be made by the physician attending the mother or 811  
newborn, except that if a certified nurse-midwife is attending 812  
the mother ~~in collaboration with a physician~~, the decision may 813  
be made by the certified nurse-midwife. Decisions regarding 814  
early discharge shall be made only after conferring with the 815  
mother or a person responsible for the mother or newborn. For 816  
purposes of this division, a person responsible for the mother 817  
or newborn may include a parent, guardian, or any other person 818  
with authority to make medical decisions for the mother or 819  
newborn. 820

(C) (1) No public employer who offers an employee benefit 821  
plan may do either of the following: 822

(a) Terminate the participation of a health care 823  
professional or health care facility as a provider under the 824  
plan solely for making recommendations for inpatient or follow- 825  
up care for a particular mother or newborn that are consistent 826  
with the care required to be covered by this section; 827

(b) Establish or offer monetary or other financial 828  
incentives for the purpose of encouraging a person to decline 829  
the inpatient or follow-up care required to be covered by this 830  
section. 831

(2) Whoever violates division (C) (1) (a) or (b) of this 832  
section has engaged in an unfair and deceptive act or practice 833  
in the business of insurance under sections 3901.19 to 3901.26 834  
of the Revised Code. 835

(D) This section does not do any of the following: 836

(1) Require a plan to cover inpatient or follow-up care 837  
that is not received in accordance with the plan's terms 838

pertaining to the health care professionals and facilities from 839  
which an individual is authorized to receive health care 840  
services; 841

(2) Require a mother or newborn to stay in a hospital or 842  
other inpatient setting for a fixed period of time following 843  
delivery; 844

(3) Require a child to be delivered in a hospital or other 845  
inpatient setting; 846

(4) Authorize a certified nurse-midwife to practice beyond 847  
the authority to practice nurse-midwifery in accordance with 848  
Chapter 4723. of the Revised Code; 849

(5) Establish minimum standards of medical diagnosis, 850  
care, or treatment for inpatient or follow-up care for a mother 851  
or newborn. A deviation from the care required to be covered 852  
under this section shall not, solely on the basis of this 853  
section, give rise to a medical claim or derivative medical 854  
claim, as those terms are defined in section 2305.113 of the 855  
Revised Code. 856

**Sec. 4723.01.** As used in this chapter: 857

(A) "Registered nurse" means an individual who holds a 858  
current, valid license issued under this chapter that authorizes 859  
the practice of nursing as a registered nurse. 860

(B) "Practice of nursing as a registered nurse" means 861  
providing to individuals and groups nursing care requiring 862  
specialized knowledge, judgment, and skill derived from the 863  
principles of biological, physical, behavioral, social, and 864  
nursing sciences. Such nursing care includes: 865

(1) Identifying patterns of human responses to actual or 866

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

assistant, dentist, podiatrist, optometrist, or chiropractor.	895
Such nursing care includes:	896
(1) Observation, patient teaching, and care in a diversity of health care settings;	897 898
(2) Contributions to the planning, implementation, and evaluation of nursing;	899 900
(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;	901 902 903 904 905 906
(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;	907 908 909 910 911 912 913
(5) Delegation of nursing tasks as directed by a registered nurse;	914 915
(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.	916 917 918 919
(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	920 921 922 923

section 4723.42 of the Revised Code and rules adopted by the board of nursing.

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

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

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

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

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

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

~~clinical nurse specialist or certified nurse practitioner either~~ 953  
~~in person or by electronic communication;~~ 954

~~(2) In the case of a certified nurse midwife, that one or~~ 955  
~~more physicians with whom the certified nurse midwife has~~ 956  
~~entered into a standard care arrangement are continuously~~ 957  
~~available to communicate with the certified nurse midwife either~~ 958  
~~in person or by electronic communication.~~ 959

~~(M)~~ "Supervision," as it pertains to a certified 960  
registered nurse anesthetist, means that the certified 961  
registered nurse anesthetist is under the direction of a 962  
podiatrist acting within the podiatrist's scope of practice in 963  
accordance with section 4731.51 of the Revised Code, a dentist 964  
acting within the dentist's scope of practice in accordance with 965  
Chapter 4715. of the Revised Code, or a physician, and, when 966  
administering anesthesia, the certified registered nurse 967  
anesthetist is in the immediate presence of the podiatrist, 968  
dentist, or physician. 969

~~(N) "Standard care arrangement" means a written, formal~~ 970  
~~guide for planning and evaluating a patient's health care that~~ 971  
~~is developed by one or more collaborating physicians or~~ 972  
~~podiatrists and a clinical nurse specialist, certified nurse~~ 973  
~~midwife, or certified nurse practitioner and meets the~~ 974  
~~requirements of section 4723.431 of the Revised Code.~~ 975

~~(O)~~ (M) "Advanced practice registered nurse" means an 976  
individual who holds a current, valid license issued under this 977  
chapter that authorizes the practice of nursing as an advanced 978  
practice registered nurse and is designated as any of the 979  
following: 980

(1) A certified registered nurse anesthetist; 981

(2) A clinical nurse specialist;	982
(3) A certified nurse-midwife;	983
(4) A certified nurse practitioner.	984
<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.	985 986 987 988 989 990
<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.	991 992 993 994
<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.	995 996 997
<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.	998 999 1000 1001
<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.	1002 1003 1004
<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.	1005 1006 1007 1008
<del>(V)</del> <u>(T)</u> " <del>Nursing specialty</del> <u>Designation</u> " means a <del>specialty</del>	1009

~~in practice designation~~ as a certified registered nurse 1010  
anesthetist, clinical nurse specialist, certified nurse-midwife, 1011  
or certified nurse practitioner. 1012

**Sec. 4723.07.** In accordance with Chapter 119. of the 1013  
Revised Code, the board of nursing shall adopt and may amend and 1014  
rescind rules that establish all of the following: 1015

(A) Provisions for the board's government and control of 1016  
its actions and business affairs; 1017

(B) Minimum standards for nursing education programs that 1018  
prepare graduates to be licensed under this chapter and 1019  
procedures for granting, renewing, and withdrawing approval of 1020  
those programs; 1021

(C) Criteria that applicants for licensure must meet to be 1022  
eligible to take examinations for licensure; 1023

(D) Standards and procedures for renewal of the licenses 1024  
and certificates issued by the board; 1025

(E) Standards for approval of continuing nursing education 1026  
programs and courses for registered nurses, advanced practice 1027  
registered nurses, and licensed practical nurses. The standards 1028  
may provide for approval of continuing nursing education 1029  
programs and courses that have been approved by other state 1030  
boards of nursing or by national accreditation systems for 1031  
nursing, including, but not limited to, the American nurses' 1032  
credentialing center and the national association for practical 1033  
nurse education and service. 1034

(F) Standards that persons must meet to be authorized by 1035  
the board to approve continuing education programs and courses 1036  
and a schedule by which that authorization expires and may be 1037  
renewed; 1038

(G) Requirements, including continuing education	1039
requirements, for reactivating inactive licenses or	1040
certificates, and for reinstating licenses or certificates that	1041
have lapsed;	1042
(H) Conditions that may be imposed for reinstatement of a	1043
license or certificate following action taken under section	1044
3123.47, 4723.28, 4723.281, 4723.652, or 4723.86 of the Revised	1045
Code resulting in a license or certificate suspension;	1046
(I) Requirements for board approval of courses in	1047
medication administration by licensed practical nurses;	1048
(J) Criteria for evaluating the qualifications of an	1049
applicant for a license to practice nursing as a registered	1050
nurse, a license to practice nursing as an advanced practice	1051
registered nurse, or a license to practice nursing as a licensed	1052
practical nurse for the purpose of issuing the license by the	1053
board's endorsement of the applicant's authority to practice	1054
issued by the licensing agency of another state;	1055
(K) Universal and standard precautions that shall be used	1056
by each licensee or certificate holder. The rules shall define	1057
and establish requirements for universal and standard	1058
precautions that include the following:	1059
(1) Appropriate use of hand washing;	1060
(2) Disinfection and sterilization of equipment;	1061
(3) Handling and disposal of needles and other sharp	1062
instruments;	1063
(4) Wearing and disposal of gloves and other protective	1064
garments and devices.	1065
(L) Quality assurance standards for advanced practice	1066

registered nurses; 1067

~~(M) Additional criteria for the standard care arrangement 1068  
required by section 4723.431 of the Revised Code entered into by 1069  
a clinical nurse specialist, certified nurse midwife, or 1070  
certified nurse practitioner and the nurse's collaborating 1071  
physician or podiatrist; 1072~~

~~(N) For purposes of division ~~(B) (31)~~ (B) (30) of section 1073  
4723.28 of the Revised Code, the actions, omissions, or other 1074  
circumstances that constitute failure to establish and maintain 1075  
professional boundaries with a patient; 1076~~

~~(O) (N) Standards and procedures for delegation under 1077  
section 4723.48 of the Revised Code of the authority to 1078  
administer drugs. 1079~~

The board may adopt other rules necessary to carry out the 1080  
provisions of this chapter. The rules shall be adopted in 1081  
accordance with Chapter 119. of the Revised Code. 1082

**Sec. 4723.28.** (A) The board of nursing, by a vote of a 1083  
quorum, may impose one or more of the following sanctions if it 1084  
finds that a person committed fraud in passing an examination 1085  
required to obtain a license or dialysis technician certificate 1086  
issued by the board or to have committed fraud, 1087  
misrepresentation, or deception in applying for or securing any 1088  
nursing license or dialysis technician certificate issued by the 1089  
board: deny, revoke, suspend, or place restrictions on any 1090  
nursing license or dialysis technician certificate issued by the 1091  
board; reprimand or otherwise discipline a holder of a nursing 1092  
license or dialysis technician certificate; or impose a fine of 1093  
not more than five hundred dollars per violation. 1094

(B) The board of nursing, by a vote of a quorum, may 1095

impose one or more of the following sanctions: deny, revoke, 1096  
suspend, or place restrictions on any nursing license or 1097  
dialysis technician certificate issued by the board; reprimand 1098  
or otherwise discipline a holder of a nursing license or 1099  
dialysis technician certificate; or impose a fine of not more 1100  
than five hundred dollars per violation. The sanctions may be 1101  
imposed for any of the following: 1102

(1) Denial, revocation, suspension, or restriction of 1103  
authority to engage in a licensed profession or practice a 1104  
health care occupation, including nursing or practice as a 1105  
dialysis technician, for any reason other than a failure to 1106  
renew, in Ohio or another state or jurisdiction; 1107

(2) Engaging in the practice of nursing or engaging in 1108  
practice as a dialysis technician, having failed to renew a 1109  
nursing license or dialysis technician certificate issued under 1110  
this chapter, or while a nursing license or dialysis technician 1111  
certificate is under suspension; 1112

(3) Conviction of, a plea of guilty to, a judicial finding 1113  
of guilt of, a judicial finding of guilt resulting from a plea 1114  
of no contest to, or a judicial finding of eligibility for a 1115  
pretrial diversion or similar program or for intervention in 1116  
lieu of conviction for, a misdemeanor committed in the course of 1117  
practice; 1118

(4) Conviction of, a plea of guilty to, a judicial finding 1119  
of guilt of, a judicial finding of guilt resulting from a plea 1120  
of no contest to, or a judicial finding of eligibility for a 1121  
pretrial diversion or similar program or for intervention in 1122  
lieu of conviction for, any felony or of any crime involving 1123  
gross immorality or moral turpitude; 1124

(5) Selling, giving away, or administering drugs or 1125  
therapeutic devices for other than legal and legitimate 1126  
therapeutic purposes; or conviction of, a plea of guilty to, a 1127  
judicial finding of guilt of, a judicial finding of guilt 1128  
resulting from a plea of no contest to, or a judicial finding of 1129  
eligibility for a pretrial diversion or similar program or for 1130  
intervention in lieu of conviction for, violating any municipal, 1131  
state, county, or federal drug law; 1132

(6) Conviction of, a plea of guilty to, a judicial finding 1133  
of guilt of, a judicial finding of guilt resulting from a plea 1134  
of no contest to, or a judicial finding of eligibility for a 1135  
pretrial diversion or similar program or for intervention in 1136  
lieu of conviction for, an act in another jurisdiction that 1137  
would constitute a felony or a crime of moral turpitude in Ohio; 1138

(7) Conviction of, a plea of guilty to, a judicial finding 1139  
of guilt of, a judicial finding of guilt resulting from a plea 1140  
of no contest to, or a judicial finding of eligibility for a 1141  
pretrial diversion or similar program or for intervention in 1142  
lieu of conviction for, an act in the course of practice in 1143  
another jurisdiction that would constitute a misdemeanor in 1144  
Ohio; 1145

(8) Self-administering or otherwise taking into the body 1146  
any dangerous drug, as defined in section 4729.01 of the Revised 1147  
Code, in any way that is not in accordance with a legal, valid 1148  
prescription issued for that individual, or self-administering 1149  
or otherwise taking into the body any drug that is a schedule I 1150  
controlled substance; 1151

(9) Habitual or excessive use of controlled substances, 1152  
other habit-forming drugs, or alcohol or other chemical 1153  
substances to an extent that impairs the individual's ability to 1154

provide safe nursing care or safe dialysis care;	1155
(10) Impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care or safe dialysis care because of the use of drugs, alcohol, or other chemical substances;	1156 1157 1158 1159
(11) Impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care or safe dialysis care because of a physical or mental disability;	1160 1161 1162
(12) Assaulting or causing harm to a patient or depriving a patient of the means to summon assistance;	1163 1164
(13) Misappropriation or attempted misappropriation of money or anything of value in the course of practice;	1165 1166
(14) Adjudication by a probate court of being mentally ill or mentally incompetent. The board may reinstate the person's nursing license or dialysis technician certificate upon adjudication by a probate court of the person's restoration to competency or upon submission to the board of other proof of competency.	1167 1168 1169 1170 1171 1172
(15) The suspension or termination of employment by the United States department of defense or department of veterans affairs for any act that violates or would violate this chapter;	1173 1174 1175
(16) Violation of this chapter or any rules adopted under it;	1176 1177
(17) Violation of any restrictions placed by the board on a nursing license or dialysis technician certificate;	1178 1179
(18) Failure to use universal and standard precautions established by rules adopted under section 4723.07 of the Revised Code;	1180 1181 1182

(19) Failure to practice in accordance with acceptable and prevailing standards of safe nursing care or safe dialysis care;	1183 1184
(20) In the case of a registered nurse, engaging in activities that exceed the practice of nursing as a registered nurse;	1185 1186 1187
(21) In the case of a licensed practical nurse, engaging in activities that exceed the practice of nursing as a licensed practical nurse;	1188 1189 1190
(22) In the case of a dialysis technician, engaging in activities that exceed those permitted under section 4723.72 of the Revised Code;	1191 1192 1193
(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;	1194 1195 1196
(24) In the case of an advanced practice registered nurse, except as provided in division (M) of this section, either of the following:	1197 1198 1199
(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;	1200 1201 1202 1203 1204 1205
(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.	1206 1207 1208 1209 1210

