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Am. Sub. S. B. No. 236

Senator Huffman, S.

Cosponsors: Senators Schaffer, Hackett, Antonio, Blessing, Burke, Craig, Dolan, Fedor, Gavarone, Hoagland, Hottinger, Huffman, M., Johnson, Kunze, Lehner, Maharath, Manning, Peterson, Roegner, Sykes, Wilson, Yuko Representatives Clites, Carruthers, Fraizer, Holmes, A.

A BILL

To amend sections 3748.04, 3902.30, 4715.70, 1
4715.71, 4715.72, 4723.94, 4729.01, 4732.33, 2
4760.08, 4760.09, 4761.17, 4773.01, 4773.061, 3
5101.26, 5101.27, and 5164.95; to amend, for the 4
purpose of adopting a new section number as 5
indicated in parentheses, section 4731.2910 6
(4743.09); and to enact sections 3301.531, 7
3701.1310, 3721.60, 4715.73, 4730.60, 4731.741, 8
4753.20, 4755.90, 4757.50, 4758.80, 4759.20, 9
4773.10, 5104.037, and 5119.368 of the Revised 10
Code to revise the laws governing the Ohio 11
Department of Health's Radiation Control 12
Program, the regulation of radiation technology 13
professionals, and the practice of 14
anesthesiologist assistants; to establish and 15
modify requirements regarding the provision of 16
telehealth services; to require the screening of 17
child care and preschool employees for 18
tuberculosis; to require the disclosure of 19
information about certain public assistance 20
recipients to public health authorities; and to 21

exempt certain entities from the notice 22
requirements that apply to mobile dental 23
facilities. 24

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

Section 1. That sections 3748.04, 3902.30, 4715.70, 25
4715.71, 4715.72, 4723.94, 4729.01, 4732.33, 4760.08, 4760.09, 26
4761.17, 4773.01, 4773.061, 5101.26, 5101.27, and 5164.95 be 27
amended; section 4731.2910 (4743.09) be amended for the purpose 28
of adopting a new section number as indicated in parentheses; 29
and sections 3301.531, 3701.1310, 3721.60, 4715.73, 4730.60, 30
4731.741, 4753.20, 4755.90, 4757.50, 4758.80, 4759.20, 4773.10, 31
5104.037, and 5119.368 of the Revised Code be enacted to read as 32
follows: 33

Sec. 3301.531. (A) As used in this section: 34

(1) "Active tuberculosis" has the same meaning as in 35
section 339.71 of the Revised Code. 36

(2) "Latent tuberculosis" means tuberculosis that has been 37
demonstrated by a positive reaction to a tuberculosis test but 38
has no clinical, bacteriological, or radiographic evidence of 39
active tuberculosis. 40

(3) "Licensed health professional" means any of the 41
following: 42

(a) A physician authorized under Chapter 4731. of the 43
Revised Code to practice medicine and surgery or osteopathic 44
medicine and surgery; 45

(b) A physician assistant who holds a current, valid 46

license to practice as a physician assistant issued under 47
Chapter 4730. of the Revised Code; 48

(c) A certified nurse practitioner, as defined in section 49
4723.01 of the Revised Code; 50

(d) A clinical nurse specialist, as defined in section 51
4723.01 of the Revised Code. 52

(4) "Tuberculosis control unit" means the county 53
tuberculosis control unit designated by a board of county 54
commissioners under section 339.72 of the Revised Code or the 55
district tuberculosis control unit designated pursuant to an 56
agreement entered into by two or more boards of county 57
commissioners under that section. 58

(5) "Tuberculosis test" means either of the following: 59

(a) A two-step Mantoux tuberculin skin test; 60

(b) A blood assay for m. tuberculosis. 61

(B) Before employing a person as a director, staff member, 62
or nonteaching employee, for the purpose of tuberculosis 63
screening, each preschool program shall determine if the person 64
has done both of the following: 65

(1) Resided in a country identified by the world health 66
organization as having a high burden of tuberculosis; 67

(2) Arrived in the United States within the five years 68
immediately preceding the date of application for employment. 69

(C) If the person meets the criteria described in division 70
(B) of this section, the preschool program shall require the 71
person to undergo a tuberculosis test before employment. If the 72
result of the test is negative, the preschool program may employ 73

the person. 74

(D) If the result of any tuberculosis test performed as 75
described in division (C) of this section is positive, the 76
preschool program shall require the person to undergo additional 77
testing for tuberculosis, which may include a chest radiograph 78
or the collection and examination of specimens. 79

(1) If additional testing indicates active tuberculosis, 80
then until the tuberculosis control unit determines that the 81
person is no longer infectious, the preschool program shall not 82
employ the person or, if employed, shall not allow the person to 83
be physically present at the program's location. 84

For purposes of this section, evidence that a person is no 85
longer infectious shall consist of a written statement to that 86
effect signed by a representative of the tuberculosis control 87
unit. 88

(2) If additional testing indicates latent tuberculosis, 89
then until the person submits to the program evidence that the 90
person is receiving treatment as prescribed by a licensed health 91
professional, the preschool program shall not employ the person 92
or, if employed, shall not allow the person to be physically 93
present at the program's location. Once the person submits to 94
the program evidence that the person is in the process of 95
completing a tuberculosis treatment regimen as prescribed by a 96
licensed health professional, the preschool program may employ 97
the person and allow the person to be physically present at the 98
program's location, as long as periodic evidence of compliance 99
with the treatment regimen is submitted in accordance with rules 100
adopted under section 3701.146 of the Revised Code. 101

For purposes of this section, evidence that a person is in 102

the process of completing and is compliant with a tuberculosis 103
treatment regimen shall consist of a written statement to that 104
effect signed by a representative of the tuberculosis control 105
unit that is overseeing the person's treatment. 106

Sec. 3701.1310. During any declared disaster, epidemic, 107
pandemic, public health emergency, or public safety emergency, 108
an individual with a developmental disability or any other 109
permanent disability who is in need of surgery or any other 110
health care procedure, any medical or other health care test, or 111
any clinical care visit shall be given the opportunity to have 112
at least one parent or legal guardian present if the presence of 113
the individual's parent or legal guardian is necessary to 114
alleviate any negative reaction that may be experienced by the 115
individual who is the patient. 116

The director of health may take any action necessary to 117
enforce this section. 118

Sec. 3721.60. (A) As used in this section, "long-term care 119
facility" means all of the following: 120

(1) A home, as defined in section 3721.10 of the Revised 121
Code; 122

(2) A residential facility licensed by the department of 123
mental health and addiction services under section 5119.34 of 124
the Revised Code; 125

(3) A residential facility licensed by the department of 126
developmental disabilities under section 5123.19 of the Revised 127
Code; 128

(4) A facility operated by a hospice care program licensed 129
by the department of health under Chapter 3712. of the Revised 130
Code that is used exclusively for care of hospice patients or 131

other facility in which a hospice care program provides care for 132
hospice patients. 133

(B) During any declared disaster, epidemic, pandemic, 134
public health emergency, or public safety emergency, each long- 135
term care facility shall provide residents and their families 136
with a video-conference visitation option if the governor, the 137
director of health, other government official or entity, or the 138
long-term care facility determines that allowing in-person 139
visits at the facility would create a risk to the health of the 140
residents. 141

Sec. 3748.04. The director of health, in accordance with 142
Chapter 119. of the Revised Code, shall adopt and may amend or 143
rescind rules doing all of the following: 144

(A) Listing types of radioactive material for which 145
licensure by its handler is required and types of radiation- 146
generating equipment for which registration by its handler is 147
required, and establishing requirements governing them. Rules 148
adopted under division (A) of this section shall be compatible 149
with applicable federal regulations and shall establish all of 150
the following, without limitation: 151

(1) Requirements governing both of the following: 152

(a) The licensing and inspection of handlers of 153
radioactive material. Standards established in rules adopted 154
under division (A) (1) (a) of this section regarding byproduct 155
material or any activity that results in the production of that 156
material, to the extent practicable, shall be equivalent to or 157
more stringent than applicable standards established by the 158
United States nuclear regulatory commission. 159

(b) The registration and inspection of handlers of 160

radiation-generating equipment. Standards established in rules 161
adopted under division (A) (1) (b) of this section, to the extent 162
practicable, shall be equivalent to applicable standards 163
established by the food and drug administration in the United 164
States department of health and human services. 165

(2) Identification of and requirements governing 166
possession and use of specifically licensed and generally 167
licensed quantities of radioactive material as either sealed 168
sources or unsealed sources; 169

(3) A procedure for the issuance of and the frequency of 170
renewal of the licenses of handlers of radioactive material, 171
other than a license for a facility for the disposal of low- 172
level radioactive waste, and of the certificates of registration 173
of handlers of radiation-generating equipment; 174

(4) Procedures for suspending and revoking the licenses of 175
handlers of radioactive material and the certificates of 176
registration of handlers of radiation-generating equipment; 177

(5) Criteria to be used by the director of health in 178
amending the license of a handler of radioactive material or the 179
certificate of registration of a handler of radiation-generating 180
equipment subsequent to its issuance; 181

(6) Criteria for achieving and maintaining compliance with 182
this chapter and rules adopted under it by licensees and 183
registrants; 184

(7) Criteria governing environmental monitoring of 185
licensed and registered activities to assess compliance with 186
this chapter and rules adopted under it; 187

