

As Introduced

135th General Assembly

Regular Session

2023-2024

H. B. No. 670

Representatives Baker, Santucci

Cosponsors: Representatives Brennan, Dell'Aquila, Thomas, C.



A BILL

To amend sections 1.64, 124.32, 124.41, 124.42, 1
124.50, 503.45, 503.47, 505.38, 709.012, 737.15, 2
737.16, 737.22, 742.38, 911.11, 1337.11, 3
1349.05, 1561.26, 1751.01, 1785.01, 2108.61, 4
2133.01, 2133.211, 2135.01, 2151.3515, 2151.53, 5
2305.113, 2305.234, 2305.2311, 2305.51, 2711.22, 6
2743.62, 2907.13, 2907.29, 2909.04, 2921.22, 7
2925.01, 3107.02, 3111.91, 3301.531, 3313.5310, 8
3313.7112, 3313.7117, 3319.13, 3327.10, 3331.02, 9
3331.07, 3701.046, 3701.048, 3701.23, 3701.25, 10
3701.36, 3701.59, 3701.615, 3701.74, 3701.90, 11
3701.92, 3701.921, 3701.928, 3701.941, 3709.161, 12
3715.50, 3715.501, 3715.502, 3715.503, 3715.872, 13
3719.01, 3719.06, 3719.064, 3719.12, 3719.121, 14
3719.81, 3721.21, 3727.06, 3728.01, 3795.01, 15
3919.29, 3963.01, 4503.44, 4507.20, 4715.30, 16
4723.01, 4723.18, 4723.181, 4723.481, 4723.72, 17
4723.73, 4729.01, 4729.39, 4730.02, 4730.03, 18
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4730.27, 4730.28, 4730.31, 4730.32, 4730.33, 24
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4731.22, 4731.25, 4731.297, 4731.33, 4731.37, 29
4743.09, 4755.48, 4755.623, 4761.01, 4761.11, 30
4761.17, 4765.01, 4765.35, 4765.36, 4765.37, 31
4765.38, 4765.39, 4765.49, 4765.51, 4769.01, 32
4933.122, 5101.19, 5103.0327, 5104.0110, 33
5104.037, 5119.185, 5119.363, 5123.47, 5164.072, 34
5164.301, 5164.95, and 5503.08; to amend, for 35
the purpose of adopting new section numbers as 36
indicated in parentheses, sections 3701.928 37
(3701.923) and 4730.15 (4730.09); to enact 38
section 4730.011; and to repeal sections 39
3701.923, 3701.924, 3701.925, and 3701.926 of 40
the Revised Code to change the professional 41
title used by physician assistants to "physician 42
associate" and to make related changes in the 43
laws pertaining to their profession; and to 44
amend the versions of sections 4723.481, 45
4730.411, and 4761.01 of the Revised Code that 46
are scheduled to take effect on September 30, 47
2024, to continue the changes on and after that 48
date and to amend the version of section 5101.19 49
of the Revised Code that is scheduled to take 50
effect January 1, 2025, to continue the changes 51
on and after that date. 52

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

Section 1. That sections 1.64, 124.32, 124.41, 124.42, 53
124.50, 503.45, 503.47, 505.38, 709.012, 737.15, 737.16, 737.22, 54
742.38, 911.11, 1337.11, 1349.05, 1561.26, 1751.01, 1785.01, 55
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3331.02, 3331.07, 3701.046, 3701.048, 3701.23, 3701.25, 3701.36, 60
3701.59, 3701.615, 3701.74, 3701.90, 3701.92, 3701.921, 61
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3715.503, 3715.872, 3719.01, 3719.06, 3719.064, 3719.12, 63
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4723.481, 4723.72, 4723.73, 4729.01, 4729.39, 4730.02, 4730.03, 66
4730.04, 4730.05, 4730.06, 4730.07, 4730.08, 4730.10, 4730.101, 67
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4731.052, 4731.053, 4731.054, 4731.22, 4731.25, 4731.297, 74
4731.33, 4731.37, 4743.09, 4755.48, 4755.623, 4761.01, 4761.11, 75
4761.17, 4765.01, 4765.35, 4765.36, 4765.37, 4765.38, 4765.39, 76
4765.49, 4765.51, 4769.01, 4933.122, 5101.19, 5103.0327, 77
5104.0110, 5104.037, 5119.185, 5119.363, 5123.47, 5164.072, 78
5164.301, 5164.95, and 5503.08 be amended; sections 3701.928 79
(3701.923) and 4730.15 (4730.09) be amended for the purpose of 80
adopting new section numbers as indicated in parentheses; and 81
section 4730.011 of the Revised Code be enacted to read as 82
follows: 83

Sec. 1.64. As used in the Revised Code: 84

(A) "Certified nurse-midwife" means an advanced practice 85
registered nurse who holds a current, valid license issued under 86
Chapter 4723. of the Revised Code and is designated as a 87
certified nurse-midwife in accordance with section 4723.42 of 88
the Revised Code and rules adopted by the board of nursing. 89

(B) "Certified nurse practitioner" means an advanced 90
practice registered nurse who holds a current, valid license 91
issued under Chapter 4723. of the Revised Code and is designated 92
as a certified nurse practitioner in accordance with section 93
4723.42 of the Revised Code and rules adopted by the board of 94
nursing. 95

(C) "Clinical nurse specialist" means an advanced practice 96
registered nurse who holds a current, valid license issued under 97
Chapter 4723. of the Revised Code and is designated as a 98
clinical nurse specialist in accordance with section 4723.42 of 99
the Revised Code and rules adopted by the board of nursing. 100

(D) "Physician ~~assistant~~associate" means an individual who 101
is licensed under Chapter 4730. of the Revised Code to provide 102
services as a physician ~~assistant~~associate to patients under 103
the supervision, control, and direction of one or more 104
physicians. 105

Sec. 124.32. (A) A person holding an office or position in 106
the classified service may be transferred to a similar position 107
in another office, department, or institution having the same 108
pay and similar duties, but no transfer shall be made as 109
follows: 110

(1) From an office or position in one class to an office 111
or position in another class; 112

(2) To an office or position for original entrance to 113
which there is required by sections 124.01 to 124.64 of the 114
Revised Code, or the rules adopted pursuant to those sections, 115
an examination involving essential tests or qualifications or 116
carrying a salary different from or higher than those required 117
for original entrance to an office or position held by the 118
person proposed to be transferred. 119

No person in the classified civil service of the state may 120
be transferred without the consent of the director of 121
administrative services. 122

(B) Any person holding an office or position in the 123
classified service who has been separated from the service 124
without delinquency or misconduct on the person's part may be 125
reinstated within one year from the date of that separation to a 126
vacancy in the same office or in a similar position in the same 127
department, except that a person in the classified service of 128
the state only may be reinstated with the consent of the 129
director of administrative services. But, if that separation is 130
due to injury or physical or psychiatric disability, the person 131
shall be reinstated in the same office held or in a similar 132
position to that held at the time of separation, within sixty 133
days after written application for reinstatement, if the person 134
passes a physical or psychiatric examination made by a licensed 135
physician, a physician ~~assistant~~associate, a clinical nurse 136
specialist, a certified nurse practitioner, or a certified 137
nurse-midwife showing that the person has recovered from the 138
injury or physical or psychiatric disability, if the application 139
for reinstatement is filed within two years from the date of 140
separation, and if the application is not filed after the date 141
of service eligibility retirement. The physician, physician 142
~~assistant~~associate, clinical nurse specialist, certified nurse 143

practitioner, or certified nurse-midwife shall be designated by 144
the appointing authority and shall complete any written 145
documentation of the physical or psychiatric examination. 146

Sec. 124.41. No person shall be eligible to receive an 147
original appointment to a police department, as a police 148
officer, subject to the civil service laws of this state, unless 149
the person has reached the age of twenty-one and has, not more 150
than one hundred twenty days prior to the date of such 151
appointment, passed a physical examination, given by a licensed 152
physician, a physician ~~assistant~~associate, a clinical nurse 153
specialist, a certified nurse practitioner, or a certified 154
nurse-midwife, certifying that the applicant is free of 155
cardiovascular and pulmonary diseases, and showing that the 156
applicant meets the physical requirements necessary to perform 157
the duties of a police officer as established by the civil 158
service commission having jurisdiction over the appointment. The 159
appointing authority shall, prior to making any such 160
appointment, file with the Ohio police and fire pension fund a 161
copy of the report or findings of the licensed physician, 162
physician ~~assistant~~associate, clinical nurse specialist, 163
certified nurse practitioner, or certified nurse-midwife. The 164
professional fee for such physical examination shall be paid by 165
the civil service commission. Except as otherwise provided in 166
this section, no person is eligible to receive an original 167
appointment when the person is thirty-five years of age or 168
older, and no person can be declared disqualified as over age 169
prior to that time. The maximum age limitation established by 170
this section does not apply to a city in which an ordinance 171
establishes a different maximum age limitation for an original 172
appointment to the police department or to a civil service 173
township in which a resolution adopted by the board of trustees 174

of the township establishes a different maximum age limitation 175
for an original appointment to the police department. 176

Nothing in this section shall prevent a municipal 177
corporation or a civil service township from establishing a 178
police cadet program and employing persons as police cadets at 179
age eighteen for the purposes of training persons to become 180
police officers. The board of trustees of a civil service 181
township may establish by resolution such a cadet program. A 182
person participating in a municipal or township police cadet 183
program shall not be permitted to carry or use any firearm in 184
the performance of the person's duties, except that the person 185
may be taught the proper use of firearms as part of the person's 186
training. 187

Sec. 124.42. No person shall be eligible to receive an 188
original appointment as a firefighter in a fire department, 189
subject to the civil service laws of this state, unless the 190
person has reached the age of eighteen and has, not more than 191
one hundred twenty days prior to receiving such appointment, 192
passed a physical examination, given by a licensed physician, a 193
physician ~~assistant~~associate, a clinical nurse specialist, a 194
certified nurse practitioner, or a certified nurse-midwife, 195
certifying that the applicant is free of cardiovascular and 196
pulmonary diseases, and showing that the person meets the 197
physical requirements necessary to perform the duties of a 198
firefighter as established by the civil service commission 199
having jurisdiction over the appointment. The appointing 200
authority shall, prior to making any such appointment, file with 201
the Ohio police and fire pension fund a copy of the report or 202
findings of said licensed physician, physician 203
~~assistant~~associate, clinical nurse specialist, certified nurse 204
practitioner, or certified nurse-midwife. The professional fee 205

for such physical examination shall be paid by the civil service 206
commission. No person shall be eligible to receive an original 207
appointment on and after the person's forty-first birthday. 208

Notwithstanding this section, a municipal council may 209
enact an ordinance providing that a person between the age of 210
eighteen and forty may receive an original appointment to the 211
fire department, or the board of trustees of a civil service 212
township may do so by resolution. Nothing in this section shall 213
prevent a municipal corporation or civil service township from 214
establishing a fire cadet program and employing persons as fire 215
cadets at age eighteen for the purpose of training persons to 216
become firefighters. The board of trustees of a civil service 217
township may establish by resolution such a cadet program. A 218
person participating in a municipal or township fire cadet 219
program shall not be permitted to carry or use any firearm in 220
the performance of the person's duties. 221

Sec. 124.50. Any person holding an office or position 222
under the classified service in a fire department or a police 223
department who is separated therefrom due to injury or physical 224
disability incurred in the performance of duty shall be 225
reinstated immediately, or one suffering injury or physical 226
disability incurred other than in the performance of duty may be 227
reinstated, upon filing with the chief of the fire department or 228
the chief of the police department, a written application for 229
reinstatement, to the office or position held at the time of 230
such separation, after passing a physical examination showing 231
that the person has recovered from the injury or other physical 232
disability. The physical examination shall be made by a licensed 233
physician, a physician ~~assistant~~associate, a clinical nurse 234
specialist, a certified nurse practitioner, or a certified 235
nurse-midwife within two weeks after application for 236

reinstatement has been made, provided such application for 237
reinstatement is filed within five years from the date of 238
separation from the department, and further provided that such 239
application shall not be filed after the date of service 240
eligibility retirement. The physician, physician 241
~~assistant~~associate, clinical nurse specialist, certified nurse 242
practitioner, or certified nurse-midwife shall be designated by 243
the firefighters' pension board or the police officers' pension 244
board and shall complete any written documentation of the 245
physical examination. 246

Any person holding an office or position under the 247
classified service in a fire department or a police department, 248
who resigns therefrom, may be reinstated to the rank of 249
firefighter or police officer, upon the filing of a written 250
application for reinstatement with the municipal or civil 251
service township civil service commission and a copy thereof 252
with the chief of the fire department or chief of the police 253
department, and upon passing a physical examination disclosing 254
that the person is physically fit to perform the duties of the 255
office of firefighter or police officer, the application for 256
reinstatement shall be filed within one year from the date of 257
resignation. Any person reinstated pursuant to the authority of 258
this paragraph shall not receive credit for seniority earned 259
prior to resignation and reinstatement, and shall not be 260
entitled to reinstatement to a position above the rank of 261
regular firefighter or patrol officer, regardless of the 262
position the person may have held at the time of resignation. 263

Sec. 503.45. If a board of township trustees has adopted a 264
resolution under section 503.41 of the Revised Code, the 265
application for a license as a massager shall be made to the 266
board and shall include the following: 267

(A) An initial, nonrefundable filing fee of one hundred 268
dollars and an annual nonrefundable renewal fee of fifty 269
dollars; 270

(B) The results of a physical examination performed by a 271
licensed physician, a physician ~~assistant~~associate, a clinical 272
nurse specialist, a certified nurse practitioner, or a certified 273
nurse-midwife within thirty days of the application certifying 274
that the applicant is free from communicable diseases; 275

(C) The full name, date of birth, address, and social 276
security number of the applicant; 277

(D) The results of an investigation by appropriate police 278
agencies into the criminal record of the applicant, including a 279
photograph taken no later than thirty days prior to the 280
application, fingerprints, and background investigation; 281

(E) Any other information determined by the board to be 282
necessary. 283

A license issued under this section to a massager shall 284
expire one year after the date of issuance, except that no 285
massager shall be required to discontinue performing massages 286
because of the failure of the board to act on a renewal 287
application filed in a timely manner and pending before the 288
board on the expiration date of the person's license. Each 289
license shall contain the full name of the applicant, a color 290
photograph and a brief description of the person, and the 291
expiration date of the license. 292

Sec. 503.47. If a board of township trustees has adopted a 293
resolution under section 503.41 of the Revised Code, the 294
regulations adopted for that purpose may require any of the 295
following: 296

(A) A massage establishment to display its current permit	297
in an area open to the public;	298
(B) Each massager to display the massager's license at all	299
times in the areas where the licensee is providing massages;	300
(C) Massage establishments to undergo periodic health and	301
safety inspections to determine continual compliance with	302
applicable health and safety codes;	303
(D) Massagers to undergo periodic physical examinations	304
performed by a licensed physician, a physician	305
assistant <u>associate</u> , a clinical nurse specialist, a certified	306
nurse practitioner, or a certified nurse-midwife certifying that	307
the massager continues to be free from communicable diseases;	308
(E) Any other requirement reasonably thought necessary by	309
the board.	310
Sec. 505.38. (A) In each township or fire district that	311
has a fire department, the head of the department shall be a	312
fire chief, appointed by the board of township trustees, except	313
that, in a joint fire district, the fire chief shall be	314
appointed by the board of fire district trustees. Neither this	315
section nor any other section of the Revised Code requires, or	316
shall be construed to require, that the fire chief be a resident	317
of the township or fire district.	318
The board shall provide for the employment of firefighters	319
as it considers best and shall fix their compensation. No person	320
shall be appointed as a permanent full-time paid member, whose	321
duties include fire fighting, of the fire department of any	322
township or fire district unless that person has received a	323
certificate issued under former section 3303.07 or section	324
4765.55 of the Revised Code evidencing satisfactory completion	325

of a firefighter training program. Those appointees shall 326
continue in office until removed from office as provided by 327
sections 733.35 to 733.39 of the Revised Code. To initiate 328
removal proceedings, and for that purpose, the board shall 329
designate the fire chief or a private citizen to investigate the 330
conduct and prepare the necessary charges in conformity with 331
those sections. 332

In case of the removal of a fire chief or any member of 333
the fire department of a township or fire district, an appeal 334
may be had from the decision of the board to the court of common 335
pleas of the county in which the township or fire district fire 336
department is situated to determine the sufficiency of the cause 337
of removal. The appeal from the findings of the board shall be 338
taken within ten days. 339

No person who is appointed as a volunteer firefighter of 340
the fire department of any township or fire district shall 341
remain in that position unless either of the following applies: 342

(1) Within one year of the appointment, the person has 343
received a certificate issued under former section 3303.07 of 344
the Revised Code or section 4765.55 of the Revised Code 345
evidencing satisfactory completion of a firefighter training 346
program. 347

(2) The person began serving as a permanent full-time paid 348
firefighter with the fire department of a city or village prior 349
to July 2, 1970, or as a volunteer firefighter with the fire 350
department of a city, village, or other township or fire 351
district prior to July 2, 1979, and receives a certificate 352
issued under section 4765.55 of the Revised Code. 353

No person shall receive an appointment under this section, 354

in the case of a volunteer firefighter, unless the person has, 355
not more than sixty days prior to receiving the appointment, 356
passed a physical examination, given by a licensed physician, a 357
physician ~~assistant~~associate, a clinical nurse specialist, a 358
certified nurse practitioner, or a certified nurse-midwife, 359
showing that the person meets the physical requirements 360
necessary to perform the duties of the position to which the 361
person is appointed as established by the board of township 362
trustees having jurisdiction over the appointment. The 363
appointing authority, prior to making an appointment, shall file 364
with the Ohio police and fire pension fund or the local 365
volunteer fire fighters' dependents fund board a copy of the 366
report or findings of that licensed physician, physician 367
~~assistant~~associate, clinical nurse specialist, certified nurse 368
practitioner, or certified nurse-midwife. The professional fee 369
for the physical examination shall be paid for by the board of 370
township trustees. 371

(B) In each township not having a fire department, the 372
board of township trustees shall appoint a fire prevention 373
officer who shall exercise all of the duties of a fire chief 374
except those involving the maintenance and operation of fire 375
apparatus. The board may appoint one or more deputy fire 376
prevention officers who shall exercise the duties assigned by 377
the fire prevention officer. 378

The board may fix the compensation for the fire prevention 379
officer and the fire prevention officer's deputies as it 380
considers best. The board shall appoint each fire prevention 381
officer and deputy for a one-year term. An appointee may be 382
reappointed at the end of a term to another one-year term. Any 383
appointee may be removed from office during a term as provided 384
by sections 733.35 to 733.39 of the Revised Code. Section 505.45 385

of the Revised Code extends to those officers. 386

(C) (1) Division (A) of this section does not apply to any 387
township that has a population of ten thousand or more persons 388
residing within the township and outside of any municipal 389
corporation, that has its own fire department employing ten or 390
more full-time paid employees, and that has a civil service 391
commission established under division (B) of section 124.40 of 392
the Revised Code. The township shall comply with the procedures 393
for the employment, promotion, and discharge of firefighters 394
provided by Chapter 124. of the Revised Code, except as 395
otherwise provided in divisions (C) (2) and (3) of this section. 396

(2) The board of township trustees of the township may 397
appoint the fire chief, and any person so appointed shall be in 398
the unclassified service under section 124.11 of the Revised 399
Code and shall serve at the pleasure of the board. Neither this 400
section nor any other section of the Revised Code requires, or 401
shall be construed to require, that the fire chief be a resident 402
of the township. A person who is appointed fire chief under 403
these conditions and who is removed by the board or resigns from 404
the position is entitled to return to the classified service in 405
the township fire department in the position held just prior to 406
the appointment as fire chief. 407

(3) The appointing authority of an urban township, as 408
defined in section 504.01 of the Revised Code, may appoint to a 409
vacant position any one of the three highest scorers on the 410
eligible list for a promotional examination. 411

(4) The board of township trustees shall determine the 412
number of personnel required and establish salary schedules and 413
conditions of employment not in conflict with Chapter 124. of 414
the Revised Code. 415

(5) No person shall receive an original appointment as a permanent full-time paid member of the fire department of the township described in this division unless the person has received a certificate issued under former section 3303.07 or section 4765.55 of the Revised Code evidencing the satisfactory completion of a firefighter training program.

(6) Persons employed as firefighters in the township described in this division on the date a civil service commission is appointed pursuant to division (B) of section 124.40 of the Revised Code, without being required to pass a competitive examination or a firefighter training program, shall retain their employment and any rank previously granted them by action of the board of township trustees or otherwise, but those persons are eligible for promotion only by compliance with Chapter 124. of the Revised Code.

Sec. 709.012. When a municipal corporation annexes township territory which results in a reduction of the firefighting force of the township or joint township fire district, the reduction shall be made by dismissal of firefighters in the inverse order of seniority, with the employee with least time of service being dismissed first. The annexing municipal corporation shall offer employment in the inverse order of dismissal by the township to such firefighters if a vacancy exists in the municipal fire department and if they:

(A) Were full-time paid active members of the township or joint township firefighting force for at least six months prior to dismissal and have made application to the municipal corporation within sixty days after the effective date of dismissal;

(B) Have passed a physical examination as prescribed by 446
the physician of the annexing municipal corporation and meet the 447
requirements necessary to perform firefighting duties; 448

(C) Meet minimum standards of the municipal corporation 449
with respect to moral character, literacy, and ability to 450
understand oral and written instructions as determined by an 451
interview conducted by the fire department of the municipal 452
corporation. The applicant shall be at least twenty-one years of 453
age on the date of application. 454

(D) Are able to qualify for membership in the Ohio police 455
and fire pension fund. 456

A physical examination required by division (B) of this 457
section may be conducted by any individual authorized by the 458
Revised Code to conduct physical examinations, including a 459
physician ~~assistant~~associate, a clinical nurse specialist, a 460
certified nurse practitioner, or a certified nurse-midwife. Any 461
written documentation of the physical examination shall be 462
completed by the individual who administered the examination. 463

If no vacancy exists in the municipal fire department at 464
the time of the application referred to in division (A) of this 465
section, the application shall be held until a vacancy occurs. 466
When such a vacancy occurs, the applicant shall be entitled to 467
employment in accordance with the requirements of divisions (A), 468
(B), (C), and (D) of this section. So long as any application 469
for employment has been made and is being held under this 470
section, the municipal corporation shall not fill any vacancy in 471
its fire department by original appointment. If there are 472
individuals who are entitled to reinstatement in the municipal 473
fire department and the vacancies therein are insufficient to 474
permit both such reinstatements and employment of all those 475

applying for employment under division (A) of this section, the 476
persons having the greatest length of service, whether with the 477
municipal or township fire department, shall be entitled to fill 478
the vacancies as they occur. 479

A person employed under this section, upon acceptance into 480
the municipal fire department, shall be given the rank of 481
"firefighter" and entitled to full seniority credit for prior 482
service in the township or joint township fire district. The 483
person shall be entitled to the same salary, future benefits, 484
vacations, earned time, sick leave, and other rights and 485
privileges as the municipal fire department extends to other 486
employees with the same amount of prior service. The person may 487
take promotional examinations only after completion of one year 488
of service with the municipal fire department and after meeting 489
any applicable civil service requirements for such examination. 490

Compliance with this section is in lieu of compliance with 491
section 124.42 of the Revised Code or any other requirements for 492
original appointment to a municipal fire district. 493

Sec. 737.15. Each village shall have a marshal, designated 494
chief of police, appointed by the mayor with the advice and 495
consent of the legislative authority of the village, who need 496
not be a resident of the village at the time of appointment but 497
shall become a resident thereof within six months after 498
appointment by the mayor and confirmation by the legislative 499
authority unless such residence requirement is waived by 500
ordinance, and who shall continue in office until removed 501
therefrom as provided by section 737.171 of the Revised Code. 502

No person shall receive an appointment under this section 503
after January 1, 1970, unless, not more than sixty days prior to 504
receiving such appointment, the person has passed a physical 505

examination, given by a licensed physician, a physician 506
~~assistant~~associate, a clinical nurse specialist, a certified 507
nurse practitioner, or a certified nurse-midwife, showing that 508
the person meets the physical requirements necessary to perform 509
the duties of village marshal as established by the legislative 510
authority of the village. The appointing authority shall, prior 511
to making any such appointment, file with the Ohio police and 512
fire pension fund a copy of the report or findings of said 513
licensed physician, physician ~~assistant~~associate, clinical nurse 514
specialist, certified nurse practitioner, or certified nurse- 515
midwife. The professional fee for such physical examination 516
shall be paid for by such legislative authority. 517

Sec. 737.16. The mayor shall, when provided for by the 518
legislative authority of a village, and subject to its 519
confirmation, appoint all deputy marshals, police officers, 520
night guards, and special police officers. All such officers 521
shall continue in office until removed therefrom for the cause 522
and in the manner provided by section 737.19 of the Revised 523
Code. 524

No person shall receive an appointment under this section 525
after January 1, 1970, unless the person has, not more than 526
sixty days prior to receiving such appointment, passed a 527
physical examination, given by a licensed physician, a physician 528
~~assistant~~associate, a clinical nurse specialist, a certified 529
nurse practitioner, or a certified nurse-midwife, showing that 530
the person meets the physical requirements necessary to perform 531
the duties of the position to which the person is to be 532
appointed as established by the legislative authority of the 533
village. The appointing authority shall, prior to making any 534
such appointment, file with the Ohio police and fire pension 535
fund a copy of the report or findings of said licensed 536

physician, physician ~~assistant~~associate, clinical nurse 537
specialist, certified nurse practitioner, or certified nurse- 538
midwife. The professional fee for such physical examination 539
shall be paid for by the legislative authority. 540

Sec. 737.22. (A) Each village establishing a fire 541
department shall have a fire chief as the department's head, 542
appointed by the mayor with the advice and consent of the 543
legislative authority of the village, who shall continue in 544
office until removed from office as provided by sections 733.35 545
to 733.39 of the Revised Code. Neither this section nor any 546
other section of the Revised Code requires, or shall be 547
construed to require, that the fire chief be a resident of the 548
village. 549

In each village not having a fire department, the mayor 550
shall, with the advice and consent of the legislative authority 551
of the village, appoint a fire prevention officer who shall 552
exercise all of the duties of a fire chief except those 553
involving the maintenance and operation of fire apparatus. 554

The legislative authority of the village may fix the 555
compensation it considers best. The appointee shall continue in 556
office until removed from office as provided by sections 733.35 557
to 733.39 of the Revised Code. Section 737.23 of the Revised 558
Code shall extend to the officer. 559

(B) The legislative authority of the village may provide 560
for the appointment of permanent full-time paid firefighters as 561
it considers best and fix their compensation, or for the 562
services of volunteer firefighters, who shall be appointed by 563
the mayor with the advice and consent of the legislative 564
authority, and shall continue in office until removed from 565
office. 566

(1) No person shall be appointed as a permanent full-time paid firefighter of a village fire department, unless either of the following applies:

(a) The person has received a certificate issued under former section 3303.07 of the Revised Code or section 4765.55 of the Revised Code evidencing satisfactory completion of a firefighter training program.

(b) The person began serving as a permanent full-time paid firefighter with the fire department of a city or other village prior to July 2, 1970, and receives a fire training certificate issued under section 4765.55 of the Revised Code.

(2) No person who is appointed as a volunteer firefighter of a village fire department shall remain in that position, unless either of the following applies:

(a) Within one year of the appointment, the person has received a certificate issued under former section 3303.07 or section 4765.55 of the Revised Code evidencing satisfactory completion of a firefighter training program.

(b) The person has served as a permanent full-time paid firefighter with the fire department of a city or other village prior to July 2, 1970, or as a volunteer firefighter with the fire department of a city, township, fire district, or other village prior to July 2, 1979, and receives a certificate issued under section 4765.55 of the Revised Code.

(3) No person shall receive an appointment under this section unless the person has, not more than sixty days prior to receiving the appointment, passed a physical examination, given by a licensed physician, a physician ~~assistant~~associate, a clinical nurse specialist, a certified nurse practitioner, or a

certified nurse-midwife, showing that the person meets the 596
physical requirements necessary to perform the duties of the 597
position to which the person is to be appointed as established 598
by the legislative authority of the village. The appointing 599
authority shall, prior to making an appointment, file with the 600
Ohio police and fire pension fund or the local volunteer fire 601
fighters' dependents fund board a copy of the report or findings 602
of that licensed physician, physician ~~assistant~~associate, 603
clinical nurse specialist, certified nurse practitioner, or 604
certified nurse-midwife. The professional fee for the physical 605
examination shall be paid for by the legislative authority of 606
the village. 607

Sec. 742.38. (A) (1) The board of trustees of the Ohio 608
police and fire pension fund shall adopt rules establishing 609
minimum medical testing and diagnostic standards or procedures 610
to be incorporated into physical examinations administered to 611
prospective members of the fund. The standards or procedures 612
shall include diagnosis and evaluation of the existence of any 613
heart disease, cardiovascular disease, or respiratory disease. 614
The rules shall specify the form of the examination report and 615
the information to be included in it. 616

The board shall notify all employers of the establishment 617
of the minimum standards or procedures and shall include with 618
the notice a copy of the standards or procedures. The board 619
shall notify all employers of any changes made to the standards 620
or procedures. Once the standards or procedures take effect, 621
employers shall cause each prospective member of the fund to 622
submit to a physical examination that incorporates the standards 623
or procedures. 624

(2) Division (A) (2) of this section applies to an employee 625

who becomes a member of the fund on or after the date the 626
minimum standards or procedures described in division (A) (1) of 627
this section take effect. For each employee described in 628
division (A) (2) of this section, the employer shall forward to 629
the board a copy of the report of a physical examination that 630
incorporates the standards or procedures described in division 631
(A) (1) of this section. If an employer fails to forward the 632
report in the form required by the board on or before the date 633
that is sixty days after the employee becomes a member of the 634
fund, the board shall assess against the employer a penalty 635
determined under section 742.353 of the Revised Code. 636

(B) Application for a disability benefit may be made by a 637
member of the fund or, if the member is incapacitated as defined 638
in rules adopted by the board, by a person acting on the 639
member's behalf. Not later than fourteen days after receiving an 640
application for a disability benefit from a member or a person 641
acting on behalf of a member, the board shall notify the 642
member's employer that an application has been filed. The notice 643
shall state the member's position or rank. Not later than 644
twenty-eight days after receiving the notice or filing an 645
application on behalf of a member, the employer shall forward to 646
the board a statement certifying the member's job description 647
and any other information required by the board to process the 648
application. 649

If the member applying for a disability benefit became a 650
member of the fund prior to the date the minimum standards or 651
procedures described in division (A) (1) of this section took 652
effect, the board may request from the member's employer a copy 653
of the report of the member's physical examination taken on 654
entry into the police or fire department or, if the employer 655
does not have a copy of the report, a written statement 656

certifying that the employer does not have a copy of the report. 657
If an employer fails to forward the report or statement in the 658
form required by the board on or before the date that is twenty- 659
eight days after the date of the request, the board shall assess 660
against the employer a penalty determined under section 742.353 661
of the Revised Code. 662

The board shall maintain the information submitted under 663
this division and division (A) (2) of this section in the 664
member's file. 665

(C) For purposes of determining under division (D) of this 666
section whether a member of the fund is disabled, the board 667
shall adopt rules establishing objective criteria under which 668
the determination is to be made. The rules shall include 669
standards that provide for all of the following: 670

(1) Evaluating a member's illness or injury on which an 671
application for disability benefits is based; 672

(2) Defining the occupational duties of a police officer 673
or firefighter; 674

(3) Providing for the board to assign competent and 675
disinterested physicians, advanced practice registered nurses, 676
physician ~~assistants~~associates, and vocational evaluators to 677
conduct examinations of a member; 678

(4) Requiring a written report for each disability 679
application that includes a summary of findings, medical 680
opinions, including an opinion on whether the illness or injury 681
upon which the member's application for disability benefits is 682
based was caused or induced by the actual performance of the 683
member's official duties, and any recommendations or comments 684
based on the medical opinions; 685

(5) Taking into consideration the member's potential for 686
retraining or reemployment. 687

(D) The board may grant disability benefits to a member 688
based solely on a review of an application for disability 689
benefits and supporting medical documentation or may require the 690
member to undergo a medical examination, a vocational 691
evaluation, or both. Any medical examination or vocational 692
evaluation shall be conducted by a physician, advanced practice 693
registered nurse, physician ~~assistant~~associate, or vocational 694
evaluator assigned in accordance with rules adopted under 695
division (C)(3) of this section. If a medical examination is 696
conducted by an advanced practice registered nurse or physician 697
~~assistant~~associate, the board shall only accept an examination 698
report if a physician reviews, approves, and signs the report 699
before the report is submitted to the board. 700

As used in this division: 701

"Totally disabled" means a member of the fund is unable to 702
perform the duties of any gainful occupation for which the 703
member is reasonably fitted by training, experience, and 704
accomplishments. Absolute helplessness is not a prerequisite of 705
being totally disabled. 706

"Permanently disabled" means a condition of disability 707
that is expected to last for a continuous period of not less 708
than twelve months after an application for disability benefits 709
is filed and from which there is no present indication of 710
recovery. 711

"Hazardous duty" has the same meaning as in 5 C.F.R. 712
550.902, as amended. 713

(1) A member of the fund who is permanently and totally 714

disabled as the result of the performance of the member's 715
official duties as a member of a police or fire department shall 716
be paid annual disability benefits in accordance with division 717
(A) of section 742.39 of the Revised Code. In determining 718
whether a member of the fund is permanently and totally 719
disabled, the board shall consider standards adopted under 720
division (C) of this section applicable to the determination. 721

(2) A member of the fund who is permanently and partially 722
disabled as the result of the performance of the member's 723
official duties as a member of a police or fire department 724
shall, if the disability prevents the member from performing 725
those duties and impairs the member's earning capacity, receive 726
annual disability benefits in accordance with division (B) of 727
section 742.39 of the Revised Code. In determining whether a 728
member of the fund is permanently and partially disabled, the 729
board shall consider standards adopted under division (C) of 730
this section applicable to the determination. 731

(3) (a) A member of the fund who is permanently disabled as 732
a result of heart disease or any cardiovascular or respiratory 733
disease of a chronic nature, which disease or any evidence of 734
which disease was not revealed by the physical examination 735
passed by the member on entry into the department or another 736
examination specified in rules the board adopts under section 737
742.10 of the Revised Code, is presumed to have incurred the 738
disease while performing the member's official duties, unless 739
the contrary is shown by competent evidence. The board may waive 740
the requirement that the absence of disease be evidenced by a 741
physical examination if competent medical evidence of a type 742
specified in rules adopted under section 742.10 of the Revised 743
Code is submitted documenting that the disease was not evident 744
prior to or at the time of entry into the department. 745

(b) A member of the fund who is a member of a fire department, has been assigned to at least six years of hazardous duty as a member of a fire department, and is disabled as a result of cancer, is presumed to have incurred the cancer while performing the member's official duties if the member was exposed to an agent classified by the international agency for research on cancer or its successor agency as a group 1 or 2A carcinogen.

(c) The presumption described in division (D) (3) (b) of this section is rebuttable in any of the following situations:

(i) There is evidence that the member incurred the type of cancer being alleged before becoming a member of the department.

(ii) There is evidence that the member's exposure, outside the scope of the member's official duties, to cigarettes, tobacco products, or other conditions presenting an extremely high risk for the development of the cancer alleged, was probably a significant factor in the cause or progression of the cancer.

(iii) There is evidence that shows, by a preponderance of competent scientific evidence, that exposure to the type of carcinogen alleged did not or could not have caused the cancer being alleged.

(iv) There is evidence that the member was not exposed to an agent classified by the international agency for research on cancer or its successor agency as a group 1 or 2A carcinogen.

(v) The member is seventy years of age or older.

(d) The presumption described in division (D) (3) (b) of this section does not apply if it has been more than fifteen years since the member was last assigned to hazardous duty as a

member of a fire department. 775

(4) A member of the fund who has five or more years of 776
service credit and has incurred a permanent disability not 777
caused or induced by the actual performance of the member's 778
official duties as a member of the department, or by the 779
member's own negligence, shall if the disability prevents the 780
member from performing those duties and impairs the member's 781
earning capacity, receive annual disability benefits in 782
accordance with division (C) of section 742.39 of the Revised 783
Code. In determining whether a member of the fund is permanently 784
disabled, the board shall consider standards adopted under 785
division (C) of this section applicable to the determination. 786

(5) The board shall notify a member of its final action 787
awarding a disability benefit to the member within thirty days 788
of the final action. The notice shall be sent by certified mail, 789
return receipt requested. Not later than ninety days after 790
receipt of notice from the board, the member shall elect, on a 791
form provided by the board, either to accept or waive the 792
disability benefit award. If the member elects to waive the 793
disability benefit award or fails to make an election within the 794
time period, the award is rescinded. A member who later seeks a 795
disability benefit award shall be required to make a new 796
application, which shall be dealt with in accordance with the 797
procedures used for original disability benefit applications. 798

A person is not eligible to apply for or receive 799
disability benefits under this division, section 742.39 of the 800
Revised Code, or division (C) (2), (3), (4), or (5) of former 801
section 742.37 of the Revised Code unless the person is a member 802
of the fund on the date on which the application for disability 803
benefits is submitted to the fund. 804

With the exception of persons who may make application for increased benefits as provided in division (D) (2) or (4) of this section or division (C) (3) or (5) of former section 742.37 of the Revised Code on or after July 24, 1986, or persons who may make application for benefits as provided in section 742.26 of the Revised Code, no person receiving a pension or benefit under this section or division (C) of former section 742.37 of the Revised Code may apply for any new, changed, or different benefit.

(E) An advanced practice registered nurse or physician ~~assistant~~ associate assigned in accordance with rules adopted under division (C) (3) of this section to conduct a medical examination of a member who has applied for disability benefits shall only conduct an examination that is within the scope and practice that is permitted under Chapter 4723. or 4730. of the Revised Code, respectively, and does not exceed the advanced practice registered nurse's or physician ~~assistant's~~ associate's training.

(F) Notwithstanding the requirement of section 742.41 of the Revised Code that all medical reports and recommendations required are privileged, the board shall submit to the administrator of workers' compensation any data necessary for the report required under section 4123.86 of the Revised Code.

Sec. 911.11. The director of agriculture may require any person intending to work or working in a bakery to submit to a thorough examination for the purpose of ascertaining whether the person is afflicted with any contagious, infectious, or other disease or physical ailment, which may render employment detrimental to the public health. All such examinations shall be made by a qualified physician licensed under section 4731.14 of

the Revised Code, by a physician ~~assistant~~associate, by a 835
clinical nurse specialist, by a certified nurse practitioner, or 836
by a certified nurse-midwife. Any written documentation of the 837
examination shall be completed by the individual who did the 838
examination. 839

Sec. 1337.11. As used in sections 1337.11 to 1337.17 of 840
the Revised Code: 841

(A) "Adult" means a person who is eighteen years of age or 842
older. 843

(B) "Attending physician" means the physician to whom a 844
principal or the family of a principal has assigned primary 845
responsibility for the treatment or care of the principal or, if 846
the responsibility has not been assigned, the physician who has 847
accepted that responsibility. 848

(C) "Comfort care" means any of the following: 849

(1) Nutrition when administered to diminish the pain or 850
discomfort of a principal, but not to postpone death; 851

(2) Hydration when administered to diminish the pain or 852
discomfort of a principal, but not to postpone death; 853

(3) Any other medical or nursing procedure, treatment, 854
intervention, or other measure that is taken to diminish the 855
pain or discomfort of a principal, but not to postpone death. 856

(D) "Consulting physician" means a physician who, in 857
conjunction with the attending physician of a principal, makes 858
one or more determinations that are required to be made by the 859
attending physician, or to be made by the attending physician 860
and one other physician, by an applicable provision of sections 861
1337.11 to 1337.17 of the Revised Code, to a reasonable degree 862

of medical certainty and in accordance with reasonable medical standards. 863
864

(E) "Declaration for mental health treatment" has the same meaning as in section 2135.01 of the Revised Code. 865
866

(F) "Guardian" means a person appointed by a probate court pursuant to Chapter 2111. of the Revised Code to have the care and management of the person of an incompetent. 867
868
869

(G) "Health care" means any care, treatment, service, or procedure to maintain, diagnose, or treat an individual's physical or mental condition or physical or mental health. 870
871
872

(H) "Health care decision" means informed consent, refusal to give informed consent, or withdrawal of informed consent to health care. 873
874
875

(I) "Health care facility" means any of the following: 876

(1) A hospital; 877

(2) A hospice care program, pediatric respite care program, or other institution that specializes in comfort care of patients in a terminal condition or in a permanently unconscious state; 878
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881

(3) A nursing home; 882

(4) A home health agency; 883

(5) An intermediate care facility for individuals with intellectual disabilities; 884
885

(6) A regulated community mental health organization. 886

(J) "Health care personnel" means physicians, nurses, physician ~~assistants~~associates, emergency medical technicians-basic, emergency medical technicians-intermediate, emergency 887
888
889

medical technicians-paramedic, medical technicians, dietitians, 890
other authorized persons acting under the direction of an 891
attending physician, and administrators of health care 892
facilities. 893

(K) "Home health agency" has the same meaning as in 894
section 3740.01 of the Revised Code. 895

(L) "Hospice care program" and "pediatric respite care 896
program" have the same meanings as in section 3712.01 of the 897
Revised Code. 898

(M) "Hospital" has the same meanings as in sections 899
3701.01, 3727.01, and 5122.01 of the Revised Code. 900

(N) "Hydration" means fluids that are artificially or 901
technologically administered. 902

(O) "Incompetent" has the same meaning as in section 903
2111.01 of the Revised Code. 904

(P) "Intermediate care facility for individuals with 905
intellectual disabilities" has the same meaning as in section 906
5124.01 of the Revised Code. 907

(Q) "Life-sustaining treatment" means any medical 908
procedure, treatment, intervention, or other measure that, when 909
administered to a principal, will serve principally to prolong 910
the process of dying. 911

(R) "Medical claim" has the same meaning as in section 912
2305.113 of the Revised Code. 913

(S) "Mental health treatment" has the same meaning as in 914
section 2135.01 of the Revised Code. 915

(T) "Nursing home" has the same meaning as in section 916

3721.01 of the Revised Code.	917
(U) "Nutrition" means sustenance that is artificially or technologically administered.	918 919
(V) "Permanently unconscious state" means a state of permanent unconsciousness in a principal that, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by the principal's attending physician and one other physician who has examined the principal, is characterized by both of the following:	920 921 922 923 924 925
(1) Irreversible unawareness of one's being and environment.	926 927
(2) Total loss of cerebral cortical functioning, resulting in the principal having no capacity to experience pain or suffering.	928 929 930
(W) "Person" has the same meaning as in section 1.59 of the Revised Code and additionally includes political subdivisions and governmental agencies, boards, commissions, departments, institutions, offices, and other instrumentalities.	931 932 933 934
(X) "Physician" means a person who is authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.	935 936 937
(Y) "Political subdivision" and "state" have the same meanings as in section 2744.01 of the Revised Code.	938 939
(Z) "Professional disciplinary action" means action taken by the board or other entity that regulates the professional conduct of health care personnel, including the state medical board and the board of nursing.	940 941 942 943
(AA) "Regulated community mental health organization"	944

means a residential facility as defined and licensed under 945
section 5119.34 of the Revised Code or a community mental health 946
services provider as defined in section 5122.01 of the Revised 947
Code. 948

(BB) "Terminal condition" means an irreversible, 949
incurable, and untreatable condition caused by disease, illness, 950
or injury from which, to a reasonable degree of medical 951
certainty as determined in accordance with reasonable medical 952
standards by a principal's attending physician and one other 953
physician who has examined the principal, both of the following 954
apply: 955

(1) There can be no recovery. 956

(2) Death is likely to occur within a relatively short 957
time if life-sustaining treatment is not administered. 958

(CC) "Tort action" means a civil action for damages for 959
injury, death, or loss to person or property, other than a civil 960
action for damages for a breach of contract or another agreement 961
between persons. 962

Sec. 1349.05. (A) As used in this section: 963

(1) "Agency" and "license" have the same meanings as in 964
section 119.01 of the Revised Code. 965

(2) "Crime" has the same meaning as in section 2930.01 of 966
the Revised Code. 967

(3) "Health care practitioner" means any of the following: 968

(a) An individual licensed under Chapter 4731. of the 969
Revised Code to practice medicine and surgery; 970

(b) An individual licensed under Chapter 4723. of the 971

Revised Code to practice as an advanced practice registered nurse;	972 973
(c) An individual licensed under Chapter 4730. of the Revised Code to practice as a physician assistant <u>associate</u> ;	974 975
(d) An individual licensed under Chapter 4732. of the Revised Code to practice as a psychologist;	976 977
(e) An individual licensed under Chapter 4734. of the Revised Code to practice as a chiropractor.	978 979
(4) "Victim" has the same meaning as in section 2930.01 of the Revised Code, except that it excludes any party to a motor vehicle accident.	980 981 982
(B) No health care practitioner, with the intent to obtain professional employment for the health care practitioner, shall directly contact in person, by telephone, or by electronic means any victim of a crime, or any witness to a motor vehicle accident or crime, other than a witness that was a party to a motor vehicle accident, until thirty days after the date of the motor vehicle accident or crime.	983 984 985 986 987 988 989
(C) No person who has been paid or given, or was offered to be paid or given, money or anything of value to solicit employment on behalf of another shall directly contact in person, by telephone, or by electronic means any victim of a crime, or any witness to a motor vehicle accident or crime, other than a witness that was a party to a motor vehicle accident, until thirty days after the date of the motor vehicle accident or crime.	990 991 992 993 994 995 996 997
(D) (1) Except as provided in division (D) (3) of this section, all of the following apply to a health care practitioner who, for the purpose of obtaining professional	998 999 1000

employment, contacts any party to a motor vehicle accident: 1001

(a) The health care practitioner shall not contact the 1002
party in person at any time for the purpose of obtaining 1003
professional employment. 1004

