

**As Passed by the House**

**133rd General Assembly**

**Regular Session**

**2019-2020**

**Sub. S. B. No. 23**

**Senator Roegner**

**Cosponsors: Senators Burke, Uecker, Hackett, Wilson, Hoagland, Huffman, S., Huffman, M., Hottinger, Lehner, Brenner, Schuring, Obhof, McColley, Peterson, Terhar, Coley, Hill, Gavarone Representatives Merrin, Antani, Butler, Baldrige, Becker, Blessing, Brinkman, Carruthers, Cross, Dean, DeVitis, Ghanbari, Ginter, Green, Hambley, Hillyer, Hoops, Jones, Jordan, Keller, Kick, Koehler, Lanese, Lang, LaTourette, Lipps, Manchester, McClain, Oelslager, Perales, Plummer, Powell, Reineke, Richardson, Riedel, Roemer, Romanchuk, Schaffer, Smith, R., Smith, T., Stein, Stoltzfus, Vitale, Wiggam, Wilkin, Zeltwanger**

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**A BILL**

To amend sections 2317.56, 2919.171, 2919.19, 1  
2919.191, 2919.192, 2919.193, and 4731.22; to 2  
amend, for the purpose of adopting new section 3  
numbers as indicated in parentheses, sections 4  
2919.191 (2919.192), 2919.192 (2919.194), and 5  
2919.193 (2919.198); and to enact new sections 6  
2919.191 and 2919.193 and sections 2919.195, 7  
2919.196, 2919.197, 2919.199, 2919.1910, 8  
2919.1912, 2919.1913, and 5103.11 of the Revised 9  
Code to enact the Human Rights and Heartbeat 10  
Protection Act. 11

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

**Section 1.** That sections 2317.56, 2919.171, 2919.19, 12  
2919.191, 2919.192, 2919.193, and 4731.22 be amended; sections 13  
2919.191 (2919.192), 2919.192 (2919.194), and 2919.193 14

(2919.198) be amended for the purpose of adopting new section 15  
numbers as shown in parentheses; and new sections 2919.191 and 16  
2919.193 and sections 2919.195, 2919.196, 2919.197, 2919.199, 17  
2919.1910, 2919.1912, 2919.1913, and 5103.11 of the Revised Code 18  
be enacted to read as follows: 19

**Sec. 2317.56.** (A) As used in this section: 20

(1) "Medical emergency" has the same meaning as in section 21  
2919.16 of the Revised Code. 22

(2) "Medical necessity" means a medical condition of a 23  
pregnant woman that, in the reasonable judgment of the physician 24  
who is attending the woman, so complicates the pregnancy that it 25  
necessitates the immediate performance or inducement of an 26  
abortion. 27

(3) "Probable gestational age of the embryo or fetus" 28  
means the gestational age that, in the judgment of a physician, 29  
is, with reasonable probability, the gestational age of the 30  
embryo or fetus at the time that the physician informs a 31  
pregnant woman pursuant to division (B) (1) (b) of this section. 32

(B) Except when there is a medical emergency or medical 33  
necessity, an abortion shall be performed or induced only if all 34  
of the following conditions are satisfied: 35

(1) At least twenty-four hours prior to the performance or 36  
inducement of the abortion, a physician meets with the pregnant 37  
woman in person in an individual, private setting and gives her 38  
an adequate opportunity to ask questions about the abortion that 39  
will be performed or induced. At this meeting, the physician 40  
shall inform the pregnant woman, verbally or, if she is hearing 41  
impaired, by other means of communication, of all of the 42  
following: 43

(a) The nature and purpose of the particular abortion 44  
procedure to be used and the medical risks associated with that 45  
procedure; 46

(b) The probable gestational age of the embryo or fetus; 47

(c) The medical risks associated with the pregnant woman 48  
carrying the pregnancy to term. 49

The meeting need not occur at the facility where the 50  
abortion is to be performed or induced, and the physician 51  
involved in the meeting need not be affiliated with that 52  
facility or with the physician who is scheduled to perform or 53  
induce the abortion. 54

(2) At least twenty-four hours prior to the performance or 55  
inducement of the abortion, the physician who is to perform or 56  
induce the abortion or the physician's agent does each of the 57  
following in person, by telephone, by certified mail, return 58  
receipt requested, or by regular mail evidenced by a certificate 59  
of mailing: 60

(a) Inform the pregnant woman of the name of the physician 61  
who is scheduled to perform or induce the abortion; 62

(b) Give the pregnant woman copies of the published 63  
materials described in division (C) of this section; 64

(c) Inform the pregnant woman that the materials given 65  
pursuant to division (B) (2) (b) of this section are published by 66  
the state and that they describe the embryo or fetus and list 67  
agencies that offer alternatives to abortion. The pregnant woman 68  
may choose to examine or not to examine the materials. A 69  
physician or an agent of a physician may choose to be 70  
disassociated from the materials and may choose to comment or 71  
not comment on the materials. 72

(3) If it has been determined that the unborn human 73  
individual the pregnant woman is carrying has a detectable fetal 74  
heartbeat, the physician who is to perform or induce the 75  
abortion shall comply with the informed consent requirements in 76  
section ~~2919.192~~ 2919.194 of the Revised Code in addition to 77  
complying with the informed consent requirements in divisions 78  
(B) (1), (2), (4), and (5) of this section. 79

(4) Prior to the performance or inducement of the 80  
abortion, the pregnant woman signs a form consenting to the 81  
abortion and certifies both of the following on that form: 82

(a) She has received the information and materials 83  
described in divisions (B) (1) and (2) of this section, and her 84  
questions about the abortion that will be performed or induced 85  
have been answered in a satisfactory manner. 86

(b) She consents to the particular abortion voluntarily, 87  
knowingly, intelligently, and without coercion by any person, 88  
and she is not under the influence of any drug of abuse or 89  
alcohol. 90

The form shall contain the name and contact information of 91  
the physician who provided to the pregnant woman the information 92  
described in division (B) (1) of this section. 93

(5) Prior to the performance or inducement of the 94  
abortion, the physician who is scheduled to perform or induce 95  
the abortion or the physician's agent receives a copy of the 96  
pregnant woman's signed form on which she consents to the 97  
abortion and that includes the certification required by 98  
division (B) (4) of this section. 99

(C) The department of health shall publish in English and 100  
in Spanish, in a typeface large enough to be clearly legible, 101

and in an easily comprehensible format, the following materials 102  
on the department's web site: 103

(1) Materials that inform the pregnant woman about family 104  
planning information, of publicly funded agencies that are 105  
available to assist in family planning, and of public and 106  
private agencies and services that are available to assist her 107  
through the pregnancy, upon childbirth, and while the child is 108  
dependent, including, but not limited to, adoption agencies. The 109  
materials shall be geographically indexed; include a 110  
comprehensive list of the available agencies, a description of 111  
the services offered by the agencies, and the telephone numbers 112  
and addresses of the agencies; and inform the pregnant woman 113  
about available medical assistance benefits for prenatal care, 114  
childbirth, and neonatal care and about the support obligations 115  
of the father of a child who is born alive. The department shall 116  
ensure that the materials described in division (C) (1) of this 117  
section are comprehensive and do not directly or indirectly 118  
promote, exclude, or discourage the use of any agency or service 119  
described in this division. 120

(2) Materials that inform the pregnant woman of the 121  
probable anatomical and physiological characteristics of the 122  
zygote, blastocyte, embryo, or fetus at two-week gestational 123  
increments for the first sixteen weeks of pregnancy and at four- 124  
week gestational increments from the seventeenth week of 125  
pregnancy to full term, including any relevant information 126  
regarding the time at which the fetus possibly would be viable. 127  
The department shall cause these materials to be published ~~only~~ 128  
~~after it consults with the Ohio state medical association and~~ 129  
~~the Ohio section of the American college of obstetricians and~~ 130  
~~gynecologists~~ independent health care experts relative to the 131  
probable anatomical and physiological characteristics of a 132

zygote, blastocyte, embryo, or fetus at the various gestational 133  
increments. The materials shall use language that is 134  
understandable by the average person who is not medically 135  
trained, shall be objective and nonjudgmental, and shall include 136  
only accurate scientific information about the zygote, 137  
blastocyte, embryo, or fetus at the various gestational 138  
increments. If the materials use a pictorial, photographic, or 139  
other depiction to provide information regarding the zygote, 140  
blastocyte, embryo, or fetus, the materials shall include, in a 141  
conspicuous manner, a scale or other explanation that is 142  
understandable by the average person and that can be used to 143  
determine the actual size of the zygote, blastocyte, embryo, or 144  
fetus at a particular gestational increment as contrasted with 145  
the depicted size of the zygote, blastocyte, embryo, or fetus at 146  
that gestational increment. 147

(D) Upon the submission of a request to the department of 148  
health by any person, hospital, physician, or medical facility 149  
for one copy of the materials published in accordance with 150  
division (C) of this section, the department shall make the 151  
requested copy of the materials available to the person, 152  
hospital, physician, or medical facility that requested the 153  
copy. 154

(E) If a medical emergency or medical necessity compels 155  
the performance or inducement of an abortion, the physician who 156  
will perform or induce the abortion, prior to its performance or 157  
inducement if possible, shall inform the pregnant woman of the 158  
medical indications supporting the physician's judgment that an 159  
immediate abortion is necessary. Any physician who performs or 160  
induces an abortion without the prior satisfaction of the 161  
conditions specified in division (B) of this section because of 162  
a medical emergency or medical necessity shall enter the reasons 163

for the conclusion that a medical emergency or medical necessity 164  
exists in the medical record of the pregnant woman. 165

(F) If the conditions specified in division (B) of this 166  
section are satisfied, consent to an abortion shall be presumed 167  
to be valid and effective. 168

