

As Introduced

133rd General Assembly

Regular Session

2019-2020

H. B. No. 492

Representatives Wiggam, Miller, J.

**Cosponsors: Representatives Manning, D., Lepore-Hagan, Lang, Crossman,
Baldrige, Galonski**

A BILL

To amend sections 1.64, 2108.61, 2133.211, 1
3701.351, 3727.06, 4730.02, 4730.03, 4730.04, 2
4730.05, 4730.06, 4730.07, 4730.08, 4730.11, 3
4730.14, 4730.19, 4730.20, 4730.201, 4730.203, 4
4730.21, 4730.22, 4730.25, 4730.26, 4730.32, 5
4730.41, 4730.411, 4730.42, 4731.22, 4761.17, 6
4773.02, 5122.01, and 5122.10; to enact section 7
4730.204; and to repeal sections 4730.111 and 8
4730.44 of the Revised Code to modify the laws 9
regarding physician assistants. 10

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

Section 1. That sections 1.64, 2108.61, 2133.211, 11
3701.351, 3727.06, 4730.02, 4730.03, 4730.04, 4730.05, 4730.06, 12
4730.07, 4730.08, 4730.11, 4730.14, 4730.19, 4730.20, 4730.201, 13
4730.203, 4730.21, 4730.22, 4730.25, 4730.26, 4730.32, 4730.41, 14
4730.411, 4730.42, 4731.22, 4761.17, 4773.02, 5122.01, and 15
5122.10 be amended and section 4730.204 of the Revised Code be 16
enacted to read as follows: 17

Sec. 1.64. As used in the Revised Code: 18

(A) "Certified nurse-midwife" means an advanced practice registered nurse who holds a current, valid license issued under Chapter 4723. of the Revised Code 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.

(B) "Certified nurse practitioner" means an advanced practice registered nurse who holds a current, valid license issued under Chapter 4723. of the Revised Code 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.

(C) "Clinical nurse specialist" means an advanced practice registered nurse who holds a current, valid license issued under Chapter 4723. of the Revised Code 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.

(D) "Physician assistant" means an individual who is licensed under Chapter 4730. of the Revised Code to provide services as a physician assistant to patients ~~under~~ with the ~~supervision, control, collaboration~~ and direction of one or more physicians.

Sec. 2108.61. (A) As used in this section and sections 2108.62 and 2108.63 of the Revised Code:

(1) "Health care institution" means a hospital registered as such under section 3701.07 of the Revised Code or a freestanding birthing center.

(2) "Health care professional" means a physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery; a

registered nurse, including a certified nurse-midwife, 48
authorized to practice under Chapter 4723. of the Revised Code; 49
or a physician assistant authorized to practice under Chapter 50
~~4130.~~4730. of the Revised Code. 51

(3) "Umbilical cord blood" means the blood that remains in 52
the umbilical cord and placenta after the birth of a newborn 53
child. 54

(B) The department of health shall encourage health care 55
professionals who provide health care services that are directly 56
related to a woman's pregnancy to provide a woman before her 57
third trimester of pregnancy with the publications described in 58
section 2108.62 of the Revised Code. 59

Sec. 2133.211. A person who holds a current, valid license 60
issued under Chapter 4723. of the Revised Code to practice as an 61
advanced practice registered nurse may take any action that may 62
be taken by an attending physician under sections 2133.21 to 63
2133.26 of the Revised Code and has the immunity provided by 64
section 2133.22 of the Revised Code if the action is taken 65
pursuant to a standard care arrangement with a collaborating 66
physician. 67

A person who holds a license to practice as a physician 68
assistant issued under Chapter 4730. of the Revised Code may 69
take any action that may be taken by an attending physician 70
under sections 2133.21 to 2133.26 of the Revised Code and has 71
the immunity provided by section 2133.22 of the Revised Code if 72
the action is taken pursuant to a ~~supervision~~collaboration 73
agreement entered into under section 4730.19 of the Revised 74
Code, including, if applicable, the policies of a health care 75
facility in which the physician assistant is practicing. 76

Sec. 3701.351. (A) The governing body of every hospital 77
shall set standards and procedures to be applied by the hospital 78
and its medical staff in considering and acting upon 79
applications for staff membership or professional privileges. 80
These standards and procedures shall be available for public 81
inspection. 82

(B) The governing body of any hospital, in considering and 83
acting upon applications for staff membership or professional 84
privileges within the scope of the applicants' respective 85
licensures, shall not discriminate against a qualified person 86
solely on the basis of whether that person is licensed to 87
practice medicine, osteopathic medicine, or podiatry, is 88
licensed to practice as a physician assistant, is licensed to 89
practice dentistry or psychology, or is licensed to practice 90
nursing as an advanced practice registered nurse. Staff 91
membership or professional privileges shall be considered and 92
acted on in accordance with standards and procedures established 93
under division (A) of this section. This section does not permit 94
a psychologist to admit a patient to a hospital in violation of 95
section 3727.06 of the Revised Code. 96

(C) The governing body of any hospital that is licensed to 97
provide maternity services, in considering and acting upon 98
applications for clinical privileges, shall not discriminate 99
against a qualified person solely on the basis that the person 100
is authorized to practice nurse-midwifery. An application from a 101
certified nurse-midwife who is not employed by the hospital 102
shall contain the name of a physician member of the hospital's 103
medical staff who holds clinical privileges in obstetrics at 104
that hospital and who has agreed to be the collaborating 105
physician for the applicant in accordance with section 4723.43 106
of the Revised Code. 107

(D) Any person may apply to the court of common pleas for 108
temporary or permanent injunctions restraining a violation of 109
division (A), (B), or (C) of this section. This action is an 110
additional remedy not dependent on the adequacy of the remedy at 111
law. 112

(E) (1) If a hospital does not provide or permit the 113
provision of any diagnostic or treatment service for mental or 114
emotional disorders or any other service that may be legally 115
performed by a psychologist licensed under Chapter 4732. of the 116
Revised Code, this section does not require the hospital to 117
provide or permit the provision of any such service and the 118
hospital shall be exempt from requirements of this section 119
pertaining to psychologists. 120

(2) This section does not impair the right of a hospital 121
to enter into an employment, personal service, or any other kind 122
of contract with a licensed psychologist, upon any such terms as 123
the parties may mutually agree, for the provision of any service 124
that may be legally performed by a licensed psychologist. 125

Sec. 3727.06. (A) As used in this section: 126

(1) "Doctor" means an individual authorized to practice 127
medicine and surgery or osteopathic medicine and surgery. 128

(2) "Podiatrist" means an individual authorized to 129
practice podiatric medicine and surgery. 130

(B) (1) Only the following may admit a patient to a 131
hospital: 132

(a) A doctor who is a member of the hospital's medical 133
staff; 134

(b) A dentist who is a member of the hospital's medical 135

staff;	136
(c) A podiatrist who is a member of the hospital's medical staff;	137 138
(d) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner if all of the following conditions are met:	139 140 141
(i) The clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner has a standard care arrangement entered into pursuant to section 4723.431 of the Revised Code with a collaborating doctor or podiatrist who is a member of the medical staff;	142 143 144 145 146
(ii) The patient will be under the medical supervision of the collaborating doctor or podiatrist;	147 148
(iii) The hospital has granted the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner admitting privileges and appropriate credentials.	149 150 151
(e) A physician assistant if all of the following conditions are met:	152 153
(i) The physician assistant is listed on a supervision- <u>collaboration</u> agreement entered into under section 4730.19 of the Revised Code for a doctor or podiatrist who is a member of the hospital's medical staff.	154 155 156 157
(ii) The patient will be under the medical supervision of the supervising- <u>collaborating</u> doctor or podiatrist.	158 159
(iii) The hospital has granted the physician assistant admitting privileges and appropriate credentials.	160 161
(2) Prior to admitting a patient, a clinical nurse	162

specialist, certified nurse-midwife, certified nurse 163
practitioner, or physician assistant shall notify the 164
collaborating ~~or supervising~~ doctor or podiatrist of the planned 165
admission. 166

(C) All hospital patients shall be under the medical 167
supervision of a doctor, except that services that may be 168
rendered by a licensed dentist pursuant to Chapter 4715. of the 169
Revised Code provided to patients admitted solely for the 170
purpose of receiving such services shall be under the 171
supervision of the admitting dentist and that services that may 172
be rendered by a podiatrist pursuant to section 4731.51 of the 173
Revised Code provided to patients admitted solely for the 174
purpose of receiving such services shall be under the 175
supervision of the admitting podiatrist. If treatment not within 176
the scope of Chapter 4715. or section 4731.51 of the Revised 177
Code is required at the time of admission by a dentist or 178
podiatrist, or becomes necessary during the course of hospital 179
treatment by a dentist or podiatrist, such treatment shall be 180
under the supervision of a doctor who is a member of the medical 181
staff. It shall be the responsibility of the admitting dentist 182
or podiatrist to make arrangements with a doctor who is a member 183
of the medical staff to be responsible for the patient's 184
treatment outside the scope of Chapter 4715. or section 4731.51 185
of the Revised Code when necessary during the patient's stay in 186
the hospital. 187

Sec. 4730.02. (A) No person shall hold that person out as 188
being able to function as a physician assistant, or use any 189
words or letters indicating or implying that the person is a 190
physician assistant, without a current, valid license to 191
practice as a physician assistant issued pursuant to this 192
chapter. 193

(B) No person shall practice as a physician assistant 194
without the ~~supervision, control, collaboration~~ and direction of 195
a physician. 196

(C) No person shall practice as a physician assistant 197
without having entered into a ~~supervision~~ collaboration 198
agreement with a ~~supervising~~ collaborating physician under 199
section 4730.19 of the Revised Code. 200

(D) No person acting as the ~~supervising~~ collaborating 201
physician of a physician assistant shall authorize the physician 202
assistant to perform services if either of the following is the 203
case: 204

(1) The services are not within the physician's normal 205
course of practice and expertise; 206

(2) The services are inconsistent with the ~~supervision~~ 207
collaboration agreement under which the physician assistant is 208
~~being supervised~~ practicing, including, if applicable, the 209
policies of the health care facility in which the physician and 210
physician assistant are practicing. 211

(E) No person practicing as a physician assistant shall 212
prescribe any drug or device to perform or induce an abortion, 213
or otherwise perform or induce an abortion. 214

~~(F) No person shall advertise to provide services as a 215
physician assistant, except for the purpose of seeking 216
employment. 217~~

~~(G) No person practicing as a physician assistant shall 218
fail to wear at all times when on duty a placard, plate, or 219
other device identifying that person as a "physician assistant." 220~~

~~(H)~~ (G) Division (A) of this section does not apply to a 221

person who meets all of the following conditions:	222
(1) The person holds in good standing a valid license or other form of authority to practice as a physician assistant issued by another state.	223 224 225
(2) The person is practicing as a volunteer without remuneration during a charitable event that lasts not more than seven days.	226 227 228
(3) The medical care provided by the person will be supervised by the medical director of the charitable event or by another physician.	229 230 231
When a person meets the conditions of this division, the person shall be deemed to hold, during the course of the charitable event, a license to practice as a physician assistant from the state medical board and shall be subject to the provisions of this chapter authorizing the board to take disciplinary action against a license holder. Not less than seven calendar days before the first day of the charitable event, the person or the event's organizer shall notify the board of the person's intent to practice as a physician assistant at the event. During the course of the charitable event, the person's scope of practice is limited to the procedures that a physician assistant licensed under this chapter is authorized to perform unless the person's scope of practice in the other state is more restrictive than in this state. If the latter is the case, the person's scope of practice is limited to the procedures that a physician assistant in the other state may perform.	232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248
Sec. 4730.03. Nothing in this chapter shall:	249
(A) Be construed to affect or interfere with the	250

performance of duties of any medical personnel who are either of 251
the following: 252

(1) In active service in the army, navy, coast guard, 253
marine corps, air force, public health service, or marine 254
hospital service of the United States while so serving; 255

(2) Employed by the veterans administration of the United 256
States while so employed. 257

(B) Prevent any person from performing any of the services 258
a physician assistant may be authorized to perform, if the 259
person's professional scope of practice established under any 260
other chapter of the Revised Code authorizes the person to 261
perform the services; 262

(C) Prohibit a physician from delegating responsibilities 263
to any nurse or other qualified person who does not hold a 264
license to practice as a physician assistant, provided that the 265
individual does not hold the individual out to be a physician 266
assistant; 267

(D) Be construed as authorizing a physician assistant 268
independently to order or direct the execution of procedures or 269
techniques by a registered nurse or licensed practical nurse in 270
the care and treatment of a person in any setting, except to the 271
extent that the physician assistant is authorized to do so by a 272
physician who is responsible for ~~supervising~~ collaborating with 273
the physician assistant and, if applicable, the policies of the 274
health care facility in which the physician assistant is 275
practicing; 276

(E) Authorize a physician assistant to engage in the 277
practice of optometry, except to the extent that the physician 278
~~assistant is authorized by a supervising assistant's~~ 279

collaborating physician, acting in accordance with this chapter, 280
has authorized the physician assistant to perform routine visual 281
screening, provide medical care prior to or following eye 282
surgery, or assist in the care of diseases of the eye; 283

(F) Be construed as authorizing a physician assistant to 284
prescribe any drug or device to perform or induce an abortion, 285
or as otherwise authorizing a physician assistant to perform or 286
induce an abortion. 287

Sec. 4730.04. (A) As used in this section: 288

(1) "Disaster" means any imminent threat or actual 289
occurrence of widespread or severe damage to or loss of 290
property, personal hardship or injury, or loss of life that 291
results from any natural phenomenon or act of a human. 292

(2) "Emergency" means an occurrence or event that poses an 293
imminent threat to the health or life of a human. 294

(B) Nothing in this chapter prohibits any of the following 295
individuals from providing medical care, to the extent the 296
individual is able, in response to a need for medical care 297
precipitated by a disaster or emergency: 298

(1) An individual who holds a license to practice as a 299
physician assistant issued under this chapter; 300

(2) An individual licensed or authorized to practice as a 301
physician assistant in another state; 302

(3) An individual credentialed or employed as a physician 303
assistant by an agency, office, or other instrumentality of the 304
federal government. 305

(C) For purposes of the medical care provided by a 306
physician assistant pursuant to division (B)(1) of this section, 307

both of the following apply notwithstanding any ~~supervision-~~ 308
collaboration requirement of this chapter to the contrary: 309

(1) The physician who ~~supervises~~ collaborates with the 310
physician assistant pursuant to a ~~supervision-~~ collaboration 311
agreement entered into under section 4730.19 of the Revised Code 312
is not required to meet the ~~supervision-~~ collaboration 313
requirements established under this chapter. 314

(2) The physician designated as the medical director of 315
the disaster or emergency may ~~supervise~~ collaborate with the 316
~~medical care provided by the physician assistant~~ when the 317
physician assistant is providing the medical care. 318

Sec. 4730.05. (A) There is hereby created the physician 319
assistant policy committee of the state medical board. The 320
president of the board shall appoint the members of the 321
committee. The committee shall consist of the seven members 322
specified in divisions (A) (1) to (3) of this section. When the 323
committee is developing or revising policy and procedures for 324
physician-delegated prescriptive authority for physician 325
assistants, the committee shall include the additional member 326
specified in division (A) (4) of this section. 327

(1) Three members of the committee shall be physicians. Of 328
the physician members, one shall be a member of the state 329
medical board, one shall be appointed from a list of five 330
physicians recommended by the Ohio state medical association, 331
and one shall be appointed from a list of five physicians 332
recommended by the Ohio osteopathic association. At all times, 333
the physician membership of the committee shall include at least 334
one physician who is a ~~supervising~~ collaborating physician of a 335
physician assistant~~7~~. Beginning two years after the effective 336
date of this amendment, each collaborating physician member 337

preferably ~~with~~ shall have at least two years' experience as a 338
~~supervising~~ collaborating physician. 339

(2) Three members shall be physician assistants appointed 340
from a list of five individuals recommended by the Ohio 341
association of physician assistants. 342

(3) One member, who is not affiliated with any health care 343
profession, shall be appointed to represent the interests of 344
consumers. 345

(4) One additional member, appointed to serve only when 346
the committee is developing or revising policy and procedures 347
for physician-delegated prescriptive authority for physician 348
assistants, shall be a pharmacist. The member shall be appointed 349
from a list of five clinical pharmacists recommended by the Ohio 350
pharmacists association or appointed from the pharmacist members 351
of the state board of pharmacy, preferably from among the 352
members who are clinical pharmacists. 353

The pharmacist member shall have voting privileges only 354
for purposes of developing or revising policy and procedures for 355
physician-delegated prescriptive authority for physician 356
assistants. Presence of the pharmacist member shall not be 357
required for the transaction of any other business. 358

(B) Terms of office shall be for two years, with each term 359
ending on the same day of the same month as did the term that it 360
succeeds. Each member shall hold office from the date of being 361
appointed until the end of the term for which the member was 362
appointed. Members may be reappointed, except that a member may 363
not be appointed to serve more than three consecutive terms. As 364
vacancies occur, a successor shall be appointed who has the 365
qualifications the vacancy requires. A member appointed to fill 366

a vacancy occurring prior to the expiration of the term for 367
which a predecessor was appointed shall hold office as a member 368
for the remainder of that term. A member shall continue in 369
office subsequent to the expiration date of the member's term 370
until a successor takes office or until a period of sixty days 371
has elapsed, whichever occurs first. 372

