

As Introduced

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H. B. No. 476

Representatives Bird, Lightbody

**Cosponsors: Representatives Schmidt, White, Johnson, Miller, J., Stewart,
Weinstein, Sheehy, Boggs, Ingram, Miller, A.**

A BILL

To amend sections 5.27, 4723.28, 4730.25, and 1
4731.22 and to enact sections 3701.25 and 2
3701.251 of the Revised Code to establish a 3
Parkinson's disease registry and to change the 4
observance of "Parkinson's Disease Awareness 5
Month" from September to April. 6

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

Section 1. That sections 5.27, 4723.28, 4730.25, and 7
4731.22 be amended and sections 3701.25 and 3701.251 of the 8
Revised Code be enacted to read as follows: 9

Sec. 5.27. The month of ~~September~~ April is designated as 10
"Parkinson's Disease Awareness Month." 11

Sec. 3701.25. (A) As used in this section and section 12
3701.251 of the Revised Code: 13

(1) "Certified nurse practitioner" and "clinical nurse 14
specialist" have the same meanings as in section 4723.01 of the 15
Revised Code. 16

(2) "Hospital" has the same meaning as in section 3722.01 17
of the Revised Code. 18

(3) "Parkinson's disease" means a chronic and progressive 19
neurological disorder resulting from a deficiency of the 20
neurotransmitter dopamine as the consequence of specific 21
degenerative changes in the area of the brain called the basal 22
ganglia. Parkinson's disease can be characterized by tremor at 23
rest, slow movements, muscle rigidity, stooped posture, and 24
unsteady or shuffling gait. 25

(4) "Parkinsonism" means a condition related to 26
Parkinson's disease that meets both of the following: 27

(a) It can cause a combination of the movement 28
abnormalities seen in the disease, including tremor at rest, 29
slow movement, muscle rigidity, impaired speech, or muscle 30
stiffness, which often overlaps with and can evolve from what 31
appears to be Parkinson's disease. 32

(b) It is included on the list of Parkinsonisms developed 33
and updated by the Parkinson's disease registry advisory 34
committee as described in section 3701.251 of the Revised Code. 35

(5) "Physician" means an individual authorized under 36
Chapter 4731. of the Revised Code to practice medicine and 37
surgery or osteopathic medicine and surgery. 38

(6) "Physician assistant" means an individual authorized 39
under Chapter 4730. of the Revised Code to practice as a 40
physician assistant. 41

(B) The department of health shall establish and maintain 42
a Parkinson's disease registry for the collection and 43
dissemination of the following: 44

(1) Data on the incidence and prevalence of Parkinson's disease and Parkinsonisms in Ohio; 45
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(2) Any other epidemiological data related to the disease. 47

The director of health shall supervise the registry and the collection and dissemination of data included in the registry. 48
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(C)(1) Except as provided in division (C)(2) of this section, each individual case of Parkinson's disease or a Parkinsonism shall be reported to the registry by one of the following: 51
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(a) The certified nurse practitioner, clinical nurse specialist, physician, or physician assistant who diagnosed or treated the individual's Parkinson's disease or Parkinsonism; 55
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(b) The group practice or hospital or other health care facility that employs or contracts with the professional described in division (C)(1)(a) of this section. 58
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(2) In the event an individual who is diagnosed with or treated for Parkinson's disease or a Parkinsonism is under the care of one or more of the following at the same time, a single report may be submitted to the registry to meet the requirement of division (C)(1) of this section: a certified nurse practitioner, clinical nurse specialist, physician, or physician assistant. 61
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(3) As soon as practicable after the individual's diagnosis or treatment, the nurse, physician, physician assistant, practice, hospital, or facility also shall inform the individual or individual's representative of both of the following: 68
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(a) That the department of health has established and maintains a Parkinson's disease registry; 73
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(b) That state law requires each diagnosis or treatment of Parkinson's disease or a Parkinsonism to be reported to the registry. 75
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(D) On receipt of a report described in division (C) of this section, the department of health shall notify the individual who is the subject of the report or the individual's representative about the registry and the department's collection of data related to Parkinson's disease and Parkinsonisms. The notice shall be in writing and shall include all of the following: 78
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(1) A description of the registry and the process for collecting additional data about the individual beyond the initial report of the individual's diagnosis or treatment; 85
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(2) A statement acknowledging that an individual is not required to participate in the registry; 88
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(3) A statement informing the individual that any data or information concerning the individual shall remain confidential; 90
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(4) A statement informing the individual that he or she shall have access to his or her data and information maintained in the registry; 92
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(5) The name and contact information for a representative designated by the department to answer questions about the registry. 95
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An individual who does not wish to participate in the registry and the department's collection of data shall affirmatively opt-out in writing after an opportunity to review 98
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the written notice and ask questions of the department's 101
designated representative. No individual shall be required to 102
participate in this registry. In the event an individual opts- 103
out of the registry, no further data or information about the 104
individual beyond a report of a diagnosis or treatment shall be 105
provided to the registry. 106

(E) With respect to each individual who participates in 107
the registry, the department of health, in accordance with 108
division (D) of section 3701.251 of the Revised Code, shall 109
develop a system for collecting and disseminating additional 110
data related to the individual's diagnosis of and treatment for 111
Parkinson's disease and Parkinsonisms. In developing such a 112
system, the department may do the following: 113

(1) Create, review, and revise a list of data points, 114
including the following: 115

(a) Necessary triggering diagnostic conditions, consistent 116
with the most recent international statistical classification of 117
diseases and related health problems; 118

(b) Resulting case data, including diagnosis, treatment, 119
and survival. 120

(2) Require the professionals described in division (B) of 121
this section to report the additional data to the registry, 122
including in a format prescribed by the department; 123

(3) Inform the professionals described in division (B) of 124
this section, through a bulletin or other instruction and 125
without taking regulatory action, about the additional data to 126
be reported. 127

(F) The department of health shall provide notice of the 128
reporting required by this section on the internet web site the 129

department maintains. The department also shall provide notice 130
of the required reporting to all of the following entities: 131

(1) The Ohio board of nursing; 132

(2) The Ohio association of advanced practice nurses; 133

(3) The Ohio association of physician assistants; 134

(4) The Ohio hospital association; 135

(5) The Ohio state medical association; 136

(6) The state medical board of Ohio. 137

(G) The director of health may enter into contracts, 138
grants, or other agreements as necessary to administer the 139
registry and satisfy the requirements of this section, including 140
data sharing contracts with data reporting entities and their 141
associated electronic medical record systems vendors to securely 142
and confidentially receive information related to Parkinson's 143
disease testing, diagnosis, and treatment. 144

(H) The director of health may enter into agreements to 145
furnish data collected in this registry with other states' 146
Parkinson's disease registries, federal Parkinson's disease 147
control agencies, local health officers, or health researchers 148
for the study of Parkinson's disease. Before confidential 149
information is disclosed to those agencies, officers, 150
researchers, or out-of-state registries, the requesting entity 151
shall agree in writing to maintain the confidentiality of the 152
information, and, in the case of researchers, also shall do both 153
of the following: 154

(1) Obtain approval from their respective committees for 155
the protection of human subjects established in accordance with 156
45 C.F.R. 46; 157

(2) Provide documentation to the director of health that demonstrates to the director's satisfaction that the researchers are able to and have established procedures to maintain the confidentiality of the information. 158
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(I) Except as otherwise provided in this section, all data and information collected pursuant to this section shall be confidential. For purposes of this section, the data and information shall be referred to as confidential information. To ensure privacy, the department of health shall establish a coding system that removes any identifying information about an individual diagnosed with or treated for Parkinson's disease or a Parkinsonism. 162
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Each individual who participates in the registry shall have access to his or her own data and information maintained in the registry. 170
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(J) Notwithstanding any conflicting provision of the Revised Code, a disclosure authorized by this section shall include only the data and information necessary for the stated purpose of the requested disclosure, shall be used only for the approved purpose, and shall not be further disclosed. 173
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(K) Provided the security of confidentiality has been documented, furnishing confidential information to the department of health or its authorized representative in accordance with this section shall not expose any person, agency, or entity to liability and shall not be considered a waiver of any privilege or a violation of a confidential relationship. 178
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(L) The department of health shall maintain an accurate record of all persons who are given access to confidential 185
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information under this section. The record shall include: the 187
name of the person authorizing access; the name, title, address, 188
and organizational affiliation of any person given access; the 189
dates of access; and the specific purpose for which information 190
is to be used. The record of access shall be open to public 191
inspection during normal operating hours of the department. 192

(M) Notwithstanding any conflicting provision of the 193
Revised Code, the confidential information shall not be 194
available for subpoena or disclosed, discoverable, or compelled 195
to be produced in any civil, criminal, administrative, or other 196
proceeding. The confidential information shall not be deemed 197
admissible as evidence in any civil, criminal, administrative, 198
or other tribunal or court for any reason. 199

(N) This section does not prevent either of the following: 200

(1) The department of health from publishing reports and 201
statistical compilations that do not in any way identify or tend 202
to identify individual cases or individual sources of 203
information; 204

(2) A professional, hospital, or facility described in 205
division (B) of this section that provides diagnostic or 206
treatment services to individuals with Parkinson's disease from 207
maintaining Parkinson's disease registries. 208

Sec. 3701.251. (A) There is hereby created in the 209
department of health the Parkinson's disease registry advisory 210
committee. The committee shall consist of all of the following 211
members, each appointed by the director of health: 212

(1) One physician who specializes in neurology; 213

(2) One physician who specializes in movement disorders; 214

<u>(3) One physician who specializes in primary care;</u>	215
<u>(4) One physician with experience in clinical informatics;</u>	216
<u>(5) One individual who represents patients diagnosed with Parkinson's disease;</u>	217 218
<u>(6) One individual who specializes in public health;</u>	219
<u>(7) One individual who is a population health researcher with experience in developing or maintaining one or more disease registries;</u>	220 221 222
<u>(8) One individual with experience conducting Parkinson's disease research;</u>	223 224
<u>(9) One individual deemed necessary by the director.</u>	225
<u>(B) Initial appointments to the committee shall be made not later than sixty days after the effective date of this section. Of the initial appointments, four shall be for terms of two years and five shall be for terms of three years. Thereafter, terms shall be for three years, with each term ending on the same day of the same month as did the term that it succeeds. Vacancies shall be filled in the same manner as appointments.</u>	226 227 228 229 230 231 232 233
<u>When the term of any member expires, a successor shall be appointed in the same manner as the initial appointment. Any member appointed to fill a vacancy occurring prior to the expiration of the term for which the member's predecessor was appointed shall hold office for the remainder of that term. A member shall continue in office subsequent to the expiration date of the member's term until the member's successor takes office or until a period of sixty days has elapsed, whichever occurs first. A member may be reappointed for one additional</u>	234 235 236 237 238 239 240 241 242

term only. 243

(C) Not later than ninety days after the effective date of 244
this section, the committee shall hold its first meeting. 245
Thereafter, the committee shall meet at least twice a year. 246