(25) Failure to comply with the terms and conditions of participation in the substance use disorder monitoring program established under section 4723.35 of the Revised Code;	1211 1212 1213
(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;	1214 1215 1216
(27) In the case of an advanced practice registered nurse:	1217
(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> ;	1218 1219 1220
(b) Failure to meet the quality assurance standards established under section 4723.07 of the Revised Code.	1221 1222
<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>	1223 1224 1225 1226 1227
<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;	1228 1229 1230 1231 1232
<del>(30)</del> <u>(29)</u> Prescribing any drug or device to perform or induce an abortion, or otherwise performing or inducing an abortion;	1233 1234 1235
<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;	1236 1237 1238

~~(32)~~ (31) Regardless of whether the contact or verbal 1239  
behavior is consensual, engaging with a patient other than the 1240  
spouse of the registered nurse, licensed practical nurse, or 1241  
dialysis technician in any of the following: 1242

(a) Sexual contact, as defined in section 2907.01 of the 1243  
Revised Code; 1244

(b) Verbal behavior that is sexually demeaning to the 1245  
patient or may be reasonably interpreted by the patient as 1246  
sexually demeaning. 1247

~~(33)~~ (32) Assisting suicide, as defined in section 3795.01 1248  
of the Revised Code; 1249

~~(34)~~ (33) Failure to comply with the requirements in 1250  
section 3719.061 of the Revised Code before issuing for a minor 1251  
a prescription for an opioid analgesic, as defined in section 1252  
3719.01 of the Revised Code; 1253

~~(35)~~ (34) Failure to comply with section 4723.487 of the 1254  
Revised Code, unless the state board of pharmacy no longer 1255  
maintains a drug database pursuant to section 4729.75 of the 1256  
Revised Code; 1257

~~(36)~~ (35) The revocation, suspension, restriction, 1258  
reduction, or termination of clinical privileges by the United 1259  
States department of defense or department of veterans affairs 1260  
or the termination or suspension of a certificate of 1261  
registration to prescribe drugs by the drug enforcement 1262  
administration of the United States department of justice. 1263

(C) Disciplinary actions taken by the board under 1264  
divisions (A) and (B) of this section shall be taken pursuant to 1265  
an adjudication conducted under Chapter 119. of the Revised 1266  
Code, except that in lieu of a hearing, the board may enter into 1267

a consent agreement with an individual to resolve an allegation 1268  
of a violation of this chapter or any rule adopted under it. A 1269  
consent agreement, when ratified by a vote of a quorum, shall 1270  
constitute the findings and order of the board with respect to 1271  
the matter addressed in the agreement. If the board refuses to 1272  
ratify a consent agreement, the admissions and findings 1273  
contained in the agreement shall be of no effect. 1274

(D) The hearings of the board shall be conducted in 1275  
accordance with Chapter 119. of the Revised Code, the board may 1276  
appoint a hearing examiner, as provided in section 119.09 of the 1277  
Revised Code, to conduct any hearing the board is authorized to 1278  
hold under Chapter 119. of the Revised Code. 1279

In any instance in which the board is required under 1280  
Chapter 119. of the Revised Code to give notice of an 1281  
opportunity for a hearing and the applicant, licensee, or 1282  
certificate holder does not make a timely request for a hearing 1283  
in accordance with section 119.07 of the Revised Code, the board 1284  
is not required to hold a hearing, but may adopt, by a vote of a 1285  
quorum, a final order that contains the board's findings. In the 1286  
final order, the board may order any of the sanctions listed in 1287  
division (A) or (B) of this section. 1288

(E) If a criminal action is brought against a registered 1289  
nurse, licensed practical nurse, or dialysis technician for an 1290  
act or crime described in divisions (B)(3) to (7) of this 1291  
section and the action is dismissed by the trial court other 1292  
than on the merits, the board shall conduct an adjudication to 1293  
determine whether the registered nurse, licensed practical 1294  
nurse, or dialysis technician committed the act on which the 1295  
action was based. If the board determines on the basis of the 1296  
adjudication that the registered nurse, licensed practical 1297

nurse, or dialysis technician committed the act, or if the 1298  
registered nurse, licensed practical nurse, or dialysis 1299  
technician fails to participate in the adjudication, the board 1300  
may take action as though the registered nurse, licensed 1301  
practical nurse, or dialysis technician had been convicted of 1302  
the act. 1303

If the board takes action on the basis of a conviction, 1304  
plea, or a judicial finding as described in divisions (B) (3) to 1305  
(7) of this section that is overturned on appeal, the registered 1306  
nurse, licensed practical nurse, or dialysis technician may, on 1307  
exhaustion of the appeal process, petition the board for 1308  
reconsideration of its action. On receipt of the petition and 1309  
supporting court documents, the board shall temporarily rescind 1310  
its action. If the board determines that the decision on appeal 1311  
was a decision on the merits, it shall permanently rescind its 1312  
action. If the board determines that the decision on appeal was 1313  
not a decision on the merits, it shall conduct an adjudication 1314  
to determine whether the registered nurse, licensed practical 1315  
nurse, or dialysis technician committed the act on which the 1316  
original conviction, plea, or judicial finding was based. If the 1317  
board determines on the basis of the adjudication that the 1318  
registered nurse, licensed practical nurse, or dialysis 1319  
technician committed such act, or if the registered nurse, 1320  
licensed practical nurse, or dialysis technician does not 1321  
request an adjudication, the board shall reinstate its action; 1322  
otherwise, the board shall permanently rescind its action. 1323

Notwithstanding the provision of division (C) (2) of 1324  
section 2953.32 of the Revised Code specifying that if records 1325  
pertaining to a criminal case are sealed under that section the 1326  
proceedings in the case shall be deemed not to have occurred, 1327  
sealing of the following records on which the board has based an 1328

action under this section shall have no effect on the board's 1329  
action or any sanction imposed by the board under this section: 1330  
records of any conviction, guilty plea, judicial finding of 1331  
guilt resulting from a plea of no contest, or a judicial finding 1332  
of eligibility for a pretrial diversion program or intervention 1333  
in lieu of conviction. 1334

The board shall not be required to seal, destroy, redact, 1335  
or otherwise modify its records to reflect the court's sealing 1336  
of conviction records. 1337

(F) The board may investigate an individual's criminal 1338  
background in performing its duties under this section. As part 1339  
of such investigation, the board may order the individual to 1340  
submit, at the individual's expense, a request to the bureau of 1341  
criminal identification and investigation for a criminal records 1342  
check and check of federal bureau of investigation records in 1343  
accordance with the procedure described in section 4723.091 of 1344  
the Revised Code. 1345

(G) During the course of an investigation conducted under 1346  
this section, the board may compel any registered nurse, 1347  
licensed practical nurse, or dialysis technician or applicant 1348  
under this chapter to submit to a mental or physical 1349  
examination, or both, as required by the board and at the 1350  
expense of the individual, if the board finds reason to believe 1351  
that the individual under investigation may have a physical or 1352  
mental impairment that may affect the individual's ability to 1353  
provide safe nursing care. Failure of any individual to submit 1354  
to a mental or physical examination when directed constitutes an 1355  
admission of the allegations, unless the failure is due to 1356  
circumstances beyond the individual's control, and a default and 1357  
final order may be entered without the taking of testimony or 1358

presentation of evidence. 1359

If the board finds that an individual is impaired, the 1360  
board shall require the individual to submit to care, 1361  
counseling, or treatment approved or designated by the board, as 1362  
a condition for initial, continued, reinstated, or renewed 1363  
authority to practice. The individual shall be afforded an 1364  
opportunity to demonstrate to the board that the individual can 1365  
begin or resume the individual's occupation in compliance with 1366  
acceptable and prevailing standards of care under the provisions 1367  
of the individual's authority to practice. 1368

For purposes of this division, any registered nurse, 1369  
licensed practical nurse, or dialysis technician or applicant 1370  
under this chapter shall be deemed to have given consent to 1371  
submit to a mental or physical examination when directed to do 1372  
so in writing by the board, and to have waived all objections to 1373  
the admissibility of testimony or examination reports that 1374  
constitute a privileged communication. 1375

(H) The board shall investigate evidence that appears to 1376  
show that any person has violated any provision of this chapter 1377  
or any rule of the board. Any person may report to the board any 1378  
information the person may have that appears to show a violation 1379  
of any provision of this chapter or rule of the board. In the 1380  
absence of bad faith, any person who reports such information or 1381  
who testifies before the board in any adjudication conducted 1382  
under Chapter 119. of the Revised Code shall not be liable for 1383  
civil damages as a result of the report or testimony. 1384

(I) All of the following apply under this chapter with 1385  
respect to the confidentiality of information: 1386

(1) Information received by the board pursuant to a 1387

complaint or an investigation is confidential and not subject to 1388  
discovery in any civil action, except that the board may 1389  
disclose information to law enforcement officers and government 1390  
entities for purposes of an investigation of either a licensed 1391  
health care professional, including a registered nurse, licensed 1392  
practical nurse, or dialysis technician, or a person who may 1393  
have engaged in the unauthorized practice of nursing or dialysis 1394  
care. No law enforcement officer or government entity with 1395  
knowledge of any information disclosed by the board pursuant to 1396  
this division shall divulge the information to any other person 1397  
or government entity except for the purpose of a government 1398  
investigation, a prosecution, or an adjudication by a court or 1399  
government entity. 1400

(2) If an investigation requires a review of patient 1401  
records, the investigation and proceeding shall be conducted in 1402  
such a manner as to protect patient confidentiality. 1403

(3) All adjudications and investigations of the board 1404  
shall be considered civil actions for the purposes of section 1405  
2305.252 of the Revised Code. 1406

(4) Any board activity that involves continued monitoring 1407  
of an individual as part of or following any disciplinary action 1408  
taken under this section shall be conducted in a manner that 1409  
maintains the individual's confidentiality. Information received 1410  
or maintained by the board with respect to the board's 1411  
monitoring activities is not subject to discovery in any civil 1412  
action and is confidential, except that the board may disclose 1413  
information to law enforcement officers and government entities 1414  
for purposes of an investigation of a licensee or certificate 1415  
holder. 1416

(J) Any action taken by the board under this section 1417

resulting in a suspension from practice shall be accompanied by 1418  
a written statement of the conditions under which the person may 1419  
be reinstated to practice. 1420

(K) When the board refuses to grant a license or 1421  
certificate to an applicant, revokes a license or certificate, 1422  
or refuses to reinstate a license or certificate, the board may 1423  
specify that its action is permanent. An individual subject to 1424  
permanent action taken by the board is forever ineligible to 1425  
hold a license or certificate of the type that was refused or 1426  
revoked and the board shall not accept from the individual an 1427  
application for reinstatement of the license or certificate or 1428  
for a new license or certificate. 1429

(L) No unilateral surrender of a nursing license, 1430  
certificate of authority, or dialysis technician certificate 1431  
issued under this chapter shall be effective unless accepted by 1432  
majority vote of the board. No application for a nursing 1433  
license, certificate of authority, or dialysis technician 1434  
certificate issued under this chapter may be withdrawn without a 1435  
majority vote of the board. The board's jurisdiction to take 1436  
disciplinary action under this section is not removed or limited 1437  
when an individual has a license or certificate classified as 1438  
inactive or fails to renew a license or certificate. 1439

(M) Sanctions shall not be imposed under division (B) (24) 1440  
of this section against any licensee who waives deductibles and 1441  
copayments as follows: 1442

(1) In compliance with the health benefit plan that 1443  
expressly allows such a practice. Waiver of the deductibles or 1444  
copayments shall be made only with the full knowledge and 1445  
consent of the plan purchaser, payer, and third-party 1446  
administrator. Documentation of the consent shall be made 1447

available to the board upon request. 1448

(2) For professional services rendered to any other person 1449  
licensed pursuant to this chapter to the extent allowed by this 1450  
chapter and the rules of the board. 1451

**Sec. 4723.41.** (A) Each person who desires to practice 1452  
nursing as a certified nurse-midwife and has not been authorized 1453  
to practice midwifery prior to December 1, 1967, and each person 1454  
who desires to practice nursing as a certified registered nurse 1455  
anesthetist, clinical nurse specialist, or certified nurse 1456  
practitioner shall file with the board of nursing a written 1457  
application for a license to practice nursing as an advanced 1458  
practice registered nurse and that specifies the desired 1459  
~~designation in the desired specialty.~~ The application must be 1460  
filed, under oath, on a form prescribed by the board accompanied 1461  
by the application fee required by section 4723.08 of the 1462  
Revised Code. 1463

Except as provided in division (B), (C), or (D) of this 1464  
section, at the time of making application, the applicant shall 1465  
meet all of the following requirements: 1466

(1) Be a registered nurse; 1467

(2) Submit documentation satisfactory to the board that 1468  
the applicant has earned a master's or doctoral degree with a 1469  
major in a nursing specialty or in a related field that 1470  
qualifies the applicant to sit for the certification examination 1471  
of a national certifying organization approved by the board 1472  
under section 4723.46 of the Revised Code; 1473

(3) Submit documentation satisfactory to the board of 1474  
having passed the certification examination of a national 1475  
certifying organization approved by the board under section 1476

4723.46 of the Revised Code to examine and certify, as 1477  
applicable, nurse-midwives, registered nurse anesthetists, 1478  
clinical nurse specialists, or nurse practitioners; 1479

(4) Submit an affidavit with the application that states 1480  
all of the following: 1481

(a) That the applicant is the person named in the 1482  
documents submitted under this section and is the lawful 1483  
possessor thereof; 1484

(b) The applicant's age, residence, the school at which 1485  
the applicant obtained education in the applicant's nursing 1486  
specialty, and any other facts that the board requires; 1487

(c) The ~~specialty in which~~ designation sought by the 1488  
applicant ~~seeks designation.~~ 1489

(B)(1) A certified registered nurse anesthetist, clinical 1490  
nurse specialist, certified nurse-midwife, or certified nurse 1491  
practitioner who is practicing or has practiced as such in 1492  
another jurisdiction may apply for a license by endorsement to 1493  
practice nursing as an advanced practice registered nurse and 1494  
designation as a certified registered nurse anesthetist, 1495  
clinical nurse specialist, certified nurse-midwife, or certified 1496  
nurse practitioner in this state if the nurse meets the 1497  
requirements set forth in division (A) of this section or 1498  
division (B)(2) of this section. 1499