(C) Each member of the committee shall receive the 373
member's necessary and actual expenses incurred in the 374
performance of official duties as a member. 375

(D) The committee members specified in divisions (A) (1) to 376
(3) of this section by a majority vote shall elect a chairperson 377
from among those members. The members may elect a new 378
chairperson at any time. 379

(E) The state medical board may appoint assistants, 380
clerical staff, or other employees as necessary for the 381
committee to perform its duties adequately. 382

(F) The committee shall meet as necessary to carry out its 383
responsibilities. 384

(G) The board may permit meetings of the physician 385
assistant policy committee to include the use of interactive 386
videoconferencing, teleconferencing, or both if all of the 387
following requirements are met: 388

(1) The meeting location is open and accessible to the 389
public. 390

(2) Each committee member is permitted to choose whether 391
the member attends in person or through the use of the meeting's 392
videoconferencing or teleconferencing; 393

(3) Any meeting-related materials available before the 394

meeting are sent to each committee member by electronic mail, 395
facsimile, or United States mail, or are hand delivered. 396

(4) If interactive videoconferencing is used, there is a 397
clear video and audio connection that enables all participants 398
at the meeting location to see and hear each committee member. 399

(5) If teleconferencing is used, there is a clear audio 400
connection that enables all participants at the meeting location 401
to hear each committee member. 402

(6) A roll call vote is recorded for each vote taken. 403

(7) The meeting minutes specify for each member whether 404
the member attended by videoconference, teleconference, or in 405
person. 406

Sec. 4730.06. (A) The physician assistant policy committee 407
of the state medical board shall review, and shall submit to the 408
board recommendations concerning, all of the following: 409

(1) Requirements for issuing a license to practice as a 410
physician assistant, including the educational requirements that 411
must be met to receive the license; 412

(2) Existing and proposed rules pertaining to the practice 413
of physician assistants, the ~~supervisory collaborative~~ 414
relationship between physician assistants and ~~supervising~~ 415
collaborating physicians, and the administration and enforcement 416
of this chapter; 417

(3) In accordance with section 4730.38 of the Revised 418
Code, physician-delegated prescriptive authority for physician 419
assistants; 420

(4) Application procedures and forms for a license to 421
practice as a physician assistant; 422

(5) Fees required by this chapter for issuance and renewal of a license to practice as a physician assistant;	423 424
(6) Any issue the board asks the committee to consider.	425
(B) In addition to the matters that are required to be reviewed under division (A) of this section, the committee may review, and may submit to the board recommendations concerning quality assurance activities to be performed by a supervising- <u>collaborating</u> physician and physician assistant under a quality assurance system established pursuant to division (F) of section 4730.21 of the Revised Code.	426 427 428 429 430 431 432
(C) The board shall take into consideration all recommendations submitted by the committee. Not later than ninety days after receiving a recommendation from the committee, the board shall approve or disapprove the recommendation and notify the committee of its decision. If a recommendation is disapproved, the board shall inform the committee of its reasons for making that decision. The committee may resubmit the recommendation after addressing the concerns expressed by the board and modifying the disapproved recommendation accordingly. Not later than ninety days after receiving a resubmitted recommendation, the board shall approve or disapprove the recommendation. There is no limit on the number of times the committee may resubmit a recommendation for consideration by the board.	433 434 435 436 437 438 439 440 441 442 443 444 445 446
(D) (1) Except as provided in division (D) (2) of this section, the board may not take action regarding a matter that is subject to the committee's review under division (A) or (B) of this section unless the committee has made a recommendation to the board concerning the matter.	447 448 449 450 451

(2) If the board submits to the committee a request for a recommendation regarding a matter that is subject to the committee's review under division (A) or (B) of this section, and the committee does not provide a recommendation before the sixty-first day after the request is submitted, the board may take action regarding the matter without a recommendation.

Sec. 4730.07. In addition to rules that are specifically required or authorized by this chapter to be adopted, the state medical board may, subject to division (D) of section 4730.06 of the Revised Code, adopt any other rules necessary to govern the practice of physician assistants, the ~~supervisory collaborative~~ relationship between physician assistants and ~~supervising~~ collaborating physicians, and the administration and enforcement of this chapter. Rules adopted under this section shall be adopted in accordance with Chapter 119. of the Revised Code.

Sec. 4730.08. (A) A license to practice as a physician assistant issued under this chapter authorizes the holder to practice as a physician assistant as follows:

(1) The physician assistant shall practice only ~~under with~~ the ~~supervision, control, collaboration~~ and direction of a physician with whom the physician assistant has entered into a ~~supervision collaboration~~ agreement under section 4730.19 of the Revised Code.

(2) The physician assistant shall practice in accordance with the ~~supervision collaboration~~ agreement entered into with the physician who is responsible for ~~supervising collaborating~~ with the physician assistant, including, if applicable, the policies of the health care facility in which the physician assistant is practicing.

(B) The state medical board may, subject to division (D) 481
of section 4730.06 of the Revised Code, adopt rules designating 482
facilities to be included as health care facilities that are in 483
addition to the facilities specified in divisions (B) (1) and (2) 484
of section 4730.01 of the Revised Code. Any rules adopted shall 485
be adopted in accordance with Chapter 119. of the Revised Code. 486

Sec. 4730.11. (A) To be eligible to receive a license to 487
practice as a physician assistant, all of the following apply to 488
an applicant: 489

(1) The applicant shall be at least eighteen years of age. 490

(2) The applicant shall be of good moral character. 491

(3) ~~The~~ On the date of application, the applicant shall 492
hold current certification by the national commission on 493
certification of physician assistants or a successor 494
organization that is recognized by the state medical board. 495

(4) The applicant shall meet either of the following 496
requirements: 497

(a) The educational requirements specified in division (B) 498
(1) or (2) of this section; 499

(b) The educational or other applicable requirements 500
specified in division (C) (1), (2), or (3) of this section. 501

(B) For purposes of division (A) (4) (a) of this section, an 502
applicant shall meet either of the following educational 503
requirements: 504

(1) The applicant shall hold a master's or higher degree 505
obtained from a program accredited by the accreditation review 506
commission on education for the physician assistant or a 507
predecessor or successor organization recognized by the board. 508

(2) The applicant shall hold both of the following degrees:	509 510
(a) A degree other than a master's or higher degree obtained from a program accredited by the accreditation review commission on education for the physician assistant or a predecessor or successor organization recognized by the board;	511 512 513 514
(b) A master's or higher degree in a course of study with clinical relevance to the practice of physician assistants and obtained from a program accredited by a regional or specialized and professional accrediting agency recognized by the council for higher education accreditation.	515 516 517 518 519
(C) For purposes of division (A) (4) (b) of this section, an applicant shall present evidence satisfactory to the board of meeting one of the following requirements in lieu of meeting the educational requirements specified in division (B) (1) or (2) of this section:	520 521 522 523 524
(1) The applicant shall hold a current, valid license or other form of authority to practice as a physician assistant issued by another jurisdiction and either have been in active practice in any jurisdiction throughout the two-year period immediately preceding the date of application or have met one or more of the following requirements as specified by the board:	525 526 527 528 529 530
(a) Passed an oral or written examination or assessment, or both types of examination or assessment, that determined the applicant's present fitness to resume practice;	531 532 533
(b) Obtained additional training and passed an examination or assessment on completion of the training;	534 535
(c) Agreed to limitations on the applicant's extent, scope, or type of practice.	536 537

(2) The applicant shall hold a degree obtained as a result 538
of being enrolled on January 1, 2008, in a program in this state 539
that was accredited by the accreditation review commission on 540
education for the physician assistant but did not grant a 541
master's or higher degree to individuals enrolled in the program 542
on that date, and completing the program on or before December 543
31, 2009. 544

(3) The applicant shall hold a degree obtained from a 545
program accredited by the accreditation review commission on 546
education for the physician assistant and meet either of the 547
following experience requirements: 548

(a) Either have experience practicing as a physician 549
assistant for at least two consecutive years immediately 550
preceding the date of application while on active duty, with 551
evidence of service under honorable conditions, in any of the 552
armed forces of the United States or the national guard of any 553
state, including any experience attained while practicing as a 554
physician assistant at a health care facility or clinic operated 555
by the United States department of veterans affairs or have met 556
one or more of the following requirements as specified by the 557
board: 558

(i) Passed an oral or written examination or assessment, 559
or both types of examination or assessment, that determined the 560
applicant's present fitness to resume practice; 561

(ii) Obtained additional training and passed an 562
examination or assessment on completion of the training; 563

(iii) Agreed to limitations on the applicant's extent, 564
scope, or type of practice; 565

(b) Either have experience practicing as a physician 566

assistant for at least two consecutive years immediately 567
preceding the date of application while on active duty in the 568
United States public health service commissioned corps or have 569
met one or more of the following requirements as specified by 570
the board: 571

(i) Passed an oral or written examination or assessment, 572
or both types of examination or assessment, that determined the 573
applicant's present fitness to resume practice; 574

(ii) Obtained additional training and passed an 575
examination or assessment on completion of the training; 576

(iii) Agreed to limitations on the applicant's extent, 577
scope, or type of practice. 578

(D) This section does not require an individual to obtain 579
a master's or higher degree as a condition of retaining or 580
renewing a license to practice as a physician assistant if the 581
individual received the license without holding a master's or 582
higher degree as provided in either of the following: 583

(1) Before the educational requirements specified in 584
division (B) (1) or (2) of this section became effective January 585
1, 2008; 586

(2) By meeting the educational or other applicable 587
requirements specified in division (C) (1), (2), or (3) of this 588
section. 589

Sec. 4730.14. (A) A license to practice as a physician 590
assistant shall be valid for a two-year period unless revoked or 591
suspended, shall expire on the date that is two years after the 592
date of issuance, and may be renewed for additional two-year 593
periods in accordance with this section. A person seeking to 594
renew a license shall apply to the state medical board for 595

renewal prior to the license's expiration date. The board shall 596
provide renewal notices to license holders at least one month 597
prior to the expiration date. 598

Applications shall be submitted to the board in a manner 599
prescribed by the board. Each application shall be accompanied 600
by a biennial renewal fee of two hundred dollars. The board 601
shall deposit the fees in accordance with section 4731.24 of the 602
Revised Code. 603

The applicant shall report any criminal offense that 604
constitutes grounds for refusing to issue a license to practice 605
under section 4730.25 of the Revised Code to which the applicant 606
has pleaded guilty, of which the applicant has been found 607
guilty, or for which the applicant has been found eligible for 608
intervention in lieu of conviction, since last signing an 609
application for a license to practice as a physician assistant. 610

(B) To be eligible for renewal of a license, an applicant 611
is subject to all of the following: 612

~~(1) The applicant must certify to the board that the 613
applicant has maintained certification by the national 614
commission on certification of physician assistants or a 615
successor organization that is recognized by the board by 616
meeting the standards to hold current certification from the 617
commission or its successor, including passing periodic 618
recertification examinations; 619~~

~~(2) Except as provided in section 5903.12 of the Revised 620
Code, the applicant must certify to the board that the applicant 621
is in compliance with the board's continuing medical education 622
requirements ~~necessary to hold current certification from the 623
commission or its successor~~ for physician assistants. 624~~

~~(3)~~ (2) The applicant must comply with the renewal 625
eligibility requirements established under section 4730.49 of 626
the Revised Code that pertain to the applicant. 627

(C) If an applicant submits a complete renewal application 628
and qualifies for renewal pursuant to division (B) of this 629
section, the board shall issue to the applicant a renewed 630
license to practice as a physician assistant. 631

(D) The board may require a random sample of physician 632
assistants to submit materials documenting ~~both of the~~ 633
~~following:~~ 634

~~(1) Certification by the national commission on~~ 635
~~certification of physician assistants or a successor~~ 636
~~organization that is recognized by the board;~~ 637

~~(2) Completion~~ completion of the continuing medical 638
education required ~~to hold current certification from the~~ 639
~~commission or its successor~~ by the board for physician 640
assistants. 641

~~Division (D) of this section~~ This division does not limit 642
the board's authority to conduct investigations pursuant to 643
section 4730.25 of the Revised Code. 644

(E) A license to practice that is not renewed on or before 645
its expiration date is automatically suspended on its expiration 646
date. Continued practice after suspension of the license shall 647
be considered as practicing in violation of division (A) of 648
section 4730.02 of the Revised Code. 649

(F) If a license has been suspended pursuant to division 650
(E) of this section for two years or less, it may be reinstated. 651
The board shall reinstate a license suspended for failure to 652
renew upon an applicant's submission of a renewal application, 653

the biennial renewal fee, and any applicable monetary penalty. 654

If a license has been suspended pursuant to division (E) 655
of this section for more than two years, it may be restored. In 656
accordance with section 4730.28 of the Revised Code, the board 657
may restore a license suspended for failure to renew upon an 658
applicant's submission of a restoration application, the 659
biennial renewal fee, and any applicable monetary penalty and 660
compliance with sections 4776.01 to 4776.04 of the Revised Code. 661
The board shall not restore to an applicant a license to 662
practice as a physician assistant unless the board, in its 663
discretion, decides that the results of the criminal records 664
check do not make the applicant ineligible for a license issued 665
pursuant to section 4730.12 of the Revised Code. 666

The penalty for reinstatement shall be fifty dollars and 667
the penalty for restoration shall be one hundred dollars. The 668
board shall deposit penalties in accordance with section 4731.24 669
of the Revised Code. 670

(G) (1) If, through a random sample conducted under 671
division (D) of this section or any other means, the board finds 672
that an individual who certified completion of the continuing 673
medical education required to renew, reinstate, or restore a 674
license to practice did not complete the requisite continuing 675
medical education, the board may do either of the following: 676

(a) Take disciplinary action against the individual under 677
section 4730.25 of the Revised Code, impose a civil penalty, or 678
both; 679

(b) Permit the individual to agree in writing to complete 680
the continuing medical education and pay a civil penalty. 681

(2) The board's finding in any disciplinary action taken 682

under division (G) (1) (a) of this section shall be made pursuant 683
to an adjudication under Chapter 119. of the Revised Code and by 684
an affirmative vote of not fewer than six of its members. 685

(3) A civil penalty imposed under division (G) (1) (a) of 686
this section or paid under division (G) (1) (b) of this section 687
shall be in an amount specified by the board of not more than 688
five thousand dollars. The board shall deposit civil penalties 689
in accordance with section 4731.24 of the Revised Code. 690

Sec. 4730.19. (A) Before initiating ~~supervision of~~ 691
collaboration with one or more physician assistants licensed 692
under this chapter, a physician shall enter into a ~~supervision-~~ 693
collaboration agreement with each physician assistant ~~who will~~ 694
~~be supervised~~with whom the physician will collaborate. A 695
~~supervision-~~collaboration agreement may apply to one or more 696
physician assistants, but, except as provided in division (B) (2) 697
(e) of this section, may apply to not more than one physician. 698
~~The supervision-~~ 699

The collaboration agreement shall specify that the 700
physician agrees to ~~supervise-~~collaborate with the physician 701
assistant and the physician assistant agrees to practice ~~under-~~ 702
with that physician's ~~supervision-~~collaboration. 703

~~The agreement shall clearly state that the supervising-~~ 704
~~physician is legally responsible and assumes legal liability for-~~ 705
~~the services provided by the physician assistant. The~~ 706
collaboration agreement shall be signed by the physician and the 707
physician assistant. 708

(B) A ~~supervision-~~collaboration agreement shall include 709
either or both of the following: 710

(1) If a physician assistant will practice within a health 711

care facility, the agreement shall include terms that require 712
the physician assistant to practice in accordance with the 713
policies of the health care facility. 714

(2) If a physician assistant will practice outside a 715
health care facility, the agreement shall include terms that 716
specify all of the following: 717

(a) The responsibilities to be fulfilled by the physician 718
in ~~supervising~~ collaborating with the physician assistant; 719

(b) The responsibilities to be fulfilled by the physician 720
assistant when performing services ~~under~~ with the physician's 721
~~supervision~~ collaboration; 722

(c) Any limitations on the responsibilities to be 723
fulfilled by the physician assistant; 724

(d) The circumstances under which the physician assistant 725
is required to refer a patient to the ~~supervising~~ collaborating 726
physician; 727

(e) If the ~~supervising~~ collaborating physician chooses to 728
designate physicians to act as alternate ~~supervising~~ 729
collaborating physicians, the names, business addresses, and 730
business telephone numbers of the physicians who have agreed to 731
act in that capacity. 732

(C) A ~~supervision~~ collaboration agreement may be amended 733
to modify the responsibilities of one or more physician 734
assistants or to include one or more additional physician 735
assistants. 736

(D) The ~~supervising~~ collaborating physician who entered 737
into a ~~supervision~~ collaboration agreement shall retain a copy 738
of the agreement in the records maintained by the ~~supervising~~ 739

collaborating physician. Each physician assistant who entered 740
into the ~~supervision~~-collaboration agreement shall retain a copy 741
of the agreement in the records maintained by the physician 742
assistant. 743

(E) (1) If the state medical board finds, through a review 744
conducted under this section or through any other means, any of 745
the following, the board may take disciplinary action against 746
the individual under section 4730.25 or 4731.22 of the Revised 747
Code, impose a civil penalty, or both: 748

(a) That a physician assistant has practiced in a manner 749
that departs from, or fails to conform to, the terms of a 750
~~supervision~~-collaboration agreement entered into under this 751
section; 752

