As Reported by the House Families, Aging, and Human Services Committee

134th General Assembly

Regular Session 2021-2022

Sub. S. B. No. 157

Senators Johnson, Huffman, S.

Cosponsors: Senators Cirino, Brenner, Lang, Hottinger, Antani, Romanchuk, Hoagland, Wilson, O'Brien, Schaffer, Roegner, Blessing, Gavarone, Hackett, McColley, Peterson, Reineke Representatives Abrams, Click, John, Schmidt

A BILL

ГО	amend sections 2919.13, 3701.79, 3701.99,	1
	3702.3010, and 4731.22; to amend, for the	2
	purpose of adopting a new section number as	3
	indicated in parentheses, section 3702.305	4
	(3702.3011); and to enact new section 3702.305	5
	and sections 3701.792 and 4731.911 of the	6
	Revised Code to require reports to be made after	7
	a child is born alive following an abortion or	8
	attempted abortion, to establish certain civil	9
	or criminal penalties for failing to preserve	10
	the health or life of such a child, and to make	11
	changes regarding variances from written	12
	transfer agreements.	1.3

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

Section 1. That sections 2919.13, 3701.79, 3701.99,	14
3702.3010, and 4731.22 be amended; section 3702.305 (3702.3011)	15
be amended for the purpose of adopting a new section number as	16
indicated in parentheses; and new section 3702.305 and sections	17

Sub. S. B. No. 157 As Reported by the House Families, Aging, and Human Services Committee	Page 2
3701.792 and 4731.911 of the Revised Code be enacted to read as	18
follows:	19
Sec. 2919.13. (A) No person shall purposely take the life	20
of a child born by attempted abortion who is alive when removed	21
from the uterus of the pregnant woman.	22
(B) No person who performs an abortion shall <u>purposely</u>	23
fail to take the measures required by the exercise of medical	24
judgment in light of the attending circumstances to preserve the	25
health or life of a child who is alive when removed from the	26
uterus of the pregnant woman.	27
(C) (1) Whoever violates division (A) of this section is	28
guilty of abortion manslaughter, a felony of the first degree.	29
(2) Whoever violates division (B) of this section and the	30
child dies as a result of the person's failure to take the	31
measures described in that division is guilty of abortion	32
manslaughter, a felony of the first degree.	33
(3) Whoever violates division (B) of this section and the	34
child survives notwithstanding the person's failure to take the	35
measures described in that division is quilty of failure to	36
render medical care to an infant born alive, a felony of the	37
first degree.	38
(D)(1) A woman on whom an abortion is performed or	39
attempted may file a civil action for the wrongful death of the	40
woman's child against a person who violates division (A) of this	41
section.	42
(2) A woman on whom an abortion is performed or attempted	43
may file a civil action for injury, death, or loss to person or	44
property against a person who violates division (B) of this	45
section.	46

Sub. S. B. No. 157 As Reported by the House Families, Aging, and Human Services Committee	Page 4
ambulatory surgical facility, a hospital, or a hospital	75
emergency department.	76
(7) "Postabortion care" means care given after the uterus	77
has been evacuated by abortion.	78
(B) The department shall be responsible for collecting and	79
collating abortion data reported to the department as required	80
by this section.	81
(C) The attending physician shall complete an individual	82
abortion report for the abortion of each zygote, blastocyte,	83
embryo, or fetus the physician performs. The report shall be	84
confidential and shall not contain the woman's name. The report	85
shall include, but is not limited to, all of the following,	86
insofar as the patient makes the data available that is not	87
within the physician's knowledge:	88
(1) Patient number;	89
(2) The name and address of the facility in which the	90
abortion was performed, and whether the facility is a hospital,	91
ambulatory surgical facility, physician's office, or other	92
facility;	93
(3) The date of the abortion;	94
(4) If a surgical abortion, the method of final	95
disposition of the fetal remains under Chapter 3726. of the	96
Revised Code;	97
(5) All of the following regarding the woman on whom the	98
abortion was performed:	99
(a) Zip code of residence;	100
(b) Age;	101

Sub. S. B. No. 157 As Reported by the House Families, Aging, and Human Services Committee	Page 5
(c) Race;	102
(d) Marital status;	103
(e) Number of previous pregnancies;	104
(f) Years of education;	105
(g) Number of living children;	106
(h) Number of zygotes, blastocytes, embryos, or fetuses previously aborted;	107 108
(i) Date of last induced abortion;	109
(j) Date of last live birth;	110
(k) Method of contraception at the time of conception;	111
(1) Date of the first day of the last menstrual period;	112
(m) Medical condition at the time of the abortion;	113
(n) Rh-type;	114
(o) The number of weeks of gestation at the time of the abortion.	115 116
(6) The type of abortion procedure performed;	117
(7) Complications by type;	118
(8) Written acknowledgment by the attending physician that the pregnant woman is not seeking the abortion, in whole or in part, because of any of the following:	119 120 121
(a) A test result indicating Down syndrome in an unborn child;	122
(b) A prenatal diagnosis of Down syndrome in an unborn child;	124 125