(G) The performance or inducement of an abortion without 169  
the prior satisfaction of the conditions specified in division 170  
(B) of this section does not constitute, and shall not be 171  
construed as constituting, a violation of division (A) of 172  
section 2919.12 of the Revised Code. The failure of a physician 173  
to satisfy the conditions of division (B) of this section prior 174  
to performing or inducing an abortion upon a pregnant woman may 175  
be the basis of both of the following: 176

(1) A civil action for compensatory and exemplary damages 177  
as described in division (H) of this section; 178

(2) Disciplinary action under section 4731.22 of the 179  
Revised Code. 180

(H) (1) Subject to divisions (H) (2) and (3) of this 181  
section, any physician who performs or induces an abortion with 182  
actual knowledge that the conditions specified in division (B) 183  
of this section have not been satisfied or with a heedless 184  
indifference as to whether those conditions have been satisfied 185  
is liable in compensatory and exemplary damages in a civil 186  
action to any person, or the representative of the estate of any 187  
person, who sustains injury, death, or loss to person or 188  
property as a result of the failure to satisfy those conditions. 189  
In the civil action, the court additionally may enter any 190  
injunctive or other equitable relief that it considers 191  
appropriate. 192

(2) The following shall be affirmative defenses in a civil action authorized by division (H) (1) of this section:	193 194
(a) The physician performed or induced the abortion under the circumstances described in division (E) of this section.	195 196
(b) The physician made a good faith effort to satisfy the conditions specified in division (B) of this section.	197 198
(3) An employer or other principal is not liable in damages in a civil action authorized by division (H) (1) of this section on the basis of the doctrine of respondeat superior unless either of the following applies:	199 200 201 202
(a) The employer or other principal had actual knowledge or, by the exercise of reasonable diligence, should have known that an employee or agent performed or induced an abortion with actual knowledge that the conditions specified in division (B) of this section had not been satisfied or with a heedless indifference as to whether those conditions had been satisfied.	203 204 205 206 207 208
(b) The employer or other principal negligently failed to secure the compliance of an employee or agent with division (B) of this section.	209 210 211
(4) Notwithstanding division (E) of section 2919.12 of the Revised Code, the civil action authorized by division (H) (1) of this section shall be the exclusive civil remedy for persons, or the representatives of estates of persons, who allegedly sustain injury, death, or loss to person or property as a result of a failure to satisfy the conditions specified in division (B) of this section.	212 213 214 215 216 217 218
(I) The department of job and family services shall prepare and conduct a public information program to inform women of all available governmental programs and agencies that provide	219 220 221

services or assistance for family planning, prenatal care, child 222  
care, or alternatives to abortion. 223

**Sec. 2919.171.** (A) (1) A physician who performs or induces 224  
or attempts to perform or induce an abortion on a pregnant woman 225  
shall submit a report to the department of health in accordance 226  
with the forms, rules, and regulations adopted by the department 227  
that includes all of the information the physician is required 228  
to certify in writing or determine under ~~sections~~ section 229  
2919.17 ~~and~~, section 2919.18, divisions (A) and (C) of section 230  
2919.192, division (C) of section 2919.193, division (B) of 231  
section 2919.195, or division (A) of section 2919.196 of the 232  
Revised Code~~+~~. 233

(2) If a person other than the physician described in 234  
division (A) (1) of this section makes or maintains a record 235  
required by sections 2919.192 to 2919.196 of the Revised Code on 236  
the physician's behalf or at the physician's direction, that 237  
person shall comply with the reporting requirement described in 238  
division (A) (1) of this section as if the person were the 239  
physician described in that division. 240

(B) By September 30 of each year, the department of health 241  
shall issue a public report that provides statistics for the 242  
previous calendar year compiled from all of the reports covering 243  
that calendar year submitted to the department in accordance 244  
with this section for each of the items listed in division (A) 245  
of this section. The report shall also provide the statistics 246  
for each previous calendar year in which a report was filed with 247  
the department pursuant to this section, adjusted to reflect any 248  
additional information that a physician provides to the 249  
department in a late or corrected report. The department shall 250  
ensure that none of the information included in the report could 251

reasonably lead to the identification of any pregnant woman upon 252  
whom an abortion is performed. 253

(C) (1) The physician shall submit the report described in 254  
division (A) of this section to the department of health within 255  
fifteen days after the woman is discharged. If the physician 256  
fails to submit the report more than thirty days after that 257  
fifteen-day deadline, the physician shall be subject to a late 258  
fee of five hundred dollars for each additional thirty-day 259  
period or portion of a thirty-day period the report is overdue. 260  
A physician who is required to submit to the department of 261  
health a report under division (A) of this section and who has 262  
not submitted a report or has submitted an incomplete report 263  
more than one year following the fifteen-day deadline may, in an 264  
action brought by the department of health, be directed by a 265  
court of competent jurisdiction to submit a complete report to 266  
the department of health within a period of time stated in a 267  
court order or be subject to contempt of court. 268

(2) If a physician fails to comply with the requirements 269  
of this section, other than filing a late report with the 270  
department of health, or fails to submit a complete report to 271  
the department of health in accordance with a court order, the 272  
physician is subject to division (B) (44) of section 4731.22 of 273  
the Revised Code. 274

(3) No person shall falsify any report required under this 275  
section. Whoever violates this division is guilty of abortion 276  
report falsification, a misdemeanor of the first degree. 277

(D) ~~Within ninety days of October 20, 2011, the~~ The 278  
department of health shall adopt rules pursuant to section 279  
111.15 of the Revised Code to assist in compliance with this 280  
section. 281

<b>Sec. 2919.19.</b> <u>(A)</u> As used in this section and sections	282
2919.191 to <del>2919.193</del> <u>2919.1910</u> of the Revised Code:	283
<del>(A)</del> <u>(1)</u> "Conception" means fertilization.	284
<u>(2)</u> "Contraceptive" means a drug, device, or chemical that	285
<u>prevents conception.</u>	286
<u>(3)</u> "DNA" means deoxyribonucleic acid.	287
<u>(4)</u> "Fetal heartbeat" means cardiac activity or the steady	288
and repetitive rhythmic contraction of the fetal heart within	289
the gestational sac.	290
<del>(B)</del> <u>(5)</u> "Fetus" means the human offspring developing	291
during pregnancy from the moment of conception and includes the	292
embryonic stage of development.	293
<del>(C)</del> <u>(6)</u> "Gestational age" means the age of an unborn human	294
individual as calculated from the first day of the last	295
menstrual period of a pregnant woman.	296
<del>(D)</del> <u>(7)</u> "Gestational sac" means the structure that	297
comprises the extraembryonic membranes that envelop the fetus	298
and that is typically visible by ultrasound after the fourth	299
week of pregnancy.	300
<del>(E)</del> <u>(8)</u> "Intrauterine pregnancy" means a pregnancy in	301
<u>which the fetus is attached to the placenta within the uterus of</u>	302
<u>the pregnant woman.</u>	303
<u>(9)</u> "Medical emergency" has the same meaning as in section	304
2919.16 of the Revised Code.	305
<del>(F)</del> <u>(10)</u> "Physician" has the same meaning as in section	306
2305.113 of the Revised Code.	307
<del>(G)</del> <u>(11)</u> "Pregnancy" means the human female reproductive	308

condition that begins with fertilization, when the woman is 309  
carrying the developing human offspring, and that is calculated 310  
from the first day of the last menstrual period of the woman. 311

~~(H)~~ (12) "Serious risk of the substantial and irreversible 312  
impairment of a major bodily function" has the same meaning as 313  
in section 2919.16 of the Revised Code. 314

~~(I)~~ (13) "Spontaneous miscarriage" means the natural or 315  
accidental termination of a pregnancy and the expulsion of the 316  
fetus, typically caused by genetic defects in the fetus or 317  
physical abnormalities in the pregnant woman. 318

(14) "Standard medical practice" means the degree of 319  
skill, care, and diligence that a physician of the same medical 320  
specialty would employ in like circumstances. As applied to the 321  
method used to determine the presence of a fetal heartbeat for 322  
purposes of section ~~2919.191~~ 2919.192 of the Revised Code, 323  
"standard medical practice" includes employing the appropriate 324  
means of detection depending on the estimated gestational age of 325  
the fetus and the condition of the woman and her pregnancy. 326

~~(J)~~ (15) "Unborn human individual" means an individual 327  
organism of the species homo sapiens from fertilization until 328  
live birth. 329

(B) (1) It is the intent of the general assembly that a 330  
court judgment or order suspending enforcement of any provision 331  
of this section or sections 2919.171 or 2919.191 to 2919.1913 of 332  
the Revised Code is not to be regarded as tantamount to repeal 333  
of that provision. 334

(2) Upon the issuance of any court order or judgment 335  
restoring, expanding, or clarifying the authority of states to 336  
prohibit or regulate abortion entirely or in part, or the 337

effective date of an amendment to the United States Constitution 338  
restoring, expanding, or clarifying the authority of states to 339  
prohibit or regulate abortion entirely or in part, the attorney 340  
general may apply to the pertinent state or federal court for 341  
either or both of the following: 342

(a) A declaration that any one or more sections specified 343  
in division (B) (1) of this section are constitutional; 344

(b) A judgment or order lifting an injunction against the 345  
enforcement of any one or more sections specified in division 346  
(B) (1) of this section. 347

(3) If the attorney general fails to apply for the relief 348  
described in division (B) (2) of this section within the thirty- 349  
day period after an event described in that division occurs, any 350  
county prosecutor, with standing, may apply to the appropriate 351  
state or federal court for such relief. 352