(b) That a physician has ~~supervised~~-collaborated with a 753
physician assistant in a manner that departs from, or fails to 754
conform to, the terms of a ~~supervision~~-collaboration agreement 755
entered into under this section; 756

(c) That a physician or physician assistant failed to 757
comply with division (A) or (B) of this section. 758

(2) If the board finds, through a review conducted under 759
this section or through any other means, that a physician or 760
physician assistant failed to comply with division (D) of this 761
section, the board may do either of the following: 762

(a) Take disciplinary action against the individual under 763
section 4730.25 or 4731.22 of the Revised Code, impose a civil 764
penalty, or both; 765

(b) Permit the individual to agree in writing to update 766
the records to comply with division (D) of this section and pay 767
a civil penalty. 768

(3) The board's finding in any disciplinary action taken 769
under division (E) (1) or (2) of this section shall be made 770
pursuant to an adjudication conducted under Chapter 119. of the 771
Revised Code. 772

(4) A civil penalty imposed under division (E) (1) or (2) 773
(a) of this section or paid under division (E) (2) (b) of this 774
section shall be in an amount specified by the board of not more 775
than five thousand dollars and shall be deposited in accordance 776
with section 4731.24 of the Revised Code. 777

Sec. 4730.20. (A) A physician assistant licensed under 778
this chapter may ~~perform~~ provide any of the following services 779
authorized by the ~~supervising physician assistant's~~ 780
collaborating physician that are part of the ~~supervising~~ 781
collaborating physician's normal course of practice and 782
expertise: 783

(1) Ordering diagnostic, therapeutic, and other medical 784
services; 785

(2) Prescribing physical therapy or referring a patient to 786
a physical therapist for physical therapy; 787

(3) Ordering occupational therapy or referring a patient 788
to an occupational therapist for occupational therapy; 789

(4) Taking any action that may be taken by an attending 790
physician under sections 2133.21 to 2133.26 of the Revised Code, 791
as specified in section 2133.211 of the Revised Code; 792

(5) Determining and pronouncing death in accordance with 793
section 4730.202 of the Revised Code; 794

(6) Assisting in surgery; 795

(7) If the physician assistant holds a valid prescriber 796

number issued by the state medical board and has been granted 797
physician-delegated prescriptive authority, ordering, 798
prescribing, personally furnishing, and administering drugs and 799
medical devices; 800

(8) Any Performing fluoroscopic procedures to the extent 801
authorized by section 4730.204 of the Revised Code; 802

(9) Serving as a qualified health professional, as defined 803
in section 5119.90 of the Revised Code, by conducting 804
examinations for purposes of drug and alcohol addiction 805
assessments and diagnoses and by issuing certifications that the 806
criteria specified in section 5119.92 of the Revised Code have 807
been met; 808

(10) Taking the actions described in section 5122.10 of 809
the Revised Code when there is reason to believe that a person 810
is a mentally ill person subject to court order and represents a 811
substantial risk of physical harm to self or others if allowed 812
to remain at liberty pending examination; 813

(11) Performing any other services that are part of the 814
supervising collaborating physician's normal course of practice 815
and expertise. 816

(B) The services a physician assistant may provide under 817
the policies of a health care facility are limited to the 818
services the facility authorizes the physician assistant to 819
provide for the facility. A facility shall not authorize a 820
physician assistant to perform a service that is prohibited 821
under this chapter. A physician who is ~~supervising collaborating~~ 822
with a physician assistant within a health care facility may 823
impose limitations on the physician assistant's practice that 824
are in addition to any limitations applicable under the policies 825

of the facility. 826

Sec. 4730.201. ~~(A) As used in this section, "local~~ 827
~~anesthesia" means the injection of a drug or combination of~~ 828
~~drugs to stop or prevent a painful sensation in a circumscribed~~ 829
~~area of the body where a painful procedure is to be performed.~~ 830
~~"Local anesthesia" includes only local infiltration anesthesia,~~ 831
~~digital blocks, and pudendal blocks.~~ 832

~~(B) A physician assistant may administer, monitor, or~~ 833
~~maintain local anesthesia, with the exception of general~~ 834
~~anesthesia, as a component of a procedure the physician~~ 835
~~assistant is performing or as a separate service when the~~ 836
~~procedure requiring local anesthesia is to be performed by the~~ 837
~~physician assistant's supervising collaborating physician or~~ 838
~~another person. A physician assistant shall not administer,~~ 839
~~monitor, or maintain any other form of anesthesia, including~~ 840
~~regional anesthesia or any systemic sedation.~~ 841

Sec. 4730.203. (A) Acting pursuant to a ~~supervision~~ 842
~~collaboration~~ agreement, a physician assistant may delegate 843
performance of a task to implement a patient's plan of care or, 844
if the conditions in division (C) of this section are met, may 845
delegate administration of a drug. Subject to division (D) of 846
section 4730.03 of the Revised Code, delegation may be to any 847
person. The physician assistant must be physically present at 848
the location where the task is performed or the drug 849
administered. 850

(B) Prior to delegating a task or administration of a 851
drug, a physician assistant shall determine that the task or 852
drug is appropriate for the patient and the person to whom the 853
delegation is to be made may safely perform the task or 854
administer the drug. 855

(C) A physician assistant may delegate administration of a drug only if all of the following conditions are met:

(1) The physician assistant has been granted physician-delegated prescriptive authority and is authorized to prescribe the drug.

(2) The drug is not a controlled substance.

(3) The drug will not be administered intravenously.

(4) The drug will not be administered in a hospital inpatient care unit, as defined in section 3727.50 of the Revised Code; a hospital emergency department; a freestanding emergency department; or an ambulatory surgical facility licensed under section 3702.30 of the Revised Code.

(D) A person not otherwise authorized to administer a drug or perform a specific task may do so in accordance with a physician assistant's delegation under this section.

Sec. 4730.204. (A) A physician assistant may perform fluoroscopic procedures for imaging guidance during diagnostic and therapeutic procedures, but only if the physician assistant has successfully completed a fluoroscopy course approved under division (B) of this section.

(B) The state medical board shall approve fluoroscopy courses for purposes of division (A) of this section. To be eligible for approval, a course must consist of all of the following:

(1) Forty hours of training in the following topics as they relate to fluoroscopy: radiation physics, radiation biology, radiation safety, radiation management, and any other topics the board considers appropriate;

(2) Forty hours of clinical practice in the performance of 884
fluoroscopic procedures, to be completed in collaboration with a 885
collaborating physician; 886

(3) Any other requirements the board considers necessary 887
to receive its approval. 888

Sec. 4730.21. (A) The ~~supervising~~ collaborating physician 889
of a physician assistant exercises ~~supervision, control, and~~ 890
direction of the physician assistant. A physician assistant may 891
practice in any setting within which the ~~supervising~~ 892
collaborating physician practices and has supervision, control, 893
~~and~~ direction of the physician assistant. 894

In ~~supervising~~ collaborating with a physician assistant, 895
all of the following apply: 896

(1) The ~~supervising~~ collaborating physician shall be 897
continuously available for direct communication with the 898
physician assistant by either of the following means: 899

(a) Being physically present at the location where the 900
physician assistant is practicing; 901

(b) Being readily available to the physician assistant 902
through some means of telecommunication and being in a location 903
that is a distance from the location where the physician 904
assistant is practicing that reasonably allows the physician to 905
assure proper care of patients. 906

(2) The ~~supervising~~ collaborating physician shall 907
personally and actively review the physician assistant's 908
professional activities. 909

(3) The ~~supervising~~ collaborating physician shall ensure 910
that the quality assurance system established pursuant to 911

division (F) of this section is implemented and maintained. 912

(4) The ~~supervising-collaborating~~ physician shall 913
regularly perform any other reviews of the physician assistant 914
that the ~~supervising-collaborating~~ physician considers 915
necessary. 916

(B) A physician may enter into ~~supervision-collaboration~~ 917
agreements with any number of physician assistants, but the 918
physician may not ~~supervise-collaborate with~~ more than five 919
physician assistants at any one time. A physician assistant may 920
enter into ~~supervision-collaboration~~ agreements with any number 921
of ~~supervising-collaborating~~ physicians. 922

(C) A ~~supervising-collaborating~~ physician may authorize a 923
physician assistant to perform a service only if the physician 924
is satisfied that the physician assistant is capable of 925
competently performing the service. A ~~supervising-collaborating~~ 926
physician shall not authorize a physician assistant to perform 927
any service that is beyond the physician's or the physician 928
assistant's normal course of practice and expertise. 929

(D) In the case of a health care facility with an 930
emergency department, if the ~~supervising-collaborating~~ physician 931
routinely practices in the facility's emergency department, the 932
~~supervising-collaborating~~ physician shall provide on-site 933
~~supervision of-collaboration with~~ the physician assistant when 934
the physician assistant practices in the emergency department. 935
If the ~~supervising-collaborating~~ physician does not routinely 936
practice in the facility's emergency department, the ~~supervising-~~ 937
~~collaborating~~ physician may, on occasion, send the physician 938
assistant to the facility's emergency department to assess and 939
manage a patient. ~~In supervising-~~ During the physician 940
assistant's assessment and management of the patient, the 941

~~supervising collaborating~~ physician shall determine the 942
appropriate level of ~~supervision collaboration~~ in compliance 943
with the requirements of divisions (A) to (C) of this section, 944
except that the ~~supervising collaborating~~ physician must be 945
available to go to the emergency department to personally 946
evaluate the patient and, at the request of an emergency 947
department physician, the ~~supervising collaborating~~ physician 948
shall go to the emergency department to personally evaluate the 949
patient. 950

(E) Each time a physician assistant writes a medical 951
order, including prescriptions written in the exercise of 952
physician-delegated prescriptive authority, the physician 953
assistant shall sign the form on which the order is written and 954
record on the form the time and date that the order is written. 955

(F) (1) The ~~supervising collaborating~~ physician of a 956
physician assistant shall establish a quality assurance system 957
to be used in ~~supervising collaborating with~~ the physician 958
assistant. All or part of the system may be applied to other 959
physician assistants ~~who are supervised by~~ with whom the 960
~~supervising collaborating physician is collaborating~~. The system 961
shall be developed in consultation with each physician assistant 962
~~to be supervised by~~ who collaborates with the physician. 963

(2) In establishing the quality assurance system, the 964
~~supervising collaborating~~ physician shall describe a process to 965
be used for all of the following: 966

(a) Routine review by the physician of selected patient 967
record entries made by the physician assistant and selected 968
medical orders issued by the physician assistant; 969

(b) Discussion of complex cases; 970

(c) Discussion of new medical developments relevant to the 971
practice of the physician and physician assistant; 972

(d) Performance of any quality assurance activities 973
required in rules adopted by state medical board pursuant to any 974
recommendations made by the physician assistant policy committee 975
under section 4730.06 of the Revised Code; 976

(e) Performance of any other quality assurance activities 977
that the ~~supervising~~ collaborating physician considers to be 978
appropriate. 979

(3) The ~~supervising~~ collaborating physician and physician 980
assistant shall keep records of their quality assurance 981
activities. On request, the records shall be made available to 982
the board. 983

Sec. 4730.22. ~~(A) When performing authorized services, a~~ 984
~~physician assistant acts as the agent of the physician~~ 985
~~assistant's supervising physician. The supervising physician is~~ 986
~~legally responsible and assumes legal liability for the services~~ 987
~~provided by the physician assistant.~~ 988

~~The physician is not responsible or liable for any~~ 989
~~services provided by the physician assistant after their~~ 990
~~supervision agreement expires or is terminated.~~ 991

~~(B)~~ When a health care facility permits physician 992
assistants to practice within that facility or any other health 993
care facility under its control, the health care facility shall 994
make reasonable efforts to explain to each individual who may 995
work with a particular physician assistant the scope of that 996
physician assistant's practice within the facility. The 997
appropriate credentialing body within the health care facility 998
shall provide, on request of an individual practicing in the 999

facility with a physician assistant, a copy of the facility's 1000
policies on the practice of physician assistants within the 1001
facility and a copy of each ~~supervision~~-collaboration agreement 1002
applicable to the physician assistant. 1003

An individual who follows the orders of a physician 1004
assistant practicing in a health care facility is not subject to 1005
disciplinary action by any administrative agency that governs 1006
that individual's conduct and is not liable in damages in a 1007
civil action for injury, death, or loss to person or property 1008
resulting from the individual's acts or omissions in the 1009
performance of any procedure, treatment, or other health care 1010
service if the individual reasonably believed that the physician 1011
assistant was acting within the proper scope of practice or was 1012
relaying medical orders from a ~~supervising~~-collaborating 1013
physician, unless the act or omission constitutes willful or 1014
wanton misconduct. 1015

Sec. 4730.25. (A) The state medical board, by an 1016
affirmative vote of not fewer than six members, may revoke or 1017
may refuse to grant a license to practice as a physician 1018
assistant to a person found by the board to have committed 1019
fraud, misrepresentation, or deception in applying for or 1020
securing the license. 1021

(B) The board, by an affirmative vote of not fewer than 1022
six members, shall, to the extent permitted by law, limit, 1023
revoke, or suspend an individual's license to practice as a 1024
physician assistant or prescriber number, refuse to issue a 1025
license to an applicant, refuse to renew a license, refuse to 1026
reinstate a license, or reprimand or place on probation the 1027
holder of a license for any of the following reasons: 1028

(1) Failure to practice in accordance with the ~~supervising~~- 1029

<u>collaborating physician's supervision-collaboration</u> agreement	1030
with the physician assistant, including, if applicable, the	1031
policies of the health care facility in which the supervising	1032
<u>collaborating physician</u> and physician assistant are practicing;	1033
(2) Failure to comply with the requirements of this	1034
chapter, Chapter 4731. of the Revised Code, or any rules adopted	1035
by the board;	1036
(3) Violating or attempting to violate, directly or	1037
indirectly, or assisting in or abetting the violation of, or	1038
conspiring to violate, any provision of this chapter, Chapter	1039
4731. of the Revised Code, or the rules adopted by the board;	1040
(4) Inability to practice according to acceptable and	1041
prevailing standards of care by reason of mental illness or	1042
physical illness, including physical deterioration that	1043
adversely affects cognitive, motor, or perceptive skills;	1044
(5) Impairment of ability to practice according to	1045
acceptable and prevailing standards of care because of habitual	1046
or excessive use or abuse of drugs, alcohol, or other substances	1047
that impair ability to practice;	1048
(6) Administering drugs for purposes other than those	1049
authorized under this chapter;	1050
(7) Willfully betraying a professional confidence;	1051
(8) Making a false, fraudulent, deceptive, or misleading	1052
statement in soliciting or advertising for employment as a	1053
physician assistant; in connection with any solicitation or	1054
advertisement for patients; in relation to the practice of	1055
medicine as it pertains to physician assistants; or in securing	1056
or attempting to secure a license to practice as a physician	1057
assistant.	1058

As used in this division, "false, fraudulent, deceptive, 1059
or misleading statement" means a statement that includes a 1060
misrepresentation of fact, is likely to mislead or deceive 1061
because of a failure to disclose material facts, is intended or 1062
is likely to create false or unjustified expectations of 1063
favorable results, or includes representations or implications 1064
that in reasonable probability will cause an ordinarily prudent 1065
person to misunderstand or be deceived. 1066

(9) Representing, with the purpose of obtaining 1067
compensation or other advantage personally or for any other 1068
person, that an incurable disease or injury, or other incurable 1069
condition, can be permanently cured; 1070

(10) The obtaining of, or attempting to obtain, money or 1071
anything of value by fraudulent misrepresentations in the course 1072
of practice; 1073

(11) A plea of guilty to, a judicial finding of guilt of, 1074
or a judicial finding of eligibility for intervention in lieu of 1075
conviction for, a felony; 1076

(12) Commission of an act that constitutes a felony in 1077
this state, regardless of the jurisdiction in which the act was 1078
committed; 1079

(13) A plea of guilty to, a judicial finding of guilt of, 1080
or a judicial finding of eligibility for intervention in lieu of 1081
conviction for, a misdemeanor committed in the course of 1082
practice; 1083

(14) A plea of guilty to, a judicial finding of guilt of, 1084
or a judicial finding of eligibility for intervention in lieu of 1085
conviction for, a misdemeanor involving moral turpitude; 1086

(15) Commission of an act in the course of practice that 1087

constitutes a misdemeanor in this state, regardless of the 1088
jurisdiction in which the act was committed; 1089

(16) Commission of an act involving moral turpitude that 1090
constitutes a misdemeanor in this state, regardless of the 1091
jurisdiction in which the act was committed; 1092

(17) A plea of guilty to, a judicial finding of guilt of, 1093
or a judicial finding of eligibility for intervention in lieu of 1094
conviction for violating any state or federal law regulating the 1095
possession, distribution, or use of any drug, including 1096
trafficking in drugs; 1097

(18) Any of the following actions taken by the state 1098
agency responsible for regulating the practice of physician 1099
assistants in another state, for any reason other than the 1100
nonpayment of fees: the limitation, revocation, or suspension of 1101
an individual's license to practice; acceptance of an 1102
individual's license surrender; denial of a license; refusal to 1103
renew or reinstate a license; imposition of probation; or 1104
issuance of an order of censure or other reprimand; 1105

(19) A departure from, or failure to conform to, minimal 1106
standards of care of similar physician assistants under the same 1107
or similar circumstances, regardless of whether actual injury to 1108
a patient is established; 1109

(20) Violation of the conditions placed by the board on a 1110
license to practice as a physician assistant; 1111