(b) Beginning twenty-four hours after the time of the 1005
accident, the health care practitioner may initiate contact with 1006
the party for the purpose of obtaining professional employment 1007
as follows: 1008

(i) Through telephone, but not more than once in any 1009
forty-eight hour period; 1010

(ii) Once through electronic mail; 1011

(iii) Once through a text message; 1012

(iv) Once in writing delivered through the United States 1013
postal service. 1014

(2) Except as provided in division (D)(3) of this section, 1015
all of the following apply to a person who has been paid or 1016
given, or was offered to be paid or given, money or anything of 1017
value to contact, for the purpose of obtaining professional 1018
employment on behalf of another, any party to a motor vehicle 1019
accident: 1020

(a) The person shall not contact the party in person at 1021
any time for the purpose of obtaining professional employment on 1022
behalf of another. 1023

(b) Beginning twenty-four hours after the time of the 1024
accident, the person may initiate contact with the party for the 1025
purpose of obtaining professional employment on behalf of 1026
another as follows: 1027

(i) Through telephone, but not more than once in any	1028
forty-eight hour period;	1029
(ii) Once through electronic mail;	1030
(iii) Once through a text message;	1031
(iv) Once in writing delivered through the United States	1032
postal service.	1033
(3) Divisions (D)(1) and (2) of this section do not apply	1034
to any person who solicits professional services to any party to	1035
a motor vehicle accident if the party being solicited was a	1036
previous purchaser of services from the person soliciting	1037
employment, or from the person on whose behalf employment is	1038
being solicited, and if both of the following apply:	1039
(a) The solicitation is made under the same business or	1040
professional name that was previously used to sell services to	1041
the party to the motor vehicle accident.	1042
(b) The person who will be providing the services has, for	1043
a period of not less than three years, operated a business or	1044
professional occupation under the same business or professional	1045
name as the name used in the solicitation.	1046
(E) If an agency that has issued a license to a person	1047
believes that the person has violated this section, the agency	1048
shall issue a notice and conduct a hearing in accordance with	1049
Chapter 119. of the Revised Code. After determining that a	1050
person has violated this section on three separate occasions,	1051
the agency shall suspend the person's license.	1052
Sec. 1561.26. (A) As used in this section:	1053
(1) "EMT-basic," "EMT-I," and "paramedic" have the same	1054
meanings as in section 4765.01 of the Revised Code.	1055

(2) "Mine medical responder" has the same meaning as in 1056
section 1565.15 of the Revised Code. 1057

(B) The superintendent of rescue stations, with the 1058
approval of the chief of the division of mineral resources 1059
management, shall, at each rescue station provided for in 1060
section 1561.25 of the Revised Code, train and employ rescue 1061
crews of six members each, one of whom shall hold a mine 1062
foreperson or fire boss certificate and be designated captain, 1063
and train and employ any number of such rescue crews as the 1064
superintendent believes necessary. One member of a rescue crew 1065
shall be certified as an EMT-basic, EMT-I, mine medical 1066
responder, or paramedic. Each member of a rescue crew shall 1067
devote the time specified by the chief each month for training 1068
purposes and shall be available at all times to assist in rescue 1069
work at explosions, mine fires, and other emergencies. 1070

A captain of mine rescue crews shall receive for service 1071
as captain the sum of twenty-four dollars per month, and each 1072
member shall receive the sum of twenty dollars per month, all 1073
payable on requisition approved by the chief. When engaged in 1074
rescue work at explosions, mine fires, or other emergencies away 1075
from their station, the members of the rescue crews and captains 1076
of the same shall be paid the sum of six dollars per hour for 1077
work on the surface, which includes the time consumed by those 1078
members in traveling to and from the scene of the emergency when 1079
the scene is away from the station of the members, and the sum 1080
of seven dollars per hour for all work underground at the 1081
emergency, and in addition thereto, the necessary living 1082
expenses of the members when the emergency is away from their 1083
home station, all payable on requisition approved by the chief. 1084

Each member of a mine rescue crew shall undergo an annual 1085

medical examination. The chief may designate to perform an 1086
examination any individual authorized by the Revised Code to do 1087
so, including a physician ~~assistant~~associate, a clinical nurse 1088
specialist, a certified nurse practitioner, or a certified 1089
nurse-midwife. In designating the individual to perform a 1090
medical examination, the chief shall choose one near the station 1091
of the member of the rescue crews. The examiner shall report the 1092
examination results to the chief and if, in the opinion of the 1093
chief, the report indicates that the member is physically unfit 1094
for further services, the chief shall relieve the member from 1095
further duty. The fee charged by the examiner for the 1096
examination shall be paid in the same manner as fees are paid to 1097
doctors employed by the industrial commission for special 1098
medical examinations. 1099

The chief may remove any member of a rescue crew for any 1100
reason. Such crews shall be subject to the orders of the chief, 1101
the superintendent, and the deputy mine inspectors when engaged 1102
in actual mine rescue work. Mine rescue crews shall, in case of 1103
death or injury when engaged in rescue work, wherever the same 1104
may occur, be paid compensation, or their dependents shall be 1105
paid death benefits, from the workers' compensation fund, in the 1106
same manner as other employees of the state. 1107

(C) In addition to the training of rescue crews, each 1108
assistant superintendent of rescue stations, with the approval 1109
of the superintendent, shall provide for and conduct safety, 1110
first aid, and rescue classes at any mine or for any group of 1111
miners who make application for the conducting of such classes. 1112
The chief may assess a fee for safety and first aid classes for 1113
the purpose of covering the costs associated with providing 1114
those classes. The chief shall establish a fee schedule for 1115
safety and first aid classes by rule adopted in accordance with 1116

Chapter 119. of the Revised Code. Fees collected under this 1117
section shall be deposited in the mining regulation and safety 1118
fund created in section 1513.30 of the Revised Code. 1119

The superintendent shall prescribe and provide for a 1120
uniform schedule of conducting such safety and rescue classes as 1121
will provide a competent knowledge of modern safety and rescue 1122
methods in, at, and about mines. 1123

(D) No member of a mine rescue crew who performs mine 1124
rescue at an underground coal mine and no operator of a mine 1125
whose employee participates as a member of such a mine rescue 1126
crew is liable in any civil action that arises under the laws of 1127
this state for damage or injury caused in the performance of 1128
rescue work at an underground coal mine. However, a member of 1129
such a mine rescue crew may be liable if the member acted with 1130
malicious purpose, in bad faith, or in a wanton or reckless 1131
manner. 1132

This division does not eliminate, limit, or reduce any 1133
immunity from civil liability that is conferred on a member of 1134
such a mine rescue crew or an operator by any other provision of 1135
the Revised Code or by case law. 1136

Sec. 1751.01. As used in this chapter: 1137

(A) (1) "Basic health care services" means the following 1138
services when medically necessary: 1139

(a) Physician's services, except when such services are 1140
supplemental under division (B) of this section; 1141

(b) Inpatient hospital services; 1142

(c) Outpatient medical services; 1143

(d) Emergency health services; 1144

(e) Urgent care services;	1145
(f) Diagnostic laboratory services and diagnostic and therapeutic radiologic services;	1146 1147
(g) Diagnostic and treatment services, other than prescription drug services, for biologically based mental illnesses;	1148 1149 1150
(h) Preventive health care services, including, but not limited to, voluntary family planning services, infertility services, periodic physical examinations, prenatal obstetrical care, and well-child care;	1151 1152 1153 1154
(i) Routine patient care for patients enrolled in an eligible cancer clinical trial pursuant to section 3923.80 of the Revised Code.	1155 1156 1157
"Basic health care services" does not include experimental procedures.	1158 1159
Except as provided by divisions (A) (2) and (3) of this section in connection with the offering of coverage for diagnostic and treatment services for biologically based mental illnesses, a health insuring corporation shall not offer coverage for a health care service, defined as a basic health care service by this division, unless it offers coverage for all listed basic health care services. However, this requirement does not apply to the coverage of beneficiaries enrolled in medicare pursuant to a medicare contract, or to the coverage of beneficiaries enrolled in the federal employee health benefits program pursuant to 5 U.S.C.A. 8905, or to the coverage of medicaid recipients, or to the coverage of beneficiaries under any federal health care program regulated by a federal regulatory body, or to the coverage of beneficiaries under any	1160 1161 1162 1163 1164 1165 1166 1167 1168 1169 1170 1171 1172 1173

contract covering officers or employees of the state that has 1174
been entered into by the department of administrative services. 1175

(2) A health insuring corporation may offer coverage for 1176
diagnostic and treatment services for biologically based mental 1177
illnesses without offering coverage for all other basic health 1178
care services. A health insuring corporation may offer coverage 1179
for diagnostic and treatment services for biologically based 1180
mental illnesses alone or in combination with one or more 1181
supplemental health care services. However, a health insuring 1182
corporation that offers coverage for any other basic health care 1183
service shall offer coverage for diagnostic and treatment 1184
services for biologically based mental illnesses in combination 1185
with the offer of coverage for all other listed basic health 1186
care services. 1187

(3) A health insuring corporation that offers coverage for 1188
basic health care services is not required to offer coverage for 1189
diagnostic and treatment services for biologically based mental 1190
illnesses in combination with the offer of coverage for all 1191
other listed basic health care services if all of the following 1192
apply: 1193

(a) The health insuring corporation submits documentation 1194
certified by an independent member of the American academy of 1195
actuaries to the superintendent of insurance showing that 1196
incurred claims for diagnostic and treatment services for 1197
biologically based mental illnesses for a period of at least six 1198
months independently caused the health insuring corporation's 1199
costs for claims and administrative expenses for the coverage of 1200
basic health care services to increase by more than one per cent 1201
per year. 1202

(b) The health insuring corporation submits a signed 1203

letter from an independent member of the American academy of 1204
actuaries to the superintendent of insurance opining that the 1205
increase in costs described in division (A) (3) (a) of this 1206
section could reasonably justify an increase of more than one 1207
per cent in the annual premiums or rates charged by the health 1208
insuring corporation for the coverage of basic health care 1209
services. 1210

(c) The superintendent of insurance makes the following 1211
determinations from the documentation and opinion submitted 1212
pursuant to divisions (A) (3) (a) and (b) of this section: 1213

(i) Incurred claims for diagnostic and treatment services 1214
for biologically based mental illnesses for a period of at least 1215
six months independently caused the health insuring 1216
corporation's costs for claims and administrative expenses for 1217
the coverage of basic health care services to increase by more 1218
than one per cent per year. 1219

(ii) The increase in costs reasonably justifies an 1220
increase of more than one per cent in the annual premiums or 1221
rates charged by the health insuring corporation for the 1222
coverage of basic health care services. 1223

Any determination made by the superintendent under this 1224
division is subject to Chapter 119. of the Revised Code. 1225

(B) (1) "Supplemental health care services" means any 1226
health care services other than basic health care services that 1227
a health insuring corporation may offer, alone or in combination 1228
with either basic health care services or other supplemental 1229
health care services, and includes: 1230

(a) Services of facilities for intermediate or long-term 1231
care, or both; 1232

(b) Dental care services;	1233
(c) Vision care and optometric services including lenses and frames;	1234 1235
(d) Podiatric care or foot care services;	1236
(e) Mental health services, excluding diagnostic and treatment services for biologically based mental illnesses;	1237 1238
(f) Short-term outpatient evaluative and crisis- intervention mental health services;	1239 1240
(g) Medical or psychological treatment and referral services for alcohol and drug abuse or addiction;	1241 1242
(h) Home health services;	1243
(i) Prescription drug services;	1244
(j) Nursing services;	1245
(k) Services of a dietitian licensed under Chapter 4759. of the Revised Code;	1246 1247
(l) Physical therapy services;	1248
(m) Chiropractic services;	1249
(n) Any other category of services approved by the superintendent of insurance.	1250 1251
(2) If a health insuring corporation offers prescription drug services under this division, the coverage shall include prescription drug services for the treatment of biologically based mental illnesses on the same terms and conditions as other physical diseases and disorders.	1252 1253 1254 1255 1256
(C) "Specialty health care services" means one of the supplemental health care services listed in division (B) of this	1257 1258

section, when provided by a health insuring corporation on an 1259
outpatient-only basis and not in combination with other 1260
supplemental health care services. 1261

(D) "Biologically based mental illnesses" means 1262
schizophrenia, schizoaffective disorder, major depressive 1263
disorder, bipolar disorder, paranoia and other psychotic 1264
disorders, obsessive-compulsive disorder, and panic disorder, as 1265
these terms are defined in the most recent edition of the 1266
diagnostic and statistical manual of mental disorders published 1267
by the American psychiatric association. 1268

(E) "Closed panel plan" means a health care plan that 1269
requires enrollees to use participating providers. 1270

(F) "Compensation" means remuneration for the provision of 1271
health care services, determined on other than a fee-for-service 1272
or discounted-fee-for-service basis. 1273

(G) "Contractual periodic prepayment" means the formula 1274
for determining the premium rate for all subscribers of a health 1275
insuring corporation. 1276

(H) "Corporation" means a corporation formed under Chapter 1277
1701. or 1702. of the Revised Code or the similar laws of 1278
another state. 1279

(I) "Emergency health services" means those health care 1280
services that must be available on a seven-days-per-week, 1281
twenty-four-hours-per-day basis in order to prevent jeopardy to 1282
an enrollee's health status that would occur if such services 1283
were not received as soon as possible, and includes, where 1284
appropriate, provisions for transportation and indemnity 1285
payments or service agreements for out-of-area coverage. 1286

(J) "Enrollee" means any natural person who is entitled to 1287

receive health care benefits provided by a health insuring 1288
corporation. 1289

(K) "Evidence of coverage" means any certificate, 1290
agreement, policy, or contract issued to a subscriber that sets 1291
out the coverage and other rights to which such person is 1292
entitled under a health care plan. 1293

(L) "Health care facility" means any facility, except a 1294
health care practitioner's office, that provides preventive, 1295
diagnostic, therapeutic, acute convalescent, rehabilitation, 1296
mental health, intellectual disability, intermediate care, or 1297
skilled nursing services. 1298

(M) "Health care services" means basic, supplemental, and 1299
specialty health care services. 1300

(N) "Health delivery network" means any group of providers 1301
or health care facilities, or both, or any representative 1302
thereof, that have entered into an agreement to offer health 1303
care services in a panel rather than on an individual basis. 1304

(O) "Health insuring corporation" means a corporation, as 1305
defined in division (H) of this section, that, pursuant to a 1306
policy, contract, certificate, or agreement, pays for, 1307
reimburses, or provides, delivers, arranges for, or otherwise 1308
makes available, basic health care services, supplemental health 1309
care services, or specialty health care services, or a 1310
combination of basic health care services and either 1311
supplemental health care services or specialty health care 1312
services, through either an open panel plan or a closed panel 1313
plan. 1314

"Health insuring corporation" does not include a limited 1315
liability company formed pursuant to Chapter 1705. or 1706. of 1316

the Revised Code, an insurer licensed under Title XXXIX of the Revised Code if that insurer offers only open panel plans under which all providers and health care facilities participating receive their compensation directly from the insurer, a corporation formed by or on behalf of a political subdivision or a department, office, or institution of the state, or a public entity formed by or on behalf of a board of county commissioners, a county board of developmental disabilities, an alcohol and drug addiction services board, a board of alcohol, drug addiction, and mental health services, or a community mental health board, as those terms are used in Chapters 340. and 5126. of the Revised Code. Except as provided by division (D) of section 1751.02 of the Revised Code, or as otherwise provided by law, no board, commission, agency, or other entity under the control of a political subdivision may accept insurance risk in providing for health care services. However, nothing in this division shall be construed as prohibiting such entities from purchasing the services of a health insuring corporation or a third-party administrator licensed under Chapter 3959. of the Revised Code.

(P) "Intermediary organization" means a health delivery network or other entity that contracts with licensed health insuring corporations or self-insured employers, or both, to provide health care services, and that enters into contractual arrangements with other entities for the provision of health care services for the purpose of fulfilling the terms of its contracts with the health insuring corporations and self-insured employers.

(Q) "Intermediate care" means residential care above the level of room and board for patients who require personal assistance and health-related services, but who do not require

skilled nursing care. 1348

(R) "Medical record" means the personal information that 1349
relates to an individual's physical or mental condition, medical 1350
history, or medical treatment. 1351

(S) (1) "Open panel plan" means a health care plan that 1352
provides incentives for enrollees to use participating providers 1353
and that also allows enrollees to use providers that are not 1354
participating providers. 1355

(2) No health insuring corporation may offer an open panel 1356
plan, unless the health insuring corporation is also licensed as 1357
an insurer under Title XXXIX of the Revised Code, the health 1358
insuring corporation, on June 4, 1997, holds a certificate of 1359
authority or license to operate under Chapter 1736. or 1740. of 1360
the Revised Code, or an insurer licensed under Title XXXIX of 1361
the Revised Code is responsible for the out-of-network risk as 1362
evidenced by both an evidence of coverage filing under section 1363
1751.11 of the Revised Code and a policy and certificate filing 1364
under section 3923.02 of the Revised Code. 1365

(T) "Osteopathic hospital" means a hospital registered 1366
under section 3701.07 of the Revised Code that advocates 1367
osteopathic principles and the practice and perpetuation of 1368
osteopathic medicine by doing any of the following: 1369

(1) Maintaining a department or service of osteopathic 1370
medicine or a committee on the utilization of osteopathic 1371
principles and methods, under the supervision of an osteopathic 1372
physician; 1373

(2) Maintaining an active medical staff, the majority of 1374
which is comprised of osteopathic physicians; 1375

(3) Maintaining a medical staff executive committee that 1376

has osteopathic physicians as a majority of its members. 1377

(U) "Panel" means a group of providers or health care 1378
facilities that have joined together to deliver health care 1379
services through a contractual arrangement with a health 1380
insuring corporation, employer group, or other payor. 1381

(V) "Person" has the same meaning as in section 1.59 of 1382
the Revised Code, and, unless the context otherwise requires, 1383
includes any insurance company holding a certificate of 1384
authority under Title XXXIX of the Revised Code, any subsidiary 1385
and affiliate of an insurance company, and any government 1386
agency. 1387

(W) "Premium rate" means any set fee regularly paid by a 1388
subscriber to a health insuring corporation. A "premium rate" 1389
does not include a one-time membership fee, an annual 1390
administrative fee, or a nominal access fee, paid to a managed 1391
health care system under which the recipient of health care 1392
services remains solely responsible for any charges accessed for 1393
those services by the provider or health care facility. 1394

(X) "Primary care provider" means a provider that is 1395
designated by a health insuring corporation to supervise, 1396
coordinate, or provide initial care or continuing care to an 1397
enrollee, and that may be required by the health insuring 1398
corporation to initiate a referral for specialty care and to 1399
maintain supervision of the health care services rendered to the 1400
enrollee. 1401

(Y) "Provider" means any natural person or partnership of 1402
natural persons who are licensed, certified, accredited, or 1403
otherwise authorized in this state to furnish health care 1404
services, or any professional association organized under 1405

Chapter 1785. of the Revised Code, provided that nothing in this 1406
chapter or other provisions of law shall be construed to 1407
preclude a health insuring corporation, health care 1408
practitioner, or organized health care group associated with a 1409
health insuring corporation from employing certified nurse 1410
practitioners, certified nurse anesthetists, clinical nurse 1411
specialists, certified nurse-midwives, pharmacists, dietitians, 1412
physician ~~assistants~~associates, dental assistants, dental 1413
hygienists, optometric technicians, or other allied health 1414
personnel who are licensed, certified, accredited, or otherwise 1415
authorized in this state to furnish health care services. 1416

(Z) "Provider sponsored organization" means a corporation, 1417
as defined in division (H) of this section, that is at least 1418
eighty per cent owned or controlled by one or more hospitals, as 1419
defined in section 3727.01 of the Revised Code, or one or more 1420
physicians licensed to practice medicine or surgery or 1421
osteopathic medicine and surgery under Chapter 4731. of the 1422
Revised Code, or any combination of such physicians and 1423
hospitals. Such control is presumed to exist if at least eighty 1424
per cent of the voting rights or governance rights of a provider 1425
sponsored organization are directly or indirectly owned, 1426
controlled, or otherwise held by any combination of the 1427
physicians and hospitals described in this division. 1428

(AA) "Solicitation document" means the written materials 1429
provided to prospective subscribers or enrollees, or both, and 1430
used for advertising and marketing to induce enrollment in the 1431
health care plans of a health insuring corporation. 1432

(BB) "Subscriber" means a person who is responsible for 1433
making payments to a health insuring corporation for 1434
participation in a health care plan, or an enrollee whose 1435

employment or other status is the basis of eligibility for 1436
enrollment in a health insuring corporation. 1437

(CC) "Urgent care services" means those health care 1438
services that are appropriately provided for an unforeseen 1439
condition of a kind that usually requires medical attention 1440
without delay but that does not pose a threat to the life, limb, 1441
or permanent health of the injured or ill person, and may 1442
include such health care services provided out of the health 1443
insuring corporation's approved service area pursuant to 1444
indemnity payments or service agreements. 1445

Sec. 1785.01. As used in this chapter: 1446

(A) "Professional service" means any type of professional 1447
service that may be performed only pursuant to a license, 1448
certificate, or other legal authorization issued pursuant to 1449
Chapter 4701., 4703., 4705., 4715., 4723., 4725., 4729., 4730., 1450
4731., 4732., 4733., 4734., 4741., 4755., or 4757. of the 1451
Revised Code to certified public accountants, licensed public 1452
accountants, architects, attorneys, dentists, nurses, 1453
optometrists, pharmacists, physician ~~assistants~~associates, 1454
doctors of medicine and surgery, doctors of osteopathic medicine 1455
and surgery, doctors of podiatric medicine and surgery, 1456
practitioners of the limited branches of medicine specified in 1457
section 4731.15 of the Revised Code, mechanotherapists, 1458
psychologists, professional engineers, chiropractors, 1459
chiropractors practicing acupuncture through the state 1460
chiropractic board, veterinarians, physical therapists, 1461
occupational therapists, licensed professional clinical 1462
counselors, licensed professional counselors, independent social 1463
workers, social workers, independent marriage and family 1464
therapists, marriage and family therapists, art therapists, and 1465

music therapists. 1466

(B) "Professional association" means an association 1467
organized under this chapter for the sole purpose of rendering 1468
one of the professional services authorized under Chapter 4701., 1469
4703., 4705., 4715., 4723., 4725., 4729., 4730., 4731., 4732., 1470
4733., 4734., 4741., 4755., or 4757. of the Revised Code, a 1471
combination of the professional services authorized under 1472
Chapters 4703. and 4733. of the Revised Code, or a combination 1473
of the professional services of optometrists authorized under 1474
Chapter 4725. of the Revised Code, chiropractors authorized 1475
under Chapter 4734. of the Revised Code to practice chiropractic 1476
or acupuncture, psychologists authorized under Chapter 4732. of 1477
the Revised Code, registered or licensed practical nurses 1478
authorized under Chapter 4723. of the Revised Code, pharmacists 1479
authorized under Chapter 4729. of the Revised Code, physical 1480
therapists authorized under sections 4755.40 to 4755.56 of the 1481
Revised Code, occupational therapists authorized under sections 1482
4755.04 to 4755.13 of the Revised Code, mechanotherapists 1483
authorized under section 4731.151 of the Revised Code, doctors 1484
of medicine and surgery, osteopathic medicine and surgery, or 1485
podiatric medicine and surgery authorized under Chapter 4731. of 1486
the Revised Code, and licensed professional clinical counselors, 1487
licensed professional counselors, independent social workers, 1488
social workers, independent marriage and family therapists, 1489
marriage and family therapists, art therapists, or music 1490
therapists authorized under Chapter 4757. of the Revised Code. 1491

Sec. 2108.61. (A) As used in this section and sections 1492
2108.62 and 2108.63 of the Revised Code: 1493

(1) "Health care institution" means a hospital registered 1494
as such under section 3701.07 of the Revised Code or a 1495

freestanding birthing center. 1496

(2) "Health care professional" means a physician 1497
authorized under Chapter 4731. of the Revised Code to practice 1498
medicine and surgery or osteopathic medicine and surgery; a 1499
registered nurse, including a certified nurse-midwife, 1500
authorized to practice under Chapter 4723. of the Revised Code; 1501
or a physician ~~assistant~~associate authorized to practice under 1502
Chapter ~~4130.~~ 4730. of the Revised Code. 1503

(3) "Umbilical cord blood" means the blood that remains in 1504
the umbilical cord and placenta after the birth of a newborn 1505
child. 1506

(B) The department of health shall encourage health care 1507
professionals who provide health care services that are directly 1508
related to a woman's pregnancy to provide a woman before her 1509
third trimester of pregnancy with the publications described in 1510
section 2108.62 of the Revised Code. 1511

Sec. 2133.01. Unless the context otherwise requires, as 1512
used in sections 2133.01 to 2133.15 of the Revised Code: 1513

(A) "Adult" means an individual who is eighteen years of 1514
age or older. 1515

(B) "Attending physician" means the physician to whom a 1516
declarant or other patient, or the family of a declarant or 1517
other patient, has assigned primary responsibility for the 1518
treatment or care of the declarant or other patient, or, if the 1519
responsibility has not been assigned, the physician who has 1520
accepted that responsibility. 1521

(C) "Comfort care" means any of the following: 1522

(1) Nutrition when administered to diminish the pain or 1523

discomfort of a declarant or other patient, but not to postpone	1524
the declarant's or other patient's death;	1525
(2) Hydration when administered to diminish the pain or	1526
discomfort of a declarant or other patient, but not to postpone	1527
the declarant's or other patient's death;	1528
(3) Any other medical or nursing procedure, treatment,	1529
intervention, or other measure that is taken to diminish the	1530
pain or discomfort of a declarant or other patient, but not to	1531
postpone the declarant's or other patient's death.	1532
(D) "Consulting physician" means a physician who, in	1533
conjunction with the attending physician of a declarant or other	1534
patient, makes one or more determinations that are required to	1535
be made by the attending physician, or to be made by the	1536
attending physician and one other physician, by an applicable	1537
provision of this chapter, to a reasonable degree of medical	1538
certainty and in accordance with reasonable medical standards.	1539
(E) "Declarant" means any adult who has executed a	1540
declaration in accordance with section 2133.02 of the Revised	1541
Code.	1542
(F) "Declaration" means a written document executed in	1543
accordance with section 2133.02 of the Revised Code.	1544
(G) "Durable power of attorney for health care" means a	1545
document created pursuant to sections 1337.11 to 1337.17 of the	1546
Revised Code.	1547
(H) "Guardian" means a person appointed by a probate court	1548
pursuant to Chapter 2111. of the Revised Code to have the care	1549
and management of the person of an incompetent.	1550
(I) "Health care facility" means any of the following:	1551

(1) A hospital;	1552
(2) A hospice care program, pediatric respite care	1553
program, or other institution that specializes in comfort care	1554
of patients in a terminal condition or in a permanently	1555
unconscious state;	1556
(3) A nursing home or residential care facility, as	1557
defined in section 3721.01 of the Revised Code;	1558
(4) A home health agency and any residential facility	1559
where a person is receiving care under the direction of a home	1560
health agency;	1561
(5) An intermediate care facility for individuals with	1562
intellectual disabilities.	1563
(J) "Health care personnel" means physicians, nurses,	1564
physician assistants <u>associates</u> , emergency medical technicians-	1565
basic, emergency medical technicians-intermediate, emergency	1566
medical technicians-paramedic, medical technicians, dietitians,	1567
other authorized persons acting under the direction of an	1568
attending physician, and administrators of health care	1569
facilities.	1570
(K) "Home health agency" has the same meaning as in	1571
section 3740.01 of the Revised Code.	1572
(L) "Hospice care program" and "pediatric respite care	1573
program" have the same meanings as in section 3712.01 of the	1574
Revised Code.	1575
(M) "Hospital" has the same meanings as in sections	1576
3701.01, 3727.01, and 5122.01 of the Revised Code.	1577
(N) "Hydration" means fluids that are artificially or	1578
technologically administered.	1579

(O) "Incompetent" has the same meaning as in section	1580
2111.01 of the Revised Code.	1581
(P) "Intermediate care facility for the individuals with	1582
intellectual disabilities" has the same meaning as in section	1583
5124.01 of the Revised Code.	1584
(Q) "Life-sustaining treatment" means any medical	1585
procedure, treatment, intervention, or other measure that, when	1586
administered to a qualified patient or other patient, will serve	1587
principally to prolong the process of dying.	1588
(R) "Nurse" means a person who is licensed to practice	1589
nursing as a registered nurse or to practice practical nursing	1590
as a licensed practical nurse pursuant to Chapter 4723. of the	1591
Revised Code.	1592
(S) "Nursing home" has the same meaning as in section	1593
3721.01 of the Revised Code.	1594
(T) "Nutrition" means sustenance that is artificially or	1595
technologically administered.	1596
(U) "Permanently unconscious state" means a state of	1597
permanent unconsciousness in a declarant or other patient that,	1598
to a reasonable degree of medical certainty as determined in	1599
accordance with reasonable medical standards by the declarant's	1600
or other patient's attending physician and one other physician	1601
who has examined the declarant or other patient, is	1602
characterized by both of the following:	1603
(1) Irreversible unawareness of one's being and	1604
environment.	1605
(2) Total loss of cerebral cortical functioning, resulting	1606
in the declarant or other patient having no capacity to	1607

experience pain or suffering. 1608

(V) "Person" has the same meaning as in section 1.59 of 1609
the Revised Code and additionally includes political 1610
subdivisions and governmental agencies, boards, commissions, 1611
departments, institutions, offices, and other instrumentalities. 1612

(W) "Physician" means a person who is authorized under 1613
Chapter 4731. of the Revised Code to practice medicine and 1614
surgery or osteopathic medicine and surgery. 1615

(X) "Political subdivision" and "state" have the same 1616
meanings as in section 2744.01 of the Revised Code. 1617

(Y) "Professional disciplinary action" means action taken 1618
by the board or other entity that regulates the professional 1619
conduct of health care personnel, including the state medical 1620
board and the board of nursing. 1621

(Z) "Qualified patient" means an adult who has executed a 1622
declaration and has been determined to be in a terminal 1623
condition or in a permanently unconscious state. 1624

(AA) "Terminal condition" means an irreversible, 1625
incurable, and untreatable condition caused by disease, illness, 1626
or injury from which, to a reasonable degree of medical 1627
certainty as determined in accordance with reasonable medical 1628
standards by a declarant's or other patient's attending 1629
physician and one other physician who has examined the declarant 1630
or other patient, both of the following apply: 1631

(1) There can be no recovery. 1632

(2) Death is likely to occur within a relatively short 1633
time if life-sustaining treatment is not administered. 1634

(BB) "Tort action" means a civil action for damages for 1635

injury, death, or loss to person or property, other than a civil 1636
action for damages for breach of a contract or another agreement 1637
between persons. 1638

Sec. 2133.211. A person who holds a current, valid license 1639
issued under Chapter 4723. of the Revised Code to practice as an 1640
advanced practice registered nurse may take any action that may 1641
be taken by an attending physician under sections 2133.21 to 1642
2133.26 of the Revised Code and has the immunity provided by 1643
section 2133.22 of the Revised Code if the action is taken 1644
pursuant to a standard care arrangement with a collaborating 1645
physician. 1646

A person who holds a license to practice as a physician 1647
~~assistant~~associate issued under Chapter 4730. of the Revised 1648
Code may take any action that may be taken by an attending 1649
physician under sections 2133.21 to 2133.26 of the Revised Code 1650
and has the immunity provided by section 2133.22 of the Revised 1651
Code if the action is taken pursuant to a supervision agreement 1652
entered into under section 4730.19 of the Revised Code, 1653
including, if applicable, the policies of a health care facility 1654
in which the physician ~~assistant~~associate is practicing. 1655

Sec. 2135.01. As used in sections 2135.01 to 2135.14 of 1656
the Revised Code: 1657

(A) "Adult" means a person who is eighteen years of age or 1658
older. 1659

(B) "Capacity to consent to mental health treatment 1660
decisions" means the functional ability to understand 1661
information about the risks of, benefits of, and alternatives to 1662
the proposed mental health treatment, to rationally use that 1663
information, to appreciate how that information applies to the 1664

declarant, and to express a choice about the proposed treatment. 1665

(C) "Declarant" means an adult who has executed a 1666
declaration for mental health treatment in accordance with this 1667
chapter. 1668

(D) "Declaration for mental health treatment" or 1669
"declaration" means a written document declaring preferences or 1670
instructions regarding mental health treatment executed in 1671
accordance with this chapter. 1672

(E) "Designated physician" means the physician the 1673
declarant has named in a declaration for mental health treatment 1674
and has assigned the primary responsibility for the declarant's 1675
mental health treatment or, if the declarant has not so named a 1676
physician, the physician who has accepted that responsibility. 1677

(F) "Guardian" means a person appointed by a probate court 1678
pursuant to Chapter 2111. of the Revised Code to have the care 1679
and management of the person of an incompetent. 1680

(G) "Health care" means any care, treatment, service, or 1681
procedure to maintain, diagnose, or treat an individual's 1682
physical or mental condition or physical or mental health. 1683

(H) "Health care facility" has the same meaning as in 1684
section 1337.11 of the Revised Code. 1685

(I) "Incompetent" has the same meaning as in section 1686
2111.01 of the Revised Code. 1687

(J) "Informed consent" means consent voluntarily given by 1688
a person after a sufficient explanation and disclosure of the 1689
subject matter involved to enable that person to have a general 1690
understanding of the nature, purpose, and goal of the treatment 1691
or procedures, including the substantial risks and hazards 1692

inherent in the proposed treatment or procedures and any 1693
alternative treatment or procedures, and to make a knowing 1694
health care decision without coercion or undue influence. 1695

(K) "Medical record" means any document or combination of 1696
documents that pertains to a declarant's medical history, 1697
diagnosis, prognosis, or medical condition and that is generated 1698
and maintained in the process of the declarant's health care. 1699

(L) "Mental health treatment" means any care, treatment, 1700
service, or procedure to maintain, diagnose, or treat an 1701
individual's mental condition or mental health, including, but 1702
not limited to, electroconvulsive or other convulsive treatment, 1703
treatment of mental illness with medication, and admission to 1704
and retention in a health care facility. 1705

(M) "Mental health treatment decision" means informed 1706
consent, refusal to give informed consent, or withdrawal of 1707
informed consent to mental health treatment. 1708

(N) "Mental health treatment provider" means physicians, 1709
physician ~~assistants~~associates, psychologists, licensed 1710
independent social workers, licensed professional clinical 1711
counselors, and psychiatric nurses. 1712

(O) "Physician" means a person who is authorized under 1713
Chapter 4731. of the Revised Code to practice medicine and 1714
surgery or osteopathic medicine and surgery. 1715

(P) "Professional disciplinary action" means action taken 1716
by the board or other entity that regulates the professional 1717
conduct of health care personnel, including, but not limited to, 1718
the state medical board, the state board of psychology, and the 1719
state board of nursing. 1720

(Q) "Proxy" means an adult designated to make mental 1721

health treatment decisions for a declarant under a valid	1722
declaration for mental health treatment.	1723
(R) "Psychiatric nurse" means a registered nurse who holds	1724
a master's degree or doctorate in nursing with a specialization	1725
in psychiatric nursing.	1726
(S) "Psychiatrist" has the same meaning as in section	1727
5122.01 of the Revised Code.	1728
(T) "Psychologist" has the same meaning as in section	1729
4732.01 of the Revised Code.	1730
(U) "Registered nurse" has the same meaning as in section	1731
4723.01 of the Revised Code.	1732
(V) "Tort action" means a civil action for damages for	1733
injury, death, or loss to person or property, other than a civil	1734
action for damages for a breach of contract or another agreement	1735
between persons.	1736
Sec. 2151.3515. As used in sections 2151.3515 to 2151.3533	1737
of the Revised Code:	1738
(A) "Emergency medical service organization," "emergency	1739
medical technician-basic," "emergency medical technician-	1740
intermediate," "first responder," and "paramedic" have the same	1741
meanings as in section 4765.01 of the Revised Code.	1742
(B) "Emergency medical service worker" means a first	1743
responder, emergency medical technician-basic, emergency medical	1744
technician-intermediate, or paramedic.	1745
(C) "Hospital" has the same meaning as in section 3727.01	1746
of the Revised Code.	1747
(D) "Hospital employee" means any of the following	1748

persons:	1749
(1) A physician who has been granted privileges to practice at the hospital;	1750 1751
(2) A nurse, physician assistant <u>associate</u> , or nursing assistant employed by the hospital;	1752 1753
(3) An authorized person employed by the hospital who is acting under the direction of a physician described in division (D) (1) of this section.	1754 1755 1756
(E) "Law enforcement agency" means an organization or entity made up of peace officers.	1757 1758
(F) "Nurse" means a person who is licensed under Chapter 4723. of the Revised Code to practice as a registered nurse or licensed practical nurse.	1759 1760 1761
(G) "Nursing assistant" means a person designated by a hospital as a nurse aide or nursing assistant whose job is to aid nurses, physicians, and physician assistants <u>associates</u> in the performance of their duties.	1762 1763 1764 1765
(H) "Peace officer" means a sheriff, deputy sheriff, constable, police officer of a township or joint police district, marshal, deputy marshal, municipal police officer, or a state highway patrol trooper.	1766 1767 1768 1769
(I) "Peace officer support employee" means an authorized person employed by a law enforcement agency who is acting under the direction of a peace officer.	1770 1771 1772
(J) "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery.	1773 1774 1775 1776

(K) "Physician ~~assistant~~associate" means an individual who 1777
holds a current, valid license to practice as a physician 1778
~~assistant~~associate issued under Chapter 4730. of the Revised 1779
Code. 1780

Sec. 2151.53. Any person coming within sections 2151.01 to 1781
2151.54 of the Revised Code may be subjected to a physical 1782
examination by competent physicians, physician 1783
~~assistants~~associates, clinical nurse specialists, and certified 1784
nurse practitioners, and a mental examination by competent 1785
psychologists, psychiatrists, and clinical nurse specialists 1786
that practice the specialty of mental health or psychiatric 1787
mental health to be appointed by the juvenile court. Whenever 1788
any child is committed to any institution by virtue of such 1789
sections, a record of such examinations shall be sent with the 1790
commitment to such institution. The compensation of such 1791
physicians, physician ~~assistants~~associates, clinical nurse 1792
specialists, certified nurse practitioners, psychologists, and 1793
psychiatrists and the expenses of such examinations shall be 1794
paid by the county treasurer upon specifically itemized 1795
vouchers, certified by the juvenile judge. 1796

Sec. 2305.113. (A) Except as otherwise provided in this 1797
section, an action upon a medical, dental, optometric, or 1798
chiropractic claim shall be commenced within one year after the 1799
cause of action accrued. 1800

(B) (1) If prior to the expiration of the one-year period 1801
specified in division (A) of this section, a claimant who 1802
allegedly possesses a medical, dental, optometric, or 1803
chiropractic claim gives to the person who is the subject of 1804
that claim written notice that the claimant is considering 1805
bringing an action upon that claim, that action may be commenced 1806

against the person notified at any time within one hundred 1807
eighty days after the notice is so given. 1808

(2) A claimant who allegedly possesses a medical claim and 1809
who intends to give to the person who is the subject of that 1810
claim the written notice described in division (B) (1) of this 1811
section shall give that notice by sending it by certified mail, 1812
return receipt requested, addressed to any of the following: 1813

(a) The person's residence; 1814

(b) The person's professional practice; 1815

(c) The person's employer; 1816

(d) The business address of the person on file with the 1817
state medical board or other appropriate agency that issued the 1818
person's professional license. 1819

(3) An insurance company shall not consider the existence 1820
or nonexistence of a written notice described in division (B) (1) 1821
of this section in setting the liability insurance premium rates 1822
that the company may charge the company's insured person who is 1823
notified by that written notice. 1824

(C) Except as to persons within the age of minority or of 1825
unsound mind as provided by section 2305.16 of the Revised Code, 1826
and except as provided in division (D) of this section, both of 1827
the following apply: 1828

(1) No action upon a medical, dental, optometric, or 1829
chiropractic claim shall be commenced more than four years after 1830
the occurrence of the act or omission constituting the alleged 1831
basis of the medical, dental, optometric, or chiropractic claim. 1832

(2) If an action upon a medical, dental, optometric, or 1833
chiropractic claim is not commenced within four years after the 1834

occurrence of the act or omission constituting the alleged basis 1835
of the medical, dental, optometric, or chiropractic claim, then, 1836
any action upon that claim is barred. 1837

(D) (1) If a person making a medical claim, dental claim, 1838
optometric claim, or chiropractic claim, in the exercise of 1839
reasonable care and diligence, could not have discovered the 1840
injury resulting from the act or omission constituting the 1841
alleged basis of the claim within three years after the 1842
occurrence of the act or omission, but, in the exercise of 1843
reasonable care and diligence, discovers the injury resulting 1844
from that act or omission before the expiration of the four-year 1845
period specified in division (C) (1) of this section, the person 1846
may commence an action upon the claim not later than one year 1847
after the person discovers the injury resulting from that act or 1848
omission. 1849

(2) If the alleged basis of a medical claim, dental claim, 1850
optometric claim, or chiropractic claim is the occurrence of an 1851
act or omission that involves a foreign object that is left in 1852
the body of the person making the claim, the person may commence 1853
an action upon the claim not later than one year after the 1854
person discovered the foreign object or not later than one year 1855
after the person, with reasonable care and diligence, should 1856
have discovered the foreign object. 1857

(3) A person who commences an action upon a medical claim, 1858
dental claim, optometric claim, or chiropractic claim under the 1859
circumstances described in division (D) (1) or (2) of this 1860
section has the affirmative burden of proving, by clear and 1861
convincing evidence, that the person, with reasonable care and 1862
diligence, could not have discovered the injury resulting from 1863
the act or omission constituting the alleged basis of the claim 1864

within the three-year period described in division (D) (1) of 1865
this section or within the one-year period described in division 1866
(D) (2) of this section, whichever is applicable. 1867

(E) As used in this section: 1868

(1) "Hospital" includes any person, corporation, 1869
association, board, or authority that is responsible for the 1870
operation of any hospital licensed or registered in the state, 1871
including, but not limited to, those that are owned or operated 1872
by the state, political subdivisions, any person, any 1873
corporation, or any combination of the state, political 1874
subdivisions, persons, and corporations. "Hospital" also 1875
includes any person, corporation, association, board, entity, or 1876
authority that is responsible for the operation of any clinic 1877
that employs a full-time staff of physicians practicing in more 1878
than one recognized medical specialty and rendering advice, 1879
diagnosis, care, and treatment to individuals. "Hospital" does 1880
not include any hospital operated by the government of the 1881
United States or any of its branches. 1882

(2) "Physician" means a person who is licensed to practice 1883
medicine and surgery or osteopathic medicine and surgery by the 1884
state medical board or a person who otherwise is authorized to 1885
practice medicine and surgery or osteopathic medicine and 1886
surgery in this state. 1887

(3) "Medical claim" means any claim that is asserted in 1888
any civil action against a physician, podiatrist, hospital, 1889
home, or residential facility, against any employee or agent of 1890
a physician, podiatrist, hospital, home, or residential 1891
facility, or against a licensed practical nurse, registered 1892
nurse, advanced practice registered nurse, physical therapist, 1893
physician ~~assistant~~associate, emergency medical technician- 1894

basic, emergency medical technician-intermediate, or emergency 1895
medical technician-paramedic, and that arises out of the medical 1896
diagnosis, care, or treatment of any person. "Medical claim" 1897
includes the following: 1898

(a) Derivative claims for relief that arise from the 1899
medical diagnosis, care, or treatment of a person; 1900

(b) Derivative claims for relief that arise from the plan 1901
of care prepared for a resident of a home; 1902

(c) Claims that arise out of the medical diagnosis, care, 1903
or treatment of any person or claims that arise out of the plan 1904
of care prepared for a resident of a home and to which both 1905
types of claims either of the following applies: 1906

(i) The claim results from acts or omissions in providing 1907
medical care. 1908

(ii) The claim results from the hiring, training, 1909
supervision, retention, or termination of caregivers providing 1910
medical diagnosis, care, or treatment. 1911

(d) Claims that arise out of the plan of care, medical 1912
diagnosis, or treatment of any person and that are brought under 1913
section 3721.17 of the Revised Code; 1914

(e) Claims that arise out of skilled nursing care or 1915
personal care services provided in a home pursuant to the plan 1916
of care, medical diagnosis, or treatment. 1917

(4) "Podiatrist" means any person who is licensed to 1918
practice podiatric medicine and surgery by the state medical 1919
board. 1920

(5) "Dentist" means any person who is licensed to practice 1921
dentistry by the state dental board. 1922

(6) "Dental claim" means any claim that is asserted in any 1923
civil action against a dentist, or against any employee or agent 1924
of a dentist, and that arises out of a dental operation or the 1925
dental diagnosis, care, or treatment of any person. "Dental 1926
claim" includes derivative claims for relief that arise from a 1927
dental operation or the dental diagnosis, care, or treatment of 1928
a person. 1929

(7) "Derivative claims for relief" include, but are not 1930
limited to, claims of a parent, guardian, custodian, or spouse 1931
of an individual who was the subject of any medical diagnosis, 1932
care, or treatment, dental diagnosis, care, or treatment, dental 1933
operation, optometric diagnosis, care, or treatment, or 1934
chiropractic diagnosis, care, or treatment, that arise from that 1935
diagnosis, care, treatment, or operation, and that seek the 1936
recovery of damages for any of the following: 1937

(a) Loss of society, consortium, companionship, care, 1938
assistance, attention, protection, advice, guidance, counsel, 1939
instruction, training, or education, or any other intangible 1940
loss that was sustained by the parent, guardian, custodian, or 1941
spouse; 1942

(b) Expenditures of the parent, guardian, custodian, or 1943
spouse for medical, dental, optometric, or chiropractic care or 1944
treatment, for rehabilitation services, or for other care, 1945
treatment, services, products, or accommodations provided to the 1946
individual who was the subject of the medical diagnosis, care, 1947
or treatment, the dental diagnosis, care, or treatment, the 1948
dental operation, the optometric diagnosis, care, or treatment, 1949
or the chiropractic diagnosis, care, or treatment. 1950