Sub. S. B. No. 157 As Reported by the House Families, Aging, and Human Services Committee	Page 6
(c) Any other reason to believe that an unborn child has	126
Down syndrome.	127
(9) Type of procedure performed after the abortion;	128
(10) Type of family planning recommended;	129
(11) Type of additional counseling given;	130
(12) Signature of attending physician.	131
(D) The physician who completed the abortion report under	132
division (C) of this section shall submit the abortion report to	133
the department within fifteen days after the woman is	134
discharged.	135
(E) The appropriate vital records report or certificate	136
shall be made out after the twentieth week of gestation.	137
(F) A copy of the abortion report shall be made part of	138
the medical record of the patient of the facility in which the	139
abortion was performed.	140
(G) Each hospital shall file monthly and annual reports	141
listing the total number of women who have undergone a post-	142
twelve-week-gestation abortion and received postabortion care.	143
The annual report shall be filed following the conclusion of the	144
state's fiscal year. Each report shall be filed within thirty	145
days after the end of the applicable reporting period.	146
(H) Each case in which a physician treats a post abortion	147
complication shall be reported on a postabortion complication	148
form. The report shall be made upon a form prescribed by the	149
department, shall be signed by the attending physician, and	150
shall be confidential.	151
(I)(1) Not later than the first day of October of each	152

Sub. S. B. No. 157 As Reported by the House Families, Aging, and Human Services Committee	Page 7
year, the department shall issue an annual report of the	153
abortion data reported to the department for the previous	154
calendar year as required by this section. The annual report	155
shall include at least the following information:	156
(a) The total number of zygotes, blastocytes, embryos, or fetuses that were aborted;	157 158
(b) The number of abortions performed on Ohio and out-of-	159
state residents;	160
(c) The number of abortions performed, sorted by each of	161
the following:	162
(i) The age of the woman on whom the abortion was	163
performed, using the following categories: under fifteen years	164
of age, fifteen to nineteen years of age, twenty to twenty-four	165
years of age, twenty-five to twenty-nine years of age, thirty to	166
thirty-four years of age, thirty-five to thirty-nine years of	167
age, forty to forty-four years of age, forty-five years of age	168
or older;	169
(ii) The race and Hispanic ethnicity of the woman on whom	170
the abortion was performed;	171
(iii) The education level of the woman on whom the	172
abortion was performed, using the following categories or their	173
equivalents: less than ninth grade, ninth through twelfth grade,	174
one or more years of college;	175
(iv) The marital status of the woman on whom the abortion	176
was performed;	177
(v) The number of living children of the woman on whom the	178
abortion was performed, using the following categories: none,	179
one, or two or more;	180

Sub. S. B. No. 157 As Reported by the House Families, Aging, and Human Services Committee	
(vi) The number of weeks of gestation of the woman at the	181
time the abortion was performed, using the following categories:	182
less than nine weeks, nine to twelve weeks, thirteen to nineteen	183
weeks, or twenty weeks or more;	184
(vii) The county in which the abortion was performed;	185
(viii) The type of abortion procedure performed;	186
(ix) The number of zygotes, blastocytes, embryos, or	187
fetuses previously aborted by the woman on whom the abortion was	188
performed;	189
(x) The type of facility in which the abortion was	190
performed;	191
(xi) For Ohio residents, the county of residence of the	192
woman on whom the abortion was performed.	193
(2) The report also shall indicate the number and type of	194
the abortion complications reported to the department either on	195
the abortion report required under division (C) of this section	196
or the postabortion complication report required under division	197
(H) of this section.	198
(3) In addition to the annual report required under	199
division (I)(1) of this section, the department shall make	200
available, on request, the number of abortions performed by zip	201
code of residence.	202
(J) The director of health shall implement this section	203
and shall apply to the court of common pleas for temporary or	204
permanent injunctions restraining a violation or threatened	205
violation of its requirements. This action is an additional	206
remedy not dependent on the adequacy of the remedy at law.	207
Sec. 3701.792. (A) The director of health shall develop a	208