(2) If an applicant who is practicing or has practiced in 1500  
another jurisdiction applies for designation under division (B) 1501  
(2) of this section, the application shall be submitted to the 1502  
board in the form prescribed by rules of the board and be 1503  
accompanied by the application fee required by section 4723.08 1504  
of the Revised Code. The application shall include evidence that 1505

the applicant meets the requirements of division (B) (2) of this 1506  
section, holds authority to practice nursing and is in good 1507  
standing in another jurisdiction granted after meeting 1508  
requirements approved by the entity of that jurisdiction that 1509  
regulates nurses, and other information required by rules of the 1510  
board of nursing. 1511

With respect to the educational requirements and national 1512  
certification requirements that an applicant under division (B) 1513  
(2) of this section must meet, both of the following apply: 1514

(a) If the applicant is a certified registered nurse 1515  
anesthetist, certified nurse-midwife, or certified nurse 1516  
practitioner who, on or before December 31, 2000, obtained 1517  
certification in the applicant's nursing specialty with a 1518  
national certifying organization listed in division (A) (3) of 1519  
section 4723.41 of the Revised Code as that division existed 1520  
prior to March 20, 2013, or that was at that time approved by 1521  
the board under section 4723.46 of the Revised Code, the 1522  
applicant must have maintained the certification. The applicant 1523  
is not required to have earned a master's or doctoral degree 1524  
with a major in a nursing specialty or in a related field that 1525  
qualifies the applicant to sit for the certification 1526  
examination. 1527

(b) If the applicant is a clinical nurse specialist, one 1528  
of the following must apply to the applicant: 1529

(i) On or before December 31, 2000, the applicant obtained 1530  
a master's or doctoral degree with a major in a clinical area of 1531  
nursing from an educational institution accredited by a national 1532  
or regional accrediting organization. The applicant is not 1533  
required to have passed a certification examination. 1534

(ii) On or before December 31, 2000, the applicant 1535  
obtained a master's or doctoral degree in nursing or a related 1536  
field and was certified as a clinical nurse specialist by the 1537  
American nurses credentialing center or another national 1538  
certifying organization that was at that time approved by the 1539  
board under section 4723.46 of the Revised Code. 1540

(3) The board may grant a nonrenewable temporary permit to 1541  
practice nursing as an advanced practice registered nurse to an 1542  
applicant for licensure by endorsement if the board is satisfied 1543  
by the evidence that the applicant holds a valid, unrestricted 1544  
license in or equivalent authorization from another 1545  
jurisdiction. The temporary permit shall expire at the earlier 1546  
of one hundred eighty days after issuance or upon the issuance 1547  
of a license by endorsement. 1548

(C) An applicant who desires to practice nursing as a 1549  
certified registered nurse anesthetist, certified nurse-midwife, 1550  
or certified nurse practitioner is exempt from the educational 1551  
requirements in division (A) (2) of this section if all of the 1552  
following are the case: 1553

(1) Before January 1, 2001, the board issued to the 1554  
applicant a certificate of authority to practice as a certified 1555  
registered nurse anesthetist, certified nurse-midwife, or 1556  
certified nurse practitioner; 1557

(2) The applicant submits documentation satisfactory to 1558  
the board that the applicant obtained certification in the 1559  
applicant's nursing specialty with a national certifying 1560  
organization listed in division (A) (3) of section 4723.41 of the 1561  
Revised Code as that division existed prior to March 20, 2013, 1562  
or that was at that time approved by the board under section 1563  
4723.46 of the Revised Code; 1564

(3) The applicant submits documentation satisfactory to 1565  
the board that the applicant has maintained the certification 1566  
described in division (C) (2) of this section. 1567

(D) An applicant who desires to practice as a clinical 1568  
nurse specialist is exempt from the examination requirement in 1569  
division (A) (3) of this section if both of the following are the 1570  
case: 1571

(1) Before January 1, 2001, the board issued to the 1572  
applicant a certificate of authority to practice as a clinical 1573  
nurse specialist; 1574

(2) The applicant submits documentation satisfactory to 1575  
the board that the applicant earned either of the following: 1576

(a) A master's or doctoral degree with a major in a 1577  
clinical area of nursing from an educational institution 1578  
accredited by a national or regional accrediting organization; 1579

(b) A master's or doctoral degree in nursing or a related 1580  
field and was certified as a clinical nurse specialist by the 1581  
American nurses credentialing center or another national 1582  
certifying organization that was at that time approved by the 1583  
board under section 4723.46 of the Revised Code. 1584

**Sec. 4723.42.** (A) If the applicant for a license to 1585  
practice nursing as an advanced practice registered nurse has 1586  
met all the requirements of section 4723.41 of the Revised Code 1587  
and has paid the fee required by section 4723.08 of the Revised 1588  
Code, the board of nursing shall issue the license and designate 1589  
the license holder as a certified registered nurse anesthetist, 1590  
clinical nurse specialist, certified nurse-midwife, or certified 1591  
nurse practitioner. The license and designation authorize the 1592  
holder to practice as an advanced practice registered nurse ~~in~~ 1593

~~the specialty as~~ indicated by the designation. 1594

The board shall issue or deny the license not later than 1595  
thirty days after receiving all of the documents required by 1596  
section 4723.41 of the Revised Code. 1597

If an applicant is under investigation for a violation of 1598  
this chapter, the board shall conclude the investigation not 1599  
later than ninety days after receipt of all required documents, 1600  
unless this ninety-day period is extended by written consent of 1601  
the applicant, or unless the board determines that a substantial 1602  
question of such a violation exists and the board has notified 1603  
the applicant in writing of the reasons for the continuation of 1604  
the investigation. If the board determines that the applicant 1605  
has not violated this chapter, it shall issue a certificate not 1606  
later than forty-five days after making that determination. 1607

(B) A license to practice nursing as an advanced practice 1608  
registered nurse is subject to the renewal schedule that applies 1609  
under section 4723.24 of the Revised Code. In providing renewal 1610  
applications, the board shall follow the procedures that apply 1611  
under section 4723.24 of the Revised Code for providing renewal 1612  
applications to license holders. Failure of the license holder 1613  
to receive an application for renewal from the board does not 1614  
excuse the holder from the requirements of section 4723.44 of 1615  
the Revised Code. 1616

A license holder seeking renewal of the license shall 1617  
complete the renewal application and submit it to the board with 1618  
all of the following: 1619

(1) The renewal fee established under section 4723.08 of 1620  
the Revised Code and, if the application is submitted after it 1621  
is due but before the license lapses, the fee established under 1622

that section for processing a late application for renewal; 1623

(2) Documentation satisfactory to the board that the 1624  
holder has maintained certification in the nursing specialty 1625  
with a national certifying organization approved by the board 1626  
under section 4723.46 of the Revised Code; 1627

~~(3) A list of the names and business addresses of the 1628  
holder's current collaborating physicians and podiatrists, if 1629  
the holder is a clinical nurse specialist, certified nurse 1630  
midwife, or certified nurse practitioner; 1631~~

~~(4) If the license holder is a clinical nurse specialist, 1632  
documentation satisfactory to the board that the holder has 1633  
completed continuing education for that specialty designation as 1634  
required by rule of the board. 1635~~

On receipt of the renewal application, fees, and 1636  
documents, the board shall verify that the applicant holds a 1637  
current, valid license to practice nursing as a registered nurse 1638  
in this state and a current, valid license to practice nursing 1639  
as an advanced practice registered nurse in this state, and, if 1640  
it so verifies, shall renew the license to practice nursing as 1641  
an advanced practice registered nurse. 1642

(C) An applicant for reinstatement of a license that has 1643  
lapsed shall submit the reinstatement fee established under 1644  
section 4723.08 of the Revised Code. 1645

(D) An individual who holds an active license and does not 1646  
intend to practice in this state as an advanced practice 1647  
registered nurse may send to the board written or electronic 1648  
notice to that effect on or before the date the license lapses, 1649  
and the board shall classify the license as inactive. 1650

**Sec. 4723.43.** A certified registered nurse anesthetist, 1651

clinical nurse specialist, certified nurse-midwife, or certified 1652  
nurse practitioner may provide to individuals and groups nursing 1653  
care that requires knowledge and skill obtained from advanced 1654  
formal education and clinical experience. In this capacity as an 1655  
advanced practice registered nurse, a certified nurse-midwife is 1656  
subject to division (A) of this section, a certified registered 1657  
nurse anesthetist is subject to division (B) of this section, a 1658  
certified nurse practitioner is subject to division (C) of this 1659  
section, and a clinical nurse specialist is subject to division 1660  
(D) of this section. 1661

(A) A nurse authorized to practice as a certified nurse- 1662  
midwife, ~~in collaboration with one or more physicians,~~ may 1663  
provide the management of preventive services and those primary 1664  
care services necessary to provide health care to women 1665  
anteperially, intraperially, postperially, and gynecologically, 1666  
consistent with the nurse's education and certification, and in 1667  
accordance with rules adopted by the board of nursing. 1668

No certified nurse-midwife may perform version, deliver 1669  
breech or face presentation, use forceps, do any obstetric 1670  
operation, or treat any other abnormal condition, except in 1671  
emergencies. Division (A) of this section does not prohibit a 1672  
certified nurse-midwife from performing episiotomies or normal 1673  
vaginal deliveries, or repairing vaginal tears. A certified 1674  
nurse-midwife may, ~~in collaboration with one or more physicians,~~ 1675  
prescribe drugs and therapeutic devices in accordance with 1676  
section 4723.481 of the Revised Code. 1677

(B) A nurse authorized to practice as a certified 1678  
registered nurse anesthetist, with the supervision and in the 1679  
immediate presence of a physician, podiatrist, or dentist, may 1680  
administer anesthesia and perform anesthesia induction, 1681

maintenance, and emergence, and may perform with supervision 1682  
preanesthetic preparation and evaluation, postanesthesia care, 1683  
and clinical support functions, consistent with the nurse's 1684  
education and certification, and in accordance with rules 1685  
adopted by the board. 1686

The physician, podiatrist, or dentist supervising a 1687  
certified registered nurse anesthetist must be actively engaged 1688  
in practice in this state. When a certified registered nurse 1689  
anesthetist is supervised by a podiatrist, the nurse's scope of 1690  
practice is limited to the anesthesia procedures that the 1691  
podiatrist has the authority under section 4731.51 of the 1692  
Revised Code to perform. A certified registered nurse 1693  
anesthetist may not administer general anesthesia under the 1694  
supervision of a podiatrist in a podiatrist's office. When a 1695  
certified registered nurse anesthetist is supervised by a 1696  
dentist, the nurse's scope of practice is limited to the 1697  
anesthesia procedures that the dentist has the authority under 1698  
Chapter 4715. of the Revised Code to perform. 1699

(C) A nurse authorized to practice as a certified nurse 1700  
practitioner, ~~in collaboration with one or more physicians or~~ 1701  
~~podiatrists,~~ may provide preventive and primary care services, 1702  
provide services for acute illnesses, and evaluate and promote 1703  
patient wellness within the nurse's ~~nursing-~~ 1704  
~~specialty designation,~~ consistent with the nurse's education and 1705  
certification, and in accordance with rules adopted by the 1706  
board. A certified nurse practitioner may, ~~in collaboration with~~ 1707  
~~one or more physicians or podiatrists,~~ prescribe drugs and 1708  
therapeutic devices in accordance with section 4723.481 of the 1709  
Revised Code. 1710

~~When a certified nurse practitioner is collaborating with~~ 1711

~~a podiatrist, the nurse's scope of practice is limited to the~~ 1712  
~~procedures that the podiatrist has the authority under section~~ 1713  
~~4731.51 of the Revised Code to perform.~~ 1714

(D) A nurse authorized to practice as a clinical nurse 1715  
specialist, ~~in collaboration with one or more physicians or~~ 1716  
~~podiatrists,~~ may provide and manage the care of individuals and 1717  
groups with complex health problems and provide health care 1718  
services that promote, improve, and manage health care within 1719  
the nurse's ~~nursing specialty~~designation, consistent with the 1720  
nurse's education and in accordance with rules adopted by the 1721  
board. A clinical nurse specialist may, ~~in collaboration with~~ 1722  
~~one or more physicians or podiatrists,~~ prescribe drugs and 1723  
therapeutic devices in accordance with section 4723.481 of the 1724  
Revised Code. 1725

~~When a clinical nurse specialist is collaborating with a~~ 1726  
~~podiatrist, the nurse's scope of practice is limited to the~~ 1727  
~~procedures that the podiatrist has the authority under section~~ 1728  
~~4731.51 of the Revised Code to perform.~~ 1729

**Sec. 4723.432.** (A) An advanced practice registered nurse 1730  
who is designated as a clinical nurse specialist, certified 1731  
nurse-midwife, or certified nurse practitioner shall cooperate 1732  
with the state medical board in any investigation the board 1733  
conducts with respect to a physician or podiatrist ~~who~~ 1734  
~~collaborates with the nurse.~~ The nurse shall cooperate with the 1735  
board in any investigation the board conducts with respect to 1736  
the unauthorized practice of medicine by the nurse. 1737

(B) An advanced practice registered nurse who is 1738  
designated as a certified registered nurse anesthetist shall 1739  
cooperate with the state medical board or state dental board in 1740  
any investigation either board conducts with respect to a 1741

physician, podiatrist, or dentist who permits the nurse to 1742  
practice with the supervision of that physician, podiatrist, or 1743  
dentist. The nurse shall cooperate with either board in any 1744  
investigation it conducts with respect to the unauthorized 1745  
practice of medicine or dentistry by the nurse. 1746

**Sec. 4723.44.** (A) No person shall knowingly do any of the 1747  
following unless the person holds a current, valid license 1748  
issued by the board of nursing under this chapter to practice 1749  
nursing as an advanced practice registered nurse in the 1750  
specialty indicated by the designation: 1751

(1) Engage in the practice of nursing as an advanced 1752  
practice registered nurse for a fee, salary, or other 1753  
consideration, or as a volunteer; 1754

(2) Represent the person as being an advanced practice 1755  
registered nurse, including representing the person as being a 1756  
certified registered nurse anesthetist, clinical nurse 1757  
specialist, certified nurse-midwife, or certified nurse 1758  
practitioner; 1759

(3) Use any title or initials implying that the person is 1760  
an advanced practice registered nurse, including using any title 1761  
or initials implying the person is a certified registered nurse 1762  
anesthetist, clinical nurse specialist, certified nurse-midwife, 1763  
or certified nurse practitioner. 1764

(B) No advanced practice registered nurse shall knowingly 1765  
do any of the following: 1766