(8) "Registered nurse" means any person who is licensed to 1951
practice nursing as a registered nurse by the board of nursing. 1952

- (9) "Chiropractic claim" means any claim that is asserted 1953
in any civil action against a chiropractor, or against any 1954
employee or agent of a chiropractor, and that arises out of the 1955
chiropractic diagnosis, care, or treatment of any person. 1956
"Chiropractic claim" includes derivative claims for relief that 1957
arise from the chiropractic diagnosis, care, or treatment of a 1958
person. 1959
- (10) "Chiropractor" means any person who is licensed to 1960
practice chiropractic by the state chiropractic board. 1961
- (11) "Optometric claim" means any claim that is asserted 1962
in any civil action against an optometrist, or against any 1963
employee or agent of an optometrist, and that arises out of the 1964
optometric diagnosis, care, or treatment of any person. 1965
"Optometric claim" includes derivative claims for relief that 1966
arise from the optometric diagnosis, care, or treatment of a 1967
person. 1968
- (12) "Optometrist" means any person licensed to practice 1969
optometry by the state vision professionals board. 1970
- (13) "Physical therapist" means any person who is licensed 1971
to practice physical therapy under Chapter 4755. of the Revised 1972
Code. 1973
- (14) "Home" has the same meaning as in section 3721.10 of 1974
the Revised Code. 1975
- (15) "Residential facility" means a facility licensed 1976
under section 5123.19 of the Revised Code. 1977
- (16) "Advanced practice registered nurse" has the same 1978
meaning as in section 4723.01 of the Revised Code. 1979
- (17) "Licensed practical nurse" means any person who is 1980

licensed to practice nursing as a licensed practical nurse by 1981
the board of nursing pursuant to Chapter 4723. of the Revised 1982
Code. 1983

(18) "Physician ~~assistant~~associate" means any person who 1984
is licensed to practice as a physician ~~assistant~~associate under 1985
Chapter 4730. of the Revised Code. 1986

(19) "Emergency medical technician-basic," "emergency 1987
medical technician-intermediate," and "emergency medical 1988
technician-paramedic" means any person who is certified under 1989
Chapter 4765. of the Revised Code as an emergency medical 1990
technician-basic, emergency medical technician-intermediate, or 1991
emergency medical technician-paramedic, whichever is applicable. 1992

(20) "Skilled nursing care" and "personal care services" 1993
have the same meanings as in section 3721.01 of the Revised 1994
Code. 1995

Sec. 2305.234. (A) As used in this section: 1996

(1) "Chiropractic claim," "medical claim," and "optometric 1997
claim" have the same meanings as in section 2305.113 of the 1998
Revised Code. 1999

(2) "Dental claim" has the same meaning as in section 2000
2305.113 of the Revised Code, except that it does not include 2001
any claim arising out of a dental operation or any derivative 2002
claim for relief that arises out of a dental operation. 2003

(3) "Governmental health care program" has the same 2004
meaning as in section 4731.65 of the Revised Code. 2005

(4) "Health care facility or location" means a hospital, 2006
clinic, ambulatory surgical facility, office of a health care 2007
professional or associated group of health care professionals, 2008

training institution for health care professionals, a free 2009
clinic or other nonprofit shelter or health care facility as 2010
those terms are defined in section 3701.071 of the Revised Code, 2011
or any other place where medical, dental, or other health- 2012
related diagnosis, care, or treatment is provided to a person. 2013

(5) "Health care professional" means any of the following 2014
who provide medical, dental, or other health-related diagnosis, 2015
care, or treatment: 2016

(a) Physicians authorized under Chapter 4731. of the 2017
Revised Code to practice medicine and surgery or osteopathic 2018
medicine and surgery; 2019

(b) Advanced practice registered nurses, registered 2020
nurses, and licensed practical nurses licensed under Chapter 2021
4723. of the Revised Code; 2022

(c) ~~Physician assistants authorized to practice associates~~ 2023
licensed under Chapter 4730. of the Revised Code; 2024

(d) Dentists and dental hygienists licensed under Chapter 2025
4715. of the Revised Code; 2026

(e) Physical therapists, physical therapist assistants, 2027
occupational therapists, occupational therapy assistants, and 2028
athletic trainers licensed under Chapter 4755. of the Revised 2029
Code; 2030

(f) Chiropractors licensed under Chapter 4734. of the 2031
Revised Code; 2032

(g) Optometrists licensed under Chapter 4725. of the 2033
Revised Code; 2034

(h) Podiatrists authorized under Chapter 4731. of the 2035
Revised Code to practice podiatry; 2036

(i) Dietitians licensed under Chapter 4759. of the Revised Code;	2037 2038
(j) Pharmacists licensed under Chapter 4729. of the Revised Code;	2039 2040
(k) Emergency medical technicians-basic, emergency medical technicians-intermediate, and emergency medical technicians-paramedic, certified under Chapter 4765. of the Revised Code;	2041 2042 2043
(l) Respiratory care professionals licensed under Chapter 4761. of the Revised Code;	2044 2045
(m) Speech-language pathologists and audiologists licensed under Chapter 4753. of the Revised Code;	2046 2047
(n) Licensed professional clinical counselors, licensed professional counselors, independent social workers, social workers, independent marriage and family therapists, and marriage and family therapists, licensed under Chapter 4757. of the Revised Code;	2048 2049 2050 2051 2052
(o) Psychologists licensed under Chapter 4732. of the Revised Code;	2053 2054
(p) Independent chemical dependency counselors-clinical supervisors, independent chemical dependency counselors, chemical dependency counselors III, and chemical dependency counselors II, licensed under Chapter 4758. of the Revised Code, and chemical dependency counselor assistants, prevention consultants, prevention specialists, prevention specialist assistants, and registered applicants, certified under that chapter.	2055 2056 2057 2058 2059 2060 2061 2062
(6) "Health care worker" means a person other than a health care professional who provides medical, dental, or other	2063 2064

health-related care or treatment under the direction of a health 2065
care professional with the authority to direct that individual's 2066
activities, including medical technicians, medical assistants, 2067
dental assistants, orderlies, aides, and individuals acting in 2068
similar capacities. 2069

(7) "Indigent and uninsured person" means a person who 2070
meets both of the following requirements: 2071

(a) Relative to being indigent, the person's income is not 2072
greater than two hundred per cent of the federal poverty line, 2073
as defined by the United States office of management and budget 2074
and revised in accordance with section 673(2) of the "Omnibus 2075
Budget Reconciliation Act of 1981," 95 Stat. 511, 42 U.S.C. 2076
9902, as amended, except in any case in which division (A) (7) (b) 2077
(iii) of this section includes a person whose income is greater 2078
than two hundred per cent of the federal poverty line. 2079

(b) Relative to being uninsured, one of the following 2080
applies: 2081

(i) The person is not a policyholder, certificate holder, 2082
insured, contract holder, subscriber, enrollee, member, 2083
beneficiary, or other covered individual under a health 2084
insurance or health care policy, contract, or plan. 2085

(ii) The person is a policyholder, certificate holder, 2086
insured, contract holder, subscriber, enrollee, member, 2087
beneficiary, or other covered individual under a health 2088
insurance or health care policy, contract, or plan, but the 2089
insurer, policy, contract, or plan denies coverage or is the 2090
subject of insolvency or bankruptcy proceedings in any 2091
jurisdiction. 2092

(iii) Until June 30, 2019, the person is eligible for the 2093

medicaid program or is a medicaid recipient. 2094

(iv) Except as provided in division (A) (7) (b) (iii) of this 2095
section, the person is not eligible for or a recipient, 2096
enrollee, or beneficiary of any governmental health care 2097
program. 2098

(8) "Nonprofit health care referral organization" means an 2099
entity that is not operated for profit and refers patients to, 2100
or arranges for the provision of, health-related diagnosis, 2101
care, or treatment by a health care professional or health care 2102
worker. 2103

(9) "Operation" means any procedure that involves cutting 2104
or otherwise infiltrating human tissue by mechanical means, 2105
including surgery, laser surgery, ionizing radiation, 2106
therapeutic ultrasound, or the removal of intraocular foreign 2107
bodies. "Operation" does not include the administration of 2108
medication by injection, unless the injection is administered in 2109
conjunction with a procedure infiltrating human tissue by 2110
mechanical means other than the administration of medicine by 2111
injection. "Operation" does not include routine dental 2112
restorative procedures, the scaling of teeth, or extractions of 2113
teeth that are not impacted. 2114

(10) "Tort action" means a civil action for damages for 2115
injury, death, or loss to person or property other than a civil 2116
action for damages for a breach of contract or another agreement 2117
between persons or government entities. 2118

(11) "Volunteer" means an individual who provides any 2119
medical, dental, or other health-care related diagnosis, care, 2120
or treatment without the expectation of receiving and without 2121
receipt of any compensation or other form of remuneration from 2122

an indigent and uninsured person, another person on behalf of an 2123
indigent and uninsured person, any health care facility or 2124
location, any nonprofit health care referral organization, or 2125
any other person or government entity. 2126

(12) "Community control sanction" has the same meaning as 2127
in section 2929.01 of the Revised Code. 2128

(13) "Deep sedation" means a drug-induced depression of 2129
consciousness during which a patient cannot be easily aroused 2130
but responds purposefully following repeated or painful 2131
stimulation, a patient's ability to independently maintain 2132
ventilatory function may be impaired, a patient may require 2133
assistance in maintaining a patent airway and spontaneous 2134
ventilation may be inadequate, and cardiovascular function is 2135
usually maintained. 2136

(14) "General anesthesia" means a drug-induced loss of 2137
consciousness during which a patient is not arousable, even by 2138
painful stimulation, the ability to independently maintain 2139
ventilatory function is often impaired, a patient often requires 2140
assistance in maintaining a patent airway, positive pressure 2141
ventilation may be required because of depressed spontaneous 2142
ventilation or drug-induced depression of neuromuscular 2143
function, and cardiovascular function may be impaired. 2144

(B) (1) Subject to divisions (F) and (G) (3) of this 2145
section, a health care professional who is a volunteer and 2146
complies with division (B) (2) of this section is not liable in 2147
damages to any person or government entity in a tort or other 2148
civil action, including an action on a medical, dental, 2149
chiropractic, optometric, or other health-related claim, for 2150
injury, death, or loss to person or property that allegedly 2151
arises from an action or omission of the volunteer in the 2152

provision to an indigent and uninsured person of medical, 2153
dental, or other health-related diagnosis, care, or treatment, 2154
including the provision of samples of medicine and other medical 2155
products, unless the action or omission constitutes willful or 2156
wanton misconduct. 2157

(2) To qualify for the immunity described in division (B) 2158
(1) of this section, a health care professional shall do all of 2159
the following prior to providing diagnosis, care, or treatment: 2160

(a) Determine, in good faith, that the indigent and 2161
uninsured person is mentally capable of giving informed consent 2162
to the provision of the diagnosis, care, or treatment and is not 2163
subject to duress or under undue influence; 2164

(b) Inform the person of the provisions of this section, 2165
including notifying the person that, by giving informed consent 2166
to the provision of the diagnosis, care, or treatment, the 2167
person cannot hold the health care professional liable for 2168
damages in a tort or other civil action, including an action on 2169
a medical, dental, chiropractic, optometric, or other health- 2170
related claim, unless the action or omission of the health care 2171
professional constitutes willful or wanton misconduct; 2172

(c) Obtain the informed consent of the person and a 2173
written waiver, signed by the person or by another individual on 2174
behalf of and in the presence of the person, that states that 2175
the person is mentally competent to give informed consent and, 2176
without being subject to duress or under undue influence, gives 2177
informed consent to the provision of the diagnosis, care, or 2178
treatment subject to the provisions of this section. A written 2179
waiver under division (B) (2) (c) of this section shall state 2180
clearly and in conspicuous type that the person or other 2181
individual who signs the waiver is signing it with full 2182

knowledge that, by giving informed consent to the provision of 2183
the diagnosis, care, or treatment, the person cannot bring a 2184
tort or other civil action, including an action on a medical, 2185
dental, chiropractic, optometric, or other health-related claim, 2186
against the health care professional unless the action or 2187
omission of the health care professional constitutes willful or 2188
wanton misconduct. 2189

(3) A physician or podiatrist who is not covered by 2190
medical malpractice insurance, but complies with division (B) (2) 2191
of this section, is not required to comply with division (A) of 2192
section 4731.143 of the Revised Code. 2193

(C) Subject to divisions (F) and (G) (3) of this section, 2194
health care workers who are volunteers are not liable in damages 2195
to any person or government entity in a tort or other civil 2196
action, including an action upon a medical, dental, 2197
chiropractic, optometric, or other health-related claim, for 2198
injury, death, or loss to person or property that allegedly 2199
arises from an action or omission of the health care worker in 2200
the provision to an indigent and uninsured person of medical, 2201
dental, or other health-related diagnosis, care, or treatment, 2202
unless the action or omission constitutes willful or wanton 2203
misconduct. 2204

(D) Subject to divisions (F) and (G) (3) of this section, a 2205
nonprofit health care referral organization is not liable in 2206
damages to any person or government entity in a tort or other 2207
civil action, including an action on a medical, dental, 2208
chiropractic, optometric, or other health-related claim, for 2209
injury, death, or loss to person or property that allegedly 2210
arises from an action or omission of the nonprofit health care 2211
referral organization in referring indigent and uninsured 2212

persons to, or arranging for the provision of, medical, dental, 2213
or other health-related diagnosis, care, or treatment by a 2214
health care professional described in division (B) (1) of this 2215
section or a health care worker described in division (C) of 2216
this section, unless the action or omission constitutes willful 2217
or wanton misconduct. 2218

(E) Subject to divisions (F) and (G) (3) of this section 2219
and to the extent that the registration requirements of section 2220
3701.071 of the Revised Code apply, a health care facility or 2221
location associated with a health care professional described in 2222
division (B) (1) of this section, a health care worker described 2223
in division (C) of this section, or a nonprofit health care 2224
referral organization described in division (D) of this section 2225
is not liable in damages to any person or government entity in a 2226
tort or other civil action, including an action on a medical, 2227
dental, chiropractic, optometric, or other health-related claim, 2228
for injury, death, or loss to person or property that allegedly 2229
arises from an action or omission of the health care 2230
professional or worker or nonprofit health care referral 2231
organization relative to the medical, dental, or other health- 2232
related diagnosis, care, or treatment provided to an indigent 2233
and uninsured person on behalf of or at the health care facility 2234
or location, unless the action or omission constitutes willful 2235
or wanton misconduct. 2236

(F) (1) Except as provided in division (F) (2) of this 2237
section, the immunities provided by divisions (B), (C), (D), and 2238
(E) of this section are not available to a health care 2239
professional, health care worker, nonprofit health care referral 2240
organization, or health care facility or location if, at the 2241
time of an alleged injury, death, or loss to person or property, 2242
the health care professionals or health care workers involved 2243

are providing one of the following: 2244

(a) Any medical, dental, or other health-related 2245
diagnosis, care, or treatment pursuant to a community service 2246
work order entered by a court under division (B) of section 2247
2951.02 of the Revised Code or imposed by a court as a community 2248
control sanction; 2249

(b) Performance of an operation to which any one of the 2250
following applies: 2251

(i) The operation requires the administration of deep 2252
sedation or general anesthesia. 2253

(ii) The operation is a procedure that is not typically 2254
performed in an office. 2255

(iii) The individual involved is a health care 2256
professional, and the operation is beyond the scope of practice 2257
or the education, training, and competence, as applicable, of 2258
the health care professional. 2259

(c) Delivery of a baby or any other purposeful termination 2260
of a human pregnancy. 2261

(2) Division (F) (1) of this section does not apply when a 2262
health care professional or health care worker provides medical, 2263
dental, or other health-related diagnosis, care, or treatment 2264
that is necessary to preserve the life of a person in a medical 2265
emergency. 2266

(G) (1) This section does not create a new cause of action 2267
or substantive legal right against a health care professional, 2268
health care worker, nonprofit health care referral organization, 2269
or health care facility or location. 2270

(2) This section does not affect any immunities from civil 2271

liability or defenses established by another section of the 2272
Revised Code or available at common law to which a health care 2273
professional, health care worker, nonprofit health care referral 2274
organization, or health care facility or location may be 2275
entitled in connection with the provision of emergency or other 2276
medical, dental, or other health-related diagnosis, care, or 2277
treatment. 2278

(3) This section does not grant an immunity from tort or 2279
other civil liability to a health care professional, health care 2280
worker, nonprofit health care referral organization, or health 2281
care facility or location for actions that are outside the scope 2282
of authority of health care professionals or health care 2283
workers. 2284

In the case of the diagnosis, care, or treatment of an 2285
indigent and uninsured person who is eligible for the medicaid 2286
program or is a medicaid recipient, this section grants an 2287
immunity from tort or other civil liability only if the person's 2288
diagnosis, care, or treatment is provided in a free clinic, as 2289
defined in section 3701.071 of the Revised Code. 2290

(4) This section does not affect any legal responsibility 2291
of a health care professional, health care worker, or nonprofit 2292
health care referral organization to comply with any applicable 2293
law of this state or rule of an agency of this state. 2294

(5) This section does not affect any legal responsibility 2295
of a health care facility or location to comply with any 2296
applicable law of this state, rule of an agency of this state, 2297
or local code, ordinance, or regulation that pertains to or 2298
regulates building, housing, air pollution, water pollution, 2299
sanitation, health, fire, zoning, or safety. 2300

Sec. 2305.2311. (A) As used in this section:	2301
(1) "Advanced practice registered nurse" means an individual who holds a current, valid license issued under Chapter 4723. of the Revised Code to practice as an advanced practice registered nurse.	2302 2303 2304 2305
(2) "Dentist" has the same meaning as in section 2305.231 of the Revised Code.	2306 2307
(3) "Disaster" means any occurrence of widespread personal injury or loss of life that results from any natural or technological phenomenon or act of a human, or an epidemic and is declared to be a disaster by the federal government, the state government, or a political subdivision of this state.	2308 2309 2310 2311 2312
(4) "Emergency medical technician" means an EMT-basic, an EMT-I, or a paramedic.	2313 2314
(5) "EMT-basic" means an individual who holds a current, valid certificate issued under section 4765.30 of the Revised Code to practice as an emergency medical technician-basic.	2315 2316 2317
(6) "EMT-I" means an individual who holds a current, valid certificate issued under section 4765.30 of the Revised Code to practice as an emergency medical technician-intermediate.	2318 2319 2320
(7) "Health care provider" means an advanced practice registered nurse, a registered nurse, a pharmacist, a dentist, an optometrist, a physician, a physician assistant <u>associate</u> , or a hospital.	2321 2322 2323 2324
(8) "Hospital" and "medical claim" have the same meanings as in section 2305.113 of the Revised Code.	2325 2326
(9) "Optometrist" means a person who is licensed under Chapter 4725. of the Revised Code to practice optometry.	2327 2328

(10) "Paramedic" means an individual who holds a current, 2329
valid certificate issued under section 4765.30 of the Revised 2330
Code to practice as an emergency medical technician-paramedic. 2331

(11) "Pharmacist" means an individual who holds a current, 2332
valid license issued under Chapter 4729. of the Revised Code to 2333
practice as a pharmacist. 2334

(12) "Physician" means an individual who is authorized 2335
under Chapter 4731. of the Revised Code to practice medicine and 2336
surgery, osteopathic medicine and surgery, or podiatric medicine 2337
and surgery. 2338

(13) "Physician ~~assistant~~associate" means an individual 2339
who is ~~authorized-licensed~~ under Chapter 4730. of the Revised 2340
Code to practice as a physician ~~assistant~~associate. 2341

(14) "Reckless disregard" as it applies to a given health 2342
care provider or emergency medical technician rendering 2343
emergency medical services, first-aid treatment, or other 2344
emergency professional care, including the provision of any 2345
medication or other medical product, means conduct that a health 2346
care provider or emergency medical technician knew or should 2347
have known, at the time those services or that treatment or care 2348
were rendered, created an unreasonable risk of injury, death, or 2349
loss to person or property so as to affect the life or health of 2350
another and that risk was substantially greater than that which 2351
is necessary to make the conduct negligent. 2352

(15) "Registered nurse" means an individual who holds a 2353
current, valid license issued under Chapter 4723. of the Revised 2354
Code to practice as a registered nurse. 2355

(16) "Tort action" means a civil action for damages for 2356
injury, death, or loss to person or property other than a civil 2357

action for damages for a breach of contract or another agreement 2358
between persons or governmental entities. "Tort action" includes 2359
an action on a medical claim. 2360

(B) Subject to division (C)(3) of this section, a health 2361
care provider or emergency medical technician that provides 2362
emergency medical services, first-aid treatment, or other 2363
emergency professional care, including the provision of any 2364
medication or other medical product, as a result of a disaster 2365
is not liable in damages to any person in a tort action for 2366
injury, death, or loss to person or property that allegedly 2367
arises from an act or omission of the health care provider or 2368
emergency medical technician in the health care provider's or 2369
emergency medical technician's provision of those services or 2370
that treatment or care if that act or omission does not 2371
constitute reckless disregard for the consequences so as to 2372
affect the life or health of the patient. 2373

(C)(1) This section does not create a new cause of action 2374
or substantive legal right against a health care provider or 2375
emergency medical technician. 2376

(2) This section does not affect any immunities from civil 2377
liability or defenses established by another section of the 2378
Revised Code or available at common law to which a health care 2379
provider or emergency medical technician may be entitled in 2380
connection with the provision of emergency medical services, 2381
first-aid treatment, or other emergency professional care, 2382
including the provision of medication or other medical product. 2383

(3) This section does not grant an immunity from tort or 2384
other civil liability to a health care provider or emergency 2385
medical technician for actions that are outside the scope of 2386
authority of the health care provider or emergency medical 2387

technician.	2388
(4) This section does not affect any legal responsibility	2389
of a health care provider or emergency medical technician to	2390
comply with any applicable law of this state or rule of an	2391
agency of this state.	2392
(5) This section applies only to the provision of	2393
emergency medical services, first-aid treatment, or other	2394
emergency professional care, including the provision of any	2395
medication or other medical product, by a health care provider	2396
or emergency medical technician as a result of a disaster and	2397
through the duration of the disaster.	2398
(D) This section does not apply to a tort action alleging	2399
wrongful death against a health care provider or emergency	2400
medical technician that provides emergency medical services,	2401
first-aid treatment, or other emergency professional care,	2402
including the provision of any medication or other medical	2403
product, that allegedly arises from an act or omission of the	2404
health care provider or emergency medical technician in the	2405
health care provider's or emergency medical technician's	2406
provision of those services or that treatment or care as a	2407
result of a disaster.	2408
Sec. 2305.51. (A) (1) As used in this section:	2409
(a) "Civil Rights" has the same meaning as in section	2410
5122.301 of the Revised Code.	2411
(b) "Mental health client or patient" means an individual	2412
who is receiving mental health services from a mental health	2413
professional or organization.	2414
(c) "Mental health organization" means an organization	2415
that engages one or more mental health professionals to provide	2416

mental health services to one or more mental health clients or 2417
patients. 2418

(d) "Mental health professional" means an individual who 2419
is licensed, certified, or registered under the Revised Code, or 2420
otherwise authorized in this state, to provide mental health 2421
services for compensation, remuneration, or other personal gain. 2422

(e) "Mental health service" means a service provided to an 2423
individual or group of individuals involving the application of 2424
medical, psychiatric, psychological, professional counseling, 2425
social work, marriage and family therapy, or nursing principles 2426
or procedures to either of the following: 2427

(i) The assessment, diagnosis, prevention, treatment, or 2428
amelioration of mental, emotional, psychiatric, psychological, 2429
or psychosocial disorders or diseases, as described in the most 2430
recent edition of the diagnostic and statistical manual of 2431
mental disorders published by the American psychiatric 2432
association; 2433

(ii) The assessment or improvement of mental, emotional, 2434
psychiatric, psychological, or psychosocial adjustment or 2435
functioning, regardless of whether there is a diagnosable, pre- 2436
existing disorder or disease. 2437

(f) "Knowledgeable person" means an individual who has 2438
reason to believe that a mental health client or patient has the 2439
intent and ability to carry out an explicit threat of inflicting 2440
imminent and serious physical harm to or causing the death of a 2441
clearly identifiable potential victim or victims and who is 2442
either an immediate family member of the client or patient or an 2443
individual who otherwise personally knows the client or patient. 2444

(g) "Advanced practice registered nurse" has the same 2445

meaning as in section 4723.01 of the Revised Code. 2446

(h) "Hospital" has the same meaning as in section 2305.25 2447
of the Revised Code. 2448

(i) "Physician" means an individual authorized under 2449
Chapter 4731. of the Revised Code to practice medicine and 2450
surgery or osteopathic medicine and surgery. 2451

(j) "~~Physician assistant~~associate" ~~has the same meaning as~~ 2452
~~in section 4730.01~~ means an individual who holds a license to 2453
practice as a physician associate issued under Chapter 4730. of 2454
the Revised Code. 2455

(2) For the purpose of this section, in the case of a 2456
threat to a readily identifiable structure, "clearly 2457
identifiable potential victim" includes any potential occupant 2458
of the structure. 2459

(B) A mental health professional or mental health 2460
organization may be held liable in damages in a civil action, or 2461
may be made subject to disciplinary action by an entity with 2462
licensing or other regulatory authority over the professional or 2463
organization, for serious physical harm or death resulting from 2464
failing to predict, warn of, or take precautions to provide 2465
protection from the violent behavior of a mental health client 2466
or patient, only if the client or patient or a knowledgeable 2467
person has communicated to the professional or organization an 2468
explicit threat of inflicting imminent and serious physical harm 2469
to or causing the death of one or more clearly identifiable 2470
potential victims, the professional or organization has reason 2471
to believe that the client or patient has the intent and ability 2472
to carry out the threat, and the professional or organization 2473
fails to take one or more of the following actions in a timely 2474

manner: 2475

(1) Exercise any authority the professional or 2476
organization possesses to hospitalize the client or patient on 2477
an emergency basis pursuant to section 5122.10 of the Revised 2478
Code; 2479

(2) Exercise any authority the professional or 2480
organization possesses to have the client or patient 2481
involuntarily or voluntarily hospitalized under Chapter 5122. of 2482
the Revised Code; 2483

(3) Establish and undertake a documented treatment plan 2484
that is reasonably calculated, according to appropriate 2485
standards of professional practice, to eliminate the possibility 2486
that the client or patient will carry out the threat, and, 2487
concurrent with establishing and undertaking the treatment plan, 2488
initiate arrangements for a second opinion risk assessment 2489
through a management consultation about the treatment plan with, 2490
in the case of a mental health organization, the clinical 2491
director of the organization, or, in the case of a mental health 2492
professional who is not acting as part of a mental health 2493
organization, any mental health professional who is licensed to 2494
engage in independent practice; 2495

(4) Communicate to a law enforcement agency with 2496
jurisdiction in the area where each potential victim resides, 2497
where a structure threatened by a mental health client or 2498
patient is located, or where the mental health client or patient 2499
resides, and if feasible, communicate to each potential victim 2500
or a potential victim's parent or guardian if the potential 2501
victim is a minor or has been adjudicated incompetent, all of 2502
the following information: 2503

(a) The nature of the threat;	2504
(b) The identity of the mental health client or patient making the threat;	2505 2506
(c) The identity of each potential victim of the threat.	2507
(C) All of the following apply when a mental health professional or organization takes one or more of the actions set forth in divisions (B) (1) to (4) of this section:	2508 2509 2510
(1) The mental health professional or organization shall consider each of the alternatives set forth and shall document the reasons for choosing or rejecting each alternative.	2511 2512 2513
(2) The mental health professional or organization may give special consideration to those alternatives which, consistent with public safety, would least abridge the rights of the mental health client or patient established under the Revised Code, including the rights specified in sections 5122.27 to 5122.31 of the Revised Code.	2514 2515 2516 2517 2518 2519
(3) The mental health professional or organization is not required to take an action that, in the exercise of reasonable professional judgment, would physically endanger the professional or organization, increase the danger to a potential victim, or increase the danger to the mental health client or patient.	2520 2521 2522 2523 2524 2525
(4) The mental health professional or organization is not liable in damages in a civil action, and shall not be made subject to disciplinary action by any entity with licensing or other regulatory authority over the professional or organization, for disclosing any confidential information about a mental health client or patient that is disclosed for the purpose of taking any of the actions.	2526 2527 2528 2529 2530 2531 2532

(D) Notwithstanding any other provision of the Revised Code, a physician, physician ~~assistant~~associate, advanced practice registered nurse, or hospital is not liable in damages in a civil action, and shall not be made subject to disciplinary action by any entity with licensing or other regulatory authority, for doing either of the following:

(1) Failing to discharge or to allow a patient to leave the facility if the physician, physician ~~assistant~~associate, advanced practice registered nurse, or hospital believes in the good faith exercise of professional medical, advanced practice registered nursing, or physician ~~assistant~~associate judgment according to appropriate standards of professional practice that the patient has a mental health condition that threatens the safety of the patient or others;

(2) Discharging a patient whom the physician, physician ~~assistant~~associate, advanced practice registered nurse, or hospital believes in the good faith exercise of professional medical, advanced practice registered nursing, or physician ~~assistant~~associate judgment according to appropriate standards of professional practice not to have a mental health condition that threatens the safety of the patient or others.

(E) The immunities from civil liability and disciplinary action conferred by this section are in addition to and not in limitation of any immunity conferred on a mental health professional or organization or on a physician, physician ~~assistant~~associate, advanced practice registered nurse, or hospital by any other section of the Revised Code or by judicial precedent.

(F) This section does not affect the civil rights of a mental health client or patient under Ohio or federal law.

Sec. 2711.22. (A) Except as otherwise provided in this 2563
section, a written contract between a patient and a hospital or 2564
healthcare provider to settle by binding arbitration any dispute 2565
or controversy arising out of the diagnosis, treatment, or care 2566
of the patient rendered by a hospital or healthcare provider, 2567
that is entered into prior to the diagnosis, treatment, or care 2568
of the patient is valid, irrevocable, and enforceable once the 2569
contract is signed by all parties. The contract remains valid, 2570
irrevocable, and enforceable until or unless the patient or the 2571
patient's legal representative rescinds the contract by written 2572
notice within thirty days of the signing of the contract. A 2573
guardian or other legal representative of the patient may give 2574
written notice of the rescission of the contract if the patient 2575
is incapacitated or a minor. 2576

(B) As used in this section and in sections 2711.23 and 2577
2711.24 of the Revised Code: 2578

(1) "Healthcare provider" means a physician, podiatrist, 2579
dentist, licensed practical nurse, registered nurse, advanced 2580
practice registered nurse, chiropractor, optometrist, physician 2581
~~assistant~~associate, emergency medical technician-basic, 2582
emergency medical technician-intermediate, emergency medical 2583
technician-paramedic, or physical therapist. 2584

(2) "Hospital," "physician," "podiatrist," "dentist," 2585
"licensed practical nurse," "registered nurse," "advanced 2586
practice registered nurse," "chiropractor," "optometrist," 2587
"physician ~~assistant~~associate," "emergency medical technician- 2588
basic," "emergency medical technician-intermediate," "emergency 2589
medical technician-paramedic," "physical therapist," "medical 2590
claim," "dental claim," "optometric claim," and "chiropractic 2591
claim" have the same meanings as in section 2305.113 of the 2592

Revised Code. 2593

Sec. 2743.62. (A) (1) Subject to division (A) (2) of this 2594
section, there is no privilege, except the privileges arising 2595
from the attorney-client relationship, as to communications or 2596
records that are relevant to the physical, mental, or emotional 2597
condition of the claimant or victim in a proceeding under 2598
sections 2743.51 to 2743.72 of the Revised Code in which that 2599
condition is an element. 2600

(2) (a) Except as specified in division (A) (2) (b) of this 2601
section, any record or report that the court of claims or the 2602
attorney general has obtained prior to, or obtains on or after, 2603
June 30, 1998, under the provisions of sections 2743.51 to 2604
2743.72 of the Revised Code and that is confidential or 2605
otherwise exempt from public disclosure under section 149.43 of 2606
the Revised Code while in the possession of the creator of the 2607
record or report shall remain confidential or exempt from public 2608
disclosure under section 149.43 of the Revised Code while in the 2609
possession of the court of claims or the attorney general. 2610

(b) Notwithstanding division (A) (2) (a) of this section, a 2611
judge of the court of claims, a magistrate, a claimant, a 2612
claimant's attorney, or the attorney general may disclose or 2613
refer to records or reports described in that division in any 2614
hearing conducted under sections 2743.51 to 2743.72 of the 2615
Revised Code or in the judge's, magistrate's, claimant's, or 2616
attorney general's written pleadings, findings, recommendations, 2617
and decisions. 2618

(B) If the mental, physical, or emotional condition of a 2619
victim or claimant is material to a claim for an award of 2620
reparations, the attorney general or the court of claims may 2621
order the victim or claimant to submit to a mental or physical 2622

examination and may order an autopsy of a deceased victim. The 2623
order may be made for good cause shown and upon notice to the 2624
person to be examined and to the claimant. The order shall 2625
specify the time, place, manner, conditions, and scope of the 2626
examination or autopsy and the person by whom it is to be made. 2627
In the case of a mental examination, the person specified may be 2628
a physician or psychologist. In the case of a physical 2629
examination, the person specified may be a physician, a 2630
physician ~~assistant~~associate, a clinical nurse specialist, a 2631
certified nurse practitioner, or a certified nurse-midwife. In 2632
the case of an autopsy, the person specified must be a 2633
physician. The order shall require the person who performs the 2634
examination or autopsy to file with the attorney general a 2635
detailed written report of the examination or autopsy. The 2636
report shall set out the findings, including the results of all 2637
tests made, diagnoses, prognoses, and other conclusions and 2638
reports of earlier examinations of the same conditions. 2639

(C) On request of the person examined, the attorney 2640
general shall furnish the person a copy of the report. If the 2641
victim is deceased, the attorney general, on request, shall 2642
furnish the claimant a copy of the report. 2643

(D) The attorney general or the court of claims may 2644
require the claimant to supplement the application for an award 2645
of reparations with any reasonably available medical or 2646
psychological reports relating to the injury for which the award 2647
of reparations is claimed. 2648

(E) The attorney general or the court of claims, in a 2649
claim arising out of a violation of any provision of sections 2650
2907.02 to 2907.07 of the Revised Code, shall not request the 2651
victim or the claimant to supply, or permit any person to 2652

supply, any evidence of specific instances of the victim's 2653
sexual activity, opinion evidence of the victim's sexual 2654
activity, or reputation evidence of the victim's sexual activity 2655
unless it involves evidence of the origin of semen, pregnancy, 2656
or disease or evidence of the victim's past sexual activity with 2657
the offender and only to the extent that the court of claims or 2658
the attorney general finds that the evidence is relevant to a 2659
fact at issue in the claim. 2660

Sec. 2907.13. (A) As used in this section: 2661

(1) "Human reproductive material" means: 2662

(a) Human spermatozoa or ova; 2663

(b) A human organism at any stage of development from 2664
fertilized ovum to embryo. 2665

(2) "Assisted reproduction" means a method of causing 2666
pregnancy other than through sexual intercourse including all of 2667
the following: 2668

(a) Intrauterine insemination; 2669

(b) Human reproductive material donation; 2670

(c) In vitro fertilization and transfer of embryos; 2671

(d) Intracytoplasmic sperm injection. 2672

(3) "Donor" means an individual who provides human 2673
reproductive material to a health care professional to be used 2674
for assisted reproduction, regardless of whether the human 2675
reproductive material is provided for consideration. The term 2676
does not include any of the following: 2677

(a) A husband or a wife who provides human reproductive 2678
material to be used for assisted reproduction by the wife; 2679

(b) A woman who gives birth to a child by means of assisted reproduction;	2680 2681
(c) An unmarried man who, with the intent to be the father of the resulting child, provides human reproductive material to be used for assisted reproduction by an unmarried woman.	2682 2683 2684
(4) "Health care professional" means any of the following:	2685
(a) A physician;	2686
(b) An advanced practice registered nurse;	2687
(c) A certified nurse practitioner;	2688
(d) A clinical nurse specialist;	2689
(e) A physician's assistant <u>physician associate</u> ;	2690
(f) A certified nurse-midwife.	2691
(B) No health care professional shall, in connection with an assisted reproduction procedure, knowingly do any of the following:	2692 2693 2694
(1) Use human reproductive material from the health care professional, donor, or any other person while performing the procedure if the patient receiving the procedure has not expressly consented to the use of that material;	2695 2696 2697 2698
(2) Fail to comply with the standards or requirements of sections 3111.88 to 3111.96 of the Revised Code, including the terms of the required written consent form;	2699 2700 2701
(3) Misrepresent to the patient receiving the procedure any material information about the donor's profile, including the types of information listed in division (A)(2) of section 3111.93 of the Revised Code, or the manner or extent to which the material will be used.	2702 2703 2704 2705 2706

(C) Whoever violates this section is guilty of fraudulent 2707
assisted reproduction, a felony of the third degree. If an 2708
offender commits a violation of division (B) of this section and 2709
the violation occurs as part of a course of conduct involving 2710
other violations of division (B) of this section, a violation of 2711
this section is a felony of the second degree. The course of 2712
conduct may involve one victim or more than one victim. 2713

(D) Patient consent to the use of human reproductive 2714
material from an anonymous donor is not effective to provide 2715
consent for use of human reproductive material of the health 2716
care professional performing the procedure. 2717

(E) It is not a defense to a violation of this section 2718
that a patient expressly consented in writing, or by any other 2719
means, to the use of human reproductive material from an 2720
anonymous donor. 2721

Sec. 2907.29. Every hospital of this state that offers 2722
organized emergency services shall provide that a physician, a 2723
physician ~~assistant~~associate, a clinical nurse specialist, a 2724
certified nurse practitioner, or a certified nurse-midwife is 2725
available on call twenty-four hours each day for the examination 2726
of persons reported to any law enforcement agency to be victims 2727
of sexual offenses cognizable as violations of any provision of 2728
sections 2907.02 to 2907.06 of the Revised Code. The physician, 2729
physician ~~assistant~~associate, clinical nurse specialist, 2730
certified nurse practitioner, or certified nurse-midwife, upon 2731
the request of any peace officer or prosecuting attorney and 2732
with the consent of the reported victim or upon the request of 2733
the reported victim, shall examine the person for the purposes 2734
of gathering physical evidence and shall complete any written 2735
documentation of the physical examination. The director of 2736

health shall establish procedures for gathering evidence under 2737
this section. 2738

Each reported victim shall be informed of available 2739
venereal disease, pregnancy, medical, and psychiatric services. 2740

Notwithstanding any other provision of law, a minor may 2741
consent to examination under this section. The consent is not 2742
subject to disaffirmance because of minority, and consent of the 2743
parent, parents, or guardian of the minor is not required for an 2744
examination under this section. However, the hospital shall give 2745
written notice to the parent, parents, or guardian of a minor 2746
that an examination under this section has taken place. The 2747
parent, parents, or guardian of a minor giving consent under 2748
this section are not liable for payment for any services 2749
provided under this section without their consent. 2750

Sec. 2909.04. (A) No person, purposely by any means or 2751
knowingly by damaging or tampering with any property, shall do 2752
any of the following: 2753

(1) Interrupt or impair television, radio, telephone, 2754
telegraph, or other mass communications service; police, fire, 2755
or other public service communications; radar, loran, radio, or 2756
other electronic aids to air or marine navigation or 2757
communications; or amateur or citizens band radio communications 2758
being used for public service or emergency communications; 2759

(2) Interrupt or impair public transportation, including 2760
without limitation school bus transportation, or water supply, 2761
gas, power, or other utility service to the public; 2762

(3) Substantially impair the ability of law enforcement 2763
officers, firefighters, rescue personnel, emergency medical 2764
services personnel, or emergency facility personnel to respond 2765

to an emergency or to protect and preserve any person or 2766
property from serious physical harm. 2767

(B) No person shall knowingly use any computer, computer 2768
system, computer network, telecommunications device, or other 2769
electronic device or system or the internet so as to disrupt, 2770
interrupt, or impair the functions of any police, fire, 2771
educational, commercial, or governmental operations. 2772

(C) Whoever violates this section is guilty of disrupting 2773
public services, a felony of the fourth degree. 2774

(D) As used in this section: 2775

(1) "Emergency medical services personnel" has the same 2776
meaning as in section 2133.21 of the Revised Code. 2777

(2) "Emergency facility personnel" means any of the 2778
following: 2779

(a) Any of the following individuals who perform services 2780
in the ordinary course of their professions in an emergency 2781
facility: 2782

(i) Physicians authorized under Chapter 4731. of the 2783
Revised Code to practice medicine and surgery or osteopathic 2784
medicine and surgery; 2785

(ii) Registered nurses and licensed practical nurses 2786
licensed under Chapter 4723. of the Revised Code; 2787

(iii) Physician ~~assistants authorized to practice~~ 2788
associates licensed under Chapter 4730. of the Revised Code; 2789

(iv) Health care workers; 2790

(v) Clerical staffs. 2791

(b) Any individual who is a security officer performing 2792

security services in an emergency facility; 2793

(c) Any individual who is present in an emergency 2794
facility, who was summoned to the facility by an individual 2795
identified in division (D) (2) (a) or (b) of this section. 2796

(3) "Emergency facility" means a hospital emergency 2797
department or any other facility that provides emergency medical 2798
services. 2799

(4) "Hospital" has the same meaning as in section 3727.01 2800
of the Revised Code. 2801

(5) "Health care worker" means an individual, other than 2802
an individual specified in division (D) (2) (a), (b), or (c) of 2803
this section, who provides medical or other health-related care 2804
or treatment in an emergency facility, including medical 2805
technicians, medical assistants, orderlies, aides, or 2806
individuals acting in similar capacities. 2807

Sec. 2921.22. (A) (1) Except as provided in division (A) (2) 2808
of this section, no person, knowing that a felony has been or is 2809
being committed, shall knowingly fail to report such information 2810
to law enforcement authorities. 2811

(2) No person, knowing that a violation of division (B) of 2812
section 2913.04 of the Revised Code has been, or is being 2813
committed or that the person has received information derived 2814
from such a violation, shall knowingly fail to report the 2815
violation to law enforcement authorities. 2816

(B) Except for conditions that are within the scope of 2817
division (E) of this section, no person giving aid to a sick or 2818
injured person shall negligently fail to report to law 2819
enforcement authorities any gunshot or stab wound treated or 2820
observed by the person, or any serious physical harm to persons 2821

that the person knows or has reasonable cause to believe 2822
resulted from an offense of violence. 2823

(C) No person who discovers the body or acquires the first 2824
knowledge of the death of a person shall fail to report the 2825
death immediately to a physician or advanced practice registered 2826
nurse whom the person knows to be treating the deceased for a 2827
condition from which death at such time would not be unexpected, 2828
or to a law enforcement officer, an ambulance service, an 2829
emergency squad, or the coroner in a political subdivision in 2830
which the body is discovered, the death is believed to have 2831
occurred, or knowledge concerning the death is obtained. For 2832
purposes of this division, "advanced practice registered nurse" 2833
does not include a certified registered nurse anesthetist. 2834

(D) No person shall fail to provide upon request of the 2835
person to whom a report required by division (C) of this section 2836
was made, or to any law enforcement officer who has reasonable 2837
cause to assert the authority to investigate the circumstances 2838
surrounding the death, any facts within the person's knowledge 2839
that may have a bearing on the investigation of the death. 2840

(E) (1) As used in this division, "burn injury" means any 2841
of the following: 2842

(a) Second or third degree burns; 2843

(b) Any burns to the upper respiratory tract or laryngeal 2844
edema due to the inhalation of superheated air; 2845

(c) Any burn injury or wound that may result in death; 2846

(d) Any physical harm to persons caused by or as the 2847
result of the use of fireworks, novelties and trick noisemakers, 2848
and wire sparklers, as each is defined by section 3743.01 of the 2849
Revised Code. 2850

(2) No physician, nurse, physician ~~assistant~~associate, or 2851
limited practitioner who, outside a hospital, sanitarium, or 2852
other medical facility, attends or treats a person who has 2853
sustained a burn injury that is inflicted by an explosion or 2854
other incendiary device or that shows evidence of having been 2855
inflicted in a violent, malicious, or criminal manner shall fail 2856
to report the burn injury immediately to the local arson, or 2857
fire and explosion investigation, bureau, if there is a bureau 2858
of this type in the jurisdiction in which the person is attended 2859
or treated, or otherwise to local law enforcement authorities. 2860

(3) No manager, superintendent, or other person in charge 2861
of a hospital, sanitarium, or other medical facility in which a 2862
person is attended or treated for any burn injury that is 2863
inflicted by an explosion or other incendiary device or that 2864
shows evidence of having been inflicted in a violent, malicious, 2865
or criminal manner shall fail to report the burn injury 2866
immediately to the local arson, or fire and explosion 2867
investigation, bureau, if there is a bureau of this type in the 2868
jurisdiction in which the person is attended or treated, or 2869
otherwise to local law enforcement authorities. 2870

(4) No person who is required to report any burn injury 2871
under division (E) (2) or (3) of this section shall fail to file, 2872
within three working days after attending or treating the 2873
victim, a written report of the burn injury with the office of 2874
the state fire marshal. The report shall comply with the uniform 2875
standard developed by the state fire marshal pursuant to 2876
division (A) (15) of section 3737.22 of the Revised Code. 2877

(5) Anyone participating in the making of reports under 2878
division (E) of this section or anyone participating in a 2879
judicial proceeding resulting from the reports is immune from 2880

any civil or criminal liability that otherwise might be incurred 2881
or imposed as a result of such actions. Notwithstanding section 2882
4731.22 of the Revised Code, the physician-patient relationship 2883
or advanced practice registered nurse-patient relationship is 2884
not a ground for excluding evidence regarding a person's burn 2885
injury or the cause of the burn injury in any judicial 2886
proceeding resulting from a report submitted under division (E) 2887
of this section. 2888

(F) (1) Any doctor of medicine or osteopathic medicine, 2889
hospital intern or resident, nurse, psychologist, social worker, 2890
independent social worker, social work assistant, licensed 2891
professional clinical counselor, licensed professional 2892
counselor, independent marriage and family therapist, or 2893
marriage and family therapist who knows or has reasonable cause 2894
to believe that a patient or client has been the victim of 2895
domestic violence, as defined in section 3113.31 of the Revised 2896
Code, shall note that knowledge or belief and the basis for it 2897
in the patient's or client's records. 2898

(2) Notwithstanding section 4731.22 of the Revised Code, 2899
the physician-patient privilege or advanced practice registered 2900
nurse-patient privilege shall not be a ground for excluding any 2901
information regarding the report containing the knowledge or 2902
belief noted under division (F) (1) of this section, and the 2903
information may be admitted as evidence in accordance with the 2904
Rules of Evidence. 2905

(G) Divisions (A) and (D) of this section do not require 2906
disclosure of information, when any of the following applies: 2907

(1) The information is privileged by reason of the 2908
relationship between attorney and client; physician and patient; 2909
advanced practice registered nurse and patient; licensed 2910

psychologist or licensed school psychologist and client; 2911
licensed professional clinical counselor, licensed professional 2912
counselor, independent social worker, social worker, independent 2913
marriage and family therapist, or marriage and family therapist 2914
and client; member of the clergy, rabbi, minister, or priest and 2915
any person communicating information confidentially to the 2916
member of the clergy, rabbi, minister, or priest for a religious 2917
counseling purpose of a professional character; husband and 2918
wife; or a communications assistant and those who are a party to 2919
a telecommunications relay service call. 2920

(2) The information would tend to incriminate a member of 2921
the actor's immediate family. 2922

(3) Disclosure of the information would amount to 2923
revealing a news source, privileged under section 2739.04 or 2924
2739.12 of the Revised Code. 2925

(4) Disclosure of the information would amount to 2926
disclosure by a member of the ordained clergy of an organized 2927
religious body of a confidential communication made to that 2928
member of the clergy in that member's capacity as a member of 2929
the clergy by a person seeking the aid or counsel of that member 2930
of the clergy. 2931

(5) Disclosure would amount to revealing information 2932
acquired by the actor in the course of the actor's duties in 2933
connection with a bona fide program of treatment or services for 2934
persons with drug dependencies or persons in danger of drug 2935
dependence, which program is maintained or conducted by a 2936
hospital, clinic, person, agency, or community addiction 2937
services provider whose alcohol and drug addiction services are 2938
certified pursuant to section 5119.36 of the Revised Code. 2939

(6) Disclosure would amount to revealing information 2940
acquired by the actor in the course of the actor's duties in 2941
connection with a bona fide program for providing counseling 2942
services to victims of crimes that are violations of section 2943
2907.02 or 2907.05 of the Revised Code or to victims of 2944
felonious sexual penetration in violation of former section 2945
2907.12 of the Revised Code. As used in this division, 2946
"counseling services" include services provided in an informal 2947
setting by a person who, by education or experience, is 2948
competent to provide those services. 2949

(H) No disclosure of information pursuant to this section 2950
gives rise to any liability or recrimination for a breach of 2951
privilege or confidence. 2952

(I) Whoever violates division (A) or (B) of this section 2953
is guilty of failure to report a crime. Violation of division 2954
(A) (1) of this section is a misdemeanor of the fourth degree. 2955
Violation of division (A) (2) or (B) of this section is a 2956
misdemeanor of the second degree. 2957

(J) Whoever violates division (C) or (D) of this section 2958
is guilty of failure to report knowledge of a death, a 2959
misdemeanor of the fourth degree. 2960

(K) (1) Whoever negligently violates division (E) of this 2961
section is guilty of a minor misdemeanor. 2962

(2) Whoever knowingly violates division (E) of this 2963
section is guilty of a misdemeanor of the second degree. 2964

(L) As used in this section, "nurse" includes an advanced 2965
practice registered nurse, registered nurse, and licensed 2966
practical nurse. 2967

Sec. 2925.01. As used in this chapter: 2968

(A) "Administer," "controlled substance," "controlled substance analog," "dispense," "distribute," "hypodermic," "manufacturer," "official written order," "person," "pharmacist," "pharmacy," "sale," "schedule I," "schedule II," "schedule III," "schedule IV," "schedule V," and "wholesaler" have the same meanings as in section 3719.01 of the Revised Code.