(8) Fees for both of the following: 188

(a) The licensing of handlers, other than facilities for the disposal of low-level radioactive waste, of radioactive material;	189 190 191
(b) The registration of handlers, other than facilities that are, or are operated by, medical practitioners or medical-practitioner groups, of radiation-generating equipment.	192 193 194
(9) A fee schedule for both of the following that includes fees for reviews, conducted during an inspection, of shielding plans or the adequacy of shielding:	195 196 197
(a) The inspection of handlers of radioactive material;	198
(b) The inspection of handlers, other than facilities that are, or are operated by, medical practitioners or medical-practitioner groups, of radiation-generating equipment.	199 200 201
(B) (1) Identifying sources of radiation, circumstances of possession, use, or disposal of sources of radiation, and levels of radiation that constitute an unreasonable or unnecessary risk to human health or the environment;	202 203 204 205
(2) Establishing requirements for the achievement and maintenance of compliance with standards for the receipt, possession, use, storage, installation, transfer, servicing, and disposal of sources of radiation to prevent levels of radiation that constitute an unreasonable or unnecessary risk to human health or the environment;	206 207 208 209 210 211
(3) Requiring the maintenance of records on the receipt, use, storage, transfer, and disposal of radioactive material, including technologically enhanced naturally occurring radioactive material, and on the radiological safety aspects of the use and maintenance of radiation-generating equipment. The rules adopted under division (B) (3) of this section shall not	212 213 214 215 216 217

require maintenance of records regarding naturally occurring 218
radioactive material. 219

In adopting rules under divisions (A) and (B) of this 220
section, the director shall do the following: use standards no 221
less stringent than the ~~"suggested state regulations for control-~~ 222
~~of radiation" prepared by the conference of radiation control-~~ 223
~~program directors, inc., and~~ regulations adopted by the United 224
States nuclear regulatory commission, the United States 225
environmental protection agency, and the United States 226
department of health and human services ~~and shall consider;~~ 227
consider reports of the national council on radiation protection 228
and ~~measurement~~ measurements and the relevant standards of the 229
American national standards institute; and use the "Suggested 230
State Regulations for Control of Radiation" prepared by the 231
conference of radiation control program directors, inc., except 232
that the director may deviate from those regulations if the 233
director determines that doing so is warranted and does not pose 234
a health, environmental, or safety risk. 235

(C) Establishing fees, procedures, and requirements for 236
certification as a radiation expert, including all of the 237
following, without limitation: 238

- (1) Minimum training and experience requirements; 239
- (2) Procedures for applying for certification; 240
- (3) Procedures for review of applications and issuance of 241
certificates; 242
- (4) Procedures for suspending and revoking certification. 243

(D) Establishing a schedule for inspection of sources of 244
radiation and their shielding and surroundings; 245

(E) Establishing the responsibilities of a radiation expert;	246 247
(F) Establishing criteria for quality assurance programs for licensees of radioactive material and registrants of radiation-generating equipment;	248 249 250
(G) Establishing fees to be paid by any facility that, on September 8, 1995, holds a license from the United States nuclear regulatory commission in order to provide moneys necessary for the transfer of licensing and other regulatory authority from the commission to the state pursuant to section 3748.03 of the Revised Code. Rules adopted under this division shall stipulate that fees so established do not apply to any functions dealing specifically with a facility for the disposal of low-level radioactive waste. Fees collected under this division shall be deposited into the state treasury to the credit of the general operations fund created in section 3701.83 of the Revised Code. The fees shall be used solely to administer and enforce this chapter and rules adopted under it.	251 252 253 254 255 256 257 258 259 260 261 262 263
(H) Establishing fees to be collected annually from generators of low-level radioactive waste, which shall be based upon the volume and radioactivity of the waste generated and the costs of administering low-level radioactive waste management activities under this chapter and rules adopted under it. All fees collected under this division shall be deposited into the state treasury to the credit of the general operations fund created in section 3701.83 of the Revised Code. The fees shall be used solely to administer and enforce this chapter and rules adopted under it. Any fee required under this division that remains unpaid on the ninety-first day after the original invoice date shall be assessed an additional amount equal to ten	264 265 266 267 268 269 270 271 272 273 274 275

per cent of the original fee.	276
(I) Establishing requirements governing closure,	277
decontamination, decommissioning, reclamation, and long-term	278
surveillance and care of a facility licensed under this chapter	279
and rules adopted under it. Rules adopted under division (I) of	280
this section shall include, without limitation, all of the	281
following:	282
(1) Standards and procedures to ensure that a licensee	283
prepares a decommissioning funding plan that provides an	284
adequate financial guaranty to permit the completion of all	285
requirements governing the closure, decontamination,	286
decommissioning, and reclamation of sites, structures, and	287
equipment used in conjunction with a licensed activity;	288
(2) For licensed activities where radioactive material	289
that will require surveillance or care is likely to remain at	290
the site after the licensed activities cease, as indicated in	291
the application for the license submitted under section 3748.07	292
of the Revised Code, standards and procedures to ensure that the	293
licensee prepares an additional decommissioning funding plan for	294
long-term surveillance and care, before termination of the	295
license, that provides an additional adequate financial guaranty	296
as necessary to provide for that surveillance and care;	297
(3) For the purposes of the decommissioning funding plans	298
required in rules adopted under divisions (I) (1) and (2) of this	299
section, the types of acceptable financial guaranties, which	300
shall include bonds issued by fidelity or surety companies	301
authorized to do business in the state, certificates of deposit,	302
deposits of government securities, irrevocable letters or lines	303
of credit, trust funds, escrow accounts, or other similar types	304
of arrangements, but shall not include any arrangement that	305

constitutes self-insurance;	306
(4) A requirement that the decommissioning funding plans	307
required in rules adopted under divisions (I) (1) and (2) of this	308
section contain financial guaranties in amounts sufficient to	309
ensure compliance with any standards established by the United	310
States nuclear regulatory commission, or by the state if it has	311
become an agreement state pursuant to section 3748.03 of the	312
Revised Code, pertaining to closure, decontamination,	313
decommissioning, reclamation, and long-term surveillance and	314
care of licensed activities and sites of licensees.	315
Standards established in rules adopted under division (I)	316
of this section regarding any activity that resulted in the	317
production of byproduct material, as defined in division (A) (2)	318
of section 3748.01 of the Revised Code, to the extent	319
practicable, shall be equivalent to or more stringent than	320
standards established by the United States nuclear regulatory	321
commission for sites at which ores were processed primarily for	322
their source material content and at which byproduct material,	323
as defined in division (A) (2) of section 3748.01 of the Revised	324
Code, is deposited.	325
(J) Establishing criteria governing inspections of a	326
facility for the disposal of low-level radioactive waste,	327
including, without limitation, the establishment of a resident	328
inspector program at such a facility;	329
(K) Establishing requirements and procedures governing the	330
filing of complaints under section 3748.16 of the Revised Code,	331
including, without limitation, those governing intervention in a	332
hearing held under division (B) (3) of that section;	333
(L) Establishing requirements governing technologically	334

enhanced naturally occurring radioactive material. Rules adopted 335
under this division shall not apply to naturally occurring 336
radioactive material. 337

Sec. 3902.30. (A) As used in this section: 338

(1) "Cost sharing" means the cost to a covered individual 339
under a health benefit plan according to any coverage limit, 340
copayment, coinsurance, deductible, or other out-of-pocket 341
expense requirements imposed by the plan. 342

(2) "Health benefit plan," "health care services," and 343
"health plan issuer" have the same meanings as in section 344
3922.01 of the Revised Code. 345

~~(2)-(3) "Health care professional" means any of the~~ 346
~~following:~~ 347

~~(a) A physician licensed under Chapter 4731. of the~~ 348
~~Revised Code to practice medicine and surgery, osteopathic~~ 349
~~medicine and surgery, or podiatric medicine and surgery;~~ 350

~~(b) A physician assistant licensed under Chapter 4731. of~~ 351
~~the Revised Code;~~ 352

~~(c) An advanced practice registered nurse as defined in~~ 353
~~section 4723.01 of the Revised Code~~has the same meaning as in 354
section 4743.09 of the Revised Code. 355

~~(3)-(4) "In-person health care services" means health care~~ 356
services delivered by a health care professional through the use 357
of any communication method where the professional and patient 358
are simultaneously present in the same geographic location. 359

~~(4)-(5) "Recipient" means a patient receiving health care~~ 360
services or a health care professional with whom the provider of 361
health care services is consulting regarding the patient. 362

~~(5) "Telemedicine"~~ (6) "Telehealth services" means ~~a mode~~ 363
~~of providing~~ health care services provided through synchronous 364
or asynchronous information and communication technology by a 365
health care professional, within the professional's scope of 366
practice, who is located at a site other than the site where the 367
recipient is located. 368

(B) (1) A health benefit plan shall provide coverage for 369
~~telemedicine~~ telehealth services on the same basis and to the 370
same extent that the plan provides coverage for the provision of 371
in-person health care services. 372

(2) A health benefit plan shall not exclude coverage for a 373
service solely because it is provided as a ~~telemedicine~~ 374
telehealth service. 375

(3) A health plan issuer shall reimburse a health care 376
professional for a telehealth service that is covered under a 377
patient's health benefit plan. Division (B) (3) of this section 378
shall not be construed to require a specific reimbursement 379
amount. 380

(C) A health benefit plan shall not impose any annual or 381
lifetime benefit maximum in relation to ~~telemedicine~~ telehealth 382
services other than such a benefit maximum imposed on all 383
benefits offered under the plan. 384

~~(D) This~~ (D) (1) A health benefit plan shall not impose a 385
cost-sharing requirement for telehealth services that exceeds 386
the cost-sharing requirement for comparable in-person health 387
care services. 388

(2) (a) A health benefit plan shall not impose a cost- 389
sharing requirement for a communication when all of the 390
following apply: 391

(i) The communication was initiated by the health care professional. 392
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(ii) The patient consented to receive a telehealth service from that provider on any prior occasion. 394
395