(21) Failure to use universal blood and body fluid 1112
precautions established by rules adopted under section 4731.051 1113
of the Revised Code; 1114

(22) Failure to cooperate in an investigation conducted by 1115
the board under section 4730.26 of the Revised Code, including 1116

failure to comply with a subpoena or order issued by the board 1117
or failure to answer truthfully a question presented by the 1118
board at a deposition or in written interrogatories, except that 1119
failure to cooperate with an investigation shall not constitute 1120
grounds for discipline under this section if a court of 1121
competent jurisdiction has issued an order that either quashes a 1122
subpoena or permits the individual to withhold the testimony or 1123
evidence in issue; 1124

(23) Assisting suicide, as defined in section 3795.01 of 1125
the Revised Code; 1126

(24) Prescribing any drug or device to perform or induce 1127
an abortion, or otherwise performing or inducing an abortion; 1128

(25) Failure to comply with section 4730.53 of the Revised 1129
Code, unless the board no longer maintains a drug database 1130
pursuant to section 4729.75 of the Revised Code; 1131

(26) Failure to comply with the requirements in section 1132
3719.061 of the Revised Code before issuing for a minor a 1133
prescription for an opioid analgesic, as defined in section 1134
3719.01 of the Revised Code; 1135

~~(27) Having certification by the national commission on 1136
certification of physician assistants or a successor 1137
organization expire, lapse, or be suspended or revoked; 1138~~

~~(28) The revocation, suspension, restriction, reduction, 1139
or termination of clinical privileges by the United States 1140
department of defense or department of veterans affairs or the 1141
termination or suspension of a certificate of registration to 1142
prescribe drugs by the drug enforcement administration of the 1143
United States department of justice. 1144~~

(C) Disciplinary actions taken by the board under 1145

divisions (A) and (B) of this section shall be taken pursuant to 1146
an adjudication under Chapter 119. of the Revised Code, except 1147
that in lieu of an adjudication, the board may enter into a 1148
consent agreement with a physician assistant or applicant to 1149
resolve an allegation of a violation of this chapter or any rule 1150
adopted under it. A consent agreement, when ratified by an 1151
affirmative vote of not fewer than six members of the board, 1152
shall constitute the findings and order of the board with 1153
respect to the matter addressed in the agreement. If the board 1154
refuses to ratify a consent agreement, the admissions and 1155
findings contained in the consent agreement shall be of no force 1156
or effect. 1157

(D) For purposes of divisions (B) (12), (15), and (16) of 1158
this section, the commission of the act may be established by a 1159
finding by the board, pursuant to an adjudication under Chapter 1160
119. of the Revised Code, that the applicant or license holder 1161
committed the act in question. The board shall have no 1162
jurisdiction under these divisions in cases where the trial 1163
court renders a final judgment in the license holder's favor and 1164
that judgment is based upon an adjudication on the merits. The 1165
board shall have jurisdiction under these divisions in cases 1166
where the trial court issues an order of dismissal upon 1167
technical or procedural grounds. 1168

(E) The sealing of conviction records by any court shall 1169
have no effect upon a prior board order entered under the 1170
provisions of this section or upon the board's jurisdiction to 1171
take action under the provisions of this section if, based upon 1172
a plea of guilty, a judicial finding of guilt, or a judicial 1173
finding of eligibility for intervention in lieu of conviction, 1174
the board issued a notice of opportunity for a hearing prior to 1175
the court's order to seal the records. The board shall not be 1176

required to seal, destroy, redact, or otherwise modify its 1177
records to reflect the court's sealing of conviction records. 1178

(F) For purposes of this division, any individual who 1179
holds a license issued under this chapter, or applies for a 1180
license issued under this chapter, shall be deemed to have given 1181
consent to submit to a mental or physical examination when 1182
directed to do so in writing by the board and to have waived all 1183
objections to the admissibility of testimony or examination 1184
reports that constitute a privileged communication. 1185

(1) In enforcing division (B) (4) of this section, the 1186
board, upon a showing of a possible violation, may compel any 1187
individual who holds a license issued under this chapter or who 1188
has applied for a license pursuant to this chapter to submit to 1189
a mental examination, physical examination, including an HIV 1190
test, or both a mental and physical examination. The expense of 1191
the examination is the responsibility of the individual 1192
compelled to be examined. Failure to submit to a mental or 1193
physical examination or consent to an HIV test ordered by the 1194
board constitutes an admission of the allegations against the 1195
individual unless the failure is due to circumstances beyond the 1196
individual's control, and a default and final order may be 1197
entered without the taking of testimony or presentation of 1198
evidence. If the board finds a physician assistant unable to 1199
practice because of the reasons set forth in division (B) (4) of 1200
this section, the board shall require the physician assistant to 1201
submit to care, counseling, or treatment by physicians approved 1202
or designated by the board, as a condition for an initial, 1203
continued, reinstated, or renewed license. An individual 1204
affected under this division shall be afforded an opportunity to 1205
demonstrate to the board the ability to resume practicing in 1206
compliance with acceptable and prevailing standards of care. 1207

(2) For purposes of division (B)(5) of this section, if 1208
the board has reason to believe that any individual who holds a 1209
license issued under this chapter or any applicant for a license 1210
suffers such impairment, the board may compel the individual to 1211
submit to a mental or physical examination, or both. The expense 1212
of the examination is the responsibility of the individual 1213
compelled to be examined. Any mental or physical examination 1214
required under this division shall be undertaken by a treatment 1215
provider or physician qualified to conduct such examination and 1216
chosen by the board. 1217

Failure to submit to a mental or physical examination 1218
ordered by the board constitutes an admission of the allegations 1219
against the individual unless the failure is due to 1220
circumstances beyond the individual's control, and a default and 1221
final order may be entered without the taking of testimony or 1222
presentation of evidence. If the board determines that the 1223
individual's ability to practice is impaired, the board shall 1224
suspend the individual's license or deny the individual's 1225
application and shall require the individual, as a condition for 1226
initial, continued, reinstated, or renewed licensure, to submit 1227
to treatment. 1228

Before being eligible to apply for reinstatement of a 1229
license suspended under this division, the physician assistant 1230
shall demonstrate to the board the ability to resume practice or 1231
prescribing in compliance with acceptable and prevailing 1232
standards of care. The demonstration shall include the 1233
following: 1234

(a) Certification from a treatment provider approved under 1235
section 4731.25 of the Revised Code that the individual has 1236
successfully completed any required inpatient treatment; 1237

(b) Evidence of continuing full compliance with an 1238
aftercare contract or consent agreement; 1239

(c) Two written reports indicating that the individual's 1240
ability to practice has been assessed and that the individual 1241
has been found capable of practicing according to acceptable and 1242
prevailing standards of care. The reports shall be made by 1243
individuals or providers approved by the board for making such 1244
assessments and shall describe the basis for their 1245
determination. 1246

The board may reinstate a license suspended under this 1247
division after such demonstration and after the individual has 1248
entered into a written consent agreement. 1249

When the impaired physician assistant resumes practice or 1250
prescribing, the board shall require continued monitoring of the 1251
physician assistant. The monitoring shall include compliance 1252
with the written consent agreement entered into before 1253
reinstatement or with conditions imposed by board order after a 1254
hearing, and, upon termination of the consent agreement, 1255
submission to the board for at least two years of annual written 1256
progress reports made under penalty of falsification stating 1257
whether the physician assistant has maintained sobriety. 1258

(G) If the secretary and the supervising member elected by 1259
the board under section 4731.02 of the Revised Code determine 1260
that there is clear and convincing evidence that a physician 1261
assistant has violated division (B) of this section and that the 1262
individual's continued practice or prescribing presents a danger 1263
of immediate and serious harm to the public, they may recommend 1264
that the board suspend the individual's license without a prior 1265
hearing. Written allegations shall be prepared for consideration 1266
by the board. 1267

The board, upon review of those allegations and by an affirmative vote of not fewer than six of its members, excluding the secretary and supervising member, may suspend a license without a prior hearing. A telephone conference call may be utilized for reviewing the allegations and taking the vote on the summary suspension.

The board shall issue a written order of suspension by certified mail or in person in accordance with section 119.07 of the Revised Code. The order shall not be subject to suspension by the court during pendency of any appeal filed under section 119.12 of the Revised Code. If the physician assistant requests an adjudicatory hearing by the board, the date set for the hearing shall be within fifteen days, but not earlier than seven days, after the physician assistant requests the hearing, unless otherwise agreed to by both the board and the license holder.

A summary suspension imposed under this division shall remain in effect, unless reversed on appeal, until a final adjudicative order issued by the board pursuant to this section and Chapter 119. of the Revised Code becomes effective. The board shall issue its final adjudicative order within sixty days after completion of its hearing. Failure to issue the order within sixty days shall result in dissolution of the summary suspension order, but shall not invalidate any subsequent, final adjudicative order.

(H) If the board takes action under division (B) (11), (13), or (14) of this section, and the judicial finding of guilt, guilty plea, or judicial finding of eligibility for intervention in lieu of conviction is overturned on appeal, upon exhaustion of the criminal appeal, a petition for reconsideration of the order may be filed with the board along

with appropriate court documents. Upon receipt of a petition and 1298
supporting court documents, the board shall reinstate the 1299
individual's license. The board may then hold an adjudication 1300
under Chapter 119. of the Revised Code to determine whether the 1301
individual committed the act in question. Notice of opportunity 1302
for hearing shall be given in accordance with Chapter 119. of 1303
the Revised Code. If the board finds, pursuant to an 1304
adjudication held under this division, that the individual 1305
committed the act, or if no hearing is requested, it may order 1306
any of the sanctions identified under division (B) of this 1307
section. 1308

(I) The license to practice issued to a physician 1309
assistant and the physician assistant's practice in this state 1310
are automatically suspended as of the date the physician 1311
assistant pleads guilty to, is found by a judge or jury to be 1312
guilty of, or is subject to a judicial finding of eligibility 1313
for intervention in lieu of conviction in this state or 1314
treatment or intervention in lieu of conviction in another state 1315
for any of the following criminal offenses in this state or a 1316
substantially equivalent criminal offense in another 1317
jurisdiction: aggravated murder, murder, voluntary manslaughter, 1318
felonious assault, kidnapping, rape, sexual battery, gross 1319
sexual imposition, aggravated arson, aggravated robbery, or 1320
aggravated burglary. Continued practice after the suspension 1321
shall be considered practicing without a license. 1322

The board shall notify the individual subject to the 1323
suspension by certified mail or in person in accordance with 1324
section 119.07 of the Revised Code. If an individual whose 1325
license is suspended under this division fails to make a timely 1326
request for an adjudication under Chapter 119. of the Revised 1327
Code, the board shall enter a final order permanently revoking 1328

the individual's license to practice. 1329

(J) In any instance in which the board is required by 1330
Chapter 119. of the Revised Code to give notice of opportunity 1331
for hearing and the individual subject to the notice does not 1332
timely request a hearing in accordance with section 119.07 of 1333
the Revised Code, the board is not required to hold a hearing, 1334
but may adopt, by an affirmative vote of not fewer than six of 1335
its members, a final order that contains the board's findings. 1336
In that final order, the board may order any of the sanctions 1337
identified under division (A) or (B) of this section. 1338

(K) Any action taken by the board under division (B) of 1339
this section resulting in a suspension shall be accompanied by a 1340
written statement of the conditions under which the physician 1341
assistant's license may be reinstated. The board shall adopt 1342
rules in accordance with Chapter 119. of the Revised Code 1343
governing conditions to be imposed for reinstatement. 1344
Reinstatement of a license suspended pursuant to division (B) of 1345
this section requires an affirmative vote of not fewer than six 1346
members of the board. 1347

(L) When the board refuses to grant or issue to an 1348
applicant a license to practice as a physician assistant, 1349
revokes an individual's license, refuses to renew an 1350
individual's license, or refuses to reinstate an individual's 1351
license, the board may specify that its action is permanent. An 1352
individual subject to a permanent action taken by the board is 1353
forever thereafter ineligible to hold the license and the board 1354
shall not accept an application for reinstatement of the license 1355
or for issuance of a new license. 1356

(M) Notwithstanding any other provision of the Revised 1357
Code, all of the following apply: 1358

(1) The surrender of a license issued under this chapter 1359
is not effective unless or until accepted by the board. 1360
Reinstatement of a license surrendered to the board requires an 1361
affirmative vote of not fewer than six members of the board. 1362

(2) An application made under this chapter for a license 1363
may not be withdrawn without approval of the board. 1364

(3) Failure by an individual to renew a license in 1365
accordance with section 4730.14 of the Revised Code shall not 1366
remove or limit the board's jurisdiction to take disciplinary 1367
action under this section against the individual. 1368

Sec. 4730.26. (A) The state medical board shall 1369
investigate evidence that appears to show that any person has 1370
violated this chapter or a rule adopted under it. In an 1371
investigation involving the practice of or ~~supervision of~~ 1372
collaboration with a physician assistant pursuant to the 1373
policies of a health care facility, the board may require that 1374
the health care facility provide any information the board 1375
considers necessary to identify either or both of the following: 1376

(1) The facility's policies for the practice of physician 1377
assistants within the facility; 1378

(2) The services that the facility has authorized a 1379
particular physician assistant to provide for the facility. 1380

(B) Any person may report to the board in a signed writing 1381
any information the person has that appears to show a violation 1382
of any provision of this chapter or rule adopted under it. In 1383
the absence of bad faith, a person who reports such information 1384
or testifies before the board in an adjudication conducted under 1385
Chapter 119. of the Revised Code shall not be liable for civil 1386
damages as a result of reporting the information or providing 1387

testimony. Each complaint or allegation of a violation received 1388
by the board shall be assigned a case number and be recorded by 1389
the board. 1390

(C) Investigations of alleged violations of this chapter 1391
or rules adopted under it shall be supervised by the supervising 1392
member elected by the board in accordance with section 4731.02 1393
of the Revised Code and by the secretary as provided in section 1394
4730.33 of the Revised Code. The president may designate another 1395
member of the board to supervise the investigation in place of 1396
the supervising member. A member of the board who supervises the 1397
investigation of a case shall not participate in further 1398
adjudication of the case. 1399

(D) In investigating a possible violation of this chapter 1400
or a rule adopted under it, the board may administer oaths, 1401
order the taking of depositions, issue subpoenas, and compel the 1402
attendance of witnesses and production of books, accounts, 1403
papers, records, documents, and testimony, except that a 1404
subpoena for patient record information shall not be issued 1405
without consultation with the attorney general's office and 1406
approval of the secretary and supervising member of the board. 1407
Before issuance of a subpoena for patient record information, 1408
the secretary and supervising member shall determine whether 1409
there is probable cause to believe that the complaint filed 1410
alleges a violation of this chapter or a rule adopted under it 1411
and that the records sought are relevant to the alleged 1412
violation and material to the investigation. The subpoena may 1413
apply only to records that cover a reasonable period of time 1414
surrounding the alleged violation. 1415

On failure to comply with any subpoena issued by the board 1416
and after reasonable notice to the person being subpoenaed, the 1417

board may move for an order compelling the production of persons 1418
or records pursuant to the Rules of Civil Procedure. 1419

A subpoena issued by the board may be served by a sheriff, 1420
the sheriff's deputy, or a board employee designated by the 1421
board. Service of a subpoena issued by the board may be made by 1422
delivering a copy of the subpoena to the person named therein, 1423
reading it to the person, or leaving it at the person's usual 1424
place of residence. When the person being served is a physician 1425
assistant, service of the subpoena may be made by certified 1426
mail, restricted delivery, return receipt requested, and the 1427
subpoena shall be deemed served on the date delivery is made or 1428
the date the person refuses to accept delivery. 1429

A sheriff's deputy who serves a subpoena shall receive the 1430
same fees as a sheriff. Each witness who appears before the 1431
board in obedience to a subpoena shall receive the fees and 1432
mileage provided for under section 119.094 of the Revised Code. 1433

(E) All hearings and investigations of the board shall be 1434
considered civil actions for the purposes of section 2305.252 of 1435
the Revised Code. 1436

(F) Information received by the board pursuant to an 1437
investigation is confidential and not subject to discovery in 1438
any civil action. 1439

The board shall conduct all investigations and proceedings 1440
in a manner that protects the confidentiality of patients and 1441
persons who file complaints with the board. The board shall not 1442
make public the names or any other identifying information about 1443
patients or complainants unless proper consent is given or, in 1444
the case of a patient, a waiver of the patient privilege exists 1445
under division (B) of section 2317.02 of the Revised Code, 1446

except that consent or a waiver is not required if the board 1447
possesses reliable and substantial evidence that no bona fide 1448
physician-patient relationship exists. 1449

The board may share any information it receives pursuant 1450
to an investigation, including patient records and patient 1451
record information, with law enforcement agencies, other 1452
licensing boards, and other governmental agencies that are 1453
prosecuting, adjudicating, or investigating alleged violations 1454
of statutes or administrative rules. An agency or board that 1455
receives the information shall comply with the same requirements 1456
regarding confidentiality as those with which the state medical 1457
board must comply, notwithstanding any conflicting provision of 1458
the Revised Code or procedure of the agency or board that 1459
applies when it is dealing with other information in its 1460
possession. In a judicial proceeding, the information may be 1461
admitted into evidence only in accordance with the Rules of 1462
Evidence, but the court shall require that appropriate measures 1463
are taken to ensure that confidentiality is maintained with 1464
respect to any part of the information that contains names or 1465
other identifying information about patients or complainants 1466
whose confidentiality was protected by the state medical board 1467
when the information was in the board's possession. Measures to 1468
ensure confidentiality that may be taken by the court include 1469
sealing its records or deleting specific information from its 1470
records. 1471