(B) "Drug of abuse" and "person with a drug dependency" have the same meanings as in section 3719.011 of the Revised Code.

(C) "Drug," "dangerous drug," "licensed health professional authorized to prescribe drugs," and "prescription" have the same meanings as in section 4729.01 of the Revised Code.

(D) "Bulk amount" of a controlled substance means any of the following:

(1) For any compound, mixture, preparation, or substance included in schedule I, schedule II, or schedule III, with the exception of any controlled substance analog, marihuana, cocaine, L.S.D., heroin, any fentanyl-related compound, and hashish and except as provided in division (D)(2), (5), or (6) of this section, whichever of the following is applicable:

(a) An amount equal to or exceeding ten grams or twenty-five unit doses of a compound, mixture, preparation, or substance that is or contains any amount of a schedule I opiate or opium derivative;

(b) An amount equal to or exceeding ten grams of a compound, mixture, preparation, or substance that is or contains any amount of raw or gum opium;

(c) An amount equal to or exceeding thirty grams or ten unit doses of a compound, mixture, preparation, or substance that is or contains any amount of a schedule I hallucinogen other than tetrahydrocannabinol or lysergic acid amide, or a schedule I stimulant or depressant;

(d) An amount equal to or exceeding twenty grams or five times the maximum daily dose in the usual dose range specified in a standard pharmaceutical reference manual of a compound, mixture, preparation, or substance that is or contains any amount of a schedule II opiate or opium derivative;

(e) An amount equal to or exceeding five grams or ten unit doses of a compound, mixture, preparation, or substance that is or contains any amount of phencyclidine;

(f) An amount equal to or exceeding one hundred twenty grams or thirty times the maximum daily dose in the usual dose range specified in a standard pharmaceutical reference manual of a compound, mixture, preparation, or substance that is or contains any amount of a schedule II stimulant that is in a final dosage form manufactured by a person authorized by the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, and the federal drug abuse control laws, as defined in section 3719.01 of the Revised Code, that is or contains any amount of a schedule II depressant substance or a schedule II hallucinogenic substance;

(g) An amount equal to or exceeding three grams of a compound, mixture, preparation, or substance that is or contains any amount of a schedule II stimulant, or any of its salts or isomers, that is not in a final dosage form manufactured by a person authorized by the Federal Food, Drug, and Cosmetic Act and the federal drug abuse control laws.

(2) An amount equal to or exceeding one hundred twenty 3028
grams or thirty times the maximum daily dose in the usual dose 3029
range specified in a standard pharmaceutical reference manual of 3030
a compound, mixture, preparation, or substance that is or 3031
contains any amount of a schedule III or IV substance other than 3032
an anabolic steroid or a schedule III opiate or opium 3033
derivative; 3034

(3) An amount equal to or exceeding twenty grams or five 3035
times the maximum daily dose in the usual dose range specified 3036
in a standard pharmaceutical reference manual of a compound, 3037
mixture, preparation, or substance that is or contains any 3038
amount of a schedule III opiate or opium derivative; 3039

(4) An amount equal to or exceeding two hundred fifty 3040
milliliters or two hundred fifty grams of a compound, mixture, 3041
preparation, or substance that is or contains any amount of a 3042
schedule V substance; 3043

(5) An amount equal to or exceeding two hundred solid 3044
dosage units, sixteen grams, or sixteen milliliters of a 3045
compound, mixture, preparation, or substance that is or contains 3046
any amount of a schedule III anabolic steroid; 3047

(6) For any compound, mixture, preparation, or substance 3048
that is a combination of a fentanyl-related compound and any 3049
other compound, mixture, preparation, or substance included in 3050
schedule III, schedule IV, or schedule V, if the defendant is 3051
charged with a violation of section 2925.11 of the Revised Code 3052
and the sentencing provisions set forth in divisions (C) (10) (b) 3053
and (C) (11) of that section will not apply regarding the 3054
defendant and the violation, the bulk amount of the controlled 3055
substance for purposes of the violation is the amount specified 3056
in division (D) (1), (2), (3), (4), or (5) of this section for 3057

the other schedule III, IV, or V controlled substance that is 3058
combined with the fentanyl-related compound. 3059

(E) "Unit dose" means an amount or unit of a compound, 3060
mixture, or preparation containing a controlled substance that 3061
is separately identifiable and in a form that indicates that it 3062
is the amount or unit by which the controlled substance is 3063
separately administered to or taken by an individual. 3064

(F) "Cultivate" includes planting, watering, fertilizing, 3065
or tilling. 3066

(G) "Drug abuse offense" means any of the following: 3067

(1) A violation of division (A) of section 2913.02 that 3068
constitutes theft of drugs, or a violation of section 2925.02, 3069
2925.03, 2925.04, 2925.041, 2925.05, 2925.06, 2925.11, 2925.12, 3070
2925.13, 2925.22, 2925.23, 2925.24, 2925.31, 2925.32, 2925.36, 3071
or 2925.37 of the Revised Code; 3072

(2) A violation of an existing or former law of this or 3073
any other state or of the United States that is substantially 3074
equivalent to any section listed in division (G)(1) of this 3075
section; 3076

(3) An offense under an existing or former law of this or 3077
any other state, or of the United States, of which planting, 3078
cultivating, harvesting, processing, making, manufacturing, 3079
producing, shipping, transporting, delivering, acquiring, 3080
possessing, storing, distributing, dispensing, selling, inducing 3081
another to use, administering to another, using, or otherwise 3082
dealing with a controlled substance is an element; 3083

(4) A conspiracy to commit, attempt to commit, or 3084
complicity in committing or attempting to commit any offense 3085
under division (G)(1), (2), or (3) of this section. 3086

(H) "Felony drug abuse offense" means any drug abuse offense that would constitute a felony under the laws of this state, any other state, or the United States.

(I) "Harmful intoxicant" does not include beer or intoxicating liquor but means any of the following:

(1) Any compound, mixture, preparation, or substance the gas, fumes, or vapor of which when inhaled can induce intoxication, excitement, giddiness, irrational behavior, depression, stupefaction, paralysis, unconsciousness, asphyxiation, or other harmful physiological effects, and includes, but is not limited to, any of the following:

(a) Any volatile organic solvent, plastic cement, model cement, fingernail polish remover, lacquer thinner, cleaning fluid, gasoline, or other preparation containing a volatile organic solvent;

(b) Any aerosol propellant;

(c) Any fluorocarbon refrigerant;

(d) Any anesthetic gas.

(2) Gamma Butyrolactone;

(3) 1,4 Butanediol.

(J) "Manufacture" means to plant, cultivate, harvest, process, make, prepare, or otherwise engage in any part of the production of a drug, by propagation, extraction, chemical synthesis, or compounding, or any combination of the same, and includes packaging, repackaging, labeling, and other activities incident to production.

(K) "Possess" or "possession" means having control over a

thing or substance, but may not be inferred solely from mere 3114
access to the thing or substance through ownership or occupation 3115
of the premises upon which the thing or substance is found. 3116

(L) "Sample drug" means a drug or pharmaceutical 3117
preparation that would be hazardous to health or safety if used 3118
without the supervision of a licensed health professional 3119
authorized to prescribe drugs, or a drug of abuse, and that, at 3120
one time, had been placed in a container plainly marked as a 3121
sample by a manufacturer. 3122

(M) "Standard pharmaceutical reference manual" means the 3123
current edition, with cumulative changes if any, of references 3124
that are approved by the state board of pharmacy. 3125

(N) "Juvenile" means a person under eighteen years of age. 3126

(O) "Counterfeit controlled substance" means any of the 3127
following: 3128

(1) Any drug that bears, or whose container or label 3129
bears, a trademark, trade name, or other identifying mark used 3130
without authorization of the owner of rights to that trademark, 3131
trade name, or identifying mark; 3132

(2) Any unmarked or unlabeled substance that is 3133
represented to be a controlled substance manufactured, 3134
processed, packed, or distributed by a person other than the 3135
person that manufactured, processed, packed, or distributed it; 3136

(3) Any substance that is represented to be a controlled 3137
substance but is not a controlled substance or is a different 3138
controlled substance; 3139

(4) Any substance other than a controlled substance that a 3140
reasonable person would believe to be a controlled substance 3141

because of its similarity in shape, size, and color, or its 3142
markings, labeling, packaging, distribution, or the price for 3143
which it is sold or offered for sale. 3144

(P) An offense is "committed in the vicinity of a school" 3145
if the offender commits the offense on school premises, in a 3146
school building, or within one thousand feet of the boundaries 3147
of any school premises, regardless of whether the offender knows 3148
the offense is being committed on school premises, in a school 3149
building, or within one thousand feet of the boundaries of any 3150
school premises. 3151

(Q) "School" means any school operated by a board of 3152
education, any community school established under Chapter 3314. 3153
of the Revised Code, or any nonpublic school for which the 3154
director of education and workforce prescribes minimum standards 3155
under section 3301.07 of the Revised Code, whether or not any 3156
instruction, extracurricular activities, or training provided by 3157
the school is being conducted at the time a criminal offense is 3158
committed. 3159

(R) "School premises" means either of the following: 3160

(1) The parcel of real property on which any school is 3161
situated, whether or not any instruction, extracurricular 3162
activities, or training provided by the school is being 3163
conducted on the premises at the time a criminal offense is 3164
committed; 3165

(2) Any other parcel of real property that is owned or 3166
leased by a board of education of a school, the governing 3167
authority of a community school established under Chapter 3314. 3168
of the Revised Code, or the governing body of a nonpublic school 3169
for which the director of education and workforce prescribes 3170

minimum standards under section 3301.07 of the Revised Code and 3171
on which some of the instruction, extracurricular activities, or 3172
training of the school is conducted, whether or not any 3173
instruction, extracurricular activities, or training provided by 3174
the school is being conducted on the parcel of real property at 3175
the time a criminal offense is committed. 3176

(S) "School building" means any building in which any of 3177
the instruction, extracurricular activities, or training 3178
provided by a school is conducted, whether or not any 3179
instruction, extracurricular activities, or training provided by 3180
the school is being conducted in the school building at the time 3181
a criminal offense is committed. 3182

(T) "Disciplinary counsel" means the disciplinary counsel 3183
appointed by the board of commissioners on grievances and 3184
discipline of the supreme court under the Rules for the 3185
Government of the Bar of Ohio. 3186

(U) "Certified grievance committee" means a duly 3187
constituted and organized committee of the Ohio state bar 3188
association or of one or more local bar associations of the 3189
state of Ohio that complies with the criteria set forth in Rule 3190
V, section 6 of the Rules for the Government of the Bar of Ohio. 3191

(V) "Professional license" means any license, permit, 3192
certificate, registration, qualification, admission, temporary 3193
license, temporary permit, temporary certificate, or temporary 3194
registration that is described in divisions (W) (1) to (37) of 3195
this section and that qualifies a person as a professionally 3196
licensed person. 3197

(W) "Professionally licensed person" means any of the 3198
following: 3199

(1) A person who has received a certificate or temporary certificate as a certified public accountant or who has registered as a public accountant under Chapter 4701. of the Revised Code and who holds an Ohio permit issued under that chapter;	3200 3201 3202 3203 3204
(2) A person who holds a certificate of qualification to practice architecture issued or renewed and registered under Chapter 4703. of the Revised Code;	3205 3206 3207
(3) A person who is registered as a landscape architect under Chapter 4703. of the Revised Code or who holds a permit as a landscape architect issued under that chapter;	3208 3209 3210
(4) A person licensed under Chapter 4707. of the Revised Code;	3211 3212
(5) A person who has been issued a certificate of registration as a registered barber under Chapter 4709. of the Revised Code;	3213 3214 3215
(6) A person licensed and regulated to engage in the business of a debt pooling company by a legislative authority, under authority of Chapter 4710. of the Revised Code;	3216 3217 3218
(7) A person who has been issued a cosmetologist's license, hair designer's license, manicurist's license, esthetician's license, natural hair stylist's license, advanced cosmetologist's license, advanced hair designer's license, advanced manicurist's license, advanced esthetician's license, advanced natural hair stylist's license, cosmetology instructor's license, hair design instructor's license, manicurist instructor's license, esthetics instructor's license, natural hair style instructor's license, independent contractor's license, or tanning facility permit under Chapter	3219 3220 3221 3222 3223 3224 3225 3226 3227 3228

4713. of the Revised Code;	3229
(8) A person who has been issued a license to practice dentistry, a general anesthesia permit, a conscious sedation permit, a limited resident's license, a limited teaching license, a dental hygienist's license, or a dental hygienist's teacher's certificate under Chapter 4715. of the Revised Code;	3230 3231 3232 3233 3234
(9) A person who has been issued an embalmer's license, a funeral director's license, a funeral home license, or a crematory license, or who has been registered for an embalmer's or funeral director's apprenticeship under Chapter 4717. of the Revised Code;	3235 3236 3237 3238 3239
(10) A person who has been licensed as a registered nurse or practical nurse, or who has been issued a certificate for the practice of nurse-midwifery under Chapter 4723. of the Revised Code;	3240 3241 3242 3243
(11) A person who has been licensed to practice optometry or to engage in optical dispensing under Chapter 4725. of the Revised Code;	3244 3245 3246
(12) A person licensed to act as a pawnbroker under Chapter 4727. of the Revised Code;	3247 3248
(13) A person licensed to act as a precious metals dealer under Chapter 4728. of the Revised Code;	3249 3250
(14) A person licensed under Chapter 4729. of the Revised Code as a pharmacist or pharmacy intern or registered under that chapter as a registered pharmacy technician, certified pharmacy technician, or pharmacy technician trainee;	3251 3252 3253 3254
(15) A person licensed under Chapter 4729. of the Revised Code as a manufacturer of dangerous drugs, outsourcing facility,	3255 3256

third-party logistics provider, repackager of dangerous drugs,	3257
wholesale distributor of dangerous drugs, or terminal	3258
distributor of dangerous drugs;	3259
(16) A person who is authorized <u>licensed</u> to practice as a	3260
physician assistant <u>associate</u> under Chapter 4730. of the Revised	3261
Code;	3262
(17) A person who has been issued a license to practice	3263
medicine and surgery, osteopathic medicine and surgery, or	3264
podiatric medicine and surgery under Chapter 4731. of the	3265
Revised Code or has been issued a certificate to practice a	3266
limited branch of medicine under that chapter;	3267
(18) A person licensed as a psychologist, independent	3268
school psychologist, or school psychologist under Chapter 4732.	3269
of the Revised Code;	3270
(19) A person registered to practice the profession of	3271
engineering or surveying under Chapter 4733. of the Revised	3272
Code;	3273
(20) A person who has been issued a license to practice	3274
chiropractic under Chapter 4734. of the Revised Code;	3275
(21) A person licensed to act as a real estate broker or	3276
real estate salesperson under Chapter 4735. of the Revised Code;	3277
(22) A person registered as a registered environmental	3278
health specialist under Chapter 3776. of the Revised Code;	3279
(23) A person licensed to operate or maintain a junkyard	3280
under Chapter 4737. of the Revised Code;	3281
(24) A person who has been issued a motor vehicle salvage	3282
dealer's license under Chapter 4738. of the Revised Code;	3283

(25) A person who has been licensed to act as a steam engineer under Chapter 4739. of the Revised Code;	3284 3285
(26) A person who has been issued a license or temporary permit to practice veterinary medicine or any of its branches, or who is registered as a graduate animal technician under Chapter 4741. of the Revised Code;	3286 3287 3288 3289
(27) A person who has been issued a hearing aid dealer's or fitter's license or trainee permit under Chapter 4747. of the Revised Code;	3290 3291 3292
(28) A person who has been issued a class A, class B, or class C license or who has been registered as an investigator or security guard employee under Chapter 4749. of the Revised Code;	3293 3294 3295
(29) A person licensed to practice as a nursing home administrator under Chapter 4751. of the Revised Code;	3296 3297
(30) A person licensed to practice as a speech-language pathologist or audiologist under Chapter 4753. of the Revised Code;	3298 3299 3300
(31) A person issued a license as an occupational therapist or physical therapist under Chapter 4755. of the Revised Code;	3301 3302 3303
(32) A person who is licensed as a licensed professional clinical counselor, licensed professional counselor, social worker, independent social worker, independent marriage and family therapist, or marriage and family therapist, or registered as a social work assistant under Chapter 4757. of the Revised Code;	3304 3305 3306 3307 3308 3309
(33) A person issued a license to practice dietetics under Chapter 4759. of the Revised Code;	3310 3311

(34) A person who has been issued a license or limited permit to practice respiratory therapy under Chapter 4761. of the Revised Code;

(35) A person who has been issued a real estate appraiser certificate under Chapter 4763. of the Revised Code;

(36) A person who has been issued a home inspector license under Chapter 4764. of the Revised Code;

(37) A person who has been admitted to the bar by order of the supreme court in compliance with its prescribed and published rules.

(X) "Cocaine" means any of the following:

(1) A cocaine salt, isomer, or derivative, a salt of a cocaine isomer or derivative, or the base form of cocaine;

(2) Coca leaves or a salt, compound, derivative, or preparation of coca leaves, including ecgonine, a salt, isomer, or derivative of ecgonine, or a salt of an isomer or derivative of ecgonine;

(3) A salt, compound, derivative, or preparation of a substance identified in division (X) (1) or (2) of this section that is chemically equivalent to or identical with any of those substances, except that the substances shall not include decocainized coca leaves or extraction of coca leaves if the extractions do not contain cocaine or ecgonine.

(Y) "L.S.D." means lysergic acid diethylamide.

(Z) "Hashish" means a resin or a preparation of a resin to which both of the following apply:

(1) It is contained in or derived from any part of the

plant of the genus cannabis, whether in solid form or in a 3339
liquid concentrate, liquid extract, or liquid distillate form. 3340

(2) It has a delta-9 tetrahydrocannabinol concentration of 3341
more than three-tenths per cent. 3342

"Hashish" does not include a hemp byproduct in the 3343
possession of a licensed hemp processor under Chapter 928. of 3344
the Revised Code, provided that the hemp byproduct is being 3345
produced, stored, and disposed of in accordance with rules 3346
adopted under section 928.03 of the Revised Code. 3347

(AA) "Marihuana" has the same meaning as in section 3348
3719.01 of the Revised Code, except that it does not include 3349
hashish. 3350

(BB) An offense is "committed in the vicinity of a 3351
juvenile" if the offender commits the offense within one hundred 3352
feet of a juvenile or within the view of a juvenile, regardless 3353
of whether the offender knows the age of the juvenile, whether 3354
the offender knows the offense is being committed within one 3355
hundred feet of or within view of the juvenile, or whether the 3356
juvenile actually views the commission of the offense. 3357

(CC) "Presumption for a prison term" or "presumption that 3358
a prison term shall be imposed" means a presumption, as 3359
described in division (D) of section 2929.13 of the Revised 3360
Code, that a prison term is a necessary sanction for a felony in 3361
order to comply with the purposes and principles of sentencing 3362
under section 2929.11 of the Revised Code. 3363

(DD) "Major drug offender" has the same meaning as in 3364
section 2929.01 of the Revised Code. 3365

(EE) "Minor drug possession offense" means either of the 3366
following: 3367

(1) A violation of section 2925.11 of the Revised Code as it existed prior to July 1, 1996;	3368 3369
(2) A violation of section 2925.11 of the Revised Code as it exists on and after July 1, 1996, that is a misdemeanor or a felony of the fifth degree.	3370 3371 3372
(FF) "Mandatory prison term" has the same meaning as in section 2929.01 of the Revised Code.	3373 3374
(GG) "Adulterate" means to cause a drug to be adulterated as described in section 3715.63 of the Revised Code.	3375 3376
(HH) "Public premises" means any hotel, restaurant, tavern, store, arena, hall, or other place of public accommodation, business, amusement, or resort.	3377 3378 3379
(II) "Methamphetamine" means methamphetamine, any salt, isomer, or salt of an isomer of methamphetamine, or any compound, mixture, preparation, or substance containing methamphetamine or any salt, isomer, or salt of an isomer of methamphetamine.	3380 3381 3382 3383 3384
(JJ) "Deception" has the same meaning as in section 2913.01 of the Revised Code.	3385 3386
(KK) "Fentanyl-related compound" means any of the following:	3387 3388
(1) Fentanyl;	3389
(2) Alpha-methylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4- piperidyl]propionanilide; 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);	3390 3391 3392
(3) Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4- piperidinyl]-N-phenylpropanamide);	3393 3394

- (4) Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl-4-piperidinyl] -N-phenylpropanamide); 3395
3396
- (5) Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidinyl]-N-phenylpropanamide); 3397
3398
3399
- (6) 3-methylfentanyl (N-[3-methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide); 3400
3401
- (7) 3-methylthiofentanyl (N-[3-methyl-1-[2-(thienyl)ethyl]-4-piperidinyl]-N-phenylpropanamide); 3402
3403
- (8) Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide; 3404
3405
- (9) Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide; 3406
3407
- (10) Alfentanil; 3408
- (11) Carfentanil; 3409
- (12) Remifentanil; 3410
- (13) Sufentanil; 3411
- (14) Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-N-phenylacetamide); and 3412
3413
- (15) Any compound that meets all of the following fentanyl pharmacophore requirements to bind at the mu receptor, as identified by a report from an established forensic laboratory, including acetylfentanyl, furanylfentanyl, valerylfentanyl, butyrylfentanyl, isobutyrylfentanyl, 4-methoxybutyrylfentanyl, para-fluorobutyrylfentanyl, acrylfentanyl, and ortho-fluorofentanyl: 3414
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- (a) A chemical scaffold consisting of both of the 3421

following:	3422
(i) A five, six, or seven member ring structure containing a nitrogen, whether or not further substituted;	3423 3424
(ii) An attached nitrogen to the ring, whether or not that nitrogen is enclosed in a ring structure, including an attached aromatic ring or other lipophilic group to that nitrogen.	3425 3426 3427
(b) A polar functional group attached to the chemical scaffold, including but not limited to a hydroxyl, ketone, amide, or ester;	3428 3429 3430
(c) An alkyl or aryl substitution off the ring nitrogen of the chemical scaffold; and	3431 3432
(d) The compound has not been approved for medical use by the United States food and drug administration.	3433 3434
(LL) "First degree felony mandatory prison term" means one of the definite prison terms prescribed in division (A) (1) (b) of section 2929.14 of the Revised Code for a felony of the first degree, except that if the violation for which sentence is being imposed is committed on or after March 22, 2019, it means one of the minimum prison terms prescribed in division (A) (1) (a) of that section for a felony of the first degree.	3435 3436 3437 3438 3439 3440 3441
(MM) "Second degree felony mandatory prison term" means one of the definite prison terms prescribed in division (A) (2) (b) of section 2929.14 of the Revised Code for a felony of the second degree, except that if the violation for which sentence is being imposed is committed on or after March 22, 2019, it means one of the minimum prison terms prescribed in division (A) (2) (a) of that section for a felony of the second degree.	3442 3443 3444 3445 3446 3447 3448
(NN) "Maximum first degree felony mandatory prison term"	3449

means the maximum definite prison term prescribed in division 3450
(A) (1) (b) of section 2929.14 of the Revised Code for a felony of 3451
the first degree, except that if the violation for which 3452
sentence is being imposed is committed on or after March 22, 3453
2019, it means the longest minimum prison term prescribed in 3454
division (A) (1) (a) of that section for a felony of the first 3455
degree. 3456

(OO) "Maximum second degree felony mandatory prison term" 3457
means the maximum definite prison term prescribed in division 3458
(A) (2) (b) of section 2929.14 of the Revised Code for a felony of 3459
the second degree, except that if the violation for which 3460
sentence is being imposed is committed on or after March 22, 3461
2019, it means the longest minimum prison term prescribed in 3462
division (A) (2) (a) of that section for a felony of the second 3463
degree. 3464

(PP) "Delta-9 tetrahydrocannabinol" has the same meaning 3465
as in section 928.01 of the Revised Code. 3466

(QQ) An offense is "committed in the vicinity of a 3467
substance addiction services provider or a recovering addict" if 3468
either of the following apply: 3469

(1) The offender commits the offense on the premises of a 3470
substance addiction services provider's facility, including a 3471
facility licensed prior to June 29, 2019, under section 5119.391 3472
of the Revised Code to provide methadone treatment or an opioid 3473
treatment program licensed on or after that date under section 3474
5119.37 of the Revised Code, or within five hundred feet of the 3475
premises of a substance addiction services provider's facility 3476
and the offender knows or should know that the offense is being 3477
committed within the vicinity of the substance addiction 3478
services provider's facility. 3479

(2) The offender sells, offers to sell, delivers, or 3480
distributes the controlled substance or controlled substance 3481
analog to a person who is receiving treatment at the time of the 3482
commission of the offense, or received treatment within thirty 3483
days prior to the commission of the offense, from a substance 3484
addiction services provider and the offender knows that the 3485
person is receiving or received that treatment. 3486

(RR) "Substance addiction services provider" means an 3487
agency, association, corporation or other legal entity, 3488
individual, or program that provides one or more of the 3489
following at a facility: 3490

(1) Either alcohol addiction services, or drug addiction 3491
services, or both such services that are certified by the 3492
director of mental health and addiction services under section 3493
5119.36 of the Revised Code; 3494

(2) Recovery supports that are related to either alcohol 3495
addiction services, or drug addiction services, or both such 3496
services and paid for with federal, state, or local funds 3497
administered by the department of mental health and addiction 3498
services or a board of alcohol, drug addiction, and mental 3499
health services. 3500

(SS) "Premises of a substance addiction services 3501
provider's facility" means the parcel of real property on which 3502
any substance addiction service provider's facility is situated. 3503

(TT) "Alcohol and drug addiction services" has the same 3504
meaning as in section 5119.01 of the Revised Code. 3505

Sec. 3107.02. (A) Any minor may be adopted. 3506

(B) An adult may be adopted under any of the following 3507
conditions: 3508

(1) If the adult is totally or permanently disabled;	3509
(2) If the adult is determined to be a person with an intellectual disability;	3510 3511
(3) If the adult had established a child-foster caregiver, kinship caregiver, or child-stepparent relationship with the petitioners as a minor, and the adult consents to the adoption;	3512 3513 3514
(4) If the adult was, at the time of the adult's eighteenth birthday, in the permanent custody of or in a planned permanent living arrangement with a public children services agency or a private child placing agency, and the adult consents to the adoption;	3515 3516 3517 3518 3519
(5) If the adult is the child of the spouse of the petitioner, and the adult consents to the adoption.	3520 3521
(C) When proceedings to adopt a minor are initiated by the filing of a petition, and the eighteenth birthday of the minor occurs prior to the decision of the court, the court shall require the person who is to be adopted to submit a written statement of consent or objection to the adoption. If an objection is submitted, the petition shall be dismissed, and if a consent is submitted, the court shall proceed with the case, and may issue an interlocutory order or final decree of adoption.	3522 3523 3524 3525 3526 3527 3528 3529 3530
(D) Any physical examination of the individual to be adopted as part of or in contemplation of a petition to adopt may be conducted by any health professional authorized by the Revised Code to perform physical examinations, including a physician assistant <u>associate</u> , a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife. Any written documentation of the physical examination shall be	3531 3532 3533 3534 3535 3536 3537

completed by the healthcare professional who conducted the 3538
examination. 3539

(E) An adult who consents to an adoption pursuant to 3540
division (B) (4) of this section shall provide the court with the 3541
name and contact information of the public children services 3542
agency or private child placing agency that had permanent 3543
custody of or a planned permanent living arrangement with that 3544
adult. The petitioner shall request verification from the agency 3545
as to whether the adult was or was not in the permanent custody 3546
of or in a planned permanent living arrangement with that agency 3547
at the time of the adult's eighteenth birthday and provide the 3548
verification to the court. 3549

(F) As used in this section: 3550

(1) "Developmental disability" has the same meaning as in 3551
section 5123.01 of the Revised Code. 3552

(2) "Kinship caregiver" has the same meaning as in section 3553
5101.85 of the Revised Code. 3554

(3) "Permanent custody" and "planned permanent living 3555
arrangement" have the same meanings as in section 2151.011 of 3556
the Revised Code. 3557

Sec. 3111.91. (A) In a non-spousal artificial 3558
insemination, fresh or frozen semen may be used, provided that 3559
the requirements of division (B) of this section are satisfied. 3560

(B) (1) A physician, physician ~~assistant~~associate, clinical 3561
nurse specialist, certified nurse practitioner, certified nurse- 3562
midwife, or person under the supervision and control of a 3563
physician may use fresh semen for purposes of a non-spousal 3564
artificial insemination, only if within one year prior to the 3565
supplying of the semen, all of the following occurred: 3566

(a) A complete medical history of the donor, including, 3567
but not limited to, any available genetic history of the donor, 3568
was obtained by a physician, a physician ~~assistant~~associate, a 3569
clinical nurse specialist, or a certified nurse practitioner. 3570

(b) The donor had a physical examination by a physician, a 3571
physician ~~assistant~~associate, a clinical nurse specialist, or a 3572
certified nurse practitioner. 3573

(c) The donor was tested for blood type and RH factor. 3574

(2) A physician, physician ~~assistant~~associate, clinical 3575
nurse specialist, certified nurse practitioner, certified nurse- 3576
midwife, or person under the supervision and control of a 3577
physician may use frozen semen for purposes of a non-spousal 3578
artificial insemination only if all the following apply: 3579

(a) The requirements set forth in division (B)(1) of this 3580
section are satisfied; 3581

(b) In conjunction with the supplying of the semen, the 3582
semen or blood of the donor was the subject of laboratory 3583
studies that the physician involved in the non-spousal 3584
artificial insemination considers appropriate. The laboratory 3585
studies may include, but are not limited to, venereal disease 3586
research laboratories, karotyping, GC culture, cytomegalo, 3587
hepatitis, kem-zyme, Tay-Sachs, sickle-cell, ureaplasma, HLTV- 3588
III, and chlamydia. 3589

(c) The physician involved in the non-spousal artificial 3590
insemination determines that the results of the laboratory 3591
studies are acceptable results. 3592

(3) Any written documentation of a physical examination 3593
conducted pursuant to division (B)(1)(b) of this section shall 3594
be completed by the individual who conducted the examination. 3595

Sec. 3301.531. (A) As used in this section:	3596
(1) "Active tuberculosis" has the same meaning as in section 339.71 of the Revised Code.	3597 3598
(2) "Latent tuberculosis" means tuberculosis that has been demonstrated by a positive reaction to a tuberculosis test but has no clinical, bacteriological, or radiographic evidence of active tuberculosis.	3599 3600 3601 3602
(3) "Licensed health professional" means any of the following:	3603 3604
(a) A physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery;	3605 3606 3607
(b) A physician assistant <u>associate</u> who holds a current, valid license to practice as a physician assistant issued under Chapter 4730. of the Revised Code;	3608 3609 3610
(c) A certified nurse practitioner, <u>as defined in section 4723.01 of the Revised Code;</u>	3611 3612
(d) A clinical nurse specialist, <u>as defined in section 4723.01 of the Revised Code.</u>	3613 3614
(4) "Tuberculosis control unit" means the county tuberculosis control unit designated by a board of county commissioners under section 339.72 of the Revised Code or the district tuberculosis control unit designated pursuant to an agreement entered into by two or more boards of county commissioners under that section.	3615 3616 3617 3618 3619 3620
(5) "Tuberculosis test" means either of the following:	3621
(a) A two-step Mantoux tuberculin skin test;	3622

(b) A blood assay for m. tuberculosis. 3623

(B) Before employing a person as a director, staff member, 3624
or nonteaching employee, for the purpose of tuberculosis 3625
screening, each preschool program shall determine if the person 3626
has done both of the following: 3627

(1) Resided in a country identified by the world health 3628
organization as having a high burden of tuberculosis; 3629

(2) Arrived in the United States within the five years 3630
immediately preceding the date of application for employment. 3631

(C) If the person meets the criteria described in division 3632
(B) of this section, the preschool program shall require the 3633
person to undergo a tuberculosis test before employment. If the 3634
result of the test is negative, the preschool program may employ 3635
the person. 3636

(D) If the result of any tuberculosis test performed as 3637
described in division (C) of this section is positive, the 3638
preschool program shall require the person to undergo additional 3639
testing for tuberculosis, which may include a chest radiograph 3640
or the collection and examination of specimens. 3641

(1) If additional testing indicates active tuberculosis, 3642
then until the tuberculosis control unit determines that the 3643
person is no longer infectious, the preschool program shall not 3644
employ the person or, if employed, shall not allow the person to 3645
be physically present at the program's location. 3646

For purposes of this section, evidence that a person is no 3647
longer infectious shall consist of a written statement to that 3648
effect signed by a representative of the tuberculosis control 3649
unit. 3650

(2) If additional testing indicates latent tuberculosis, 3651
then until the person submits to the program evidence that the 3652
person is receiving treatment as prescribed by a licensed health 3653
professional, the preschool program shall not employ the person 3654
or, if employed, shall not allow the person to be physically 3655
present at the program's location. Once the person submits to 3656
the program evidence that the person is in the process of 3657
completing a tuberculosis treatment regimen as prescribed by a 3658
licensed health professional, the preschool program may employ 3659
the person and allow the person to be physically present at the 3660
program's location so long as periodic evidence of compliance 3661
with the treatment regimen is submitted in accordance with rules 3662
adopted under section 3701.146 of the Revised Code. 3663

For purposes of this section, evidence that a person is in 3664
the process of completing and is compliant with a tuberculosis 3665
treatment regimen shall consist of a written statement to that 3666
effect signed by a representative of the tuberculosis control 3667
unit that is overseeing the person's treatment. 3668

Sec. 3313.5310. (A) (1) This section applies to both of the 3669
following: 3670

(a) Any school operated by a school district board of 3671
education; 3672

(b) Any chartered or nonchartered nonpublic school that is 3673
subject to the rules of an interscholastic conference or an 3674
organization that regulates interscholastic conferences or 3675
events. 3676

(2) As used in this section, "athletic activity" means all 3677
of the following: 3678

(a) Interscholastic athletics; 3679

(b) An athletic contest or competition that is sponsored 3680
by or associated with a school that is subject to this section, 3681
including cheerleading, club-sponsored sports activities, and 3682
sports activities sponsored by school-affiliated organizations; 3683

(c) Noncompetitive cheerleading that is sponsored by 3684
school-affiliated organizations; 3685

(d) Practices, interschool practices, and scrimmages for 3686
all of the activities described in divisions (A) (2) (a), (b), and 3687
(c) of this section. 3688

(B) Prior to the start of each athletic season, a school 3689
that is subject to this section may hold an informational 3690
meeting for students, parents, guardians, other persons having 3691
care or charge of a student, physicians, pediatric 3692
cardiologists, athletic trainers, and any other persons 3693
regarding the symptoms and warning signs of sudden cardiac 3694
arrest for all ages of students. 3695

(C) No student shall participate in an athletic activity 3696
until the student has submitted to a designated school official 3697
a form signed by the student and the parent, guardian, or other 3698
person having care or charge of the student stating that the 3699
student and the parent, guardian, or other person having care or 3700
charge of the student have received and reviewed a copy of the 3701
information jointly developed by the department of health and 3702
the department of education and workforce and posted on their 3703
respective web sites as required by section 3707.59 of the 3704
Revised Code. A completed form shall be submitted each school 3705
year, as defined in section 3313.62 of the Revised Code, in 3706
which the student participates in an athletic activity. 3707

(D) No individual shall coach an athletic activity unless 3708

the individual has completed the sudden cardiac arrest training 3709
course approved by the department of health under division (C) 3710
of section 3707.59 of the Revised Code in accordance with 3711
section 3319.303 of the Revised Code. 3712

(E) (1) A student shall not be allowed to participate in an 3713
athletic activity if either of the following is the case: 3714

(a) The student's biological parent, biological sibling, 3715
or biological child has previously experienced sudden cardiac 3716
arrest, and the student has not been evaluated and cleared for 3717
participation in an athletic activity by a physician authorized 3718
under Chapter 4731. of the Revised Code to practice medicine and 3719
surgery or osteopathic medicine and surgery. 3720

(b) The student is known to have exhibited syncope or 3721
fainting at any time prior to or following an athletic activity 3722
and has not been evaluated and cleared for return under division 3723
(E) (3) of this section after exhibiting syncope or fainting. 3724

(2) A student shall be removed by the student's coach from 3725
participation in an athletic activity if the student exhibits 3726
syncope or fainting. 3727

(3) If a student is not allowed to participate in or is 3728
removed from participation in an athletic activity under 3729
division (E) (1) or (2) of this section, the student shall not be 3730
allowed to return to participation until the student is 3731
evaluated and cleared for return in writing by any of the 3732
following: 3733

(a) A physician authorized under Chapter 4731. of the 3734
Revised Code to practice medicine and surgery or osteopathic 3735
medicine and surgery, including a physician who specializes in 3736
cardiology; 3737

(b) A certified nurse practitioner, clinical nurse 3738
specialist, or certified nurse-midwife who holds a certificate 3739
of authority issued under Chapter 4723. of the Revised Code; 3740

(c) A physician ~~assistant~~associate licensed under Chapter 3741
4730. of the Revised Code; 3742

(d) An athletic trainer licensed under Chapter 4755. of 3743
the Revised Code. 3744

The licensed health care providers specified in divisions 3745
(E) (3) (a) to (d) of this section may consult with any other 3746
licensed or certified health care providers in order to 3747
determine whether a student is ready to return to participation. 3748

(F) A school that is subject to this section shall 3749
establish penalties for a coach who violates the provisions of 3750
division (E) of this section. 3751

(G) Nothing in this section shall be construed to abridge 3752
or limit any rights provided under a collective bargaining 3753
agreement entered into under Chapter 4117. of the Revised Code 3754
prior to March 14, 2017. 3755

(H) (1) A school district, member of a school district 3756
board of education, or school district employee or volunteer, 3757
including a coach, is not liable in damages in a civil action 3758
for injury, death, or loss to person or property allegedly 3759
arising from providing services or performing duties under this 3760
section, unless the act or omission constitutes willful or 3761
wanton misconduct. 3762

This section does not eliminate, limit, or reduce any 3763
other immunity or defense that a school district, member of a 3764
school district board of education, or school district employee 3765
or volunteer, including a coach, may be entitled to under 3766

Chapter 2744. or any other provision of the Revised Code or 3767
under the common law of this state. 3768

(2) A chartered or nonchartered nonpublic school or any 3769
officer, director, employee, or volunteer of the school, 3770
including a coach, is not liable in damages in a civil action 3771
for injury, death, or loss to person or property allegedly 3772
arising from providing services or performing duties under this 3773
section, unless the act or omission constitutes willful or 3774
wanton misconduct. 3775

Sec. 3313.7112. (A) As used in this section: 3776

(1) "Board of education" means a board of education of a 3777
city, local, exempted village, or joint vocational school 3778
district. 3779

(2) "Governing authority" means a governing authority of a 3780
chartered nonpublic school. 3781

(3) "Licensed health care professional" means any of the 3782
following: 3783

(a) A physician authorized under Chapter 4731. of the 3784
Revised Code to practice medicine and surgery or osteopathic 3785
medicine and surgery; 3786

(b) A registered nurse, advanced practice registered 3787
nurse, or licensed practical nurse licensed under Chapter 4723. 3788
of the Revised Code; 3789

(c) A physician ~~assistant~~ associate licensed under Chapter 3790
4730. of the Revised Code. 3791

(4) "Local health department" means a department operated 3792
by a board of health of a city or general health district or the 3793
authority having the duties of a board of health as described in 3794

section 3709.05 of the Revised Code. 3795

(5) "School employee" or "employee" means either of the 3796
following: 3797

(a) A person employed by a board of education or governing 3798
authority; 3799

(b) A licensed health care professional employed by or 3800
under contract with a local health department who is assigned to 3801
a school in a city, local, exempted village, or joint vocational 3802
school district or a chartered nonpublic school. 3803

(6) "Treating practitioner" means any of the following who 3804
has primary responsibility for treating a student's diabetes and 3805
has been identified as such by the student's parent, guardian, 3806
or other person having care or charge of the student or, if the 3807
student is at least eighteen years of age, by the student: 3808

(a) A physician authorized under Chapter 4731. of the 3809
Revised Code to practice medicine and surgery or osteopathic 3810
medicine and surgery; 3811

(b) An advanced practice registered nurse who holds a 3812
current, valid license to practice nursing as an advanced 3813
practice registered nurse issued under Chapter 4723. of the 3814
Revised Code and is designated as a clinical nurse specialist or 3815
certified nurse practitioner in accordance with section 4723.42 3816
of the Revised Code; 3817

(c) A physician ~~assistant~~ associate who holds a license 3818
issued under Chapter 4730. of the Revised Code, ~~holds a valid~~ 3819
~~prescriber number issued by the state medical board,~~ and has 3820
been granted physician-delegated prescriptive authority. 3821

(7) "504 plan" means a plan based on an evaluation 3822

conducted in accordance with section 504 of the "Rehabilitation Act of 1973," 29 U.S.C. 794, as amended. 3823
3824

(B) (1) Each board of education or governing authority 3825
shall ensure that each student enrolled in the school district 3826
or chartered nonpublic school who has diabetes receives 3827
appropriate and needed diabetes care in accordance with an order 3828
signed by the student's treating practitioner. The diabetes care 3829
to be provided includes any of the following: 3830

(a) Checking and recording blood glucose levels and ketone 3831
levels or assisting the student with checking and recording 3832
these levels; 3833

(b) Responding to blood glucose levels that are outside of 3834
the student's target range; 3835

(c) In the case of severe hypoglycemia, administering 3836
glucagon and other emergency treatments as prescribed; 3837

(d) Administering insulin or assisting the student in 3838
self-administering insulin through the insulin delivery system 3839
the student uses; 3840

(e) Providing oral diabetes medications; 3841

(f) Understanding recommended schedules and food intake 3842
for meals and snacks in order to calculate medication dosages 3843
pursuant to the order of the student's treating practitioner; 3844