(iii) The communication is conducted for the purposes of preventive health care services only. 396
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(b) If a communication described in division (D) (2) (a) of this section is coded based on time, then only the time the health care professional spends engaged in the communication is billable. 398
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(E) This section shall not be construed as doing ~~any~~ either of the following: 402
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~~(1) Prohibiting a health benefit plan from assessing cost-sharing requirements to a covered individual for telemedicine services, provided that such cost sharing requirements for telemedicine services are not greater than those for comparable in person health care services;~~ 404
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~~(2) Requiring a health plan issuer to reimburse a health care professional for any costs or fees associated with the provision of ~~telemedicine~~ telehealth services that would be in addition to or greater than the standard reimbursement for comparable in-person health care services;~~ 409
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~~(3) (2) Requiring a health plan issuer to reimburse a ~~telemedicine~~ telehealth provider for ~~telemedicine~~ telehealth services at the same rate as in-person services.~~ 414
415
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~~(E) This section applies to all health benefit plans issued, offered, or renewed on or after January 1, 2021.~~ 417
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(F) The superintendent of insurance may adopt rules in 419

accordance with Chapter 119. of the Revised Code as necessary to 420
carry out the requirements of this section. Any such rules are 421
not subject to the requirements of division (F) of section 422
121.95 of the Revised Code. 423

Sec. 4715.70. As used in this section and sections 4715.71 424
~~and 4715.72~~ to 4715.73 of the Revised Code: 425

(A) "Dental hygiene services" means the prophylactic, 426
preventive, and other procedures that dentists are authorized by 427
this chapter and rules of the state dental board to assign to 428
dental hygienists, except for procedures while a patient is 429
anesthetized, definitive root planing, definitive subgingival 430
curettage, the administration of local anesthesia, and the 431
procedures specified in rules adopted by the board as described 432
in division (C) (4) of section 4715.22 of the Revised Code. 433

(B) (1) "Minor" means an individual under eighteen years of 434
age who is not emancipated. 435

(2) For purposes of this division, an individual under 436
eighteen years of age is emancipated only if the individual has 437
married, has entered the armed services of the United States, 438
has become employed and self-sustaining, or otherwise has become 439
independent from the care and control of the individual's 440
parent, guardian, or custodian. 441

(C) "Mobile dental facility" means either of the 442
following: 443

(1) A self-contained, intact facility in which dentistry 444
or dental hygiene is practiced that may be transported from one 445
location to another; 446

(2) A site used on a temporary basis to provide dental or 447
dental hygiene services using portable equipment. 448

(D) "Mobile dental facility operator" means a dentist 449
licensed under this chapter who operates a mobile dental 450
facility. 451

(E) "Patient's representative" means a person who has 452
authority to make health care decisions on behalf of an adult or 453
emancipated minor, or the parent, legal guardian, or other 454
person acting in loco parentis who is authorized by law to make 455
health care decisions on behalf of a minor. 456

Sec. 4715.71. ~~A~~ Except as provided in section 4715.73 of 457
the Revised Code, a mobile dental facility operator or the 458
operator's representative shall provide each patient receiving 459
dental or dental hygiene services at a mobile dental facility, 460
or the patient's representative, with all of the following: 461

(A) The name of each individual who arranged for or 462
provided dental or dental hygiene services to the patient; 463

(B) The telephone number to reach the mobile dental 464
facility operator or operator's representative in case of an 465
emergency; 466

(C) A list of dental or dental hygiene services provided 467
to the patient; 468

(D) Any recommendations regarding further dental or dental 469
hygiene services that are advisable; 470

(E) A notice to the patient that the facility must provide 471
access to the patient's complete dental records in accordance 472
with Chapter 3798. of the Revised Code and applicable federal 473
laws; 474

(F) Instructions for requesting a copy or transfer of the 475
patient's records. 476

Sec. 4715.72. ~~A~~ Except as provided in section 4715.73 of 477
the Revised Code, a mobile dental facility operator or the 478
operator's representative shall notify the state dental board 479
and all treatment venues not later than fourteen days after 480
either of the following occurs: 481

(A) There is a change in the address or telephone number 482
of the operator. 483

(B) The mobile dental facility ceases to operate. 484

The notice must be provided in writing. 485

Sec. 4715.73. Sections 4715.71 and 4715.72 of the Revised 486
Code do not apply to a mobile dental facility that is under the 487
control or management of any of the following, when the only 488
services provided by the mobile dental facility are the 489
placement of pit and fissure sealants and the application of 490
fluoride varnish: 491

(A) A program operated through a school district board of 492
education or the governing board of an educational service 493
center; 494

(B) The board of health of a city or general health 495
district or the authority having the duties of a board of health 496
under section 3709.05 of the Revised Code; 497

(C) Any other public or private entity that is under 498
contract with the department of health and recognized by the 499
state dental board. 500

Sec. 4723.94. ~~(A) As used in this section:—~~ 501

~~(1) "Facility fee" means any fee charged or billed for~~ 502
~~telemedicine services provided in a facility that is intended to~~ 503
~~compensate the facility for its operational expenses and is~~ 504

separate and distinct from a professional fee.	505
(2) "Health plan issuer" has the same meaning as in section 3922.01 of the Revised Code.	506
(3) "Telemedicine services" has the same meaning as in section 3902.30 of the Revised Code.	508
(B) An advanced practice registered nurse providing telemedicine may provide telehealth services shall not charge a facility fee, an origination fee, or any fee associated with the cost of the equipment used to provide telemedicine services to a health plan issuer covering telemedicine services under in accordance with section 3902.30-4743.09 of the Revised Code.	509
(B) An advanced practice registered nurse providing telemedicine may provide telehealth services shall not charge a facility fee, an origination fee, or any fee associated with the cost of the equipment used to provide telemedicine services to a health plan issuer covering telemedicine services under in accordance with section 3902.30-4743.09 of the Revised Code.	510
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Sec. 4729.01. As used in this chapter:	516
(A) "Pharmacy," except when used in a context that refers to the practice of pharmacy, means any area, room, rooms, place of business, department, or portion of any of the foregoing where the practice of pharmacy is conducted.	517
(A) "Pharmacy," except when used in a context that refers to the practice of pharmacy, means any area, room, rooms, place of business, department, or portion of any of the foregoing where the practice of pharmacy is conducted.	518
(A) "Pharmacy," except when used in a context that refers to the practice of pharmacy, means any area, room, rooms, place of business, department, or portion of any of the foregoing where the practice of pharmacy is conducted.	519
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(B) "Practice of pharmacy" means providing pharmacist care requiring specialized knowledge, judgment, and skill derived from the principles of biological, chemical, behavioral, social, pharmaceutical, and clinical sciences. As used in this division, "pharmacist care" includes the following:	521
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(1) Interpreting prescriptions;	526
(2) Dispensing drugs and drug therapy related devices;	527
(3) Compounding drugs;	528
(4) Counseling individuals with regard to their drug therapy, recommending drug therapy related devices, and assisting in the selection of drugs and appliances for treatment	529
(4) Counseling individuals with regard to their drug therapy, recommending drug therapy related devices, and assisting in the selection of drugs and appliances for treatment	530
(4) Counseling individuals with regard to their drug therapy, recommending drug therapy related devices, and assisting in the selection of drugs and appliances for treatment	531

of common diseases and injuries and providing instruction in the proper use of the drugs and appliances;	532 533
(5) Performing drug regimen reviews with individuals by discussing all of the drugs that the individual is taking and explaining the interactions of the drugs;	534 535 536
(6) Performing drug utilization reviews with licensed health professionals authorized to prescribe drugs when the pharmacist determines that an individual with a prescription has a drug regimen that warrants additional discussion with the prescriber;	537 538 539 540 541
(7) Advising an individual and the health care professionals treating an individual with regard to the individual's drug therapy;	542 543 544
(8) Acting pursuant to a consult agreement, if an agreement has been established;	545 546
(9) Engaging in the administration of immunizations to the extent authorized by section 4729.41 of the Revised Code;	547 548
(10) Engaging in the administration of drugs to the extent authorized by section 4729.45 of the Revised Code.	549 550
(C) "Compounding" means the preparation, mixing, assembling, packaging, and labeling of one or more drugs in any of the following circumstances:	551 552 553
(1) Pursuant to a prescription issued by a licensed health professional authorized to prescribe drugs;	554 555
(2) Pursuant to the modification of a prescription made in accordance with a consult agreement;	556 557
(3) As an incident to research, teaching activities, or	558

chemical analysis;	559
(4) In anticipation of orders for drugs pursuant to prescriptions, based on routine, regularly observed dispensing patterns;	560 561 562
(5) Pursuant to a request made by a licensed health professional authorized to prescribe drugs for a drug that is to be used by the professional for the purpose of direct administration to patients in the course of the professional's practice, if all of the following apply:	563 564 565 566 567
(a) At the time the request is made, the drug is not commercially available regardless of the reason that the drug is not available, including the absence of a manufacturer for the drug or the lack of a readily available supply of the drug from a manufacturer.	568 569 570 571 572
(b) A limited quantity of the drug is compounded and provided to the professional.	573 574
(c) The drug is compounded and provided to the professional as an occasional exception to the normal practice of dispensing drugs pursuant to patient-specific prescriptions.	575 576 577
(D) "Consult agreement" means an agreement that has been entered into under section 4729.39 of the Revised Code.	578 579
(E) "Drug" means:	580
(1) Any article recognized in the United States pharmacopoeia and national formulary, or any supplement to them, intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals;	581 582 583 584
(2) Any other article intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans	585 586

or animals;	587
(3) Any article, other than food, intended to affect the structure or any function of the body of humans or animals;	588 589
(4) Any article intended for use as a component of any article specified in division (E) (1), (2), or (3) of this section; but does not include devices or their components, parts, or accessories.	590 591 592 593
"Drug" does not include "hemp" or a "hemp product" as those terms are defined in section 928.01 of the Revised Code.	594 595
(F) "Dangerous drug" means any of the following:	596
(1) Any drug to which either of the following applies:	597
(a) Under the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, the drug is required to bear a label containing the legend "Caution: Federal law prohibits dispensing without prescription" or "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian" or any similar restrictive statement, or the drug may be dispensed only upon a prescription;	598 599 600 601 602 603 604
(b) Under Chapter 3715. or 3719. of the Revised Code, the drug may be dispensed only upon a prescription.	605 606
(2) Any drug that contains a schedule V controlled substance and that is exempt from Chapter 3719. of the Revised Code or to which that chapter does not apply;	607 608 609
(3) Any drug intended for administration by injection into the human body other than through a natural orifice of the human body;	610 611 612
(4) Any drug that is a biological product, as defined in	613

section 3715.01 of the Revised Code. 614

(G) "Federal drug abuse control laws" has the same meaning 615
as in section 3719.01 of the Revised Code. 616