The committee shall organize by selecting a chairperson 247
from among its members and may select a new chairperson at any 248
time. The committee may transact official business if at least 249
five members of the committee are present. Members shall serve 250
without compensation but shall receive payment for their actual 251
and necessary expenses incurred in the performance of their 252
official duties. 253

(D) The committee shall do all of the following: 254

(1) Assist the department of health in developing and 255
implementing the Parkinson's disease registry; 256

(2) Determine the data to be collected and maintained in 257
the registry; 258

(3) Develop and update on a periodic basis a list of the 259
Parkinsonisms to be reported to the registry, including multiple 260
system atrophy, dementia with Lewy Bodies, corticobasal 261
degeneration, and progressive supranuclear palsy; 262

(4) Advise the department of health as necessary. 263

(E) The department of health shall provide meeting space, 264
staff, and other administrative support to the committee in 265
order for the committee to carry out its duties. 266

Sec. 4723.28. (A) The board of nursing, by a vote of a 267
quorum, may impose one or more of the following sanctions if it 268
finds that a person committed fraud in passing an examination 269
required to obtain a license or dialysis technician certificate 270

issued by the board or to have committed fraud, 271
misrepresentation, or deception in applying for or securing any 272
nursing license or dialysis technician certificate issued by the 273
board: deny, revoke, suspend, or place restrictions on any 274
nursing license or dialysis technician certificate issued by the 275
board; reprimand or otherwise discipline a holder of a nursing 276
license or dialysis technician certificate; or impose a fine of 277
not more than five hundred dollars per violation. 278

(B) Except as provided in section 4723.092 of the Revised 279
Code, the board of nursing, by a vote of a quorum, may impose 280
one or more of the following sanctions: deny, revoke, suspend, 281
or place restrictions on any nursing license or dialysis 282
technician certificate issued by the board; reprimand or 283
otherwise discipline a holder of a nursing license or dialysis 284
technician certificate; or impose a fine of not more than five 285
hundred dollars per violation. The sanctions may be imposed for 286
any of the following: 287

(1) Denial, revocation, suspension, or restriction of 288
authority to engage in a licensed profession or practice a 289
health care occupation, including nursing or practice as a 290
dialysis technician, for any reason other than a failure to 291
renew, in Ohio or another state or jurisdiction; 292

(2) Engaging in the practice of nursing or engaging in 293
practice as a dialysis technician, having failed to renew a 294
nursing license or dialysis technician certificate issued under 295
this chapter, or while a nursing license or dialysis technician 296
certificate is under suspension; 297

(3) Conviction of, a plea of guilty to, a judicial finding 298
of guilt of, a judicial finding of guilt resulting from a plea 299
of no contest to, or a judicial finding of eligibility for a 300

pretrial diversion or similar program or for intervention in 301
lieu of conviction for, a misdemeanor committed in the course of 302
practice; 303

(4) Conviction of, a plea of guilty to, a judicial finding 304
of guilt of, a judicial finding of guilt resulting from a plea 305
of no contest to, or a judicial finding of eligibility for a 306
pretrial diversion or similar program or for intervention in 307
lieu of conviction for, any felony or of any crime involving 308
gross immorality or moral turpitude; 309

(5) Selling, giving away, or administering drugs or 310
therapeutic devices for other than legal and legitimate 311
therapeutic purposes; or conviction of, a plea of guilty to, a 312
judicial finding of guilt of, a judicial finding of guilt 313
resulting from a plea of no contest to, or a judicial finding of 314
eligibility for a pretrial diversion or similar program or for 315
intervention in lieu of conviction for, violating any municipal, 316
state, county, or federal drug law; 317

(6) Conviction of, a plea of guilty to, a judicial finding 318
of guilt of, a judicial finding of guilt resulting from a plea 319
of no contest to, or a judicial finding of eligibility for a 320
pretrial diversion or similar program or for intervention in 321
lieu of conviction for, an act in another jurisdiction that 322
would constitute a felony or a crime of moral turpitude in Ohio; 323

(7) Conviction of, a plea of guilty to, a judicial finding 324
of guilt of, a judicial finding of guilt resulting from a plea 325
of no contest to, or a judicial finding of eligibility for a 326
pretrial diversion or similar program or for intervention in 327
lieu of conviction for, an act in the course of practice in 328
another jurisdiction that would constitute a misdemeanor in 329
Ohio; 330

(8) Self-administering or otherwise taking into the body 331
any dangerous drug, as defined in section 4729.01 of the Revised 332
Code, in any way that is not in accordance with a legal, valid 333
prescription issued for that individual, or self-administering 334
or otherwise taking into the body any drug that is a schedule I 335
controlled substance; 336

(9) Habitual or excessive use of controlled substances, 337
other habit-forming drugs, or alcohol or other chemical 338
substances to an extent that impairs the individual's ability to 339
provide safe nursing care or safe dialysis care; 340

(10) Impairment of the ability to practice according to 341
acceptable and prevailing standards of safe nursing care or safe 342
dialysis care because of the use of drugs, alcohol, or other 343
chemical substances; 344

(11) Impairment of the ability to practice according to 345
acceptable and prevailing standards of safe nursing care or safe 346
dialysis care because of a physical or mental disability; 347

(12) Assaulting or causing harm to a patient or depriving 348
a patient of the means to summon assistance; 349

(13) Misappropriation or attempted misappropriation of 350
money or anything of value in the course of practice; 351

(14) Adjudication by a probate court of being mentally ill 352
or mentally incompetent. The board may reinstate the person's 353
nursing license or dialysis technician certificate upon 354
adjudication by a probate court of the person's restoration to 355
competency or upon submission to the board of other proof of 356
competency. 357

(15) The suspension or termination of employment by the 358
United States department of defense or department of veterans 359

affairs for any act that violates or would violate this chapter;	360
(16) Violation of this chapter or any rules adopted under it;	361 362
(17) Violation of any restrictions placed by the board on a nursing license or dialysis technician certificate;	363 364
(18) Failure to use universal and standard precautions established by rules adopted under section 4723.07 of the Revised Code;	365 366 367
(19) Failure to practice in accordance with acceptable and prevailing standards of safe nursing care or safe dialysis care;	368 369
(20) In the case of a registered nurse, engaging in activities that exceed the practice of nursing as a registered nurse;	370 371 372
(21) In the case of a licensed practical nurse, engaging in activities that exceed the practice of nursing as a licensed practical nurse;	373 374 375
(22) In the case of a dialysis technician, engaging in activities that exceed those permitted under section 4723.72 of the Revised Code;	376 377 378
(23) Aiding and abetting a person in that person's practice of nursing without a license or practice as a dialysis technician without a certificate issued under this chapter;	379 380 381
(24) In the case of an advanced practice registered nurse, except as provided in division (M) of this section, either of the following:	382 383 384
(a) Waiving the payment of all or any part of a deductible or copayment that a patient, pursuant to a health insurance or	385 386

health care policy, contract, or plan that covers such nursing services, would otherwise be required to pay if the waiver is used as an enticement to a patient or group of patients to receive health care services from that provider;	387 388 389 390
(b) Advertising that the nurse will waive the payment of all or any part of a deductible or copayment that a patient, pursuant to a health insurance or health care policy, contract, or plan that covers such nursing services, would otherwise be required to pay.	391 392 393 394 395
(25) Failure to comply with the terms and conditions of participation in the substance use disorder monitoring program established under section 4723.35 of the Revised Code;	396 397 398
(26) Failure to comply with the terms and conditions required under the practice intervention and improvement program established under section 4723.282 of the Revised Code;	399 400 401
(27) In the case of an advanced practice registered nurse:	402
(a) Engaging in activities that exceed those permitted for the nurse's nursing specialty under section 4723.43 of the Revised Code;	403 404 405
(b) Failure to meet the quality assurance standards established under section 4723.07 of the Revised Code.	406 407
(28) In the case of an advanced practice registered nurse other than a certified registered nurse anesthetist, failure to maintain a standard care arrangement in accordance with section 4723.431 of the Revised Code or to practice in accordance with the standard care arrangement;	408 409 410 411 412
(29) In the case of an advanced practice registered nurse who is designated as a clinical nurse specialist, certified	413 414

nurse-midwife, or certified nurse practitioner, failure to 415
prescribe drugs and therapeutic devices in accordance with 416
section 4723.481 of the Revised Code; 417

(30) Prescribing any drug or device to perform or induce 418
an abortion, or otherwise performing or inducing an abortion; 419

(31) Failure to establish and maintain professional 420
boundaries with a patient, as specified in rules adopted under 421
section 4723.07 of the Revised Code; 422

(32) Regardless of whether the contact or verbal behavior 423
is consensual, engaging with a patient other than the spouse of 424
the registered nurse, licensed practical nurse, or dialysis 425
technician in any of the following: 426

(a) Sexual contact, as defined in section 2907.01 of the 427
Revised Code; 428

(b) Verbal behavior that is sexually demeaning to the 429
patient or may be reasonably interpreted by the patient as 430
sexually demeaning. 431

(33) Assisting suicide, as defined in section 3795.01 of 432
the Revised Code; 433

(34) Failure to comply with the requirements in section 434
3719.061 of the Revised Code before issuing for a minor a 435
prescription for an opioid analgesic, as defined in section 436
3719.01 of the Revised Code; 437

(35) Failure to comply with section 4723.487 of the 438
Revised Code, unless the state board of pharmacy no longer 439
maintains a drug database pursuant to section 4729.75 of the 440
Revised Code; 441

(36) The revocation, suspension, restriction, reduction, 442

or termination of clinical privileges by the United States 443
department of defense or department of veterans affairs or the 444
termination or suspension of a certificate of registration to 445
prescribe drugs by the drug enforcement administration of the 446
United States department of justice; 447

(37) In the case of an advanced practice registered nurse 448
who is designated as a clinical nurse specialist, certified 449
nurse-midwife, or certified nurse practitioner, failure to 450
comply with the terms of a consult agreement entered into with a 451
pharmacist pursuant to section 4729.39 of the Revised Code; 452