Sub. S. B. No. 157 As Reported by the House Families, Aging, and Human Services Committee	Page 9
child survival form to be submitted to the department of health	209
in accordance with division (B) of this section each time a	210
child is born alive after an abortion or attempted abortion. In	211
developing the form, the director may consult with	212
obstetricians, maternal-fetal specialists, or any other	213
professionals the director considers appropriate. The form shall	214
include areas for all of the following to be provided:	215
(1) The patient number for the woman on whom the abortion	216
was performed or attempted;	217
(2) The name, primary business address, and signature of	218
the attending physician described in section 3701.79 of the	219
Revised Code who performed or attempted to perform the abortion;	220
(3) The name and address of the facility in which the	221
abortion was performed or attempted, and whether the facility is	222
a hospital, ambulatory surgical facility, physician's office, or	223
other facility;	224
(4) The date the abortion was performed or attempted;	225
(5) The type of abortion procedure that was performed or	226
<pre>attempted;</pre>	227
(6) The gestational age of the child who was born;	228
(7) Complications, by type, for both the woman and child;	229
(8) Any other information the director considers	230
appropriate.	231
(B) The attending physician who performed or attempted an	232
abortion in which a child was born alive after that event shall	233
complete a child survival form developed under division (A) of	234
this section. The physician shall submit the completed form to	235
the department of health not later than fifteen days after the	236

Page 10

Sub. S. B. No. 157

As Reported by the House Families, Aging, and Human Services Committee

Page 11

Sub. S. B. No. 157

Sec. 3702.305. (A) In addition to the attachments	295
specified in division (B)(3)(a) of section 3702.304 of the	296
Revised Code, a variance application must contain or include as	297
attachments, for each consulting physician described in division	298
(B)(2) of that section, a signed statement in which the	299
physician attests to both of the following:	300
(1) The physician does not teach or provide instruction,	301
directly or indirectly, at a medical school or osteopathic	302
medical school affiliated with a state university or college as	303
defined in section 3345.12 of the Revised Code, any state	304
hospital, or other public institution.	305
(2) The physician is not employed by or compensated	306
pursuant to a contract with, and does not provide instruction or	307
consultation to, a medical school or osteopathic medical school	308
affiliated with a state university or college as defined in	309
section 3345.12 of the Revised Code, any state hospital, or	310
other public institution.	311
(B) No physician shall engage in any of the activities	312
described in division (A)(1) or (2) of this section while	313
serving as a consulting physician for an ambulatory surgical	314
facility that has been granted a variance from the written	315
transfer agreement requirement of section 3702.303 of the	316
Revised Code.	317
(C) If, at any time, the director of health determines	318
that a consulting physician for an ambulatory surgical facility	319
that has been granted a variance from the written transfer	320
agreement requirement of section 3702.303 of the Revised Code	321
has violated the prohibition in division (B) of this section,	322
the director shall rescind the variance.	323

Sub. S. B. No. 157

Page 13

(B) Except as provided in division (P) of this section,	354
the board, by an affirmative vote of not fewer than six members,	355
shall, to the extent permitted by law, limit, revoke, or suspend	356
a license or certificate to practice or certificate to	357
recommend, refuse to issue a license or certificate, refuse to	358
renew a license or certificate, refuse to reinstate a license or	359
certificate, or reprimand or place on probation the holder of a	360
license or certificate for one or more of the following reasons:	361
(1) Permitting one's name or one's license or certificate	362
to practice to be used by a person, group, or corporation when	363
the individual concerned is not actually directing the treatment	364
given;	365
(2) Failure to maintain minimal standards applicable to	366
the selection or administration of drugs, or failure to employ	367
acceptable scientific methods in the selection of drugs or other	368
modalities for treatment of disease;	369
(3) Except as provided in section 4731.97 of the Revised	370
Code, selling, giving away, personally furnishing, prescribing,	371
or administering drugs for other than legal and legitimate	372
therapeutic purposes or a plea of guilty to, a judicial finding	373
of guilt of, or a judicial finding of eligibility for	374
intervention in lieu of conviction of, a violation of any	375
federal or state law regulating the possession, distribution, or	376
use of any drug;	377
(4) Willfully betraying a professional confidence.	378
For purposes of this division, "willfully betraying a	379
professional confidence" does not include providing any	380
information, documents, or reports under sections 307.621 to	381