(g) Following the treating practitioner's instructions 3845
regarding meals, snacks, and physical activity; 3846

(h) Administering diabetes medication, as long as the 3847
conditions prescribed in division (C) of this section are 3848
satisfied. 3849

(2) Not later than fourteen days after receipt of an order 3850
signed by the treating practitioner of a student with diabetes, 3851
the board of education or governing authority shall inform the 3852
student's parent, guardian, or other person having care or 3853
charge of the student that the student may be entitled to a 504 3854
plan regarding the student's diabetes. The department of 3855
education and workforce shall develop a 504 plan information 3856
sheet for use by a board of education or governing authority 3857
when informing a student's parent, guardian, or other person 3858
having care or charge of the student that the student may be 3859
entitled to a 504 plan regarding the student's diabetes. 3860

(C) Notwithstanding division (B) of section 3313.713 of 3861
the Revised Code or any other provision of the Revised Code, 3862
diabetes medication may be administered under this section by a 3863
school nurse or, in the absence of a school nurse, a school 3864
employee who is trained in diabetes care under division (E) of 3865
this section. Medication administration may be provided under 3866
this section only when the conditions prescribed in division (C) 3867
of section 3313.713 of the Revised Code are satisfied. 3868

Notwithstanding division (D) of section 3313.713 of the 3869
Revised Code, medication that is to be administered under this 3870
section may be kept in an easily accessible location. 3871

(D) (1) The department of education and workforce shall 3872
adopt nationally recognized guidelines, as determined by the 3873
department, for the training of school employees in diabetes 3874
care for students. In doing so, the department shall consult 3875
with the department of health, the American diabetes 3876
association, and the Ohio school nurses association. The 3877
department may consult with any other organizations as 3878
determined appropriate by the department. 3879

(2) The guidelines shall address all of the following	3880
issues:	3881
(a) Recognizing the symptoms of hypoglycemia and	3882
hyperglycemia;	3883
(b) The appropriate treatment for a student who exhibits	3884
the symptoms of hypoglycemia or hyperglycemia;	3885
(c) Recognizing situations that require the provision of	3886
emergency medical assistance to a student;	3887
(d) Understanding the appropriate treatment for a student,	3888
based on an order issued by the student's treating practitioner,	3889
if the student's blood glucose level is not within the target	3890
range indicated by the order;	3891
(e) Understanding the instructions in an order issued by a	3892
student's treating practitioner concerning necessary	3893
medications;	3894
(f) Performing blood glucose and ketone tests for a	3895
student in accordance with an order issued by the student's	3896
treating practitioner and recording the results of those tests;	3897
(g) Administering insulin, glucagon, or other medication	3898
to a student in accordance with an order issued by the student's	3899
treating practitioner and recording the results of the	3900
administration;	3901
(h) Understanding the relationship between the diet	3902
recommended in an order issued by a student's treating	3903
practitioner and actions that may be taken if the recommended	3904
diet is not followed.	3905
(E) (1) To ensure that a student with diabetes receives the	3906
diabetes care specified in division (B) of this section, a board	3907

of education or governing authority may provide training that 3908
complies with the guidelines developed under division (D) of 3909
this section to a school employee at each school attended by a 3910
student with diabetes. With respect to any training provided, 3911
all of the following apply: 3912

(a) The training shall be coordinated by a school nurse 3913
or, if the school does not employ a school nurse, a licensed 3914
health care professional with expertise in diabetes who is 3915
approved by the school to provide the training. 3916

(b) The training shall take place prior to the beginning 3917
of each school year or, as needed, not later than fourteen days 3918
after receipt by the board of education or governing authority 3919
of an order signed by the treating practitioner of a student 3920
with diabetes. 3921

(c) On completion of the training, the board of education 3922
or governing authority, in a manner it determines, shall 3923
determine whether each employee trained is competent to provide 3924
diabetes care. 3925

(d) The school nurse or approved licensed health care 3926
professional with expertise in diabetes care shall promptly 3927
provide all necessary follow-up training and supervision to an 3928
employee who receives training. 3929

(2) The principal of a school attended by a student with 3930
diabetes or another school official authorized to act on behalf 3931
of the principal may distribute a written notice to each 3932
employee containing all of the following: 3933

(a) A statement that the school is required to provide 3934
diabetes care to a student with diabetes and is seeking 3935
employees who are willing to be trained to provide that care; 3936

(b) A description of the tasks to be performed;	3937
(c) A statement that participation is voluntary and that the school district or governing authority will not take action against an employee who does not agree to provide diabetes care;	3938 3939 3940
(d) A statement that training will be provided by a licensed health care professional to an employee who agrees to provide care;	3941 3942 3943
(e) A statement that a trained employee is immune from liability under division (J) of this section;	3944 3945
(f) The name of the individual who should be contacted if an employee is interested in providing diabetes care.	3946 3947
(3) No employee of a board of education or governing authority shall be subject to a penalty or disciplinary action under school or district policies for refusing to volunteer to be trained in diabetes care.	3948 3949 3950 3951
(4) No board or governing authority shall discourage employees from agreeing to provide diabetes care under this section.	3952 3953 3954
(F) A board of education or governing authority may provide training in the recognition of hypoglycemia and hyperglycemia and actions to take in response to emergency situations involving these conditions to both of the following:	3955 3956 3957 3958
(1) A school employee who has primary responsibility for supervising a student with diabetes during some portion of the school day;	3959 3960 3961
(2) A bus driver employed by a school district or chartered nonpublic school responsible for the transportation of a student with diabetes.	3962 3963 3964

(G) A student with diabetes shall be permitted to attend 3965
the school the student would otherwise attend if the student did 3966
not have diabetes and the diabetes care specified in division 3967
(B) of this section shall be provided at the school. A board of 3968
education or governing authority shall not restrict a student 3969
who has diabetes from attending the school on the basis that the 3970
student has diabetes, that the school does not have a full-time 3971
school nurse, or that the school does not have an employee 3972
trained in diabetes care. The school shall not require or 3973
pressure a parent, guardian, or other person having care or 3974
charge of a student to provide diabetes care for the student 3975
with diabetes at school or school-related activities. 3976

(H) (1) Notwithstanding section 3313.713 of the Revised 3977
Code or any policy adopted under that section and except as 3978
provided in division (H) (2) of this section, on written request 3979
of the parent, guardian, or other person having care or charge 3980
of a student and authorization by the student's treating 3981
practitioner, a student with diabetes shall be permitted during 3982
regular school hours and school-sponsored activities to attend 3983
to the care and management of the student's diabetes in 3984
accordance with the order issued by the student's treating 3985
practitioner if the student's treating practitioner determines 3986
that the student is capable of performing diabetes care tasks. 3987
The student shall be permitted to perform diabetes care tasks in 3988
a classroom, in any area of the school or school grounds, and at 3989
any school-related activity, and to possess on the student's 3990
self at all times all necessary supplies and equipment to 3991
perform these tasks. If the student or the parent, guardian, or 3992
other person having care or charge of the student so requests, 3993
the student shall have access to a private area for performing 3994
diabetes care tasks. 3995

(2) If the student performs any diabetes care tasks or 3996
uses medical equipment for purposes other than the student's own 3997
care, the board of education or governing authority may revoke 3998
the student's permission to attend to the care and management of 3999
the student's diabetes. 4000

(I) (1) Notwithstanding any other provision of the Revised 4001
Code to the contrary, a licensed health care professional shall 4002
be permitted to provide training to a school employee under 4003
division (E) of this section or to supervise the employee in 4004
performing diabetes care tasks. 4005

(2) Nothing in this section diminishes the rights of 4006
eligible students or the obligations of school districts or 4007
governing authorities under the "Individuals with Disabilities 4008
Education Act," 20 U.S.C. 1400 et seq., section 504 of the 4009
"Rehabilitation Act," 29 U.S.C. 794, or the "Americans with 4010
Disabilities Act," 42 U.S.C. 12101 et seq. 4011

(J) (1) A school or school district, a member of a board or 4012
governing authority, or a district or school employee is not 4013
liable in damages in a civil action for injury, death, or loss 4014
to person or property allegedly arising from providing care or 4015
performing duties under this section unless the act or omission 4016
constitutes willful or wanton misconduct. 4017

This section does not eliminate, limit, or reduce any 4018
other immunity or defense that a school or school district, 4019
member of a board of education or governing authority, or 4020
district or school employee may be entitled to under Chapter 4021
2744. or any other provision of the Revised Code or under the 4022
common law of this state. 4023

(2) A school employee shall not be subject to disciplinary 4024

action under school or district policies for providing care or 4025
performing duties under this section. 4026

(3) A school nurse or other licensed health care 4027
professional shall be immune from disciplinary action by the 4028
board of nursing or any other regulatory board for providing 4029
care or performing duties under this section if the care 4030
provided or duties performed are consistent with applicable 4031
professional standards. 4032

(K) (1) Not later than the last day of December of each 4033
year, a board of education or governing authority shall report 4034
to the department of education and workforce both of the 4035
following: 4036

(a) The number of students with diabetes enrolled in the 4037
school district or chartered nonpublic school during the 4038
previous school year; 4039

(b) The number of errors associated with the 4040
administration of diabetes medication to students with diabetes 4041
during the previous school year. 4042

(2) Not later than the last day of March of each year, the 4043
department shall issue a report summarizing the information 4044
received by the department under division (K) (1) of this section 4045
for the previous school year. The department shall make the 4046
report available on its internet web site. 4047

Sec. 3313.7117. (A) As used in this section: 4048

(1) "Licensed health care professional" means any of the 4049
following: 4050

(a) A physician authorized under Chapter 4731. of the 4051
Revised Code to practice medicine and surgery or osteopathic 4052

medicine and surgery; 4053

(b) A registered nurse, advanced practice registered 4054
nurse, or licensed practical nurse licensed under Chapter 4723. 4055
of the Revised Code; 4056

(c) A physician ~~assistant~~associate licensed under Chapter 4057
4730. of the Revised Code. 4058

(2) "Seizure disorder" means epilepsy or involuntary 4059
disturbance of brain function that may manifest as an 4060
impairment, loss of consciousness, behavioral abnormalities, 4061
sensory disturbance or convulsions. 4062

(3) "Treating practitioner" means any of the following who 4063
has primary responsibility for treating a student's seizure 4064
disorder and has been identified as such by the student's 4065
parent, guardian, or other person having care or charge of the 4066
student or, if the student is at least eighteen years of age, by 4067
the student: 4068

(a) A physician authorized under Chapter 4731. of the 4069
Revised Code to practice medicine and surgery or osteopathic 4070
medicine and surgery; 4071

(b) An advanced practice registered nurse who holds a 4072
current, valid license to practice nursing as an advanced 4073
practice registered nurse issued under Chapter 4723. of the 4074
Revised Code and is designated as a clinical nurse specialist or 4075
certified nurse practitioner in accordance with section 4723.42 4076
of the Revised Code; 4077

(c) A physician ~~assistant~~associate who holds a license 4078
issued under Chapter 4730. of the Revised Code, ~~holds a valid~~ 4079
~~prescriber number issued by the state medical board,~~ and has 4080
been granted physician-delegated prescriptive authority. 4081

(B) A school nurse, or another district or school employee 4082
if a district or school does not have a school nurse, of each 4083
city, local, exempted village, and joint vocational school 4084
district and the governing authority of a chartered nonpublic 4085
school, acting in collaboration with a student's parents or 4086
guardian, shall create an individualized seizure action plan for 4087
each student enrolled in the school district or chartered 4088
nonpublic school who has an active seizure disorder diagnosis. A 4089
plan shall include all of the following components: 4090

(1) A written request signed by the parent, guardian, or 4091
other person having care or charge of the student, required by 4092
division (C) (1) of section 3313.713 of the Revised Code, to have 4093
one or more drugs prescribed for a seizure disorder administered 4094
to the student; 4095

(2) A written statement from the student's treating 4096
practitioner providing the drug information required by division 4097
(C) (2) of section 3313.713 of the Revised Code for each drug 4098
prescribed to the student for a seizure disorder. 4099

(3) Any other component required by the state board of 4100
education. 4101

(C) (1) The school nurse or a school administrator if the 4102
district does not employ a school nurse, shall notify a school 4103
employee, contractor, and volunteer in writing regarding the 4104
existence and content of each seizure action plan in force if 4105
the employee, contractor, or volunteer does any of the 4106
following: 4107

(a) Regularly interacts with the student; 4108

(b) Has legitimate educational interest in the student or 4109
is responsible for the direct supervision of the student; 4110

(c) Is responsible for transportation of the student to 4111
and from school. 4112

(2) The school nurse or a school administrator if the 4113
district does not employ a school nurse, shall identify each 4114
individual who has received training under division (G) of this 4115
section in the administration of drugs prescribed for seizure 4116
disorders. The school nurse, or another district employee if a 4117
district does not employ a school nurse, shall coordinate 4118
seizure disorder care at that school and ensure that all staff 4119
described in division (C) (1) of this section are trained in the 4120
care of students with seizure disorders. 4121

(D) A drug prescribed to a student with a seizure disorder 4122
shall be provided to the school nurse or another person at the 4123
school who is authorized to administer it to the student if the 4124
district does not employ a full-time school nurse. The drug 4125
shall be provided in the container in which it was dispensed by 4126
the prescriber or a licensed pharmacist. 4127

(E) A seizure action plan is effective only for the school 4128
year in which the written request described in division (B) (1) 4129
of this section was submitted and must be renewed at the 4130
beginning of each school year. 4131

(F) A seizure action plan created under division (B) of 4132
this section shall be maintained in the office of the school 4133
nurse or school administrator if the district does not employ a 4134
full-time school nurse. 4135

(G) A school district or governing authority of a 4136
chartered nonpublic school shall designate at least one employee 4137
at each school building it operates, aside from a school nurse, 4138
to be trained on the implementation of seizure action plans 4139

every two years. The district or governing authority shall 4140
provide or arrange for the training of the employee. The 4141
training must include and be consistent with guidelines and best 4142
practices established by a nonprofit organization that supports 4143
the welfare of individuals with epilepsy and seizure disorders, 4144
such as the Epilepsy Alliance Ohio or Epilepsy Foundation of 4145
Ohio or other similar organizations as determined by the 4146
department of education, and address all of the following: 4147

(1) Recognizing the signs and symptoms of a seizure; 4148

(2) The appropriate treatment for a student who exhibits 4149
the symptoms of a seizure; 4150

(3) Administering drugs prescribed for seizure disorders, 4151
subject to section 3313.713 of the Revised Code. 4152

A seizure training program under division (G) of this 4153
section shall not exceed one hour and shall qualify as a 4154
professional development activity for the renewal of educator 4155
licenses, including activities approved by local professional 4156
development committees under division (F) of section 3319.22 of 4157
the Revised Code. If the training is provided to a school 4158
district on portable media by a nonprofit entity, the training 4159
shall be provided free of charge. 4160

(H) A board of education or governing authority shall 4161
require each person it employs as an administrator, guidance 4162
counselor, teacher, or bus driver to complete a minimum of one 4163
hour of self-study training or in-person training on seizure 4164
disorders not later than twenty-four months after the effective 4165
date of this section. Any such person employed after that date 4166
shall complete the training within ninety days of employment. 4167
The training shall qualify as a professional development 4168

activity for the renewal of educator licenses, including 4169
activities approved by local professional development committees 4170
under division (F) of section 3319.22 of the Revised Code. 4171

(I) (1) A school or school district, a member of a board or 4172
governing authority, or a district or school employee is not 4173
liable in damages in a civil action for injury, death, or loss 4174
to person or property allegedly arising from providing care or 4175
performing duties under this section unless the act or omission 4176
constitutes willful or wanton misconduct. 4177

This section does not eliminate, limit, or reduce any 4178
other immunity or defense that a school district, member of a 4179
school district board of education, or school district employee 4180
may be entitled to under Chapter 2744. or any other provision of 4181
the Revised Code or under the common law of this state. 4182

(2) A chartered nonpublic school or any officer, director, 4183
or employee of the school is not liable in damages in a civil 4184
action for injury, death, or loss to person or property 4185
allegedly arising from providing care or performing duties under 4186
this section unless the act or omission constitutes willful or 4187
wanton misconduct. 4188

Sec. 3319.13. Upon the written request of a teacher or a 4189
regular nonteaching school employee, a board of education may 4190
grant a leave of absence for a period of not more than two 4191
consecutive school years for educational, professional, or other 4192
purposes, and shall grant such leave where illness or other 4193
disability is the reason for the request. Upon subsequent 4194
request, such leave may be renewed by the board. Without 4195
request, a board may grant similar leave of absence and renewals 4196
thereof to any teacher or regular nonteaching school employee 4197
because of physical or mental disability, but such teacher may 4198

have a hearing on such unrequested leave of absence or its 4199
renewals in accordance with section 3311.82 or 3319.16 of the 4200
Revised Code, and such nonteaching school employee may have a 4201
hearing on such unrequested leave of absence or its renewals in 4202
accordance with division (C) of section 3319.081 of the Revised 4203
Code. Upon the return to service of a teacher or a nonteaching 4204
school employee at the expiration of a leave of absence, the 4205
teacher or nonteaching school employee shall resume the contract 4206
status that the teacher or nonteaching school employee held 4207
prior to the leave of absence. Any teacher who leaves a teaching 4208
position for service in the uniformed services and who returns 4209
from service in the uniformed services that is terminated in a 4210
manner other than as described in section 4304 of Title 38 of 4211
the United States Code, "Uniformed Services Employment and 4212
Reemployment Rights Act of 1994," 108 Stat. 3149, 38 U.S.C.A. 4213
4304, shall resume the contract status held prior to entering 4214
the uniformed services, subject to passing a physical 4215
examination by an individual authorized by the Revised Code to 4216
conduct physical examinations, including a physician 4217
~~assistant~~associate, a clinical nurse specialist, a certified 4218
nurse practitioner, or a certified nurse-midwife. Any written 4219
documentation of the physical examination shall be completed by 4220
the individual who conducted the examination. Such contract 4221
status shall be resumed at the first of the school semester or 4222
the beginning of the school year following return from the 4223
uniformed services. For purposes of this section and section 4224
3319.14 of the Revised Code, "uniformed services" and "service 4225
in the uniformed services" have the same meanings as defined in 4226
section 5923.05 of the Revised Code. 4227

Upon the return of a nonteaching school employee from a 4228
leave of absence, the board may terminate the employment of a 4229

person hired exclusively for the purpose of replacing the 4230
returning employee while the returning employee was on leave. 4231
If, after the return of a nonteaching employee from leave, the 4232
person employed exclusively for the purpose of replacing an 4233
employee while the employee was on leave is continued in 4234
employment as a regular nonteaching school employee or if the 4235
person is hired by the board as a regular nonteaching school 4236
employee within a year after employment as a replacement is 4237
terminated, the person shall, for purposes of section 3319.081 4238
of the Revised Code, receive credit for the person's length of 4239
service with the school district during such replacement period 4240
in the following manner: 4241

(A) If employed as a replacement for less than twelve 4242
months, the person shall be employed under a contract valid for 4243
a period equal to twelve months less the number of months 4244
employed as a replacement. At the end of such contract period, 4245
if the person is reemployed it shall be under a two-year 4246
contract. Subsequent reemployment shall be pursuant to division 4247
(B) of section 3319.081 of the Revised Code. 4248

(B) If employed as a replacement for twelve months or more 4249
but less than twenty-four months, the person shall be employed 4250
under a contract valid for a period equal to twenty-four months 4251
less the number of months employed as a replacement. Subsequent 4252
reemployment shall be pursuant to division (B) of section 4253
3319.081 of the Revised Code. 4254

(C) If employed as a replacement for more than twenty-four 4255
months, the person shall be employed pursuant to division (B) of 4256
section 3319.081 of the Revised Code. 4257

For purposes of this section, employment during any part 4258
of a month shall count as employment during the entire month. 4259

Sec. 3327.10. (A) Except as provided in division (L) of 4260
this section, no person shall be employed as driver of a school 4261
bus or motor van, owned and operated by any school district or 4262
educational service center or privately owned and operated under 4263
contract with any school district or service center in this 4264
state, who has not received a certificate from either the 4265
educational service center governing board that has entered into 4266
an agreement with the school district under section 3313.843 or 4267
3313.845 of the Revised Code or the superintendent of the school 4268
district, certifying that such person is at least eighteen years 4269
of age and is qualified physically and otherwise for such 4270
position. The service center governing board or the 4271
superintendent, as the case may be, shall provide for an annual 4272
physical examination that conforms with rules adopted by the 4273
department of education and workforce of each driver to 4274
ascertain the driver's physical fitness for such employment. The 4275
examination shall be performed by one of the following: 4276

(1) A person licensed under Chapter 4731. or 4734. of the 4277
Revised Code or by another state to practice medicine and 4278
surgery, osteopathic medicine and surgery, or chiropractic; 4279

(2) A physician ~~assistant~~associate; 4280

(3) A certified nurse practitioner; 4281

(4) A clinical nurse specialist; 4282

(5) A certified nurse-midwife; 4283

(6) A medical examiner who is listed on the national 4284
registry of certified medical examiners established by the 4285
federal motor carrier safety administration in accordance with 4286
49 C.F.R. part 390. 4287

Any certificate may be revoked by the authority granting 4288

the same on proof that the holder has been guilty of failing to 4289
comply with division (D) (1) of this section, or upon a 4290
conviction or a guilty plea for a violation, or any other 4291
action, that results in a loss or suspension of driving rights. 4292
Failure to comply with such division may be cause for 4293
disciplinary action or termination of employment under division 4294
(C) of section 3319.081, or section 124.34 of the Revised Code. 4295

(B) Except as provided in division (L) of this section, no 4296
person shall be employed as driver of a school bus or motor van 4297
not subject to the rules of the department pursuant to division 4298
(A) of this section who has not received a certificate from the 4299
school administrator or contractor certifying that such person 4300
is at least eighteen years of age and is qualified physically 4301
and otherwise for such position. Each driver shall have an 4302
annual physical examination which conforms to the state highway 4303
patrol rules, ascertaining the driver's physical fitness for 4304
such employment. The examination shall be performed by one of 4305
the following: 4306

(1) A person licensed under Chapter 4731. or 4734. of the 4307
Revised Code or by another state to practice medicine and 4308
surgery, osteopathic medicine and surgery, or chiropractic; 4309

(2) A physician ~~assistant~~associate; 4310

(3) A certified nurse practitioner; 4311

(4) A clinical nurse specialist; 4312

(5) A certified nurse-midwife; 4313

(6) A medical examiner who is listed on the national 4314
registry of certified medical examiners established by the 4315
federal motor carrier safety administration in accordance with 4316
49 C.F.R. part 390. 4317

Any written documentation of the physical examination 4318
shall be completed by the individual who performed the 4319
examination. 4320

Any certificate may be revoked by the authority granting 4321
the same on proof that the holder has been guilty of failing to 4322
comply with division (D) (2) of this section. 4323

(C) Any person who drives a school bus or motor van must 4324
give satisfactory and sufficient bond except a driver who is an 4325
employee of a school district and who drives a bus or motor van 4326
owned by the school district. 4327

(D) No person employed as driver of a school bus or motor 4328
van under this section who is convicted of a traffic violation 4329
or who has had the person's commercial driver's license 4330
suspended shall drive a school bus or motor van until the person 4331
has filed a written notice of the conviction or suspension, as 4332
follows: 4333

(1) If the person is employed under division (A) of this 4334
section, the person shall file the notice with the 4335
superintendent, or a person designated by the superintendent, of 4336
the school district for which the person drives a school bus or 4337
motor van as an employee or drives a privately owned and 4338
operated school bus or motor van under contract. 4339

(2) If employed under division (B) of this section, the 4340
person shall file the notice with the employing school 4341
administrator or contractor, or a person designated by the 4342
administrator or contractor. 4343

(E) In addition to resulting in possible revocation of a 4344
certificate as authorized by divisions (A) and (B) of this 4345
section, violation of division (D) of this section is a minor 4346

misdemeanor. 4347

(F) (1) Not later than thirty days after June 30, 2007, 4348
each owner of a school bus or motor van shall obtain the 4349
complete driving record for each person who is currently 4350
employed or otherwise authorized to drive the school bus or 4351
motor van. An owner of a school bus or motor van shall not 4352
permit a person to operate the school bus or motor van for the 4353
first time before the owner has obtained the person's complete 4354
driving record. Thereafter, the owner of a school bus or motor 4355
van shall obtain the person's driving record not less frequently 4356
than semiannually if the person remains employed or otherwise 4357
authorized to drive the school bus or motor van. An owner of a 4358
school bus or motor van shall not permit a person to resume 4359
operating a school bus or motor van, after an interruption of 4360
one year or longer, before the owner has obtained the person's 4361
complete driving record. 4362

(2) The owner of a school bus or motor van shall not 4363
permit a person to operate the school bus or motor van for ten 4364
years after the date on which the person pleads guilty to or is 4365
convicted of a violation of section 4511.19 of the Revised Code 4366
or a substantially equivalent municipal ordinance. 4367

(3) An owner of a school bus or motor van shall not permit 4368
any person to operate such a vehicle unless the person meets all 4369
other requirements contained in rules adopted by the department 4370
prescribing qualifications of drivers of school buses and other 4371
student transportation. 4372

(G) No superintendent of a school district, educational 4373
service center, community school, or public or private employer 4374
shall permit the operation of a vehicle used for pupil 4375
transportation within this state by an individual unless both of 4376

the following apply: 4377

(1) Information pertaining to that driver has been 4378
submitted to the department, pursuant to procedures adopted by 4379
that department. Information to be reported shall include the 4380
name of the employer or school district, name of the driver, 4381
driver license number, date of birth, date of hire, status of 4382
physical evaluation, and status of training. 4383

(2) The most recent criminal records check required by 4384
division (J) of this section has been completed and received by 4385
the superintendent or public or private employer. 4386

(H) A person, school district, educational service center, 4387
community school, nonpublic school, or other public or nonpublic 4388
entity that owns a school bus or motor van, or that contracts 4389
with another entity to operate a school bus or motor van, may 4390
impose more stringent restrictions on drivers than those 4391
prescribed in this section, in any other section of the Revised 4392
Code, and in rules adopted by the department. 4393

(I) For qualified drivers who, on July 1, 2007, are 4394
employed by the owner of a school bus or motor van to drive the 4395
school bus or motor van, any instance in which the driver was 4396
convicted of or pleaded guilty to a violation of section 4511.19 4397
of the Revised Code or a substantially equivalent municipal 4398
ordinance prior to two years prior to July 1, 2007, shall not be 4399
considered a disqualifying event with respect to division (F) of 4400
this section. 4401

(J) (1) This division applies to persons hired by a school 4402
district, educational service center, community school, 4403
chartered nonpublic school, or science, technology, engineering, 4404
and mathematics school established under Chapter 3326. of the 4405

Revised Code to operate a vehicle used for pupil transportation. 4406

(a) For each person to whom this division applies who is 4407
hired on or after November 14, 2007, the employer shall request 4408
a criminal records check in accordance with section 3319.39 of 4409
the Revised Code and every six years thereafter. 4410

(b) For each person to whom this division applies who is 4411
hired prior to November 14, 2007, the employer shall request a 4412
criminal records check by a date prescribed by the department 4413
and every six years thereafter. 4414

(c) If, on ~~the effective date of this amendment~~ October 3, 4415
2023, the most recent criminal records check requested for a 4416
person to whom division (J)(1) of this section applies was 4417
completed more than one year prior to that date or does not 4418
include information gathered pursuant to division (A) of section 4419
109.57 of the Revised Code, the employer shall request a new 4420
criminal records check that includes information gathered 4421
pursuant to division (A) of section 109.57 of the Revised Code 4422
by a date prescribed by the state board of education and every 4423
six years thereafter. 4424

(2) This division applies to persons hired by a public or 4425
private employer not described in division (J)(1) of this 4426
section to operate a vehicle used for pupil transportation. 4427

(a) For each person to whom this division applies who is 4428
hired on or after November 14, 2007, the employer shall request 4429
a criminal records check prior to the person's hiring and every 4430
six years thereafter. 4431

(b) For each person to whom this division applies who is 4432
hired prior to November 14, 2007, the employer shall request a 4433
criminal records check by a date prescribed by the department 4434

and every six years thereafter. 4435

(c) If, on ~~the effective date of this amendment~~ October 3, 4436
2023, the most recent criminal records check requested for a 4437
person to whom division (J)(2) of this section applies was 4438
completed more than one year prior to that date or does not 4439
include information gathered pursuant to division (A) of section 4440
109.57 of the Revised Code, the employer shall request a new 4441
criminal records check that includes information gathered 4442
pursuant to division (A) of section 109.57 of the Revised Code 4443
by a date prescribed by the state board and every six years 4444
thereafter. 4445

(3) Each request for a criminal records check under 4446
division (J) of this section shall be made to the superintendent 4447
of the bureau of criminal identification and investigation in 4448
the manner prescribed in section 3319.39 of the Revised Code, 4449
except that if both of the following conditions apply to the 4450
person subject to the records check, the employer shall request 4451
the superintendent only to obtain any criminal records that the 4452
federal bureau of investigation has on the person: 4453

(a) The employer previously requested the superintendent 4454
to determine whether the bureau of criminal identification and 4455
investigation has any information, gathered pursuant to division 4456
(A) of section 109.57 of the Revised Code, on the person in 4457
conjunction with a criminal records check requested under 4458
section 3319.39 of the Revised Code or under division (J) of 4459
this section. 4460

(b) The person presents proof that the person has been a 4461
resident of this state for the five-year period immediately 4462
prior to the date upon which the person becomes subject to a 4463
criminal records check under this section. 4464

Upon receipt of a request, the superintendent shall 4465
conduct the criminal records check in accordance with section 4466
109.572 of the Revised Code as if the request had been made 4467
under section 3319.39 of the Revised Code. However, as specified 4468
in division (B) (2) of section 109.572 of the Revised Code, if 4469
the employer requests the superintendent only to obtain any 4470
criminal records that the federal bureau of investigation has on 4471
the person for whom the request is made, the superintendent 4472
shall not conduct the review prescribed by division (B) (1) of 4473
that section. 4474

(4) Notwithstanding anything in the Revised Code to the 4475
contrary, the bureau of criminal identification and 4476
investigation shall make the initial criminal records check 4477
requested of a person by an employer under division (J) (1) or 4478
(2) of this section on or after ~~the effective date of this~~ 4479
~~amendment~~ October 3, 2023, available to the state board of 4480
education. The state board shall use the information received to 4481
enroll the person in the retained applicant fingerprint 4482
database, established under section 109.5721 of the Revised 4483
Code, in the same manner as any teacher licensed under sections 4484
3319.22 to 3319.31 of the Revised Code. If the state board is 4485
unable to enroll the person in the retained applicant 4486
fingerprint database because the person has not satisfied the 4487
requirements for enrollment, the state board shall notify the 4488
employer that the person has not satisfied the requirements for 4489
enrollment. However, the bureau shall not be required to make 4490
available to the state board the criminal records check of any 4491
person who is already enrolled in the retained applicant 4492
fingerprint database on the date the person's employer requests 4493
a records check of the person under division (J) (1) or (2) of 4494
this section. 4495

If the state board receives notification of the arrest, 4496
guilty plea, or conviction of a person who is subject to this 4497
section, the state board shall promptly notify the person's 4498
employer in accordance with division (B) of section 3319.316 of 4499
the Revised Code. 4500

(K) (1) Until the effective date of the amendments to rule 4501
3301-83-23 of the Ohio Administrative Code required by the 4502
second paragraph of division (E) of section 3319.39 of the 4503
Revised Code, any person who is the subject of a criminal 4504
records check under division (J) of this section and has been 4505
convicted of or pleaded guilty to any offense described in 4506
division (B) (1) of section 3319.39 of the Revised Code shall not 4507
be hired or shall be released from employment, as applicable, 4508
unless the person meets the rehabilitation standards prescribed 4509
for nonlicensed school personnel by rule 3301-20-03 of the Ohio 4510
Administrative Code. 4511

(2) Beginning on the effective date of the amendments to 4512
rule 3301-83-23 of the Ohio Administrative Code required by the 4513
second paragraph of division (E) of section 3319.39 of the 4514
Revised Code, any person who is the subject of a criminal 4515
records check under division (J) of this section and has been 4516
convicted of or pleaded guilty to any offense that, under the 4517
rule, disqualifies a person for employment to operate a vehicle 4518
used for pupil transportation shall not be hired or shall be 4519
released from employment, as applicable, unless the person meets 4520
the rehabilitation standards prescribed by the rule. 4521

(L) The superintendent of a school district or an 4522
educational service center governing board shall issue a 4523
certificate as a driver of a school bus or motor van or a 4524
certificate to operate a vehicle used for pupil transportation 4525

in accordance with Chapter 4796. of the Revised Code to an 4526
applicant if either of the following applies: 4527

(1) The applicant holds a certificate in another state. 4528

(2) The applicant has satisfactory work experience, a 4529
government certification, or a private certification as 4530
described in that chapter as a school bus or motor van driver or 4531
a pupil transportation vehicle operator in a state that does not 4532
issue one or both of those certificates. 4533

Sec. 3331.02. (A) The superintendent of schools or the 4534
chief administrative officer, as appropriate pursuant to section 4535
3331.01 of the Revised Code, shall not issue an age and 4536
schooling certificate until the superintendent or chief 4537
administrative officer has received, examined, approved, and 4538
filed the following papers duly executed: 4539

(1) The written pledge or promise of the person, 4540
partnership, or corporation to legally employ the child, and for 4541
this purpose work performed by a minor, directly and exclusively 4542
for the benefit of such minor's parent, in the farm home or on 4543
the farm of such parent is legal employment, irrespective of any 4544
contract of employment, or the absence thereof, to permit the 4545
child to attend school as provided in section 3321.08 of the 4546
Revised Code, and give notice of the nonuse of an age and 4547
schooling certificate within five days from the date of the 4548
child's withdrawal or dismissal from the service of that person, 4549
partnership, or corporation, giving the reasons for such 4550
withdrawal or dismissal; 4551

(2) The child's school record or notification. As used in 4552
this division, a "school record" means documents properly filled 4553
out and signed by the person in charge of the school which the 4554

child last attended, giving the recorded age of the child, the 4555
child's address, standing in studies, rating in conduct, and 4556
attendance in days during the school year of the child's last 4557
attendance; "notification" means the information submitted to 4558
the superintendent by the parent of a child exempt from 4559
attendance at school pursuant to section 3321.042 of the Revised 4560
Code. 4561

(3) Evidence of the age of the child as follows: 4562

(a) A certified copy of an original birth record or a 4563
certification of birth, issued in accordance with Chapter 3705. 4564
of the Revised Code, or by an officer charged with the duty of 4565
recording births in another state or country, shall be 4566
conclusive evidence of the age of the child; 4567

(b) In the absence of such birth record or certification 4568
of birth, a passport, or duly attested transcript thereof, 4569
showing the date and place of birth of the child, filed with a 4570
register of passports at a port of entry of the United States; 4571
or an attested transcript of the certificate of birth or baptism 4572
or other religious record, showing the date and place of birth 4573
of the child, shall be conclusive evidence of the age of the 4574
child; 4575

(c) In case none of the above proofs of age can be 4576
produced, other documentary evidence, except the affidavit of 4577
the parent, guardian, or custodian, satisfactory to the 4578
superintendent or chief administrative officer may be accepted 4579
in lieu thereof; 4580

(d) In case no documentary proof of age can be procured, 4581
the superintendent or chief administrative officer may receive 4582
and file an application signed by the parent, guardian, or 4583

custodian of the child that a medical certificate be secured to 4584
establish the sufficiency of the age of the child, which 4585
application shall state the alleged age of the child, the place 4586
and date of birth, the child's present residence, and such 4587
further facts as may be of assistance in determining the age of 4588
the child, and shall certify that the person signing the 4589
application is unable to obtain any of the documentary proofs 4590
specified in divisions (A) (3) (a), (b), and (c) of this section; 4591
and if the superintendent or chief administrative officer is 4592
satisfied that a reasonable effort to procure such documentary 4593
proof has been without success such application shall be granted 4594
and the certificate of the school physician or if there be none, 4595
of a physician, a physician ~~assistant~~associate, a clinical nurse 4596
specialist, or a certified nurse practitioner employed by the 4597
board of education, that said physician, physician 4598
~~assistant~~associate, clinical nurse specialist, or certified 4599
nurse practitioner is satisfied that the child is above the age 4600
required for an age and schooling certificate as stated in 4601
section 3331.01 of the Revised Code, shall be accepted as 4602
sufficient evidence of age. 4603

(4) A certificate, including an athletic certificate of 4604
examination, from a physician licensed pursuant to Chapter 4731. 4605
of the Revised Code, a physician ~~assistant~~associate, a clinical 4606
nurse specialist, or a certified nurse practitioner, or from the 4607
district health commissioner, showing after a thorough 4608
examination that the child is physically fit to be employed in 4609
such occupations as are not prohibited by law for a boy or girl, 4610
as the case may be, under eighteen years of age; but a 4611
certificate with "limited" written, printed, marked, or stamped 4612
thereon may be furnished by such physician, physician 4613
~~assistant~~associate, clinical nurse specialist, or certified 4614

nurse practitioner and accepted by the superintendent or chief 4615
administrative officer in issuing a "limited" age and schooling 4616
certificate provided in section 3331.06 of the Revised Code, 4617
showing that the child is physically fit to be employed in some 4618
particular occupation not prohibited by law for a boy or girl of 4619
such child's age, as the case may be, even if the child's 4620
complete physical ability to engage in such occupation cannot be 4621
vouched for. 4622

(B) (1) Except as provided in division (B) (2) of this 4623
section, a physical fitness certificate described in division 4624
(A) (4) of this section is valid for purposes of that division 4625
while the child remains employed in job duties of a similar 4626
nature as the job duties for which the child last was issued an 4627
age and schooling certificate. The superintendent or chief 4628
administrative officer who issues an age and schooling 4629
certificate shall determine whether job duties are similar for 4630
purposes of this division. 4631

(2) A "limited" physical fitness certificate described in 4632
division (A) (4) of this section is valid for one year. 4633

(C) The superintendent of schools or the chief 4634
administrative officer shall require a child who resides out of 4635
this state to file all the information required under division 4636
(A) of this section. The superintendent of schools or the chief 4637
administrative officer shall evaluate the information filed and 4638
determine whether to issue the age and schooling certificate 4639
using the same standards as those the superintendent or officer 4640
uses for in-state children. 4641

Sec. 3331.07. When an age and schooling certificate is 4642
reissued, the pledge of the new employer shall be secured and 4643
filed. A physical fitness certificate from a physician, 4644

physician ~~assistant~~associate, clinical nurse specialist, or 4645
certified nurse practitioner as described in division (A) (4) of 4646
section 3331.02 of the Revised Code shall also be secured and 4647
filed if the physical fitness certificate used in the issuing of 4648
the previously issued age and schooling certificate is no longer 4649
valid, as determined pursuant to division (B) of section 3331.02 4650
of the Revised Code. 4651

Sec. 3701.046. The director of health is authorized to 4652
make grants for women's health services from funds appropriated 4653
for that purpose by the general assembly. 4654

None of the funds received through grants for women's 4655
health services shall be used to provide abortion services. None 4656
of the funds received through these grants shall be used for 4657
counseling for or referrals for abortion, except in the case of 4658
a medical emergency. These funds shall be distributed by the 4659
director to programs that the department of health determines 4660
will provide services that are physically and financially 4661
separate from abortion-providing and abortion-promoting 4662
activities, and that do not include counseling for or referrals 4663
for abortion, other than in the case of medical emergency. 4664

These women's health services include and are limited to 4665
the following: pelvic examinations and laboratory testing; 4666
breast examinations and patient education on breast cancer; 4667
screening for cervical cancer; screening and treatment for 4668
sexually transmitted diseases and HIV screening; voluntary 4669
choice of contraception, including abstinence and natural family 4670
planning; patient education and pre-pregnancy counseling on the 4671
dangers of smoking, alcohol, and drug use during pregnancy; 4672
education on sexual coercion and violence in relationships; and 4673
prenatal care or referral for prenatal care. These health care 4674

services shall be provided in a medical clinic setting by 4675
persons authorized under Chapter 4731. of the Revised Code to 4676
practice medicine and surgery or osteopathic medicine and 4677
surgery; ~~authorized~~ licensed under Chapter 4730. of the Revised 4678
Code to practice as a physician ~~assistant~~ associate; licensed 4679
under Chapter 4723. of the Revised Code as a registered nurse or 4680
licensed practical nurse; or licensed under Chapter 4757. of the 4681
Revised Code as a social worker, independent social worker, 4682
licensed professional clinical counselor, or licensed 4683
professional counselor. 4684

The director shall adopt rules under Chapter 119. of the 4685
Revised Code specifying reasonable eligibility standards that 4686
must be met to receive the state funding and provide reasonable 4687
methods by which a grantee wishing to be eligible for federal 4688
funding may comply with these requirements for state funding 4689
without losing its eligibility for federal funding. 4690

Each applicant for these funds shall provide sufficient 4691
assurance to the director of all of the following: 4692

(A) The program shall not discriminate in the provision of 4693
services based on an individual's religion, race, national 4694
origin, disability, age, sex, number of pregnancies, or marital 4695
status; 4696

(B) The program shall provide services without subjecting 4697
individuals to any coercion to accept services or to employ any 4698
particular methods of family planning; 4699

(C) Acceptance of services shall be solely on a voluntary 4700
basis and may not be made a prerequisite to eligibility for, or 4701
receipt of, any other service, assistance from, or participation 4702
in, any other program of the service provider; 4703

(D) Any charges for services provided by the program shall 4704
be based on the patient's ability to pay and priority in the 4705
provision of services shall be given to persons from low-income 4706
families. 4707

In distributing these grant funds, the director shall give 4708
priority to grant requests from local departments of health for 4709
women's health services to be provided directly by personnel of 4710
the local department of health. The director shall issue a 4711
single request for proposals for all grants for women's health 4712
services. The director shall send a notification of this request 4713
for proposals to every local department of health in this state 4714
and shall place a notification on the department's web site. The 4715
director shall allow at least thirty days after issuing this 4716
notification before closing the period to receive applications. 4717

After the closing date for receiving grant applications, 4718
the director shall first consider grant applications from local 4719
departments of health that apply for grants for women's health 4720
services to be provided directly by personnel of the local 4721
department of health. Local departments of health that apply for 4722
grants for women's health services to be provided directly by 4723
personnel of the local department of health need not provide all 4724
the listed women's health services in order to qualify for a 4725
grant. However, in prioritizing awards among local departments 4726
of health that qualify for funding under this paragraph, the 4727
director may consider, among other reasonable factors, the 4728
comprehensiveness of the women's health services to be offered, 4729
provided that no local department of health shall be 4730
discriminated against in the process of awarding these grant 4731
funds because the applicant does not provide contraception. 4732

If funds remain after awarding grants to all local 4733

departments of health that qualify for the priority, the 4734
director may make grants to other applicants. Awards to other 4735
applicants may be made to those applicants that will offer all 4736
eight of the listed women's health services or that will offer 4737
all of the services except contraception. No applicant shall be 4738
discriminated against in the process of awarding these grant 4739
funds because the applicant does not provide contraception. 4740

Sec. 3701.048. (A) As used in this section: 4741

(1) "Board of health" means the board of health of a city 4742
or general health district or the authority having the duties of 4743
a board of health under section 3709.05 of the Revised Code. 4744

(2) "Controlled substance" has the same meaning as in 4745
section 3719.01 of the Revised Code. 4746

(3) "Drug," "dangerous drug," and "licensed health 4747
professional authorized to prescribe drugs" have the same 4748
meanings as in section 4729.01 of the Revised Code. 4749

(4) "Registered volunteer" has the same meaning as in 4750
section 5502.281 of the Revised Code. 4751

(B) In consultation with the appropriate professional 4752
regulatory boards of this state, the director of health shall 4753
develop one or more protocols that authorize the following 4754
individuals to administer, deliver, or distribute drugs, other 4755
than schedule II and III controlled substances, during a period 4756
of time described in division (E) of this section, 4757
notwithstanding any statute or rule that otherwise prohibits or 4758
restricts the administration, delivery, or distribution of drugs 4759
by those individuals: 4760

(1) A physician authorized under Chapter 4731. of the 4761
Revised Code to practice medicine and surgery, osteopathic 4762

medicine and surgery, or podiatric medicine and surgery;	4763
(2) A physician assistant <u>associate</u> licensed under Chapter 4730. of the Revised Code;	4764 4765
(3) A dentist or dental hygienist licensed under Chapter 4715. of the Revised Code;	4766 4767
(4) A registered nurse licensed under Chapter 4723. of the Revised Code, including an advanced practice registered nurse, as defined in section 4723.01 of the Revised Code;	4768 4769 4770
(5) A licensed practical nurse licensed under Chapter 4723. of the Revised Code;	4771 4772
(6) An optometrist licensed under Chapter 4725. of the Revised Code;	4773 4774
(7) A pharmacist or pharmacy intern licensed under Chapter 4729. of the Revised Code;	4775 4776
(8) A respiratory care professional licensed under Chapter 4761. of the Revised Code;	4777 4778
(9) An emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic who holds a certificate to practice issued under Chapter 4765. of the Revised Code;	4779 4780 4781 4782
(10) A veterinarian licensed under Chapter 4741. of the Revised Code.	4783 4784
(C) In consultation with the executive director of the emergency management agency, the director of health shall develop one or more protocols that authorize employees of boards of health and registered volunteers to deliver or distribute drugs, other than schedule II and III controlled substances,	4785 4786 4787 4788 4789

during a period of time described in division (E) of this 4790
section, notwithstanding any statute or rule that otherwise 4791
prohibits or restricts the delivery or distribution of drugs by 4792
those individuals. 4793

(D) In consultation with the state board of pharmacy, the 4794
director of health shall develop one or more protocols that 4795
authorize pharmacists and pharmacy interns to dispense, during a 4796
period of time described in division (E) of this section, 4797
limited quantities of dangerous drugs, other than schedule II 4798
and III controlled substances, without a written, oral, or 4799
electronic prescription from a licensed health professional 4800
authorized to prescribe drugs or without a record of a 4801
prescription, notwithstanding any statute or rule that otherwise 4802
prohibits or restricts the dispensing of drugs without a 4803
prescription or record of a prescription. 4804