(4) If any provision of this section or sections 2919.171 353  
or 2919.191 to 2919.1913 of the Revised Code is held invalid, or 354  
if the application of such provision to any person or 355  
circumstance is held invalid, the invalidity of that provision 356  
does not affect any other provisions or applications of this 357  
section and sections 2919.171 and 2919.191 to 2919.1913 of the 358  
Revised Code that can be given effect without the invalid 359  
provision or application, and to this end the provisions of this 360  
section and sections 2919.171 and 2919.191 to 2919.1913 of the 361  
Revised Code are severable as provided in section 1.50 of the 362  
Revised Code. In particular, it is the intent of the general 363  
assembly that any invalidity or potential invalidity of a 364  
provision of this section or sections 2919.171 or 2919.191 to 365  
2919.1913 of the Revised Code is not to impair the immediate and 366  
continuing enforceability of the remaining provisions. It is 367

furthermore the intent of the general assembly that the 368  
provisions of this section and sections 2919.171 or 2919.191 to 369  
2919.1913 of the Revised Code are not to have the effect of 370  
repealing or limiting any other laws of this state, except as 371  
specified by this section and sections 2919.171 and 2919.191 to 372  
2919.1913 of the Revised Code. 373

Sec. 2919.191. Sections 2919.192 to 2919.195 of the 374  
Revised Code apply only to intrauterine pregnancies. 375

Sec. 2919.191-2919.192. (A) A person who intends to 376  
perform or induce an abortion on a pregnant woman shall 377  
determine whether there is a detectable fetal heartbeat of the 378  
unborn human individual the pregnant woman is carrying. The 379  
method of determining the presence of a fetal heartbeat shall be 380  
consistent with the person's good faith understanding of 381  
standard medical practice, provided that if rules have been 382  
adopted under division ~~(C)~~ (B) of this section, the method 383  
chosen shall be one that is consistent with the rules. The 384  
person who determines the presence or absence of a fetal 385  
heartbeat shall record in the pregnant woman's medical record 386  
the estimated gestational age of the unborn human individual, 387  
the method used to test for a fetal heartbeat, the date and time 388  
of the test, and the results of the test. 389

~~(B) (1) Except when a medical emergency exists that~~ 390  
~~prevents compliance with this division, no person shall perform~~ 391  
~~or induce an abortion on a pregnant woman prior to determining~~ 392  
~~if the unborn human individual the pregnant woman is carrying~~ 393  
~~has a detectable fetal heartbeat. Any person who performs or~~ 394  
~~induces an abortion on a pregnant woman based on the exception~~ 395  
~~in this division shall note in the pregnant woman's medical~~ 396  
~~records that a medical emergency necessitating the abortion~~ 397

~~existed and shall also note the medical condition of the~~ 398  
~~pregnant woman that prevented compliance with this division. The~~ 399  
~~person shall maintain a copy of the notes described in this~~ 400  
~~division in the person's own records for at least seven years~~ 401  
~~after the notes are entered into the medical records.~~ 402

~~(2)~~ The person who performs the examination for the 403  
presence of a fetal heartbeat shall give the pregnant woman the 404  
option to view or hear the fetal heartbeat. 405

~~(C)~~ The (B) Not later than one hundred twenty days of the 406  
effective date of S.B. 23 of the 133rd general assembly, the 407  
director of health ~~may promulgate~~ shall adopt rules pursuant to 408  
section 111.15 of the Revised Code specifying the appropriate 409  
methods of performing an examination for the purpose of 410  
determining the presence of a fetal heartbeat of an unborn 411  
individual based on standard medical practice. ~~The rules shall~~ 412  
~~require only that an examination shall be performed externally.~~ 413

~~(D)~~ (C) A person is not in violation of division (A) ~~or~~ 414  
~~(B)~~ of this section if that person has performed an examination 415  
for the purpose of determining the presence of a fetal heartbeat 416  
in the fetus of an unborn human individual utilizing standard 417  
medical practice in accordance with rules adopted under division 418  
(B) of this section, that examination does not reveal a fetal 419  
heartbeat or the person has been informed by a physician who has 420  
performed the examination for a fetal heartbeat that the 421  
examination did not reveal a fetal heartbeat, and the person 422  
notes in the pregnant woman's medical records the procedure 423  
utilized to detect the presence of a fetal heartbeat. 424

~~(E)~~ ~~Except as provided in division (F) of this section, no~~ 425  
~~person shall knowingly and purposefully perform or induce an~~ 426  
~~abortion on a pregnant woman before determining in accordance~~ 427

~~with division (A) of this section whether the unborn human individual the pregnant woman is carrying has a detectable heartbeat. The failure of a person to satisfy the requirements of this section prior to performing or inducing an abortion on a pregnant woman may be the basis for either of the following:~~

~~(1) A civil action for compensatory and exemplary damages;~~

~~(2) Disciplinary action under section 4731.22 of the Revised Code.~~

~~(F) Division (E) of this section does not apply to a physician who performs or induces the abortion if the physician believes that a medical emergency exists that prevents compliance with that division.~~

~~(G) The director of health may determine and specify in rules adopted pursuant to section 111.15 of the Revised Code and based upon available medical evidence the statistical probability of bringing an unborn human individual to term based on the gestational age of an unborn human individual who possesses a detectable fetal heartbeat.~~

~~(H) A woman on whom an abortion is performed in violation of division (B) of this section or division (B) (3) of section 2317.56 of the Revised Code may file a civil action for the wrongful death of the woman's unborn child and may receive at the mother's election at any time prior to final judgment damages in an amount equal to ten thousand dollars or an amount determined by the trier of fact after consideration of the evidence subject to the same defenses and requirements of proof, except any requirement of live birth, as would apply to a suit for the wrongful death of a child who had been born alive.~~

Sec. 2919.193. (A) Except as provided in division (B) of

this section, no person shall knowingly and purposefully perform 457  
or induce an abortion on a pregnant woman before determining in 458  
accordance with division (A) of section 2919.192 of the Revised 459  
Code whether the unborn human individual the pregnant woman is 460  
carrying has a detectable heartbeat. 461

Whoever violates this division is guilty of performing or 462  
inducing an abortion before determining whether there is a 463  
detectable fetal heartbeat, a felony of the fifth degree. A 464  
violation of this division may also be the basis of either of 465  
the following: 466

(1) A civil action for compensatory and exemplary damages; 467

(2) Disciplinary action under section 4731.22 of the 468  
Revised Code. 469

(B) Division (A) of this section does not apply to a 470  
physician who performs or induces the abortion if the physician 471  
believes that a medical emergency, as defined in section 2919.16 472  
of the Revised Code, exists that prevents compliance with that 473  
division. 474

(C) A physician who performs or induces an abortion on a 475  
pregnant woman based on the exception in division (B) of this 476  
section shall make written notations in the pregnant woman's 477  
medical records of both of the following: 478

(1) The physician's belief that a medical emergency 479  
necessitating the abortion existed; 480

(2) The medical condition of the pregnant woman that 481  
assertedly prevented compliance with division (A) of this 482  
section. 483

For at least seven years from the date the notations are 484

made, the physician shall maintain in the physician's own 485  
records a copy of the notations. 486

(D) A person is not in violation of division (A) of this 487  
section if the person acts in accordance with division (A) of 488  
section 2919.192 of the Revised Code and the method used to 489  
determine the presence of a fetal heartbeat does not reveal a 490  
fetal heartbeat. 491

**Sec. ~~2919.192~~ 2919.194.** (A) ~~If~~ Notwithstanding division 492  
(A) (3) of this section, if a person who intends to perform or 493  
induce an abortion on a pregnant woman has determined, under 494  
section ~~2919.191~~ 2919.192 of the Revised Code, that the unborn 495  
human individual the pregnant woman is carrying has a detectable 496  
heartbeat, the person shall not, except as provided in division 497  
(B) of this section, perform or induce the abortion ~~until~~ 498  
without meeting all of the following requirements ~~have been met~~ 499  
and without at least twenty-four hours ~~have elapsed~~ elapsing 500  
after the last of the requirements is met: 501

(1) The person intending to perform or induce the abortion 502  
shall inform the pregnant woman in writing that the unborn human 503  
individual the pregnant woman is carrying has a fetal heartbeat. 504

(2) The person intending to perform or induce the abortion 505  
shall inform the pregnant woman, to the best of the person's 506  
knowledge, of the statistical probability of bringing the unborn 507  
human individual possessing a detectable fetal heartbeat to term 508  
based on the gestational age of the unborn human individual the 509  
pregnant woman is carrying or, if the director of health has 510  
specified statistical probability information pursuant to rules 511  
adopted under division (C) of this section, shall provide to the 512  
pregnant woman that information. 513

(3) The pregnant woman shall sign a form acknowledging 514  
that the pregnant woman has received information from the person 515  
intending to perform or induce the abortion that the unborn 516  
human individual the pregnant woman is carrying has a fetal 517  
heartbeat and that the pregnant woman is aware of the 518  
statistical probability of bringing the unborn human individual 519  
the pregnant woman is carrying to term. 520

(B) Division (A) of this section does not apply if the 521  
person who intends to perform or induce the abortion believes 522  
that a medical emergency exists that prevents compliance with 523  
that division. 524

(C) The director of health may adopt rules that specify 525  
information regarding the statistical probability of bringing an 526  
unborn human individual possessing a detectable heartbeat to 527  
term based on the gestational age of the unborn human 528  
individual. The rules shall be based on available medical 529  
evidence and shall be adopted in accordance with section 111.15 530  
of the Revised Code. 531

(D) This section does not have the effect of repealing or 532  
limiting any other provision of the Revised Code relating to 533  
informed consent for an abortion, including the provisions in 534  
section 2317.56 of the Revised Code. 535

(E) Whoever violates division (A) of this section is 536  
guilty of performing or inducing an abortion without informed 537  
consent when there is a detectable fetal heartbeat, a 538  
misdemeanor of the first degree on a first offense and a felony 539  
of the fourth degree on each subsequent offense. 540

**Sec. 2919.195.** (A) Except as provided in division (B) of 541  
this section, no person shall knowingly and purposefully perform 542

or induce an abortion on a pregnant woman with the specific 543  
intent of causing or abetting the termination of the life of the 544  
unborn human individual the pregnant woman is carrying and whose 545  
fetal heartbeat has been detected in accordance with division 546  
(A) of section 2919.192 of the Revised Code. 547