(1) Engage, for a fee, salary, or other consideration, or 1767  
as a volunteer, in the practice of a ~~nursing specialty~~ 1768  
designation other than the specialty designated that indicated 1769  
on the nurse's current, valid license issued by the board under 1770

this chapter to practice nursing as an advanced practice 1771  
registered nurse; 1772

(2) Represent the person as being authorized to practice 1773  
any ~~nursing specialty designation~~ other than ~~the specialty-~~ 1774  
~~designated that indicated~~ on the current, valid license to 1775  
practice nursing as an advanced practice registered nurse; 1776

(3) Use the title "certified registered nurse anesthetist" 1777  
or the initials "N.A." or "C.R.N.A.," the title "clinical nurse 1778  
specialist" or the initials "C.N.S.," the title "certified 1779  
nurse-midwife" or the initials "C.N.M.," the title "certified 1780  
nurse practitioner" or the initials "C.N.P.," the title 1781  
"advanced practice registered nurse" or the initials "A.P.R.N.," 1782  
or any other title or initials implying that the nurse is 1783  
authorized to practice any ~~nursing specialty designation~~ other 1784  
than ~~the specialty designated that indicated~~ on the nurse's 1785  
current, valid license to practice nursing as an advanced 1786  
practice registered nurse; 1787

(4) ~~Except as provided in division (A) (2) (c) of section-~~ 1788  
~~4723.431 of the Revised Code, enter into a standard care-~~ 1789  
~~arrangement with a physician or podiatrist who is practicing in-~~ 1790  
~~a specialty that is not the same as or similar to the nurse's-~~ 1791  
~~nursing specialty;~~ 1792

~~(5)~~ Prescribe drugs or therapeutic devices in a manner 1793  
that does not comply with section 4723.481 of the Revised Code; 1794

~~(6)~~ (5) Prescribe any drug or device to perform or induce 1795  
an abortion, or otherwise perform or induce an abortion. 1796

(C) No person shall knowingly employ a person to engage in 1797  
the practice of nursing as an advanced practice registered nurse 1798  
unless the person so employed holds a current, valid license and 1799

designation issued by the board under this chapter to practice 1800  
as an advanced practice registered nurse ~~in the specialty as~~ 1801  
indicated by the designation. 1802

(D) A document certified by the executive director of the 1803  
board, under the official seal of the board, to the effect that 1804  
it appears from the records of the board that no license to 1805  
practice nursing as an advanced practice registered nurse has 1806  
been issued to the person specified in the document, or that a 1807  
license to practice nursing as an advanced practice registered 1808  
nurse, if issued, has been revoked or suspended, shall be 1809  
received as prima-facie evidence of the record of the board in 1810  
any court or before any officer of the state. 1811

**Sec. 4723.48.** (A) A clinical nurse specialist, certified 1812  
nurse-midwife, or certified nurse practitioner who holds a 1813  
license to practice nursing issued under section 4723.42 of the 1814  
Revised Code may delegate to a person not otherwise authorized 1815  
to administer drugs the authority to administer to a specified 1816  
patient a drug, unless the drug is a controlled substance or is 1817  
listed in the formulary established in rules adopted under 1818  
section 4723.50 of the Revised Code. The delegation shall be in 1819  
accordance with division (B) of this section and standards and 1820  
procedures established in rules adopted under division ~~(O)~~ (N) 1821  
of section 4723.07 of the Revised Code. 1822

(B) Prior to delegating the authority, the nurse shall do 1823  
both of the following: 1824

(1) Assess the patient and determine that the drug is 1825  
appropriate for the patient; 1826

(2) Determine that the person to whom the authority will 1827  
be delegated has met the conditions specified in division (D) of 1828

section 4723.489 of the Revised Code. 1829

**Sec. 4723.481.** This section establishes standards and 1830  
conditions regarding the authority of an advanced practice 1831  
registered nurse who is designated as a clinical nurse 1832  
specialist, certified nurse-midwife, or certified nurse 1833  
practitioner to prescribe and personally furnish drugs and 1834  
therapeutic devices under a license issued under section 4723.42 1835  
of the Revised Code. 1836

(A) Except as provided in division (F) of this section, a 1837  
clinical nurse specialist, certified nurse-midwife, or certified 1838  
nurse practitioner shall not prescribe or furnish any drug or 1839  
therapeutic device that is listed on the exclusionary formulary 1840  
established in rules adopted under section 4723.50 of the 1841  
Revised Code. 1842

~~(B) The prescriptive authority of a clinical nurse 1843  
specialist, certified nurse midwife, or certified nurse 1844  
practitioner shall not exceed the prescriptive authority of the 1845  
collaborating physician or podiatrist, including the 1846  
collaborating physician's authority to treat chronic pain with 1847  
controlled substances and products containing tramadol as 1848  
described in section 4731.052 of the Revised Code. 1849~~

~~(C) (1) (B) (1)~~ Except as provided in division ~~(C) (2) (B) (2)~~ 1850  
or (3) of this section, a clinical nurse specialist, certified 1851  
nurse-midwife, or certified nurse practitioner may prescribe to 1852  
a patient a schedule II controlled substance only if all of the 1853  
following are the case: 1854

(a) The patient has a terminal condition, as defined in 1855  
section 2133.01 of the Revised Code. 1856

(b) A physician initially prescribed the substance for the 1857

patient. 1858

(c) The prescription is for an amount that does not exceed 1859  
the amount necessary for the patient's use in a single, seventy- 1860  
two-hour period. 1861

(2) The restrictions on prescriptive authority in division 1862  
~~(C) (1)~~ (B) (1) of this section do not apply if a clinical nurse 1863  
specialist, certified nurse-midwife, or certified nurse 1864  
practitioner issues the prescription to the patient from any of 1865  
the following locations: 1866

(a) A hospital registered under section 3701.07 of the 1867  
Revised Code; 1868

(b) An entity owned or controlled, in whole or in part, by 1869  
a hospital or by an entity that owns or controls, in whole or in 1870  
part, one or more hospitals; 1871

(c) A health care facility operated by the department of 1872  
mental health and addiction services or the department of 1873  
developmental disabilities; 1874

(d) A nursing home licensed under section 3721.02 of the 1875  
Revised Code or by a political subdivision certified under 1876  
section 3721.09 of the Revised Code; 1877

(e) A county home or district home operated under Chapter 1878  
5155. of the Revised Code that is certified under the medicare 1879  
or medicaid program; 1880

(f) A hospice care program, as defined in section 3712.01 1881  
of the Revised Code; 1882

(g) A community mental health services provider, as 1883  
defined in section 5122.01 of the Revised Code; 1884

(h) An ambulatory surgical facility, as defined in section 3702.30 of the Revised Code;	1885 1886
(i) A freestanding birthing center, as defined in section 3702.141 of the Revised Code;	1887 1888
(j) A federally qualified health center, as defined in section 3701.047 of the Revised Code;	1889 1890
(k) A federally qualified health center look-alike, as defined in section 3701.047 of the Revised Code;	1891 1892
(l) A health care office or facility operated by the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code;	1893 1894 1895 1896
(m) A site where a medical practice is operated, but only if the practice is comprised of one or more physicians who also are owners of the practice; the practice is organized to provide direct patient care; and the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner <del>providing provides services at the site has a standard care arrangement and collaborates with at least one of the physician-owners who practices primarily at that site;</del>	1897 1898 1899 1900 1901 1902 1903 1904
(n) A residential care facility, as defined in section 3721.01 of the Revised Code.	1905 1906
(3) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall not issue to a patient a prescription for a schedule II controlled substance from a convenience care clinic even if the clinic is owned or operated by an entity specified in division <del>(C) (2)</del> <u>(B) (2)</u> of this section.	1907 1908 1909 1910 1911 1912

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

~~(E)~~ (D) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall comply with section 3719.061 of the Revised Code if the nurse prescribes for a minor, as defined in that section, an opioid analgesic, as defined in section 3719.01 of the Revised Code.

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

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

(B) With respect to the course of study in advanced

pharmacology and related topics, all of the following	1943
requirements apply:	1944
(1) The course of study shall be completed not longer than	1945
five years before the application is filed.	1946
(2) The course of study shall be not less than forty-five	1947
contact hours.	1948
<del>(3) The course of study shall meet the requirements to be</del>	1949
<del>approved by the board in accordance with standards established</del>	1950
<del>in rules adopted under section 4723.50 of the Revised Code.</del>	1951
<del>(4)</del> The content of the course of study shall be specific	1952
to the applicant's <del>nursing specialty</del> <u>designation</u> .	1953
<del>(5)</del> <u>(4)</u> The instruction provided in the course of study	1954
shall include all of the following:	1955
(a) A minimum of thirty-six contact hours of instruction	1956
in advanced pharmacology that includes pharmacokinetic	1957
principles and clinical application and the use of drugs and	1958
therapeutic devices in the prevention of illness and maintenance	1959
of health;	1960
(b) Instruction in the fiscal and ethical implications of	1961
prescribing drugs and therapeutic devices;	1962
(c) Instruction in the state and federal laws that apply	1963
to the authority to prescribe;	1964
(d) Instruction that is specific to schedule II controlled	1965
substances, including instruction in all of the following:	1966
(i) Indications for the use of schedule II controlled	1967
substances in drug therapies;	1968
(ii) The most recent guidelines for pain management	1969

therapies, as established by state and national organizations	1970
such as the Ohio pain initiative and the American pain society;	1971
(iii) Fiscal and ethical implications of prescribing	1972
schedule II controlled substances;	1973
(iv) State and federal laws that apply to the authority to	1974
prescribe schedule II controlled substances;	1975
(v) Prevention of abuse and diversion of schedule II	1976
controlled substances, including identification of the risk of	1977
abuse and diversion, recognition of abuse and diversion, types	1978
of assistance available for prevention of abuse and diversion,	1979
and methods of establishing safeguards against abuse and	1980
diversion.	1981
(C) An applicant who practiced or is practicing as a	1982
clinical nurse specialist, certified nurse-midwife, or certified	1983
nurse practitioner in another jurisdiction or as an employee of	1984
the United States government shall include with the application	1985
submitted under section 4723.41 of the Revised Code all of the	1986
following:	1987
(1) Evidence of having completed a two-hour course of	1988
instruction approved by the board in the laws of this state that	1989
govern drugs and prescriptive authority;	1990
(2) Either of the following:	1991
(a) Evidence of having held, for a continuous period of at	1992
least one year during the three years immediately preceding the	1993
date of application, valid authority issued by another	1994
jurisdiction to prescribe therapeutic devices and drugs,	1995
including at least some controlled substances;	1996
(b) Evidence of having been employed by the United States	1997

government and authorized, for a continuous period of at least 1998  
one year during the three years immediately preceding the date 1999  
of application, to prescribe therapeutic devices and drugs, 2000  
including at least some controlled substances, in conjunction 2001  
with that employment. 2002

(D) In lieu of including with an application submitted 2003  
under section 4723.41 of the Revised Code the evidence described 2004  
in division (A) of this section, an applicant described in 2005  
division (C) or (D) of section 4723.41 of the Revised Code may 2006  
include evidence of all of the following: 2007

(1) Successfully completing the course of study in 2008  
advanced pharmacology and related topics more than five years 2009  
before the date the application is filed; 2010

(2) Holding, for a continuous period of at least one year 2011  
during the three years immediately preceding the date of 2012  
application, valid authority in any jurisdiction to prescribe 2013  
therapeutic devices and drugs, including at least some 2014  
controlled substances; 2015

(3) Exercising the prescriptive authority described in 2016  
division (D)(2) of this section for the minimum one-year period. 2017

**Sec. 4723.493.** (A) There is hereby created within the 2018  
board of nursing the advisory committee on advanced practice 2019  
registered nursing. The committee shall consist of the following 2020  
members and any other members the board appoints under division 2021  
(B) of this section: 2022

(1) Four advanced practice registered nurses, each 2023  
actively engaged in the practice of advanced practice registered 2024  
nursing in a clinical setting in this state, at least one of 2025  
whom is actively engaged in providing primary care, at least one 2026

of whom is actively engaged in practice as a certified 2027  
registered nurse anesthetist, and at least one of whom is 2028  
actively engaged in practice as a certified nurse-midwife; 2029

(2) Two advanced practice registered nurses, each serving 2030  
as a faculty member of an approved program of nursing education 2031  
that prepares students for licensure as advanced practice 2032  
registered nurses; 2033

(3) A member of the board of nursing who is an advanced 2034  
practice registered nurse; 2035

(4) A representative of an entity employing ten or more 2036  
advanced practice registered nurses actively engaged in practice 2037  
in this state. 2038

(B) The board of nursing shall appoint the members 2039  
described in division (A) of this section. Recommendations for 2040  
initial appointments and for filling any vacancies may be 2041  
submitted to the board by organizations representing advanced 2042  
practice registered nurses practicing in this state and by 2043  
schools of advanced practice registered nursing. The board shall 2044  
appoint initial members and fill vacancies according to the 2045  
recommendations it receives. If it does not receive any 2046  
recommendations or receives an insufficient number of 2047  
recommendations, the board shall appoint members and fill 2048  
vacancies on its own advice. 2049

Initial appointments to the committee shall be made not 2050  
later than sixty days after ~~the effective date of this section~~ 2051  
April 6, 2017. Of the initial appointments described in division 2052  
(A) (1) of this section, two shall be for terms of one year and 2053  
two shall be for terms of two years. Of the initial appointments 2054  
described in division (A) (2) of this section, one shall be for a 2055

term of one year and one shall be for a term of two years. Of 2056  
the initial appointments described in divisions (A) (3) and (4) 2057  
of this section, each shall be for a term of two years. 2058  
Thereafter, terms shall be for two years, with each term ending 2059  
on the same day of the same month as did the term that it 2060  
succeeds. Vacancies shall be filled in the same manner as 2061  
appointments. 2062

When the term of any member expires, a successor shall be 2063  
appointed in the same manner as the initial appointment. Any 2064  
member appointed to fill a vacancy occurring prior to the 2065  
expiration of the term for which the member's predecessor was 2066  
appointed shall hold office for the remainder of that term. A 2067  
member shall continue in office subsequent to the expiration 2068  
date of the member's term until the member's successor takes 2069  
office or until a period of sixty days has elapsed, whichever 2070  
occurs first. A member may be reappointed for one additional 2071  
term only. 2072

(C) The committee shall organize by selecting a 2073  
chairperson from among its members. The committee may select a 2074  
new chairperson at any time. Five members constitute a quorum 2075  
for the transaction of official business. Members shall serve 2076  
without compensation but receive payment for their actual and 2077  
necessary expenses incurred in the performance of their official 2078  
duties. The expenses shall be paid by the board of nursing. 2079