(G) The state medical board shall develop requirements for 1472
and provide appropriate initial and continuing training for 1473
investigators employed by the board to carry out its duties 1474
under this chapter. The training and continuing education may 1475
include enrollment in courses operated or approved by the Ohio 1476
peace officer training commission that the board considers 1477

appropriate under conditions set forth in section 109.79 of the Revised Code. 1478
1479

(H) On a quarterly basis, the board shall prepare a report that documents the disposition of all cases during the preceding three months. The report shall contain the following information for each case with which the board has completed its activities: 1480
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1482
1483

(1) The case number assigned to the complaint or alleged violation; 1484
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(2) The type of license, if any, held by the individual against whom the complaint is directed; 1486
1487

(3) A description of the allegations contained in the complaint; 1488
1489

(4) The disposition of the case. 1490

The report shall state how many cases are still pending, and shall be prepared in a manner that protects the identity of each person involved in each case. The report shall be submitted to the physician assistant policy committee of the board and is a public record for purposes of section 149.43 of the Revised Code. 1491
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Sec. 4730.32. (A) Within sixty days after the imposition of any formal disciplinary action taken by a health care facility against any individual holding a valid license to practice as a physician assistant issued under this chapter, the chief administrator or executive officer of the facility shall report to the state medical board the name of the individual, the action taken by the facility, and a summary of the underlying facts leading to the action taken. Upon request, the board shall be provided certified copies of the patient records that were the basis for the facility's action. Prior to release 1497
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to the board, the summary shall be approved by the peer review 1507
committee that reviewed the case or by the governing board of 1508
the facility. 1509

The filing of a report with the board or decision not to 1510
file a report, investigation by the board, or any disciplinary 1511
action taken by the board, does not preclude a health care 1512
facility from taking disciplinary action against a physician 1513
assistant. 1514

In the absence of fraud or bad faith, no individual or 1515
entity that provides patient records to the board shall be 1516
liable in damages to any person as a result of providing the 1517
records. 1518

(B) (1) Except as provided in division (B) (2) of this 1519
section, a physician assistant, professional association or 1520
society of physician assistants, physician, or professional 1521
association or society of physicians that believes a violation 1522
of any provision of this chapter, Chapter 4731. of the Revised 1523
Code, or rule of the board has occurred shall report to the 1524
board the information upon which the belief is based. 1525

(2) A physician assistant, professional association or 1526
society of physician assistants, physician, or professional 1527
association or society of physicians that believes that a 1528
violation of division (B) (5) of section 4730.25 of the Revised 1529
Code has occurred shall report the information upon which the 1530
belief is based to the monitoring organization conducting the 1531
program established by the board under section 4731.251 of the 1532
Revised Code. If any such report is made to the board, it shall 1533
be referred to the monitoring organization unless the board is 1534
aware that the individual who is the subject of the report does 1535
not meet the program eligibility requirements of section 1536

4731.252 of the Revised Code. 1537

(C) Any professional association or society composed 1538
primarily of physician assistants that suspends or revokes an 1539
individual's membership for violations of professional ethics, 1540
or for reasons of professional incompetence or professional 1541
malpractice, within sixty days after a final decision, shall 1542
report to the board, on forms prescribed and provided by the 1543
board, the name of the individual, the action taken by the 1544
professional organization, and a summary of the underlying facts 1545
leading to the action taken. 1546

The filing or nonfiling of a report with the board, 1547
investigation by the board, or any disciplinary action taken by 1548
the board, shall not preclude a professional organization from 1549
taking disciplinary action against a physician assistant. 1550

(D) Any insurer providing professional liability insurance 1551
to any person holding a valid license to practice as a physician 1552
assistant issued under this chapter or any other entity that 1553
seeks to indemnify the professional liability of a physician 1554
assistant shall notify the board within thirty days after the 1555
final disposition of any written claim for damages where such 1556
disposition results in a payment exceeding twenty-five thousand 1557
dollars. The notice shall contain the following information: 1558

(1) The name and address of the person submitting the 1559
notification; 1560

(2) The name and address of the insured who is the subject 1561
of the claim; 1562

(3) The name of the person filing the written claim; 1563

(4) The date of final disposition; 1564

(5) If applicable, the identity of the court in which the 1565
final disposition of the claim took place. 1566

(E) The board may investigate possible violations of this 1567
chapter or the rules adopted under it that are brought to its 1568
attention as a result of the reporting requirements of this 1569
section, except that the board shall conduct an investigation if 1570
a possible violation involves repeated malpractice. As used in 1571
this division, "repeated malpractice" means three or more claims 1572
for malpractice within the previous five-year period, each 1573
resulting in a judgment or settlement in excess of twenty-five 1574
thousand dollars in favor of the claimant, and each involving 1575
negligent conduct by the physician assistant. 1576

(F) All summaries, reports, and records received and 1577
maintained by the board pursuant to this section shall be held 1578
in confidence and shall not be subject to discovery or 1579
introduction in evidence in any federal or state civil action 1580
involving a physician assistant, ~~supervising-collaborating~~ 1581
physician, or health care facility arising out of matters that 1582
are the subject of the reporting required by this section. The 1583
board may use the information obtained only as the basis for an 1584
investigation, as evidence in a disciplinary hearing against a 1585
physician assistant or ~~supervising-collaborating~~ physician, or 1586
in any subsequent trial or appeal of a board action or order. 1587

The board may disclose the summaries and reports it 1588
receives under this section only to health care facility 1589
committees within or outside this state that are involved in 1590
credentialing or recredentialing a physician assistant or 1591
~~supervising-collaborating~~ physician or reviewing their privilege 1592
to practice within a particular facility. The board shall 1593
indicate whether or not the information has been verified. 1594

Information transmitted by the board shall be subject to the 1595
same confidentiality provisions as when maintained by the board. 1596

(G) Except for reports filed by an individual pursuant to 1597
division (B) of this section, the board shall send a copy of any 1598
reports or summaries it receives pursuant to this section to the 1599
physician assistant. The physician assistant shall have the 1600
right to file a statement with the board concerning the 1601
correctness or relevance of the information. The statement shall 1602
at all times accompany that part of the record in contention. 1603

(H) An individual or entity that reports to the board, 1604
reports to the monitoring organization described in section 1605
4731.251 of the Revised Code, or refers an impaired physician 1606
assistant to a treatment provider approved by the board under 1607
section 4731.25 of the Revised Code shall not be subject to suit 1608
for civil damages as a result of the report, referral, or 1609
provision of the information. 1610

(I) In the absence of fraud or bad faith, a professional 1611
association or society of physician assistants that sponsors a 1612
committee or program to provide peer assistance to a physician 1613
assistant with substance abuse problems, a representative or 1614
agent of such a committee or program, a representative or agent 1615
of the monitoring organization described in section 4731.251 of 1616
the Revised Code, and a member of the state medical board shall 1617
not be held liable in damages to any person by reason of actions 1618
taken to refer a physician assistant to a treatment provider 1619
approved under section 4731.25 of the Revised Code for 1620
examination or treatment. 1621

Sec. 4730.41. (A) A physician assistant who holds a valid 1622
prescriber number issued by the state medical board is 1623
authorized to prescribe and personally furnish drugs and 1624

therapeutic devices in the exercise of physician-delegated prescriptive authority. 1625
1626

(B) In exercising physician-delegated prescriptive authority, a physician assistant is subject to all of the following: 1627
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(1) The physician assistant shall exercise physician-delegated prescriptive authority only to the extent that the physician ~~supervising~~ collaborating with the physician assistant has granted that authority. 1630
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(2) The physician assistant shall comply with all conditions placed on the physician-delegated prescriptive authority, as specified by the ~~supervising~~ collaborating physician who is ~~supervising~~ collaborating with the physician assistant in the exercise of physician-delegated prescriptive authority. 1634
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(3) If the physician assistant possesses physician-delegated prescriptive authority for controlled substances, the physician assistant shall register with the federal drug enforcement administration. 1640
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(4) If the physician assistant possesses physician-delegated prescriptive authority for schedule II controlled substances, the physician assistant shall comply with section 4730.411 of the Revised Code. 1644
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(5) If the physician assistant possesses physician-delegated prescriptive authority to prescribe for a minor an opioid analgesic, as those terms are defined in sections 3719.061 and 3719.01 of the Revised Code, respectively, the physician assistant shall comply with section 3719.061 of the Revised Code. 1648
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~~(6) The physician assistant shall comply with the requirements of section 4730.44 of the Revised Code.~~ 1654
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(C) A physician assistant shall not prescribe any drug in violation of state or federal law. 1656
1657

Sec. 4730.411. (A) Except as provided in division (B) or (C) of this section, a physician assistant may prescribe to a patient a schedule II controlled substance only if all of the following are the case: 1658
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(1) The patient is in a terminal condition, as defined in section 2133.01 of the Revised Code. 1662
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(2) The physician assistant's ~~supervising~~ collaborating physician initially prescribed the substance for the patient. 1664
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(3) The prescription is for an amount that does not exceed the amount necessary for the patient's use in a single, ~~twenty-four hour~~ seventy-two-hour period. 1666
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(B) The restrictions on prescriptive authority in division (A) of this section do not apply if a physician assistant issues the prescription to the patient from any of the following locations: 1669
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(1) A hospital registered under section 3701.07 of the Revised Code; 1673
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(2) An entity owned or controlled, in whole or in part, by a hospital or by an entity that owns or controls, in whole or in part, one or more hospitals; 1675
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1677

(3) A health care facility operated by the department of mental health and addiction services or the department of developmental disabilities; 1678
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- (4) A nursing home licensed under section 3721.02 of the Revised Code or by a political subdivision certified under section 3721.09 of the Revised Code; 1681
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- (5) A county home or district home operated under Chapter 5155. of the Revised Code that is certified under the medicare or medicaid program; 1684
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- (6) A hospice care program, as defined in section 3712.01 of the Revised Code; 1687
1688
- (7) A community mental health services provider, as defined in section 5122.01 of the Revised Code; 1689
1690
- (8) An ambulatory surgical facility, as defined in section 3702.30 of the Revised Code; 1691
1692
- (9) A freestanding birthing center, as defined in section 3702.141 of the Revised Code; 1693
1694
- (10) A federally qualified health center, as defined in section 3701.047 of the Revised Code; 1695
1696
- (11) A federally qualified health center look-alike, as defined in section 3701.047 of the Revised Code; 1697
1698
- (12) A health care office or facility operated by the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code; 1699
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- (13) 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 physician assistant has entered into a ~~supervisory~~-collaboration agreement with at least one of the physician owners who practices primarily at that site. 1703
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(C) A physician assistant shall not issue to a patient a prescription for a schedule II controlled substance from a convenience care clinic even if the convenience care clinic is owned or operated by an entity specified in division (B) of this section.

(D) A pharmacist who acts in good faith reliance on a prescription issued by a physician assistant under division (B) 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.

Sec. 4730.42. (A) In granting physician-delegated prescriptive authority to a particular physician assistant who holds a valid prescriber number issued by the state medical board, the ~~supervising~~ collaborating physician is subject to all of the following:

(1) The ~~supervising~~ collaborating physician shall not grant physician-delegated prescriptive authority for any drug or device that may be used to perform or induce an abortion.

(2) The ~~supervising~~ collaborating physician shall not grant physician-delegated prescriptive authority in a manner that exceeds the ~~supervising~~ collaborating physician's prescriptive authority, including the physician's authority to treat chronic pain with controlled substances and products containing tramadol as described in section 4731.052 of the Revised Code.

(3) The ~~supervising~~ collaborating physician shall ~~supervise~~ collaborate with the physician assistant in accordance

with both of the following: 1738

(a) The ~~supervision-collaboration~~ requirements specified 1739
in section 4730.21 of the Revised Code; 1740

(b) The ~~supervision-collaboration~~ agreement entered into 1741
with the physician assistant under section 4730.19 of the 1742
Revised Code, including, if applicable, the policies of the 1743
health care facility in which the physician and physician 1744
assistant are practicing. 1745

(B) (1) The ~~supervising-collaborating~~ physician of a 1746
physician assistant may place conditions on the physician- 1747
delegated prescriptive authority granted to the physician 1748
assistant. If conditions are placed on that authority, the 1749
~~supervising-collaborating~~ physician shall maintain a written 1750
record of the conditions and make the record available to the 1751
state medical board on request. 1752

(2) The conditions that a ~~supervising-collaborating~~ 1753
physician may place on the physician-delegated prescriptive 1754
authority granted to a physician assistant include the 1755
following: 1756

(a) Identification by class and specific generic 1757
nomenclature of drugs and therapeutic devices that the physician 1758
chooses not to permit the physician assistant to prescribe; 1759

(b) Limitations on the dosage units or refills that the 1760
physician assistant is authorized to prescribe; 1761

(c) Specification of circumstances under which the 1762
physician assistant is required to refer patients to the 1763
~~supervising-collaborating~~ physician or another physician when 1764
exercising physician-delegated prescriptive authority; 1765

(d) Responsibilities to be fulfilled by the physician in 1766
~~supervising~~~~collaborating with~~ the physician assistant that are 1767
not otherwise specified in the ~~supervision~~~~collaboration~~ 1768
agreement or otherwise required by this chapter. 1769

Sec. 4731.22. (A) The state medical board, by an 1770
affirmative vote of not fewer than six of its members, may 1771
limit, revoke, or suspend a license or certificate to practice 1772
or certificate to recommend, refuse to grant a license or 1773
certificate, refuse to renew a license or certificate, refuse to 1774
reinstate a license or certificate, or reprimand or place on 1775
probation the holder of a license or certificate if the 1776
individual applying for or holding the license or certificate is 1777
found by the board to have committed fraud during the 1778
administration of the examination for a license or certificate 1779
to practice or to have committed fraud, misrepresentation, or 1780
deception in applying for, renewing, or securing any license or 1781
certificate to practice or certificate to recommend issued by 1782
the board. 1783

(B) The board, by an affirmative vote of not fewer than 1784
six members, shall, to the extent permitted by law, limit, 1785
revoke, or suspend a license or certificate to practice or 1786
certificate to recommend, refuse to issue a license or 1787
certificate, refuse to renew a license or certificate, refuse to 1788
reinstate a license or certificate, or reprimand or place on 1789
probation the holder of a license or certificate for one or more 1790
of the following reasons: 1791

(1) Permitting one's name or one's license or certificate 1792
to practice to be used by a person, group, or corporation when 1793
the individual concerned is not actually directing the treatment 1794
given; 1795

(2) Failure to maintain minimal standards applicable to 1796
the selection or administration of drugs, or failure to employ 1797
acceptable scientific methods in the selection of drugs or other 1798
modalities for treatment of disease; 1799

(3) Except as provided in section 4731.97 of the Revised 1800
Code, selling, giving away, personally furnishing, prescribing, 1801
or administering drugs for other than legal and legitimate 1802
therapeutic purposes or a plea of guilty to, a judicial finding 1803
of guilt of, or a judicial finding of eligibility for 1804
intervention in lieu of conviction of, a violation of any 1805
federal or state law regulating the possession, distribution, or 1806
use of any drug; 1807

(4) Willfully betraying a professional confidence. 1808

For purposes of this division, "willfully betraying a 1809
professional confidence" does not include providing any 1810
information, documents, or reports under sections 307.621 to 1811
307.629 of the Revised Code to a child fatality review board; 1812
does not include providing any information, documents, or 1813
reports to the director of health pursuant to guidelines 1814
established under section 3701.70 of the Revised Code; does not 1815
include written notice to a mental health professional under 1816
section 4731.62 of the Revised Code; and does not include the 1817
making of a report of an employee's use of a drug of abuse, or a 1818
report of a condition of an employee other than one involving 1819
the use of a drug of abuse, to the employer of the employee as 1820
described in division (B) of section 2305.33 of the Revised 1821
Code. Nothing in this division affects the immunity from civil 1822
liability conferred by section 2305.33 or 4731.62 of the Revised 1823
Code upon a physician who makes a report in accordance with 1824
section 2305.33 or notifies a mental health professional in 1825

accordance with section 4731.62 of the Revised Code. As used in 1826
this division, "employee," "employer," and "physician" have the 1827
same meanings as in section 2305.33 of the Revised Code. 1828

(5) Making a false, fraudulent, deceptive, or misleading 1829
statement in the solicitation of or advertising for patients; in 1830
relation to the practice of medicine and surgery, osteopathic 1831
medicine and surgery, podiatric medicine and surgery, or a 1832
limited branch of medicine; or in securing or attempting to 1833
secure any license or certificate to practice issued by the 1834
board. 1835

As used in this division, "false, fraudulent, deceptive, 1836
or misleading statement" means a statement that includes a 1837
misrepresentation of fact, is likely to mislead or deceive 1838
because of a failure to disclose material facts, is intended or 1839
is likely to create false or unjustified expectations of 1840
favorable results, or includes representations or implications 1841
that in reasonable probability will cause an ordinarily prudent 1842
person to misunderstand or be deceived. 1843

(6) A departure from, or the failure to conform to, 1844
minimal standards of care of similar practitioners under the 1845
same or similar circumstances, whether or not actual injury to a 1846
patient is established; 1847