Whoever violates this division is guilty of performing or 548  
inducing an abortion after the detection of a fetal heartbeat, a 549  
felony of the fifth degree. 550

(B) Division (A) of this section does not apply to a 551  
physician who performs a medical procedure that, in the 552  
physician's reasonable medical judgment, is designed or intended 553  
to prevent the death of the pregnant woman or to prevent a 554  
serious risk of the substantial and irreversible impairment of a 555  
major bodily function of the pregnant woman. 556

A physician who performs a medical procedure as described 557  
in this division shall declare, in a written document, that the 558  
medical procedure is necessary, to the best of the physician's 559  
reasonable medical judgment, to prevent the death of the 560  
pregnant woman or to prevent a serious risk of the substantial 561  
and irreversible impairment of a major bodily function of the 562  
pregnant woman. In the document, the physician shall specify the 563  
pregnant woman's medical condition that the medical procedure is 564  
asserted to address and the medical rationale for the 565  
physician's conclusion that the medical procedure is necessary 566  
to prevent the death of the pregnant woman or to prevent a 567  
serious risk of the substantial and irreversible impairment of a 568  
major bodily function of the pregnant woman. 569

A physician who performs a medical procedure as described 570  
in this division shall place the written document required by 571  
this division in the pregnant woman's medical records. The 572

physician shall maintain a copy of the document in the 573  
physician's own records for at least seven years from the date 574  
the document is created. 575

(C) A person is not in violation of division (A) of this 576  
section if the person acts in accordance with division (A) of 577  
section 2919.192 of the Revised Code and the method used to 578  
determine the presence of a fetal heartbeat does not reveal a 579  
fetal heartbeat. 580

(D) Division (A) of this section does not have the effect 581  
of repealing or limiting any other provision of the Revised Code 582  
that restricts or regulates the performance or inducement of an 583  
abortion by a particular method or during a particular stage of 584  
a pregnancy. 585

**Sec. 2919.196.** The provisions of this section are wholly 586  
independent of the requirements of sections 2919.192 to 2919.195 587  
of the Revised Code. 588

(A) A person who performs or induces an abortion on a 589  
pregnant woman shall do whichever of the following is 590  
applicable: 591

(1) If a purported reason for the abortion is to preserve 592  
the health of the pregnant woman, the person shall specify in a 593  
written document the medical condition that the abortion is 594  
asserted to address and the medical rationale for the person's 595  
conclusion that the abortion is necessary to address that 596  
condition. 597

(2) If division (A) (1) of this section does not apply, the 598  
person shall specify in a written document that maternal health 599  
is not a reason of the abortion. 600

(B) The person who specifies the information in the 601

document described in division (A) of this section shall place 602  
the document in the pregnant woman's medical records. The person 603  
who specifies the information shall maintain a copy of the 604  
document in the person's own records for at least seven years 605  
from the date the document is created. 606

Sec. 2919.197. Nothing in sections 2919.19 to 2919.196 of 607  
the Revised Code prohibits the sale, use, prescription, or 608  
administration of a drug, device, or chemical for contraceptive 609  
purposes. 610

Sec. 2919.193-2919.198. A pregnant woman on whom an 611  
abortion is performed or induced in violation of section 612  
2919.191 or 2919.192-2919.193, 2919.194, or 2919.195 of the 613  
Revised Code is not guilty of violating any of those sections; 614  
is not guilty of attempting to commit, conspiring to commit, or 615  
complicity in committing a violation of any of those sections; 616  
and is not subject to a civil penalty based on the abortion 617  
being performed or induced in violation of any of those 618  
sections. 619

Sec. 2919.199. (A) A woman who meets either or both of the 620  
following criteria may file a civil action for the wrongful 621  
death of her unborn child: 622

(1) A woman on whom an abortion was performed or induced 623  
in violation of division (A) of section 2919.193 or division (A) 624  
of section 2919.195 of the Revised Code; 625

(2) A woman on whom an abortion was performed or induced 626  
who was not given the information described in divisions (A)(1) 627  
and (2) of section 2919.194 of the Revised Code or who did not 628  
sign a form described in division (A)(3) of section 2919.194 of 629  
the Revised code. 630

(B) A woman who prevails in an action filed under division 631  
(A) of this section shall receive both of the following from the 632  
person who committed the one or more acts described in division 633  
(A) (1) or (2) of this section: 634

(1) Damages in an amount equal to ten thousand dollars or 635  
an amount determined by the trier of fact after consideration of 636  
the evidence at the mother's election at any time prior to final 637  
judgment subject to the same defenses and requirements of proof, 638  
except any requirement of live birth, as would apply to a suit 639  
for the wrongful death of a child who had been born alive; 640

(2) Court costs and reasonable attorney's fees. 641

(C) A determination by a court of record that division (A) 642  
of section 2919.193 of the Revised Code, division (A) (1), (2), 643  
or (3) of section 2919.194 of the Revised Code, or division (A) 644  
of section 2919.195 of the Revised Code is unconstitutional 645  
shall be a defense to an action filed under division (A) of this 646  
section alleging that the defendant violated the division that 647  
was determined to be unconstitutional. 648

(D) If the defendant in an action filed under division (A) 649  
of this section prevails and all of the following apply the 650  
court shall award reasonable attorney's fees to the defendant in 651  
accordance with section 2323.51 of the Revised Code: 652

(1) The court finds that the commencement of the action 653  
constitutes frivolous conduct, as defined in section 2323.51 of 654  
the Revised Code. 655

(2) The court's finding in division (D) (1) of this section 656  
is not based on that court or another court determining that 657  
division (A) of section 2919.193 of the Revised Code, division 658  
(A) (1), (2), or (3) of section 2919.194 of the Revised Code, or 659

division (A) of section 2919.195 of the Revised Code is 660  
unconstitutional. 661

(3) The court finds that the defendant was adversely 662  
affected by the frivolous conduct. 663

**Sec. 2919.1910.** (A) To ensure that citizens are informed 664  
of available options in this state, there is hereby created the 665  
joint legislative committee on adoption promotion and support. 666  
The committee may review or study any matter that it considers 667  
relevant to the adoption process in this state, with priority 668  
given to the study or review of mechanisms intended to increase 669  
awareness of the process, increase its effectiveness, or both. 670

(B) The committee shall consist of three members of the 671  
house of representatives appointed by the speaker of the house 672  
of representatives and three members of the senate appointed by 673  
the president of the senate. Not more than two members appointed 674  
by the speaker of the house of representatives and not more than 675  
two members appointed by the president of the senate may be of 676  
the same political party. 677

Each member of the committee shall hold office during the 678  
general assembly in which the member is appointed and until a 679  
successor has been appointed, notwithstanding the adjournment 680  
sine die of the general assembly in which the member was 681  
appointed or the expiration of the member's term as a member of 682  
the general assembly. Any vacancies occurring among the members 683  
of the committee shall be filled in the manner of the original 684  
appointment. 685

(C) The committee has the same powers as other standing or 686  
select committees of the general assembly. 687

**Sec. 2919.1912.** (A) The state medical board may assess 688

against a person a forfeiture of not more than twenty thousand 689  
dollars for each separate violation or failure of the person to 690  
comply with any of the requirements of sections 2919.171, 691  
2919.192, 2919.193, 2919.194, 2919.195, or 2919.196 of the 692  
Revised Code. The board shall comply with the adjudication 693  
requirements of Chapter 119. of the Revised Code when assessing 694  
the forfeiture. The forfeiture may be in addition to criminal 695  
penalties that are imposed under other sections of the Revised 696  
Code. 697

(B) An action to recover a forfeiture shall be prosecuted 698  
in the name of the state and shall be brought in the court of 699  
common pleas of Franklin county. The action shall be commenced 700  
and prosecuted by the attorney general when directed by the 701  
board. 702

(C) Moneys collected under division (A) of this section or 703  
recovered by an action under division (B) of this section shall 704  
be paid to the treasurer of state for deposit into the foster 705  
care and adoption initiatives fund created under section 5103.11 706  
of the Revised Code. 707

**Sec. 2919.1913.** Sections 2919.171, 2919.19 to 2919.1913, 708  
and 4731.22 of the Revised Code, as amended or enacted by this 709  
act, shall be known as the "Human Rights and Heartbeat 710  
Protection Act." 711

**Sec. 4731.22.** (A) The state medical board, by an 712  
affirmative vote of not fewer than six of its members, may 713  
limit, revoke, or suspend a license or certificate to practice 714  
or certificate to recommend, refuse to grant a license or 715  
certificate, refuse to renew a license or certificate, refuse to 716  
reinstate a license or certificate, or reprimand or place on 717  
probation the holder of a license or certificate if the 718

individual applying for or holding the license or certificate is 719  
found by the board to have committed fraud during the 720  
administration of the examination for a license or certificate 721  
to practice or to have committed fraud, misrepresentation, or 722  
deception in applying for, renewing, or securing any license or 723  
certificate to practice or certificate to recommend issued by 724  
the board. 725

(B) The board, by an affirmative vote of not fewer than 726  
six members, shall, to the extent permitted by law, limit, 727  
revoke, or suspend a license or certificate to practice or 728  
certificate to recommend, refuse to issue a license or 729  
certificate, refuse to renew a license or certificate, refuse to 730  
reinstate a license or certificate, or reprimand or place on 731  
probation the holder of a license or certificate for one or more 732  
of the following reasons: 733

(1) Permitting one's name or one's license or certificate 734  
to practice to be used by a person, group, or corporation when 735  
the individual concerned is not actually directing the treatment 736  
given; 737

(2) Failure to maintain minimal standards applicable to 738  
the selection or administration of drugs, or failure to employ 739  
acceptable scientific methods in the selection of drugs or other 740  
modalities for treatment of disease; 741