(E) On the governor's declaration of an emergency that 4805
affects the public health, the director of health may issue an 4806
order to implement one or more of the protocols developed 4807
pursuant to division (B), (C), or (D) of this section. At a 4808
minimum, the director's order shall identify the one or more 4809
protocols to be implemented and the period of time during which 4810
the one or more protocols are to be effective. 4811

(F) (1) An individual who administers, delivers, 4812
distributes, or dispenses a drug or dangerous drug in accordance 4813
with one or more of the protocols implemented under division (E) 4814
of this section is not liable for damages in any civil action 4815
unless the individual's acts or omissions in performing those 4816
activities constitute willful or wanton misconduct. 4817

(2) An individual who administers, delivers, distributes, 4818
or dispenses a drug or dangerous drug in accordance with one or 4819

more of the protocols implemented under division (E) of this 4820
section is not subject to criminal prosecution or professional 4821
disciplinary action under any chapter in Title XLVII of the 4822
Revised Code. 4823

Sec. 3701.23. (A) As used in this section, "health care 4824
provider" means any person or government entity that provides 4825
health care services to individuals. "Health care provider" 4826
includes, but is not limited to, hospitals, medical clinics and 4827
offices, special care facilities, medical laboratories, 4828
physicians, pharmacists, dentists, physician 4829
~~assistants~~associates, registered and licensed practical nurses, 4830
laboratory technicians, emergency medical service organization 4831
personnel, and ambulance service organization personnel. 4832

(B) Boards of health, health authorities or officials, 4833
health care providers in localities in which there are no health 4834
authorities or officials, and coroners or medical examiners 4835
shall report promptly to the department of health the existence 4836
of any of the following: 4837

(1) Asiatic cholera; 4838

(2) Yellow fever; 4839

(3) Diphtheria; 4840

(4) Typhus or typhoid fever; 4841

(5) As specified by the director of health, other 4842
contagious or infectious diseases, illnesses, health conditions, 4843
or unusual infectious agents or biological toxins posing a risk 4844
of human fatality or disability. 4845

(C) No person shall fail to comply with the reporting 4846
requirements established under division (B) of this section. 4847

(D) The reports required by this section shall be 4848
submitted on forms, as required by statute or rule, and in the 4849
manner the director of health prescribes. 4850

(E) Information reported under this section that is 4851
protected health information pursuant to section 3701.17 of the 4852
Revised Code shall be released only in accordance with that 4853
section. Information that does not identify an individual may be 4854
released in summary, statistical, or aggregate form. 4855

Sec. 3701.25. (A) As used in sections 3701.25 to 3701.255 4856
of the Revised Code: 4857

(1) "Certified nurse practitioner" and "clinical nurse 4858
specialist" have the same meanings as in section 4723.01 of the 4859
Revised Code. 4860

(2) "Hospital" has the same meaning as in section 3722.01 4861
of the Revised Code. 4862

(3) "Parkinson's disease" means a chronic and progressive 4863
neurological disorder resulting from a deficiency of the 4864
neurotransmitter dopamine as the consequence of specific 4865
degenerative changes in the area of the brain called the basal 4866
ganglia. It is characterized by tremor at rest, slow movements, 4867
muscle rigidity, stooped posture, and unsteady or shuffling 4868
gait. 4869

(4) "Parkinsonisms" means conditions related to 4870
Parkinson's disease that cause a combination of the movement 4871
abnormalities seen in Parkinson's disease, such as tremor at 4872
rest, slow movement, muscle rigidity, impaired speech, or muscle 4873
stiffness, which often overlap with and can evolve from what 4874
appears to be Parkinson's disease. Examples of Parkinsonisms 4875
include: 4876

- (a) Multiple system atrophy; 4877
- (b) Dementia with Lewy bodies; 4878
- (c) Corticobasal degeneration; 4879
- (d) Progressive supranuclear palsy. 4880
- (5) "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery. 4881
4882
4883
- (6) "Physician assistant" means an individual ~~authorized~~
licensed under Chapter 4730. of the Revised Code to practice as
a physician ~~assistant~~associate. 4884
4885
4886
- (B) Within twenty-four months of the effective date of this section, the director of health shall establish and maintain a Parkinson's disease registry for the collection and monitoring of the incidence of Parkinson's disease in Ohio. 4887
4888
4889
4890
- (C) The director shall supervise the registry and the collection and dissemination of data included in the registry. 4891
4892
The director may enter into contracts, grants, or other 4893
agreements as necessary to maintain the registry, including data 4894
sharing contracts with data reporting entities and their 4895
associated electronic medical record systems vendors. 4896
- (D) Beginning on a date and at intervals determined by the director, each individual case of Parkinson's disease or a Parkinsonism diagnosed on or after the date determined by the director shall be reported to the registry in a format specified by the director by one of the following: 4897
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4899
4900
4901
- (1) The certified nurse practitioner, clinical nurse specialist, physician, or physician ~~assistant~~associate who diagnosed or treated the individual's Parkinson's disease or 4902
4903
4904

Parkinsonism; 4905

(2) The group practice, hospital, or other health care 4906
facility that employs or contracts with the medical professional 4907
described in division (D) (1) of this section. 4908

(E) Each medical professional or health care facility 4909
specified in division (D) of this section shall inform patients 4910
diagnosed with Parkinson's disease or a Parkinsonism at the time 4911
of diagnosis or treatment of the Parkinson's disease registry. 4912

(F) The director or a representative of a director may 4913
inspect upon reasonable notice a representative sample of the 4914
medical records of patients with Parkinson's disease diagnosed, 4915
treated, or admitted at a group practice, hospital, or other 4916
health care facility. 4917

(G) Each medical professional or health care facility 4918
specified in division (D) of this section who in good faith 4919
submits a Parkinson's disease report to the registry is not 4920
liable in any cause of action arising from the submission of the 4921
report. 4922

(H) Nothing in sections 3701.25 to 3701.255 of the Revised 4923
Code shall be deemed to compel any individual to submit to any 4924
medical examination or supervision by the department of health, 4925
any of its authorized representatives, or an approved 4926
researcher. 4927

(I) Facilities or individuals providing diagnostic or 4928
treatment services to patients with Parkinson's disease may 4929
maintain separate facility-based Parkinson's disease registries. 4930

Sec. 3701.36. (A) As used in this section and in sections 4931
3701.361 and 3701.362 of the Revised Code, "palliative care" has 4932
the same meaning as in section 3712.01 of the Revised Code. 4933

(B) There is hereby created the palliative care and quality of life interdisciplinary council. Subject to division (C) of this section, members of the council shall be appointed by the director of health and include individuals with expertise in palliative care who represent the following professions or constituencies:

(1) Physicians authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery, including those who are board-certified in pediatrics and those who are board-certified in psychiatry, as those designations are issued by a medical specialty certifying board recognized by the American board of medical specialties or American osteopathic association;

(2) Physician ~~assistants~~ associates licensed under Chapter 4730. of the Revised Code;

(3) Advanced practice registered nurses licensed under Chapter 4723. of the Revised Code who are designated as clinical nurse specialists or certified nurse practitioners;

(4) Registered nurses and licensed practical nurses licensed under Chapter 4723. of the Revised Code;

(5) Pharmacists licensed under Chapter 4729. of the Revised Code;

(6) Psychologists licensed under Chapter 4732. of the Revised Code;

(7) Licensed professional clinical counselors or licensed professional counselors licensed under Chapter 4757. of the Revised Code;

(8) Independent social workers or social workers licensed

under Chapter 4757. of the Revised Code;	4962
(9) Marriage and family therapists licensed under Chapter	4963
4757. of the Revised Code;	4964
(10) Child life specialists;	4965
(11) Clergy or spiritual advisers;	4966
(12) Exercise physiologists;	4967
(13) Health insurers;	4968
(14) Patients;	4969
(15) Family caregivers.	4970
The council's membership also may include employees of	4971
agencies of this state that administer programs pertaining to	4972
palliative care or are otherwise concerned with the delivery of	4973
palliative care in this state.	4974
(C) The council's membership shall include individuals who	4975
have worked with various age groups, including children and the	4976
elderly. The council's membership also shall include individuals	4977
who have experience or expertise in various palliative care	4978
delivery models, including acute care, long-term care, hospice	4979
care, home health agency services, home-based care, and	4980
spiritual care. At least two members shall be physicians who are	4981
board-certified in hospice and palliative care by a medical	4982
specialty certifying board recognized by the American board of	4983
medical specialties or American osteopathic association. At	4984
least one member shall be employed as an administrator of a	4985
hospital or system of hospitals in this state or be a	4986
professional specified in divisions (B) (1) to (10) or division	4987
(B) (12) of this section who treats patients as an employee or	4988
contractor of such a hospital or system of hospitals.	4989

Not more than twenty individuals shall serve as members of
the council at any one time. Not more than two members shall be
employed by the same health care facility or provider or
practice at or for the same health care facility or provider.

In making appointments to the council, the director shall
seek to include as members individuals who represent underserved
areas of the state and to have all geographic areas of the state
represented.

(D) The director shall make initial appointments to the
council not later than ninety days after March 20, 2019. Terms
of office shall be three years. Each member shall hold office
from the date of appointment until the end of the term for which
the member was appointed. In the event of death, removal,
resignation, or incapacity of a council member, the director
shall appoint a successor who shall hold office for the
remainder of the term for which the successor's predecessor was
appointed. 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.

The council shall meet at the call of the director, but
not less than twice annually. The council shall select annually
from among its members a chairperson and vice-chairperson, whose
duties shall be established by the council.

Each member shall serve without compensation, except to
the extent that serving on the council is considered part of the
member's regular employment duties.

(E) The council shall do all of the following:

(1) Consult with and advise the director on matters

related to the establishment, maintenance, operation, and 5019
evaluation of palliative care initiatives in this state; 5020

(2) Consult with the department of health for purposes of 5021
its implementation of section 3701.361 of the Revised Code; 5022

(3) Identify national organizations that have established 5023
standards of practice and best practice models for palliative 5024
care; 5025

(4) Identify initiatives established at the national and 5026
state levels aimed at integrating palliative care into the 5027
health care system and enhancing the use and development of 5028
palliative care; 5029

(5) Establish guidelines for health care facilities and 5030
providers to use under section 3701.362 of the Revised Code in 5031
identifying patients and residents who could benefit from 5032
palliative care; 5033

(6) On or before December 31 of each year, prepare and 5034
submit to the governor, general assembly, director of health, 5035
director of aging, superintendent of insurance, and medicaid 5036
director a report of recommendations for improving the provision 5037
of palliative care in this state. 5038

The council shall submit the report to the general 5039
assembly in accordance with section 101.68 of the Revised Code. 5040

(F) The department of health shall provide to the council 5041
the administrative support necessary to execute its duties. At 5042
the request of the council, the department shall examine 5043
potential sources of funding to assist with any duties described 5044
in this section or sections 3701.361 and 3701.362 of the Revised 5045
Code. 5046

(G) The council is not subject to sections 101.82 to 5047
101.87 of the Revised Code. 5048

Sec. 3701.59. (A) As used in this section: 5049

(1) "Addiction services" and "alcohol and drug addiction 5050
services" have the same meanings as in section 5119.01 of the 5051
Revised Code. 5052

(2) "Controlled substance" has the same meaning as in 5053
section 3719.01 of the Revised Code. 5054

(B) Any of the following health care professionals who 5055
attends a pregnant woman for conditions relating to pregnancy 5056
before the end of the twentieth week of pregnancy and who has 5057
reason to believe that the woman is using or has used a 5058
controlled substance in a manner that may place the woman's 5059
fetus in jeopardy shall encourage the woman to enroll in a drug 5060
treatment program offered by a provider of addiction services or 5061
alcohol and drug addiction services: 5062

(1) Physicians authorized under Chapter 4731. of the 5063
Revised Code to practice medicine and surgery or osteopathic 5064
medicine and surgery; 5065

(2) Registered nurses and licensed practical nurses 5066
licensed under Chapter 4723. of the Revised Code; 5067

(3) Physician ~~assistants~~ associates licensed under Chapter 5068
4730. of the Revised Code. 5069

(C) A health care professional is immune from civil 5070
liability and is not subject to criminal prosecution with regard 5071
to both of the following: 5072

(1) Failure to recognize that a pregnant woman has used or 5073
is using a controlled substance in a manner that may place the 5074

woman's fetus in jeopardy;	5075
(2) Any action taken in good faith compliance with this section.	5076 5077
Sec. 3701.615. (A) As used in this section:	5078
(1) "Certified nurse-midwife," "certified nurse practitioner," and "clinical nurse specialist" have the same meanings as in section 4723.01 of the Revised Code.	5079 5080 5081
(2) "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.	5082 5083 5084
(3) "Physician assistant <u>associate</u> " means an individual authorized <u>licensed</u> under Chapter 4730. of the Revised Code to practice as a physician assistant <u>associate</u> .	5085 5086 5087
(B) The department of health shall establish a grant program to address the provision of prenatal health care services to pregnant women on a group basis. The aim of the program is to increase the number of pregnant women who begin prenatal care early in their pregnancies and to reduce the number of infants born preterm.	5088 5089 5090 5091 5092 5093
(C) (1) An entity seeking to participate in the grant program shall apply to the department of health in a manner prescribed by the department. Participating entities may include the following:	5094 5095 5096 5097
(a) Medical practices, including those operated by or employing one or more physicians, physician assistants <u>associates</u> , certified nurse-midwives, certified nurse practitioners, or clinical nurse specialists;	5098 5099 5100 5101
(b) Health care facilities.	5102

(2) To be eligible to participate in the grant program, an entity must demonstrate to the department that it can meet all of the following requirements:

(a) Has space to host groups of at least twelve pregnant women;

(b) Has adequate in-kind resources, including existing medical staff, to provide necessary prenatal health care services on both an individual and group basis;

(c) Provides prenatal care based on either of the following:

(i) The centering pregnancy model of care developed by the centering healthcare institute;

(ii) Another model of care acceptable to the department.

(d) Integrates health assessments, education, and support into a unified program in which pregnant women at similar stages of pregnancy meet, learn care skills, and participate in group discussions;

(e) Meets any other requirements established by the department.

(D) When distributing funds under the program, the department shall give priority to entities that are both of the following:

(1) Operating in areas of the state with high preterm birth rates, including rural areas and Cuyahoga, Franklin, Hamilton, and Summit counties;

(2) Providing care to medicaid recipients who are members of the group described in division (B) of section 5163.06 of the

Revised Code.	5130
(E) A participating entity may employ or contract with	5131
licensed dental hygienists to educate pregnant women about the	5132
importance of prenatal and postnatal dental care.	5133
(F) The department may adopt rules as necessary to	5134
implement this section. The rules shall be adopted in accordance	5135
with Chapter 119. of the Revised Code.	5136
Sec. 3701.74. (A) As used in this section and section	5137
3701.741 of the Revised Code:	5138
(1) "Ambulatory care facility" means a facility that	5139
provides medical, diagnostic, or surgical treatment to patients	5140
who do not require hospitalization, including a dialysis center,	5141
ambulatory surgical facility, cardiac catheterization facility,	5142
diagnostic imaging center, extracorporeal shock wave lithotripsy	5143
center, home health agency, inpatient hospice, birthing center,	5144
radiation therapy center, emergency facility, and an urgent care	5145
center. "Ambulatory care facility" does not include the private	5146
office of a physician or dentist, whether the office is for an	5147
individual or group practice.	5148
(2) "Chiropractor" means an individual licensed under	5149
Chapter 4734. of the Revised Code to practice chiropractic.	5150
(3) "Emergency facility" means a hospital emergency	5151
department or any other facility that provides emergency medical	5152
services.	5153
(4) "Health care practitioner" means all of the following:	5154
(a) A dentist or dental hygienist licensed under Chapter	5155
4715. of the Revised Code;	5156
(b) A registered or licensed practical nurse licensed	5157

under Chapter 4723. of the Revised Code;	5158
(c) An optometrist licensed under Chapter 4725. of the Revised Code;	5159 5160
(d) A dispensing optician, spectacle dispensing optician, or spectacle-contact lens dispensing optician licensed under Chapter 4725. of the Revised Code;	5161 5162 5163
(e) A pharmacist licensed under Chapter 4729. of the Revised Code;	5164 5165
(f) A physician;	5166
(g) A physician assistant authorized <u>associate licensed</u> under Chapter 4730. of the Revised Code to practice as a physician assistant;	5167 5168 5169
(h) A practitioner of a limited branch of medicine issued a certificate under Chapter 4731. of the Revised Code;	5170 5171
(i) A psychologist licensed under Chapter 4732. of the Revised Code;	5172 5173
(j) A chiropractor;	5174
(k) A hearing aid dealer or fitter licensed under Chapter 4747. of the Revised Code;	5175 5176
(l) A speech-language pathologist or audiologist licensed under Chapter 4753. of the Revised Code;	5177 5178
(m) An occupational therapist or occupational therapy assistant licensed under Chapter 4755. of the Revised Code;	5179 5180
(n) A physical therapist or physical therapy assistant licensed under Chapter 4755. of the Revised Code;	5181 5182
(o) A licensed professional clinical counselor, licensed	5183

professional counselor, social worker, independent social 5184
worker, independent marriage and family therapist, or marriage 5185
and family therapist licensed, or a social work assistant 5186
registered, under Chapter 4757. of the Revised Code; 5187

(p) A dietitian licensed under Chapter 4759. of the 5188
Revised Code; 5189

(q) A respiratory care professional licensed under Chapter 5190
4761. of the Revised Code; 5191

(r) An emergency medical technician-basic, emergency 5192
medical technician-intermediate, or emergency medical 5193
technician-paramedic certified under Chapter 4765. of the 5194
Revised Code. 5195

(5) "Health care provider" means a hospital, ambulatory 5196
care facility, long-term care facility, pharmacy, emergency 5197
facility, or health care practitioner. 5198

(6) "Hospital" has the same meaning as in section 3727.01 5199
of the Revised Code. 5200

(7) "Long-term care facility" means a nursing home, 5201
residential care facility, or home for the aging, as those terms 5202
are defined in section 3721.01 of the Revised Code; a 5203
residential facility licensed under section 5119.34 of the 5204
Revised Code that provides accommodations, supervision, and 5205
personal care services for three to sixteen unrelated adults; a 5206
nursing facility, as defined in section 5165.01 of the Revised 5207
Code; a skilled nursing facility, as defined in section 5165.01 5208
of the Revised Code; and an intermediate care facility for 5209
individuals with intellectual disabilities, as defined in 5210
section 5124.01 of the Revised Code. 5211

(8) "Medical record" means data in any form that pertains 5212

to a patient's medical history, diagnosis, prognosis, or medical 5213
condition and that is generated and maintained by a health care 5214
provider in the process of the patient's health care treatment. 5215

(9) "Medical records company" means a person who stores, 5216
locates, or copies medical records for a health care provider, 5217
or is compensated for doing so by a health care provider, and 5218
charges a fee for providing medical records to a patient or 5219
patient's representative. 5220

(10) "Patient" means either of the following: 5221

(a) An individual who received health care treatment from 5222
a health care provider; 5223

(b) A guardian, as defined in section 1337.11 of the 5224
Revised Code, of an individual described in division (A)(10)(a) 5225
of this section. 5226

(11) "Patient's personal representative" means a minor 5227
patient's parent or other person acting in loco parentis, a 5228
court-appointed guardian, or a person with durable power of 5229
attorney for health care for a patient, the executor or 5230
administrator of the patient's estate, or the person responsible 5231
for the patient's estate if it is not to be probated. "Patient's 5232
personal representative" does not include an insurer authorized 5233
under Title XXXIX of the Revised Code to do the business of 5234
sickness and accident insurance in this state, a health insuring 5235
corporation holding a certificate of authority under Chapter 5236
1751. of the Revised Code, or any other person not named in this 5237
division. 5238

(12) "Pharmacy" has the same meaning as in section 4729.01 5239
of the Revised Code. 5240

(13) "Physician" means a person authorized under Chapter 5241

4731. of the Revised Code to practice medicine and surgery, 5242
osteopathic medicine and surgery, or podiatric medicine and 5243
surgery. 5244

(14) "Authorized person" means a person to whom a patient 5245
has given written authorization to act on the patient's behalf 5246
regarding the patient's medical record. 5247

(B) A patient, a patient's personal representative, or an 5248
authorized person who wishes to examine or obtain a copy of part 5249
or all of a medical record shall submit to the health care 5250
provider a written request signed by the patient, personal 5251
representative, or authorized person dated not more than one 5252
year before the date on which it is submitted. The request shall 5253
indicate whether the copy is to be sent to the requestor, 5254
physician or chiropractor, or held for the requestor at the 5255
office of the health care provider. Within a reasonable time 5256
after receiving a request that meets the requirements of this 5257
division and includes sufficient information to identify the 5258
record requested, a health care provider that has the patient's 5259
medical records shall permit the patient to examine the record 5260
during regular business hours without charge or, on request, 5261
shall provide a copy of the record in accordance with section 5262
3701.741 of the Revised Code, except that if a physician, 5263
psychologist, licensed professional clinical counselor, licensed 5264
professional counselor, independent social worker, social 5265
worker, independent marriage and family therapist, marriage and 5266
family therapist, or chiropractor who has treated the patient 5267
determines for clearly stated treatment reasons that disclosure 5268
of the requested record is likely to have an adverse effect on 5269
the patient, the health care provider shall provide the record 5270
to a physician, psychologist, licensed professional clinical 5271
counselor, licensed professional counselor, independent social 5272

worker, social worker, independent marriage and family 5273
therapist, marriage and family therapist, or chiropractor 5274
designated by the patient. The health care provider shall take 5275
reasonable steps to establish the identity of the person making 5276
the request to examine or obtain a copy of the patient's record. 5277

(C) If a health care provider fails to furnish a medical 5278
record as required by division (B) of this section, the patient, 5279
personal representative, or authorized person who requested the 5280
record may bring a civil action to enforce the patient's right 5281
of access to the record. 5282

(D) (1) This section does not apply to medical records 5283
whose release is covered by section 173.20 or 3721.13 of the 5284
Revised Code, by Chapter 1347., 5119., or 5122. of the Revised 5285
Code, by 42 C.F.R. part 2, "Confidentiality of Alcohol and Drug 5286
Abuse Patient Records," or by 42 C.F.R. 483.10. 5287

(2) Nothing in this section is intended to supersede the 5288
confidentiality provisions of sections 2305.24, 2305.25, 5289
2305.251, and 2305.252 of the Revised Code. 5290

Sec. 3701.90. The director of health, with participation 5291
from the state medical board and board of nursing, shall 5292
collaborate with medical, nursing, and physician ~~assistant~~ 5293
associate schools or programs in this state, as well as medical 5294
residency and fellowship programs in this state, to develop and 5295
implement appropriate curricula in those schools and programs 5296
designed to prepare primary care and women's health care 5297
physicians, advanced practice registered nurses, and physician 5298
~~assistants~~ associates to provide patient counseling on efficacy- 5299
based contraceptives, including long-acting reversible 5300
contraceptives. 5301

Sec. 3701.92. As used in sections 3701.921 to ~~3701.929~~ 5302
3701.923 of the Revised Code: 5303

(A) "Advanced practice registered nurse" has the same 5304
meaning as in section 4723.01 of the Revised Code. 5305

~~(B) "Patient centered medical home education advisory~~ 5306
~~group" means the entity established under section 3701.924 of~~ 5307
~~the Revised Code.~~ 5308

~~(C)~~ "Patient centered medical home education program" 5309
means the program established under section 3701.921 of the 5310
Revised Code and any ~~pilot~~ projects ~~operated~~ included in the 5311
program pursuant to that section. 5312

~~(D) "Patient centered medical home education pilot~~ 5313
~~project" means the pilot project established under section~~ 5314
~~3701.923 of the Revised Code.~~ 5315

~~(E)~~ ~~(C)~~ "Physician assistant associate" means a person who 5316
is licensed to practice as a physician ~~assistant~~ associate under 5317
Chapter 4730. of the Revised Code. 5318

Sec. 3701.921. There is hereby established the patient 5319
centered medical home education program in the department of 5320
health. For the purpose of advancing education in the patient 5321
centered medical home model of care, the director of health may 5322
implement and administer the program pursuant to sections 5323
3701.922 to 3701.929 of the Revised Code. The patient centered 5324
medical home model of care is an enhanced model of primary care 5325
in which care teams attend to the multifaceted needs of 5326
patients, providing whole person comprehensive and coordinate 5327
patient centered care. 5328

To the extent that funds are available, the program ~~shall~~ 5329
~~include the patient centered medical home education pilot~~ 5330

~~project and~~ may include any ~~other~~ projects the director 5331
establishes pursuant to division (A) (3) of section 3701.922 of 5332
the Revised Code. 5333

Sec. ~~3701.928~~ 3701.923. (A) The director of health shall 5334
collaborate with medical, nursing, and physician ~~assistant-~~ 5335
associate schools or programs in this state to develop 5336
appropriate curricula designed to prepare primary care 5337
physicians, advanced practice registered nurses, and physician 5338
~~assistants~~ associates to practice within the patient centered 5339
medical home model of care. In developing the curricula, the 5340
director and the schools or programs shall include all of the 5341
following: 5342

(1) Components for use at the medical student, advanced 5343
practice registered nursing student, physician ~~assistant-~~ 5344
associate student, and primary care resident training levels; 5345

(2) Components that reflect, as appropriate, the special 5346
needs of patients who are part of a medically underserved 5347
population, including medicaid recipients, individuals without 5348
health insurance, individuals with disabilities, individuals 5349
with chronic health conditions, and individuals within racial or 5350
ethnic minority groups; 5351

(3) Components that include training in interdisciplinary 5352
cooperation between physicians, advanced practice registered 5353
nurses, and physician ~~assistants~~ associates in the patient 5354
centered medical home model of care, including curricula 5355
ensuring that a common conception of a patient centered medical 5356
home model of care is provided to medical students, advanced 5357
practice registered nurses, physician ~~assistants~~ associates, and 5358
primary care residents; 5359

(4) Components that include training in preconception care 5360
and family planning. 5361

(B) The director may work in association with the medical, 5362
nursing, and physician ~~assistant~~associate schools or programs 5363
to identify funding sources to ensure that the curricula 5364
developed under division (A) of this section are accessible to 5365
medical students, advanced practice registered nursing students, 5366
physician ~~assistant~~associate students, and primary care 5367
residents. The director shall consider scholarship options or 5368
incentives provided to students in addition to those provided 5369
under the choose Ohio first scholarship program operated under 5370
section 3333.61 of the Revised Code. 5371

Sec. 3701.941. (A) As part of the patient centered medical 5372
home program established under section 3701.94 of the Revised 5373
Code, the department of health shall establish a voluntary 5374
patient centered medical home certification program. 5375

(B) Each primary care practice, that seeks a patient 5376
centered medical home certificate shall submit an application on 5377
a form prepared by the department. The department may require an 5378
application fee and annual renewal fee as determined by the 5379
department. If the department establishes a fee under this 5380
section, the fee shall be in an amount that is sufficient to 5381
cover the cost of any on-site evaluations conducted by the 5382
department or an entity under contract with the department 5383
pursuant to section 3701.942 of the Revised Code. 5384

(C) A practice certified under this section shall do all 5385
of the following: 5386

(1) Meet any standards developed by national independent 5387
accrediting and medical home organizations, as determined by the 5388

department;	5389
(2) Develop a systematic follow-up procedure for patients, including the use of health information technology and patient registries;	5390 5391 5392
(3) Implement and maintain health information technology that meets the requirements of 42 U.S.C. 300jj;	5393 5394
(4) Comply with the reporting requirements of section 3701.942 of the Revised Code;	5395 5396
(5) Meet any process, outcome, and quality standards specified by the department of health;	5397 5398
(6) Meet any other requirements established by the department.	5399 5400
(D) The department shall seek to do all of the following through the certification of patient centered medical homes:	5401 5402
(1) Expand, enhance, and encourage the use of primary care providers, including primary care physicians, advanced practice registered nurses, and physician assistants <u>associates</u> , as personal clinicians;	5403 5404 5405 5406
(2) Develop a focus on delivering high-quality, efficient, and effective health care services;	5407 5408
(3) Encourage patient centered care and the provision of care that is appropriate for a patient's race, ethnicity, and language;	5409 5410 5411
(4) Encourage the education and active participation of patients and patients' families or legal guardians, as appropriate, in decision making and care plan development;	5412 5413 5414
(5) Provide patients with consistent, ongoing contact with	5415

a personal clinician or team of clinical professionals to ensure 5416
continuous and appropriate care; 5417

(6) Ensure that patient centered medical homes develop and 5418
maintain appropriate comprehensive care plans for patients with 5419
complex or chronic conditions, including an assessment of health 5420
risks and chronic conditions; 5421

(7) Ensure that patient centered medical homes plan for 5422
transition of care from youth to adult to senior; 5423

(8) Enable and encourage use of a range of qualified 5424
health care professionals, including dedicated care 5425
coordinators, in a manner that enables those professionals to 5426
practice to the fullest extent of their professional licenses. 5427

Sec. 3709.161. (A) The board of health of a city or 5428
general health district may procure a policy or policies of 5429
insurance insuring the members of the board, the health 5430
commissioner, and the employees of the board against liability 5431
on account of damage or injury to persons and property resulting 5432
from any act or omission that occurs in the individual's 5433
official capacity as a member or employee of the board or 5434
resulting solely out of such membership or employment. 5435

(B) (1) As used in this division, "health care 5436
professional" means all of the following: 5437

(a) A dentist or dental hygienist licensed under Chapter 5438
4715. of the Revised Code; 5439

(b) A registered nurse or licensed practical nurse 5440
licensed under Chapter 4723. of the Revised Code; 5441

(c) A person licensed under Chapter 4729. of the Revised 5442
Code to practice as a pharmacist; 5443

(d) A person authorized <u>licensed</u> under Chapter 4730. of	5444
the Revised Code to practice as a physician assistant <u>associate</u> ;	5445
(e) A person authorized under Chapter 4731. of the Revised	5446
Code to practice medicine and surgery, osteopathic medicine and	5447
surgery, or podiatry;	5448
(f) A psychologist licensed under Chapter 4732. of the	5449
Revised Code;	5450
(g) A veterinarian licensed under Chapter 4741. of the	5451
Revised Code;	5452
(h) A speech-language pathologist or audiologist licensed	5453
under Chapter 4753. of the Revised Code;	5454
(i) An occupational therapist, physical therapist,	5455
physical therapist assistant, or athletic trainer licensed under	5456
Chapter 4755. of the Revised Code;	5457
(j) A licensed professional clinical counselor, licensed	5458
professional counselor, independent social worker, or social	5459
worker licensed under Chapter 4757. of the Revised Code;	5460
(k) A dietitian licensed under Chapter 4759. of the	5461
Revised Code.	5462
(2) The board of health of a city or general health	5463
district may purchase liability insurance for a health care	5464
professional with whom the board contracts for the provision of	5465
health care services against liability on account of damage or	5466
injury to persons and property arising from the health care	5467
professional's performance of services under the contract. The	5468
policy shall be purchased from an insurance company licensed to	5469
do business in this state, if such a policy is available from	5470
such a company. The board of health of a city or general health	5471

district shall report the cost of the liability insurance policy 5472
and subsequent increases in the cost to the director of health 5473
on a form prescribed by the director. 5474

Sec. 3715.50. (A) As used in this section and in sections 5475
3715.501 to 3715.505 of the Revised Code: 5476

(1) "Advanced practice registered nurse" means an 5477
individual who holds a current, valid license issued under 5478
Chapter 4723. of the Revised Code and is designated as a 5479
clinical nurse specialist, certified nurse-midwife, or certified 5480
nurse practitioner. 5481

(2) "Overdose reversal drug" has the same meaning as in 5482
section 4729.01 of the Revised Code. 5483

(3) "Pharmacist" means an individual licensed under 5484
Chapter 4729. of the Revised Code to practice as a pharmacist. 5485

(4) "Pharmacy intern" means an individual licensed under 5486
Chapter 4729. of the Revised Code to practice as a pharmacy 5487
intern. 5488

(5) "Physician" means an individual authorized under 5489
Chapter 4731. of the Revised Code to practice medicine and 5490
surgery, osteopathic medicine and surgery, or podiatric medicine 5491
and surgery. 5492

(6) "Physician ~~assistant~~associate" means an individual who 5493
is licensed under Chapter 4730. of the Revised Code, ~~holds a~~ 5494
~~valid prescriber number issued by the state medical board, to~~ 5495
practice as a physician associate and has been granted 5496
physician-delegated prescriptive authority. 5497

(B) Notwithstanding any conflicting provision of the 5498
Revised Code, any person or government entity may purchase, 5499

possess, distribute, dispense, personally furnish, sell, or 5500
otherwise obtain or provide an overdose reversal drug, which 5501
includes any instrument or device used to administer the drug, 5502
if all of the following conditions are met: 5503

(1) The overdose reversal drug is in its original 5504
manufacturer's packaging. 5505

(2) The overdose reversal drug's packaging contains the 5506
manufacturer's instructions for use. 5507

(3) The overdose reversal drug is stored in accordance 5508
with the manufacturer's or distributor's instructions. 5509

(C) In addition to actions authorized by division (B) of 5510
this section, any person or government entity may obtain and 5511
maintain a supply of an overdose reversal drug for either or 5512
both of the following purposes: for use in an emergency 5513
situation and for distribution through an automated mechanism. 5514

(1) In the case of a supply of an overdose reversal drug 5515
obtained and maintained for use in an emergency situation, a 5516
person or government entity shall do all of the following: 5517

(a) Provide to any individual who accesses the supply 5518
instructions regarding emergency administration of the drug, 5519
including a specific instruction to summon emergency services as 5520
necessary; 5521

(b) Establish a process for replacing within a reasonable 5522
time period any overdose reversal drug that has been accessed; 5523

(c) Store the overdose reversal drug in accordance with 5524
the manufacturer's or distributor's instructions. 5525

(2) In the case of a supply of an overdose reversal drug 5526
obtained and maintained for distribution through an automated 5527

mechanism, a person or government entity shall do all of the 5528
following: 5529

(a) Ensure that the mechanism is securely fastened to a 5530
permanent structure or is of an appropriate size and weight to 5531
reasonably prevent it from being removed from its intended 5532
location; 5533

(b) Provide to any individual who accesses the supply 5534
instructions regarding emergency administration of the drug, 5535
including a specific instruction to summon emergency services as 5536
necessary; 5537

(c) Develop a process for monitoring and replenishing the 5538
supply maintained in the automated mechanism; 5539

(d) Store the overdose reversal drug in accordance with 5540
the manufacturer's or distributor's instructions. 5541

(D) If the authority granted by division (B) or (C) of 5542
this section is exercised in good faith, the following 5543
immunities apply: 5544

(1) The person or government entity exercising the 5545
authority is not subject to administrative action or criminal 5546
prosecution and is not liable for damages in a civil action for 5547
injury, death, or loss to person or property for an act or 5548
omission that arises from exercising that authority. 5549

(2) After an overdose reversal drug has been dispensed or 5550
personally furnished, the person or government entity is not 5551
liable for or subject to any of the following for any act or 5552
omission of the individual to whom the drug is dispensed or 5553
personally furnished: damages in any civil action, prosecution 5554
in any criminal proceeding, or professional disciplinary action. 5555

(E) (1) This section does not affect any other authority to 5556
issue a prescription for, or personally furnish a supply of, an 5557
overdose reversal drug. 5558

(2) This section does not eliminate, limit, or reduce any 5559
other immunity or defense that a person or government entity may 5560
be entitled to under section 9.86, Chapter 2744., section 5561
4765.49, or any other provision of the Revised Code or the 5562
common law of this state. 5563

Sec. 3715.501. (A) Notwithstanding any conflicting 5564
provision of the Revised Code or of any rule adopted by the 5565
state board of pharmacy, state medical board, or board of 5566
nursing, both of the following apply: 5567

(1) A physician, physician ~~assistant~~associate, or advanced 5568
practice registered nurse may issue a prescription for an 5569
overdose reversal drug, or personally furnish a supply of the 5570
drug, without having examined the individual to whom it may be 5571
administered. The physician, physician ~~assistant~~associate, or 5572
advanced practice registered nurse exercising this authority 5573
shall provide, to the individual receiving the prescription or 5574
supply, instructions regarding the emergency administration of 5575
the drug, including a specific instruction to summon emergency 5576
services as necessary. 5577

(2) In the event that a prescription for an overdose 5578
reversal drug does not include the name of the individual to 5579
whom the drug may be administered, a pharmacist or pharmacy 5580
intern may dispense the drug to the individual who received the 5581
prescription. 5582

(B) (1) A physician, physician ~~assistant~~associate, or 5583
advanced practice registered nurse who in good faith exercises 5584

the authority conferred by division (A) (1) of this section is 5585
not liable for or subject to any of the following for any act or 5586
omission of the individual to whom a prescription for an 5587
overdose reversal drug is issued or the supply of such a drug is 5588
furnished: damages in any civil action, prosecution in any 5589
criminal proceeding, or professional disciplinary action. 5590

(2) A pharmacist or pharmacy intern who in good faith 5591
exercises the authority conferred by division (A) (2) of this 5592
section is not liable for or subject to any of the following: 5593
damages in any civil action, prosecution in any criminal 5594
proceeding, or professional disciplinary action. 5595

Sec. 3715.502. (A) A physician, physician 5596
~~assistant~~associate, or advanced practice registered nurse may 5597
authorize one or more pharmacists and any of the pharmacy 5598
interns supervised by the one or more pharmacists to use a 5599
protocol developed pursuant to rules adopted under this section 5600
for the purpose of dispensing overdose reversal drugs. If use of 5601
the protocol has been authorized, a pharmacist or pharmacy 5602
intern may dispense overdose reversal drugs without a 5603
prescription to either of the following in accordance with that 5604
protocol: 5605

(1) An individual who there is reason to believe is 5606
experiencing or at risk of experiencing an opioid-related 5607
overdose; 5608

(2) A family member, friend, or other individual in a 5609
position to assist an individual who there is reason to believe 5610
is at risk of experiencing an opioid-related overdose. 5611

(B) A pharmacist or pharmacy intern who dispenses overdose 5612
reversal drugs under this section shall instruct the individual 5613

to whom the drugs are dispensed to summon emergency services as 5614
soon as practicable either before or after administering the 5615
drugs. 5616

(C) A pharmacist may document on a prescription form the 5617
dispensing of overdose reversal drugs by the pharmacist or a 5618
pharmacy intern supervised by the pharmacist. The form may be 5619
assigned a number for recordkeeping purposes. 5620

(D) This section does not affect the authority of a 5621
pharmacist or pharmacy intern to fill or refill a prescription 5622
for overdose reversal drugs. 5623

(E) A physician, physician ~~assistant~~associate, or advanced 5624
practice registered nurse who in good faith authorizes a 5625
pharmacist or pharmacy intern to dispense overdose reversal 5626
drugs without a prescription, as provided in this section, is 5627
not liable for or subject to any of the following for any act or 5628
omission of the individual to whom the drugs are dispensed: 5629
damages in any civil action, prosecution in any criminal 5630
proceeding, or professional disciplinary action. 5631

A pharmacist or pharmacy intern authorized under this 5632
section to dispense overdose reversal drugs without a 5633
prescription who does so in good faith is not liable for or 5634
subject to any of the following for any act or omission of the 5635
individual to whom the drugs are dispensed: damages in any civil 5636
action, prosecution in any criminal proceeding, or professional 5637
disciplinary action. 5638

(F) The state board of pharmacy, after consulting with the 5639
state medical board and board of nursing, shall adopt rules to 5640
implement this section. The rules shall specify a protocol under 5641
which pharmacists or pharmacy interns may dispense overdose 5642

reversal drugs without a prescription. 5643

All rules adopted under this section shall be adopted in 5644
accordance with Chapter 119. of the Revised Code. 5645

(G) (1) The state board of pharmacy shall develop a program 5646
to educate all of the following about the authority of a 5647
pharmacist or pharmacy intern to dispense overdose reversal 5648
drugs without a prescription: 5649

(a) Holders of licenses issued under Chapter 4729. of the 5650
Revised Code that engage in the sale or dispensing of overdose 5651
reversal drugs pursuant to this section; 5652

(b) Registered pharmacy technicians, certified pharmacy 5653
technicians, and pharmacy technician trainees registered under 5654
Chapter 4729. of the Revised Code who engage in the sale of 5655
overdose reversal drugs pursuant to this section; 5656

(c) Individuals who are not licensed or registered under 5657
Chapter 4729. of the Revised Code but are employed by license 5658
holders described in division (G) (1) (a) of this section. 5659

(2) As part of the program, the board also shall educate 5660
the license holders, pharmacy technicians, and employees 5661
described in division (G) (1) of this section about maintaining 5662
an adequate supply of overdose reversal drugs and methods for 5663
determining a pharmacy's stock of such drugs. 5664

(3) The board may use its web site to share information 5665
under the program. 5666

Sec. 3715.503. (A) In addition to the actions authorized 5667
by section 3715.50 of the Revised Code and subject to division 5668
(B) of this section, a physician, physician ~~assistant~~associate, 5669
or advanced practice registered nurse may elect to establish a 5670

protocol authorizing any individual to personally furnish a 5671
supply of an overdose reversal drug to another individual 5672
pursuant to the protocol. A person authorized to personally 5673
furnish an overdose reversal drug pursuant to the protocol may 5674
do so without having examined the individual to whom the drug 5675
may be administered. 5676

(B) A protocol established by a physician, physician 5677
~~assistant~~associate, or advanced practice registered nurse for 5678
purposes of this section shall include all of the following: 5679

(1) Any limitations to be applied concerning the 5680
individuals to whom the overdose reversal drug may be personally 5681
furnished; 5682

(2) The overdose reversal drug dosage that may be 5683
personally furnished and any variation in the dosage based on 5684
circumstances specified in the protocol; 5685

(3) Any labeling, storage, recordkeeping, and 5686
administrative requirements; 5687

(4) Training requirements that must be met before a person 5688
will be authorized to personally furnish overdose reversal 5689
drugs; 5690

(5) Any instructions or training that the authorized 5691
person must provide to an individual to whom an overdose 5692
reversal drug is personally furnished. 5693

(C) A physician, physician ~~assistant~~associate, or advanced 5694
practice registered nurse who in good faith authorizes an 5695
individual to personally furnish a supply of an overdose 5696
reversal drug in accordance with a protocol established under 5697
this section, and an individual who in good faith personally 5698
furnishes a supply under that authority, is not liable for or 5699

subject to any of the following for any act or omission of the 5700
individual to whom the overdose reversal drug is personally 5701
furnished: damages in any civil action, prosecution in any 5702
criminal proceeding, or professional disciplinary action. 5703

Sec. 3715.872. (A) As used in this section, "health care 5704
professional" means any of the following who provide medical, 5705
dental, or other health-related diagnosis, care, or treatment: 5706

(1) Individuals authorized under Chapter 4731. of the 5707
Revised Code to practice medicine and surgery, osteopathic 5708
medicine and surgery, or podiatric medicine and surgery; 5709

(2) Registered nurses and licensed practical nurses 5710
licensed under Chapter 4723. of the Revised Code; 5711

(3) Physician ~~assistants~~ associates licensed under Chapter 5712
4730. of the Revised Code; 5713

(4) Dentists and dental hygienists licensed under Chapter 5714
4715. of the Revised Code; 5715

(5) Optometrists licensed under Chapter 4725. of the 5716
Revised Code; 5717

(6) Pharmacists licensed under Chapter 4729. of the 5718
Revised Code. 5719

(B) For matters related to activities conducted under the 5720
drug repository program, all of the following apply: 5721

(1) A pharmacy, drug manufacturer, health care facility, 5722
or other person or government entity that donates or gives drugs 5723
to the program, and any person or government entity that 5724
facilitates the donation or gift, shall not be subject to 5725
liability in tort or other civil action for injury, death, or 5726
loss to person or property. 5727

(2) A pharmacy, hospital, or nonprofit clinic that accepts 5728
or distributes drugs under the program shall not be subject to 5729
liability in tort or other civil action for injury, death, or 5730
loss to person or property, unless an action or omission of the 5731
pharmacy, hospital, or nonprofit clinic constitutes willful and 5732
wanton misconduct. 5733

(3) A health care professional who accepts, dispenses, or 5734
personally furnishes drugs under the program on behalf of a 5735
pharmacy, hospital, or nonprofit clinic participating in the 5736
program, and the pharmacy, hospital, or nonprofit clinic that 5737
employs or otherwise uses the services of the health care 5738
professional, shall not be subject to liability in tort or other 5739
civil action for injury, death, or loss to person or property, 5740
unless an action or omission of the health care professional, 5741
pharmacy, hospital, or nonprofit clinic constitutes willful and 5742
wanton misconduct. 5743

(4) The state board of pharmacy shall not be subject to 5744
liability in tort or other civil action for injury, death, or 5745
loss to person or property, unless an action or omission of the 5746
board constitutes willful and wanton misconduct. 5747

(5) In addition to the civil immunity granted under 5748
division (B)(1) of this section, a pharmacy, drug manufacturer, 5749
health care facility, or other person or government entity that 5750
donates or gives drugs to the program, and any person or 5751
government entity that facilitates the donation or gift, shall 5752
not be subject to criminal prosecution for matters related to 5753
activities that it conducts or another party conducts under the 5754
program, unless an action or omission of the party that donates, 5755
gives, or facilitates the donation or gift of the drugs does not 5756
comply with the provisions of this chapter or the rules adopted 5757

under it. 5758

(6) In the case of a drug manufacturer, the immunities 5759
from civil liability and criminal prosecution granted to another 5760
party under divisions (B)(1) and (5) of this section extend to 5761
the manufacturer when any drug it manufactures is the subject of 5762
an activity conducted under the program. This extension of 5763
immunities includes, but is not limited to, immunity from 5764
liability or prosecution for failure to transfer or communicate 5765
product or consumer information or the expiration date of a drug 5766
that is donated or given. 5767

Sec. 3719.01. As used in this chapter: 5768

(A) "Administer" means the direct application of a drug, 5769
whether by injection, inhalation, ingestion, or any other means 5770
to a person or an animal. 5771

(B) "Drug enforcement administration" means the drug 5772
enforcement administration of the United States department of 5773
justice or its successor agency. 5774

(C) "Controlled substance" means a drug, compound, 5775
mixture, preparation, or substance included in schedule I, II, 5776
III, IV, or V. 5777

(D) "Dangerous drug" has the same meaning as in section 5778
4729.01 of the Revised Code. 5779

(E) "Dispense" means to sell, leave with, give away, 5780
dispose of, or deliver. 5781

(F) "Distribute" means to deal in, ship, transport, or 5782
deliver but does not include administering or dispensing a drug. 5783

(G) "Drug" has the same meaning as in section 4729.01 of 5784
the Revised Code. 5785

(H) "Drug abuse offense" and "felony drug abuse offense" 5786
have the same meanings as in section 2925.01 of the Revised 5787
Code. 5788

(I) "Federal drug abuse control laws" means the 5789
"Comprehensive Drug Abuse Prevention and Control Act of 1970," 5790
84 Stat. 1242, 21 U.S.C. 801, as amended. 5791

(J) "Hospital" means a facility registered as a hospital 5792
with the department of health under section 3701.07 of the 5793
Revised Code. 5794

(K) "Hypodermic" means a hypodermic syringe or needle, or 5795
other instrument or device for the injection of medication. 5796

(L) "Manufacturer" means a person who manufactures a 5797
controlled substance, as "manufacture" is defined in section 5798
3715.01 of the Revised Code, and includes a "manufacturer of 5799
dangerous drugs" as defined in section 4729.01 of the Revised 5800
Code. 5801

(M) "Marihuana" means all parts of a plant of the genus 5802
cannabis, whether growing or not; the seeds of a plant of that 5803
type; the resin extracted from a part of a plant of that type; 5804
and every compound, manufacture, salt, derivative, mixture, or 5805
preparation of a plant of that type or of its seeds or resin. 5806
"Marihuana" does not include the mature stalks of the plant, 5807
fiber produced from the stalks, oils or cake made from the seeds 5808
of the plant, or any other compound, manufacture, salt, 5809
derivative, mixture, or preparation of the mature stalks, except 5810
the resin extracted from the mature stalks, fiber, oil or cake, 5811
or the sterilized seed of the plant that is incapable of 5812
germination. "Marihuana" does not include "hemp" or a "hemp 5813
product" as those terms are defined in section 928.01 of the 5814

Revised Code.	5815
(N) "Narcotic drugs" means coca leaves, opium,	5816
isonipecaïne, amidone, isoamidone, ketobemidone, as defined in	5817
this division, and every substance not chemically distinguished	5818
from them and every drug, other than cannabis, that may be	5819
included in the meaning of "narcotic drug" under the federal	5820
drug abuse control laws. As used in this division:	5821
(1) "Coca leaves" includes cocaine and any compound,	5822
manufacture, salt, derivative, mixture, or preparation of coca	5823
leaves, except derivatives of coca leaves, that does not contain	5824
cocaine, ecgonine, or substances from which cocaine or ecgonine	5825
may be synthesized or made.	5826
(2) "Isonipecaïne" means any substance identified	5827
chemically as 1-methyl-4-phenyl-piperidine-4-carboxylic acid	5828
ethyl ester, or any salt thereof, by whatever trade name	5829
designated.	5830
(3) "Amidone" means any substance identified chemically as	5831
4-4-diphenyl-6-dimethylamino-heptanone-3, or any salt thereof,	5832
by whatever trade name designated.	5833
(4) "Isoamidone" means any substance identified chemically	5834
as 4-4-diphenyl-5-methyl-6-dimethylaminohexanone-3, or any salt	5835
thereof, by whatever trade name designated.	5836
(5) "Ketobemidone" means any substance identified	5837
chemically as 4-(3-hydroxyphenyl)-1-methyl-4-piperidyl ethyl	5838
ketone hydrochloride, or any salt thereof, by whatever trade	5839
name designated.	5840
(6) "Cocaine" has the same meaning as in section 2925.01	5841
of the Revised Code.	5842

(O) "Official written order" means an order written on a form provided for that purpose by the director of the United States drug enforcement administration, under any laws of the United States making provision for the order, if the order forms are authorized and required by federal law.