(D) The committee shall advise the board regarding the 2080  
practice and regulation of advanced practice registered nurses 2081  
and may make recommendations to the committee on prescriptive 2082  
governance. The committee may also recommend to the board that 2083  
an individual with expertise in an advanced practice registered 2084  
~~nursing specialty-nurse designation~~ be appointed under division 2085

(B) of this section as an additional member of the committee. 2086

**Sec. 4723.50.** (A) As used in this section: 2087

(1) "Controlled substance" has the same meaning as in 2088  
section 3719.01 of the Revised Code. 2089

(2) "Medication-assisted treatment" has the same meaning 2090  
as in section 340.01 of the Revised Code. 2091

(B) In accordance with Chapter 119. of the Revised Code, 2092  
the board of nursing shall adopt rules as necessary to implement 2093  
the provisions of this chapter pertaining to the authority of 2094  
advanced practice registered nurses who are designated as 2095  
clinical nurse specialists, certified nurse-midwives, and 2096  
certified nurse practitioners to prescribe and furnish drugs and 2097  
therapeutic devices. 2098

The board shall adopt rules that are consistent with a 2099  
recommended exclusionary formulary the board receives from the 2100  
committee on prescriptive governance pursuant to section 2101  
4723.492 of the Revised Code. After reviewing a formulary 2102  
submitted by the committee, the board may either adopt the 2103  
formulary as a rule or ask the committee to reconsider and 2104  
resubmit the formulary. The board shall not adopt any rule that 2105  
does not conform to a formulary developed by the committee. 2106

The exclusionary formulary shall permit, in a manner 2107  
consistent with section 4723.481 of the Revised Code, the 2108  
prescribing of controlled substances, including drugs that 2109  
contain buprenorphine used in medication-assisted treatment and 2110  
both oral and long-acting opioid antagonists. The formulary 2111  
shall not permit the prescribing or furnishing of any of the 2112  
following: 2113

(1) A drug or device to perform or induce an abortion; 2114

(2) A drug or device prohibited by federal or state law.	2115
(C) In addition to the rules described in division (B) of this section, the board shall adopt rules under this section that do the following:—	2116 2117 2118
<del>(1) Establish standards for board approval of the course of study in advanced pharmacology and related topics required by section 4723.482 of the Revised Code;—</del>	2119 2120 2121
<del>(2) Establish <u>establishing</u> requirements for board approval of the two-hour course of instruction in the laws of this state as required under division (C) (1) of section 4723.482 of the Revised Code and division (B) (2) of section 4723.484 of the Revised Code;—</del>	2122 2123 2124 2125 2126
<del>(3) Establish criteria for the components of the standard care arrangements described in section 4723.431 of the Revised Code that apply to the authority to prescribe, including the components that apply to the authority to prescribe schedule II controlled substances. The rules shall be consistent with that section and include all of the following:—</del>	2127 2128 2129 2130 2131 2132
<del>(a) Quality assurance standards;—</del>	2133
<del>(b) Standards for periodic review by a collaborating physician or podiatrist of the records of patients treated by the clinical nurse specialist, certified nurse midwife, or certified nurse practitioner;—</del>	2134 2135 2136 2137
<del>(c) Acceptable travel time between the location at which 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;—</del>	2138 2139 2140 2141 2142

~~(d) Any other criteria recommended by the committee on-~~ 2143  
~~prescriptive governance.~~ 2144

Sec. 4731.058. A physician shall not issue to a patient a 2145  
prescription for a schedule II controlled substance from a 2146  
convenience care clinic. 2147

**Sec. 4731.22.** (A) The state medical board, by an 2148  
affirmative vote of not fewer than six of its members, may 2149  
limit, revoke, or suspend a license or certificate to practice 2150  
or certificate to recommend, refuse to grant a license or 2151  
certificate, refuse to renew a license or certificate, refuse to 2152  
reinstate a license or certificate, or reprimand or place on 2153  
probation the holder of a license or certificate if the 2154  
individual applying for or holding the license or certificate is 2155  
found by the board to have committed fraud during the 2156  
administration of the examination for a license or certificate 2157  
to practice or to have committed fraud, misrepresentation, or 2158  
deception in applying for, renewing, or securing any license or 2159  
certificate to practice or certificate to recommend issued by 2160  
the board. 2161

(B) The board, by an affirmative vote of not fewer than 2162  
six members, shall, to the extent permitted by law, limit, 2163  
revoke, or suspend a license or certificate to practice or 2164  
certificate to recommend, refuse to issue a license or 2165  
certificate, refuse to renew a license or certificate, refuse to 2166  
reinstate a license or certificate, or reprimand or place on 2167  
probation the holder of a license or certificate for one or more 2168  
of the following reasons: 2169

(1) Permitting one's name or one's license or certificate 2170  
to practice to be used by a person, group, or corporation when 2171  
the individual concerned is not actually directing the treatment 2172

given; 2173

(2) Failure to maintain minimal standards applicable to 2174  
the selection or administration of drugs, or failure to employ 2175  
acceptable scientific methods in the selection of drugs or other 2176  
modalities for treatment of disease; 2177

(3) Except as provided in section 4731.97 of the Revised 2178  
Code, selling, giving away, personally furnishing, prescribing, 2179  
or administering drugs for other than legal and legitimate 2180  
therapeutic purposes or a plea of guilty to, a judicial finding 2181  
of guilt of, or a judicial finding of eligibility for 2182  
intervention in lieu of conviction of, a violation of any 2183  
federal or state law regulating the possession, distribution, or 2184  
use of any drug; 2185

(4) Willfully betraying a professional confidence. 2186

For purposes of this division, "willfully betraying a 2187  
professional confidence" does not include providing any 2188  
information, documents, or reports under sections 307.621 to 2189  
307.629 of the Revised Code to a child fatality review board; 2190  
does not include providing any information, documents, or 2191  
reports to the director of health pursuant to guidelines 2192  
established under section 3701.70 of the Revised Code; does not 2193  
include written notice to a mental health professional under 2194  
section 4731.62 of the Revised Code; and does not include the 2195  
making of a report of an employee's use of a drug of abuse, or a 2196  
report of a condition of an employee other than one involving 2197  
the use of a drug of abuse, to the employer of the employee as 2198  
described in division (B) of section 2305.33 of the Revised 2199  
Code. Nothing in this division affects the immunity from civil 2200  
liability conferred by section 2305.33 or 4731.62 of the Revised 2201  
Code upon a physician who makes a report in accordance with 2202

section 2305.33 or notifies a mental health professional in 2203  
accordance with section 4731.62 of the Revised Code. As used in 2204  
this division, "employee," "employer," and "physician" have the 2205  
same meanings as in section 2305.33 of the Revised Code. 2206

(5) Making a false, fraudulent, deceptive, or misleading 2207  
statement in the solicitation of or advertising for patients; in 2208  
relation to the practice of medicine and surgery, osteopathic 2209  
medicine and surgery, podiatric medicine and surgery, or a 2210  
limited branch of medicine; or in securing or attempting to 2211  
secure any license or certificate to practice issued by the 2212  
board. 2213

As used in this division, "false, fraudulent, deceptive, 2214  
or misleading statement" means a statement that includes a 2215  
misrepresentation of fact, is likely to mislead or deceive 2216  
because of a failure to disclose material facts, is intended or 2217  
is likely to create false or unjustified expectations of 2218  
favorable results, or includes representations or implications 2219  
that in reasonable probability will cause an ordinarily prudent 2220  
person to misunderstand or be deceived. 2221

(6) A departure from, or the failure to conform to, 2222  
minimal standards of care of similar practitioners under the 2223  
same or similar circumstances, whether or not actual injury to a 2224  
patient is established; 2225

(7) Representing, with the purpose of obtaining 2226  
compensation or other advantage as personal gain or for any 2227  
other person, that an incurable disease or injury, or other 2228  
incurable condition, can be permanently cured; 2229

(8) The obtaining of, or attempting to obtain, money or 2230  
anything of value by fraudulent misrepresentations in the course 2231

of practice;	2232
(9) A plea of guilty to, a judicial finding of guilt of,	2233
or a judicial finding of eligibility for intervention in lieu of	2234
conviction for, a felony;	2235
(10) Commission of an act that constitutes a felony in	2236
this state, regardless of the jurisdiction in which the act was	2237
committed;	2238
(11) A plea of guilty to, a judicial finding of guilt of,	2239
or a judicial finding of eligibility for intervention in lieu of	2240
conviction for, a misdemeanor committed in the course of	2241
practice;	2242
(12) Commission of an act in the course of practice that	2243
constitutes a misdemeanor in this state, regardless of the	2244
jurisdiction in which the act was committed;	2245
(13) A plea of guilty to, a judicial finding of guilt of,	2246
or a judicial finding of eligibility for intervention in lieu of	2247
conviction for, a misdemeanor involving moral turpitude;	2248
(14) Commission of an act involving moral turpitude that	2249
constitutes a misdemeanor in this state, regardless of the	2250
jurisdiction in which the act was committed;	2251
(15) Violation of the conditions of limitation placed by	2252
the board upon a license or certificate to practice;	2253
(16) Failure to pay license renewal fees specified in this	2254
chapter;	2255
(17) Except as authorized in section 4731.31 of the	2256
Revised Code, engaging in the division of fees for referral of	2257
patients, or the receiving of a thing of value in return for a	2258
specific referral of a patient to utilize a particular service	2259

or business; 2260

(18) Subject to section 4731.226 of the Revised Code, 2261  
violation of any provision of a code of ethics of the American 2262  
medical association, the American osteopathic association, the 2263  
American podiatric medical association, or any other national 2264  
professional organizations that the board specifies by rule. The 2265  
state medical board shall obtain and keep on file current copies 2266  
of the codes of ethics of the various national professional 2267  
organizations. The individual whose license or certificate is 2268  
being suspended or revoked shall not be found to have violated 2269  
any provision of a code of ethics of an organization not 2270  
appropriate to the individual's profession. 2271

For purposes of this division, a "provision of a code of 2272  
ethics of a national professional organization" does not include 2273  
any provision that would preclude the making of a report by a 2274  
physician of an employee's use of a drug of abuse, or of a 2275  
condition of an employee other than one involving the use of a 2276  
drug of abuse, to the employer of the employee as described in 2277  
division (B) of section 2305.33 of the Revised Code. Nothing in 2278  
this division affects the immunity from civil liability 2279  
conferred by that section upon a physician who makes either type 2280  
of report in accordance with division (B) of that section. As 2281  
used in this division, "employee," "employer," and "physician" 2282  
have the same meanings as in section 2305.33 of the Revised 2283  
Code. 2284

(19) Inability to practice according to acceptable and 2285  
prevailing standards of care by reason of mental illness or 2286  
physical illness, including, but not limited to, physical 2287  
deterioration that adversely affects cognitive, motor, or 2288  
perceptive skills. 2289

In enforcing this division, the board, upon a showing of a possible violation, may compel any individual authorized to practice by this chapter or who has submitted an application pursuant to this chapter to submit to a mental examination, physical examination, including an HIV test, or both a mental and a physical examination. The expense of the examination is the responsibility of the individual compelled to be examined. Failure to submit to a mental or physical examination or consent to an HIV test ordered by the board constitutes an admission of the allegations against the individual unless the failure is due to circumstances beyond the individual's control, and a default and final order may be entered without the taking of testimony or presentation of evidence. If the board finds an individual unable to practice because of the reasons set forth in this division, the board shall require the individual to submit to care, counseling, or treatment by physicians approved or designated by the board, as a condition for initial, continued, reinstated, or renewed authority to practice. An individual affected under this division shall be afforded an opportunity to demonstrate to the board the ability to resume practice in compliance with acceptable and prevailing standards under the provisions of the individual's license or certificate. For the purpose of this division, any individual who applies for or receives a license or certificate to practice under this chapter accepts the privilege of practicing in this state and, by so doing, shall be deemed to have given consent to submit to a mental or physical examination when directed to do so in writing by the board, and to have waived all objections to the admissibility of testimony or examination reports that constitute a privileged communication.

(20) Except as provided in division (F) (1) (b) of section 2320

4731.282 of the Revised Code or when civil penalties are imposed 2321  
under section 4731.225 of the Revised Code, and subject to 2322  
section 4731.226 of the Revised Code, violating or attempting to 2323  
violate, directly or indirectly, or assisting in or abetting the 2324  
violation of, or conspiring to violate, any provisions of this 2325  
chapter or any rule promulgated by the board. 2326

This division does not apply to a violation or attempted 2327  
violation of, assisting in or abetting the violation of, or a 2328  
conspiracy to violate, any provision of this chapter or any rule 2329  
adopted by the board that would preclude the making of a report 2330  
by a physician of an employee's use of a drug of abuse, or of a 2331  
condition of an employee other than one involving the use of a 2332  
drug of abuse, to the employer of the employee as described in 2333  
division (B) of section 2305.33 of the Revised Code. Nothing in 2334  
this division affects the immunity from civil liability 2335  
conferred by that section upon a physician who makes either type 2336  
of report in accordance with division (B) of that section. As 2337  
used in this division, "employee," "employer," and "physician" 2338  
have the same meanings as in section 2305.33 of the Revised 2339  
Code. 2340

(21) The violation of section 3701.79 of the Revised Code 2341  
or of any abortion rule adopted by the director of health 2342  
pursuant to section 3701.341 of the Revised Code; 2343

(22) Any of the following actions taken by an agency 2344  
responsible for authorizing, certifying, or regulating an 2345  
individual to practice a health care occupation or provide 2346  
health care services in this state or another jurisdiction, for 2347  
any reason other than the nonpayment of fees: the limitation, 2348  
revocation, or suspension of an individual's license to 2349  
practice; acceptance of an individual's license surrender; 2350

denial of a license; refusal to renew or reinstate a license; 2351  
imposition of probation; or issuance of an order of censure or 2352  
other reprimand; 2353

(23) The violation of section 2919.12 of the Revised Code 2354  
or the performance or inducement of an abortion upon a pregnant 2355  
woman with actual knowledge that the conditions specified in 2356  
division (B) of section 2317.56 of the Revised Code have not 2357  
been satisfied or with a heedless indifference as to whether 2358  
those conditions have been satisfied, unless an affirmative 2359  
defense as specified in division (H) (2) of that section would 2360  
apply in a civil action authorized by division (H) (1) of that 2361  
section; 2362

(24) The revocation, suspension, restriction, reduction, 2363  
or termination of clinical privileges by the United States 2364  
department of defense or department of veterans affairs or the 2365  
termination or suspension of a certificate of registration to 2366  
prescribe drugs by the drug enforcement administration of the 2367  
United States department of justice; 2368

(25) Termination or suspension from participation in the 2369  
medicare or medicaid programs by the department of health and 2370  
human services or other responsible agency; 2371