(H) "Prescription" means all of the following: 617

(1) A written, electronic, or oral order for drugs or 618
combinations or mixtures of drugs to be used by a particular 619
individual or for treating a particular animal, issued by a 620
licensed health professional authorized to prescribe drugs; 621

(2) For purposes of sections 2925.61, 4723.484, 4730.434, 622
and 4731.94 of the Revised Code, a written, electronic, or oral 623
order for naloxone issued to and in the name of a family member, 624
friend, or other individual in a position to assist an 625
individual who there is reason to believe is at risk of 626
experiencing an opioid-related overdose. 627

(3) For purposes of section 4729.44 of the Revised Code, a 628
written, electronic, or oral order for naloxone issued to and in 629
the name of either of the following: 630

(a) An individual who there is reason to believe is at 631
risk of experiencing an opioid-related overdose; 632

(b) A family member, friend, or other individual in a 633
position to assist an individual who there is reason to believe 634
is at risk of experiencing an opioid-related overdose. 635

(4) For purposes of sections 4723.4810, 4729.282, 636
4730.432, and 4731.93 of the Revised Code, a written, 637
electronic, or oral order for a drug to treat chlamydia, 638
gonorrhea, or trichomoniasis issued to and in the name of a 639
patient who is not the intended user of the drug but is the 640
sexual partner of the intended user; 641

(5) For purposes of sections 3313.7110, 3313.7111, 642
3314.143, 3326.28, 3328.29, 4723.483, 4729.88, 4730.433, 643
4731.96, and 5101.76 of the Revised Code, a written, electronic, 644
or oral order for an epinephrine autoinjector issued to and in 645
the name of a school, school district, or camp; 646

(6) For purposes of Chapter 3728. and sections 4723.483, 647
4729.88, 4730.433, and 4731.96 of the Revised Code, a written, 648
electronic, or oral order for an epinephrine autoinjector issued 649
to and in the name of a qualified entity, as defined in section 650
3728.01 of the Revised Code. 651

(I) "Licensed health professional authorized to prescribe 652
drugs" or "prescriber" means an individual who is authorized by 653
law to prescribe drugs or dangerous drugs or drug therapy 654
related devices in the course of the individual's professional 655
practice, including only the following: 656

(1) A dentist licensed under Chapter 4715. of the Revised 657
Code; 658

(2) A clinical nurse specialist, certified nurse-midwife, 659
or certified nurse practitioner who holds a current, valid 660
license issued under Chapter 4723. of the Revised Code to 661
practice nursing as an advanced practice registered nurse; 662

(3) A certified registered nurse anesthetist who holds a 663
current, valid license issued under Chapter 4723. of the Revised 664
Code to practice nursing as an advanced practice registered 665
nurse, but only to the extent of the nurse's authority under 666
sections 4723.43 and 4723.434 of the Revised Code; 667

(4) An optometrist licensed under Chapter 4725. of the 668
Revised Code to practice optometry under a therapeutic 669
pharmaceutical agents certificate; 670

(5) A physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery;

(6) A physician assistant who holds a license to practice as a physician assistant issued under Chapter 4730. of the Revised Code, holds a valid prescriber number issued by the state medical board, and has been granted physician-delegated prescriptive authority;

(7) A veterinarian licensed under Chapter 4741. of the Revised Code;

(8) An anesthesiologist assistant who holds a current, valid license issued under Chapter 4760. of the Revised Code, but only to the extent of the anesthesiologist assistant's authority under sections 4760.08 and 4760.09 of the Revised Code.

(J) "Sale" or "sell" includes any transaction made by any person, whether as principal proprietor, agent, or employee, to do or offer to do any of the following: deliver, distribute, broker, exchange, gift or otherwise give away, or transfer, whether the transfer is by passage of title, physical movement, or both.

(K) "Wholesale sale" and "sale at wholesale" mean any sale in which the purpose of the purchaser is to resell the article purchased or received by the purchaser.

(L) "Retail sale" and "sale at retail" mean any sale other than a wholesale sale or sale at wholesale.

(M) "Retail seller" means any person that sells any dangerous drug to consumers without assuming control over and responsibility for its administration. Mere advice or

instructions regarding administration do not constitute control 700
or establish responsibility. 701

(N) "Price information" means the price charged for a 702
prescription for a particular drug product and, in an easily 703
understandable manner, all of the following: 704

(1) The proprietary name of the drug product; 705

(2) The established (generic) name of the drug product; 706

(3) The strength of the drug product if the product 707
contains a single active ingredient or if the drug product 708
contains more than one active ingredient and a relevant strength 709
can be associated with the product without indicating each 710
active ingredient. The established name and quantity of each 711
active ingredient are required if such a relevant strength 712
cannot be so associated with a drug product containing more than 713
one ingredient. 714

(4) The dosage form; 715

(5) The price charged for a specific quantity of the drug 716
product. The stated price shall include all charges to the 717
consumer, including, but not limited to, the cost of the drug 718
product, professional fees, handling fees, if any, and a 719
statement identifying professional services routinely furnished 720
by the pharmacy. Any mailing fees and delivery fees may be 721
stated separately without repetition. The information shall not 722
be false or misleading. 723

(O) "Wholesale distributor of dangerous drugs" or 724
"wholesale distributor" means a person engaged in the sale of 725
dangerous drugs at wholesale and includes any agent or employee 726
of such a person authorized by the person to engage in the sale 727
of dangerous drugs at wholesale. 728

(P) "Manufacturer of dangerous drugs" or "manufacturer" 729
means a person, other than a pharmacist or prescriber, who 730
manufactures dangerous drugs and who is engaged in the sale of 731
those dangerous drugs. 732

(Q) "Terminal distributor of dangerous drugs" or "terminal 733
distributor" means a person who is engaged in the sale of 734
dangerous drugs at retail, or any person, other than a 735
manufacturer, repackager, outsourcing facility, third-party 736
logistics provider, wholesale distributor, or pharmacist, who 737
has possession, custody, or control of dangerous drugs for any 738
purpose other than for that person's own use and consumption. 739
"Terminal distributor" includes pharmacies, hospitals, nursing 740
homes, and laboratories and all other persons who procure 741
dangerous drugs for sale or other distribution by or under the 742
supervision of a pharmacist, licensed health professional 743
authorized to prescribe drugs, or other person authorized by the 744
state board of pharmacy. 745

(R) "Promote to the public" means disseminating a 746
representation to the public in any manner or by any means, 747
other than by labeling, for the purpose of inducing, or that is 748
likely to induce, directly or indirectly, the purchase of a 749
dangerous drug at retail. 750

(S) "Person" includes any individual, partnership, 751
association, limited liability company, or corporation, the 752
state, any political subdivision of the state, and any district, 753
department, or agency of the state or its political 754
subdivisions. 755

(T) "Animal shelter" means a facility operated by a humane 756
society or any society organized under Chapter 1717. of the 757
Revised Code or a dog pound operated pursuant to Chapter 955. of 758

the Revised Code. 759

(U) "Food" has the same meaning as in section 3715.01 of the Revised Code. 760
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(V) "Pain management clinic" has the same meaning as in section 4731.054 of the Revised Code. 762
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(W) "Investigational drug or product" means a drug or product that has successfully completed phase one of the United States food and drug administration clinical trials and remains under clinical trial, but has not been approved for general use by the United States food and drug administration. 764
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"Investigational drug or product" does not include controlled substances in schedule I, as defined in section 3719.01 of the Revised Code. 769
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(X) "Product," when used in reference to an investigational drug or product, means a biological product, other than a drug, that is made from a natural human, animal, or microorganism source and is intended to treat a disease or medical condition. 772
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(Y) "Third-party logistics provider" means a person that provides or coordinates warehousing or other logistics services pertaining to dangerous drugs including distribution, on behalf of a manufacturer, wholesale distributor, or terminal distributor of dangerous drugs, but does not take ownership of the drugs or have responsibility to direct the sale or disposition of the drugs. 777
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(Z) "Repackager of dangerous drugs" or "repackager" means a person that repacks and relabels dangerous drugs for sale or distribution. 784
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(AA) "Outsourcing facility" means a facility that is 787

engaged in the compounding and sale of sterile drugs and is 788
registered as an outsourcing facility with the United States 789
food and drug administration. 790