(3) Except as provided in section 4731.97 of the Revised 742  
Code, selling, giving away, personally furnishing, prescribing, 743  
or administering drugs for other than legal and legitimate 744  
therapeutic purposes or a plea of guilty to, a judicial finding 745  
of guilt of, or a judicial finding of eligibility for 746  
intervention in lieu of conviction of, a violation of any 747  
federal or state law regulating the possession, distribution, or 748

use of any drug; 749

(4) Willfully betraying a professional confidence. 750

For purposes of this division, "willfully betraying a 751  
professional confidence" does not include providing any 752  
information, documents, or reports under sections 307.621 to 753  
307.629 of the Revised Code to a child fatality review board; 754  
does not include providing any information, documents, or 755  
reports to the director of health pursuant to guidelines 756  
established under section 3701.70 of the Revised Code; does not 757  
include written notice to a mental health professional under 758  
section 4731.62 of the Revised Code; and does not include the 759  
making of a report of an employee's use of a drug of abuse, or a 760  
report of a condition of an employee other than one involving 761  
the use of a drug of abuse, to the employer of the employee as 762  
described in division (B) of section 2305.33 of the Revised 763  
Code. Nothing in this division affects the immunity from civil 764  
liability conferred by section 2305.33 or 4731.62 of the Revised 765  
Code upon a physician who makes a report in accordance with 766  
section 2305.33 or notifies a mental health professional in 767  
accordance with section 4731.62 of the Revised Code. As used in 768  
this division, "employee," "employer," and "physician" have the 769  
same meanings as in section 2305.33 of the Revised Code. 770

(5) Making a false, fraudulent, deceptive, or misleading 771  
statement in the solicitation of or advertising for patients; in 772  
relation to the practice of medicine and surgery, osteopathic 773  
medicine and surgery, podiatric medicine and surgery, or a 774  
limited branch of medicine; or in securing or attempting to 775  
secure any license or certificate to practice issued by the 776  
board. 777

As used in this division, "false, fraudulent, deceptive, 778

or misleading statement" means a statement that includes a 779  
misrepresentation of fact, is likely to mislead or deceive 780  
because of a failure to disclose material facts, is intended or 781  
is likely to create false or unjustified expectations of 782  
favorable results, or includes representations or implications 783  
that in reasonable probability will cause an ordinarily prudent 784  
person to misunderstand or be deceived. 785

(6) A departure from, or the failure to conform to, 786  
minimal standards of care of similar practitioners under the 787  
same or similar circumstances, whether or not actual injury to a 788  
patient is established; 789

(7) Representing, with the purpose of obtaining 790  
compensation or other advantage as personal gain or for any 791  
other person, that an incurable disease or injury, or other 792  
incurable condition, can be permanently cured; 793

(8) The obtaining of, or attempting to obtain, money or 794  
anything of value by fraudulent misrepresentations in the course 795  
of practice; 796

(9) A plea of guilty to, a judicial finding of guilt of, 797  
or a judicial finding of eligibility for intervention in lieu of 798  
conviction for, a felony; 799

(10) Commission of an act that constitutes a felony in 800  
this state, regardless of the jurisdiction in which the act was 801  
committed; 802

(11) A plea of guilty to, a judicial finding of guilt of, 803  
or a judicial finding of eligibility for intervention in lieu of 804  
conviction for, a misdemeanor committed in the course of 805  
practice; 806

(12) Commission of an act in the course of practice that 807

constitutes a misdemeanor in this state, regardless of the 808  
jurisdiction in which the act was committed; 809

(13) A plea of guilty to, a judicial finding of guilt of, 810  
or a judicial finding of eligibility for intervention in lieu of 811  
conviction for, a misdemeanor involving moral turpitude; 812

(14) Commission of an act involving moral turpitude that 813  
constitutes a misdemeanor in this state, regardless of the 814  
jurisdiction in which the act was committed; 815

(15) Violation of the conditions of limitation placed by 816  
the board upon a license or certificate to practice; 817

(16) Failure to pay license renewal fees specified in this 818  
chapter; 819

(17) Except as authorized in section 4731.31 of the 820  
Revised Code, engaging in the division of fees for referral of 821  
patients, or the receiving of a thing of value in return for a 822  
specific referral of a patient to utilize a particular service 823  
or business; 824

(18) Subject to section 4731.226 of the Revised Code, 825  
violation of any provision of a code of ethics of the American 826  
medical association, the American osteopathic association, the 827  
American podiatric medical association, or any other national 828  
professional organizations that the board specifies by rule. The 829  
state medical board shall obtain and keep on file current copies 830  
of the codes of ethics of the various national professional 831  
organizations. The individual whose license or certificate is 832  
being suspended or revoked shall not be found to have violated 833  
any provision of a code of ethics of an organization not 834  
appropriate to the individual's profession. 835

For purposes of this division, a "provision of a code of 836

ethics of a national professional organization" does not include 837  
any provision that would preclude the making of a report by a 838  
physician of an employee's use of a drug of abuse, or of a 839  
condition of an employee other than one involving the use of a 840  
drug of abuse, to the employer of the employee as described in 841  
division (B) of section 2305.33 of the Revised Code. Nothing in 842  
this division affects the immunity from civil liability 843  
conferred by that section upon a physician who makes either type 844  
of report in accordance with division (B) of that section. As 845  
used in this division, "employee," "employer," and "physician" 846  
have the same meanings as in section 2305.33 of the Revised 847  
Code. 848

(19) Inability to practice according to acceptable and 849  
prevailing standards of care by reason of mental illness or 850  
physical illness, including, but not limited to, physical 851  
deterioration that adversely affects cognitive, motor, or 852  
perceptive skills. 853

In enforcing this division, the board, upon a showing of a 854  
possible violation, may compel any individual authorized to 855  
practice by this chapter or who has submitted an application 856  
pursuant to this chapter to submit to a mental examination, 857  
physical examination, including an HIV test, or both a mental 858  
and a physical examination. The expense of the examination is 859  
the responsibility of the individual compelled to be examined. 860  
Failure to submit to a mental or physical examination or consent 861  
to an HIV test ordered by the board constitutes an admission of 862  
the allegations against the individual unless the failure is due 863  
to circumstances beyond the individual's control, and a default 864  
and final order may be entered without the taking of testimony 865  
or presentation of evidence. If the board finds an individual 866  
unable to practice because of the reasons set forth in this 867

division, the board shall require the individual to submit to 868  
care, counseling, or treatment by physicians approved or 869  
designated by the board, as a condition for initial, continued, 870  
reinstated, or renewed authority to practice. An individual 871  
affected under this division shall be afforded an opportunity to 872  
demonstrate to the board the ability to resume practice in 873  
compliance with acceptable and prevailing standards under the 874  
provisions of the individual's license or certificate. For the 875  
purpose of this division, any individual who applies for or 876  
receives a license or certificate to practice under this chapter 877  
accepts the privilege of practicing in this state and, by so 878  
doing, shall be deemed to have given consent to submit to a 879  
mental or physical examination when directed to do so in writing 880  
by the board, and to have waived all objections to the 881  
admissibility of testimony or examination reports that 882  
constitute a privileged communication. 883

(20) Except as provided in division (F)(1)(b) of section 884  
4731.282 of the Revised Code or when civil penalties are imposed 885  
under section 4731.225 of the Revised Code, and subject to 886  
section 4731.226 of the Revised Code, violating or attempting to 887  
violate, directly or indirectly, or assisting in or abetting the 888  
violation of, or conspiring to violate, any provisions of this 889  
chapter or any rule promulgated by the board. 890

This division does not apply to a violation or attempted 891  
violation of, assisting in or abetting the violation of, or a 892  
conspiracy to violate, any provision of this chapter or any rule 893  
adopted by the board that would preclude the making of a report 894  
by a physician of an employee's use of a drug of abuse, or of a 895  
condition of an employee other than one involving the use of a 896  
drug of abuse, to the employer of the employee as described in 897  
division (B) of section 2305.33 of the Revised Code. Nothing in 898

this division affects the immunity from civil liability 899  
conferred by that section upon a physician who makes either type 900  
of report in accordance with division (B) of that section. As 901  
used in this division, "employee," "employer," and "physician" 902  
have the same meanings as in section 2305.33 of the Revised 903  
Code. 904

(21) The violation of section 3701.79 of the Revised Code 905  
or of any abortion rule adopted by the director of health 906  
pursuant to section 3701.341 of the Revised Code; 907

(22) Any of the following actions taken by an agency 908  
responsible for authorizing, certifying, or regulating an 909  
individual to practice a health care occupation or provide 910  
health care services in this state or another jurisdiction, for 911  
any reason other than the nonpayment of fees: the limitation, 912  
revocation, or suspension of an individual's license to 913  
practice; acceptance of an individual's license surrender; 914  
denial of a license; refusal to renew or reinstate a license; 915  
imposition of probation; or issuance of an order of censure or 916  
other reprimand; 917

(23) The violation of section 2919.12 of the Revised Code 918  
or the performance or inducement of an abortion upon a pregnant 919  
woman with actual knowledge that the conditions specified in 920  
division (B) of section 2317.56 of the Revised Code have not 921  
been satisfied or with a heedless indifference as to whether 922  
those conditions have been satisfied, unless an affirmative 923  
defense as specified in division (H)(2) of that section would 924  
apply in a civil action authorized by division (H)(1) of that 925  
section; 926

(24) The revocation, suspension, restriction, reduction, 927  
or termination of clinical privileges by the United States 928

department of defense or department of veterans affairs or the 929  
termination or suspension of a certificate of registration to 930  
prescribe drugs by the drug enforcement administration of the 931  
United States department of justice; 932

(25) Termination or suspension from participation in the 933  
medicare or medicaid programs by the department of health and 934  
human services or other responsible agency; 935