(26) Impairment of ability to practice according to 2372  
acceptable and prevailing standards of care because of habitual 2373  
or excessive use or abuse of drugs, alcohol, or other substances 2374  
that impair ability to practice. 2375

For the purposes of this division, any individual 2376  
authorized to practice by this chapter accepts the privilege of 2377  
practicing in this state subject to supervision by the board. By 2378  
filing an application for or holding a license or certificate to 2379

practice under this chapter, an individual shall be deemed to 2380  
have given consent to submit to a mental or physical examination 2381  
when ordered to do so by the board in writing, and to have 2382  
waived all objections to the admissibility of testimony or 2383  
examination reports that constitute privileged communications. 2384

If it has reason to believe that any individual authorized 2385  
to practice by this chapter or any applicant for licensure or 2386  
certification to practice suffers such impairment, the board may 2387  
compel the individual to submit to a mental or physical 2388  
examination, or both. The expense of the examination is the 2389  
responsibility of the individual compelled to be examined. Any 2390  
mental or physical examination required under this division 2391  
shall be undertaken by a treatment provider or physician who is 2392  
qualified to conduct the examination and who is chosen by the 2393  
board. 2394

Failure to submit to a mental or physical examination 2395  
ordered by the board constitutes an admission of the allegations 2396  
against the individual unless the failure is due to 2397  
circumstances beyond the individual's control, and a default and 2398  
final order may be entered without the taking of testimony or 2399  
presentation of evidence. If the board determines that the 2400  
individual's ability to practice is impaired, the board shall 2401  
suspend the individual's license or certificate or deny the 2402  
individual's application and shall require the individual, as a 2403  
condition for initial, continued, reinstated, or renewed 2404  
licensure or certification to practice, to submit to treatment. 2405

Before being eligible to apply for reinstatement of a 2406  
license or certificate suspended under this division, the 2407  
impaired practitioner shall demonstrate to the board the ability 2408  
to resume practice in compliance with acceptable and prevailing 2409

standards of care under the provisions of the practitioner's 2410  
license or certificate. The demonstration shall include, but 2411  
shall not be limited to, the following: 2412

(a) Certification from a treatment provider approved under 2413  
section 4731.25 of the Revised Code that the individual has 2414  
successfully completed any required inpatient treatment; 2415

(b) Evidence of continuing full compliance with an 2416  
aftercare contract or consent agreement; 2417

(c) Two written reports indicating that the individual's 2418  
ability to practice has been assessed and that the individual 2419  
has been found capable of practicing according to acceptable and 2420  
prevailing standards of care. The reports shall be made by 2421  
individuals or providers approved by the board for making the 2422  
assessments and shall describe the basis for their 2423  
determination. 2424

The board may reinstate a license or certificate suspended 2425  
under this division after that demonstration and after the 2426  
individual has entered into a written consent agreement. 2427

When the impaired practitioner resumes practice, the board 2428  
shall require continued monitoring of the individual. The 2429  
monitoring shall include, but not be limited to, compliance with 2430  
the written consent agreement entered into before reinstatement 2431  
or with conditions imposed by board order after a hearing, and, 2432  
upon termination of the consent agreement, submission to the 2433  
board for at least two years of annual written progress reports 2434  
made under penalty of perjury stating whether the individual has 2435  
maintained sobriety. 2436

(27) A second or subsequent violation of section 4731.66 2437  
or 4731.69 of the Revised Code; 2438

(28) Except as provided in division (N) of this section:	2439
(a) Waiving the payment of all or any part of a deductible	2440
or copayment that a patient, pursuant to a health insurance or	2441
health care policy, contract, or plan that covers the	2442
individual's services, otherwise would be required to pay if the	2443
waiver is used as an enticement to a patient or group of	2444
patients to receive health care services from that individual;	2445
(b) Advertising that the individual will waive the payment	2446
of all or any part of a deductible or copayment that a patient,	2447
pursuant to a health insurance or health care policy, contract,	2448
or plan that covers the individual's services, otherwise would	2449
be required to pay.	2450
(29) Failure to use universal blood and body fluid	2451
precautions established by rules adopted under section 4731.051	2452
of the Revised Code;	2453
(30) Failure to provide notice to, and receive	2454
acknowledgment of the notice from, a patient when required by	2455
section 4731.143 of the Revised Code prior to providing	2456
nonemergency professional services, or failure to maintain that	2457
notice in the patient's medical record;	2458
(31) Failure of a physician supervising a physician	2459
assistant to maintain supervision in accordance with the	2460
requirements of Chapter 4730. of the Revised Code and the rules	2461
adopted under that chapter;	2462
<del>(32) Failure of a physician or podiatrist to enter into a</del>	2463
<del>standard care arrangement with a clinical nurse specialist,</del>	2464
<del>certified nurse-midwife, or certified nurse practitioner with</del>	2465
<del>whom the physician or podiatrist is in collaboration pursuant to</del>	2466
<del>section 4731.27 of the Revised Code or failure to fulfill the</del>	2467

<del>responsibilities of collaboration after entering into a standard-</del>	2468
<del>care arrangement;</del>	2469
<del>(33)</del> Failure to comply with the terms of a consult	2470
agreement entered into with a pharmacist pursuant to section	2471
4729.39 of the Revised Code;	2472
<del>(34)</del> <u>(33)</u> Failure to cooperate in an investigation	2473
conducted by the board under division (F) of this section,	2474
including failure to comply with a subpoena or order issued by	2475
the board or failure to answer truthfully a question presented	2476
by the board in an investigative interview, an investigative	2477
office conference, at a deposition, or in written	2478
interrogatories, except that failure to cooperate with an	2479
investigation shall not constitute grounds for discipline under	2480
this section if a court of competent jurisdiction has issued an	2481
order that either quashes a subpoena or permits the individual	2482
to withhold the testimony or evidence in issue;	2483
<del>(35)</del> <u>(34)</u> Failure to supervise an oriental medicine	2484
practitioner or acupuncturist in accordance with Chapter 4762.	2485
of the Revised Code and the board's rules for providing that	2486
supervision;	2487
<del>(36)</del> <u>(35)</u> Failure to supervise an anesthesiologist	2488
assistant in accordance with Chapter 4760. of the Revised Code	2489
and the board's rules for supervision of an anesthesiologist	2490
assistant;	2491
<del>(37)</del> <u>(36)</u> Assisting suicide, as defined in section 3795.01	2492
of the Revised Code;	2493
<del>(38)</del> <u>(37)</u> Failure to comply with the requirements of	2494
section 2317.561 of the Revised Code;	2495
<del>(39)</del> <u>(38)</u> Failure to supervise a radiologist assistant in	2496

accordance with Chapter 4774. of the Revised Code and the	2497
board's rules for supervision of radiologist assistants;	2498
<del>(40)</del> <u>(39)</u> Performing or inducing an abortion at an office	2499
or facility with knowledge that the office or facility fails to	2500
post the notice required under section 3701.791 of the Revised	2501
Code;	2502
<del>(41)</del> <u>(40)</u> Failure to comply with the standards and	2503
procedures established in rules under section 4731.054 of the	2504
Revised Code for the operation of or the provision of care at a	2505
pain management clinic;	2506
<del>(42)</del> <u>(41)</u> Failure to comply with the standards and	2507
procedures established in rules under section 4731.054 of the	2508
Revised Code for providing supervision, direction, and control	2509
of individuals at a pain management clinic;	2510
<del>(43)</del> <u>(42)</u> Failure to comply with the requirements of	2511
section 4729.79 or 4731.055 of the Revised Code, unless the	2512
state board of pharmacy no longer maintains a drug database	2513
pursuant to section 4729.75 of the Revised Code;	2514
<del>(44)</del> <u>(43)</u> Failure to comply with the requirements of	2515
section 2919.171, 2919.202, or 2919.203 of the Revised Code or	2516
failure to submit to the department of health in accordance with	2517
a court order a complete report as described in section 2919.171	2518
or 2919.202 of the Revised Code;	2519
<del>(45)</del> <u>(44)</u> Practicing at a facility that is subject to	2520
licensure as a category III terminal distributor of dangerous	2521
drugs with a pain management clinic classification unless the	2522
person operating the facility has obtained and maintains the	2523
license with the classification;	2524
<del>(46)</del> <u>(45)</u> Owning a facility that is subject to licensure	2525

as a category III terminal distributor of dangerous drugs with a 2526  
pain management clinic classification unless the facility is 2527  
licensed with the classification; 2528

~~(47)~~ (46) Failure to comply with the requirement regarding 2529  
maintaining notes described in division (B) of section 2919.191 2530  
of the Revised Code or failure to satisfy the requirements of 2531  
section 2919.191 of the Revised Code prior to performing or 2532  
inducing an abortion upon a pregnant woman; 2533

~~(48)~~ (47) Failure to comply with the requirements in 2534  
section 3719.061 of the Revised Code before issuing for a minor 2535  
a prescription for an opioid analgesic, as defined in section 2536  
3719.01 of the Revised Code; 2537

~~(49)~~ (48) Failure to comply with the requirements of 2538  
section 4731.30 of the Revised Code or rules adopted under 2539  
section 4731.301 of the Revised Code when recommending treatment 2540  
with medical marijuana; 2541

~~(50)~~ (49) Practicing at a facility, clinic, or other 2542  
location that is subject to licensure as a category III terminal 2543  
distributor of dangerous drugs with an office-based opioid 2544  
treatment classification unless the person operating that place 2545  
has obtained and maintains the license with the classification; 2546

~~(51)~~ (50) Owning a facility, clinic, or other location 2547  
that is subject to licensure as a category III terminal 2548  
distributor of dangerous drugs with an office-based opioid 2549  
treatment classification unless that place is licensed with the 2550  
classification; 2551

~~(52)~~ (51) A pattern of continuous or repeated violations 2552  
of division (E) (2) or (3) of section 3963.02 of the Revised 2553  
Code; 2554

(52) Violating section 4731.058 of the Revised Code. 2555

(C) Disciplinary actions taken by the board under 2556  
divisions (A) and (B) of this section shall be taken pursuant to 2557  
an adjudication under Chapter 119. of the Revised Code, except 2558  
that in lieu of an adjudication, the board may enter into a 2559  
consent agreement with an individual to resolve an allegation of 2560  
a violation of this chapter or any rule adopted under it. A 2561  
consent agreement, when ratified by an affirmative vote of not 2562  
fewer than six members of the board, shall constitute the 2563  
findings and order of the board with respect to the matter 2564  
addressed in the agreement. If the board refuses to ratify a 2565  
consent agreement, the admissions and findings contained in the 2566  
consent agreement shall be of no force or effect. 2567

A telephone conference call may be utilized for 2568  
ratification of a consent agreement that revokes or suspends an 2569  
individual's license or certificate to practice or certificate 2570  
to recommend. The telephone conference call shall be considered 2571  
a special meeting under division (F) of section 121.22 of the 2572  
Revised Code. 2573

If the board takes disciplinary action against an 2574  
individual under division (B) of this section for a second or 2575  
subsequent plea of guilty to, or judicial finding of guilt of, a 2576  
violation of section 2919.123 of the Revised Code, the 2577  
disciplinary action shall consist of a suspension of the 2578  
individual's license or certificate to practice for a period of 2579  
at least one year or, if determined appropriate by the board, a 2580  
more serious sanction involving the individual's license or 2581  
certificate to practice. Any consent agreement entered into 2582  
under this division with an individual that pertains to a second 2583  
or subsequent plea of guilty to, or judicial finding of guilt 2584

of, a violation of that section shall provide for a suspension 2585  
of the individual's license or certificate to practice for a 2586  
period of at least one year or, if determined appropriate by the 2587  
board, a more serious sanction involving the individual's 2588  
license or certificate to practice. 2589

(D) For purposes of divisions (B) (10), (12), and (14) of 2590  
this section, the commission of the act may be established by a 2591  
finding by the board, pursuant to an adjudication under Chapter 2592  
119. of the Revised Code, that the individual committed the act. 2593  
The board does not have jurisdiction under those divisions if 2594  
the trial court renders a final judgment in the individual's 2595  
favor and that judgment is based upon an adjudication on the 2596  
merits. The board has jurisdiction under those divisions if the 2597  
trial court issues an order of dismissal upon technical or 2598  
procedural grounds. 2599

(E) The sealing of conviction records by any court shall 2600  
have no effect upon a prior board order entered under this 2601  
section or upon the board's jurisdiction to take action under 2602  
this section if, based upon a plea of guilty, a judicial finding 2603  
of guilt, or a judicial finding of eligibility for intervention 2604  
in lieu of conviction, the board issued a notice of opportunity 2605  
for a hearing prior to the court's order to seal the records. 2606  
The board shall not be required to seal, destroy, redact, or 2607  
otherwise modify its records to reflect the court's sealing of 2608  
conviction records. 2609

(F) (1) The board shall investigate evidence that appears 2610  
to show that a person has violated any provision of this chapter 2611  
or any rule adopted under it. Any person may report to the board 2612  
in a signed writing any information that the person may have 2613  
that appears to show a violation of any provision of this 2614

chapter or any rule adopted under it. In the absence of bad 2615  
faith, any person who reports information of that nature or who 2616  
testifies before the board in any adjudication conducted under 2617  
Chapter 119. of the Revised Code shall not be liable in damages 2618  
in a civil action as a result of the report or testimony. Each 2619  
complaint or allegation of a violation received by the board 2620  
shall be assigned a case number and shall be recorded by the 2621  
board. 2622

(2) Investigations of alleged violations of this chapter 2623  
or any rule adopted under it shall be supervised by the 2624  
supervising member elected by the board in accordance with 2625  
section 4731.02 of the Revised Code and by the secretary as 2626  
provided in section 4731.39 of the Revised Code. The president 2627  
may designate another member of the board to supervise the 2628  
investigation in place of the supervising member. No member of 2629  
the board who supervises the investigation of a case shall 2630  
participate in further adjudication of the case. 2631

(3) In investigating a possible violation of this chapter 2632  
or any rule adopted under this chapter, or in conducting an 2633  
inspection under division (E) of section 4731.054 of the Revised 2634  
Code, the board may question witnesses, conduct interviews, 2635  
administer oaths, order the taking of depositions, inspect and 2636  
copy any books, accounts, papers, records, or documents, issue 2637  
subpoenas, and compel the attendance of witnesses and production 2638  
of books, accounts, papers, records, documents, and testimony, 2639  
except that a subpoena for patient record information shall not 2640  
be issued without consultation with the attorney general's 2641  
office and approval of the secretary and supervising member of 2642  
the board. 2643

(a) Before issuance of a subpoena for patient record 2644

information, the secretary and supervising member shall 2645  
determine whether there is probable cause to believe that the 2646  
complaint filed alleges a violation of this chapter or any rule 2647  
adopted under it and that the records sought are relevant to the 2648  
alleged violation and material to the investigation. The 2649  
subpoena may apply only to records that cover a reasonable 2650  
period of time surrounding the alleged violation. 2651