(BB) "Laboratory" means a laboratory licensed under this 791
chapter as a terminal distributor of dangerous drugs and 792
entrusted to have custody of any of the following drugs and to 793
use the drugs for scientific and clinical purposes and for 794
purposes of instruction: dangerous drugs that are not controlled 795
substances, as defined in section 3719.01 of the Revised Code; 796
dangerous drugs that are controlled substances, as defined in 797
that section; and controlled substances in schedule I, as 798
defined in that section. 799

Sec. 4730.60. A physician assistant may provide telehealth 800
services in accordance with section 4743.09 of the Revised Code. 801

Sec. 4731.741. A physician may provide telehealth services 802
in accordance with sections 4743.09 of the Revised Code. 803

Sec. 4732.33. (A) The state board of psychology shall 804
adopt rules governing the use of telepsychology for the purpose 805
of protecting the welfare of recipients of telepsychology 806
services and establishing requirements for the responsible use 807
of telepsychology in the practice of psychology and school 808
psychology, including supervision of persons registered with the 809
state board of psychology as described in division (B) of 810
section 4732.22 of the Revised Code. The rules shall be 811
consistent with section 4743.09 of the Revised Code. 812

(B) A psychologist or school psychologist may provide 813
telehealth services in accordance with section 4743.09 of the 814
Revised Code. 815

Sec. ~~4731.2910~~ 4743.09. (A) As used in this section: 816

(1) "Durable medical equipment" means equipment, including repair and replacement parts for such equipment, that can withstand repeated use, is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of illness or injury. "Durable medical equipment" includes a remote monitoring device utilized by a physician, physician assistant, or advanced practice registered nurse in accordance with this section. 817
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~~(2) "Facility fee" has the same meaning as in section 4723.94 of the Revised Code~~ means any fee charged or billed for telehealth services provided in a facility that is intended to compensate the facility for its operational expenses and is separate and distinct from a professional fee. 825
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~~(2)~~ (3) "Health care professional" means: 830

(a) An advanced practice registered nurse, as defined in section 4723.01 of the Revised Code; 831
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(b) A physician assistant licensed under Chapter 4730. of the Revised Code; 833
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(c) A physician licensed under ~~this chapter~~ Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery; 835
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~~(b) A physician assistant licensed under Chapter 4730.~~ 839

(d) A psychologist or school psychologist licensed under Chapter 4732. of the Revised Code; 840
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(e) An audiologist or speech-language pathologist licensed under Chapter 4753. of the Revised Code; 842
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(f) An occupational therapist or physical therapist 844

<u>licensed under Chapter 4755. of the Revised Code;</u>	845
<u>(g) A professional clinical counselor, independent social</u>	846
<u>worker, or independent marriage and family therapist licensed</u>	847
<u>under Chapter 4757. of the Revised Code;</u>	848
<u>(h) An independent chemical dependency counselor licensed</u>	849
<u>under Chapter 4758. of the Revised Code;</u>	850
<u>(i) A dietitian licensed under Chapter 4759. of the</u>	851
Revised Code.	852
(3) <u>(4) "Health care professional licensing board" means</u>	853
<u>any of the following:</u>	854
<u>(a) The board of nursing;</u>	855
<u>(b) The state medical board;</u>	856
<u>(c) The state board of psychology;</u>	857
<u>(d) The state speech and hearing professionals board;</u>	858
<u>(e) The Ohio occupational therapy, physical therapy, and</u>	859
<u>athletic trainers board;</u>	860
<u>(f) The counselor, social worker, and marriage and family</u>	861
<u>therapist board;</u>	862
<u>(g) The chemical dependency professionals board.</u>	863
<u>(5) "Health plan issuer" has the same meaning as in</u>	864
section 3922.01 of the Revised Code.	865
(4) <u>(6) "Telemedicine-Telehealth services" has the same</u>	866
meaning as in section 3902.30 of the Revised Code.	867
<u>(B) Each health care professional licensing board shall</u>	868
<u>permit a health care professional under its jurisdiction to</u>	869
<u>provide the professional's services as telehealth services in</u>	870

accordance with this section. The board may adopt any rules it 871
considers necessary to implement this section. The rules shall 872
be adopted in accordance with Chapter 119. of the Revised Code. 873

(C) With respect to the provision of telehealth services, 874
all of the following apply: 875

(1) A health care professional may use technology to 876
provide telehealth services to a patient during an initial visit 877
if the appropriate standard of care for an initial visit is 878
satisfied. 879

(2) A health care professional may deny a patient 880
telehealth services and, instead, require the patient to undergo 881
an in-person visit. 882

(3) When providing telehealth services in accordance with 883
this section, a health care professional shall comply with all 884
requirements under state and federal law regarding the 885
protection of patient information. A health care professional 886
shall ensure that any username or password information and any 887
electronic communications between the professional and a patient 888
are securely transmitted and stored. 889

(4) A health care professional may use technology to 890
provide telehealth services to a patient during an annual visit 891
if the appropriate standard of care for an annual visit is 892
satisfied. 893

(5) In the case of a health care professional who is a 894
physician, physician assistant, or advanced practice registered 895
nurse, both of the following apply: 896

(a) The professional may provide telehealth services to a 897
patient located outside of this state if permitted by the laws 898
of the state in which the patient is located. 899

(b) The professional may provide telehealth services 900
through the use of medical devices that enable remote 901
monitoring, including such activities as monitoring a patient's 902
blood pressure, heart rate, or glucose level. 903

(D) When a patient has consented to receiving telehealth 904
services, the health care professional who provides those 905
services is not liable in damages under any claim made on the 906
basis that the services do not meet the same standard of care 907
that would apply if the services were provided in-person. 908

(E) (1) A health care professional providing ~~telemedicine-~~ 909
telehealth services shall not charge a health plan issuer 910
covering telehealth services under section 3902.30 of the 911
Revised Code any of the following: a facility fee, an 912
origination fee, or any fee associated with the cost of the 913
equipment used at the provider site to provide ~~telemedicine-~~ 914
telehealth services to a health plan issuer covering 915
telemedicine services under section 3902.30 of the Revised Code. 916
A health care professional may charge a health plan issuer for 917
durable medical equipment used at a patient or client site. 918

(2) A health care professional may negotiate with a health 919
plan issuer to establish a reimbursement rate for fees 920
associated with the administrative costs incurred in providing 921
telehealth services as long as a patient is not responsible for 922
any portion of the fee. 923

(3) A health care professional providing telehealth 924
services shall obtain a patient's consent once before billing 925
for the cost of providing the services. 926

(F) Nothing in this section eliminates or modifies any 927
other provision of the Revised Code that requires a health care 928

professional who is not a physician to practice under the 929
supervision of, in collaboration with, in consultation with, or 930
pursuant to the referral of another health care professional. 931

Sec. 4753.20. An audiologist or speech-language 932
pathologist may provide telehealth services in accordance with 933
section 4743.09 of the Revised Code. 934

Sec. 4755.90. An occupational therapist or physical 935
therapist may provide telehealth services in accordance with 936
section 4743.09 of the Revised Code. 937

Sec. 4757.50. A professional clinical counselor, 938
independent social worker, or independent marriage and family 939
therapist may provide telehealth services in accordance with 940
section 4743.09 of the Revised Code. 941

Sec. 4758.80. An independent chemical dependency counselor 942
may provide telehealth services in accordance with section 943
4743.09 of the Revised Code. 944

Sec. 4759.20. A dietitian may provide telehealth services 945
in accordance with section 4743.09 of the Revised Code. 946

Sec. 4760.08. (A) An anesthesiologist assistant shall 947
practice ~~only~~ under the ~~direct~~ supervision and ~~in the immediate~~ 948
~~presence~~ of a physician who is actively and directly engaged in 949
~~the clinical practice of medicine as~~ of an anesthesiologist and 950
~~in a manner consistent with a written practice protocol~~ 951
~~described in division (B) of this section and the~~ 952
~~anesthesiologist assistant's education, training, and licensure.~~ 953
~~An anesthesiologist assistant shall not practice in any location~~ 954
~~other than a hospital or ambulatory surgical facility. At all~~ 955
~~times when an anesthesiologist assistant is providing direct~~ 956
~~patient care, the anesthesiologist assistant shall display in an~~ 957

~~appropriate manner the title "anesthesiologist assistant" as a
means of identifying the individual's authority to practice
under this chapter.~~ 958
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(B) Each anesthesiologist who agrees to act as the 961
supervising anesthesiologist of an anesthesiologist assistant 962
shall adopt a written practice protocol that is consistent with 963
section 4760.09 of the Revised Code and delineates the services 964
that the anesthesiologist assistant is authorized to provide and 965
the manner in which the anesthesiologist will supervise the 966
anesthesiologist assistant. The supervising anesthesiologist 967
shall base the provisions of the protocol on consideration of 968
relevant quality assurance standards, including regular review 969
by the anesthesiologist of the medical records of the patients 970
of the anesthesiologist assistant. 971

The supervising anesthesiologist shall supervise the 972
anesthesiologist assistant in accordance with the terms of the 973
protocol under which the assistant practices and the rules for 974
supervision of anesthesiologist assistants adopted by the state 975
medical board under this chapter and Chapter 4731. of the 976
Revised Code. ~~The board's rules shall include requirements for
enhanced supervision of an anesthesiologist assistant during the
first four years of practice.~~ 977
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(C) At all times when an anesthesiologist assistant is
providing direct patient care, the anesthesiologist assistant
shall display in an appropriate manner the title
"anesthesiologist assistant" as a means of identifying the
individual's authority to practice under this chapter. 980
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Sec. 4760.09. ~~¶~~ (A) Subject to division (B) of this 985
section, if the practice and supervision requirements of section 986
4760.08 of the Revised Code are being met, an anesthesiologist 987

assistant may ~~assist the supervising anesthesiologist in~~ 988
~~developing and implementing an anesthesia care plan for a~~ 989
~~patient. In providing assistance to the supervising~~ 990
~~anesthesiologist, an anesthesiologist assistant may do any of~~ 991
~~the following:~~ 992