307.629 of the Revised Code to a child fatality review board;

does not include providing any information, documents, or	383
reports under sections 307.631 to 307.6410 of the Revised Code	384
to a drug overdose fatality review committee, a suicide fatality	385
review committee, or hybrid drug overdose fatality and suicide	386
fatality review committee; does not include providing any	387
information, documents, or reports to the director of health	388
pursuant to guidelines established under section 3701.70 of the	389
Revised Code; does not include written notice to a mental health	390
professional under section 4731.62 of the Revised Code; and does	391
not include the making of a report of an employee's use of a	392
drug of abuse, or a report of a condition of an employee other	393
than one involving the use of a drug of abuse, to the employer	394
of the employee as described in division (B) of section 2305.33	395
of the Revised Code. Nothing in this division affects the	396
immunity from civil liability conferred by section 2305.33 or	397
4731.62 of the Revised Code upon a physician who makes a report	398
in accordance with section 2305.33 or notifies a mental health	399
professional in accordance with section 4731.62 of the Revised	400
Code. As used in this division, "employee," "employer," and	401
"physician" have the same meanings as in section 2305.33 of the	402
Revised Code.	403

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

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

ethics of a national professional organization" does not include

any provision that would preclude the making of a report by a

470

471

physician of an employee's use of a drug of abuse, or of a 472 condition of an employee other than one involving the use of a 473 drug of abuse, to the employer of the employee as described in 474 division (B) of section 2305.33 of the Revised Code. Nothing in 475 this division affects the immunity from civil liability 476 conferred by that section upon a physician who makes either type 477 of report in accordance with division (B) of that section. As 478 used in this division, "employee," "employer," and "physician" 479 have the same meanings as in section 2305.33 of the Revised 480 Code. 481

(19) Inability to practice according to acceptable and

prevailing standards of care by reason of mental illness or

physical illness, including, but not limited to, physical

deterioration that adversely affects cognitive, motor, or

perceptive skills.

482

483

484

In enforcing this division, the board, upon a showing of a 487 possible violation, may compel any individual authorized to 488 practice by this chapter or who has submitted an application 489 pursuant to this chapter to submit to a mental examination, 490 physical examination, including an HIV test, or both a mental 491 and a physical examination. The expense of the examination is 492 the responsibility of the individual compelled to be examined. 493 Failure to submit to a mental or physical examination or consent 494 to an HIV test ordered by the board constitutes an admission of 495 the allegations against the individual unless the failure is due 496 to circumstances beyond the individual's control, and a default 497 and final order may be entered without the taking of testimony 498 or presentation of evidence. If the board finds an individual 499 unable to practice because of the reasons set forth in this 500 501 division, the board shall require the individual to submit to care, counseling, or treatment by physicians approved or 502

designated by the board, as a condition for initial, continued, 503 reinstated, or renewed authority to practice. An individual 504 affected under this division shall be afforded an opportunity to 505 demonstrate to the board the ability to resume practice in 506 507 compliance with acceptable and prevailing standards under the provisions of the individual's license or certificate. For the 508 509 purpose of this division, any individual who applies for or receives a license or certificate to practice under this chapter 510 accepts the privilege of practicing in this state and, by so 511 doing, shall be deemed to have given consent to submit to a 512 mental or physical examination when directed to do so in writing 513 by the board, and to have waived all objections to the 514 admissibility of testimony or examination reports that 515 constitute a privileged communication. 516

(20) Except as provided in division (F)(1)(b) of section 517
4731.282 of the Revised Code or when civil penalties are imposed 518
under section 4731.225 of the Revised Code, and subject to 519
section 4731.226 of the Revised Code, violating or attempting to 520
violate, directly or indirectly, or assisting in or abetting the 521
violation of, or conspiring to violate, any provisions of this 522
chapter or any rule promulgated by the board. 523

524 This division does not apply to a violation or attempted violation of, assisting in or abetting the violation of, or a 525 conspiracy to violate, any provision of this chapter or any rule 526 adopted by the board that would preclude the making of a report 527 by a physician of an employee's use of a drug of abuse, or of a 528 condition of an employee other than one involving the use of a 529 drug of abuse, to the employer of the employee as described in 530 division (B) of section 2305.33 of the Revised Code. Nothing in 531 this division affects the immunity from civil liability 532 conferred by that section upon a physician who makes either type 533