(b) On failure to comply with any subpoena issued by the 2652  
board and after reasonable notice to the person being 2653  
subpoenaed, the board may move for an order compelling the 2654  
production of persons or records pursuant to the Rules of Civil 2655  
Procedure. 2656

(c) A subpoena issued by the board may be served by a 2657  
sheriff, the sheriff's deputy, or a board employee or agent 2658  
designated by the board. Service of a subpoena issued by the 2659  
board may be made by delivering a copy of the subpoena to the 2660  
person named therein, reading it to the person, or leaving it at 2661  
the person's usual place of residence, usual place of business, 2662  
or address on file with the board. When serving a subpoena to an 2663  
applicant for or the holder of a license or certificate issued 2664  
under this chapter, service of the subpoena may be made by 2665  
certified mail, return receipt requested, and the subpoena shall 2666  
be deemed served on the date delivery is made or the date the 2667  
person refuses to accept delivery. If the person being served 2668  
refuses to accept the subpoena or is not located, service may be 2669  
made to an attorney who notifies the board that the attorney is 2670  
representing the person. 2671

(d) A sheriff's deputy who serves a subpoena shall receive 2672  
the same fees as a sheriff. Each witness who appears before the 2673  
board in obedience to a subpoena shall receive the fees and 2674

mileage provided for under section 119.094 of the Revised Code. 2675

(4) All hearings, investigations, and inspections of the 2676  
board shall be considered civil actions for the purposes of 2677  
section 2305.252 of the Revised Code. 2678

(5) A report required to be submitted to the board under 2679  
this chapter, a complaint, or information received by the board 2680  
pursuant to an investigation or pursuant to an inspection under 2681  
division (E) of section 4731.054 of the Revised Code is 2682  
confidential and not subject to discovery in any civil action. 2683

The board shall conduct all investigations or inspections 2684  
and proceedings in a manner that protects the confidentiality of 2685  
patients and persons who file complaints with the board. The 2686  
board shall not make public the names or any other identifying 2687  
information about patients or complainants unless proper consent 2688  
is given or, in the case of a patient, a waiver of the patient 2689  
privilege exists under division (B) of section 2317.02 of the 2690  
Revised Code, except that consent or a waiver of that nature is 2691  
not required if the board possesses reliable and substantial 2692  
evidence that no bona fide physician-patient relationship 2693  
exists. 2694

The board may share any information it receives pursuant 2695  
to an investigation or inspection, including patient records and 2696  
patient record information, with law enforcement agencies, other 2697  
licensing boards, and other governmental agencies that are 2698  
prosecuting, adjudicating, or investigating alleged violations 2699  
of statutes or administrative rules. An agency or board that 2700  
receives the information shall comply with the same requirements 2701  
regarding confidentiality as those with which the state medical 2702  
board must comply, notwithstanding any conflicting provision of 2703  
the Revised Code or procedure of the agency or board that 2704

applies when it is dealing with other information in its 2705  
possession. In a judicial proceeding, the information may be 2706  
admitted into evidence only in accordance with the Rules of 2707  
Evidence, but the court shall require that appropriate measures 2708  
are taken to ensure that confidentiality is maintained with 2709  
respect to any part of the information that contains names or 2710  
other identifying information about patients or complainants 2711  
whose confidentiality was protected by the state medical board 2712  
when the information was in the board's possession. Measures to 2713  
ensure confidentiality that may be taken by the court include 2714  
sealing its records or deleting specific information from its 2715  
records. 2716

(6) On a quarterly basis, the board shall prepare a report 2717  
that documents the disposition of all cases during the preceding 2718  
three months. The report shall contain the following information 2719  
for each case with which the board has completed its activities: 2720

(a) The case number assigned to the complaint or alleged 2721  
violation; 2722

(b) The type of license or certificate to practice, if 2723  
any, held by the individual against whom the complaint is 2724  
directed; 2725

(c) A description of the allegations contained in the 2726  
complaint; 2727

(d) The disposition of the case. 2728

The report shall state how many cases are still pending 2729  
and shall be prepared in a manner that protects the identity of 2730  
each person involved in each case. The report shall be a public 2731  
record under section 149.43 of the Revised Code. 2732

(G) If the secretary and supervising member determine both 2733

of the following, they may recommend that the board suspend an 2734  
individual's license or certificate to practice or certificate 2735  
to recommend without a prior hearing: 2736

(1) That there is clear and convincing evidence that an 2737  
individual has violated division (B) of this section; 2738

(2) That the individual's continued practice presents a 2739  
danger of immediate and serious harm to the public. 2740

Written allegations shall be prepared for consideration by 2741  
the board. The board, upon review of those allegations and by an 2742  
affirmative vote of not fewer than six of its members, excluding 2743  
the secretary and supervising member, may suspend a license or 2744  
certificate without a prior hearing. A telephone conference call 2745  
may be utilized for reviewing the allegations and taking the 2746  
vote on the summary suspension. 2747

The board shall issue a written order of suspension by 2748  
certified mail or in person in accordance with section 119.07 of 2749  
the Revised Code. The order shall not be subject to suspension 2750  
by the court during pendency of any appeal filed under section 2751  
119.12 of the Revised Code. If the individual subject to the 2752  
summary suspension requests an adjudicatory hearing by the 2753  
board, the date set for the hearing shall be within fifteen 2754  
days, but not earlier than seven days, after the individual 2755  
requests the hearing, unless otherwise agreed to by both the 2756  
board and the individual. 2757

Any summary suspension imposed under this division shall 2758  
remain in effect, unless reversed on appeal, until a final 2759  
adjudicative order issued by the board pursuant to this section 2760  
and Chapter 119. of the Revised Code becomes effective. The 2761  
board shall issue its final adjudicative order within seventy- 2762

five days after completion of its hearing. A failure to issue 2763  
the order within seventy-five days shall result in dissolution 2764  
of the summary suspension order but shall not invalidate any 2765  
subsequent, final adjudicative order. 2766

(H) If the board takes action under division (B) (9), (11), 2767  
or (13) of this section and the judicial finding of guilt, 2768  
guilty plea, or judicial finding of eligibility for intervention 2769  
in lieu of conviction is overturned on appeal, upon exhaustion 2770  
of the criminal appeal, a petition for reconsideration of the 2771  
order may be filed with the board along with appropriate court 2772  
documents. Upon receipt of a petition of that nature and 2773  
supporting court documents, the board shall reinstate the 2774  
individual's license or certificate to practice. The board may 2775  
then hold an adjudication under Chapter 119. of the Revised Code 2776  
to determine whether the individual committed the act in 2777  
question. Notice of an opportunity for a hearing shall be given 2778  
in accordance with Chapter 119. of the Revised Code. If the 2779  
board finds, pursuant to an adjudication held under this 2780  
division, that the individual committed the act or if no hearing 2781  
is requested, the board may order any of the sanctions 2782  
identified under division (B) of this section. 2783

(I) The license or certificate to practice issued to an 2784  
individual under this chapter and the individual's practice in 2785  
this state are automatically suspended as of the date of the 2786  
individual's second or subsequent plea of guilty to, or judicial 2787  
finding of guilt of, a violation of section 2919.123 of the 2788  
Revised Code. In addition, the license or certificate to 2789  
practice or certificate to recommend issued to an individual 2790  
under this chapter and the individual's practice in this state 2791  
are automatically suspended as of the date the individual pleads 2792  
guilty to, is found by a judge or jury to be guilty of, or is 2793

subject to a judicial finding of eligibility for intervention in 2794  
lieu of conviction in this state or treatment or intervention in 2795  
lieu of conviction in another jurisdiction for any of the 2796  
following criminal offenses in this state or a substantially 2797  
equivalent criminal offense in another jurisdiction: aggravated 2798  
murder, murder, voluntary manslaughter, felonious assault, 2799  
kidnapping, rape, sexual battery, gross sexual imposition, 2800  
aggravated arson, aggravated robbery, or aggravated burglary. 2801  
Continued practice after suspension shall be considered 2802  
practicing without a license or certificate. 2803

The board shall notify the individual subject to the 2804  
suspension by certified mail or in person in accordance with 2805  
section 119.07 of the Revised Code. If an individual whose 2806  
license or certificate is automatically suspended under this 2807  
division fails to make a timely request for an adjudication 2808  
under Chapter 119. of the Revised Code, the board shall do 2809  
whichever of the following is applicable: 2810

(1) If the automatic suspension under this division is for 2811  
a second or subsequent plea of guilty to, or judicial finding of 2812  
guilt of, a violation of section 2919.123 of the Revised Code, 2813  
the board shall enter an order suspending the individual's 2814  
license or certificate to practice for a period of at least one 2815  
year or, if determined appropriate by the board, imposing a more 2816  
serious sanction involving the individual's license or 2817  
certificate to practice. 2818

(2) In all circumstances in which division (I) (1) of this 2819  
section does not apply, enter a final order permanently revoking 2820  
the individual's license or certificate to practice. 2821

(J) If the board is required by Chapter 119. of the 2822  
Revised Code to give notice of an opportunity for a hearing and 2823

if the individual subject to the notice does not timely request 2824  
a hearing in accordance with section 119.07 of the Revised Code, 2825  
the board is not required to hold a hearing, but may adopt, by 2826  
an affirmative vote of not fewer than six of its members, a 2827  
final order that contains the board's findings. In that final 2828  
order, the board may order any of the sanctions identified under 2829  
division (A) or (B) of this section. 2830

(K) Any action taken by the board under division (B) of 2831  
this section resulting in a suspension from practice shall be 2832  
accompanied by a written statement of the conditions under which 2833  
the individual's license or certificate to practice may be 2834  
reinstated. The board shall adopt rules governing conditions to 2835  
be imposed for reinstatement. Reinstatement of a license or 2836  
certificate suspended pursuant to division (B) of this section 2837  
requires an affirmative vote of not fewer than six members of 2838  
the board. 2839

(L) When the board refuses to grant or issue a license or 2840  
certificate to practice to an applicant, revokes an individual's 2841  
license or certificate to practice, refuses to renew an 2842  
individual's license or certificate to practice, or refuses to 2843  
reinstatement an individual's license or certificate to practice, 2844  
the board may specify that its action is permanent. An 2845  
individual subject to a permanent action taken by the board is 2846  
forever thereafter ineligible to hold a license or certificate 2847  
to practice and the board shall not accept an application for 2848  
reinstatement of the license or certificate or for issuance of a 2849  
new license or certificate. 2850

(M) Notwithstanding any other provision of the Revised 2851  
Code, all of the following apply: 2852

(1) The surrender of a license or certificate issued under 2853

this chapter shall not be effective unless or until accepted by 2854  
the board. A telephone conference call may be utilized for 2855  
acceptance of the surrender of an individual's license or 2856  
certificate to practice. The telephone conference call shall be 2857  
considered a special meeting under division (F) of section 2858  
121.22 of the Revised Code. Reinstatement of a license or 2859  
certificate surrendered to the board requires an affirmative 2860  
vote of not fewer than six members of the board. 2861

(2) An application for a license or certificate made under 2862  
the provisions of this chapter may not be withdrawn without 2863  
approval of the board. 2864

(3) Failure by an individual to renew a license or 2865  
certificate to practice in accordance with this chapter or a 2866  
certificate to recommend in accordance with rules adopted under 2867  
section 4731.301 of the Revised Code shall not remove or limit 2868  
the board's jurisdiction to take any disciplinary action under 2869  
this section against the individual. 2870

(4) At the request of the board, a license or certificate 2871  
holder shall immediately surrender to the board a license or 2872  
certificate that the board has suspended, revoked, or 2873  
permanently revoked. 2874

(N) Sanctions shall not be imposed under division (B) (28) 2875  
of this section against any person who waives deductibles and 2876  
copayments as follows: 2877

(1) In compliance with the health benefit plan that 2878  
expressly allows such a practice. Waiver of the deductibles or 2879  
copayments shall be made only with the full knowledge and 2880  
consent of the plan purchaser, payer, and third-party 2881  
administrator. Documentation of the consent shall be made 2882

available to the board upon request.	2883
(2) For professional services rendered to any other person	2884
authorized to practice pursuant to this chapter, to the extent	2885
allowed by this chapter and rules adopted by the board.	2886
(0) Under the board's investigative duties described in	2887
this section and subject to division (F) of this section, the	2888
board shall develop and implement a quality intervention program	2889
designed to improve through remedial education the clinical and	2890
communication skills of individuals authorized under this	2891
chapter to practice medicine and surgery, osteopathic medicine	2892
and surgery, and podiatric medicine and surgery. In developing	2893
and implementing the quality intervention program, the board may	2894
do all of the following:	2895
(1) Offer in appropriate cases as determined by the board	2896
an educational and assessment program pursuant to an	2897
investigation the board conducts under this section;	2898
(2) Select providers of educational and assessment	2899
services, including a quality intervention program panel of case	2900
reviewers;	2901
(3) Make referrals to educational and assessment service	2902
providers and approve individual educational programs	2903
recommended by those providers. The board shall monitor the	2904
progress of each individual undertaking a recommended individual	2905
educational program.	2906
(4) Determine what constitutes successful completion of an	2907
individual educational program and require further monitoring of	2908
the individual who completed the program or other action that	2909
the board determines to be appropriate;	2910
(5) Adopt rules in accordance with Chapter 119. of the	2911

Revised Code to further implement the quality intervention program. 2912  
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An individual who participates in an individual educational program pursuant to this division shall pay the financial obligations arising from that educational program. 2914  
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**Sec. 4731.27.** (A) As used in this section, "collaboration," "physician," "standard care arrangement," and "supervision" have the same meanings as in section 4723.01 of the Revised Code. 2917  
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(B) ~~A physician or podiatrist shall enter into a standard care arrangement with each clinical nurse specialist, certified nurse midwife, or certified nurse practitioner with whom the physician or podiatrist is in collaboration.~~ 2921  
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~~The collaborating physician or podiatrist shall fulfill the responsibilities of collaboration, as specified in the arrangement and in accordance with division (A) of section 4723.431 of the Revised Code. A copy of the standard care arrangement shall be retained on file by the nurse's employer. Prior approval of the standard care arrangement by the state medical board is not required, but the board may periodically review it.~~ 2925  
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~~A physician or podiatrist who terminates collaboration with a certified nurse midwife, certified nurse practitioner, or clinical nurse specialist before their standard care arrangement expires shall give the nurse the written or electronic notice of termination required by division (D) (1) of section 4723.431 of the Revised Code.~~ 2933  
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~~Nothing in this division prohibits a hospital from hiring a clinical nurse specialist, certified nurse midwife, or~~ 2939  
2940