~~(A) Obtain~~ engage in any of the following activities: 993

(1) Developing and implementing anesthesia care plans; 994

(2) Performing anesthesia induction, maintenance, and 995
emergence, including by administering anesthetic, adjuvant, and 996
accessory drugs; 997

(3) Performing epidural or spinal anesthetic procedures; 998

(4) Obtaining and interpreting information from anesthesia 999
delivery systems; 1000

(5) Administering intermittent vasoactive drugs and 1001
starting and adjusting vasoactive infusion; 1002

(6) Obtaining a comprehensive patient history and ~~present-~~ 1003
presenting the history to the supervising anesthesiologist; 1004

~~(B) Pretest~~ (7) Testing and calibrate ~~calibrating~~ 1005
~~anesthesia delivery systems and monitor and obtain and interpret~~ 1006
~~information from the systems and monitors;~~ 1007

~~(C) Assist the supervising anesthesiologist with the~~ 1008
~~implementation of medically accepted monitoring techniques;~~ 1009

~~(D) Establish~~ (8) Establishing basic and advanced airway 1010
~~interventions, including intubation of the trachea and~~ 1011
~~performing~~ tracheal intubations and ventilatory support; 1012

~~(E) Administer intermittent vasoactive drugs and start and~~ 1013
~~adjust vasoactive infusions;~~ 1014

(F) Administer anesthetic drugs, adjuvant drugs, and	1015
accessory drugs;	1016
(G) Assist the supervising anesthesiologist with the	1017
performance of epidural anesthetic procedures and spinal	1018
anesthetic procedures;	1019
(H) Administer <u>(9) Administering</u> blood, blood products,	1020
and supportive fluids;	1021
<u>(10) Obtaining informed consent for anesthesia care;</u>	1022
<u>(11) Performing preanesthetic preparation and evaluation,</u>	1023
<u>postanesthetic preparation and evaluation, postanesthesia care,</u>	1024
<u>clinical support functions, and any other function described in</u>	1025
<u>the written practice protocol adopted under division (B) of</u>	1026
<u>section 4760.08 of the Revised Code;</u>	1027
<u>(12) Performing and documenting evaluations and</u>	1028
<u>assessments, including ordering and evaluating one or more</u>	1029
<u>diagnostic tests for conditions related to the administration of</u>	1030
<u>anesthesia;</u>	1031
<u>(13) As necessary for patient management and care,</u>	1032
<u>selecting, ordering, and administering treatments, drugs, and</u>	1033
<u>intravenous fluids for conditions related to the administration</u>	1034
<u>of anesthesia;</u>	1035
<u>(14) As necessary for patient management and care,</u>	1036
<u>directing registered nurses, licensed practical nurses, and</u>	1037
<u>respiratory therapists to do either or both of the following if</u>	1038
<u>authorized by law to do so:</u>	1039
<u>(a) Provide supportive care, including by monitoring vital</u>	1040
<u>signs, conducting electrocardiograms, and administering</u>	1041
<u>intravenous fluids;</u>	1042

(b) Administer treatments, drugs, and intravenous fluids 1043
to treat conditions related to the administration of anesthesia. 1044

(B) An anesthesiologist assistant may engage in the 1045
activities described in divisions (A)(1) to (5) of this section 1046
only if the anesthesiologist assistant is in the immediate 1047
presence of an anesthesiologist. 1048

Sec. 4761.17. All of the following apply to the practice 1049
of respiratory care by a person who holds a license or limited 1050
permit issued under this chapter: 1051

(A) The person shall practice only pursuant to a 1052
prescription or other order for respiratory care issued by any 1053
of the following: 1054

(1) A physician; 1055

(2) A clinical nurse specialist, certified nurse-midwife, 1056
or certified nurse practitioner who holds a current, valid 1057
license issued under Chapter 4723. of the Revised Code to 1058
practice nursing as an advanced practice registered nurse and 1059
has entered into a standard care arrangement with a physician; 1060

(3) A certified registered nurse anesthetist who holds a 1061
current, valid license issued under Chapter 4723. of the Revised 1062
Code to practice nursing as an advanced practice registered 1063
nurse and acts in compliance with sections 4723.43, 4723.433, 1064
and 4723.434 of the Revised Code; 1065

(4) An anesthesiologist assistant who holds a current, 1066
valid license issued under Chapter 4760. of the Revised Code and 1067
acts in compliance with sections 4760.08 and 4760.09 of the 1068
Revised Code; 1069

(5) A physician assistant who holds a valid prescriber 1070

number issued by the state medical board, has been granted 1071
physician-delegated prescriptive authority, and has entered into 1072
a supervision agreement that allows the physician assistant to 1073
prescribe or order respiratory care services. 1074

(B) The person shall practice only under the supervision 1075
of any of the following: 1076

(1) A physician; 1077

(2) A certified nurse practitioner, certified nurse- 1078
midwife, or clinical nurse specialist; 1079

(3) A physician assistant who is authorized to prescribe 1080
or order respiratory care services as provided in division ~~(A)~~ 1081
~~(4)~~ (A) (5) of this section. 1082

(C) (1) When practicing under the prescription or order of 1083
a certified nurse practitioner, certified nurse midwife, or 1084
clinical nurse specialist or under the supervision of such a 1085
nurse, the person's administration of medication that requires a 1086
prescription is limited to the drugs that the nurse is 1087
authorized to prescribe pursuant to section 4723.481 of the 1088
Revised Code. 1089

(2) When practicing under the order of a certified 1090
registered nurse anesthetist, the person's administration of 1091
medication is limited to the drugs that the nurse is authorized 1092
to order or direct the person to administer, as provided in 1093
sections 4723.43, 4723.433, and 4723.434 of the Revised Code. 1094

(3) When practicing under the order of an anesthesiologist 1095
assistant, the person's administration of medication is limited 1096
to the drugs that the anesthesiologist assistant is authorized 1097
to order or direct the person to administer, as provided in 1098
sections 4760.08 and 4760.09 of the Revised Code. 1099

(4) When practicing under the prescription or order of a physician assistant or under the supervision of a physician assistant, the person's administration of medication that requires a prescription is limited to the drugs that the physician assistant is authorized to prescribe pursuant to the physician assistant's physician-delegated prescriptive authority. 1100-1106

Sec. 4773.01. As used in this chapter: 1107

(A) "General x-ray machine operator" means an individual who operates ionizing radiation-generating equipment in order to perform standard radiology procedures; whose performance of such procedures is limited to specific body sites; and who does not, to any significant degree, determine procedure positioning or the dosage of radiation to which a patient is exposed. 1108-1113

(B) "Chiropractor" means an individual licensed under Chapter 4734. of the Revised Code to practice chiropractic. 1114-1115

(C) "Ionizing radiation" means any electromagnetic or particulate radiation that interacts with atoms to produce ionization in matter, including x-rays, gamma rays, alpha and beta particles, high speed electrons, neutrons, and other nuclear particles. 1116-1120

(D) "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery. 1121-1123

(E) "Podiatrist" means an individual authorized under Chapter 4731. of the Revised Code to practice podiatric medicine and surgery. 1124-1126

(F) "Nuclear medicine technologist" means an individual who ~~prepares~~ does all of the following: 1127-1128

<u>(1) Prepares</u> and administers radio-pharmaceuticals to	1129
human beings and conducts;	1130
<u>(2) Conducts</u> in vivo or in vitro detection and measurement	1131
of radioactivity <u>radioactivity</u> for medical purposes;	1132
<u>(3) Documents orders for radio-pharmaceuticals in patient</u>	1133
<u>medical records.</u>	1134
(G) "Radiation therapy technologist" means an individual	1135
who utilizes ionizing radiation-generating equipment, including	1136
therapy simulator radiation-generating equipment, for	1137
therapeutic purposes on human beings.	1138
"Radiation therapy technologist" is the same as a	1139
radiation therapist.	1140
(H) "Radiographer" means an individual who operates	1141
ionizing radiation-generating equipment, administers contrast,	1142
and determines procedure positioning and the dosage of ionizing	1143
radiation <u>does all of the following</u> in order to perform a	1144
comprehensive scope of radiology procedures on human beings;	1145
<u>(1) Operates ionizing radiation-generating equipment;</u>	1146
<u>(2) Administers contrast;</u>	1147
<u>(3) Documents orders for contrast in patient medical</u>	1148
<u>records;</u>	1149
<u>(4) Determines procedure positioning;</u>	1150
<u>(5) Determines the dosage of ionizing radiation.</u>	1151
(I) "Mechanotherapist" means an individual who holds a	1152
certificate issued under section 4731.15 of the Revised Code	1153
authorizing the individual to practice mechanotherapy.	1154
Sec. 4773.061. Subject to section 4773.06 of the Revised	1155

Code, a radiation therapy technologist or nuclear medicine 1156
technologist may perform computed tomography procedures if the 1157
technologist is certified in computed tomography by a national 1158
certifying organization approved by the director of health under 1159
section 4773.08 of the Revised Code. 1160

When performing computed tomography procedures, the 1161
~~radiation therapy technologist or nuclear medicine technologist~~ 1162
shall act in accordance with rules adopted under section 4773.08 1163
of the Revised Code. In the case of a nuclear medicine 1164
technologist, the technologist also shall act in a manner that 1165
is consistent with a definitive set of treatment guidelines, as 1166
described in section 4773.10 of the Revised Code. 1167