(38) In the case of a certified nurse practitioner or 453
clinical nurse specialist, failure to report a case of 454
Parkinson's disease or a Parkinsonism as required by section 455
3701.25 of the Revised Code. 456

(C) Disciplinary actions taken by the board under 457
divisions (A) and (B) of this section shall be taken pursuant to 458
an adjudication conducted under Chapter 119. of the Revised 459
Code, except that in lieu of a hearing, the board may enter into 460
a consent agreement with an individual to resolve an allegation 461
of a violation of this chapter or any rule adopted under it. A 462
consent agreement, when ratified by a vote of a quorum, shall 463
constitute the findings and order of the board with respect to 464
the matter addressed in the agreement. If the board refuses to 465
ratify a consent agreement, the admissions and findings 466
contained in the agreement shall be of no effect. 467

(D) The hearings of the board shall be conducted in 468
accordance with Chapter 119. of the Revised Code, the board may 469
appoint a hearing examiner, as provided in section 119.09 of the 470
Revised Code, to conduct any hearing the board is authorized to 471
hold under Chapter 119. of the Revised Code. 472

In any instance in which the board is required under 473
Chapter 119. of the Revised Code to give notice of an 474
opportunity for a hearing and the applicant, licensee, or 475
certificate holder does not make a timely request for a hearing 476
in accordance with section 119.07 of the Revised Code, the board 477
is not required to hold a hearing, but may adopt, by a vote of a 478
quorum, a final order that contains the board's findings. In the 479
final order, the board may order any of the sanctions listed in 480
division (A) or (B) of this section. 481

(E) If a criminal action is brought against a registered 482
nurse, licensed practical nurse, or dialysis technician for an 483
act or crime described in divisions (B)(3) to (7) of this 484
section and the action is dismissed by the trial court other 485
than on the merits, the board shall conduct an adjudication to 486
determine whether the registered nurse, licensed practical 487
nurse, or dialysis technician committed the act on which the 488
action was based. If the board determines on the basis of the 489
adjudication that the registered nurse, licensed practical 490
nurse, or dialysis technician committed the act, or if the 491
registered nurse, licensed practical nurse, or dialysis 492
technician fails to participate in the adjudication, the board 493
may take action as though the registered nurse, licensed 494
practical nurse, or dialysis technician had been convicted of 495
the act. 496

If the board takes action on the basis of a conviction, 497
plea, or a judicial finding as described in divisions (B)(3) to 498
(7) of this section that is overturned on appeal, the registered 499
nurse, licensed practical nurse, or dialysis technician may, on 500
exhaustion of the appeal process, petition the board for 501
reconsideration of its action. On receipt of the petition and 502
supporting court documents, the board shall temporarily rescind 503

its action. If the board determines that the decision on appeal 504
was a decision on the merits, it shall permanently rescind its 505
action. If the board determines that the decision on appeal was 506
not a decision on the merits, it shall conduct an adjudication 507
to determine whether the registered nurse, licensed practical 508
nurse, or dialysis technician committed the act on which the 509
original conviction, plea, or judicial finding was based. If the 510
board determines on the basis of the adjudication that the 511
registered nurse, licensed practical nurse, or dialysis 512
technician committed such act, or if the registered nurse, 513
licensed practical nurse, or dialysis technician does not 514
request an adjudication, the board shall reinstate its action; 515
otherwise, the board shall permanently rescind its action. 516

Notwithstanding the provision of division (C) (2) of 517
section 2953.32 of the Revised Code specifying that if records 518
pertaining to a criminal case are sealed under that section the 519
proceedings in the case shall be deemed not to have occurred, 520
sealing of the following records on which the board has based an 521
action under this section shall have no effect on the board's 522
action or any sanction imposed by the board under this section: 523
records of any conviction, guilty plea, judicial finding of 524
guilt resulting from a plea of no contest, or a judicial finding 525
of eligibility for a pretrial diversion program or intervention 526
in lieu of conviction. 527

The board shall not be required to seal, destroy, redact, 528
or otherwise modify its records to reflect the court's sealing 529
of conviction records. 530

(F) The board may investigate an individual's criminal 531
background in performing its duties under this section. As part 532
of such investigation, the board may order the individual to 533

submit, at the individual's expense, a request to the bureau of 534
criminal identification and investigation for a criminal records 535
check and check of federal bureau of investigation records in 536
accordance with the procedure described in section 4723.091 of 537
the Revised Code. 538

(G) During the course of an investigation conducted under 539
this section, the board may compel any registered nurse, 540
licensed practical nurse, or dialysis technician or applicant 541
under this chapter to submit to a mental or physical 542
examination, or both, as required by the board and at the 543
expense of the individual, if the board finds reason to believe 544
that the individual under investigation may have a physical or 545
mental impairment that may affect the individual's ability to 546
provide safe nursing care. Failure of any individual to submit 547
to a mental or physical examination when directed constitutes an 548
admission of the allegations, unless the failure is due to 549
circumstances beyond the individual's control, and a default and 550
final order may be entered without the taking of testimony or 551
presentation of evidence. 552

If the board finds that an individual is impaired, the 553
board shall require the individual to submit to care, 554
counseling, or treatment approved or designated by the board, as 555
a condition for initial, continued, reinstated, or renewed 556
authority to practice. The individual shall be afforded an 557
opportunity to demonstrate to the board that the individual can 558
begin or resume the individual's occupation in compliance with 559
acceptable and prevailing standards of care under the provisions 560
of the individual's authority to practice. 561

For purposes of this division, any registered nurse, 562
licensed practical nurse, or dialysis technician or applicant 563

under this chapter shall be deemed to have given consent to 564
submit to a mental or physical examination when directed to do 565
so in writing by the board, and to have waived all objections to 566
the admissibility of testimony or examination reports that 567
constitute a privileged communication. 568

(H) The board shall investigate evidence that appears to 569
show that any person has violated any provision of this chapter 570
or any rule of the board. Any person may report to the board any 571
information the person may have that appears to show a violation 572
of any provision of this chapter or rule of the board. In the 573
absence of bad faith, any person who reports such information or 574
who testifies before the board in any adjudication conducted 575
under Chapter 119. of the Revised Code shall not be liable for 576
civil damages as a result of the report or testimony. 577

(I) All of the following apply under this chapter with 578
respect to the confidentiality of information: 579

(1) Information received by the board pursuant to a 580
complaint or an investigation is confidential and not subject to 581
discovery in any civil action, except that the board may 582
disclose information to law enforcement officers and government 583
entities for purposes of an investigation of either a licensed 584
health care professional, including a registered nurse, licensed 585
practical nurse, or dialysis technician, or a person who may 586
have engaged in the unauthorized practice of nursing or dialysis 587
care. No law enforcement officer or government entity with 588
knowledge of any information disclosed by the board pursuant to 589
this division shall divulge the information to any other person 590
or government entity except for the purpose of a government 591
investigation, a prosecution, or an adjudication by a court or 592
government entity. 593

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

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

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

(J) Any action taken by the board under this section resulting in a suspension from practice shall be accompanied by a written statement of the conditions under which the person may be reinstated to practice.

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

(L) No unilateral surrender of a nursing license or 623
dialysis technician certificate issued under this chapter shall 624
be effective unless accepted by majority vote of the board. No 625
application for a nursing license or dialysis technician 626
certificate issued under this chapter may be withdrawn without a 627
majority vote of the board. The board's jurisdiction to take 628
disciplinary action under this section is not removed or limited 629
when an individual has a license or certificate classified as 630
inactive or fails to renew a license or certificate. 631

(M) Sanctions shall not be imposed under division (B) (24) 632
of this section against any licensee who waives deductibles and 633
copayments as follows: 634

(1) In compliance with the health benefit plan that 635
expressly allows such a practice. Waiver of the deductibles or 636
copayments shall be made only with the full knowledge and 637
consent of the plan purchaser, payer, and third-party 638
administrator. Documentation of the consent shall be made 639
available to the board upon request. 640

(2) For professional services rendered to any other person 641
licensed pursuant to this chapter to the extent allowed by this 642
chapter and the rules of the board. 643

Sec. 4730.25. (A) The state medical board, by an 644
affirmative vote of not fewer than six members, may revoke or 645
may refuse to grant a license to practice as a physician 646
assistant to a person found by the board to have committed 647
fraud, misrepresentation, or deception in applying for or 648
securing the license. 649

(B) Except as provided in division (N) of this section, 650
the board, by an affirmative vote of not fewer than six members, 651

shall, to the extent permitted by law, limit, revoke, or suspend 652
an individual's license to practice as a physician assistant or 653
prescriber number, refuse to issue a license to an applicant, 654
refuse to renew a license, refuse to reinstate a license, or 655
reprimand or place on probation the holder of a license for any 656
of the following reasons: 657

(1) Failure to practice in accordance with the supervising 658
physician's supervision agreement with the physician assistant, 659
including, if applicable, the policies of the health care 660
facility in which the supervising physician and physician 661
assistant are practicing; 662

(2) Failure to comply with the requirements of this 663
chapter, Chapter 4731. of the Revised Code, or any rules adopted 664
by the board; 665

(3) Violating or attempting to violate, directly or 666
indirectly, or assisting in or abetting the violation of, or 667
conspiring to violate, any provision of this chapter, Chapter 668
4731. of the Revised Code, or the rules adopted by the board; 669

(4) Inability to practice according to acceptable and 670
prevailing standards of care by reason of mental illness or 671
physical illness, including physical deterioration that 672
adversely affects cognitive, motor, or perceptive skills; 673

(5) Impairment of ability to practice according to 674
acceptable and prevailing standards of care because of habitual 675
or excessive use or abuse of drugs, alcohol, or other substances 676
that impair ability to practice; 677

(6) Administering drugs for purposes other than those 678
authorized under this chapter; 679

(7) Willfully betraying a professional confidence; 680

(8) Making a false, fraudulent, deceptive, or misleading statement in soliciting or advertising for employment as a physician assistant; in connection with any solicitation or advertisement for patients; in relation to the practice of medicine as it pertains to physician assistants; or in securing or attempting to secure a license to practice as a physician assistant. 681
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As used in this division, "false, fraudulent, deceptive, or misleading statement" means a statement that includes a misrepresentation of fact, is likely to mislead or deceive because of a failure to disclose material facts, is intended or is likely to create false or unjustified expectations of favorable results, or includes representations or implications that in reasonable probability will cause an ordinarily prudent person to misunderstand or be deceived. 688
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(9) Representing, with the purpose of obtaining compensation or other advantage personally or for any other person, that an incurable disease or injury, or other incurable condition, can be permanently cured; 696
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(10) The obtaining of, or attempting to obtain, money or anything of value by fraudulent misrepresentations in the course of practice; 700
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(11) A plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for, a felony; 703
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(12) Commission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed; 706
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(13) A plea of guilty to, a judicial finding of guilt of, 709

or a judicial finding of eligibility for intervention in lieu of 710
conviction for, a misdemeanor committed in the course of 711
practice; 712