(P) "Person" means any individual, corporation, government, governmental subdivision or agency, business trust, estate, trust, partnership, association, or other legal entity.

(Q) "Pharmacist" means a person licensed under Chapter 4729. of the Revised Code to engage in the practice of pharmacy.

(R) "Pharmacy" has the same meaning as in section 4729.01 of the Revised Code.

(S) "Poison" means any drug, chemical, or preparation likely to be deleterious or destructive to adult human life in quantities of four grams or less.

(T) ~~"Licensed-Except when otherwise specified, "licensed health professional authorized to prescribe drugs," and "prescriber," and "prescription"~~ have the same meanings as in section 4729.01 of the Revised Code.

(U) "Prescription" has the same meaning as in section 4729.01 of the Revised Code.

(V) "Sale" includes delivery, barter, exchange, transfer, or gift, or offer thereof, and each transaction of those natures made by any person, whether as principal, proprietor, agent, servant, or employee.

~~(V)~~ (W) "Schedule I," "schedule II," "schedule III," "schedule IV," and "schedule V" mean controlled substance schedules I, II, III, IV, and V, respectively, as established by

rule adopted under section 3719.41 of the Revised Code, as 5871
amended pursuant to section 3719.43 or 3719.44 of the Revised 5872
Code, or as established by emergency rule adopted under section 5873
3719.45 of the Revised Code. 5874

~~(W)~~(X) "Wholesaler" means a person who, on official 5875
written orders other than prescriptions, supplies controlled 5876
substances that the person has not manufactured, produced, or 5877
prepared personally and includes a "wholesale distributor of 5878
dangerous drugs" as defined in section 4729.01 of the Revised 5879
Code. 5880

~~(X)~~(Y) "Animal shelter" means a facility operated by a 5881
humane society or any society organized under Chapter 1717. of 5882
the Revised Code or a dog pound operated pursuant to Chapter 5883
955. of the Revised Code. 5884

~~(Y)~~(Z) "Terminal distributor of dangerous drugs" has the 5885
same meaning as in section 4729.01 of the Revised Code. 5886

~~(Z)~~~~(1)~~(AA) (1) "Controlled substance analog" means, except 5887
as provided in division ~~(Z)~~~~(2)~~(AA) (2) of this section, a 5888
substance to which both of the following apply: 5889

(a) The chemical structure of the substance is 5890
substantially similar to the structure of a controlled substance 5891
in schedule I or II. 5892

(b) One of the following applies regarding the substance: 5893

(i) The substance has a stimulant, depressant, or 5894
hallucinogenic effect on the central nervous system that is 5895
substantially similar to or greater than the stimulant, 5896
depressant, or hallucinogenic effect on the central nervous 5897
system of a controlled substance in schedule I or II. 5898

(ii) With respect to a particular person, that person 5899
represents or intends the substance to have a stimulant, 5900
depressant, or hallucinogenic effect on the central nervous 5901
system that is substantially similar to or greater than the 5902
stimulant, depressant, or hallucinogenic effect on the central 5903
nervous system of a controlled substance in schedule I or II. 5904

(2) "Controlled substance analog" does not include any of 5905
the following: 5906

(a) A controlled substance; 5907

(b) Any substance for which there is an approved new drug 5908
application; 5909

(c) With respect to a particular person, any substance if 5910
an exemption is in effect for investigational use for that 5911
person pursuant to federal law to the extent that conduct with 5912
respect to that substance is pursuant to that exemption; 5913

(d) Any substance to the extent it is not intended for 5914
human consumption before the exemption described in division (Z) 5915
(2) (b) of this section takes effect with respect to that 5916
substance. 5917

~~(AA)~~ (BB) "Benzodiazepine" means a controlled substance 5918
that has United States food and drug administration approved 5919
labeling indicating that it is a benzodiazepine, benzodiazepine 5920
derivative, triazolobenzodiazepine, or triazolobenzodiazepine 5921
derivative, including the following drugs and their varying salt 5922
forms or chemical congeners: alprazolam, chlordiazepoxide 5923
hydrochloride, clobazam, clonazepam, clorazepate, diazepam, 5924
estazolam, flurazepam hydrochloride, lorazepam, midazolam, 5925
oxazepam, quazepam, temazepam, and triazolam. 5926

~~(BB)~~ (CC) "Opioid analgesic" means a controlled substance 5927

that has analgesic pharmacologic activity at the opioid 5928
receptors of the central nervous system, including the following 5929
drugs and their varying salt forms or chemical congeners: 5930
buprenorphine, butorphanol, codeine (including acetaminophen and 5931
other combination products), dihydrocodeine, fentanyl, 5932
hydrocodone (including acetaminophen combination products), 5933
hydromorphone, meperidine, methadone, morphine sulfate, 5934
oxycodone (including acetaminophen, aspirin, and other 5935
combination products), oxymorphone, tapentadol, and tramadol. 5936

~~(CC)~~ (DD) "Outsourcing facility," "repackager of dangerous 5937
drugs," and "third-party logistics provider" have the same 5938
meanings as in section 4729.01 of the Revised Code. 5939

Sec. 3719.06. (A) (1) A licensed health professional 5940
authorized to prescribe drugs, if acting in the course of 5941
professional practice, in accordance with the laws regulating 5942
the professional's practice, and in accordance with rules 5943
adopted by the state board of pharmacy, may, except as provided 5944
in division (A) (2) or (3) of this section, do the following: 5945

(a) Prescribe schedule II, III, IV, and V controlled 5946
substances; 5947

(b) Administer or personally furnish to patients schedule 5948
II, III, IV, and V controlled substances; 5949

(c) Cause schedule II, III, IV, and V controlled 5950
substances to be administered under the prescriber's direction 5951
and supervision. 5952

(2) ~~A licensed health professional authorized to prescribe~~ 5953
~~drugs~~ prescriber who is a clinical nurse specialist, certified 5954
nurse-midwife, or certified nurse practitioner is subject to 5955
both of the following: 5956

(a) A schedule II controlled substance may be prescribed 5957
only in accordance with division (C) of section 4723.481 of the 5958
Revised Code. 5959

(b) No schedule II controlled substance shall be 5960
personally furnished to any patient. 5961

(3) ~~A licensed health professional authorized to prescribe~~ 5962
~~drugs prescriber~~ who is a physician ~~assistant~~ associate is 5963
subject to all of the following: 5964

(a) A controlled substance may be prescribed or personally 5965
furnished only if it is included in the physician-delegated 5966
prescriptive authority granted to the physician ~~assistant~~ 5967
associate in accordance with Chapter 4730. of the Revised Code. 5968

(b) A schedule II controlled substance may be prescribed 5969
only in accordance with division ~~(B)(4)~~ (A)(4) of section 5970
4730.41 and section 4730.411 of the Revised Code. 5971

(c) No schedule II controlled substance shall be 5972
personally furnished to any patient. 5973

~~(B) No licensed health professional authorized to~~ 5974
~~prescribe drugs prescriber~~ shall prescribe, administer, or 5975
personally furnish a schedule III anabolic steroid for the 5976
purpose of human muscle building or enhancing human athletic 5977
performance and no pharmacist shall dispense a schedule III 5978
anabolic steroid for either purpose, unless it has been approved 5979
for that purpose under the "Federal Food, Drug, and Cosmetic 5980
Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended. 5981

(C) When issuing a prescription for a schedule II 5982
controlled substance, a ~~licensed health professional authorized~~ 5983
~~to prescribe drugs prescriber~~ shall do so only upon an 5984
electronic prescription, except that the prescriber may issue a 5985

written prescription if any of the following apply: 5986

(1) A temporary technical, electrical, or broadband 5987
failure occurs preventing the prescriber from issuing an 5988
electronic prescription. 5989

(2) The prescription is issued for a nursing home resident 5990
or hospice care patient. 5991

(3) The prescriber is employed by or under contract with 5992
the same entity that operates the pharmacy. 5993

(4) The prescriber determines that an electronic 5994
prescription cannot be issued in a timely manner and the 5995
patient's medical condition is at risk. 5996

(5) The prescriber issues the prescription from a health 5997
care facility, which may include an emergency department, and 5998
reasonably determines that an electronic prescription would be 5999
impractical for the patient or would cause a delay that may 6000
adversely impact the patient's medical condition. 6001

(6) The prescriber issues per year not more than fifty 6002
prescriptions for schedule II controlled substances. 6003

(7) The prescriber is a veterinarian licensed under 6004
Chapter 4741. of the Revised Code. 6005

(D) Each written or electronic prescription for a 6006
controlled substance shall be properly executed, dated, and 6007
signed by the prescriber on the day when issued and shall bear 6008
the full name and address of the person for whom, or the owner 6009
of the animal for which, the controlled substance is prescribed 6010
and the full name, address, and registry number under the 6011
federal drug abuse control laws of the prescriber. If the 6012
prescription is for an animal, it shall state the species of the 6013

animal for which the controlled substance is prescribed. 6014

Sec. 3719.064. (A) As used in this section: 6015

(1) "Medication-assisted treatment" has the same meaning 6016
as in section 340.01 of the Revised Code. 6017

(2) "Prescriber" means any of the following: 6018

(a) An advanced practice registered nurse who holds a 6019
current, valid license issued under Chapter 4723. of the Revised 6020
Code and is designated as a clinical nurse specialist, certified 6021
nurse-midwife, or certified nurse practitioner; 6022

(b) A physician authorized under Chapter 4731. of the 6023
Revised Code to practice medicine and surgery or osteopathic 6024
medicine and surgery; 6025

(c) A physician ~~assistant-associate~~ who is licensed under 6026
Chapter 4730. of the Revised Code, ~~holds a valid prescriber-~~ 6027
~~number issued by the state medical board,~~ and has been granted 6028
physician-delegated prescriptive authority. 6029

(3) "Qualifying practitioner" has the same meaning as in 6030
section 303(g) (2) (G) (iii) of the "Controlled Substances Act of 6031
1970," 21 U.S.C. 823(g) (2) (G) (iii), as amended. 6032

(B) Before initiating medication-assisted treatment, a 6033
prescriber shall give the patient or the patient's 6034
representative information about all drugs approved by the 6035
United States food and drug administration for use in 6036
medication-assisted treatment. The information must be provided 6037
both orally and in writing. The prescriber or the prescriber's 6038
delegate shall note in the patient's medical record when this 6039
information was provided and make the record available to 6040
employees of the board of nursing or state medical board on 6041

their request. 6042

If the prescriber is not a qualifying practitioner and the 6043
patient's choice is opioid treatment and the prescriber 6044
determines that such treatment is clinically appropriate and 6045
meets generally accepted standards of medicine, the prescriber 6046
shall refer the patient to an opioid treatment program licensed 6047
under section 5119.37 of the Revised Code or a qualifying 6048
practitioner. The prescriber or the prescriber's delegate shall 6049
make a notation in the patient's medical record naming the 6050
program or practitioner to whom the patient was referred and 6051
specifying when the referral was made. 6052

Sec. 3719.12. As used in this section, "prosecutor" has 6053
the same meaning as in section 2935.01 of the Revised Code. 6054

Unless a report has been made pursuant to section 2929.42 6055
of the Revised Code, on the conviction of a manufacturer, 6056
wholesaler, outsourcing facility, third-party logistics 6057
provider, repackager of dangerous drugs, terminal distributor of 6058
dangerous drugs, pharmacist, pharmacy intern, registered 6059
pharmacy technician, certified pharmacy technician, pharmacy 6060
technician trainee, dentist, chiropractor, physician, 6061
podiatrist, registered nurse, licensed practical nurse, 6062
physician ~~assistant~~associate, optometrist, or veterinarian of 6063
the violation of this chapter or Chapter 2925. of the Revised 6064
Code, the prosecutor in the case promptly shall report the 6065
conviction to the board that licensed, certified, or registered 6066
the person to practice or to carry on business. The responsible 6067
board shall provide forms to the prosecutor. Within thirty days 6068
of the receipt of this information, the board shall initiate 6069
action in accordance with Chapter 119. of the Revised Code to 6070
determine whether to suspend or revoke the person's license, 6071

certificate, or registration. 6072

Sec. 3719.121. (A) Except as otherwise provided in section 6073
4723.28, 4723.35, 4730.25, 4731.22, 4734.39, or 4734.41 of the 6074
Revised Code, the license, certificate, or registration of any 6075
dentist, chiropractor, physician, podiatrist, registered nurse, 6076
advanced practice registered nurse, licensed practical nurse, 6077
physician ~~assistant~~associate, pharmacist, pharmacy intern, 6078
pharmacy technician trainee, registered pharmacy technician, 6079
certified pharmacy technician, optometrist, or veterinarian who 6080
is or becomes addicted to the use of controlled substances shall 6081
be suspended by the board that authorized the person's license, 6082
certificate, or registration until the person offers 6083
satisfactory proof to the board that the person no longer is 6084
addicted to the use of controlled substances. 6085

(B) If the board under which a person has been issued a 6086
license, certificate, or evidence of registration determines 6087
that there is clear and convincing evidence that continuation of 6088
the person's professional practice or method of administering, 6089
prescribing, preparing, distributing, dispensing, or personally 6090
furnishing controlled substances or other dangerous drugs 6091
presents a danger of immediate and serious harm to others, the 6092
board may suspend the person's license, certificate, or 6093
registration without a hearing. Except as otherwise provided in 6094
sections 4715.30, 4723.281, 4729.16, 4730.25, 4731.22, and 6095
4734.36 of the Revised Code, the board shall follow the 6096
procedure for suspension without a prior hearing in section 6097
119.07 of the Revised Code. The suspension shall remain in 6098
effect, unless removed by the board, until the board's final 6099
adjudication order becomes effective, except that if the board 6100
does not issue its final adjudication order within ninety days 6101
after the hearing, the suspension shall be void on the ninety- 6102

first day after the hearing. 6103

(C) On receiving notification pursuant to section 2929.42 6104
or 3719.12 of the Revised Code, the board under which a person 6105
has been issued a license, certificate, or evidence of 6106
registration immediately shall suspend the license, certificate, 6107
or registration of that person on a plea of guilty to, a finding 6108
by a jury or court of the person's guilt of, or conviction of a 6109
felony drug abuse offense; a finding by a court of the person's 6110
eligibility for intervention in lieu of conviction; a plea of 6111
guilty to, or a finding by a jury or court of the person's guilt 6112
of, or the person's conviction of an offense in another 6113
jurisdiction that is essentially the same as a felony drug abuse 6114
offense; or a finding by a court of the person's eligibility for 6115
treatment or intervention in lieu of conviction in another 6116
jurisdiction. The board shall notify the holder of the license, 6117
certificate, or registration of the suspension, which shall 6118
remain in effect until the board holds an adjudicatory hearing 6119
under Chapter 119. of the Revised Code. 6120

Sec. 3719.81. (A) As used in this section, "sample drug" 6121
has the same meaning as in section 2925.01 of the Revised Code. 6122

(B) A person may furnish another a sample drug, if all of 6123
the following apply: 6124

(1) The sample drug is furnished free of charge by a 6125
manufacturer, manufacturer's representative, or wholesale dealer 6126
in pharmaceuticals to a licensed health professional authorized 6127
to prescribe drugs, or is furnished free of charge by such a 6128
professional to a patient for use as medication; 6129

(2) The sample drug is in the original container in which 6130
it was placed by the manufacturer, and the container is plainly 6131

marked as a sample; 6132

(3) Prior to its being furnished, the sample drug has been 6133
stored under the proper conditions to prevent its deterioration 6134
or contamination; 6135

(4) If the sample drug is of a type which deteriorates 6136
with time, the sample container is plainly marked with the date 6137
beyond which the sample drug is unsafe to use, and the date has 6138
not expired on the sample furnished. Compliance with the 6139
labeling requirements of the "Federal Food, Drug, and Cosmetic 6140
Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, shall 6141
be deemed compliance with this section. 6142

(5) The sample drug is distributed, stored, or discarded 6143
in such a way that the sample drug may not be acquired or used 6144
by any unauthorized person, or by any person, including a child, 6145
for whom it may present a health or safety hazard. 6146

(C) Division (B) of this section does not do any of the 6147
following: 6148

(1) Apply to or restrict the furnishing of any sample of a 6149
nonnarcotic substance if the substance may, under the "Federal 6150
Food, Drug, and Cosmetic Act" and under the laws of this state, 6151
otherwise be lawfully sold over the counter without a 6152
prescription; 6153

(2) Authorize a licensed health professional authorized to 6154
prescribe drugs who is a clinical nurse specialist, certified 6155
nurse-midwife, certified nurse practitioner, optometrist, or 6156
physician ~~assistant~~associate to furnish a sample drug that is 6157
not a drug the professional is authorized to prescribe. 6158

(3) Prohibit a licensed health professional authorized to 6159
prescribe drugs, manufacturer of dangerous drugs, wholesale 6160

distributor of dangerous drugs, or representative of a 6161
manufacturer of dangerous drugs from furnishing a sample drug to 6162
a charitable pharmacy in accordance with section 3719.811 of the 6163
Revised Code. 6164

(4) Prohibit a pharmacist working, whether or not for 6165
compensation, in a charitable pharmacy from dispensing a sample 6166
drug to a person in accordance with section 3719.811 of the 6167
Revised Code. 6168

(D) The state board of pharmacy shall, in accordance with 6169
Chapter 119. of the Revised Code, adopt rules as necessary to 6170
give effect to this section. 6171

Sec. 3721.21. As used in sections 3721.21 to 3721.34 of 6172
the Revised Code: 6173

(A) "Long-term care facility" means either of the 6174
following: 6175

(1) A nursing home as defined in section 3721.01 of the 6176
Revised Code; 6177

(2) A facility or part of a facility that is certified as 6178
a skilled nursing facility or a nursing facility under Title 6179
XVIII or XIX of the "Social Security Act." 6180

(B) "Residential care facility" has the same meaning as in 6181
section 3721.01 of the Revised Code. 6182

(C) "Abuse" means any of the following: 6183

(1) Physical abuse; 6184

(2) Psychological abuse; 6185

(3) Sexual abuse. 6186

(D) "Neglect" means recklessly failing to provide a 6187

resident with any treatment, care, goods, or service necessary 6188
to maintain the health or safety of the resident when the 6189
failure results in serious physical harm to the resident. 6190
"Neglect" does not include allowing a resident, at the 6191
resident's option, to receive only treatment by spiritual means 6192
through prayer in accordance with the tenets of a recognized 6193
religious denomination. 6194

(E) "Exploitation" means taking advantage of a resident, 6195
regardless of whether the action was for personal gain, whether 6196
the resident knew of the action, or whether the resident was 6197
harmed. 6198

(F) "Misappropriation" means depriving, defrauding, or 6199
otherwise obtaining the real or personal property of a resident 6200
by any means prohibited by the Revised Code, including 6201
violations of Chapter 2911. or 2913. of the Revised Code. 6202

(G) "Resident" includes a resident, patient, former 6203
resident or patient, or deceased resident or patient of a long- 6204
term care facility or a residential care facility. 6205

(H) "Physical abuse" means knowingly causing physical harm 6206
or recklessly causing serious physical harm to a resident 6207
through either of the following: 6208

(1) Physical contact with the resident; 6209

(2) The use of physical restraint, chemical restraint, 6210
medication that does not constitute a chemical restraint, or 6211
isolation, if the restraint, medication, or isolation is 6212
excessive, for punishment, for staff convenience, a substitute 6213
for treatment, or in an amount that precludes habilitation and 6214
treatment. 6215

(I) "Psychological abuse" means knowingly or recklessly 6216

causing psychological harm to a resident, whether verbally or by 6217
action. 6218

(J) "Sexual abuse" means sexual conduct or sexual contact 6219
with a resident, as those terms are defined in section 2907.01 6220
of the Revised Code. 6221

(K) "Physical restraint" has the same meaning as in 6222
section 3721.10 of the Revised Code. 6223

(L) "Chemical restraint" has the same meaning as in 6224
section 3721.10 of the Revised Code. 6225

(M) "Nursing and nursing-related services" means the 6226
personal care services and other services not constituting 6227
skilled nursing care that are specified in rules the director of 6228
health shall adopt in accordance with Chapter 119. of the 6229
Revised Code. 6230

(N) "Personal care services" has the same meaning as in 6231
section 3721.01 of the Revised Code. 6232

(O) (1) Except as provided in division (O) (2) of this 6233
section, "nurse aide" means an individual who provides nursing 6234
and nursing-related services to residents in a long-term care 6235
facility, either as a member of the staff of the facility for 6236
monetary compensation or as a volunteer without monetary 6237
compensation. 6238

(2) "Nurse aide" does not include either of the following: 6239

(a) A licensed health professional practicing within the 6240
scope of the professional's license; 6241

(b) An individual providing nursing and nursing-related 6242
services in a religious nonmedical health care institution, if 6243
the individual has been trained in the principles of nonmedical 6244

care and is recognized by the institution as being competent in 6245
the administration of care within the religious tenets practiced 6246
by the residents of the institution. 6247

(P) "Licensed health professional" means all of the 6248
following: 6249

(1) An occupational therapist or occupational therapy 6250
assistant licensed under Chapter 4755. of the Revised Code; 6251

(2) A physical therapist or physical therapy assistant 6252
licensed under Chapter 4755. of the Revised Code; 6253

(3) A physician authorized under Chapter 4731. of the 6254
Revised Code to practice medicine and surgery, osteopathic 6255
medicine and surgery, or podiatric medicine and surgery; 6256

(4) A physician ~~assistant authorized~~ associate licensed 6257
under Chapter 4730. of the Revised Code ~~to practice as a~~ 6258
~~physician assistant;~~ 6259

(5) A registered nurse or licensed practical nurse 6260
licensed under Chapter 4723. of the Revised Code; 6261

(6) A social worker or independent social worker licensed 6262
under Chapter 4757. of the Revised Code or a social work 6263
assistant registered under that chapter; 6264

(7) A speech-language pathologist or audiologist licensed 6265
under Chapter 4753. of the Revised Code; 6266

(8) A dentist or dental hygienist licensed under Chapter 6267
4715. of the Revised Code; 6268

(9) An optometrist licensed under Chapter 4725. of the 6269
Revised Code; 6270

(10) A pharmacist licensed under Chapter 4729. of the 6271

Revised Code;	6272
(11) A psychologist licensed under Chapter 4732. of the Revised Code;	6273 6274
(12) A chiropractor licensed under Chapter 4734. of the Revised Code;	6275 6276
(13) A nursing home administrator licensed or temporarily licensed under Chapter 4751. of the Revised Code;	6277 6278
(14) A licensed professional counselor or licensed professional clinical counselor licensed under Chapter 4757. of the Revised Code;	6279 6280 6281
(15) A marriage and family therapist or independent marriage and family therapist licensed under Chapter 4757. of the Revised Code.	6282 6283 6284
(Q) "Religious nonmedical health care institution" means an institution that meets or exceeds the conditions to receive payment under the medicare program established under Title XVIII of the "Social Security Act" for inpatient hospital services or post-hospital extended care services furnished to an individual in a religious nonmedical health care institution, as defined in section 1861(ss)(1) of the "Social Security Act," 79 Stat. 286 (1965), 42 U.S.C. 1395x(ss)(1), as amended.	6285 6286 6287 6288 6289 6290 6291 6292
(R) "Competency evaluation program" means a program through which the competency of a nurse aide to provide nursing and nursing-related services is evaluated.	6293 6294 6295
(S) "Training and competency evaluation program" means a program of nurse aide training and evaluation of competency to provide nursing and nursing-related services.	6296 6297 6298
Sec. 3727.06. (A) As used in this section:	6299

(1) "Doctor" means an individual authorized to practice medicine and surgery or osteopathic medicine and surgery.	6300 6301
(2) "Podiatrist" means an individual authorized to practice podiatric medicine and surgery.	6302 6303
(B) (1) Only the following may admit a patient to a hospital:	6304 6305
(a) A doctor who is a member of the hospital's medical staff;	6306 6307
(b) A dentist who is a member of the hospital's medical staff;	6308 6309
(c) A podiatrist who is a member of the hospital's medical staff;	6310 6311
(d) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner if all of the following conditions are met:	6312 6313 6314
(i) The clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner has a standard care arrangement entered into pursuant to section 4723.431 of the Revised Code with a collaborating doctor or podiatrist who is a member of the medical staff;	6315 6316 6317 6318 6319
(ii) The patient will be under the medical supervision of the collaborating doctor or podiatrist;	6320 6321
(iii) The hospital has granted the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner admitting privileges and appropriate credentials.	6322 6323 6324
(e) A physician assistant <u>associate</u> if all of the following conditions are met:	6325 6326

(i) The physician ~~assistant~~associate is listed on a supervision agreement entered into under section 4730.19 of the Revised Code for a doctor or podiatrist who is a member of the hospital's medical staff.

(ii) The patient will be under the medical supervision of the supervising doctor or podiatrist.

(iii) The hospital has granted the physician ~~assistant~~associate admitting privileges and appropriate credentials.

(2) Prior to admitting a patient, a clinical nurse specialist, certified nurse-midwife, certified nurse practitioner, or physician ~~assistant~~associate shall notify the collaborating or supervising doctor or podiatrist of the planned admission.

(C) All hospital patients shall be under the medical supervision of a doctor, except that services that may be rendered by a licensed dentist pursuant to Chapter 4715. of the Revised Code provided to patients admitted solely for the purpose of receiving such services shall be under the supervision of the admitting dentist and that services that may be rendered by a podiatrist pursuant to section 4731.51 of the Revised Code provided to patients admitted solely for the purpose of receiving such services shall be under the supervision of the admitting podiatrist. If treatment not within the scope of Chapter 4715. or section 4731.51 of the Revised Code is required at the time of admission by a dentist or podiatrist, or becomes necessary during the course of hospital treatment by a dentist or podiatrist, such treatment shall be under the supervision of a doctor who is a member of the medical staff. It shall be the responsibility of the admitting dentist or podiatrist to make arrangements with a doctor who is a member

of the medical staff to be responsible for the patient's 6357
treatment outside the scope of Chapter 4715. or section 4731.51 6358
of the Revised Code when necessary during the patient's stay in 6359
the hospital. 6360

Sec. 3728.01. As used in this chapter: 6361

(A) "Administer epinephrine" means to inject an individual 6362
with epinephrine using an autoinjector in a manufactured dosage 6363
form. 6364

(B) "Prescriber" means an individual who is authorized by 6365
law to prescribe drugs or dangerous drugs or drug therapy 6366
related devices in the course of the individual's professional 6367
practice, including only the following: 6368

(1) A clinical nurse specialist, certified nurse-midwife, 6369
or certified nurse practitioner who holds a certificate to 6370
prescribe issued under section 4723.48 of the Revised Code; 6371

(2) A physician authorized under Chapter 4731. of the 6372
Revised Code to practice medicine and surgery, osteopathic 6373
medicine and surgery, or podiatric medicine and surgery; 6374

(3) A physician ~~assistant-associate~~ who is licensed under 6375
Chapter 4730. of the Revised Code, ~~holds a valid prescriber-~~ 6376
~~number issued by the state medical board,~~ and has been granted 6377
physician-delegated prescriptive authority. 6378

(C) "Qualified entity" means any public or private entity 6379
that is associated with a location where allergens capable of 6380
causing anaphylaxis may be present, including child care 6381
centers, colleges and universities, places of employment, 6382
restaurants, amusement parks, recreation camps, sports playing 6383
fields and arenas, and other similar locations, except that 6384
"qualified entity" does not include either of the following: 6385

(1) A chartered or nonchartered nonpublic school; 6386
community school; science, technology, engineering, and 6387
mathematics school; or a school operated by the board of 6388
education of a city, local, exempted village, or joint 6389
vocational school district; 6390

(2) A camp described in section 5101.76 of the Revised 6391
Code. 6392

Sec. 3795.01. As used in sections 3795.01, 3795.02, and 6393
3795.03 of the Revised Code: 6394

(A) "Assist suicide" or "assisting suicide" means 6395
knowingly doing either of the following, with the purpose of 6396
helping another person to commit or attempt suicide: 6397

(1) Providing the physical means by which the person 6398
commits or attempts to commit suicide; 6399

(2) Participating in a physical act by which the person 6400
commits or attempts to commit suicide. 6401

(B) "Certified nurse practitioner," "certified nurse- 6402
midwife," and "clinical nurse specialist" have the same meanings 6403
as in section 4723.01 of the Revised Code. 6404

(C) "CPR" has the same meaning as in section 2133.21 of 6405
the Revised Code. 6406

(D) "Health care" means any care, treatment, service, or 6407
procedure to maintain, diagnose, or treat a person's physical or 6408
mental condition. 6409

(E) "Health care decision" means informed consent, refusal 6410
to give informed consent, or withdrawal of informed consent to 6411
health care. 6412

(F) "Health care facility" means any of the following:	6413
(1) A hospital;	6414
(2) A hospice care program or pediatric respite care program as defined in section 3712.01 of the Revised Code;	6415 6416
(3) A nursing home;	6417
(4) A home health agency;	6418
(5) An intermediate care facility for individuals with intellectual disabilities.	6419 6420
(G) "Health care personnel" means physicians, nurses, physician assistants <u>associates</u> , emergency medical technicians-basic, emergency medical technicians-intermediate, emergency medical technicians-paramedic, medical technicians, dietitians, other authorized persons acting under the direction of an attending physician, and administrators of health care facilities.	6421 6422 6423 6424 6425 6426 6427
(H) "Physician" means a person who is authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.	6428 6429 6430
Sec. 3919.29. No corporation, company, or association organized under section 3919.01 of the Revised Code shall issue a certificate or policy to any person, until such person has first been subjected to a thorough medical examination by a physician, a physician assistant <u>associate</u> , a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife and found to be a good risk, nor shall it issue a certificate or policy to any person above the age of sixty-five years or under the age of fifteen years. Any written documentation of the physical examination shall be completed by	6431 6432 6433 6434 6435 6436 6437 6438 6439 6440

the individual who conducted the examination. 6441

This section, in respect to the age and medical 6442
examination of persons to whom certificates or policies may 6443
issue, does not apply to such corporations, companies, or 6444
associations doing purely accident business. 6445

Sec. 3963.01. As used in this chapter: 6446

(A) "Affiliate" means any person or entity that has 6447
ownership or control of a contracting entity, is owned or 6448
controlled by a contracting entity, or is under common ownership 6449
or control with a contracting entity. 6450

(B) "Basic health care services" has the same meaning as 6451
in division (A) of section 1751.01 of the Revised Code, except 6452
that it does not include any services listed in that division 6453
that are provided by a pharmacist or nursing home. 6454

(C) "Covered vision services" means vision care services 6455
or vision care materials for which a reimbursement is available 6456
under an enrollee's health care contract, or for which a 6457
reimbursement would be available but for the application of 6458
contractual limitations such as a deductible, copayment, 6459
coinsurance, waiting period, annual or lifetime maximum, 6460
frequency limitation, alternative benefit payment, or any other 6461
limitation. 6462

(D) "Contracting entity" means any person that has a 6463
primary business purpose of contracting with participating 6464
providers for the delivery of health care services. 6465

(E) "Credentialing" means the process of assessing and 6466
validating the qualifications of a provider applying to be 6467
approved by a contracting entity to provide basic health care 6468
services, specialty health care services, or supplemental health 6469

care services to enrollees. 6470

(F) "Edit" means adjusting one or more procedure codes 6471
billed by a participating provider on a claim for payment or a 6472
practice that results in any of the following: 6473

(1) Payment for some, but not all of the procedure codes 6474
originally billed by a participating provider; 6475

(2) Payment for a different procedure code than the 6476
procedure code originally billed by a participating provider; 6477

(3) A reduced payment as a result of services provided to 6478
an enrollee that are claimed under more than one procedure code 6479
on the same service date. 6480

(G) "Electronic claims transport" means to accept and 6481
digitize claims or to accept claims already digitized, to place 6482
those claims into a format that complies with the electronic 6483
transaction standards issued by the United States department of 6484
health and human services pursuant to the "Health Insurance 6485
Portability and Accountability Act of 1996," 110 Stat. 1955, 42 6486
U.S.C. 1320d, et seq., as those electronic standards are 6487
applicable to the parties and as those electronic standards are 6488
updated from time to time, and to electronically transmit those 6489
claims to the appropriate contracting entity, payer, or third- 6490
party administrator. 6491

(H) "Enrollee" means any person eligible for health care 6492
benefits under a health benefit plan, including an eligible 6493
recipient of medicaid, and includes all of the following terms: 6494

(1) "Enrollee" and "subscriber" as defined by section 6495
1751.01 of the Revised Code; 6496

(2) "Member" as defined by section 1739.01 of the Revised 6497

Code; 6498

(3) "Insured" and "plan member" pursuant to Chapter 3923. 6499
of the Revised Code; 6500

(4) "Beneficiary" as defined by section 3901.38 of the 6501
Revised Code. 6502

(I) "Health care contract" means a contract entered into, 6503
materially amended, or renewed between a contracting entity and 6504
a participating provider for the delivery of basic health care 6505
services, specialty health care services, or supplemental health 6506
care services to enrollees. 6507

(J) "Health care services" means basic health care 6508
services, specialty health care services, and supplemental 6509
health care services. 6510

(K) "Material amendment" means an amendment to a health 6511
care contract that decreases the participating provider's 6512
payment or compensation, changes the administrative procedures 6513
in a way that may reasonably be expected to significantly 6514
increase the provider's administrative expenses, or adds a new 6515
product. A material amendment does not include any of the 6516
following: 6517

(1) A decrease in payment or compensation resulting solely 6518
from a change in a published fee schedule upon which the payment 6519
or compensation is based and the date of applicability is 6520
clearly identified in the contract; 6521

(2) A decrease in payment or compensation that was 6522
anticipated under the terms of the contract, if the amount and 6523
date of applicability of the decrease is clearly identified in 6524
the contract; 6525

(3) An administrative change that may significantly increase the provider's administrative expense, the specific applicability of which is clearly identified in the contract;

(4) Changes to an existing prior authorization, precertification, notification, or referral program that do not substantially increase the provider's administrative expense;

(5) Changes to an edit program or to specific edits if the participating provider is provided notice of the changes pursuant to division (A)(1) of section 3963.04 of the Revised Code and the notice includes information sufficient for the provider to determine the effect of the change;

(6) Changes to a health care contract described in division (B) of section 3963.04 of the Revised Code.

(L) "Participating provider" means a provider that has a health care contract with a contracting entity and is entitled to reimbursement for health care services rendered to an enrollee under the health care contract.

(M) "Payer" means any person that assumes the financial risk for the payment of claims under a health care contract or the reimbursement for health care services provided to enrollees by participating providers pursuant to a health care contract.

(N) "Primary enrollee" means a person who is responsible for making payments for participation in a health care plan or an enrollee whose employment or other status is the basis of eligibility for enrollment in a health care plan.

(O) "Procedure codes" includes the American medical association's current procedural terminology code, the American dental association's current dental terminology, and the centers for medicare and medicaid services health care common procedure

coding system. 6555

(P) "Product" means one of the following types of 6556
categories of coverage for which a participating provider may be 6557
obligated to provide health care services pursuant to a health 6558
care contract: 6559

(1) A health maintenance organization or other product 6560
provided by a health insuring corporation; 6561

(2) A preferred provider organization; 6562

(3) Medicare; 6563

(4) Medicaid; 6564

(5) Workers' compensation. 6565

(Q) "Provider" means a physician, podiatrist, pharmacist, 6566
dentist, chiropractor, optometrist, psychologist, physician 6567
~~assistant~~associate, advanced practice registered nurse, 6568
occupational therapist, massage therapist, physical therapist, 6569
licensed professional counselor, licensed professional clinical 6570
counselor, hearing aid dealer, orthotist, prosthetist, home 6571
health agency, hospice care program, pediatric respite care 6572
program, or hospital, or a provider organization or physician- 6573
hospital organization that is acting exclusively as an 6574
administrator on behalf of a provider to facilitate the 6575
provider's participation in health care contracts. 6576

"Provider" does not mean either of the following: 6577

(1) A nursing home; 6578

(2) A provider organization or physician-hospital 6579
organization that leases the provider organization's or 6580
physician-hospital organization's network to a third party or 6581

contracts directly with employers or health and welfare funds. 6582

(R) "Specialty health care services" has the same meaning 6583
as in section 1751.01 of the Revised Code, except that it does 6584
not include any services listed in division (B) of section 6585
1751.01 of the Revised Code that are provided by a pharmacist or 6586
a nursing home. 6587

(S) "Supplemental health care services" has the same 6588
meaning as in division (B) of section 1751.01 of the Revised 6589
Code, except that it does not include any services listed in 6590
that division that are provided by a pharmacist or nursing home. 6591

(T) "Vision care materials" includes lenses, devices 6592
containing lenses, prisms, lens treatments and coatings, contact 6593
lenses, orthoptics, vision training, and any prosthetic device 6594
necessary to correct, relieve, or treat any defect or abnormal 6595
condition of the human eye or its adnexa. 6596

(U) "Vision care provider" means either of the following: 6597

(1) An optometrist licensed under Chapter 4725. of the 6598
Revised Code; 6599

(2) A physician authorized under Chapter 4731. of the 6600
Revised Code to practice medicine and surgery or osteopathic 6601
medicine and surgery. 6602

Sec. 4503.44. (A) As used in this section and in section 6603
4511.69 of the Revised Code: 6604

(1) "Person with a disability that limits or impairs the 6605
ability to walk" means any person who, as determined by a health 6606
care provider, meets any of the following criteria: 6607

(a) Cannot walk two hundred feet without stopping to rest; 6608

(b) Cannot walk without the use of, or assistance from, a 6609
brace, cane, crutch, another person, prosthetic device, 6610
wheelchair, or other assistive device; 6611

(c) Is restricted by a lung disease to such an extent that 6612
the person's forced (respiratory) expiratory volume for one 6613
second, when measured by spirometry, is less than one liter, or 6614
the arterial oxygen tension is less than sixty millimeters of 6615
mercury on room air at rest; 6616

(d) Uses portable oxygen; 6617

(e) Has a cardiac condition to the extent that the 6618
person's functional limitations are classified in severity as 6619
class III or class IV according to standards set by the American 6620
heart association; 6621

(f) Is severely limited in the ability to walk due to an 6622
arthritic, neurological, or orthopedic condition; 6623

(g) Is blind, legally blind, or severely visually 6624
impaired. 6625

(2) "Organization" means any private organization or 6626
corporation, or any governmental board, agency, department, 6627
division, or office, that, as part of its business or program, 6628
transports persons with disabilities that limit or impair the 6629
ability to walk on a regular basis in a motor vehicle that has 6630
not been altered for the purpose of providing it with accessible 6631
equipment for use by persons with disabilities. This definition 6632
does not apply to division (I) of this section. 6633

(3) "Health care provider" means a physician, physician 6634
~~assistant~~associate, advanced practice registered nurse, 6635
chiropractor, or optometrist, or chiropractor as defined in this 6636
~~section~~ except that an optometrist shall only make 6637

determinations as to division (A) (1) (g) of this section. 6638

(4) "Physician" means a person licensed to practice 6639
medicine or surgery or osteopathic medicine and surgery under 6640
Chapter 4731. of the Revised Code. 6641

(5) "Chiropractor" means a person licensed to practice 6642
chiropractic under Chapter 4734. of the Revised Code. 6643

(6) "Advanced practice registered nurse" means a certified 6644
nurse practitioner, clinical nurse specialist, certified 6645
registered nurse anesthetist, or certified nurse-midwife ~~who~~ 6646
~~holds a certificate of authority issued by the board of nursing-~~ 6647
licensed under Chapter 4723. of the Revised Code. 6648

(7) "Physician ~~assistant~~associate" means a person ~~who is~~ 6649
licensed to practice as a physician ~~assistant~~associate under 6650
Chapter 4730. of the Revised Code. 6651

(8) "Optometrist" means a person licensed to engage in the 6652
practice of optometry under Chapter 4725. of the Revised Code. 6653

(9) "Removable windshield placard" includes a standard 6654
removable windshield placard, a temporary removable windshield 6655
placard, or a permanent removable windshield placard, unless 6656
otherwise specified. 6657

(B) (1) An organization, or a person with a disability that 6658
limits or impairs the ability to walk, may apply for the 6659
registration of any motor vehicle the organization or person 6660
owns or leases. When a motor vehicle has been altered for the 6661
purpose of providing it with accessible equipment for a person 6662
with a disability that limits or impairs the ability to walk, 6663
but is owned or leased by someone other than such a person, the 6664
owner or lessee may apply to the registrar of motor vehicles or 6665
a deputy registrar for registration under this section. The 6666

application for registration of a motor vehicle owned or leased 6667
by a person with a disability that limits or impairs the ability 6668
to walk shall be accompanied by a signed statement from the 6669
applicant's health care provider certifying that the applicant 6670
meets at least one of the criteria contained in division (A)(1) 6671
of this section and that the disability is expected to continue 6672
for more than six consecutive months. The application for 6673
registration of a motor vehicle that has been altered for the 6674
purpose of providing it with accessible equipment for a person 6675
with a disability that limits or impairs the ability to walk but 6676
is owned by someone other than such a person shall be 6677
accompanied by such documentary evidence of vehicle alterations 6678
as the registrar may require by rule. 6679