Sec. 4773.10. As used in this section, "clinical 1168
leadership" includes an institution's medical director and 1169
director of radiology. 1170

When engaging in an activity pursuant to a license issued 1171
under this chapter to practice as a radiographer or nuclear 1172
medicine technologist, the radiographer or nuclear medicine 1173
technologist shall do so in a manner that is consistent with a 1174
definitive set of treatment guidelines approved by the clinical 1175
leadership of the institution at which the radiographer or 1176
technologist practices. 1177

Sec. 5101.26. As used in this section and in sections 1178
5101.27 to 5101.30 of the Revised Code: 1179

(A) "County agency" means a county department of job and 1180
family services or a public children services agency. 1181

(B) "Fugitive felon" means an individual who is fleeing to 1182
avoid prosecution, or custody or confinement after conviction, 1183
under the laws of the place from which the individual is 1184

fleeing, for a crime or an attempt to commit a crime that is a 1185
felony under the laws of the place from which the individual is 1186
fleeing or, in the case of New Jersey, a high misdemeanor, 1187
regardless of whether the individual has departed from the 1188
individual's usual place of residence. 1189

(C) "Information" means records as defined in section 1190
149.011 of the Revised Code, any other documents in any format, 1191
and data derived from records and documents that are generated, 1192
acquired, or maintained by the department of job and family 1193
services, a county agency, or an entity performing duties on 1194
behalf of the department or a county agency. 1195

(D) "Law enforcement agency" means the state highway 1196
patrol, an agency that employs peace officers as defined in 1197
section 109.71 of the Revised Code, the adult parole authority, 1198
a county department of probation, a prosecuting attorney, the 1199
attorney general, similar agencies of other states, federal law 1200
enforcement agencies, and postal inspectors. "Law enforcement 1201
agency" includes the peace officers and other law enforcement 1202
officers employed by the agency. 1203

(E) "Public assistance" means financial assistance or 1204
social services that are provided under a program administered 1205
by the department of job and family services or a county agency 1206
pursuant to Chapter 329., 5101., 5104., 5107., or 5108. of the 1207
Revised Code or an executive order issued under section 107.17 1208
of the Revised Code. "Public assistance" does not mean medical 1209
assistance provided under a medical assistance program, as 1210
defined in section 5160.01 of the Revised Code. 1211

(F) "Public assistance recipient" means an applicant for 1212
or recipient or former recipient of public assistance. 1213

(G) "Publicly funded child care" has the same meaning as 1214
in section 5104.01 of the Revised Code. 1215

(H) "Tuberculosis control unit" means the county 1216
tuberculosis control unit designated by a board of county 1217
commissioners under section 339.72 of the Revised Code or the 1218
district tuberculosis control unit designated pursuant to an 1219
agreement entered into by two or more boards of community 1220
commissioners under that section. 1221

Sec. 5101.27. (A) Except as permitted by this section, 1222
section 5101.273, 5101.28, or 5101.29 of the Revised Code, or 1223
rules adopted under section 5101.30 of the Revised Code, or when 1224
required by federal law, no person or government entity shall 1225
knowingly solicit, disclose, receive, use, ~~or knowingly~~ permit 1226
the use of, or participate in the use of any information 1227
regarding a public assistance recipient for any purpose not 1228
directly connected with the administration of a public 1229
assistance program. 1230

(B) To the extent permitted by federal law, the department 1231
of job and family services and county agencies shall do all of 1232
the following: 1233

(1) Release information regarding a public assistance 1234
recipient for purposes directly connected to the administration 1235
of the program to a government entity responsible for 1236
administering that public assistance program; 1237

(2) Provide information regarding a public assistance 1238
recipient to a law enforcement agency for the purpose of any 1239
investigation, prosecution, or criminal or civil proceeding 1240
relating to the administration of that public assistance 1241
program; 1242

(3) Provide, for purposes directly connected to the 1243
administration of a program that assists needy individuals with 1244
the costs of public utility services, information regarding a 1245
recipient of financial assistance provided under a program 1246
administered by the department or a county agency pursuant to 1247
Chapter 5107. or 5108. of the Revised Code to an entity 1248
administering the public utility services program. 1249

~~(C)~~ (C) (1) To the extent permitted by federal law and 1250
subject to division (C) (2) of this section, the department of 1251
job and family services shall release, for purposes directly 1252
connected to a public health investigation related to section 1253
3301.531 or 5104.037 of the Revised Code, information regarding 1254
a public assistance recipient who receives publicly funded child 1255
care, as long as all of the following conditions are met: 1256

(a) The department of health or the tuberculosis control 1257
unit has initiated a public health investigation related to 1258
section 3301.531 or 5104.037 of the Revised Code and has 1259
assessed the investigation as an emergency. 1260

(b) The department of health or the tuberculosis control 1261
unit has notified the department of job and family services 1262
about the investigation and has requested that the department of 1263
job and family services release the information for purposes of 1264
the investigation. 1265

(c) The department of job and family services is unable to 1266
timely obtain voluntary, written authorization that complies 1267
with section 5101.272 of the Revised Code. 1268

(2) If the conditions specified in division (C) (1) of this 1269
section are met, the department of job and family services shall 1270
release to the department of health or the tuberculosis control 1271

unit the minimum information necessary to fulfill the needs of 1272
the department of health or tuberculosis control unit related to 1273
the public health investigation. 1274

(3) If the department of job and family services releases 1275
information pursuant to division (C) of this section, it shall 1276
immediately notify the public assistance recipient. 1277

(D) To the extent permitted by federal law and section 1278
1347.08 of the Revised Code, the department and county agencies 1279
shall provide access to information regarding a public 1280
assistance recipient to all of the following: 1281

(1) The recipient; 1282

(2) The authorized representative; 1283

(3) The legal guardian of the recipient; 1284

(4) The attorney of the recipient, if the attorney has 1285
written authorization that complies with section 5101.272 of the 1286
Revised Code from the recipient. 1287

~~(D)~~(E) To the extent permitted by federal law and subject 1288
to division ~~(E)~~(F) of this section, the department and county 1289
agencies may do both of the following: 1290

(1) Release information about a public assistance 1291
recipient if the recipient gives voluntary, written 1292
authorization that complies with section 5101.272 of the Revised 1293
Code; 1294

(2) Release information regarding a public assistance 1295
recipient to a state, federal, or federally assisted program 1296
that provides cash or in-kind assistance or services directly to 1297
individuals based on need or for the purpose of protecting 1298
children to a government entity responsible for administering a 1299

children's protective services program. 1300

~~(E)~~ (F) Except when the release is required by division 1301
(B), (C), or (D) of this section or ~~(D)(2)~~ is authorized by 1302
division (E)(2) of this section, the department or county agency 1303
shall release the information only in accordance with the 1304
authorization. The department or county agency shall provide, at 1305
no cost, a copy of each written authorization to the individual 1306
who signed it. 1307

~~(F)~~ (G) The department of job and family services may 1308
adopt rules defining "authorized representative" for purposes of 1309
division ~~(C)(2)~~ (D)(2) of this section. 1310

Sec. 5104.037. (A) As used in this section: 1311

(1) "Active tuberculosis" has the same meaning as in 1312
section 339.71 of the Revised Code. 1313

(2) "Latent tuberculosis" means tuberculosis that has been 1314
demonstrated by a positive reaction to a tuberculosis test but 1315
has no clinical, bacteriological, or radiographic evidence of 1316
active tuberculosis. 1317

(3) "Licensed health professional" means any of the 1318
following: 1319

(a) A physician authorized under Chapter 4731. of the 1320
Revised Code to practice medicine and surgery or osteopathic 1321
medicine and surgery; 1322

(b) A physician assistant who holds a current, valid 1323
license to practice as a physician assistant issued under 1324
Chapter 4730. of the Revised Code; 1325

(c) A certified nurse practitioner, as defined in section 1326
4723.01 of the Revised Code; 1327

(d) A clinical nurse specialist, as defined in section 1328
4723.01 of the Revised Code. 1329

(4) "Tuberculosis control unit" means the county 1330
tuberculosis control unit designated by a board of county 1331
commissioners under section 339.72 of the Revised Code or the 1332
district tuberculosis control unit designated pursuant to an 1333
agreement entered into by two or more boards of county 1334
commissioners under that section. 1335

(5) "Tuberculosis test" means either of the following: 1336

(a) A two-step Mantoux tuberculin skin test; 1337

(b) A blood assay for m. tuberculosis. 1338

(B) Before employing a person as an administrator or 1339
employee, for the purpose of tuberculosis screening, each child 1340
day-care center shall determine if the person has done both of 1341
the following: 1342

(1) Resided in a country identified by the world health 1343
organization as having a high burden of tuberculosis; 1344

(2) Arrived in the United States within the five years 1345
immediately preceding the date of application for employment. 1346

(C) If the person meets the criteria described in division 1347
(B) of this section, the center shall require the person to 1348
undergo a tuberculosis test before employment. If the result of 1349
the test is negative, the center may employ the person. 1350

(D) If the result of any tuberculosis test performed as 1351
described in division (C) of this section is positive, the 1352
center shall require the person to undergo additional testing 1353
for tuberculosis, which may include a chest radiograph or the 1354
collection and examination of specimens. 1355

(1) If additional testing indicates active tuberculosis, 1356
then until the person is no longer infectious as determined by 1357
the county tuberculosis unit, the center shall not employ the 1358
person or, if employed, shall not allow the person to be 1359
physically present at the center's location. 1360

For purposes of this section, evidence that a person is no 1361
longer infectious shall consist of a written statement to that 1362
effect signed by a representative of the tuberculosis control 1363
unit. 1364