(7) Representing, with the purpose of obtaining 1848
compensation or other advantage as personal gain or for any 1849
other person, that an incurable disease or injury, or other 1850
incurable condition, can be permanently cured; 1851

(8) The obtaining of, or attempting to obtain, money or 1852
anything of value by fraudulent misrepresentations in the course 1853
of practice; 1854

- (9) A plea of guilty to, a judicial finding of guilt of, 1855
or a judicial finding of eligibility for intervention in lieu of 1856
conviction for, a felony; 1857
- (10) Commission of an act that constitutes a felony in 1858
this state, regardless of the jurisdiction in which the act was 1859
committed; 1860
- (11) A plea of guilty to, a judicial finding of guilt of, 1861
or a judicial finding of eligibility for intervention in lieu of 1862
conviction for, a misdemeanor committed in the course of 1863
practice; 1864
- (12) Commission of an act in the course of practice that 1865
constitutes a misdemeanor in this state, regardless of the 1866
jurisdiction in which the act was committed; 1867
- (13) A plea of guilty to, a judicial finding of guilt of, 1868
or a judicial finding of eligibility for intervention in lieu of 1869
conviction for, a misdemeanor involving moral turpitude; 1870
- (14) Commission of an act involving moral turpitude that 1871
constitutes a misdemeanor in this state, regardless of the 1872
jurisdiction in which the act was committed; 1873
- (15) Violation of the conditions of limitation placed by 1874
the board upon a license or certificate to practice; 1875
- (16) Failure to pay license renewal fees specified in this 1876
chapter; 1877
- (17) Except as authorized in section 4731.31 of the 1878
Revised Code, engaging in the division of fees for referral of 1879
patients, or the receiving of a thing of value in return for a 1880
specific referral of a patient to utilize a particular service 1881
or business; 1882

(18) Subject to section 4731.226 of the Revised Code, 1883
violation of any provision of a code of ethics of the American 1884
medical association, the American osteopathic association, the 1885
American podiatric medical association, or any other national 1886
professional organizations that the board specifies by rule. The 1887
state medical board shall obtain and keep on file current copies 1888
of the codes of ethics of the various national professional 1889
organizations. The individual whose license or certificate is 1890
being suspended or revoked shall not be found to have violated 1891
any provision of a code of ethics of an organization not 1892
appropriate to the individual's profession. 1893

For purposes of this division, a "provision of a code of 1894
ethics of a national professional organization" does not include 1895
any provision that would preclude the making of a report by a 1896
physician of an employee's use of a drug of abuse, or of a 1897
condition of an employee other than one involving the use of a 1898
drug of abuse, to the employer of the employee as described in 1899
division (B) of section 2305.33 of the Revised Code. Nothing in 1900
this division affects the immunity from civil liability 1901
conferred by that section upon a physician who makes either type 1902
of report in accordance with division (B) of that section. As 1903
used in this division, "employee," "employer," and "physician" 1904
have the same meanings as in section 2305.33 of the Revised 1905
Code. 1906

(19) Inability to practice according to acceptable and 1907
prevailing standards of care by reason of mental illness or 1908
physical illness, including, but not limited to, physical 1909
deterioration that adversely affects cognitive, motor, or 1910
perceptive skills. 1911

In enforcing this division, the board, upon a showing of a 1912

possible violation, may compel any individual authorized to 1913
practice by this chapter or who has submitted an application 1914
pursuant to this chapter to submit to a mental examination, 1915
physical examination, including an HIV test, or both a mental 1916
and a physical examination. The expense of the examination is 1917
the responsibility of the individual compelled to be examined. 1918
Failure to submit to a mental or physical examination or consent 1919
to an HIV test ordered by the board constitutes an admission of 1920
the allegations against the individual unless the failure is due 1921
to circumstances beyond the individual's control, and a default 1922
and final order may be entered without the taking of testimony 1923
or presentation of evidence. If the board finds an individual 1924
unable to practice because of the reasons set forth in this 1925
division, the board shall require the individual to submit to 1926
care, counseling, or treatment by physicians approved or 1927
designated by the board, as a condition for initial, continued, 1928
reinstated, or renewed authority to practice. An individual 1929
affected under this division shall be afforded an opportunity to 1930
demonstrate to the board the ability to resume practice in 1931
compliance with acceptable and prevailing standards under the 1932
provisions of the individual's license or certificate. For the 1933
purpose of this division, any individual who applies for or 1934
receives a license or certificate to practice under this chapter 1935
accepts the privilege of practicing in this state and, by so 1936
doing, shall be deemed to have given consent to submit to a 1937
mental or physical examination when directed to do so in writing 1938
by the board, and to have waived all objections to the 1939
admissibility of testimony or examination reports that 1940
constitute a privileged communication. 1941

(20) Except as provided in division (F)(1)(b) of section 1942
4731.282 of the Revised Code or when civil penalties are imposed 1943

under section 4731.225 of the Revised Code, and subject to 1944
section 4731.226 of the Revised Code, violating or attempting to 1945
violate, directly or indirectly, or assisting in or abetting the 1946
violation of, or conspiring to violate, any provisions of this 1947
chapter or any rule promulgated by the board. 1948

This division does not apply to a violation or attempted 1949
violation of, assisting in or abetting the violation of, or a 1950
conspiracy to violate, any provision of this chapter or any rule 1951
adopted by the board that would preclude the making of a report 1952
by a physician of an employee's use of a drug of abuse, or of a 1953
condition of an employee other than one involving the use of a 1954
drug of abuse, to the employer of the employee as described in 1955
division (B) of section 2305.33 of the Revised Code. Nothing in 1956
this division affects the immunity from civil liability 1957
conferred by that section upon a physician who makes either type 1958
of report in accordance with division (B) of that section. As 1959
used in this division, "employee," "employer," and "physician" 1960
have the same meanings as in section 2305.33 of the Revised 1961
Code. 1962

(21) The violation of section 3701.79 of the Revised Code 1963
or of any abortion rule adopted by the director of health 1964
pursuant to section 3701.341 of the Revised Code; 1965

(22) Any of the following actions taken by an agency 1966
responsible for authorizing, certifying, or regulating an 1967
individual to practice a health care occupation or provide 1968
health care services in this state or another jurisdiction, for 1969
any reason other than the nonpayment of fees: the limitation, 1970
revocation, or suspension of an individual's license to 1971
practice; acceptance of an individual's license surrender; 1972
denial of a license; refusal to renew or reinstate a license; 1973

imposition of probation; or issuance of an order of censure or other reprimand;	1974
	1975
(23) The violation of section 2919.12 of the Revised Code or the performance or inducement of an abortion upon a pregnant woman with actual knowledge that the conditions specified in division (B) of section 2317.56 of the Revised Code have not been satisfied or with a heedless indifference as to whether those conditions have been satisfied, unless an affirmative defense as specified in division (H) (2) of that section would apply in a civil action authorized by division (H) (1) of that section;	1976
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(24) The revocation, suspension, restriction, reduction, or termination of clinical privileges by the United States department of defense or department of veterans affairs or the termination or suspension of a certificate of registration to prescribe drugs by the drug enforcement administration of the United States department of justice;	1985
	1986
	1987
	1988
	1989
	1990
(25) Termination or suspension from participation in the medicare or medicaid programs by the department of health and human services or other responsible agency;	1991
	1992
	1993
(26) Impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice.	1994
	1995
	1996
	1997
For the purposes of this division, any individual authorized to practice by this chapter accepts the privilege of practicing in this state subject to supervision by the board. By filing an application for or holding a license or certificate to practice under this chapter, an individual shall be deemed to	1998
	1999
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	2001
	2002

have given consent to submit to a mental or physical examination 2003
when ordered to do so by the board in writing, and to have 2004
waived all objections to the admissibility of testimony or 2005
examination reports that constitute privileged communications. 2006

If it has reason to believe that any individual authorized 2007
to practice by this chapter or any applicant for licensure or 2008
certification to practice suffers such impairment, the board may 2009
compel the individual to submit to a mental or physical 2010
examination, or both. The expense of the examination is the 2011
responsibility of the individual compelled to be examined. Any 2012
mental or physical examination required under this division 2013
shall be undertaken by a treatment provider or physician who is 2014
qualified to conduct the examination and who is chosen by the 2015
board. 2016

Failure to submit to a mental or physical examination 2017
ordered by the board constitutes an admission of the allegations 2018
against the individual unless the failure is due to 2019
circumstances beyond the individual's control, and a default and 2020
final order may be entered without the taking of testimony or 2021
presentation of evidence. If the board determines that the 2022
individual's ability to practice is impaired, the board shall 2023
suspend the individual's license or certificate or deny the 2024
individual's application and shall require the individual, as a 2025
condition for initial, continued, reinstated, or renewed 2026
licensure or certification to practice, to submit to treatment. 2027

Before being eligible to apply for reinstatement of a 2028
license or certificate suspended under this division, the 2029
impaired practitioner shall demonstrate to the board the ability 2030
to resume practice in compliance with acceptable and prevailing 2031
standards of care under the provisions of the practitioner's 2032

license or certificate. The demonstration shall include, but 2033
shall not be limited to, the following: 2034

(a) Certification from a treatment provider approved under 2035
section 4731.25 of the Revised Code that the individual has 2036
successfully completed any required inpatient treatment; 2037

(b) Evidence of continuing full compliance with an 2038
aftercare contract or consent agreement; 2039

(c) Two written reports indicating that the individual's 2040
ability to practice has been assessed and that the individual 2041
has been found capable of practicing according to acceptable and 2042
prevailing standards of care. The reports shall be made by 2043
individuals or providers approved by the board for making the 2044
assessments and shall describe the basis for their 2045
determination. 2046

The board may reinstate a license or certificate suspended 2047
under this division after that demonstration and after the 2048
individual has entered into a written consent agreement. 2049

When the impaired practitioner resumes practice, the board 2050
shall require continued monitoring of the individual. The 2051
monitoring shall include, but not be limited to, compliance with 2052
the written consent agreement entered into before reinstatement 2053
or with conditions imposed by board order after a hearing, and, 2054
upon termination of the consent agreement, submission to the 2055
board for at least two years of annual written progress reports 2056
made under penalty of perjury stating whether the individual has 2057
maintained sobriety. 2058

(27) A second or subsequent violation of section 4731.66 2059
or 4731.69 of the Revised Code; 2060

(28) Except as provided in division (N) of this section: 2061

(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 the individual's services, otherwise would 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 individual;

(b) Advertising that the individual 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 the individual's services, otherwise would be required to pay.

(29) Failure to use universal blood and body fluid precautions established by rules adopted under section 4731.051 of the Revised Code;

(30) Failure to provide notice to, and receive acknowledgment of the notice from, a patient when required by section 4731.143 of the Revised Code prior to providing nonemergency professional services, or failure to maintain that notice in the patient's medical record;

(31) Failure of a physician ~~supervising~~ collaborating with a physician assistant to maintain ~~supervision~~ collaboration in accordance with the requirements of Chapter 4730. of the Revised Code and the rules adopted under that chapter;

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

care arrangement;	2091
(33) Failure to comply with the terms of a consult	2092
agreement entered into with a pharmacist pursuant to section	2093
4729.39 of the Revised Code;	2094
(34) Failure to cooperate in an investigation conducted by	2095
the board under division (F) of this section, including failure	2096
to comply with a subpoena or order issued by the board or	2097
failure to answer truthfully a question presented by the board	2098
in an investigative interview, an investigative office	2099
conference, at a deposition, or in written interrogatories,	2100
except that failure to cooperate with an investigation shall not	2101
constitute grounds for discipline under this section if a court	2102
of competent jurisdiction has issued an order that either	2103
quashes a subpoena or permits the individual to withhold the	2104
testimony or evidence in issue;	2105
(35) Failure to supervise an oriental medicine	2106
practitioner or acupuncturist in accordance with Chapter 4762.	2107
of the Revised Code and the board's rules for providing that	2108
supervision;	2109
(36) Failure to supervise an anesthesiologist assistant in	2110
accordance with Chapter 4760. of the Revised Code and the	2111
board's rules for supervision of an anesthesiologist assistant;	2112
(37) Assisting suicide, as defined in section 3795.01 of	2113
the Revised Code;	2114
(38) Failure to comply with the requirements of section	2115
2317.561 of the Revised Code;	2116
(39) Failure to supervise a radiologist assistant in	2117
accordance with Chapter 4774. of the Revised Code and the	2118
board's rules for supervision of radiologist assistants;	2119

(40) Performing or inducing an abortion at an office or facility with knowledge that the office or facility fails to post the notice required under section 3701.791 of the Revised Code;	2120 2121 2122 2123
(41) Failure to comply with the standards and procedures established in rules under section 4731.054 of the Revised Code for the operation of or the provision of care at a pain management clinic;	2124 2125 2126 2127
(42) Failure to comply with the standards and procedures established in rules under section 4731.054 of the Revised Code for providing supervision, direction, and control of individuals at a pain management clinic;	2128 2129 2130 2131
(43) Failure to comply with the requirements of section 4729.79 or 4731.055 of the Revised Code, unless the state board of pharmacy no longer maintains a drug database pursuant to section 4729.75 of the Revised Code;	2132 2133 2134 2135
(44) Failure to comply with the requirements of section 2919.171, 2919.202, or 2919.203 of the Revised Code or failure to submit to the department of health in accordance with a court order a complete report as described in section 2919.171 or 2919.202 of the Revised Code;	2136 2137 2138 2139 2140
(45) Practicing at a facility that is subject to licensure as a category III terminal distributor of dangerous drugs with a pain management clinic classification unless the person operating the facility has obtained and maintains the license with the classification;	2141 2142 2143 2144 2145
(46) Owning a facility that is subject to licensure as a category III terminal distributor of dangerous drugs with a pain management clinic classification unless the facility is licensed	2146 2147 2148

with the classification;	2149
(47) Failure to comply with any of the requirements	2150
regarding making or maintaining medical records or documents	2151
described in division (A) of section 2919.192, division (C) of	2152
section 2919.193, division (B) of section 2919.195, or division	2153
(A) of section 2919.196 of the Revised Code;	2154
(48) Failure to comply with the requirements in section	2155
3719.061 of the Revised Code before issuing for a minor a	2156
prescription for an opioid analgesic, as defined in section	2157
3719.01 of the Revised Code;	2158
(49) Failure to comply with the requirements of section	2159
4731.30 of the Revised Code or rules adopted under section	2160
4731.301 of the Revised Code when recommending treatment with	2161
medical marijuana;	2162
(50) Practicing at a facility, clinic, or other location	2163
that is subject to licensure as a category III terminal	2164
distributor of dangerous drugs with an office-based opioid	2165
treatment classification unless the person operating that place	2166
has obtained and maintains the license with the classification;	2167
(51) Owning a facility, clinic, or other location that is	2168
subject to licensure as a category III terminal distributor of	2169
dangerous drugs with an office-based opioid treatment	2170
classification unless that place is licensed with the	2171
classification;	2172
(52) A pattern of continuous or repeated violations of	2173
division (E) (2) or (3) of section 3963.02 of the Revised Code.	2174
(C) Disciplinary actions taken by the board under	2175
divisions (A) and (B) of this section shall be taken pursuant to	2176
an adjudication under Chapter 119. of the Revised Code, except	2177

that in lieu of an adjudication, the board may enter into a 2178
consent agreement with an individual to resolve an allegation of 2179
a violation of this chapter or any rule adopted under it. A 2180
consent agreement, when ratified by an affirmative vote of not 2181
fewer than six members of the board, shall constitute the 2182
findings and order of the board with respect to the matter 2183
addressed in the agreement. If the board refuses to ratify a 2184
consent agreement, the admissions and findings contained in the 2185
consent agreement shall be of no force or effect. 2186

A telephone conference call may be utilized for 2187
ratification of a consent agreement that revokes or suspends an 2188
individual's license or certificate to practice or certificate 2189
to recommend. The telephone conference call shall be considered 2190
a special meeting under division (F) of section 121.22 of the 2191
Revised Code. 2192

If the board takes disciplinary action against an 2193
individual under division (B) of this section for a second or 2194
subsequent plea of guilty to, or judicial finding of guilt of, a 2195
violation of section 2919.123 of the Revised Code, the 2196
disciplinary action shall consist of a suspension of the 2197
individual's license or certificate to practice for a period of 2198
at least one year or, if determined appropriate by the board, a 2199
more serious sanction involving the individual's license or 2200
certificate to practice. Any consent agreement entered into 2201
under this division with an individual that pertains to a second 2202
or subsequent plea of guilty to, or judicial finding of guilt 2203
of, a violation of that section shall provide for a suspension 2204
of the individual's license or certificate to practice for a 2205
period of at least one year or, if determined appropriate by the 2206
board, a more serious sanction involving the individual's 2207
license or certificate to practice. 2208

(D) For purposes of divisions (B) (10), (12), and (14) of 2209
this section, the commission of the act may be established by a 2210
finding by the board, pursuant to an adjudication under Chapter 2211
119. of the Revised Code, that the individual committed the act. 2212
The board does not have jurisdiction under those divisions if 2213
the trial court renders a final judgment in the individual's 2214
favor and that judgment is based upon an adjudication on the 2215
merits. The board has jurisdiction under those divisions if the 2216
trial court issues an order of dismissal upon technical or 2217
procedural grounds. 2218