(14) A plea of guilty to, a judicial finding of guilt of, 713
or a judicial finding of eligibility for intervention in lieu of 714
conviction for, a misdemeanor involving moral turpitude; 715

(15) Commission of an act in the course of practice that 716
constitutes a misdemeanor in this state, regardless of the 717
jurisdiction in which the act was committed; 718

(16) Commission of an act involving moral turpitude that 719
constitutes a misdemeanor in this state, regardless of the 720
jurisdiction in which the act was committed; 721

(17) A plea of guilty to, a judicial finding of guilt of, 722
or a judicial finding of eligibility for intervention in lieu of 723
conviction for violating any state or federal law regulating the 724
possession, distribution, or use of any drug, including 725
trafficking in drugs; 726

(18) Any of the following actions taken by the state 727
agency responsible for regulating the practice of physician 728
assistants in another state, for any reason other than the 729
nonpayment of fees: the limitation, revocation, or suspension of 730
an individual's license to practice; acceptance of an 731
individual's license surrender; denial of a license; refusal to 732
renew or reinstate a license; imposition of probation; or 733
issuance of an order of censure or other reprimand; 734

(19) A departure from, or failure to conform to, minimal 735
standards of care of similar physician assistants under the same 736
or similar circumstances, regardless of whether actual injury to 737
a patient is established; 738

(20) Violation of the conditions placed by the board on a license to practice as a physician assistant;	739 740
(21) Failure to use universal blood and body fluid precautions established by rules adopted under section 4731.051 of the Revised Code;	741 742 743
(22) Failure to cooperate in an investigation conducted by the board under section 4730.26 of the Revised Code, including failure to comply with a subpoena or order issued by the board or failure to answer truthfully a question presented by the board at a deposition or in written interrogatories, except that failure to cooperate with an investigation shall not constitute grounds for discipline under this section if a court of competent jurisdiction has issued an order that either quashes a subpoena or permits the individual to withhold the testimony or evidence in issue;	744 745 746 747 748 749 750 751 752 753
(23) Assisting suicide, as defined in section 3795.01 of the Revised Code;	754 755
(24) Prescribing any drug or device to perform or induce an abortion, or otherwise performing or inducing an abortion;	756 757
(25) Failure to comply with section 4730.53 of the Revised Code, unless the board no longer maintains a drug database pursuant to section 4729.75 of the Revised Code;	758 759 760
(26) Failure to comply with the requirements in section 3719.061 of the Revised Code before issuing for a minor a prescription for an opioid analgesic, as defined in section 3719.01 of the Revised Code;	761 762 763 764
(27) Having certification by the national commission on certification of physician assistants or a successor organization expire, lapse, or be suspended or revoked;	765 766 767

(28) The revocation, suspension, restriction, reduction, 768
or termination of clinical privileges by the United States 769
department of defense or department of veterans affairs or the 770
termination or suspension of a certificate of registration to 771
prescribe drugs by the drug enforcement administration of the 772
United States department of justice; 773

(29) Failure to comply with terms of a consult agreement 774
entered into with a pharmacist pursuant to section 4729.39 of 775
the Revised Code; 776

(30) Failure to report a case of Parkinson's disease or a 777
Parkinsonism as required by section 3701.25 of the Revised Code. 778

(C) Disciplinary actions taken by the board under 779
divisions (A) and (B) of this section shall be taken pursuant to 780
an adjudication under Chapter 119. of the Revised Code, except 781
that in lieu of an adjudication, the board may enter into a 782
consent agreement with a physician assistant or applicant to 783
resolve an allegation of a violation of this chapter or any rule 784
adopted under it. A consent agreement, when ratified by an 785
affirmative vote of not fewer than six members of the board, 786
shall constitute the findings and order of the board with 787
respect to the matter addressed in the agreement. If the board 788
refuses to ratify a consent agreement, the admissions and 789
findings contained in the consent agreement shall be of no force 790
or effect. 791

(D) For purposes of divisions (B) (12), (15), and (16) of 792
this section, the commission of the act may be established by a 793
finding by the board, pursuant to an adjudication under Chapter 794
119. of the Revised Code, that the applicant or license holder 795
committed the act in question. The board shall have no 796
jurisdiction under these divisions in cases where the trial 797

court renders a final judgment in the license holder's favor and 798
that judgment is based upon an adjudication on the merits. The 799
board shall have jurisdiction under these divisions in cases 800
where the trial court issues an order of dismissal upon 801
technical or procedural grounds. 802

(E) The sealing of conviction records by any court shall 803
have no effect upon a prior board order entered under the 804
provisions of this section or upon the board's jurisdiction to 805
take action under the provisions of this section if, based upon 806
a plea of guilty, a judicial finding of guilt, or a judicial 807
finding of eligibility for intervention in lieu of conviction, 808
the board issued a notice of opportunity for a hearing prior to 809
the court's order to seal the records. The board shall not be 810
required to seal, destroy, redact, or otherwise modify its 811
records to reflect the court's sealing of conviction records. 812

(F) For purposes of this division, any individual who 813
holds a license issued under this chapter, or applies for a 814
license issued under this chapter, shall be deemed to have given 815
consent to submit to a mental or physical examination when 816
directed to do so in writing by the board and to have waived all 817
objections to the admissibility of testimony or examination 818
reports that constitute a privileged communication. 819

(1) In enforcing division (B)(4) of this section, the 820
board, upon a showing of a possible violation, may compel any 821
individual who holds a license issued under this chapter or who 822
has applied for a license pursuant to this chapter to submit to 823
a mental examination, physical examination, including an HIV 824
test, or both a mental and physical examination. The expense of 825
the examination is the responsibility of the individual 826
compelled to be examined. Failure to submit to a mental or 827

physical examination or consent to an HIV test ordered by the 828
board constitutes an admission of the allegations against the 829
individual unless the failure is due to circumstances beyond the 830
individual's control, and a default and final order may be 831
entered without the taking of testimony or presentation of 832
evidence. If the board finds a physician assistant unable to 833
practice because of the reasons set forth in division (B)(4) of 834
this section, the board shall require the physician assistant to 835
submit to care, counseling, or treatment by physicians approved 836
or designated by the board, as a condition for an initial, 837
continued, reinstated, or renewed license. An individual 838
affected under this division shall be afforded an opportunity to 839
demonstrate to the board the ability to resume practicing in 840
compliance with acceptable and prevailing standards of care. 841

(2) For purposes of division (B)(5) of this section, if 842
the board has reason to believe that any individual who holds a 843
license issued under this chapter or any applicant for a license 844
suffers such impairment, the board may compel the individual to 845
submit to a mental or physical examination, or both. The expense 846
of the examination is the responsibility of the individual 847
compelled to be examined. Any mental or physical examination 848
required under this division shall be undertaken by a treatment 849
provider or physician qualified to conduct such examination and 850
chosen by the board. 851

Failure to submit to a mental or physical examination 852
ordered by the board constitutes an admission of the allegations 853
against the individual unless the failure is due to 854
circumstances beyond the individual's control, and a default and 855
final order may be entered without the taking of testimony or 856
presentation of evidence. If the board determines that the 857
individual's ability to practice is impaired, the board shall 858

suspend the individual's license or deny the individual's 859
application and shall require the individual, as a condition for 860
initial, continued, reinstated, or renewed licensure, to submit 861
to treatment. 862

Before being eligible to apply for reinstatement of a 863
license suspended under this division, the physician assistant 864
shall demonstrate to the board the ability to resume practice or 865
prescribing in compliance with acceptable and prevailing 866
standards of care. The demonstration shall include the 867
following: 868

(a) Certification from a treatment provider approved under 869
section 4731.25 of the Revised Code that the individual has 870
successfully completed any required inpatient treatment; 871

(b) Evidence of continuing full compliance with an 872
aftercare contract or consent agreement; 873

(c) Two written reports indicating that the individual's 874
ability to practice has been assessed and that the individual 875
has been found capable of practicing according to acceptable and 876
prevailing standards of care. The reports shall be made by 877
individuals or providers approved by the board for making such 878
assessments and shall describe the basis for their 879
determination. 880

The board may reinstate a license suspended under this 881
division after such demonstration and after the individual has 882
entered into a written consent agreement. 883

When the impaired physician assistant resumes practice or 884
prescribing, the board shall require continued monitoring of the 885
physician assistant. The monitoring shall include compliance 886
with the written consent agreement entered into before 887

reinstatement or with conditions imposed by board order after a 888
hearing, and, upon termination of the consent agreement, 889
submission to the board for at least two years of annual written 890
progress reports made under penalty of falsification stating 891
whether the physician assistant has maintained sobriety. 892

(G) If the secretary and supervising member determine that 893
there is clear and convincing evidence that a physician 894
assistant has violated division (B) of this section and that the 895
individual's continued practice or prescribing presents a danger 896
of immediate and serious harm to the public, they may recommend 897
that the board suspend the individual's license without a prior 898
hearing. Written allegations shall be prepared for consideration 899
by the board. 900

The board, upon review of those allegations and by an 901
affirmative vote of not fewer than six of its members, excluding 902
the secretary and supervising member, may suspend a license 903
without a prior hearing. A telephone conference call may be 904
utilized for reviewing the allegations and taking the vote on 905
the summary suspension. 906

The board shall issue a written order of suspension by 907
certified mail or in person in accordance with section 119.07 of 908
the Revised Code. The order shall not be subject to suspension 909
by the court during pendency of any appeal filed under section 910
119.12 of the Revised Code. If the physician assistant requests 911
an adjudicatory hearing by the board, the date set for the 912
hearing shall be within fifteen days, but not earlier than seven 913
days, after the physician assistant requests the hearing, unless 914
otherwise agreed to by both the board and the license holder. 915

A summary suspension imposed under this division shall 916
remain in effect, unless reversed on appeal, until a final 917

adjudicative order issued by the board pursuant to this section 918
and Chapter 119. of the Revised Code becomes effective. The 919
board shall issue its final adjudicative order within sixty days 920
after completion of its hearing. Failure to issue the order 921
within sixty days shall result in dissolution of the summary 922
suspension order, but shall not invalidate any subsequent, final 923
adjudicative order. 924