(26) Impairment of ability to practice according to 936  
acceptable and prevailing standards of care because of habitual 937  
or excessive use or abuse of drugs, alcohol, or other substances 938  
that impair ability to practice. 939

For the purposes of this division, any individual 940  
authorized to practice by this chapter accepts the privilege of 941  
practicing in this state subject to supervision by the board. By 942  
filing an application for or holding a license or certificate to 943  
practice under this chapter, an individual shall be deemed to 944  
have given consent to submit to a mental or physical examination 945  
when ordered to do so by the board in writing, and to have 946  
waived all objections to the admissibility of testimony or 947  
examination reports that constitute privileged communications. 948

If it has reason to believe that any individual authorized 949  
to practice by this chapter or any applicant for licensure or 950  
certification to practice suffers such impairment, the board may 951  
compel the individual to submit to a mental or physical 952  
examination, or both. The expense of the examination is the 953  
responsibility of the individual compelled to be examined. Any 954  
mental or physical examination required under this division 955  
shall be undertaken by a treatment provider or physician who is 956  
qualified to conduct the examination and who is chosen by the 957  
board. 958

Failure to submit to a mental or physical examination 959  
ordered by the board constitutes an admission of the allegations 960  
against the individual unless the failure is due to 961  
circumstances beyond the individual's control, and a default and 962  
final order may be entered without the taking of testimony or 963  
presentation of evidence. If the board determines that the 964  
individual's ability to practice is impaired, the board shall 965  
suspend the individual's license or certificate or deny the 966  
individual's application and shall require the individual, as a 967  
condition for initial, continued, reinstated, or renewed 968  
licensure or certification to practice, to submit to treatment. 969

Before being eligible to apply for reinstatement of a 970  
license or certificate suspended under this division, the 971  
impaired practitioner shall demonstrate to the board the ability 972  
to resume practice in compliance with acceptable and prevailing 973  
standards of care under the provisions of the practitioner's 974  
license or certificate. The demonstration shall include, but 975  
shall not be limited to, the following: 976

(a) Certification from a treatment provider approved under 977  
section 4731.25 of the Revised Code that the individual has 978  
successfully completed any required inpatient treatment; 979

(b) Evidence of continuing full compliance with an 980  
aftercare contract or consent agreement; 981

(c) Two written reports indicating that the individual's 982  
ability to practice has been assessed and that the individual 983  
has been found capable of practicing according to acceptable and 984  
prevailing standards of care. The reports shall be made by 985  
individuals or providers approved by the board for making the 986  
assessments and shall describe the basis for their 987  
determination. 988

The board may reinstate a license or certificate suspended	989
under this division after that demonstration and after the	990
individual has entered into a written consent agreement.	991
When the impaired practitioner resumes practice, the board	992
shall require continued monitoring of the individual. The	993
monitoring shall include, but not be limited to, compliance with	994
the written consent agreement entered into before reinstatement	995
or with conditions imposed by board order after a hearing, and,	996
upon termination of the consent agreement, submission to the	997
board for at least two years of annual written progress reports	998
made under penalty of perjury stating whether the individual has	999
maintained sobriety.	1000
(27) A second or subsequent violation of section 4731.66	1001
or 4731.69 of the Revised Code;	1002
(28) Except as provided in division (N) of this section:	1003
(a) Waiving the payment of all or any part of a deductible	1004
or copayment that a patient, pursuant to a health insurance or	1005
health care policy, contract, or plan that covers the	1006
individual's services, otherwise would be required to pay if the	1007
waiver is used as an enticement to a patient or group of	1008
patients to receive health care services from that individual;	1009
(b) Advertising that the individual will waive the payment	1010
of all or any part of a deductible or copayment that a patient,	1011
pursuant to a health insurance or health care policy, contract,	1012
or plan that covers the individual's services, otherwise would	1013
be required to pay.	1014
(29) Failure to use universal blood and body fluid	1015
precautions established by rules adopted under section 4731.051	1016
of the Revised Code;	1017

(30) Failure to provide notice to, and receive 1018  
acknowledgment of the notice from, a patient when required by 1019  
section 4731.143 of the Revised Code prior to providing 1020  
nonemergency professional services, or failure to maintain that 1021  
notice in the patient's medical record; 1022

(31) Failure of a physician supervising a physician 1023  
assistant to maintain supervision in accordance with the 1024  
requirements of Chapter 4730. of the Revised Code and the rules 1025  
adopted under that chapter; 1026

(32) Failure of a physician or podiatrist to enter into a 1027  
standard care arrangement with a clinical nurse specialist, 1028  
certified nurse-midwife, or certified nurse practitioner with 1029  
whom the physician or podiatrist is in collaboration pursuant to 1030  
section 4731.27 of the Revised Code or failure to fulfill the 1031  
responsibilities of collaboration after entering into a standard 1032  
care arrangement; 1033

(33) Failure to comply with the terms of a consult 1034  
agreement entered into with a pharmacist pursuant to section 1035  
4729.39 of the Revised Code; 1036

(34) Failure to cooperate in an investigation conducted by 1037  
the board under division (F) of this section, including failure 1038  
to comply with a subpoena or order issued by the board or 1039  
failure to answer truthfully a question presented by the board 1040  
in an investigative interview, an investigative office 1041  
conference, at a deposition, or in written interrogatories, 1042  
except that failure to cooperate with an investigation shall not 1043  
constitute grounds for discipline under this section if a court 1044  
of competent jurisdiction has issued an order that either 1045  
quashes a subpoena or permits the individual to withhold the 1046  
testimony or evidence in issue; 1047

(35) Failure to supervise an oriental medicine practitioner or acupuncturist in accordance with Chapter 4762. of the Revised Code and the board's rules for providing that supervision;	1048 1049 1050 1051
(36) Failure to supervise an anesthesiologist assistant in accordance with Chapter 4760. of the Revised Code and the board's rules for supervision of an anesthesiologist assistant;	1052 1053 1054
(37) Assisting suicide, as defined in section 3795.01 of the Revised Code;	1055 1056
(38) Failure to comply with the requirements of section 2317.561 of the Revised Code;	1057 1058
(39) Failure to supervise a radiologist assistant in accordance with Chapter 4774. of the Revised Code and the board's rules for supervision of radiologist assistants;	1059 1060 1061
(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;	1062 1063 1064 1065
(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;	1066 1067 1068 1069
(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;	1070 1071 1072 1073
(43) Failure to comply with the requirements of section 4729.79 or 4731.055 of the Revised Code, unless the state board	1074 1075

of pharmacy no longer maintains a drug database pursuant to 1076  
section 4729.75 of the Revised Code; 1077

(44) Failure to comply with the requirements of section 1078  
2919.171, 2919.202, or 2919.203 of the Revised Code or failure 1079  
to submit to the department of health in accordance with a court 1080  
order a complete report as described in section 2919.171 or 1081  
2919.202 of the Revised Code; 1082

(45) Practicing at a facility that is subject to licensure 1083  
as a category III terminal distributor of dangerous drugs with a 1084  
pain management clinic classification unless the person 1085  
operating the facility has obtained and maintains the license 1086  
with the classification; 1087

(46) Owning a facility that is subject to licensure as a 1088  
category III terminal distributor of dangerous drugs with a pain 1089  
management clinic classification unless the facility is licensed 1090  
with the classification; 1091

(47) Failure to comply with any of the requirement- 1092  
requirements regarding making or maintaining notes medical 1093  
records or documents described in division (B)-(A) of section 1094  
2919.191-2919.192, division (C) of section 2919.193, division 1095  
(B) of section 2919.195, or division (A) of section 2919.196 of 1096  
the Revised Code ~~or failure to satisfy the requirements of~~ 1097  
~~section 2919.191 of the Revised Code prior to performing or~~ 1098  
~~inducing an abortion upon a pregnant woman;~~ 1099

(48) Failure to comply with the requirements in section 1100  
3719.061 of the Revised Code before issuing for a minor a 1101  
prescription for an opioid analgesic, as defined in section 1102  
3719.01 of the Revised Code; 1103

(49) Failure to comply with the requirements of section 1104

4731.30 of the Revised Code or rules adopted under section 1105  
4731.301 of the Revised Code when recommending treatment with 1106  
medical marijuana; 1107

(50) Practicing at a facility, clinic, or other location 1108  
that is subject to licensure as a category III terminal 1109  
distributor of dangerous drugs with an office-based opioid 1110  
treatment classification unless the person operating that place 1111  
has obtained and maintains the license with the classification; 1112

(51) Owning a facility, clinic, or other location that is 1113  
subject to licensure as a category III terminal distributor of 1114  
dangerous drugs with an office-based opioid treatment 1115  
classification unless that place is licensed with the 1116  
classification; 1117

(52) A pattern of continuous or repeated violations of 1118  
division (E) (2) or (3) of section 3963.02 of the Revised Code. 1119

(C) Disciplinary actions taken by the board under 1120  
divisions (A) and (B) of this section shall be taken pursuant to 1121  
an adjudication under Chapter 119. of the Revised Code, except 1122  
that in lieu of an adjudication, the board may enter into a 1123  
consent agreement with an individual to resolve an allegation of 1124  
a violation of this chapter or any rule adopted under it. A 1125  
consent agreement, when ratified by an affirmative vote of not 1126  
fewer than six members of the board, shall constitute the 1127  
findings and order of the board with respect to the matter 1128  
addressed in the agreement. If the board refuses to ratify a 1129  
consent agreement, the admissions and findings contained in the 1130  
consent agreement shall be of no force or effect. 1131

A telephone conference call may be utilized for 1132  
ratification of a consent agreement that revokes or suspends an 1133

individual's license or certificate to practice or certificate 1134  
to recommend. The telephone conference call shall be considered 1135  
a special meeting under division (F) of section 121.22 of the 1136  
Revised Code. 1137