 ${\tt determination.}$

621

ordered by the board constitutes an admission of the allegations	593
against the individual unless the failure is due to	594
circumstances beyond the individual's control, and a default and	595
final order may be entered without the taking of testimony or	596
presentation of evidence. If the board determines that the	597
individual's ability to practice is impaired, the board shall	598
suspend the individual's license or certificate or deny the	599
individual's application and shall require the individual, as a	600
condition for initial, continued, reinstated, or renewed	601
licensure or certification to practice, to submit to treatment.	602
Before being eligible to apply for reinstatement of a	603
license or certificate suspended under this division, the	604
impaired practitioner shall demonstrate to the board the ability	605
to resume practice in compliance with acceptable and prevailing	606
standards of care under the provisions of the practitioner's	607
license or certificate. The demonstration shall include, but	608
shall not be limited to, the following:	609
(a) Certification from a treatment provider approved under	610
section 4731.25 of the Revised Code that the individual has	611
successfully completed any required inpatient treatment;	612
(b) Evidence of continuing full compliance with an	613
aftercare contract or consent agreement;	614
(c) Two written reports indicating that the individual's	615
ability to practice has been assessed and that the individual	616
has been found capable of practicing according to acceptable and	617
prevailing standards of care. The reports shall be made by	618
individuals or providers approved by the board for making the	619
assessments and shall describe the basis for their	620

of the Revised Code;

(30) Failure to provide notice to, and receive	651
acknowledgment of the notice from, a patient when required by	652
section 4731.143 of the Revised Code prior to providing	653
nonemergency professional services, or failure to maintain that	654
notice in the patient's medical record;	655
(31) Failure of a physician supervising a physician	656
assistant to maintain supervision in accordance with the	657
requirements of Chapter 4730. of the Revised Code and the rules	658
adopted under that chapter;	659
(32) Failure of a physician or podiatrist to enter into a	660
standard care arrangement with a clinical nurse specialist,	661
certified nurse-midwife, or certified nurse practitioner with	662
whom the physician or podiatrist is in collaboration pursuant to	663
section 4731.27 of the Revised Code or failure to fulfill the	664
responsibilities of collaboration after entering into a standard	665
care arrangement;	666
(33) Failure to comply with the terms of a consult	667
agreement entered into with a pharmacist pursuant to section	668
4729.39 of the Revised Code;	669
(34) Failure to cooperate in an investigation conducted by	670
the board under division (F) of this section, including failure	671
to comply with a subpoena or order issued by the board or	672
failure to answer truthfully a question presented by the board	673
in an investigative interview, an investigative office	674
conference, at a deposition, or in written interrogatories,	675
except that failure to cooperate with an investigation shall not	676
constitute grounds for discipline under this section if a court	677
of competent jurisdiction has issued an order that either	678
quashes a subpoena or permits the individual to withhold the	679

testimony or evidence in issue;

Sub. S. B. No. 157

Page 26

790

791

792

793

794

795

796

consent agreement shall be of no force or effect.

A telephone conference call may be utilized for 768 ratification of a consent agreement that revokes or suspends an 769 individual's license or certificate to practice or certificate 770 to recommend. The telephone conference call shall be considered 771 a special meeting under division (F) of section 121.22 of the 772 Revised Code.

If the board takes disciplinary action against an 774 individual under division (B) of this section for a second or 775 subsequent plea of quilty to, or judicial finding of quilt of, a 776 violation of section 2919.123 or 2919.124 of the Revised Code, 777 the disciplinary action shall consist of a suspension of the 778 individual's license or certificate to practice for a period of 779 at least one year or, if determined appropriate by the board, a 780 more serious sanction involving the individual's license or 781 certificate to practice. Any consent agreement entered into 782 under this division with an individual that pertains to a second 783 or subsequent plea of guilty to, or judicial finding of guilt 784 of, a violation of that section shall provide for a suspension 785 of the individual's license or certificate to practice for a 786 period of at least one year or, if determined appropriate by the 787 board, a more serious sanction involving the individual's 788 license or certificate to practice. 789

(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 797 trial court issues an order of dismissal upon technical or 798 procedural grounds.

- (E) The sealing of conviction records by any court shall 800 have no effect upon a prior board order entered under this 801 section or upon the board's jurisdiction to take action under 802 this section if, based upon a plea of guilty, a judicial finding 803 of guilt, or a judicial finding of eligibility for intervention 804 in lieu of conviction, the board issued a notice of opportunity 805 806 for a hearing prior to the court's order to seal the records. The board shall not be required to seal, destroy, redact, or 807 otherwise modify its records to reflect the court's sealing of 808 conviction records. 809
- (F) (1) The board shall investigate evidence that appears 810 to show that a person has violated any provision of this chapter 811 or any rule adopted under it. Any person may report to the board 812 in a signed writing any information that the person may have 813 that appears to show a violation of any provision of this 814 chapter or any rule adopted under it. In the absence of bad 815 faith, any person who reports information of that nature or who 816 testifies before the board in any adjudication conducted under 817 Chapter 119. of the Revised Code shall not be liable in damages 818 in a civil action as a result of the report or testimony. Each 819 complaint or allegation of a violation received by the board 820 shall be assigned a case number and shall be recorded by the 821 board. 822
- (2) Investigations of alleged violations of this chapter
 or any rule adopted under it shall be supervised by the
 supervising member elected by the board in accordance with
 section 4731.02 of the Revised Code and by the secretary as
 823

provided in section 4731.39 of the Revised Code. The president	827
may designate another member of the board to supervise the	828
investigation in place of the supervising member. No member of	829
the board who supervises the investigation of a case shall	830
participate in further adjudication of the case.	831