(H) If the board takes action under division (B) (11), 925
(13), or (14) of this section, and the judicial finding of 926
guilt, guilty plea, or judicial finding of eligibility for 927
intervention in lieu of conviction is overturned on appeal, upon 928
exhaustion of the criminal appeal, a petition for 929
reconsideration of the order may be filed with the board along 930
with appropriate court documents. Upon receipt of a petition and 931
supporting court documents, the board shall reinstate the 932
individual's license. The board may then hold an adjudication 933
under Chapter 119. of the Revised Code to determine whether the 934
individual committed the act in question. Notice of opportunity 935
for hearing shall be given in accordance with Chapter 119. of 936
the Revised Code. If the board finds, pursuant to an 937
adjudication held under this division, that the individual 938
committed the act, or if no hearing is requested, it may order 939
any of the sanctions identified under division (B) of this 940
section. 941

(I) The license to practice issued to a physician 942
assistant and the physician assistant's practice in this state 943
are automatically suspended as of the date the physician 944
assistant pleads guilty to, is found by a judge or jury to be 945
guilty of, or is subject to a judicial finding of eligibility 946
for intervention in lieu of conviction in this state or 947
treatment or intervention in lieu of conviction in another state 948

for any of the following criminal offenses in this state or a 949
substantially equivalent criminal offense in another 950
jurisdiction: aggravated murder, murder, voluntary manslaughter, 951
felonious assault, kidnapping, rape, sexual battery, gross 952
sexual imposition, aggravated arson, aggravated robbery, or 953
aggravated burglary. Continued practice after the suspension 954
shall be considered practicing without a license. 955

The board shall notify the individual subject to the 956
suspension by certified mail or in person in accordance with 957
section 119.07 of the Revised Code. If an individual whose 958
license is suspended under this division fails to make a timely 959
request for an adjudication under Chapter 119. of the Revised 960
Code, the board shall enter a final order permanently revoking 961
the individual's license to practice. 962

(J) In any instance in which the board is required by 963
Chapter 119. of the Revised Code to give notice of opportunity 964
for hearing and the individual subject to the notice does not 965
timely request a hearing in accordance with section 119.07 of 966
the Revised Code, the board is not required to hold a hearing, 967
but may adopt, by an affirmative vote of not fewer than six of 968
its members, a final order that contains the board's findings. 969
In that final order, the board may order any of the sanctions 970
identified under division (A) or (B) of this section. 971

(K) Any action taken by the board under division (B) of 972
this section resulting in a suspension shall be accompanied by a 973
written statement of the conditions under which the physician 974
assistant's license may be reinstated. The board shall adopt 975
rules in accordance with Chapter 119. of the Revised Code 976
governing conditions to be imposed for reinstatement. 977
Reinstatement of a license suspended pursuant to division (B) of 978

this section requires an affirmative vote of not fewer than six 979
members of the board. 980

(L) When the board refuses to grant or issue to an 981
applicant a license to practice as a physician assistant, 982
revokes an individual's license, refuses to renew an 983
individual's license, or refuses to reinstate an individual's 984
license, the board may specify that its action is permanent. An 985
individual subject to a permanent action taken by the board is 986
forever thereafter ineligible to hold the license and the board 987
shall not accept an application for reinstatement of the license 988
or for issuance of a new license. 989

(M) Notwithstanding any other provision of the Revised 990
Code, all of the following apply: 991

(1) The surrender of a license issued under this chapter 992
is not effective unless or until accepted by the board. 993
Reinstatement of a license surrendered to the board requires an 994
affirmative vote of not fewer than six members of the board. 995

(2) An application made under this chapter for a license 996
may not be withdrawn without approval of the board. 997

(3) Failure by an individual to renew a license in 998
accordance with section 4730.14 of the Revised Code shall not 999
remove or limit the board's jurisdiction to take disciplinary 1000
action under this section against the individual. 1001

(N) The board shall not refuse to issue a license to an 1002
applicant because of a conviction, plea of guilty, judicial 1003
finding of guilt, judicial finding of eligibility for 1004
intervention in lieu of conviction, or the commission of an act 1005
that constitutes a criminal offense, unless the refusal is in 1006
accordance with section 9.79 of the Revised Code. 1007

Sec. 4731.22. (A) The state medical board, by an 1008
affirmative vote of not fewer than six of its members, may 1009
limit, revoke, or suspend a license or certificate to practice 1010
or certificate to recommend, refuse to grant a license or 1011
certificate, refuse to renew a license or certificate, refuse to 1012
reinstate a license or certificate, or reprimand or place on 1013
probation the holder of a license or certificate if the 1014
individual applying for or holding the license or certificate is 1015
found by the board to have committed fraud during the 1016
administration of the examination for a license or certificate 1017
to practice or to have committed fraud, misrepresentation, or 1018
deception in applying for, renewing, or securing any license or 1019
certificate to practice or certificate to recommend issued by 1020
the board. 1021

(B) Except as provided in division (P) of this section, 1022
the board, by an affirmative vote of not fewer than six members, 1023
shall, to the extent permitted by law, limit, revoke, or suspend 1024
a license or certificate to practice or certificate to 1025
recommend, refuse to issue a license or certificate, refuse to 1026
renew a license or certificate, refuse to reinstate a license or 1027
certificate, or reprimand or place on probation the holder of a 1028
license or certificate for one or more of the following reasons: 1029

(1) Permitting one's name or one's license or certificate 1030
to practice to be used by a person, group, or corporation when 1031
the individual concerned is not actually directing the treatment 1032
given; 1033

(2) Failure to maintain minimal standards applicable to 1034
the selection or administration of drugs, or failure to employ 1035
acceptable scientific methods in the selection of drugs or other 1036
modalities for treatment of disease; 1037

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

(4) Willfully betraying a professional confidence.

For purposes of this division, "willfully betraying a professional confidence" does not include providing any information, documents, or reports under sections 307.621 to 307.629 of the Revised Code to a child fatality review board; does not include providing any information, documents, or reports under sections 307.631 to 307.6410 of the Revised Code to a drug overdose fatality review committee, a suicide fatality review committee, or hybrid drug overdose fatality and suicide fatality review committee; does not include providing any information, documents, or reports to the director of health pursuant to guidelines established under section 3701.70 of the Revised Code; does not include written notice to a mental health professional under section 4731.62 of the Revised Code; and does not include the making of a report of an employee's use of a drug of abuse, or a report of a condition of an employee other than one involving the use of a drug of abuse, to the employer of the employee as described in division (B) of section 2305.33 of the Revised Code. Nothing in this division affects the immunity from civil liability conferred by section 2305.33 or 4731.62 of the Revised Code upon a physician who makes a report in accordance with section 2305.33 or notifies a mental health professional in accordance with section 4731.62 of the Revised

Code. As used in this division, "employee," "employer," and 1069
"physician" have the same meanings as in section 2305.33 of the 1070
Revised Code. 1071

(5) Making a false, fraudulent, deceptive, or misleading 1072
statement in the solicitation of or advertising for patients; in 1073
relation to the practice of medicine and surgery, osteopathic 1074
medicine and surgery, podiatric medicine and surgery, or a 1075
limited branch of medicine; or in securing or attempting to 1076
secure any license or certificate to practice issued by the 1077
board. 1078

As used in this division, "false, fraudulent, deceptive, 1079
or misleading statement" means a statement that includes a 1080
misrepresentation of fact, is likely to mislead or deceive 1081
because of a failure to disclose material facts, is intended or 1082
is likely to create false or unjustified expectations of 1083
favorable results, or includes representations or implications 1084
that in reasonable probability will cause an ordinarily prudent 1085
person to misunderstand or be deceived. 1086

(6) A departure from, or the failure to conform to, 1087
minimal standards of care of similar practitioners under the 1088
same or similar circumstances, whether or not actual injury to a 1089
patient is established; 1090

(7) Representing, with the purpose of obtaining 1091
compensation or other advantage as personal gain or for any 1092
other person, that an incurable disease or injury, or other 1093
incurable condition, can be permanently cured; 1094

(8) The obtaining of, or attempting to obtain, money or 1095
anything of value by fraudulent misrepresentations in the course 1096
of practice; 1097

- (9) A plea of guilty to, a judicial finding of guilt of, 1098
or a judicial finding of eligibility for intervention in lieu of 1099
conviction for, a felony; 1100
- (10) Commission of an act that constitutes a felony in 1101
this state, regardless of the jurisdiction in which the act was 1102
committed; 1103
- (11) A plea of guilty to, a judicial finding of guilt of, 1104
or a judicial finding of eligibility for intervention in lieu of 1105
conviction for, a misdemeanor committed in the course of 1106
practice; 1107
- (12) Commission of an act in the course of practice that 1108
constitutes a misdemeanor in this state, regardless of the 1109
jurisdiction in which the act was committed; 1110
- (13) A plea of guilty to, a judicial finding of guilt of, 1111
or a judicial finding of eligibility for intervention in lieu of 1112
conviction for, a misdemeanor involving moral turpitude; 1113
- (14) Commission of an act involving moral turpitude that 1114
constitutes a misdemeanor in this state, regardless of the 1115
jurisdiction in which the act was committed; 1116
- (15) Violation of the conditions of limitation placed by 1117
the board upon a license or certificate to practice; 1118
- (16) Failure to pay license renewal fees specified in this 1119
chapter; 1120
- (17) Except as authorized in section 4731.31 of the 1121
Revised Code, engaging in the division of fees for referral of 1122
patients, or the receiving of a thing of value in return for a 1123
specific referral of a patient to utilize a particular service 1124
or business; 1125

(18) Subject to section 4731.226 of the Revised Code, 1126
violation of any provision of a code of ethics of the American 1127
medical association, the American osteopathic association, the 1128
American podiatric medical association, or any other national 1129
professional organizations that the board specifies by rule. The 1130
state medical board shall obtain and keep on file current copies 1131
of the codes of ethics of the various national professional 1132
organizations. The individual whose license or certificate is 1133
being suspended or revoked shall not be found to have violated 1134
any provision of a code of ethics of an organization not 1135
appropriate to the individual's profession. 1136

For purposes of this division, a "provision of a code of 1137
ethics of a national professional organization" does not include 1138
any provision that would preclude the making of a report by a 1139
physician of an employee's use of a drug of abuse, or of a 1140
condition of an employee other than one involving the use of a 1141
drug of abuse, to the employer of the employee as described in 1142
division (B) of section 2305.33 of the Revised Code. Nothing in 1143
this division affects the immunity from civil liability 1144
conferred by that section upon a physician who makes either type 1145
of report in accordance with division (B) of that section. As 1146
used in this division, "employee," "employer," and "physician" 1147
have the same meanings as in section 2305.33 of the Revised 1148
Code. 1149