If the board takes disciplinary action against an 1138  
individual under division (B) of this section for a second or 1139  
subsequent plea of guilty to, or judicial finding of guilt of, a 1140  
violation of section 2919.123 of the Revised Code, the 1141  
disciplinary action shall consist of a suspension of the 1142  
individual's license or certificate to practice for a period of 1143  
at least one year or, if determined appropriate by the board, a 1144  
more serious sanction involving the individual's license or 1145  
certificate to practice. Any consent agreement entered into 1146  
under this division with an individual that pertains to a second 1147  
or subsequent plea of guilty to, or judicial finding of guilt 1148  
of, a violation of that section shall provide for a suspension 1149  
of the individual's license or certificate to practice for a 1150  
period of at least one year or, if determined appropriate by the 1151  
board, a more serious sanction involving the individual's 1152  
license or certificate to practice. 1153

(D) For purposes of divisions (B) (10), (12), and (14) of 1154  
this section, the commission of the act may be established by a 1155  
finding by the board, pursuant to an adjudication under Chapter 1156  
119. of the Revised Code, that the individual committed the act. 1157  
The board does not have jurisdiction under those divisions if 1158  
the trial court renders a final judgment in the individual's 1159  
favor and that judgment is based upon an adjudication on the 1160  
merits. The board has jurisdiction under those divisions if the 1161  
trial court issues an order of dismissal upon technical or 1162  
procedural grounds. 1163

(E) The sealing of conviction records by any court shall 1164  
have no effect upon a prior board order entered under this 1165  
section or upon the board's jurisdiction to take action under 1166  
this section if, based upon a plea of guilty, a judicial finding 1167  
of guilt, or a judicial finding of eligibility for intervention 1168  
in lieu of conviction, the board issued a notice of opportunity 1169  
for a hearing prior to the court's order to seal the records. 1170  
The board shall not be required to seal, destroy, redact, or 1171  
otherwise modify its records to reflect the court's sealing of 1172  
conviction records. 1173

(F) (1) The board shall investigate evidence that appears 1174  
to show that a person has violated any provision of this chapter 1175  
or any rule adopted under it. Any person may report to the board 1176  
in a signed writing any information that the person may have 1177  
that appears to show a violation of any provision of this 1178  
chapter or any rule adopted under it. In the absence of bad 1179  
faith, any person who reports information of that nature or who 1180  
testifies before the board in any adjudication conducted under 1181  
Chapter 119. of the Revised Code shall not be liable in damages 1182  
in a civil action as a result of the report or testimony. Each 1183  
complaint or allegation of a violation received by the board 1184  
shall be assigned a case number and shall be recorded by the 1185  
board. 1186

(2) Investigations of alleged violations of this chapter 1187  
or any rule adopted under it shall be supervised by the 1188  
supervising member elected by the board in accordance with 1189  
section 4731.02 of the Revised Code and by the secretary as 1190  
provided in section 4731.39 of the Revised Code. The president 1191  
may designate another member of the board to supervise the 1192  
investigation in place of the supervising member. No member of 1193  
the board who supervises the investigation of a case shall 1194

participate in further adjudication of the case. 1195

(3) In investigating a possible violation of this chapter 1196  
or any rule adopted under this chapter, or in conducting an 1197  
inspection under division (E) of section 4731.054 of the Revised 1198  
Code, the board may question witnesses, conduct interviews, 1199  
administer oaths, order the taking of depositions, inspect and 1200  
copy any books, accounts, papers, records, or documents, issue 1201  
subpoenas, and compel the attendance of witnesses and production 1202  
of books, accounts, papers, records, documents, and testimony, 1203  
except that a subpoena for patient record information shall not 1204  
be issued without consultation with the attorney general's 1205  
office and approval of the secretary and supervising member of 1206  
the board. 1207

(a) Before issuance of a subpoena for patient record 1208  
information, the secretary and supervising member shall 1209  
determine whether there is probable cause to believe that the 1210  
complaint filed alleges a violation of this chapter or any rule 1211  
adopted under it and that the records sought are relevant to the 1212  
alleged violation and material to the investigation. The 1213  
subpoena may apply only to records that cover a reasonable 1214  
period of time surrounding the alleged violation. 1215

(b) On failure to comply with any subpoena issued by the 1216  
board and after reasonable notice to the person being 1217  
subpoenaed, the board may move for an order compelling the 1218  
production of persons or records pursuant to the Rules of Civil 1219  
Procedure. 1220

(c) A subpoena issued by the board may be served by a 1221  
sheriff, the sheriff's deputy, or a board employee or agent 1222  
designated by the board. Service of a subpoena issued by the 1223  
board may be made by delivering a copy of the subpoena to the 1224

person named therein, reading it to the person, or leaving it at 1225  
the person's usual place of residence, usual place of business, 1226  
or address on file with the board. When serving a subpoena to an 1227  
applicant for or the holder of a license or certificate issued 1228  
under this chapter, service of the subpoena may be made by 1229  
certified mail, return receipt requested, and the subpoena shall 1230  
be deemed served on the date delivery is made or the date the 1231  
person refuses to accept delivery. If the person being served 1232  
refuses to accept the subpoena or is not located, service may be 1233  
made to an attorney who notifies the board that the attorney is 1234  
representing the person. 1235

(d) A sheriff's deputy who serves a subpoena shall receive 1236  
the same fees as a sheriff. Each witness who appears before the 1237  
board in obedience to a subpoena shall receive the fees and 1238  
mileage provided for under section 119.094 of the Revised Code. 1239

(4) All hearings, investigations, and inspections of the 1240  
board shall be considered civil actions for the purposes of 1241  
section 2305.252 of the Revised Code. 1242

(5) A report required to be submitted to the board under 1243  
this chapter, a complaint, or information received by the board 1244  
pursuant to an investigation or pursuant to an inspection under 1245  
division (E) of section 4731.054 of the Revised Code is 1246  
confidential and not subject to discovery in any civil action. 1247

The board shall conduct all investigations or inspections 1248  
and proceedings in a manner that protects the confidentiality of 1249  
patients and persons who file complaints with the board. The 1250  
board shall not make public the names or any other identifying 1251  
information about patients or complainants unless proper consent 1252  
is given or, in the case of a patient, a waiver of the patient 1253  
privilege exists under division (B) of section 2317.02 of the 1254

Revised Code, except that consent or a waiver of that nature is 1255  
not required if the board possesses reliable and substantial 1256  
evidence that no bona fide physician-patient relationship 1257  
exists. 1258

The board may share any information it receives pursuant 1259  
to an investigation or inspection, including patient records and 1260  
patient record information, with law enforcement agencies, other 1261  
licensing boards, and other governmental agencies that are 1262  
prosecuting, adjudicating, or investigating alleged violations 1263  
of statutes or administrative rules. An agency or board that 1264  
receives the information shall comply with the same requirements 1265  
regarding confidentiality as those with which the state medical 1266  
board must comply, notwithstanding any conflicting provision of 1267  
the Revised Code or procedure of the agency or board that 1268  
applies when it is dealing with other information in its 1269  
possession. In a judicial proceeding, the information may be 1270  
admitted into evidence only in accordance with the Rules of 1271  
Evidence, but the court shall require that appropriate measures 1272  
are taken to ensure that confidentiality is maintained with 1273  
respect to any part of the information that contains names or 1274  
other identifying information about patients or complainants 1275  
whose confidentiality was protected by the state medical board 1276  
when the information was in the board's possession. Measures to 1277  
ensure confidentiality that may be taken by the court include 1278  
sealing its records or deleting specific information from its 1279  
records. 1280

(6) On a quarterly basis, the board shall prepare a report 1281  
that documents the disposition of all cases during the preceding 1282  
three months. The report shall contain the following information 1283  
for each case with which the board has completed its activities: 1284

(a) The case number assigned to the complaint or alleged violation; 1285  
1286

(b) The type of license or certificate to practice, if any, held by the individual against whom the complaint is directed; 1287  
1288  
1289

(c) A description of the allegations contained in the complaint; 1290  
1291

(d) The disposition of the case. 1292

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 a public record under section 149.43 of the Revised Code. 1293  
1294  
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(G) If the secretary and supervising member determine both of the following, they may recommend that the board suspend an individual's license or certificate to practice or certificate to recommend without a prior hearing: 1297  
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1299  
1300

(1) That there is clear and convincing evidence that an individual has violated division (B) of this section; 1301  
1302

(2) That the individual's continued practice presents a danger of immediate and serious harm to the public. 1303  
1304

Written allegations shall be prepared for consideration by the board. 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 or certificate without a prior hearing. A telephone conference call may be utilized for reviewing the allegations and taking the vote on the summary suspension. 1305  
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The board shall issue a written order of suspension by 1312

certified mail or in person in accordance with section 119.07 of 1313  
the Revised Code. The order shall not be subject to suspension 1314  
by the court during pendency of any appeal filed under section 1315  
119.12 of the Revised Code. If the individual subject to the 1316  
summary suspension requests an adjudicatory hearing by the 1317  
board, the date set for the hearing shall be within fifteen 1318  
days, but not earlier than seven days, after the individual 1319  
requests the hearing, unless otherwise agreed to by both the 1320  
board and the individual. 1321

Any summary suspension imposed under this division shall 1322  
remain in effect, unless reversed on appeal, until a final 1323  
adjudicative order issued by the board pursuant to this section 1324  
and Chapter 119. of the Revised Code becomes effective. The 1325  
board shall issue its final adjudicative order within seventy- 1326  
five days after completion of its hearing. A failure to issue 1327  
the order within seventy-five days shall result in dissolution 1328  
of the summary suspension order but shall not invalidate any 1329  
subsequent, final adjudicative order. 1330