- (3) In investigating a possible violation of this chapter 832 or any rule adopted under this chapter, or in conducting an 833 inspection under division (E) of section 4731.054 of the Revised 834 Code, the board may question witnesses, conduct interviews, 835 administer oaths, order the taking of depositions, inspect and 836 copy any books, accounts, papers, records, or documents, issue 837 subpoenas, and compel the attendance of witnesses and production 838 of books, accounts, papers, records, documents, and testimony, 839 except that a subpoena for patient record information shall not 840 be issued without consultation with the attorney general's 841 office and approval of the secretary and supervising member of 842 the board. 843
- 844 (a) Before issuance of a subpoena for patient record information, the secretary and supervising member shall 845 determine whether there is probable cause to believe that the 846 complaint filed alleges a violation of this chapter or any rule 847 adopted under it and that the records sought are relevant to the 848 alleged violation and material to the investigation. The 849 subpoena may apply only to records that cover a reasonable 850 period of time surrounding the alleged violation. 851
- (b) On failure to comply with any subpoena issued by the 852 board and after reasonable notice to the person being 853 subpoenaed, the board may move for an order compelling the 854 production of persons or records pursuant to the Rules of Civil 855 Procedure.

873

874

875

876

877

878

884

885

886

- (c) A subpoena issued by the board may be served by a 857 sheriff, the sheriff's deputy, or a board employee or agent 858 designated by the board. Service of a subpoena issued by the 859 board may be made by delivering a copy of the subpoena to the 860 person named therein, reading it to the person, or leaving it at 861 the person's usual place of residence, usual place of business, 862 or address on file with the board. When serving a subpoena to an 863 applicant for or the holder of a license or certificate issued 864 under this chapter, service of the subpoena may be made by 865 certified mail, return receipt requested, and the subpoena shall 866 be deemed served on the date delivery is made or the date the 867 person refuses to accept delivery. If the person being served 868 refuses to accept the subpoena or is not located, service may be 869 made to an attorney who notifies the board that the attorney is 870 representing the person. 871
- (d) A sheriff's deputy who serves a subpoena shall receive the same fees as a sheriff. Each witness who appears before the board in obedience to a subpoena shall receive the fees and mileage provided for under section 119.094 of the Revised Code.
- (4) All hearings, investigations, and inspections of the board shall be considered civil actions for the purposes of section 2305.252 of the Revised Code.
- (5) A report required to be submitted to the board under
 this chapter, a complaint, or information received by the board
 pursuant to an investigation or pursuant to an inspection under
 division (E) of section 4731.054 of the Revised Code is
 confidential and not subject to discovery in any civil action.

 883

The board shall conduct all investigations or inspections and proceedings in a manner that protects the confidentiality of patients and persons who file complaints with the board. The

board shall not make public the names or any other identifying 887 information about patients or complainants unless proper consent 888 is given or, in the case of a patient, a waiver of the patient 889 privilege exists under division (B) of section 2317.02 of the 890 Revised Code, except that consent or a waiver of that nature is 891 not required if the board possesses reliable and substantial 892 893 evidence that no bona fide physician-patient relationship 894 exists.

895 The board may share any information it receives pursuant 896 to an investigation or inspection, including patient records and patient record information, with law enforcement agencies, other 897 licensing boards, and other governmental agencies that are 898 prosecuting, adjudicating, or investigating alleged violations 899 of statutes or administrative rules. An agency or board that 900 receives the information shall comply with the same requirements 901 regarding confidentiality as those with which the state medical 902 board must comply, notwithstanding any conflicting provision of 903 the Revised Code or procedure of the agency or board that 904 applies when it is dealing with other information in its 905 possession. In a judicial proceeding, the information may be 906 admitted into evidence only in accordance with the Rules of 907 Evidence, but the court shall require that appropriate measures 908 are taken to ensure that confidentiality is maintained with 909 respect to any part of the information that contains names or 910 other identifying information about patients or complainants 911 whose confidentiality was protected by the state medical board 912 when the information was in the board's possession. Measures to 913 ensure confidentiality that may be taken by the court include 914 sealing its records or deleting specific information from its 915 records. 916

(6) On a quarterly basis, the board shall prepare a report

947

may be utilized for reviewing the allegations and taking the vote on the summary suspension.