(19) Inability to practice according to acceptable and 1150
prevailing standards of care by reason of mental illness or 1151
physical illness, including, but not limited to, physical 1152
deterioration that adversely affects cognitive, motor, or 1153
perceptive skills. 1154

In enforcing this division, the board, upon a showing of a 1155

possible violation, may compel any individual authorized to 1156
practice by this chapter or who has submitted an application 1157
pursuant to this chapter to submit to a mental examination, 1158
physical examination, including an HIV test, or both a mental 1159
and a physical examination. The expense of the examination is 1160
the responsibility of the individual compelled to be examined. 1161
Failure to submit to a mental or physical examination or consent 1162
to an HIV test ordered by the board constitutes an admission of 1163
the allegations against the individual unless the failure is due 1164
to circumstances beyond the individual's control, and a default 1165
and final order may be entered without the taking of testimony 1166
or presentation of evidence. If the board finds an individual 1167
unable to practice because of the reasons set forth in this 1168
division, the board shall require the individual to submit to 1169
care, counseling, or treatment by physicians approved or 1170
designated by the board, as a condition for initial, continued, 1171
reinstated, or renewed authority to practice. An individual 1172
affected under this division shall be afforded an opportunity to 1173
demonstrate to the board the ability to resume practice in 1174
compliance with acceptable and prevailing standards under the 1175
provisions of the individual's license or certificate. For the 1176
purpose of this division, any individual who applies for or 1177
receives a license or certificate to practice under this chapter 1178
accepts the privilege of practicing in this state and, by so 1179
doing, shall be deemed to have given consent to submit to a 1180
mental or physical examination when directed to do so in writing 1181
by the board, and to have waived all objections to the 1182
admissibility of testimony or examination reports that 1183
constitute a privileged communication. 1184

(20) Except as provided in division (F)(1)(b) of section 1185
4731.282 of the Revised Code or when civil penalties are imposed 1186

under section 4731.225 of the Revised Code, and subject to 1187
section 4731.226 of the Revised Code, violating or attempting to 1188
violate, directly or indirectly, or assisting in or abetting the 1189
violation of, or conspiring to violate, any provisions of this 1190
chapter or any rule promulgated by the board. 1191

This division does not apply to a violation or attempted 1192
violation of, assisting in or abetting the violation of, or a 1193
conspiracy to violate, any provision of this chapter or any rule 1194
adopted by the board that would preclude the making of a report 1195
by a physician of an employee's use of a drug of abuse, or of a 1196
condition of an employee other than one involving the use of a 1197
drug of abuse, to the employer of the employee as described in 1198
division (B) of section 2305.33 of the Revised Code. Nothing in 1199
this division affects the immunity from civil liability 1200
conferred by that section upon a physician who makes either type 1201
of report in accordance with division (B) of that section. As 1202
used in this division, "employee," "employer," and "physician" 1203
have the same meanings as in section 2305.33 of the Revised 1204
Code. 1205

(21) The violation of section 3701.79 of the Revised Code 1206
or of any abortion rule adopted by the director of health 1207
pursuant to section 3701.341 of the Revised Code; 1208

(22) Any of the following actions taken by an agency 1209
responsible for authorizing, certifying, or regulating an 1210
individual to practice a health care occupation or provide 1211
health care services in this state or another jurisdiction, for 1212
any reason other than the nonpayment of fees: the limitation, 1213
revocation, or suspension of an individual's license to 1214
practice; acceptance of an individual's license surrender; 1215
denial of a license; refusal to renew or reinstate a license; 1216

imposition of probation; or issuance of an order of censure or 1217
other reprimand; 1218

(23) The violation of section 2919.12 of the Revised Code 1219
or the performance or inducement of an abortion upon a pregnant 1220
woman with actual knowledge that the conditions specified in 1221
division (B) of section 2317.56 of the Revised Code have not 1222
been satisfied or with a heedless indifference as to whether 1223
those conditions have been satisfied, unless an affirmative 1224
defense as specified in division (H) (2) of that section would 1225
apply in a civil action authorized by division (H) (1) of that 1226
section; 1227

(24) The revocation, suspension, restriction, reduction, 1228
or termination of clinical privileges by the United States 1229
department of defense or department of veterans affairs or the 1230
termination or suspension of a certificate of registration to 1231
prescribe drugs by the drug enforcement administration of the 1232
United States department of justice; 1233

(25) Termination or suspension from participation in the 1234
medicare or medicaid programs by the department of health and 1235
human services or other responsible agency; 1236

(26) Impairment of ability to practice according to 1237
acceptable and prevailing standards of care because of habitual 1238
or excessive use or abuse of drugs, alcohol, or other substances 1239
that impair ability to practice. 1240

For the purposes of this division, any individual 1241
authorized to practice by this chapter accepts the privilege of 1242
practicing in this state subject to supervision by the board. By 1243
filing an application for or holding a license or certificate to 1244
practice under this chapter, an individual shall be deemed to 1245

have given consent to submit to a mental or physical examination 1246
when ordered to do so by the board in writing, and to have 1247
waived all objections to the admissibility of testimony or 1248
examination reports that constitute privileged communications. 1249

If it has reason to believe that any individual authorized 1250
to practice by this chapter or any applicant for licensure or 1251
certification to practice suffers such impairment, the board may 1252
compel the individual to submit to a mental or physical 1253
examination, or both. The expense of the examination is the 1254
responsibility of the individual compelled to be examined. Any 1255
mental or physical examination required under this division 1256
shall be undertaken by a treatment provider or physician who is 1257
qualified to conduct the examination and who is chosen by the 1258
board. 1259

Failure to submit to a mental or physical examination 1260
ordered by the board constitutes an admission of the allegations 1261
against the individual unless the failure is due to 1262
circumstances beyond the individual's control, and a default and 1263
final order may be entered without the taking of testimony or 1264
presentation of evidence. If the board determines that the 1265
individual's ability to practice is impaired, the board shall 1266
suspend the individual's license or certificate or deny the 1267
individual's application and shall require the individual, as a 1268
condition for initial, continued, reinstated, or renewed 1269
licensure or certification to practice, to submit to treatment. 1270

Before being eligible to apply for reinstatement of a 1271
license or certificate suspended under this division, the 1272
impaired practitioner shall demonstrate to the board the ability 1273
to resume practice in compliance with acceptable and prevailing 1274
standards of care under the provisions of the practitioner's 1275

license or certificate. The demonstration shall include, but 1276
shall not be limited to, the following: 1277

(a) Certification from a treatment provider approved under 1278
section 4731.25 of the Revised Code that the individual has 1279
successfully completed any required inpatient treatment; 1280

(b) Evidence of continuing full compliance with an 1281
aftercare contract or consent agreement; 1282

(c) Two written reports indicating that the individual's 1283
ability to practice has been assessed and that the individual 1284
has been found capable of practicing according to acceptable and 1285
prevailing standards of care. The reports shall be made by 1286
individuals or providers approved by the board for making the 1287
assessments and shall describe the basis for their 1288
determination. 1289

The board may reinstate a license or certificate suspended 1290
under this division after that demonstration and after the 1291
individual has entered into a written consent agreement. 1292

When the impaired practitioner resumes practice, the board 1293
shall require continued monitoring of the individual. The 1294
monitoring shall include, but not be limited to, compliance with 1295
the written consent agreement entered into before reinstatement 1296
or with conditions imposed by board order after a hearing, and, 1297
upon termination of the consent agreement, submission to the 1298
board for at least two years of annual written progress reports 1299
made under penalty of perjury stating whether the individual has 1300
maintained sobriety. 1301

(27) A second or subsequent violation of section 4731.66 1302
or 4731.69 of the Revised Code; 1303

(28) Except as provided in division (N) of this section: 1304

(a) Waiving the payment of all or any part of a deductible 1305
or copayment that a patient, pursuant to a health insurance or 1306
health care policy, contract, or plan that covers the 1307
individual's services, otherwise would be required to pay if the 1308
waiver is used as an enticement to a patient or group of 1309
patients to receive health care services from that individual; 1310

(b) Advertising that the individual will waive the payment 1311
of all or any part of a deductible or copayment that a patient, 1312
pursuant to a health insurance or health care policy, contract, 1313
or plan that covers the individual's services, otherwise would 1314
be required to pay. 1315

(29) Failure to use universal blood and body fluid 1316
precautions established by rules adopted under section 4731.051 1317
of the Revised Code; 1318

(30) Failure to provide notice to, and receive 1319
acknowledgment of the notice from, a patient when required by 1320
section 4731.143 of the Revised Code prior to providing 1321
nonemergency professional services, or failure to maintain that 1322
notice in the patient's medical record; 1323

(31) Failure of a physician supervising a physician 1324
assistant to maintain supervision in accordance with the 1325
requirements of Chapter 4730. of the Revised Code and the rules 1326
adopted under that chapter; 1327

(32) Failure of a physician or podiatrist to enter into a 1328
standard care arrangement with a clinical nurse specialist, 1329
certified nurse-midwife, or certified nurse practitioner with 1330
whom the physician or podiatrist is in collaboration pursuant to 1331
section 4731.27 of the Revised Code or failure to fulfill the 1332
responsibilities of collaboration after entering into a standard 1333

care arrangement;	1334
(33) Failure to comply with the terms of a consult	1335
agreement entered into with a pharmacist pursuant to section	1336
4729.39 of the Revised Code;	1337
(34) Failure to cooperate in an investigation conducted by	1338
the board under division (F) of this section, including failure	1339
to comply with a subpoena or order issued by the board or	1340
failure to answer truthfully a question presented by the board	1341
in an investigative interview, an investigative office	1342
conference, at a deposition, or in written interrogatories,	1343
except that failure to cooperate with an investigation shall not	1344
constitute grounds for discipline under this section if a court	1345
of competent jurisdiction has issued an order that either	1346
quashes a subpoena or permits the individual to withhold the	1347
testimony or evidence in issue;	1348
(35) Failure to supervise an acupuncturist in accordance	1349
with Chapter 4762. of the Revised Code and the board's rules for	1350
providing that supervision;	1351
(36) Failure to supervise an anesthesiologist assistant in	1352
accordance with Chapter 4760. of the Revised Code and the	1353
board's rules for supervision of an anesthesiologist assistant;	1354
(37) Assisting suicide, as defined in section 3795.01 of	1355
the Revised Code;	1356
(38) Failure to comply with the requirements of section	1357
2317.561 of the Revised Code;	1358
(39) Failure to supervise a radiologist assistant in	1359
accordance with Chapter 4774. of the Revised Code and the	1360
board's rules for supervision of radiologist assistants;	1361