~~certified nurse practitioner as an employee and negotiating~~ 2941  
~~standard care arrangements on behalf of the employee as~~ 2942  
~~necessary to meet the requirements of this section. A standard~~ 2943  
~~care arrangement between the hospital's employee and the~~ 2944  
~~employee's collaborating physician is subject to approval by the~~ 2945  
~~medical staff and governing body of the hospital prior to~~ 2946  
~~implementation of the arrangement at the hospital.~~ 2947

~~(C)~~ A physician or podiatrist shall cooperate with the 2948  
board of nursing in any investigation the board conducts with 2949  
respect to a clinical nurse specialist, certified nurse-midwife, 2950  
or certified nurse practitioner ~~who collaborates with the~~ 2951  
~~physician or podiatrist~~ or with respect to a certified 2952  
registered nurse anesthetist who practices with the supervision 2953  
of the physician or podiatrist. 2954

**Sec. 4731.281.** (A) (1) Each person holding a license issued 2955  
under this chapter to practice medicine and surgery, osteopathic 2956  
medicine and surgery, or podiatric medicine and surgery wishing 2957  
to renew that license shall apply to the board for renewal. 2958  
Applications shall be submitted to the board in a manner 2959  
prescribed by the board. Each application shall be accompanied 2960  
by a biennial renewal fee of three hundred five dollars. 2961  
Applications shall be submitted according to the following 2962  
schedule: 2963

(a) Persons whose last name begins with the letters "A" 2964  
through "B," on or before the first day of July of every odd- 2965  
numbered year; 2966

(b) Persons whose last name begins with the letters "C" 2967  
through "D," on or before the first day of April of every odd- 2968  
numbered year; 2969

(c) Persons whose last name begins with the letters "E" 2970  
through "G," on or before the first day of January of every odd- 2971  
numbered year; 2972

(d) Persons whose last name begins with the letters "H" 2973  
through "K," on or before the first day of October of every 2974  
even-numbered year; 2975

(e) Persons whose last name begins with the letters "L" 2976  
through "M," on or before the first day of July of every even- 2977  
numbered year; 2978

(f) Persons whose last name begins with the letters "N" 2979  
through "R," on or before the first day of April of every even- 2980  
numbered year; 2981

(g) Persons whose last name begins with the letter "S," on 2982  
or before the first day of January of every even-numbered year; 2983

(h) Persons whose last name begins with the letters "T" 2984  
through "Z," on or before the first day of October of every odd- 2985  
numbered year. 2986

The board shall deposit the fee in accordance with section 2987  
4731.24 of the Revised Code, except that the board shall deposit 2988  
twenty dollars of the fee into the state treasury to the credit 2989  
of the physician loan repayment fund created by section 3702.78 2990  
of the Revised Code. 2991

(2) The board shall provide to every person holding a 2992  
license to practice medicine and surgery, osteopathic medicine 2993  
and surgery, or podiatric medicine and surgery, a renewal notice 2994  
or may provide the notice to the person through the secretary of 2995  
any recognized medical, osteopathic, or podiatric society. The 2996  
notice shall be provided to the person at least one month prior 2997  
to the date on which the person's license expires. 2998

(3) Failure of any person to receive a notice of renewal 2999  
from the board shall not excuse the person from the requirements 3000  
contained in this section. 3001

(4) The board's notice shall inform the applicant of the 3002  
renewal procedure. The board shall provide the application for 3003  
renewal in a form determined by the board. 3004

(5) The applicant shall provide in the application the 3005  
applicant's full name; the applicant's residence address, 3006  
business address, and electronic mail address; the number of the 3007  
applicant's license to practice; and any other information 3008  
required by the board. 3009

(6) (a) Except as provided in division (A) (6) (b) of this 3010  
section, in the case of an applicant who prescribes or 3011  
personally furnishes opioid analgesics or benzodiazepines, as 3012  
defined in section 3719.01 of the Revised Code, the applicant 3013  
shall certify to the board whether the applicant has been 3014  
granted access to the drug database established and maintained 3015  
by the state board of pharmacy pursuant to section 4729.75 of 3016  
the Revised Code. 3017

(b) The requirement in division (A) (6) (a) of this section 3018  
does not apply if any of the following is the case: 3019

(i) The state board of pharmacy notifies the state medical 3020  
board pursuant to section 4729.861 of the Revised Code that the 3021  
applicant has been restricted from obtaining further information 3022  
from the drug database. 3023

(ii) The state board of pharmacy no longer maintains the 3024  
drug database. 3025

(iii) The applicant does not practice medicine and 3026  
surgery, osteopathic medicine and surgery, or podiatric medicine 3027

and surgery in this state. 3028

(c) If an applicant certifies to the state medical board 3029  
that the applicant has been granted access to the drug database 3030  
and the board finds through an audit or other means that the 3031  
applicant has not been granted access, the board may take action 3032  
under section 4731.22 of the Revised Code. 3033

~~(7) The applicant shall indicate whether the applicant 3034  
currently collaborates, as that term is defined in section 3035  
4723.01 of the Revised Code, with any clinical nurse 3036  
specialists, certified nurse-midwives, or certified nurse 3037  
practitioners. 3038~~

~~(8)~~ The applicant shall report any criminal offense to 3039  
which the applicant has pleaded guilty, of which the applicant 3040  
has been found guilty, or for which the applicant has been found 3041  
eligible for intervention in lieu of conviction, since last 3042  
submitting an application for a license to practice or renewal 3043  
of a license. 3044

~~(9)~~ (8) The applicant shall execute and deliver the 3045  
application to the board in a manner prescribed by the board. 3046

(B) The board shall renew a license under this chapter to 3047  
practice medicine and surgery, osteopathic medicine and surgery, 3048  
or podiatric medicine and surgery upon application and 3049  
qualification therefor in accordance with this section. A 3050  
renewal shall be valid for a two-year period. 3051

(C) Failure of any license holder to renew and comply with 3052  
this section shall operate automatically to suspend the holder's 3053  
license to practice and if applicable, the holder's certificate 3054  
to recommend issued under section 4731.30 of the Revised Code. 3055  
Continued practice after the suspension shall be considered as 3056

practicing in violation of section 4731.41, 4731.43, or 4731.60 3057  
of the Revised Code. 3058

If the license has been suspended pursuant to this 3059  
division for two years or less, it may be reinstated. The board 3060  
shall reinstate a license to practice suspended for failure to 3061  
renew upon an applicant's submission of a renewal application 3062  
and payment of a reinstatement fee of four hundred five dollars. 3063

If the license has been suspended pursuant to this 3064  
division for more than two years, it may be restored. Subject to 3065  
section 4731.222 of the Revised Code, the board may restore a 3066  
license to practice suspended for failure to renew upon an 3067  
applicant's submission of a restoration application, payment of 3068  
a restoration fee of five hundred five dollars, and compliance 3069  
with sections 4776.01 to 4776.04 of the Revised Code. The board 3070  
shall not restore to an applicant a license to practice unless 3071  
the board, in its discretion, decides that the results of the 3072  
criminal records check do not make the applicant ineligible for 3073  
a license issued pursuant to section 4731.14 or 4731.56 of the 3074  
Revised Code. Any reinstatement or restoration of a license to 3075  
practice under this section shall operate automatically to renew 3076  
the holder's certificate to recommend. 3077

(D) The state medical board may obtain information not 3078  
protected by statutory or common law privilege from courts and 3079  
other sources concerning malpractice claims against any person 3080  
holding a license to practice under this chapter or practicing 3081  
as provided in section 4731.36 of the Revised Code. 3082

(E) Each mailing sent by the board under division (A) (2) 3083  
of this section to a person holding a license to practice 3084  
medicine and surgery or osteopathic medicine and surgery shall 3085  
inform the applicant of the reporting requirement established by 3086

division (H) of section 3701.79 of the Revised Code. At the 3087  
discretion of the board, the information may be included on the 3088  
application for renewal or on an accompanying page. 3089

(F) Each person holding a license to practice medicine and 3090  
surgery, osteopathic medicine and surgery, or podiatric medicine 3091  
and surgery shall give notice to the board of a change in the 3092  
license holder's residence address, business address, or 3093  
electronic mail address not later than thirty days after the 3094  
change occurs. 3095

**Sec. 4761.17.** All of the following apply to the practice 3096  
of respiratory care by a person who holds a license or limited 3097  
permit issued under this chapter: 3098

(A) The person shall practice only pursuant to a 3099  
prescription or other order for respiratory care issued by any 3100  
of the following: 3101

(1) A physician; 3102

(2) A clinical nurse specialist, certified nurse-midwife, 3103  
or certified nurse practitioner who holds a current, valid 3104  
license issued under Chapter 4723. of the Revised Code to 3105  
practice nursing as an advanced practice registered nurse ~~and~~ 3106  
~~has entered into a standard care arrangement with a physician;~~ 3107

(3) A physician assistant who holds a valid prescriber 3108  
number issued by the state medical board, has been granted 3109  
physician-delegated prescriptive authority, and has entered into 3110  
a supervision agreement that allows the physician assistant to 3111  
prescribe or order respiratory care services. 3112

(B) The person shall practice only under the supervision 3113  
of any of the following: 3114

(1) A physician;	3115
(2) A certified nurse practitioner, certified nurse- midwife, or clinical nurse specialist;	3116 3117
(3) A physician assistant who is authorized to prescribe or order respiratory care services as provided in division (A) (3) of this section.	3118 3119 3120
(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.	3121 3122 3123 3124 3125 3126 3127
(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.	3128 3129 3130 3131 3132 3133 3134
<b>Sec. 5164.07.</b> (A) The medicaid program shall include coverage of inpatient care and follow-up care for a mother and her newborn as follows:	3135 3136 3137
(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 that are consistent with the inpatient care recommended in the	3138 3139 3140 3141 3142 3143

protocols and guidelines developed by national organizations 3144  
that represent pediatric, obstetric, and nursing professionals. 3145

(2) The medicaid program shall cover a physician-directed 3146  
source of follow-up care or a source of follow-up care directed 3147  
by an advanced practice registered nurse. Services covered as 3148  
follow-up care shall include physical assessment of the mother 3149  
and newborn, parent education, assistance and training in breast 3150  
or bottle feeding, assessment of the home support system, 3151  
performance of any medically necessary and appropriate clinical 3152  
tests, and any other services that are consistent with the 3153  
follow-up care recommended in the protocols and guidelines 3154  
developed by national organizations that represent pediatric, 3155  
obstetric, and nursing professionals. The coverage shall apply 3156  
to services provided in a medical setting or through home health 3157  
care visits. The coverage shall apply to a home health care 3158  
visit only if the health care professional who conducts the 3159  
visit is knowledgeable and experienced in maternity and newborn 3160  
care. 3161

When a decision is made in accordance with division (B) of 3162  
this section to discharge a mother or newborn prior to the 3163  
expiration of the applicable number of hours of inpatient care 3164  
required to be covered, the coverage of follow-up care shall 3165  
apply to all follow-up care that is provided within forty-eight 3166  
hours after discharge. When a mother or newborn receives at 3167  
least the number of hours of inpatient care required to be 3168  
covered, the coverage of follow-up care shall apply to follow-up 3169  
care that is determined to be medically necessary by the health 3170  
care professionals responsible for discharging the mother or 3171  
newborn. 3172

(B) Any decision to shorten the length of inpatient stay 3173

to less than that specified under division (A) (1) of this 3174  
section shall be made by the physician attending the mother or 3175  
newborn, except that if a certified nurse-midwife is attending 3176  
the mother ~~in collaboration with a physician~~, the decision may 3177  
be made by the certified nurse-midwife. Decisions regarding 3178  
early discharge shall be made only after conferring with the 3179  
mother or a person responsible for the mother or newborn. For 3180  
purposes of this division, a person responsible for the mother 3181  
or newborn may include a parent, guardian, or any other person 3182  
with authority to make medical decisions for the mother or 3183  
newborn. 3184

(C) The department of medicaid, in administering the 3185  
medicaid program, may not do either of the following: 3186

(1) Terminate the provider agreement of a health care 3187  
professional or health care facility solely for making 3188  
recommendations for inpatient or follow-up care for a particular 3189  
mother or newborn that are consistent with the care required to 3190  
be covered by this section; 3191

(2) Establish or offer monetary or other financial 3192  
incentives for the purpose of encouraging a person to decline 3193  
the inpatient or follow-up care required to be covered by this 3194  
section. 3195

(D) This section does not do any of the following: 3196

(1) Require the medicaid program to cover inpatient or 3197  
follow-up care that is not received in accordance with the 3198  
program's terms pertaining to the health care professionals and 3199  
facilities from which a medicaid recipient is authorized to 3200  
receive health care services. 3201

(2) Require a mother or newborn to stay in a hospital or 3202

other inpatient setting for a fixed period of time following 3203  
delivery; 3204

(3) Require a child to be delivered in a hospital or other 3205  
inpatient setting; 3206

(4) Authorize a certified nurse-midwife to practice beyond 3207  
the authority to practice nurse-midwifery in accordance with 3208  
Chapter 4723. of the Revised Code; 3209

(5) Establish minimum standards of medical diagnosis, 3210  
care, or treatment for inpatient or follow-up care for a mother 3211  
or newborn. A deviation from the care required to be covered 3212  
under this section shall not, on the basis of this section, give 3213  
rise to a medical claim or derivative medical claim, as those 3214  
terms are defined in section 2305.113 of the Revised Code. 3215

**Section 2.** That existing sections 1751.67, 2133.211, 3216  
2919.171, 2919.202, 3313.539, 3701.926, 3707.511, 3719.06, 3217  
3727.06, 3923.233, 3923.301, 3923.63, 3923.64, 4723.01, 4723.07, 3218  
4723.28, 4723.41, 4723.42, 4723.43, 4723.432, 4723.44, 4723.48, 3219  
4723.481, 4723.482, 4723.493, 4723.50, 4731.22, 4731.27, 3220  
4731.281, 4761.17, and 5164.07 and sections 4723.431 and 5164.73 3221  
of the Revised Code are hereby repealed. 3222

**Section 3.** Section 4731.22 of the Revised Code is 3223  
presented in this act as a composite of the section as amended 3224  
by both Am. Sub. H.B. 111 and Sub. H.B. 156 of the 132nd General 3225  
Assembly. The General Assembly, applying the principle stated in 3226  
division (B) of section 1.52 of the Revised Code that amendments 3227  
are to be harmonized if reasonably capable of simultaneous 3228  
operation, finds that the composite is the resulting version of 3229  
the section in effect prior to the effective date of the section 3230  
as presented in this act. 3231

**Section 4.** This act shall be known as the Better Access, 3232  
Better Care Act. 3233