(2) If additional testing indicates latent tuberculosis, 1365
then until the person submits to the program evidence that the 1366
person is receiving treatment as prescribed by a licensed health 1367
professional, the preschool program shall not employ the person 1368
or, if employed, shall not allow the person to be physically 1369
present at the program's location. Once the person submits to 1370
the program evidence that the person is in the process of 1371
completing a tuberculosis treatment regimen as prescribed by a 1372
licensed health professional, the preschool program may employ 1373
the person and allow the person to be physically present at the 1374
program's location, as long as periodic evidence of compliance 1375
with the treatment regimen is submitted in accordance with rules 1376
adopted under section 3701.146 of the Revised Code. 1377

For purposes of this section, evidence that a person is in 1378
the process of completing and is compliant with a tuberculosis 1379
treatment regimen shall consist of a written statement to that 1380
effect signed by the tuberculosis control unit that is 1381
overseeing the person's treatment. 1382

Sec. 5119.368. (A) As used in this section, "telehealth 1383
services" has the same meaning as in section 3902.30 of the 1384
Revised Code. 1385

(B) Each community mental health services provider and 1386
community addiction services provider shall establish a written 1387
policy and procedures describing how the provider will ensure 1388
that staff assisting clients with receiving telehealth services 1389
or providing telehealth services are fully trained in using 1390
equipment necessary for providing the services. 1391

(C) Prior to providing telehealth services to a client, a 1392
provider shall describe to the client the potential risks 1393
associated with receiving treatment through telehealth services 1394
and shall document that the client was provided with the risks 1395
and agreed to assume those risks. The risks communicated to a 1396
client must address the following: 1397

(1) Clinical aspects of receiving treatment through 1398
telehealth services; 1399

(2) Security considerations when receiving treatment 1400
through telehealth services; 1401

(3) Confidentiality for individual and group counseling. 1402

(D) It is the responsibility of the provider, to the 1403
extent possible, to ensure contractually that any entity or 1404
individuals involved in the transmission of information through 1405
telehealth mechanisms guarantee that the confidentiality of the 1406
information is protected. 1407

(E) Every provider shall have a contingency plan for 1408
providing telehealth services to clients in the event that 1409
technical problems occur during the provision of those services. 1410

(F) Providers shall maintain, at a minimum, the following 1411
information pertaining to local resources: 1412

(1) The local suicide prevention hotline, if available, or 1413

the national suicide prevention hotline. 1414

(2) Contact information for the local police and fire departments. 1415
1416

The provider shall provide the client written information on how to access assistance in a crisis, including one caused by equipment malfunction or failure. 1417
1418
1419

(G) It is the responsibility of the provider to ensure that equipment meets standards sufficient to do the following: 1420
1421

(1) To the extent possible, ensure confidentiality of communication; 1422
1423

(2) Provide for interactive communication between the provider and the client; 1424
1425

(3) Ensure that video or audio are sufficient to enable real-time interaction between the client and the provider and to ensure the quality of the service provided. 1426
1427
1428

(H) A mental health facility or unit that is serving as a client site shall be maintained in such a manner that appropriate staff persons are on hand at the facility or unit in the event of a malfunction with the equipment used to provide telehealth services. 1429
1430
1431
1432
1433

(I) (1) All telehealth services provided by interactive videoconferencing shall meet both of the following conditions: 1434
1435

(a) Begin with the verification of the client through a name and password or personal identification number when treatment services are being provided; 1436
1437
1438

(b) Be provided in accordance with state and federal law. 1439

(2) When providing telehealth services in accordance with 1440

this section, a provider shall comply with all requirements 1441
under state and federal law regarding the protection of patient 1442
information. Each provider shall ensure that any username or 1443
password information and any electronic communications between 1444
the provider and a client are securely transmitted and stored. 1445

(J) The department of mental health and addiction services 1446
may adopt rules as it considers necessary to implement this 1447
section. The rules shall be adopted in accordance with Chapter 1448
119. of the Revised Code. Any such rules are not subject to the 1449
requirements of division (F) of section 121.95 of the Revised 1450
Code. 1451

Sec. 5164.95. (A) As used in this section, "telehealth 1452
service" means a health care service delivered to a patient 1453
through the use of interactive audio, video, or other 1454
telecommunications or electronic technology from a site other 1455
than the site where the patient is located. 1456

(B) The department of medicaid shall establish standards 1457
for medicaid payments for health care services the department 1458
determines are appropriate to be covered by the medicaid program 1459
when provided as telehealth services. The standards shall be 1460
established in rules adopted under section 5164.02 of the 1461
Revised Code. 1462

In accordance with section 5162.021 of the Revised Code, 1463
the medicaid director shall adopt rules authorizing the 1464
directors of other state agencies to adopt rules regarding the 1465
medicaid coverage of telehealth services under programs 1466
administered by the other state agencies. Any such rules adopted 1467
by the medicaid director or the directors of other state 1468
agencies are not subject to the requirements of division (F) of 1469
section 121.95 of the Revised Code. 1470

<u>(C) (1) The following practitioners are eligible to render</u>	1471
<u>telehealth services covered pursuant to this section:</u>	1472
<u>(a) A physician licensed under Chapter 4731. of the</u>	1473
<u>Revised Code to practice medicine and surgery, osteopathic</u>	1474
<u>medicine and surgery, or podiatric medicine and surgery;</u>	1475
<u>(b) A psychologist licensed under Chapter 4732. of the</u>	1476
<u>Revised Code;</u>	1477
<u>(c) A physician assistant licensed under Chapter 4730. of</u>	1478
<u>the Revised Code;</u>	1479
<u>(d) A clinical nurse specialist, certified nurse-midwife,</u>	1480
<u>or certified nurse practitioner licensed under Chapter 4723. of</u>	1481
<u>the Revised Code;</u>	1482
<u>(e) An independent social worker, independent marriage and</u>	1483
<u>family therapist, or professional clinical counselor licensed</u>	1484
<u>under Chapter 4757. of the Revised Code;</u>	1485
<u>(f) An independent chemical dependency counselor licensed</u>	1486
<u>under Chapter 4758. of the Revised Code;</u>	1487
<u>(g) A supervised practitioner or supervised trainee;</u>	1488
<u>(h) An audiologist or speech-language pathologist licensed</u>	1489
<u>under Chapter 4753. of the Revised Code;</u>	1490
<u>(i) An audiology aide or speech-language pathology aide,</u>	1491
<u>as defined in section 4753.072 of the Revised Code, or an</u>	1492
<u>individual holding a conditional license under section 4753.071</u>	1493
<u>of the Revised Code;</u>	1494
<u>(j) An occupational therapist or physical therapist</u>	1495
<u>licensed under Chapter 4755. of the Revised Code;</u>	1496
<u>(k) An occupational therapy assistant or physical</u>	1497

<u>therapist assistant licensed under Chapter 4755. of the Revised</u>	1498
<u>Code.</u>	1499
<u>(l) A dietitian licensed under Chapter 4759. of the</u>	1500
<u>Revised Code;</u>	1501
<u>(m) A practitioner who provides services through a</u>	1502
<u>medicaid school program;</u>	1503
<u>(n) Any other practitioner the medicaid director considers</u>	1504
<u>eligible to provide the services.</u>	1505
<u>(2) The following provider types are eligible to submit</u>	1506
<u>claims for medicaid payments for providing telehealth services:</u>	1507
<u>(a) Any practitioner described in division (B)(1) of this</u>	1508
<u>section, except for those described in divisions (B)(1)(g), (i),</u>	1509
<u>and (k) of this section;</u>	1510
<u>(b) A professional medical group;</u>	1511
<u>(c) A federally qualified health center or rural health</u>	1512
<u>clinic;</u>	1513
<u>(d) An ambulatory health care clinic;</u>	1514
<u>(e) An outpatient hospital;</u>	1515
<u>(f) A medicaid school program;</u>	1516
<u>(g) Any other provider type the medicaid director</u>	1517
<u>considers eligible to submit the claims for payment.</u>	1518
<u>(D) (1) When providing telehealth services under this</u>	1519
<u>section, a practitioner shall comply with all requirements under</u>	1520
<u>state and federal law regarding the protection of patient</u>	1521
<u>information. A practitioner shall ensure that any username or</u>	1522
<u>password information and any electronic communications between</u>	1523
<u>the practitioner and a patient are securely transmitted and</u>	1524

stored. 1525

(2) When providing telehealth services under this section, 1526
every practitioner site shall have access to the medical records 1527
of the patient at the time telehealth services are provided. 1528

Section 2. That existing sections 3748.04, 3902.30, 1529
4715.70, 4715.71, 4715.72, 4723.94, 4729.01, 4732.33, 4760.08, 1530
4760.09, 4761.17, 4773.01, 4773.061, 5101.26, 5101.27, 5164.95, 1531
and 4731.2910 of the Revised Code are hereby repealed. 1532

Section 3. Section 3902.30 of the Revised Code, as amended 1533
by this act, shall apply to health benefit plans, as defined in 1534
section 3922.01 of the Revised Code, that are in effect on the 1535
effective date of the amendment to that section and to plans 1536
that are issued, renewed, modified, or amended on or after the 1537
effective date of that amendment. 1538

Section 4. Section 4729.01 of the Revised Code is 1539
presented in this act as a composite of the section as amended 1540
by both H.B. 203 and H.B. 101 of the 133rd General Assembly. The 1541
General Assembly, applying the principle stated in division (B) 1542
of section 1.52 of the Revised Code that amendments are to be 1543
harmonized if reasonably capable of simultaneous operation, 1544
finds that the composite is the resulting version of the section 1545
in effect prior to the effective date of the section as 1546
presented in this act. 1547