(E) The sealing of conviction records by any court shall 2219
have no effect upon a prior board order entered under this 2220
section or upon the board's jurisdiction to take action under 2221
this section if, based upon a plea of guilty, a judicial finding 2222
of guilt, or a judicial finding of eligibility for intervention 2223
in lieu of conviction, the board issued a notice of opportunity 2224
for a hearing prior to the court's order to seal the records. 2225
The board shall not be required to seal, destroy, redact, or 2226
otherwise modify its records to reflect the court's sealing of 2227
conviction records. 2228

(F) (1) The board shall investigate evidence that appears 2229
to show that a person has violated any provision of this chapter 2230
or any rule adopted under it. Any person may report to the board 2231
in a signed writing any information that the person may have 2232
that appears to show a violation of any provision of this 2233
chapter or any rule adopted under it. In the absence of bad 2234
faith, any person who reports information of that nature or who 2235
testifies before the board in any adjudication conducted under 2236
Chapter 119. of the Revised Code shall not be liable in damages 2237
in a civil action as a result of the report or testimony. Each 2238
complaint or allegation of a violation received by the board 2239

shall be assigned a case number and shall be recorded by the 2240
board. 2241

(2) Investigations of alleged violations of this chapter 2242
or any rule adopted under it shall be supervised by the 2243
supervising member elected by the board in accordance with 2244
section 4731.02 of the Revised Code and by the secretary as 2245
provided in section 4731.39 of the Revised Code. The president 2246
may designate another member of the board to supervise the 2247
investigation in place of the supervising member. No member of 2248
the board who supervises the investigation of a case shall 2249
participate in further adjudication of the case. 2250

(3) In investigating a possible violation of this chapter 2251
or any rule adopted under this chapter, or in conducting an 2252
inspection under division (E) of section 4731.054 of the Revised 2253
Code, the board may question witnesses, conduct interviews, 2254
administer oaths, order the taking of depositions, inspect and 2255
copy any books, accounts, papers, records, or documents, issue 2256
subpoenas, and compel the attendance of witnesses and production 2257
of books, accounts, papers, records, documents, and testimony, 2258
except that a subpoena for patient record information shall not 2259
be issued without consultation with the attorney general's 2260
office and approval of the secretary and supervising member of 2261
the board. 2262

(a) Before issuance of a subpoena for patient record 2263
information, the secretary and supervising member shall 2264
determine whether there is probable cause to believe that the 2265
complaint filed alleges a violation of this chapter or any rule 2266
adopted under it and that the records sought are relevant to the 2267
alleged violation and material to the investigation. The 2268
subpoena may apply only to records that cover a reasonable 2269

period of time surrounding the alleged violation. 2270

(b) On failure to comply with any subpoena issued by the 2271
board and after reasonable notice to the person being 2272
subpoenaed, the board may move for an order compelling the 2273
production of persons or records pursuant to the Rules of Civil 2274
Procedure. 2275

(c) A subpoena issued by the board may be served by a 2276
sheriff, the sheriff's deputy, or a board employee or agent 2277
designated by the board. Service of a subpoena issued by the 2278
board may be made by delivering a copy of the subpoena to the 2279
person named therein, reading it to the person, or leaving it at 2280
the person's usual place of residence, usual place of business, 2281
or address on file with the board. When serving a subpoena to an 2282
applicant for or the holder of a license or certificate issued 2283
under this chapter, service of the subpoena may be made by 2284
certified mail, return receipt requested, and the subpoena shall 2285
be deemed served on the date delivery is made or the date the 2286
person refuses to accept delivery. If the person being served 2287
refuses to accept the subpoena or is not located, service may be 2288
made to an attorney who notifies the board that the attorney is 2289
representing the person. 2290

(d) A sheriff's deputy who serves a subpoena shall receive 2291
the same fees as a sheriff. Each witness who appears before the 2292
board in obedience to a subpoena shall receive the fees and 2293
mileage provided for under section 119.094 of the Revised Code. 2294

(4) All hearings, investigations, and inspections of the 2295
board shall be considered civil actions for the purposes of 2296
section 2305.252 of the Revised Code. 2297

(5) A report required to be submitted to the board under 2298

this chapter, a complaint, or information received by the board 2299
pursuant to an investigation or pursuant to an inspection under 2300
division (E) of section 4731.054 of the Revised Code is 2301
confidential and not subject to discovery in any civil action. 2302

The board shall conduct all investigations or inspections 2303
and proceedings in a manner that protects the confidentiality of 2304
patients and persons who file complaints with the board. The 2305
board shall not make public the names or any other identifying 2306
information about patients or complainants unless proper consent 2307
is given or, in the case of a patient, a waiver of the patient 2308
privilege exists under division (B) of section 2317.02 of the 2309
Revised Code, except that consent or a waiver of that nature is 2310
not required if the board possesses reliable and substantial 2311
evidence that no bona fide physician-patient relationship 2312
exists. 2313

The board may share any information it receives pursuant 2314
to an investigation or inspection, including patient records and 2315
patient record information, with law enforcement agencies, other 2316
licensing boards, and other governmental agencies that are 2317
prosecuting, adjudicating, or investigating alleged violations 2318
of statutes or administrative rules. An agency or board that 2319
receives the information shall comply with the same requirements 2320
regarding confidentiality as those with which the state medical 2321
board must comply, notwithstanding any conflicting provision of 2322
the Revised Code or procedure of the agency or board that 2323
applies when it is dealing with other information in its 2324
possession. In a judicial proceeding, the information may be 2325
admitted into evidence only in accordance with the Rules of 2326
Evidence, but the court shall require that appropriate measures 2327
are taken to ensure that confidentiality is maintained with 2328
respect to any part of the information that contains names or 2329

other identifying information about patients or complainants 2330
whose confidentiality was protected by the state medical board 2331
when the information was in the board's possession. Measures to 2332
ensure confidentiality that may be taken by the court include 2333
sealing its records or deleting specific information from its 2334
records. 2335

(6) On a quarterly basis, the board shall prepare a report 2336
that documents the disposition of all cases during the preceding 2337
three months. The report shall contain the following information 2338
for each case with which the board has completed its activities: 2339

(a) The case number assigned to the complaint or alleged 2340
violation; 2341

(b) The type of license or certificate to practice, if 2342
any, held by the individual against whom the complaint is 2343
directed; 2344

(c) A description of the allegations contained in the 2345
complaint; 2346

(d) The disposition of the case. 2347

The report shall state how many cases are still pending 2348
and shall be prepared in a manner that protects the identity of 2349
each person involved in each case. The report shall be a public 2350
record under section 149.43 of the Revised Code. 2351

(G) If the secretary and supervising member determine both 2352
of the following, they may recommend that the board suspend an 2353
individual's license or certificate to practice or certificate 2354
to recommend without a prior hearing: 2355

(1) That there is clear and convincing evidence that an 2356
individual has violated division (B) of this section; 2357

(2) That the individual's continued practice presents a 2358
danger of immediate and serious harm to the public. 2359

Written allegations shall be prepared for consideration by 2360
the board. The board, upon review of those allegations and by an 2361
affirmative vote of not fewer than six of its members, excluding 2362
the secretary and supervising member, may suspend a license or 2363
certificate without a prior hearing. A telephone conference call 2364
may be utilized for reviewing the allegations and taking the 2365
vote on the summary suspension. 2366

The board shall issue a written order of suspension by 2367
certified mail or in person in accordance with section 119.07 of 2368
the Revised Code. The order shall not be subject to suspension 2369
by the court during pendency of any appeal filed under section 2370
119.12 of the Revised Code. If the individual subject to the 2371
summary suspension requests an adjudicatory hearing by the 2372
board, the date set for the hearing shall be within fifteen 2373
days, but not earlier than seven days, after the individual 2374
requests the hearing, unless otherwise agreed to by both the 2375
board and the individual. 2376

Any summary suspension imposed under this division shall 2377
remain in effect, unless reversed on appeal, until a final 2378
adjudicative order issued by the board pursuant to this section 2379
and Chapter 119. of the Revised Code becomes effective. The 2380
board shall issue its final adjudicative order within seventy- 2381
five days after completion of its hearing. A failure to issue 2382
the order within seventy-five days shall result in dissolution 2383
of the summary suspension order but shall not invalidate any 2384
subsequent, final adjudicative order. 2385

(H) If the board takes action under division (B) (9), (11), 2386
or (13) of this section and the judicial finding of guilt, 2387

guilty plea, or judicial finding of eligibility for intervention 2388
in lieu of conviction is overturned on appeal, upon exhaustion 2389
of the criminal appeal, a petition for reconsideration of the 2390
order may be filed with the board along with appropriate court 2391
documents. Upon receipt of a petition of that nature and 2392
supporting court documents, the board shall reinstate the 2393
individual's license or certificate to practice. The board may 2394
then hold an adjudication under Chapter 119. of the Revised Code 2395
to determine whether the individual committed the act in 2396
question. Notice of an opportunity for a hearing shall be given 2397
in accordance with Chapter 119. of the Revised Code. If the 2398
board finds, pursuant to an adjudication held under this 2399
division, that the individual committed the act or if no hearing 2400
is requested, the board may order any of the sanctions 2401
identified under division (B) of this section. 2402

(I) The license or certificate to practice issued to an 2403
individual under this chapter and the individual's practice in 2404
this state are automatically suspended as of the date of the 2405
individual's second or subsequent plea of guilty to, or judicial 2406
finding of guilt of, a violation of section 2919.123 of the 2407
Revised Code. In addition, the license or certificate to 2408
practice or certificate to recommend issued to an individual 2409
under this chapter and the individual's practice in this state 2410
are automatically suspended as of the date the individual pleads 2411
guilty to, is found by a judge or jury to be guilty of, or is 2412
subject to a judicial finding of eligibility for intervention in 2413
lieu of conviction in this state or treatment or intervention in 2414
lieu of conviction in another jurisdiction for any of the 2415
following criminal offenses in this state or a substantially 2416
equivalent criminal offense in another jurisdiction: aggravated 2417
murder, murder, voluntary manslaughter, felonious assault, 2418

kidnapping, rape, sexual battery, gross sexual imposition, 2419
aggravated arson, aggravated robbery, or aggravated burglary. 2420
Continued practice after suspension shall be considered 2421
practicing without a license or certificate. 2422

The board shall notify the individual subject to the 2423
suspension by certified mail or in person in accordance with 2424
section 119.07 of the Revised Code. If an individual whose 2425
license or certificate is automatically suspended under this 2426
division fails to make a timely request for an adjudication 2427
under Chapter 119. of the Revised Code, the board shall do 2428
whichever of the following is applicable: 2429

(1) If the automatic suspension under this division is for 2430
a second or subsequent plea of guilty to, or judicial finding of 2431
guilt of, a violation of section 2919.123 of the Revised Code, 2432
the board shall enter an order suspending the individual's 2433
license or certificate to practice for a period of at least one 2434
year or, if determined appropriate by the board, imposing a more 2435
serious sanction involving the individual's license or 2436
certificate to practice. 2437

(2) In all circumstances in which division (I)(1) of this 2438
section does not apply, enter a final order permanently revoking 2439
the individual's license or certificate to practice. 2440

(J) If the board is required by Chapter 119. of the 2441
Revised Code to give notice of an opportunity for a hearing and 2442
if the individual subject to the notice does not timely request 2443
a hearing in accordance with section 119.07 of the Revised Code, 2444
the board is not required to hold a hearing, but may adopt, by 2445
an affirmative vote of not fewer than six of its members, a 2446
final order that contains the board's findings. In that final 2447
order, the board may order any of the sanctions identified under 2448

division (A) or (B) of this section. 2449

(K) Any action taken by the board under division (B) of 2450
this section resulting in a suspension from practice shall be 2451
accompanied by a written statement of the conditions under which 2452
the individual's license or certificate to practice may be 2453
reinstated. The board shall adopt rules governing conditions to 2454
be imposed for reinstatement. Reinstatement of a license or 2455
certificate suspended pursuant to division (B) of this section 2456
requires an affirmative vote of not fewer than six members of 2457
the board. 2458

(L) When the board refuses to grant or issue a license or 2459
certificate to practice to an applicant, revokes an individual's 2460
license or certificate to practice, refuses to renew an 2461
individual's license or certificate to practice, or refuses to 2462
reinstate an individual's license or certificate to practice, 2463
the board may specify that its action is permanent. An 2464
individual subject to a permanent action taken by the board is 2465
forever thereafter ineligible to hold a license or certificate 2466
to practice and the board shall not accept an application for 2467
reinstatement of the license or certificate or for issuance of a 2468
new license or certificate. 2469

(M) Notwithstanding any other provision of the Revised 2470
Code, all of the following apply: 2471

(1) The surrender of a license or certificate issued under 2472
this chapter shall not be effective unless or until accepted by 2473
the board. A telephone conference call may be utilized for 2474
acceptance of the surrender of an individual's license or 2475
certificate to practice. The telephone conference call shall be 2476
considered a special meeting under division (F) of section 2477
121.22 of the Revised Code. Reinstatement of a license or 2478

certificate surrendered to the board requires an affirmative 2479
vote of not fewer than six members of the board. 2480

(2) An application for a license or certificate made under 2481
the provisions of this chapter may not be withdrawn without 2482
approval of the board. 2483

(3) Failure by an individual to renew a license or 2484
certificate to practice in accordance with this chapter or a 2485
certificate to recommend in accordance with rules adopted under 2486
section 4731.301 of the Revised Code shall not remove or limit 2487
the board's jurisdiction to take any disciplinary action under 2488
this section against the individual. 2489

(4) At the request of the board, a license or certificate 2490
holder shall immediately surrender to the board a license or 2491
certificate that the board has suspended, revoked, or 2492
permanently revoked. 2493

(N) Sanctions shall not be imposed under division (B) (28) 2494
of this section against any person who waives deductibles and 2495
copayments as follows: 2496

(1) In compliance with the health benefit plan that 2497
expressly allows such a practice. Waiver of the deductibles or 2498
copayments shall be made only with the full knowledge and 2499
consent of the plan purchaser, payer, and third-party 2500
administrator. Documentation of the consent shall be made 2501
available to the board upon request. 2502

(2) For professional services rendered to any other person 2503
authorized to practice pursuant to this chapter, to the extent 2504
allowed by this chapter and rules adopted by the board. 2505

(O) Under the board's investigative duties described in 2506
this section and subject to division (F) of this section, the 2507

board shall develop and implement a quality intervention program 2508
designed to improve through remedial education the clinical and 2509
communication skills of individuals authorized under this 2510
chapter to practice medicine and surgery, osteopathic medicine 2511
and surgery, and podiatric medicine and surgery. In developing 2512
and implementing the quality intervention program, the board may 2513
do all of the following: 2514

(1) Offer in appropriate cases as determined by the board 2515
an educational and assessment program pursuant to an 2516
investigation the board conducts under this section; 2517

(2) Select providers of educational and assessment 2518
services, including a quality intervention program panel of case 2519
reviewers; 2520

(3) Make referrals to educational and assessment service 2521
providers and approve individual educational programs 2522
recommended by those providers. The board shall monitor the 2523
progress of each individual undertaking a recommended individual 2524
educational program. 2525

(4) Determine what constitutes successful completion of an 2526
individual educational program and require further monitoring of 2527
the individual who completed the program or other action that 2528
the board determines to be appropriate; 2529

(5) Adopt rules in accordance with Chapter 119. of the 2530
Revised Code to further implement the quality intervention 2531
program. 2532

An individual who participates in an individual 2533
educational program pursuant to this division shall pay the 2534
financial obligations arising from that educational program. 2535

Sec. 4761.17. All of the following apply to the practice 2536

of respiratory care by a person who holds a license or limited permit issued under this chapter: 2537
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(A) The person shall practice only pursuant to a prescription or other order for respiratory care issued by any of the following: 2539
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(1) A physician; 2542

(2) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who holds a current, valid license issued under Chapter 4723. of the Revised Code to practice nursing as an advanced practice registered nurse and has entered into a standard care arrangement with a physician; 2543
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(3) A physician assistant who holds a valid prescriber number issued by the state medical board, has been granted physician-delegated prescriptive authority, and has entered into a ~~supervision~~-collaboration agreement that allows the physician assistant to prescribe or order respiratory care services. 2548
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(B) The person shall practice only under the supervision of any of the following: 2553
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(1) A physician; 2555

(2) A certified nurse practitioner, certified nurse-midwife, or clinical nurse specialist; 2556
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(3) A physician assistant who is authorized to prescribe or order respiratory care services as provided in division (A) (3) of this section. 2558
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(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 2561
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prescription is limited to the drugs that the nurse is 2565
authorized to prescribe pursuant to section 4723.481 of the 2566
Revised Code. 2567

(2) When practicing under the prescription or order of a 2568
physician assistant or under the supervision of a physician 2569
assistant, the person's administration of medication that 2570
requires a prescription is limited to the drugs that the 2571
physician assistant is authorized to prescribe pursuant to the 2572
physician assistant's physician-delegated prescriptive 2573
authority. 2574

Sec. 4773.02. (A) Except as provided in division (B) of 2575
this section, no person shall practice or hold self out as a 2576
general x-ray machine operator, radiographer, radiation therapy 2577
technologist, or nuclear medicine technologist without a valid 2578
license issued under this chapter for the person's area of 2579
practice. 2580

(B) Division (A) of this section does not apply to any of 2581
the following when acting in accordance with the person's area 2582
of practice: 2583

(1) A physician, podiatrist, mechanotherapist, or 2584
chiropractor; 2585

(2) A physician assistant performing fluoroscopic 2586
procedures to the extent authorized by section 4730.204 of the 2587
Revised Code; 2588