(40) Performing or inducing an abortion at an office or facility with knowledge that the office or facility fails to post the notice required under section 3701.791 of the Revised Code;	1362 1363 1364 1365
(41) Failure to comply with the standards and procedures established in rules under section 4731.054 of the Revised Code for the operation of or the provision of care at a pain management clinic;	1366 1367 1368 1369
(42) Failure to comply with the standards and procedures established in rules under section 4731.054 of the Revised Code for providing supervision, direction, and control of individuals at a pain management clinic;	1370 1371 1372 1373
(43) Failure to comply with the requirements of section 4729.79 or 4731.055 of the Revised Code, unless the state board of pharmacy no longer maintains a drug database pursuant to section 4729.75 of the Revised Code;	1374 1375 1376 1377
(44) Failure to comply with the requirements of section 2919.171, 2919.202, or 2919.203 of the Revised Code or failure to submit to the department of health in accordance with a court order a complete report as described in section 2919.171 or 2919.202 of the Revised Code;	1378 1379 1380 1381 1382
(45) Practicing at a facility that is subject to licensure as a category III terminal distributor of dangerous drugs with a pain management clinic classification unless the person operating the facility has obtained and maintains the license with the classification;	1383 1384 1385 1386 1387
(46) Owning a facility that is subject to licensure as a category III terminal distributor of dangerous drugs with a pain management clinic classification unless the facility is licensed	1388 1389 1390

with the classification;	1391
(47) Failure to comply with any of the requirements	1392
regarding making or maintaining medical records or documents	1393
described in division (A) of section 2919.192, division (C) of	1394
section 2919.193, division (B) of section 2919.195, or division	1395
(A) of section 2919.196 of the Revised Code;	1396
(48) Failure to comply with the requirements in section	1397
3719.061 of the Revised Code before issuing for a minor a	1398
prescription for an opioid analgesic, as defined in section	1399
3719.01 of the Revised Code;	1400
(49) Failure to comply with the requirements of section	1401
4731.30 of the Revised Code or rules adopted under section	1402
4731.301 of the Revised Code when recommending treatment with	1403
medical marijuana;	1404
(50) Practicing at a facility, clinic, or other location	1405
that is subject to licensure as a category III terminal	1406
distributor of dangerous drugs with an office-based opioid	1407
treatment classification unless the person operating that place	1408
has obtained and maintains the license with the classification;	1409
(51) Owning a facility, clinic, or other location that is	1410
subject to licensure as a category III terminal distributor of	1411
dangerous drugs with an office-based opioid treatment	1412
classification unless that place is licensed with the	1413
classification;	1414
(52) A pattern of continuous or repeated violations of	1415
division (E) (2) or (3) of section 3963.02 of the Revised Code;	1416
<u>(53) Failure to report a case of Parkinson's disease or a</u>	1417
<u>Parkinsonism as required by section 3701.25 of the Revised Code.</u>	1418

(C) Disciplinary actions taken by the board under 1419
divisions (A) and (B) of this section shall be taken pursuant to 1420
an adjudication under Chapter 119. of the Revised Code, except 1421
that in lieu of an adjudication, the board may enter into a 1422
consent agreement with an individual to resolve an allegation of 1423
a violation of this chapter or any rule adopted under it. A 1424
consent agreement, when ratified by an affirmative vote of not 1425
fewer than six members of the board, shall constitute the 1426
findings and order of the board with respect to the matter 1427
addressed in the agreement. If the board refuses to ratify a 1428
consent agreement, the admissions and findings contained in the 1429
consent agreement shall be of no force or effect. 1430

A telephone conference call may be utilized for 1431
ratification of a consent agreement that revokes or suspends an 1432
individual's license or certificate to practice or certificate 1433
to recommend. The telephone conference call shall be considered 1434
a special meeting under division (F) of section 121.22 of the 1435
Revised Code. 1436

If the board takes disciplinary action against an 1437
individual under division (B) of this section for a second or 1438
subsequent plea of guilty to, or judicial finding of guilt of, a 1439
violation of section 2919.123 or 2919.124 of the Revised Code, 1440
the disciplinary action shall consist of a suspension of the 1441
individual's license or certificate to practice for a period of 1442
at least one year or, if determined appropriate by the board, a 1443
more serious sanction involving the individual's license or 1444
certificate to practice. Any consent agreement entered into 1445
under this division with an individual that pertains to a second 1446
or subsequent plea of guilty to, or judicial finding of guilt 1447
of, a violation of that section shall provide for a suspension 1448
of the individual's license or certificate to practice for a 1449

period of at least one year or, if determined appropriate by the board, a more serious sanction involving the individual's license or certificate to practice.

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

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

(F) (1) The board shall investigate evidence that appears to show that a person has violated any provision of this chapter or any rule adopted under it. Any person may report to the board in a signed writing any information that the person may have that appears to show a violation of any provision of this chapter or any rule adopted under it. In the absence of bad faith, any person who reports information of that nature or who

testifies before the board in any adjudication conducted under 1480
Chapter 119. of the Revised Code shall not be liable in damages 1481
in a civil action as a result of the report or testimony. Each 1482
complaint or allegation of a violation received by the board 1483
shall be assigned a case number and shall be recorded by the 1484
board. 1485

(2) Investigations of alleged violations of this chapter 1486
or any rule adopted under it shall be supervised by the 1487
supervising member elected by the board in accordance with 1488
section 4731.02 of the Revised Code and by the secretary as 1489
provided in section 4731.39 of the Revised Code. The president 1490
may designate another member of the board to supervise the 1491
investigation in place of the supervising member. No member of 1492
the board who supervises the investigation of a case shall 1493
participate in further adjudication of the case. 1494

(3) In investigating a possible violation of this chapter 1495
or any rule adopted under this chapter, or in conducting an 1496
inspection under division (E) of section 4731.054 of the Revised 1497
Code, the board may question witnesses, conduct interviews, 1498
administer oaths, order the taking of depositions, inspect and 1499
copy any books, accounts, papers, records, or documents, issue 1500
subpoenas, and compel the attendance of witnesses and production 1501
of books, accounts, papers, records, documents, and testimony, 1502
except that a subpoena for patient record information shall not 1503
be issued without consultation with the attorney general's 1504
office and approval of the secretary and supervising member of 1505
the board. 1506

(a) Before issuance of a subpoena for patient record 1507
information, the secretary and supervising member shall 1508
determine whether there is probable cause to believe that the 1509

complaint filed alleges a violation of this chapter or any rule 1510
adopted under it and that the records sought are relevant to the 1511
alleged violation and material to the investigation. The 1512
subpoena may apply only to records that cover a reasonable 1513
period of time surrounding the alleged violation. 1514

(b) On failure to comply with any subpoena issued by the 1515
board and after reasonable notice to the person being 1516
subpoenaed, the board may move for an order compelling the 1517
production of persons or records pursuant to the Rules of Civil 1518
Procedure. 1519

(c) A subpoena issued by the board may be served by a 1520
sheriff, the sheriff's deputy, or a board employee or agent 1521
designated by the board. Service of a subpoena issued by the 1522
board may be made by delivering a copy of the subpoena to the 1523
person named therein, reading it to the person, or leaving it at 1524
the person's usual place of residence, usual place of business, 1525
or address on file with the board. When serving a subpoena to an 1526
applicant for or the holder of a license or certificate issued 1527
under this chapter, service of the subpoena may be made by 1528
certified mail, return receipt requested, and the subpoena shall 1529
be deemed served on the date delivery is made or the date the 1530
person refuses to accept delivery. If the person being served 1531
refuses to accept the subpoena or is not located, service may be 1532
made to an attorney who notifies the board that the attorney is 1533
representing the person. 1534

(d) A sheriff's deputy who serves a subpoena shall receive 1535
the same fees as a sheriff. Each witness who appears before the 1536
board in obedience to a subpoena shall receive the fees and 1537
mileage provided for under section 119.094 of the Revised Code. 1538

(4) All hearings, investigations, and inspections of the 1539

board shall be considered civil actions for the purposes of 1540
section 2305.252 of the Revised Code. 1541

(5) A report required to be submitted to the board under 1542
this chapter, a complaint, or information received by the board 1543
pursuant to an investigation or pursuant to an inspection under 1544
division (E) of section 4731.054 of the Revised Code is 1545
confidential and not subject to discovery in any civil action. 1546

The board shall conduct all investigations or inspections 1547
and proceedings in a manner that protects the confidentiality of 1548
patients and persons who file complaints with the board. The 1549
board shall not make public the names or any other identifying 1550
information about patients or complainants unless proper consent 1551
is given or, in the case of a patient, a waiver of the patient 1552
privilege exists under division (B) of section 2317.02 of the 1553
Revised Code, except that consent or a waiver of that nature is 1554
not required if the board possesses reliable and substantial 1555
evidence that no bona fide physician-patient relationship 1556
exists. 1557

The board may share any information it receives pursuant 1558
to an investigation or inspection, including patient records and 1559
patient record information, with law enforcement agencies, other 1560
licensing boards, and other governmental agencies that are 1561
prosecuting, adjudicating, or investigating alleged violations 1562
of statutes or administrative rules. An agency or board that 1563
receives the information shall comply with the same requirements 1564
regarding confidentiality as those with which the state medical 1565
board must comply, notwithstanding any conflicting provision of 1566
the Revised Code or procedure of the agency or board that 1567
applies when it is dealing with other information in its 1568
possession. In a judicial proceeding, the information may be 1569

admitted into evidence only in accordance with the Rules of Evidence, but the court shall require that appropriate measures are taken to ensure that confidentiality is maintained with respect to any part of the information that contains names or other identifying information about patients or complainants whose confidentiality was protected by the state medical board when the information was in the board's possession. Measures to ensure confidentiality that may be taken by the court include sealing its records or deleting specific information from its records.

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

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

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

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

(d) The disposition of the case.