The board shall issue a written order of suspension by 948 certified mail or in person in accordance with section 119.07 of 949 the Revised Code. The order shall not be subject to suspension 950 by the court during pendency of any appeal filed under section 951 119.12 of the Revised Code. If the individual subject to the 952 summary suspension requests an adjudicatory hearing by the 953 board, the date set for the hearing shall be within fifteen 954 955 days, but not earlier than seven days, after the individual requests the hearing, unless otherwise agreed to by both the 956 board and the individual. 957

Any summary suspension imposed under this division shall 958 remain in effect, unless reversed on appeal, until a final 959 adjudicative order issued by the board pursuant to this section 960 and Chapter 119. of the Revised Code becomes effective. The 961 board shall issue its final adjudicative order within seventy-962 five days after completion of its hearing. A failure to issue 963 the order within seventy-five days shall result in dissolution 964 965 of the summary suspension order but shall not invalidate any subsequent, final adjudicative order. 966

(H) If the board takes action under division (B) (9), (11), 967 or (13) of this section and the judicial finding of guilt, 968 quilty plea, or judicial finding of eligibility for intervention 969 in lieu of conviction is overturned on appeal, upon exhaustion 970 of the criminal appeal, a petition for reconsideration of the 971 order may be filed with the board along with appropriate court 972 documents. Upon receipt of a petition of that nature and 973 supporting court documents, the board shall reinstate the 974 individual's license or certificate to practice. The board may 975

then hold an adjudication under Chapter 119. of the Revised Code	976
to determine whether the individual committed the act in	977
question. Notice of an opportunity for a hearing shall be given	978
in accordance with Chapter 119. of the Revised Code. If the	979
board finds, pursuant to an adjudication held under this	980
division, that the individual committed the act or if no hearing	981
is requested, the board may order any of the sanctions	982
identified under division (B) of this section.	983

(I) The license or certificate to practice issued to an 984 individual under this chapter and the individual's practice in 985 this state are automatically suspended as of the date of the 986 individual's second or subsequent plea of guilty to, or judicial 987 finding of quilt of, a violation of section 2919.123 or 2919.124 988 of the Revised Code. In addition, the license or certificate to 989 practice or certificate to recommend issued to an individual 990 under this chapter and the individual's practice in this state 991 are automatically suspended as of the date the individual pleads 992 quilty to, is found by a judge or jury to be quilty of, or is 993 subject to a judicial finding of eligibility for intervention in 994 lieu of conviction in this state or treatment or intervention in 995 lieu of conviction in another jurisdiction for any of the 996 following criminal offenses in this state or a substantially 997 equivalent criminal offense in another jurisdiction: aggravated 998 murder, murder, voluntary manslaughter, felonious assault, 999 kidnapping, rape, sexual battery, gross sexual imposition, 1000 aggravated arson, aggravated robbery, or aggravated burglary. 1001 Continued practice after suspension shall be considered 1002 practicing without a license or certificate. 1003

The board shall notify the individual subject to the 1004 suspension by certified mail or in person in accordance with 1005 section 119.07 of the Revised Code. If an individual whose 1006

license or certificate is automatically suspended under this	1007
division fails to make a timely request for an adjudication	1008
under Chapter 119. of the Revised Code, the board shall do	1009
whichever of the following is applicable:	1010

- (1) If the automatic suspension under this division is for 1011 a second or subsequent plea of quilty to, or judicial finding of 1012 guilt of, a violation of section 2919.123 or 2919.124 of the 1013 Revised Code, the board shall enter an order suspending the 1014 individual's license or certificate to practice for a period of 1015 at least one year or, if determined appropriate by the board, 1016 imposing a more serious sanction involving the individual's 1017 license or certificate to practice. 1018
- (2) In all circumstances in which division (I)(1) of this 1019 section does not apply, enter a final order permanently revoking 1020 the individual's license or certificate to practice. 1021
- (J) If the board is required by Chapter 119. of the 1022 Revised Code to give notice of an opportunity for a hearing and 1023 if the individual subject to the notice does not timely request 1024 a hearing in accordance with section 119.07 of the Revised Code, 1025 the board is not required to hold a hearing, but may adopt, by 1026 an affirmative vote of not fewer than six of its members, a 1027 final order that contains the board's findings. In that final 1028 order, the board may order any of the sanctions identified under 1029 division (A) or (B) of this section. 1030
- (K) Any action taken by the board under division (B) of
 this section resulting in a suspension from practice shall be
 1032
 accompanied by a written statement of the conditions under which
 the individual's license or certificate to practice may be
 1034
 reinstated. The board shall adopt rules governing conditions to
 be imposed for reinstatement. Reinstatement of a license or

certificate suspended pursuant to division (B) of this section	1037
requires an affirmative vote of not fewer than six members of	1038
the board.	1039