(3) An individual licensed under Chapter 4715. of the 2589
Revised Code to practice dentistry, to practice as a dental 2590
hygienist, or to practice as a dental x-ray machine operator; 2591

~~(3)~~ (4) As specified in 42 C.F.R. 75, radiologic personnel 2592
employed by the federal government or serving in a branch of the 2593

armed forces of the United States; 2594

~~(4)~~ (5) Students engaging in any of the activities 2595
performed by basic x-ray machine operators, radiographers, 2596
radiation therapy technologists, and nuclear medicine 2597
technologists as an integral part of a program of study leading 2598
to receipt of a license issued under this chapter or Chapter 2599
4715., 4730., 4731., or 4734. of the Revised Code. 2600

Sec. 5122.01. As used in this chapter and Chapter 5119. of 2601
the Revised Code: 2602

(A) "Mental illness" means a substantial disorder of 2603
thought, mood, perception, orientation, or memory that grossly 2604
impairs judgment, behavior, capacity to recognize reality, or 2605
ability to meet the ordinary demands of life. 2606

(B) "Mentally ill person subject to court order" means a 2607
mentally ill person who, because of the person's illness: 2608

(1) Represents a substantial risk of physical harm to self 2609
as manifested by evidence of threats of, or attempts at, suicide 2610
or serious self-inflicted bodily harm; 2611

(2) Represents a substantial risk of physical harm to 2612
others as manifested by evidence of recent homicidal or other 2613
violent behavior, evidence of recent threats that place another 2614
in reasonable fear of violent behavior and serious physical 2615
harm, or other evidence of present dangerousness; 2616

(3) Represents a substantial and immediate risk of serious 2617
physical impairment or injury to self as manifested by evidence 2618
that the person is unable to provide for and is not providing 2619
for the person's basic physical needs because of the person's 2620
mental illness and that appropriate provision for those needs 2621
cannot be made immediately available in the community; 2622

(4) Would benefit from treatment for the person's mental 2623
illness and is in need of such treatment as manifested by 2624
evidence of behavior that creates a grave and imminent risk to 2625
substantial rights of others or the person; 2626

(5) (a) Would benefit from treatment as manifested by 2627
evidence of behavior that indicates all of the following: 2628

(i) The person is unlikely to survive safely in the 2629
community without supervision, based on a clinical 2630
determination. 2631

(ii) The person has a history of lack of compliance with 2632
treatment for mental illness and one of the following applies: 2633

(I) At least twice within the thirty-six months prior to 2634
the filing of an affidavit seeking court-ordered treatment of 2635
the person under section 5122.111 of the Revised Code, the lack 2636
of compliance has been a significant factor in necessitating 2637
hospitalization in a hospital or receipt of services in a 2638
forensic or other mental health unit of a correctional facility, 2639
provided that the thirty-six-month period shall be extended by 2640
the length of any hospitalization or incarceration of the person 2641
that occurred within the thirty-six-month period. 2642

(II) Within the forty-eight months prior to the filing of 2643
an affidavit seeking court-ordered treatment of the person under 2644
section 5122.111 of the Revised Code, the lack of compliance 2645
resulted in one or more acts of serious violent behavior toward 2646
self or others or threats of, or attempts at, serious physical 2647
harm to self or others, provided that the forty-eight-month 2648
period shall be extended by the length of any hospitalization or 2649
incarceration of the person that occurred within the forty- 2650
eight-month period. 2651

(iii) The person, as a result of the person's mental illness, is unlikely to voluntarily participate in necessary treatment. 2652
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(iv) In view of the person's treatment history and current behavior, the person is in need of treatment in order to prevent a relapse or deterioration that would be likely to result in substantial risk of serious harm to the person or others. 2655
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(b) An individual who meets only the criteria described in division (B) (5) (a) of this section is not subject to hospitalization. 2659
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(C) (1) "Patient" means, subject to division (C) (2) of this section, a person who is admitted either voluntarily or involuntarily to a hospital or other place under section 2945.39, 2945.40, 2945.401, or 2945.402 of the Revised Code subsequent to a finding of not guilty by reason of insanity or incompetence to stand trial or under this chapter, who is under observation or receiving treatment in such place. 2662
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(2) "Patient" does not include a person admitted to a hospital or other place under section 2945.39, 2945.40, 2945.401, or 2945.402 of the Revised Code to the extent that the reference in this chapter to patient, or the context in which the reference occurs, is in conflict with any provision of sections 2945.37 to 2945.402 of the Revised Code. 2669
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(D) "Licensed physician" means a person licensed under the laws of this state to practice medicine or a medical officer of the government of the United States while in this state in the performance of the person's official duties. 2675
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(E) "Psychiatrist" means a licensed physician who has satisfactorily completed a residency training program in 2679
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psychiatry, as approved by the residency review committee of the 2681
American medical association, the committee on post-graduate 2682
education of the American osteopathic association, or the 2683
American osteopathic board of neurology and psychiatry, or who 2684
on July 1, 1989, has been recognized as a psychiatrist by the 2685
Ohio state medical association or the Ohio osteopathic 2686
association on the basis of formal training and five or more 2687
years of medical practice limited to psychiatry. 2688

(F) "Hospital" means a hospital or inpatient unit licensed 2689
by the department of mental health and addiction services under 2690
section 5119.33 of the Revised Code, and any institution, 2691
hospital, or other place established, controlled, or supervised 2692
by the department under Chapter 5119. of the Revised Code. 2693

(G) "Public hospital" means a facility that is tax- 2694
supported and under the jurisdiction of the department of mental 2695
health and addiction services. 2696

(H) "Community mental health services provider" means an 2697
agency, association, corporation, individual, or program that 2698
provides community mental health services that are certified by 2699
the director of mental health and addiction services under 2700
section 5119.36 of the Revised Code. 2701

(I) "Licensed clinical psychologist" means a person who 2702
holds a current, valid psychologist license issued under section 2703
4732.12 of the Revised Code, and in addition, meets the 2704
educational requirements set forth in division (B) of section 2705
4732.10 of the Revised Code and has a minimum of two years' 2706
full-time professional experience, or the equivalent as 2707
determined by rule of the state board of psychology, at least 2708
one year of which shall be a predoctoral internship, in clinical 2709
psychological work in a public or private hospital or clinic or 2710

in private practice, diagnosing and treating problems of mental 2711
illness or intellectual disability under the supervision of a 2712
psychologist who is licensed or who holds a diploma issued by 2713
the American board of professional psychology, or whose 2714
qualifications are substantially similar to those required for 2715
licensure by the state board of psychology when the supervision 2716
has occurred prior to enactment of laws governing the practice 2717
of psychology. 2718

(J) "Health officer" means any public health physician; 2719
public health nurse; or other person authorized or designated by 2720
a city or general health district or a board of alcohol, drug 2721
addiction, and mental health services to perform the duties of a 2722
health officer under this chapter. 2723

(K) "Chief clinical officer" means the medical director of 2724
a hospital, community mental health services provider, or board 2725
of alcohol, drug addiction, and mental health services, or, if 2726
there is no medical director, the licensed physician responsible 2727
for the treatment provided by a hospital or community mental 2728
health services provider. The chief clinical officer may 2729
delegate to the attending physician responsible for a patient's 2730
care the duties imposed on the chief clinical officer by this 2731
chapter. In the case of a community mental health services 2732
provider, the chief clinical officer shall be designated by the 2733
governing body of the services provider and shall be a licensed 2734
physician or licensed clinical psychologist who supervises 2735
diagnostic and treatment services. A licensed physician or 2736
licensed clinical psychologist designated by the chief clinical 2737
officer may perform the duties and accept the responsibilities 2738
of the chief clinical officer in the chief clinical officer's 2739
absence. 2740

(L) "Working day" or "court day" means Monday, Tuesday, 2741
Wednesday, Thursday, and Friday, except when such day is a 2742
holiday. 2743

(M) "Indigent" means unable without deprivation of 2744
satisfaction of basic needs to provide for the payment of an 2745
attorney and other necessary expenses of legal representation, 2746
including expert testimony. 2747

(N) "Respondent" means the person whose detention, 2748
commitment, hospitalization, continued hospitalization or 2749
commitment, or discharge is being sought in any proceeding under 2750
this chapter. 2751

(O) "Ohio protection and advocacy system" has the same 2752
meaning as in section 5123.60 of the Revised Code. 2753

(P) "Independent expert evaluation" means an evaluation 2754
conducted by a licensed clinical psychologist, psychiatrist, or 2755
licensed physician who has been selected by the respondent or 2756
the respondent's counsel and who consents to conducting the 2757
evaluation. 2758

(Q) "Court" means the probate division of the court of 2759
common pleas. 2760

(R) "Expunge" means: 2761

(1) The removal and destruction of court files and 2762
records, originals and copies, and the deletion of all index 2763
references; 2764

(2) The reporting to the person of the nature and extent 2765
of any information about the person transmitted to any other 2766
person by the court; 2767

(3) Otherwise insuring that any examination of court files 2768

and records in question shall show no record whatever with 2769
respect to the person; 2770

(4) That all rights and privileges are restored, and that 2771
the person, the court, and any other person may properly reply 2772
that no such record exists, as to any matter expunged. 2773

(S) "Residence" means a person's physical presence in a 2774
county with intent to remain there, except that: 2775

(1) If a person is receiving a mental health service at a 2776
facility that includes nighttime sleeping accommodations, 2777
residence means that county in which the person maintained the 2778
person's primary place of residence at the time the person 2779
entered the facility; 2780

(2) If a person is committed pursuant to section 2945.38, 2781
2945.39, 2945.40, 2945.401, or 2945.402 of the Revised Code, 2782
residence means the county where the criminal charges were 2783
filed. 2784

When the residence of a person is disputed, the matter of 2785
residence shall be referred to the department of mental health 2786
and addiction services for investigation and determination. 2787
Residence shall not be a basis for a board of alcohol, drug 2788
addiction, and mental health services to deny services to any 2789
person present in the board's service district, and the board 2790
shall provide services for a person whose residence is in 2791
dispute while residence is being determined and for a person in 2792
an emergency situation. 2793

(T) "Admission" to a hospital or other place means that a 2794
patient is accepted for and stays at least one night at the 2795
hospital or other place. 2796

(U) "Prosecutor" means the prosecuting attorney, village 2797

solicitor, city director of law, or similar chief legal officer 2798
who prosecuted a criminal case in which a person was found not 2799
guilty by reason of insanity, who would have had the authority 2800
to prosecute a criminal case against a person if the person had 2801
not been found incompetent to stand trial, or who prosecuted a 2802
case in which a person was found guilty. 2803

(V) (1) "Treatment plan" means a written statement of 2804
reasonable objectives and goals for an individual established by 2805
the treatment team, with specific criteria to evaluate progress 2806
towards achieving those objectives. 2807

(2) The active participation of the patient in 2808
establishing the objectives and goals shall be documented. The 2809
treatment plan shall be based on patient needs and include 2810
services to be provided to the patient while the patient is 2811
hospitalized, after the patient is discharged, or in an 2812
outpatient setting. The treatment plan shall address services to 2813
be provided. In the establishment of the treatment plan, 2814
consideration should be given to the availability of services, 2815
which may include but are not limited to all of the following: 2816

- (a) Community psychiatric supportive treatment; 2817
- (b) Assertive community treatment; 2818
- (c) Medications; 2819
- (d) Individual or group therapy; 2820
- (e) Peer support services; 2821
- (f) Financial services; 2822
- (g) Housing or supervised living services; 2823
- (h) Alcohol or substance abuse treatment; 2824

(i) Any other services prescribed to treat the patient's 2825
mental illness and to either assist the patient in living and 2826
functioning in the community or to help prevent a relapse or a 2827
deterioration of the patient's current condition. 2828

(3) If the person subject to the treatment plan has 2829
executed an advance directive for mental health treatment, the 2830
treatment team shall consider any directions included in such 2831
advance directive in developing the treatment plan. 2832

(W) "Community control sanction" has the same meaning as 2833
in section 2929.01 of the Revised Code. 2834

(X) "Post-release control sanction" has the same meaning 2835
as in section 2967.01 of the Revised Code. 2836

(Y) "Local correctional facility" has the same meaning as 2837
in section 2903.13 of the Revised Code. 2838

(Z) "Clinical nurse specialist" and "certified nurse 2839
practitioner" have the same meanings as in section 4723.01 of 2840
the Revised Code. 2841

(AA) "Licensed physician assistant" means an individual 2842
who holds a valid license to practice as a physician assistant 2843
issued under Chapter 4730. of the Revised Code. 2844

Sec. 5122.10. (A) (1) Any of the following who has reason 2845
to believe that a person is a mentally ill person subject to 2846
court order and represents a substantial risk of physical harm 2847
to self or others if allowed to remain at liberty pending 2848
examination may take the person into custody and may immediately 2849
transport the person to a hospital or, notwithstanding section 2850
5119.33 of the Revised Code, to a general hospital not licensed 2851
by the department of mental health and addiction services where 2852
the person may be held for the period prescribed in this 2853

section:	2854
(a) A psychiatrist;	2855
(b) A licensed physician;	2856
(c) A licensed clinical psychologist;	2857
(d) A clinical nurse specialist who is certified as a psychiatric-mental health CNS by the American nurses credentialing center;	2858 2859 2860
(e) A certified nurse practitioner who is certified as a psychiatric-mental health NP by the American nurses credentialing center;	2861 2862 2863
(f) A health officer;	2864
(g) A parole officer;	2865
(h) A police officer;	2866
(i) A sheriff;	2867
<u>(j) A physician assistant.</u>	2868
(2) If the chief of the adult parole authority or a parole or probation officer with the approval of the chief of the authority has reason to believe that a parolee, an offender under a community control sanction or post-release control sanction, or an offender under transitional control is a mentally ill person subject to court order and represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination, the chief or officer may take the parolee or offender into custody and may immediately transport the parolee or offender to a hospital or, notwithstanding section 5119.33 of the Revised Code, to a general hospital not licensed by the department of mental health	2869 2870 2871 2872 2873 2874 2875 2876 2877 2878 2879 2880

and addiction services where the parolee or offender may be held 2881
for the period prescribed in this section. 2882

(B) A written statement shall be given to the hospital by 2883
the individual authorized under division (A)(1) or (2) of this 2884
section to transport the person. The statement shall specify the 2885
circumstances under which such person was taken into custody and 2886
the reasons for the belief that the person is a mentally ill 2887
person subject to court order and represents a substantial risk 2888
of physical harm to self or others if allowed to remain at 2889
liberty pending examination. This statement shall be made 2890
available to the respondent or the respondent's attorney upon 2891
request of either. 2892

(C) Every reasonable and appropriate effort shall be made 2893
to take persons into custody in the least conspicuous manner 2894
possible. A person taking the respondent into custody pursuant 2895
to this section shall explain to the respondent: the name and 2896
professional designation and affiliation of the person taking 2897
the respondent into custody; that the custody-taking is not a 2898
criminal arrest; and that the person is being taken for 2899
examination by mental health professionals at a specified mental 2900
health facility identified by name. 2901

(D) If a person taken into custody under this section is 2902
transported to a general hospital, the general hospital may 2903
admit the person, or provide care and treatment for the person, 2904
or both, notwithstanding section 5119.33 of the Revised Code, 2905
but by the end of twenty-four hours after arrival at the general 2906
hospital, the person shall be transferred to a hospital as 2907
defined in section 5122.01 of the Revised Code. 2908

(E) A person transported or transferred to a hospital or 2909
community mental health services provider under this section 2910

shall be examined by the staff of the hospital or services 2911
provider within twenty-four hours after arrival at the hospital 2912
or services provider. If to conduct the examination requires 2913
that the person remain overnight, the hospital or services 2914
provider shall admit the person in an unclassified status until 2915
making a disposition under this section. After the examination, 2916
if the chief clinical officer of the hospital or services 2917
provider believes that the person is not a mentally ill person 2918
subject to court order, the chief clinical officer shall release 2919
or discharge the person immediately unless a court has issued a 2920
temporary order of detention applicable to the person under 2921
section 5122.11 of the Revised Code. After the examination, if 2922
the chief clinical officer believes that the person is a 2923
mentally ill person subject to court order, the chief clinical 2924
officer may detain the person for not more than three court days 2925
following the day of the examination and during such period 2926
admit the person as a voluntary patient under section 5122.02 of 2927
the Revised Code or file an affidavit under section 5122.11 of 2928
the Revised Code. If neither action is taken and a court has not 2929
otherwise issued a temporary order of detention applicable to 2930
the person under section 5122.11 of the Revised Code, the chief 2931
clinical officer shall discharge the person at the end of the 2932
three-day period unless the person has been sentenced to the 2933
department of rehabilitation and correction and has not been 2934
released from the person's sentence, in which case the person 2935
shall be returned to that department. 2936

Section 2. That existing sections 1.64, 2108.61, 2133.211, 2937
3701.351, 3727.06, 4730.02, 4730.03, 4730.04, 4730.05, 4730.06, 2938
4730.07, 4730.08, 4730.11, 4730.14, 4730.19, 4730.20, 4730.201, 2939
4730.203, 4730.21, 4730.22, 4730.25, 4730.26, 4730.32, 4730.41, 2940
4730.411, 4730.42, 4731.22, 4761.17, 4773.02, 5122.01, and 2941

5122.10 of the Revised Code are hereby repealed. 2942

Section 3. That sections 4730.111 and 4730.44 of the 2943
Revised Code are hereby repealed. 2944