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

(G) If the secretary and supervising member determine both of the following, they may recommend that the board suspend an individual's license or certificate to practice or certificate

to recommend without a prior hearing: 1599

(1) That there is clear and convincing evidence that an 1600
individual has violated division (B) of this section; 1601

(2) That the individual's continued practice presents a 1602
danger of immediate and serious harm to the public. 1603

Written allegations shall be prepared for consideration by 1604
the board. The board, upon review of those allegations and by an 1605
affirmative vote of not fewer than six of its members, excluding 1606
the secretary and supervising member, may suspend a license or 1607
certificate without a prior hearing. A telephone conference call 1608
may be utilized for reviewing the allegations and taking the 1609
vote on the summary suspension. 1610

The board shall issue a written order of suspension by 1611
certified mail or in person in accordance with section 119.07 of 1612
the Revised Code. The order shall not be subject to suspension 1613
by the court during pendency of any appeal filed under section 1614
119.12 of the Revised Code. If the individual subject to the 1615
summary suspension requests an adjudicatory hearing by the 1616
board, the date set for the hearing shall be within fifteen 1617
days, but not earlier than seven days, after the individual 1618
requests the hearing, unless otherwise agreed to by both the 1619
board and the individual. 1620

Any summary suspension imposed under this division shall 1621
remain in effect, unless reversed on appeal, until a final 1622
adjudicative order issued by the board pursuant to this section 1623
and Chapter 119. of the Revised Code becomes effective. The 1624
board shall issue its final adjudicative order within seventy- 1625
five days after completion of its hearing. A failure to issue 1626
the order within seventy-five days shall result in dissolution 1627

of the summary suspension order but shall not invalidate any 1628
subsequent, final adjudicative order. 1629

(H) If the board takes action under division (B) (9), (11), 1630
or (13) of this section and the judicial finding of guilt, 1631
guilty plea, or judicial finding of eligibility for intervention 1632
in lieu of conviction is overturned on appeal, upon exhaustion 1633
of the criminal appeal, a petition for reconsideration of the 1634
order may be filed with the board along with appropriate court 1635
documents. Upon receipt of a petition of that nature and 1636
supporting court documents, the board shall reinstate the 1637
individual's license or certificate to practice. The board may 1638
then hold an adjudication under Chapter 119. of the Revised Code 1639
to determine whether the individual committed the act in 1640
question. Notice of an opportunity for a hearing shall be given 1641
in accordance with Chapter 119. of the Revised Code. If the 1642
board finds, pursuant to an adjudication held under this 1643
division, that the individual committed the act or if no hearing 1644
is requested, the board may order any of the sanctions 1645
identified under division (B) of this section. 1646

(I) The license or certificate to practice issued to an 1647
individual under this chapter and the individual's practice in 1648
this state are automatically suspended as of the date of the 1649
individual's second or subsequent plea of guilty to, or judicial 1650
finding of guilt of, a violation of section 2919.123 or 2919.124 1651
of the Revised Code. In addition, the license or certificate to 1652
practice or certificate to recommend issued to an individual 1653
under this chapter and the individual's practice in this state 1654
are automatically suspended as of the date the individual pleads 1655
guilty to, is found by a judge or jury to be guilty of, or is 1656
subject to a judicial finding of eligibility for intervention in 1657
lieu of conviction in this state or treatment or intervention in 1658

lieu of conviction in another jurisdiction for any of the 1659
following criminal offenses in this state or a substantially 1660
equivalent criminal offense in another jurisdiction: aggravated 1661
murder, murder, voluntary manslaughter, felonious assault, 1662
kidnapping, rape, sexual battery, gross sexual imposition, 1663
aggravated arson, aggravated robbery, or aggravated burglary. 1664
Continued practice after suspension shall be considered 1665
practicing without a license or certificate. 1666

The board shall notify the individual subject to the 1667
suspension by certified mail or in person in accordance with 1668
section 119.07 of the Revised Code. If an individual whose 1669
license or certificate is automatically suspended under this 1670
division fails to make a timely request for an adjudication 1671
under Chapter 119. of the Revised Code, the board shall do 1672
whichever of the following is applicable: 1673

(1) If the automatic suspension under this division is for 1674
a second or subsequent plea of guilty to, or judicial finding of 1675
guilt of, a violation of section 2919.123 or 2919.124 of the 1676
Revised Code, the board shall enter an order suspending the 1677
individual's license or certificate to practice for a period of 1678
at least one year or, if determined appropriate by the board, 1679
imposing a more serious sanction involving the individual's 1680
license or certificate to practice. 1681

(2) In all circumstances in which division (I)(1) of this 1682
section does not apply, enter a final order permanently revoking 1683
the individual's license or certificate to practice. 1684

(J) If the board is required by Chapter 119. of the 1685
Revised Code to give notice of an opportunity for a hearing and 1686
if the individual subject to the notice does not timely request 1687
a hearing in accordance with section 119.07 of the Revised Code, 1688

the board is not required to hold a hearing, but may adopt, by 1689
an affirmative vote of not fewer than six of its members, a 1690
final order that contains the board's findings. In that final 1691
order, the board may order any of the sanctions identified under 1692
division (A) or (B) of this section. 1693

(K) Any action taken by the board under division (B) of 1694
this section resulting in a suspension from practice shall be 1695
accompanied by a written statement of the conditions under which 1696
the individual's license or certificate to practice may be 1697
reinstated. The board shall adopt rules governing conditions to 1698
be imposed for reinstatement. Reinstatement of a license or 1699
certificate suspended pursuant to division (B) of this section 1700
requires an affirmative vote of not fewer than six members of 1701
the board. 1702

(L) When the board refuses to grant or issue a license or 1703
certificate to practice to an applicant, revokes an individual's 1704
license or certificate to practice, refuses to renew an 1705
individual's license or certificate to practice, or refuses to 1706
reinstatement an individual's license or certificate to practice, 1707
the board may specify that its action is permanent. An 1708
individual subject to a permanent action taken by the board is 1709
forever thereafter ineligible to hold a license or certificate 1710
to practice and the board shall not accept an application for 1711
reinstatement of the license or certificate or for issuance of a 1712
new license or certificate. 1713

(M) Notwithstanding any other provision of the Revised 1714
Code, all of the following apply: 1715

(1) The surrender of a license or certificate issued under 1716
this chapter shall not be effective unless or until accepted by 1717
the board. A telephone conference call may be utilized for 1718

acceptance of the surrender of an individual's license or 1719
certificate to practice. The telephone conference call shall be 1720
considered a special meeting under division (F) of section 1721
121.22 of the Revised Code. Reinstatement of a license or 1722
certificate surrendered to the board requires an affirmative 1723
vote of not fewer than six members of the board. 1724

(2) An application for a license or certificate made under 1725
the provisions of this chapter may not be withdrawn without 1726
approval of the board. 1727

(3) Failure by an individual to renew a license or 1728
certificate to practice in accordance with this chapter or a 1729
certificate to recommend in accordance with rules adopted under 1730
section 4731.301 of the Revised Code shall not remove or limit 1731
the board's jurisdiction to take any disciplinary action under 1732
this section against the individual. 1733

(4) At the request of the board, a license or certificate 1734
holder shall immediately surrender to the board a license or 1735
certificate that the board has suspended, revoked, or 1736
permanently revoked. 1737

(N) Sanctions shall not be imposed under division (B) (28) 1738
of this section against any person who waives deductibles and 1739
copayments as follows: 1740

(1) In compliance with the health benefit plan that 1741
expressly allows such a practice. Waiver of the deductibles or 1742
copayments shall be made only with the full knowledge and 1743
consent of the plan purchaser, payer, and third-party 1744
administrator. Documentation of the consent shall be made 1745
available to the board upon request. 1746

(2) For professional services rendered to any other person 1747

authorized to practice pursuant to this chapter, to the extent 1748
allowed by this chapter and rules adopted by the board. 1749

(O) Under the board's investigative duties described in 1750
this section and subject to division (F) of this section, the 1751
board shall develop and implement a quality intervention program 1752
designed to improve through remedial education the clinical and 1753
communication skills of individuals authorized under this 1754
chapter to practice medicine and surgery, osteopathic medicine 1755
and surgery, and podiatric medicine and surgery. In developing 1756
and implementing the quality intervention program, the board may 1757
do all of the following: 1758

(1) Offer in appropriate cases as determined by the board 1759
an educational and assessment program pursuant to an 1760
investigation the board conducts under this section; 1761

(2) Select providers of educational and assessment 1762
services, including a quality intervention program panel of case 1763
reviewers; 1764

(3) Make referrals to educational and assessment service 1765
providers and approve individual educational programs 1766
recommended by those providers. The board shall monitor the 1767
progress of each individual undertaking a recommended individual 1768
educational program. 1769

(4) Determine what constitutes successful completion of an 1770
individual educational program and require further monitoring of 1771
the individual who completed the program or other action that 1772
the board determines to be appropriate; 1773

(5) Adopt rules in accordance with Chapter 119. of the 1774
Revised Code to further implement the quality intervention 1775
program. 1776

An individual who participates in an individual 1777
educational program pursuant to this division shall pay the 1778
financial obligations arising from that educational program. 1779

(P) The board shall not refuse to issue a license to an 1780
applicant because of a conviction, plea of guilty, judicial 1781
finding of guilt, judicial finding of eligibility for 1782
intervention in lieu of conviction, or the commission of an act 1783
that constitutes a criminal offense, unless the refusal is in 1784
accordance with section 9.79 of the Revised Code. 1785

Section 2. That existing sections 5.27, 4723.28, 4730.25, 1786
and 4731.22 of the Revised Code are hereby repealed. 1787

Section 3. (A) Except as provided in division (B) of this 1788
section, section 3701.25 of the Revised Code, as enacted by this 1789
act, shall take effect not later than twelve months after the 1790
effective date of this act. 1791

(B) Division (F) of section 3701.25 of the Revised Code, 1792
as enacted by this act, shall take effect not later than six 1793
months after the effective date of this act. 1794

Section 4. The General Assembly, applying the principle 1795
stated in division (B) of section 1.52 of the Revised Code that 1796
amendments are to be harmonized if reasonably capable of 1797
simultaneous operation, finds that the following sections, 1798
presented in this act as composites of the sections as amended 1799
by the acts indicated, are the resulting versions of the 1800
sections in effect prior to the effective date of the sections 1801
as presented in this act: 1802

Section 4723.28 of the Revised Code as amended by both 1803
H.B. 203 and H.B. 263 of the 133rd General Assembly. 1804

Section 4730.25 of the Revised Code as amended by H.B. 203 1805

and H.B. 263, both of the 133rd General Assembly.	1806
Section 4731.22 of the Revised Code as amended by H.B.	1807
263, H.B. 442, and S.B. 260, of the 133rd General Assembly and	1808
H.B. 110 of the 134th General Assembly.	1809