- (L) When the board refuses to grant or issue a license or 1040 certificate to practice to an applicant, revokes an individual's 1041 license or certificate to practice, refuses to renew an 1042 individual's license or certificate to practice, or refuses to 1043 reinstate an individual's license or certificate to practice, 1044 the board may specify that its action is permanent. An 1045 1046 individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a license or certificate 1047 to practice and the board shall not accept an application for 1048 reinstatement of the license or certificate or for issuance of a 1049 new license or certificate. 1050
- (M) Notwithstanding any other provision of the RevisedCode, all of the following apply:1052
- (1) The surrender of a license or certificate issued under 1053 this chapter shall not be effective unless or until accepted by 1054 the board. A telephone conference call may be utilized for 1055 acceptance of the surrender of an individual's license or 1056 certificate to practice. The telephone conference call shall be 1057 considered a special meeting under division (F) of section 1058 121.22 of the Revised Code. Reinstatement of a license or 1059 certificate surrendered to the board requires an affirmative 1060 vote of not fewer than six members of the board. 1061
- (2) An application for a license or certificate made under 1062 the provisions of this chapter may not be withdrawn without 1063 approval of the board.
 - (3) Failure by an individual to renew a license or 1065

certificate to practice in accordance with this chapter or a	1066
certificate to recommend in accordance with rules adopted under	1067
section 4731.301 of the Revised Code shall not remove or limit	1068
the board's jurisdiction to take any disciplinary action under	1069
this section against the individual.	1070
(4) At the request of the board, a license or certificate	1071
holder shall immediately surrender to the board a license or	1072
certificate that the board has suspended, revoked, or	1073
permanently revoked.	1074
	4055
(N) Sanctions shall not be imposed under division (B) (28)	1075
of this section against any person who waives deductibles and	1076
copayments as follows:	1077
(1) In compliance with the health benefit plan that	1078
expressly allows such a practice. Waiver of the deductibles or	1079
copayments shall be made only with the full knowledge and	1080
consent of the plan purchaser, payer, and third-party	1081
administrator. Documentation of the consent shall be made	1082
available to the board upon request.	1083
(2) For professional services rendered to any other person	1084
authorized to practice pursuant to this chapter, to the extent	1085
allowed by this chapter and rules adopted by the board.	1086
(O) Under the board's investigative duties described in	1087
this section and subject to division (F) of this section, the	1088
board shall develop and implement a quality intervention program	1089
designed to improve through remedial education the clinical and	1090
communication skills of individuals authorized under this	1091
chapter to practice medicine and surgery, osteopathic medicine	1092
and surgery, and podiatric medicine and surgery. In developing	1093
	1004

and implementing the quality intervention program, the board may

do all of the following:	1095
(1) Offer in appropriate cases as determined by the board	1096
an educational and assessment program pursuant to an	1097
investigation the board conducts under this section;	1098
(2) Select providers of educational and assessment	1099
services, including a quality intervention program panel of case	1100
reviewers;	1101
(3) Make referrals to educational and assessment service	1102
providers and approve individual educational programs	1103
recommended by those providers. The board shall monitor the	1104
progress of each individual undertaking a recommended individual	1105
educational program.	1106
(4) Determine what constitutes successful completion of an	1107
individual educational program and require further monitoring of	1108
the individual who completed the program or other action that	1109
the board determines to be appropriate;	1110
(5) Adopt rules in accordance with Chapter 119. of the	1111
Revised Code to further implement the quality intervention	1112
program.	1113
An individual who participates in an individual	1114
educational program pursuant to this division shall pay the	1115
financial obligations arising from that educational program.	1116
(P) The board shall not refuse to issue a license to an	1117
applicant because of a conviction, plea of guilty, judicial	1118
finding of guilt, judicial finding of eligibility for	1119
intervention in lieu of conviction, or the commission of an act	1120
that constitutes a criminal offense, unless the refusal is in	1121
accordance with section 9.79 of the Revised Code.	1122

Sub. S. B. No. 157

Page 40