(H) If the board takes action under division (B) (9), (11), 1331  
or (13) of this section and the judicial finding of guilt, 1332  
guilty plea, or judicial finding of eligibility for intervention 1333  
in lieu of conviction is overturned on appeal, upon exhaustion 1334  
of the criminal appeal, a petition for reconsideration of the 1335  
order may be filed with the board along with appropriate court 1336  
documents. Upon receipt of a petition of that nature and 1337  
supporting court documents, the board shall reinstate the 1338  
individual's license or certificate to practice. The board may 1339  
then hold an adjudication under Chapter 119. of the Revised Code 1340  
to determine whether the individual committed the act in 1341  
question. Notice of an opportunity for a hearing shall be given 1342  
in accordance with Chapter 119. of the Revised Code. If the 1343

board finds, pursuant to an adjudication held under this 1344  
division, that the individual committed the act or if no hearing 1345  
is requested, the board may order any of the sanctions 1346  
identified under division (B) of this section. 1347

(I) The license or certificate to practice issued to an 1348  
individual under this chapter and the individual's practice in 1349  
this state are automatically suspended as of the date of the 1350  
individual's second or subsequent plea of guilty to, or judicial 1351  
finding of guilt of, a violation of section 2919.123 of the 1352  
Revised Code. In addition, the license or certificate to 1353  
practice or certificate to recommend issued to an individual 1354  
under this chapter and the individual's practice in this state 1355  
are automatically suspended as of the date the individual pleads 1356  
guilty to, is found by a judge or jury to be guilty of, or is 1357  
subject to a judicial finding of eligibility for intervention in 1358  
lieu of conviction in this state or treatment or intervention in 1359  
lieu of conviction in another jurisdiction for any of the 1360  
following criminal offenses in this state or a substantially 1361  
equivalent criminal offense in another jurisdiction: aggravated 1362  
murder, murder, voluntary manslaughter, felonious assault, 1363  
kidnapping, rape, sexual battery, gross sexual imposition, 1364  
aggravated arson, aggravated robbery, or aggravated burglary. 1365  
Continued practice after suspension shall be considered 1366  
practicing without a license or certificate. 1367

The board shall notify the individual subject to the 1368  
suspension by certified mail or in person in accordance with 1369  
section 119.07 of the Revised Code. If an individual whose 1370  
license or certificate is automatically suspended under this 1371  
division fails to make a timely request for an adjudication 1372  
under Chapter 119. of the Revised Code, the board shall do 1373  
whichever of the following is applicable: 1374

(1) If the automatic suspension under this division is for 1375  
a second or subsequent plea of guilty to, or judicial finding of 1376  
guilt of, a violation of section 2919.123 of the Revised Code, 1377  
the board shall enter an order suspending the individual's 1378  
license or certificate to practice for a period of at least one 1379  
year or, if determined appropriate by the board, imposing a more 1380  
serious sanction involving the individual's license or 1381  
certificate to practice. 1382

(2) In all circumstances in which division (I) (1) of this 1383  
section does not apply, enter a final order permanently revoking 1384  
the individual's license or certificate to practice. 1385

(J) If the board is required by Chapter 119. of the 1386  
Revised Code to give notice of an opportunity for a hearing and 1387  
if the individual subject to the notice does not timely request 1388  
a hearing in accordance with section 119.07 of the Revised Code, 1389  
the board is not required to hold a hearing, but may adopt, by 1390  
an affirmative vote of not fewer than six of its members, a 1391  
final order that contains the board's findings. In that final 1392  
order, the board may order any of the sanctions identified under 1393  
division (A) or (B) of this section. 1394

(K) Any action taken by the board under division (B) of 1395  
this section resulting in a suspension from practice shall be 1396  
accompanied by a written statement of the conditions under which 1397  
the individual's license or certificate to practice may be 1398  
reinstated. The board shall adopt rules governing conditions to 1399  
be imposed for reinstatement. Reinstatement of a license or 1400  
certificate suspended pursuant to division (B) of this section 1401  
requires an affirmative vote of not fewer than six members of 1402  
the board. 1403

(L) When the board refuses to grant or issue a license or 1404

certificate to practice to an applicant, revokes an individual's 1405  
license or certificate to practice, refuses to renew an 1406  
individual's license or certificate to practice, or refuses to 1407  
reinstate an individual's license or certificate to practice, 1408  
the board may specify that its action is permanent. An 1409  
individual subject to a permanent action taken by the board is 1410  
forever thereafter ineligible to hold a license or certificate 1411  
to practice and the board shall not accept an application for 1412  
reinstatement of the license or certificate or for issuance of a 1413  
new license or certificate. 1414

(M) Notwithstanding any other provision of the Revised 1415  
Code, all of the following apply: 1416

(1) The surrender of a license or certificate issued under 1417  
this chapter shall not be effective unless or until accepted by 1418  
the board. A telephone conference call may be utilized for 1419  
acceptance of the surrender of an individual's license or 1420  
certificate to practice. The telephone conference call shall be 1421  
considered a special meeting under division (F) of section 1422  
121.22 of the Revised Code. Reinstatement of a license or 1423  
certificate surrendered to the board requires an affirmative 1424  
vote of not fewer than six members of the board. 1425

(2) An application for a license or certificate made under 1426  
the provisions of this chapter may not be withdrawn without 1427  
approval of the board. 1428

(3) Failure by an individual to renew a license or 1429  
certificate to practice in accordance with this chapter or a 1430  
certificate to recommend in accordance with rules adopted under 1431  
section 4731.301 of the Revised Code shall not remove or limit 1432  
the board's jurisdiction to take any disciplinary action under 1433  
this section against the individual. 1434

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

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

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

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

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

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

(2) Select providers of educational and assessment

services, including a quality intervention program panel of case reviewers; 1464  
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(3) Make referrals to educational and assessment service providers and approve individual educational programs recommended by those providers. The board shall monitor the progress of each individual undertaking a recommended individual educational program. 1466  
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(4) Determine what constitutes successful completion of an individual educational program and require further monitoring of the individual who completed the program or other action that the board determines to be appropriate; 1471  
1472  
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(5) Adopt rules in accordance with Chapter 119. of the Revised Code to further implement the quality intervention program. 1475  
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An individual who participates in an individual educational program pursuant to this division shall pay the financial obligations arising from that educational program. 1478  
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Sec. 5103.11. There is hereby created the foster care and adoption initiatives fund. The fund shall be in the custody of the treasurer of state, but shall not be part of the state treasury. The fund shall consist of moneys collected under section 2919.1912 of the Revised Code. All interest earned on the fund shall be credited to the fund. The purpose of the fund is to provide funding for foster care and adoption services and initiatives. The department of job and family services shall allocate moneys from the fund according to the following distribution: 1481  
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(A) Fifty per cent of the moneys in the fund shall be used for foster care services and initiatives. 1491  
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(B) Fifty per cent of the moneys in the fund shall be used 1493  
for adoption services and initiatives. 1494

**Section 2.** That existing sections 2317.56, 2919.171, 1495  
2919.19, 2919.191, 2919.192, 2919.193, and 4731.22 of the 1496  
Revised Code are hereby repealed. 1497

**Section 3.** The General Assembly hereby declares that it 1498  
finds, according to contemporary medical research, all of the 1499  
following: 1500

(A) As many as thirty per cent of natural pregnancies end 1501  
in spontaneous miscarriage. 1502

(B) Less than five per cent of all natural pregnancies end 1503  
in spontaneous miscarriage after detection of fetal cardiac 1504  
activity. 1505

(C) Over ninety per cent of in vitro pregnancies survive 1506  
the first trimester if cardiac activity is detected in the 1507  
gestational sac. 1508

(D) Nearly ninety per cent of in vitro pregnancies do not 1509  
survive the first trimester where cardiac activity is not 1510  
detected in the gestational sac. 1511

(E) Fetal heartbeat, therefore, has become a key medical 1512  
predictor that an unborn human individual will reach live birth. 1513

(F) Cardiac activity begins at a biologically identifiable 1514  
moment in time, normally when the fetal heart is formed in the 1515  
gestational sac. 1516

(G) The State of Ohio has a valid interest in protecting 1517  
the health of the woman. The State of Ohio has a compelling 1518  
interest in protecting the life of an unborn human individual 1519  
who may be born. 1520

(H) In order to make an informed choice about whether to  
continue her pregnancy, the pregnant woman has a valid interest  
in knowing the likelihood of the fetus surviving to full-term  
birth based upon the presence of cardiac activity.

(I) The State of Ohio finds that the detection of a fetal  
heartbeat can be accomplished through standard medical  
practices.

(J) At fertilization, a human being emerges as a whole,  
genetically distinct, living human organism and needs only the  
proper environment to fully develop into a human.

(K) Cardiac activity shows that tissues have come together  
to form organs and the developing central nervous system signals  
the heart to autonomically beat.

(L) When a heartbeat is visualized at seven weeks or less,  
ninety-one and one-half per cent will survive the first  
trimester and ninety-five per cent of those will deliver live-  
born infants.

(M) After the detection of a fetal heartbeat there is a  
ninety-five to ninety-eight per cent certainty that the new life  
will develop full term.

(N) A human being at an embryonic age and a human being at  
an adult age are naturally the same, with the only biological  
differences being due to the differences in maturity.

**Section 4.** If any provisions of a section as amended or  
enacted by this act, or the application thereof to any person or  
circumstance is held invalid, the invalidity does not affect  
other provisions or applications of the section or related  
sections which can be given effect without the invalid provision  
or application, and to this end the provisions are severable.

**Section 5.** Section 4731.22 of the Revised Code is 1550  
presented in this act as a composite of the section as amended 1551  
by both Am. Sub. H.B. 111 and Sub. H.B. 156 of the 132nd General 1552  
Assembly. The General Assembly, applying the principle stated in 1553  
division (B) of section 1.52 of the Revised Code that amendments 1554  
are to be harmonized if reasonably capable of simultaneous 1555  
operation, finds that the composite is the resulting version of 1556  
the section in effect prior to the effective date of the section 1557  
as presented in this act. 1558