(2) When an organization, a person with a disability that 6680
limits or impairs the ability to walk, or a person who does not 6681
have a disability that limits or impairs the ability to walk but 6682
owns a motor vehicle that has been altered for the purpose of 6683
providing it with accessible equipment for a person with a 6684
disability that limits or impairs the ability to walk first 6685
submits an application for registration of a motor vehicle under 6686
this section and every fifth year thereafter, the organization 6687
or person shall submit a signed statement from the applicant's 6688
health care provider, a completed application, and any required 6689
documentary evidence of vehicle alterations as provided in 6690
division (B)(1) of this section, and also a power of attorney 6691
from the owner of the motor vehicle if the applicant leases the 6692
vehicle. Upon submission of these items, the registrar or deputy 6693
registrar shall issue to the applicant appropriate vehicle 6694
registration and a set of license plates and validation 6695
stickers, or validation stickers alone when required by section 6696
4503.191 of the Revised Code. In addition to the letters and 6697

numbers ordinarily inscribed thereon, the license plates shall 6698
be imprinted with the international symbol of access. The 6699
license plates and validation stickers shall be issued upon 6700
payment of the regular license fee as prescribed under section 6701
4503.04 of the Revised Code and any motor vehicle tax levied 6702
under Chapter 4504. of the Revised Code, and the payment of a 6703
service fee equal to the amount established under section 6704
4503.038 of the Revised Code. 6705

(C) (1) A person with a disability that limits or impairs 6706
the ability to walk may apply to the registrar for a removable 6707
windshield placard by completing and signing an application 6708
provided by the registrar. 6709

(2) The person shall include with the application a 6710
prescription from the person's health care provider prescribing 6711
such a placard for the person based upon a determination that 6712
the person meets at least one of the criteria contained in 6713
division (A) (1) of this section. The health care provider shall 6714
state on the prescription the length of time the health care 6715
provider expects the applicant to have the disability that 6716
limits or impairs the person's ability to walk. If the length of 6717
time the applicant is expected to have the disability is six 6718
consecutive months or less, the applicant shall submit an 6719
application for a temporary removable windshield placard. If the 6720
length of time the applicant is expected to have the disability 6721
is permanent, the applicant shall submit an application for a 6722
permanent removable windshield placard. All other applicants 6723
shall submit an application for a standard removable windshield 6724
placard. 6725

(3) In addition to one placard or one or more sets of 6726
license plates, a person with a disability that limits or 6727

impairs the ability to walk is entitled to one additional 6728
placard, but only if the person applies separately for the 6729
additional placard, states the reasons why the additional 6730
placard is needed, and the registrar, in the registrar's 6731
discretion determines that good and justifiable cause exists to 6732
approve the request for the additional placard. 6733

(4) An organization may apply to the registrar of motor 6734
vehicles for a standard removable windshield placard by 6735
completing and signing an application provided by the registrar. 6736
The organization shall comply with any procedures the registrar 6737
establishes by rule. The organization shall include with the 6738
application documentary evidence that the registrar requires by 6739
rule showing that the organization regularly transports persons 6740
with disabilities that limit or impair the ability to walk. 6741

(5) The registrar or deputy registrar shall issue to an 6742
applicant a standard removable windshield placard, a temporary 6743
removable windshield placard, or a permanent removable 6744
windshield placard, as applicable, upon receipt of all of the 6745
following: 6746

(a) A completed and signed application for a removable 6747
windshield placard; 6748

(b) The accompanying documents required under division (C) 6749
(2) or (4) of this section; 6750

(c) Payment of a service fee equal to the amount 6751
established under section 4503.038 of the Revised Code for a 6752
standard removable windshield placard or a temporary removable 6753
windshield placard, or payment of fifteen dollars for a 6754
permanent removable windshield placard. 6755

(6) The removable windshield placard shall display the 6756

date of expiration on both sides of the placard, or the word 6757
"permanent" if the placard is a permanent removable windshield 6758
placard, and shall be valid until expired, revoked, or 6759
surrendered. Except for a permanent removable windshield 6760
placard, which has no expiration, a removable windshield placard 6761
expires on the earliest of the following two dates: 6762

(a) The date that the person issued the placard is 6763
expected to no longer have the disability that limits or impairs 6764
the ability to walk, as indicated on the prescription submitted 6765
with the application for the placard; 6766

(b) Ten years after the date of issuance on the placard. 6767

In no case shall a removable windshield placard be valid 6768
for a period of less than sixty days. 6769

(7) Standard removable windshield placards shall be 6770
renewable upon application and upon payment of a service fee 6771
equal to the amount established under section 4503.038 of the 6772
Revised Code. The registrar shall provide the application form 6773
and shall determine the information to be included thereon. 6774

(8) The registrar shall determine the form and size of 6775
each type of the removable windshield placard, the material of 6776
which it is to be made, any differences in color between each 6777
type of placard to make them readily identifiable, and any other 6778
information to be included thereon, and shall adopt rules 6779
relating to the issuance, expiration, revocation, surrender, and 6780
proper display of such placards. A temporary removable 6781
windshield placard shall display the word "temporary" in letters 6782
of such size as the registrar shall prescribe. Any placard 6783
issued after October 14, 1999, shall be manufactured in a manner 6784
that allows the expiration date of the placard to be indicated 6785

on it through the punching, drilling, boring, or creation by any 6786
other means of holes in the placard. 6787

(9) At the time a removable windshield placard is issued 6788
to a person with a disability that limits or impairs the ability 6789
to walk, the registrar or deputy registrar shall enter into the 6790
records of the bureau of motor vehicles the last date on which 6791
the person will have that disability, as indicated on the 6792
accompanying prescription. For a standard removable windshield 6793
placard, not less than thirty days prior to that date and any 6794
renewal dates, the bureau shall send a renewal notice to that 6795
person at the person's last known address as shown in the 6796
records of the bureau, informing the person that the person's 6797
removable windshield placard will expire on the indicated date, 6798
and that the person is required to renew the placard by 6799
submitting to the registrar or a deputy registrar another 6800
prescription, and by complying with the renewal provisions. If 6801
such a prescription is not received by the registrar or a deputy 6802
registrar by that date, the placard issued to that person 6803
expires and no longer is valid, and this fact shall be recorded 6804
in the records of the bureau. 6805

(10) At least once every year, on a date determined by the 6806
registrar, the bureau shall examine the records of the office of 6807
vital statistics, located within the department of health, that 6808
pertain to deceased persons, and also the bureau's records of 6809
all persons who have been issued removable windshield placards. 6810
If the records of the office of vital statistics indicate that a 6811
person to whom a removable windshield placard has been issued is 6812
deceased, the bureau shall cancel that placard, and note the 6813
cancellation in its records. 6814

The office of vital statistics shall make available to the 6815

bureau all information necessary to enable the bureau to comply 6816
with division (C)(10) of this section. 6817

(11) Nothing in this section shall be construed to require 6818
a person or organization to apply for a removable windshield 6819
placard or accessible license plates if the accessible license 6820
plates issued to the person or organization under prior law have 6821
not expired or been surrendered or revoked. 6822

(D) Any active-duty member of the armed forces of the 6823
United States, including the reserve components of the armed 6824
forces and the national guard, who has an illness or injury that 6825
limits or impairs the ability to walk may apply to the registrar 6826
or a deputy registrar for a temporary removable windshield 6827
placard. With the application, the person shall present evidence 6828
of the person's active-duty status and the illness or injury. 6829
Evidence of the illness or injury may include a current 6830
department of defense convalescent leave statement, any 6831
department of defense document indicating that the person 6832
currently has an ill or injured casualty status or has limited 6833
duties, or a prescription from any health care provider 6834
prescribing the placard for the applicant. Upon receipt of the 6835
application and the necessary evidence, the registrar or deputy 6836
registrar shall issue the applicant the temporary removable 6837
windshield placard without the payment of any service fee. 6838

(E) If an applicant for a removable windshield placard is 6839
a veteran of the armed forces of the United States whose 6840
disability, as defined in division (A)(1) of this section, is 6841
service-connected, the registrar or deputy registrar, upon 6842
receipt of the application, presentation of a signed statement 6843
from the applicant's health care provider certifying the 6844
applicant's disability, and presentation of such documentary 6845

evidence from the department of veterans affairs that the 6846
disability of the applicant meets at least one of the criteria 6847
identified in division (A) (1) of this section and is service- 6848
connected as the registrar may require by rule, but without the 6849
payment of any service fee, shall issue the applicant a 6850
removable windshield placard that is valid until expired, 6851
surrendered, or revoked. 6852

(F) (1) Upon a conviction of a violation of division (H) or 6853
(I) of this section, the court shall report the conviction, and 6854
send the placard, if available, to the registrar, who thereupon 6855
shall revoke the privilege of using the placard and send notice 6856
in writing to the placardholder at that holder's last known 6857
address as shown in the records of the bureau, and the 6858
placardholder shall return the placard if not previously 6859
surrendered to the court, to the registrar within ten days 6860
following mailing of the notice. 6861

(2) Whenever a person to whom a removable windshield 6862
placard has been issued moves to another state, the person shall 6863
surrender the placard to the registrar; and whenever an 6864
organization to which a placard has been issued changes its 6865
place of operation to another state, the organization shall 6866
surrender the placard to the registrar. 6867

(3) If a person no longer requires a permanent removable 6868
windshield placard, the person shall notify and surrender the 6869
placard to the registrar or deputy registrar within ten days of 6870
no longer requiring the placard. The person may still apply for 6871
a standard removable windshield placard or temporary removable 6872
windshield placard, if applicable. 6873

(G) Subject to division (F) of section 4511.69 of the 6874
Revised Code, the operator of a motor vehicle displaying a 6875

removable windshield placard or the accessible license plates 6876
authorized by this section is entitled to park the motor vehicle 6877
in any accessible parking location reserved for persons with 6878
disabilities that limit or impair the ability to walk. 6879

(H) No person or organization that is not eligible for the 6880
issuance of license plates or any placard under this section 6881
shall willfully and falsely represent that the person or 6882
organization is so eligible. 6883

No person or organization shall display license plates 6884
issued under this section unless the license plates have been 6885
issued for the vehicle on which they are displayed and are 6886
valid. 6887

(I) No person or organization to which a removable 6888
windshield placard is issued shall do either of the following: 6889

(1) Display or permit the display of the placard on any 6890
motor vehicle when having reasonable cause to believe the motor 6891
vehicle is being used in connection with an activity that does 6892
not include providing transportation for persons with 6893
disabilities that limit or impair the ability to walk; 6894

(2) Refuse to return or surrender the placard, when 6895
required. 6896

(J) If a removable windshield placard or parking card is 6897
lost, destroyed, or mutilated, the placardholder or cardholder 6898
may obtain a duplicate by doing both of the following: 6899

(1) Furnishing suitable proof of the loss, destruction, or 6900
mutilation to the registrar; 6901

(2) Paying a service fee equal to the amount paid when the 6902
placardholder obtained the original placard. 6903

Any placardholder who loses a placard and, after obtaining
a duplicate, finds the original, immediately shall surrender the
original placard to the registrar.

(K) (1) The registrar shall pay all fees received under
this section for the issuance of removable windshield placards
or duplicate removable windshield placards into the state
treasury to the credit of the public safety - highway purposes
fund created in section 4501.06 of the Revised Code.

(2) In addition to the fees collected under this section,
the registrar or deputy registrar shall ask each person applying
for a removable windshield placard or duplicate removable
windshield placard or license plate issued under this section,
whether the person wishes to make a two-dollar voluntary
contribution to support rehabilitation employment services. The
registrar shall transmit the contributions received under this
division to the treasurer of state for deposit into the
rehabilitation employment fund, which is hereby created in the
state treasury. A deputy registrar shall transmit the
contributions received under this division to the registrar in
the time and manner prescribed by the registrar. The
contributions in the fund shall be used by the opportunities for
Ohioans with disabilities agency to purchase services related to
vocational evaluation, work adjustment, personal adjustment, job
placement, job coaching, and community-based assessment from
accredited community rehabilitation program facilities.

(L) For purposes of enforcing this section, every peace
officer is deemed to be an agent of the registrar. Any peace
officer or any authorized employee of the bureau of motor
vehicles who, in the performance of duties authorized by law,
becomes aware of a person whose removable windshield placard or

parking card has been revoked pursuant to this section, may 6934
confiscate that placard or parking card and return it to the 6935
registrar. The registrar shall prescribe any forms used by law 6936
enforcement agencies in administering this section. 6937

No peace officer, law enforcement agency employing a peace 6938
officer, or political subdivision or governmental agency 6939
employing a peace officer, and no employee of the bureau is 6940
liable in a civil action for damages or loss to persons arising 6941
out of the performance of any duty required or authorized by 6942
this section. As used in this division, "peace officer" has the 6943
same meaning as in division (B) of section 2935.01 of the 6944
Revised Code. 6945

(M) All applications for registration of motor vehicles 6946
and removable windshield placards issued under this section, all 6947
renewal notices for such items, and all other publications 6948
issued by the bureau that relate to this section shall set forth 6949
the criminal penalties that may be imposed upon a person who 6950
violates any provision relating to accessible license plates 6951
issued under this section, the parking of vehicles displaying 6952
such license plates, and the issuance, procurement, use, and 6953
display of removable windshield placards issued under this 6954
section. 6955

(N) Whoever violates this section is guilty of a 6956
misdemeanor of the fourth degree. 6957

Sec. 4507.20. The registrar of motor vehicles, when the 6958
registrar has good cause to believe that the holder of a 6959
driver's or commercial driver's license is incompetent or 6960
otherwise not qualified to be licensed, shall send a written 6961
notice to the licensee's last known address, requiring the 6962
licensee to submit to a driver's license examination, a physical 6963

examination, or both, or a commercial driver's license 6964
examination within the time indicated on the notice. The 6965
physical examination may be conducted by any individual 6966
authorized by the Revised Code to do so, including a physician 6967
~~assistant~~associate, a clinical nurse specialist, a certified 6968
nurse practitioner, or a certified nurse-midwife. Any written 6969
documentation of the physical examination shall be completed by 6970
the individual who conducted the examination. 6971

Upon the conclusion of the examination, the registrar may 6972
suspend the license of the person, may permit the licensee to 6973
retain the license, or may issue the licensee a restricted 6974
license. Refusal or neglect of the licensee to submit to the 6975
examination is ground for suspension of the licensee's license. 6976

A physician licensed under Chapter 4731. of the Revised 6977
Code may submit a report to the registrar stating that in the 6978
physician's professional opinion the holder of a driver's or 6979
commercial driver's license may be incompetent or otherwise not 6980
qualified to operate safely a motor vehicle due to medical 6981
reasons. Any such report submitted to the registrar is 6982
confidential, is not a public record, and is not subject to 6983
disclosure under section 149.43 of the Revised Code. 6984

Sec. 4715.30. (A) Except as provided in division (K) of 6985
this section, an applicant for or holder of a certificate or 6986
license issued under this chapter is subject to disciplinary 6987
action by the state dental board for any of the following 6988
reasons: 6989

(1) Employing or cooperating in fraud or material 6990
deception in applying for or obtaining a license or certificate; 6991

(2) Obtaining or attempting to obtain money or anything of 6992

value by intentional misrepresentation or material deception in the course of practice;	6993 6994
(3) Advertising services in a false or misleading manner or violating the board's rules governing time, place, and manner of advertising;	6995 6996 6997
(4) Commission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed;	6998 6999 7000
(5) Commission of an act in the course of practice that constitutes a misdemeanor in this state, regardless of the jurisdiction in which the act was committed;	7001 7002 7003
(6) Conviction of, a plea of guilty to, a judicial finding of guilt of, a judicial finding of guilt resulting from a plea of no contest to, or a judicial finding of eligibility for intervention in lieu of conviction for, any felony or of a misdemeanor committed in the course of practice;	7004 7005 7006 7007 7008
(7) Engaging in lewd or immoral conduct in connection with the provision of dental services;	7009 7010
(8) Selling, prescribing, giving away, or administering drugs for other than legal and legitimate therapeutic purposes, or conviction of, a plea of guilty to, a judicial finding of guilt of, a judicial finding of guilt resulting from a plea of no contest to, or a judicial finding of eligibility for intervention in lieu of conviction for, a violation of any federal or state law regulating the possession, distribution, or use of any drug;	7011 7012 7013 7014 7015 7016 7017 7018
(9) Providing or allowing dental hygienists, expanded function dental auxiliaries, or other practitioners of auxiliary dental occupations working under the certificate or license	7019 7020 7021

holder's supervision, or a dentist holding a temporary limited 7022
continuing education license under division (C) of section 7023
4715.16 of the Revised Code working under the certificate or 7024
license holder's direct supervision, to provide dental care that 7025
departs from or fails to conform to accepted standards for the 7026
profession, whether or not injury to a patient results; 7027

(10) Inability to practice under accepted standards of the 7028
profession because of physical or mental disability, dependence 7029
on alcohol or other drugs, or excessive use of alcohol or other 7030
drugs; 7031

(11) Violation of any provision of this chapter or any 7032
rule adopted thereunder; 7033

(12) Failure to use universal blood and body fluid 7034
precautions established by rules adopted under section 4715.03 7035
of the Revised Code; 7036

(13) Except as provided in division (H) of this section, 7037
either of the following: 7038

(a) Waiving the payment of all or any part of a deductible 7039
or copayment that a patient, pursuant to a health insurance or 7040
health care policy, contract, or plan that covers dental 7041
services, would otherwise be required to pay if the waiver is 7042
used as an enticement to a patient or group of patients to 7043
receive health care services from that certificate or license 7044
holder; 7045

(b) Advertising that the certificate or license holder 7046
will waive the payment of all or any part of a deductible or 7047
copayment that a patient, pursuant to a health insurance or 7048
health care policy, contract, or plan that covers dental 7049
services, would otherwise be required to pay. 7050

(14) Failure to comply with section 4715.302 or 4729.79 of 7051
the Revised Code, unless the state board of pharmacy no longer 7052
maintains a drug database pursuant to section 4729.75 of the 7053
Revised Code; 7054

(15) Any of the following actions taken by an agency 7055
responsible for authorizing, certifying, or regulating an 7056
individual to practice a health care occupation or provide 7057
health care services in this state or another jurisdiction, for 7058
any reason other than the nonpayment of fees: the limitation, 7059
revocation, or suspension of an individual's license to 7060
practice; acceptance of an individual's license surrender; 7061
denial of a license; refusal to renew or reinstate a license; 7062
imposition of probation; or issuance of an order of censure or 7063
other reprimand; 7064

(16) Failure to cooperate in an investigation conducted by 7065
the board under division (D) of section 4715.03 of the Revised 7066
Code, including failure to comply with a subpoena or order 7067
issued by the board or failure to answer truthfully a question 7068
presented by the board at a deposition or in written 7069
interrogatories, except that failure to cooperate with an 7070
investigation shall not constitute grounds for discipline under 7071
this section if a court of competent jurisdiction has issued an 7072
order that either quashes a subpoena or permits the individual 7073
to withhold the testimony or evidence in issue; 7074

(17) Failure to comply with the requirements in section 7075
3719.061 of the Revised Code before issuing for a minor a 7076
prescription for an opioid analgesic, as defined in section 7077
3719.01 of the Revised Code; 7078

(18) Failure to comply with the requirements of sections 7079
4715.71 and 4715.72 of the Revised Code regarding the operation 7080

of a mobile dental facility. 7081

(B) A manager, proprietor, operator, or conductor of a 7082
dental facility shall be subject to disciplinary action if any 7083
dentist, dental hygienist, expanded function dental auxiliary, 7084
or qualified personnel providing services in the facility is 7085
found to have committed a violation listed in division (A) of 7086
this section and the manager, proprietor, operator, or conductor 7087
knew of the violation and permitted it to occur on a recurring 7088
basis. 7089

(C) Subject to Chapter 119. of the Revised Code, the board 7090
may take one or more of the following disciplinary actions if 7091
one or more of the grounds for discipline listed in divisions 7092
(A) and (B) of this section exist: 7093

(1) Censure the license or certificate holder; 7094

(2) Place the license or certificate on probationary 7095
status for such period of time the board determines necessary 7096
and require the holder to: 7097

(a) Report regularly to the board upon the matters which 7098
are the basis of probation; 7099

(b) Limit practice to those areas specified by the board; 7100

(c) Continue or renew professional education until a 7101
satisfactory degree of knowledge or clinical competency has been 7102
attained in specified areas. 7103

(3) Suspend the certificate or license; 7104

(4) Revoke the certificate or license. 7105

Where the board places a holder of a license or 7106
certificate on probationary status pursuant to division (C) (2) 7107

of this section, the board may subsequently suspend or revoke 7108
the license or certificate if it determines that the holder has 7109
not met the requirements of the probation or continues to engage 7110
in activities that constitute grounds for discipline pursuant to 7111
division (A) or (B) of this section. 7112

Any order suspending a license or certificate shall state 7113
the conditions under which the license or certificate will be 7114
restored, which may include a conditional restoration during 7115
which time the holder is in a probationary status pursuant to 7116
division (C) (2) of this section. The board shall restore the 7117
license or certificate unconditionally when such conditions are 7118
met. 7119

(D) If the physical or mental condition of an applicant or 7120
a license or certificate holder is at issue in a disciplinary 7121
proceeding, the board may order the license or certificate 7122
holder to submit to reasonable examinations by an individual 7123
designated or approved by the board and at the board's expense. 7124
The physical examination may be conducted by any individual 7125
authorized by the Revised Code to do so, including a physician 7126
~~assistant~~associate, a clinical nurse specialist, a certified 7127
nurse practitioner, or a certified nurse-midwife. Any written 7128
documentation of the physical examination shall be completed by 7129
the individual who conducted the examination. 7130

Failure to comply with an order for an examination shall 7131
be grounds for refusal of a license or certificate or summary 7132
suspension of a license or certificate under division (E) of 7133
this section. 7134

(E) If a license or certificate holder has failed to 7135
comply with an order under division (D) of this section, the 7136
board may apply to the court of common pleas of the county in 7137

which the holder resides for an order temporarily suspending the 7138
holder's license or certificate, without a prior hearing being 7139
afforded by the board, until the board conducts an adjudication 7140
hearing pursuant to Chapter 119. of the Revised Code. If the 7141
court temporarily suspends a holder's license or certificate, 7142
the board shall give written notice of the suspension personally 7143
or by certified mail to the license or certificate holder. Such 7144
notice shall inform the license or certificate holder of the 7145
right to a hearing pursuant to Chapter 119. of the Revised Code. 7146

(F) Any holder of a certificate or license issued under 7147
this chapter who has pleaded guilty to, has been convicted of, 7148
or has had a judicial finding of eligibility for intervention in 7149
lieu of conviction entered against the holder in this state for 7150
aggravated murder, murder, voluntary manslaughter, felonious 7151
assault, kidnapping, rape, sexual battery, gross sexual 7152
imposition, aggravated arson, aggravated robbery, or aggravated 7153
burglary, or who has pleaded guilty to, has been convicted of, 7154
or has had a judicial finding of eligibility for treatment or 7155
intervention in lieu of conviction entered against the holder in 7156
another jurisdiction for any substantially equivalent criminal 7157
offense, is automatically suspended from practice under this 7158
chapter in this state and any certificate or license issued to 7159
the holder under this chapter is automatically suspended, as of 7160
the date of the guilty plea, conviction, or judicial finding, 7161
whether the proceedings are brought in this state or another 7162
jurisdiction. Continued practice by an individual after the 7163
suspension of the individual's certificate or license under this 7164
division shall be considered practicing without a certificate or 7165
license. The board shall notify the suspended individual of the 7166
suspension of the individual's certificate or license under this 7167
division in accordance with sections 119.05 and 119.07 of the 7168

Revised Code. If an individual whose certificate or license is 7169
suspended under this division fails to make a timely request for 7170
an adjudicatory hearing, the board shall enter a final order 7171
revoking the individual's certificate or license. 7172

(G) If the supervisory investigative panel determines both 7173
of the following, the panel may recommend that the board suspend 7174
an individual's certificate or license without a prior hearing: 7175

(1) That there is clear and convincing evidence that an 7176
individual has violated division (A) of this section; 7177

(2) That the individual's continued practice presents a 7178
danger of immediate and serious harm to the public. 7179

Written allegations shall be prepared for consideration by 7180
the board. The board, upon review of those allegations and by an 7181
affirmative vote of not fewer than four dentist members of the 7182
board and seven of its members in total, excluding any member on 7183
the supervisory investigative panel, may suspend a certificate 7184
or license without a prior hearing. A telephone conference call 7185
may be utilized for reviewing the allegations and taking the 7186
vote on the summary suspension. 7187

The board shall serve a written order of suspension in 7188
accordance with sections 119.05 and 119.07 of the Revised Code. 7189
The order shall not be subject to suspension by the court during 7190
pendency or any appeal filed under section 119.12 of the Revised 7191
Code. If the individual subject to the summary suspension 7192
requests an adjudicatory hearing by the board, the date set for 7193
the hearing shall be within fifteen days, but not earlier than 7194
seven days, after the individual requests the hearing, unless 7195
otherwise agreed to by both the board and the individual. 7196

Any summary suspension imposed under this division shall 7197

remain in effect, unless reversed on appeal, until a final 7198
adjudicative order issued by the board pursuant to this section 7199
and Chapter 119. of the Revised Code becomes effective. The 7200
board shall issue its final adjudicative order within seventy- 7201
five days after completion of its hearing. A failure to issue 7202
the order within seventy-five days shall result in dissolution 7203
of the summary suspension order but shall not invalidate any 7204
subsequent, final adjudicative order. 7205

(H) Sanctions shall not be imposed under division (A) (13) 7206
of this section against any certificate or license holder who 7207
waives deductibles and copayments as follows: 7208

(1) In compliance with the health benefit plan that 7209
expressly allows such a practice. Waiver of the deductibles or 7210
copayments shall be made only with the full knowledge and 7211
consent of the plan purchaser, payer, and third-party 7212
administrator. Documentation of the consent shall be made 7213
available to the board upon request. 7214

(2) For professional services rendered to any other person 7215
who holds a certificate or license issued pursuant to this 7216
chapter to the extent allowed by this chapter and the rules of 7217
the board. 7218

(I) In no event shall the board consider or raise during a 7219
hearing required by Chapter 119. of the Revised Code the 7220
circumstances of, or the fact that the board has received, one 7221
or more complaints about a person unless the one or more 7222
complaints are the subject of the hearing or resulted in the 7223
board taking an action authorized by this section against the 7224
person on a prior occasion. 7225

(J) The board may share any information it receives 7226

pursuant to an investigation under division (D) of section 7227
4715.03 of the Revised Code, including patient records and 7228
patient record information, with law enforcement agencies, other 7229
licensing boards, and other governmental agencies that are 7230
prosecuting, adjudicating, or investigating alleged violations 7231
of statutes or administrative rules. An agency or board that 7232
receives the information shall comply with the same requirements 7233
regarding confidentiality as those with which the state dental 7234
board must comply, notwithstanding any conflicting provision of 7235
the Revised Code or procedure of the agency or board that 7236
applies when it is dealing with other information in its 7237
possession. In a judicial proceeding, the information may be 7238
admitted into evidence only in accordance with the Rules of 7239
Evidence, but the court shall require that appropriate measures 7240
are taken to ensure that confidentiality is maintained with 7241
respect to any part of the information that contains names or 7242
other identifying information about patients or complainants 7243
whose confidentiality was protected by the state dental board 7244
when the information was in the board's possession. Measures to 7245
ensure confidentiality that may be taken by the court include 7246
sealing its records or deleting specific information from its 7247
records. 7248

(K) The board shall not refuse to issue a license or 7249
certificate to an applicant for either of the following reasons 7250
unless the refusal is in accordance with section 9.79 of the 7251
Revised Code: 7252

(1) A conviction or plea of guilty to an offense; 7253

(2) A judicial finding of eligibility for treatment or 7254
intervention in lieu of a conviction. 7255

Sec. 4723.01. As used in this chapter: 7256

(A) "Registered nurse" means an individual who holds a	7257
current, valid license issued under this chapter that authorizes	7258
the practice of nursing as a registered nurse.	7259
(B) "Practice of nursing as a registered nurse" means	7260
providing to individuals and groups nursing care requiring	7261
specialized knowledge, judgment, and skill derived from the	7262
principles of biological, physical, behavioral, social, and	7263
nursing sciences. Such nursing care includes:	7264
(1) Identifying patterns of human responses to actual or	7265
potential health problems amenable to a nursing regimen;	7266
(2) Executing a nursing regimen through the selection,	7267
performance, management, and evaluation of nursing actions;	7268
(3) Assessing health status for the purpose of providing	7269
nursing care;	7270
(4) Providing health counseling and health teaching;	7271
(5) Administering medications, treatments, and executing	7272
regimens authorized by an individual who is authorized to	7273
practice in this state and is acting within the course of the	7274
individual's professional practice;	7275
(6) Teaching, administering, supervising, delegating, and	7276
evaluating nursing practice.	7277
(C) "Nursing regimen" may include preventative,	7278
restorative, and health-promotion activities.	7279
(D) "Assessing health status" means the collection of data	7280
through nursing assessment techniques, which may include	7281
interviews, observation, and physical evaluations for the	7282
purpose of providing nursing care.	7283

(E) "Licensed practical nurse" means an individual who 7284
holds a current, valid license issued under this chapter that 7285
authorizes the practice of nursing as a licensed practical 7286
nurse. 7287

(F) "The practice of nursing as a licensed practical 7288
nurse" means providing to individuals and groups nursing care 7289
requiring the application of basic knowledge of the biological, 7290
physical, behavioral, social, and nursing sciences at the 7291
direction of a registered nurse or any of the following who is 7292
authorized to practice in this state: a physician, physician 7293
~~assistant~~associate, dentist, podiatrist, optometrist, or 7294
chiropractor. Such nursing care includes: 7295

(1) Observation, patient teaching, and care in a diversity 7296
of health care settings; 7297

(2) Contributions to the planning, implementation, and 7298
evaluation of nursing; 7299

(3) Administration of medications and treatments 7300
authorized by an individual who is authorized to practice in 7301
this state and is acting within the course of the individual's 7302
professional practice; 7303

(4) Administration to an adult of intravenous therapy 7304
authorized by an individual who is authorized to practice in 7305
this state and is acting within the course of the individual's 7306
professional practice, on the condition that the licensed 7307
practical nurse is authorized under section 4723.18 or 4723.181 7308
of the Revised Code to perform intravenous therapy and performs 7309
intravenous therapy only in accordance with those sections; 7310

(5) Delegation of nursing tasks as directed by a 7311
registered nurse; 7312

(6) Teaching nursing tasks to licensed practical nurses 7313
and individuals to whom the licensed practical nurse is 7314
authorized to delegate nursing tasks as directed by a registered 7315
nurse. 7316

(G) "Certified registered nurse anesthetist" means an 7317
advanced practice registered nurse who holds a current, valid 7318
license issued under this chapter and is designated as a 7319
certified registered nurse anesthetist in accordance with 7320
section 4723.42 of the Revised Code and rules adopted by the 7321
board of nursing. 7322

(H) "Clinical nurse specialist" means an advanced practice 7323
registered nurse who holds a current, valid license issued under 7324
this chapter and is designated as a clinical nurse specialist in 7325
accordance with section 4723.42 of the Revised Code and rules 7326
adopted by the board of nursing. 7327

(I) "Certified nurse-midwife" means an advanced practice 7328
registered nurse who holds a current, valid license issued under 7329
this chapter and is designated as a certified nurse-midwife in 7330
accordance with section 4723.42 of the Revised Code and rules 7331
adopted by the board of nursing. 7332

(J) "Certified nurse practitioner" means an advanced 7333
practice registered nurse who holds a current, valid license 7334
issued under this chapter and is designated as a certified nurse 7335
practitioner in accordance with section 4723.42 of the Revised 7336
Code and rules adopted by the board of nursing. 7337

(K) "Physician" means an individual authorized under 7338
Chapter 4731. of the Revised Code to practice medicine and 7339
surgery or osteopathic medicine and surgery. 7340

(L) "Collaboration" or "collaborating" means the 7341

following: 7342

(1) In the case of a clinical nurse specialist or a 7343
certified nurse practitioner, that one or more podiatrists 7344
acting within the scope of practice of podiatry in accordance 7345
with section 4731.51 of the Revised Code and with whom the nurse 7346
has entered into a standard care arrangement or one or more 7347
physicians with whom the nurse has entered into a standard care 7348
arrangement are continuously available to communicate with the 7349
clinical nurse specialist or certified nurse practitioner either 7350
in person or by electronic communication; 7351

(2) In the case of a certified nurse-midwife, that one or 7352
more physicians with whom the certified nurse-midwife has 7353
entered into a standard care arrangement are continuously 7354
available to communicate with the certified nurse-midwife either 7355
in person or by electronic communication. 7356

(M) "Supervision," as it pertains to a certified 7357
registered nurse anesthetist, means that the certified 7358
registered nurse anesthetist is under the direction of a 7359
podiatrist acting within the podiatrist's scope of practice in 7360
accordance with section 4731.51 of the Revised Code, a dentist 7361
acting within the dentist's scope of practice in accordance with 7362
Chapter 4715. of the Revised Code, or a physician, and, when 7363
administering anesthesia, the certified registered nurse 7364
anesthetist is in the immediate presence of the podiatrist, 7365
dentist, or physician. 7366

(N) "Standard care arrangement" means a written, formal 7367
guide for planning and evaluating a patient's health care that 7368
is developed by one or more collaborating physicians or 7369
podiatrists and a clinical nurse specialist, certified nurse- 7370
midwife, or certified nurse practitioner and meets the 7371

requirements of section 4723.431 of the Revised Code. 7372

(O) "Advanced practice registered nurse" means an 7373
individual who holds a current, valid license issued under this 7374
chapter that authorizes the practice of nursing as an advanced 7375
practice registered nurse and is designated as any of the 7376
following: 7377

(1) A certified registered nurse anesthetist; 7378

(2) A clinical nurse specialist; 7379

(3) A certified nurse-midwife; 7380

(4) A certified nurse practitioner. 7381

(P) "Practice of nursing as an advanced practice 7382
registered nurse" means providing to individuals and groups 7383
nursing care that requires knowledge and skill obtained from 7384
advanced formal education, training, and clinical experience. 7385
Such nursing care includes the care described in section 4723.43 7386
of the Revised Code. 7387

(Q) "Dialysis care" means the care and procedures that a 7388
dialysis technician or dialysis technician intern is authorized 7389
to provide and perform, as specified in section 4723.72 of the 7390
Revised Code. 7391

(R) "Dialysis technician" means an individual who holds a 7392
current, valid certificate to practice as a dialysis technician 7393
issued under section 4723.75 of the Revised Code. 7394

(S) "Dialysis technician intern" means an individual who 7395
has not passed the dialysis technician certification examination 7396
required by section 4723.751 of the Revised Code, but who has 7397
successfully completed a dialysis training program approved by 7398
the board of nursing under section 4723.74 of the Revised Code 7399

within the previous eighteen months. 7400

(T) "Certified community health worker" means an 7401
individual who holds a current, valid certificate as a community 7402
health worker issued under section 4723.85 of the Revised Code. 7403

(U) "Medication aide" means an individual who holds a 7404
current, valid certificate issued under this chapter that 7405
authorizes the individual to administer medication in accordance 7406
with section 4723.67 of the Revised Code; 7407

(V) "Nursing specialty" means a specialty in practice as a 7408
certified registered nurse anesthetist, clinical nurse 7409
specialist, certified nurse-midwife, or certified nurse 7410
practitioner. 7411

(W) "Physician ~~assistant~~associate" means an individual who 7412
is licensed to practice as a physician ~~assistant~~associate under 7413
Chapter 4730. of the Revised Code. 7414

Sec. 4723.18. (A) Except as provided in section 4723.181 7415
of the Revised Code and subject to the restrictions in division 7416
(C) of this section, a licensed practical nurse may perform 7417
intravenous therapy on an adult patient only at the direction of 7418
one of the following: 7419

(1) A physician, physician ~~assistant~~associate, dentist, 7420
optometrist, or podiatrist who is authorized to practice in this 7421
state and, except as provided in division (B) (2) of this 7422
section, is present and readily available at the facility where 7423
the intravenous therapy procedure is performed; 7424

(2) A registered nurse in accordance with division (B) of 7425
this section. 7426

(B) (1) Except as provided in division (B) (2) of this 7427

section and section 4723.181 of the Revised Code, when a 7428
licensed practical nurse performs an intravenous therapy 7429
procedure at the direction of a registered nurse, the registered 7430
nurse or another registered nurse shall be readily available at 7431
the site where the intravenous therapy is performed, and before 7432
the licensed practical nurse initiates the intravenous therapy, 7433
the registered nurse shall personally perform an on-site 7434
assessment of the adult patient who is to receive the 7435
intravenous therapy. 7436

(2) When a licensed practical nurse performs an 7437
intravenous therapy procedure in a home as defined in section 7438
3721.10 of the Revised Code, or in an intermediate care facility 7439
for individuals with intellectual disabilities as defined in 7440
section 5124.01 of the Revised Code, at the direction of a 7441
registered nurse or ~~licensed~~ a physician, physician 7442
~~assistant~~associate, dentist, optometrist, or podiatrist who is 7443
authorized to practice in this state, a registered nurse shall 7444
be on the premises of the home or facility or accessible by some 7445
form of telecommunication. 7446

(C) No licensed practical nurse shall perform any of the 7447
following intravenous therapy procedures: 7448

(1) Initiating or maintaining any of the following: 7449

(a) Blood or blood components; 7450

(b) Solutions for total parenteral nutrition; 7451

(c) Any cancer therapeutic medication including, but not 7452
limited to, cancer chemotherapy or an anti-neoplastic agent; 7453

(d) Solutions administered through any central venous line 7454
or arterial line or any other line that does not terminate in a 7455
peripheral vein, except that a licensed practical nurse may 7456

maintain the solutions specified in division (C) (6) (a) of this 7457
section that are being administered through a central venous 7458
line or peripherally inserted central catheter; 7459

(e) Any investigational or experimental medication. 7460

(2) Initiating intravenous therapy in any vein, except 7461
that a licensed practical nurse may initiate intravenous therapy 7462
in accordance with this section in a vein of the hand, forearm, 7463
or antecubital fossa; 7464

(3) Discontinuing a central venous, arterial, or any other 7465
line that does not terminate in a peripheral vein; 7466

(4) Initiating or discontinuing a peripherally inserted 7467
central catheter; 7468

(5) Mixing, preparing, or reconstituting any medication 7469
for intravenous therapy, except that a licensed practical nurse 7470
may prepare or reconstitute an antibiotic additive; 7471

(6) Administering medication via the intravenous route, 7472
including all of the following activities: 7473

(a) Adding medication to an intravenous solution or to an 7474
existing infusion, except that a licensed practical nurse may do 7475
any of the following: 7476

(i) Initiate an intravenous infusion containing one or 7477
more of the following elements: dextrose 5%, normal saline, 7478
lactated ringers, sodium chloride.45%, sodium chloride 0.2%, 7479
sterile water; 7480

(ii) Hang subsequent containers of the intravenous 7481
solutions specified in division (C) (6) (a) (i) of this section 7482
that contain vitamins or electrolytes, if a registered nurse 7483
initiated the infusion of that same intravenous solution; 7484

(iii) Initiate or maintain an intravenous infusion containing an antibiotic additive.	7485 7486
(b) Injecting medication via a direct intravenous route, except that a licensed practical nurse may inject heparin or normal saline to flush an intermittent infusion device or heparin lock including, but not limited to, bolus or push.	7487 7488 7489 7490
(7) Changing tubing on any line including, but not limited to, an arterial line or a central venous line, except that a licensed practical nurse may change tubing on an intravenous line that terminates in a peripheral vein;	7491 7492 7493 7494
(8) Programming or setting any function of a patient controlled infusion pump.	7495 7496
(D) Notwithstanding divisions (B) and (C) of this section, at the direction of a physician or a registered nurse, a licensed practical nurse may perform the following activities for the purpose of performing dialysis:	7497 7498 7499 7500
(1) The routine administration and regulation of saline solution for the purpose of maintaining an established fluid plan;	7501 7502 7503
(2) The administration of a heparin dose intravenously;	7504
(3) The administration of a heparin dose peripherally via a fistula needle;	7505 7506
(4) The loading and activation of a constant infusion pump;	7507 7508
(5) The intermittent injection of a dose of medication that is administered via the hemodialysis blood circuit and through the patient's venous access.	7509 7510 7511

Sec. 4723.181. (A) A licensed practical nurse may perform 7512
on any person any of the intravenous therapy procedures 7513
specified in division (B) of this section if both of the 7514
following apply: 7515

(1) The licensed practical nurse acts at the direction of 7516
a registered nurse or a physician, physician ~~assistant~~associate, 7517
dentist, optometrist, or podiatrist who is authorized to 7518
practice in this state and the registered nurse, physician, 7519
physician ~~assistant~~associate, dentist, optometrist, or 7520
podiatrist is on the premises where the procedure is to be 7521
performed or accessible by some form of telecommunication. 7522

(2) The licensed practical nurse can demonstrate the 7523
knowledge, skills, and ability to perform the procedure safely. 7524

(B) The intravenous therapy procedures that a licensed 7525
practical nurse may perform pursuant to division (A) of this 7526
section are limited to the following: 7527

(1) Verification of the type of peripheral intravenous 7528
solution being administered; 7529

(2) Examination of a peripheral infusion site and the 7530
extremity for possible infiltration; 7531

(3) Regulation of a peripheral intravenous infusion 7532
according to the prescribed flow rate; 7533

(4) Discontinuation of a peripheral intravenous device at 7534
the appropriate time; 7535

(5) Performance of routine dressing changes at the 7536
insertion site of a peripheral venous or arterial infusion, 7537
peripherally inserted central catheter infusion, or central 7538
venous pressure subclavian infusion. 7539

Sec. 4723.481. This section establishes standards and 7540
conditions regarding the authority of an advanced practice 7541
registered nurse who is designated as a clinical nurse 7542
specialist, certified nurse-midwife, or certified nurse 7543
practitioner to prescribe and personally furnish drugs and 7544
therapeutic devices under a license issued under section 4723.42 7545
of the Revised Code. 7546

(A) A clinical nurse specialist, certified nurse-midwife, 7547
or certified nurse practitioner shall not prescribe or furnish 7548
any drug or therapeutic device that is listed on the 7549
exclusionary formulary established in rules adopted under 7550
section 4723.50 of the Revised Code. 7551

(B) The prescriptive authority of a clinical nurse 7552
specialist, certified nurse-midwife, or certified nurse 7553
practitioner shall not exceed the prescriptive authority of the 7554
collaborating physician or podiatrist, including the 7555
collaborating physician's authority to treat chronic pain with 7556
controlled substances ~~and products containing tramadol~~ as 7557
described in section 4731.052 of the Revised Code. 7558

(C) (1) Except as provided in division (C) (2) or (3) of 7559
this section, a clinical nurse specialist, certified nurse- 7560
midwife, or certified nurse practitioner may prescribe to a 7561
patient a schedule II controlled substance only if all of the 7562
following are the case: 7563

(a) The patient has a terminal condition, as defined in 7564
section 2133.01 of the Revised Code. 7565

(b) A physician initially prescribed the substance for the 7566
patient. 7567

(c) The prescription is for an amount that does not exceed 7568

the amount necessary for the patient's use in a single, seventy- 7569
two-hour period. 7570

(2) The restrictions on prescriptive authority that are 7571
specified in division (C)(1) of this section do not apply if a 7572
clinical nurse specialist, certified nurse-midwife, or certified 7573
nurse practitioner issues the prescription to the patient from 7574
any of the following entities: 7575

(a) A hospital registered under section 3701.07 of the 7576
Revised Code; 7577

(b) An entity owned or controlled, in whole or in part, by 7578
a hospital or by an entity that owns or controls, in whole or in 7579
part, one or more hospitals; 7580

(c) A health care facility operated by the department of 7581
mental health and addiction services or the department of 7582
developmental disabilities; 7583

(d) A nursing home licensed under section 3721.02 of the 7584
Revised Code or by a political subdivision certified under 7585
section 3721.09 of the Revised Code; 7586

(e) A county home or district home operated under Chapter 7587
5155. of the Revised Code that is certified under the medicare 7588
or medicaid program; 7589

(f) A hospice care program, as defined in section 3712.01 7590
of the Revised Code; 7591

(g) A community mental health services provider, as 7592
defined in section 5122.01 of the Revised Code; 7593

(h) An ambulatory surgical facility, as defined in section 7594
3702.30 of the Revised Code; 7595

(i) A freestanding birthing center, as defined in section 3702.141 of the Revised Code;	7596 7597
(j) A federally qualified health center, as defined in section 3701.047 of the Revised Code;	7598 7599
(k) A federally qualified health center look-alike, as defined in section 3701.047 of the Revised Code;	7600 7601
(l) A health care office or facility operated by the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code;	7602 7603 7604 7605
(m) A site where a medical practice is operated, but only if the practice is comprised of one or more physicians who also are owners of the practice; the practice is organized to provide direct patient care; and the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner providing services at the site has a standard care arrangement and collaborates with at least one of the physician owners who practices primarily at that site;	7606 7607 7608 7609 7610 7611 7612 7613
(n) A site where a behavioral health practice is operated that does not qualify as a location otherwise described in division (C) (2) of this section, but only if the practice is organized to provide outpatient services for the treatment of mental health conditions, substance use disorders, or both, and the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner providing services at the site of the practice has a standard care arrangement and collaborates with at least one physician who is employed by that practice;	7614 7615 7616 7617 7618 7619 7620 7621 7622
(o) A residential care facility, as defined in section 3721.01 of the Revised Code.	7623 7624

(3) A clinical nurse specialist, certified nurse-midwife, 7625
or certified nurse practitioner shall not issue to a patient a 7626
prescription for a schedule II controlled substance from a 7627
convenience care clinic even if the clinic is owned or operated 7628
by an entity specified in division (C) (2) of this section. 7629

(D) A pharmacist who acts in good faith reliance on a 7630
prescription issued by a clinical nurse specialist, certified 7631
nurse-midwife, or certified nurse practitioner under division 7632
(C) (2) of this section is not liable for or subject to any of 7633
the following for relying on the prescription: damages in any 7634
civil action, prosecution in any criminal proceeding, or 7635
professional disciplinary action by the state board of pharmacy 7636
under Chapter 4729. of the Revised Code. 7637

(E) A clinical nurse specialist, certified nurse-midwife, 7638
or certified nurse practitioner shall comply with section 7639
3719.061 of the Revised Code if the nurse prescribes for a 7640
minor, as defined in that section, an opioid analgesic, as 7641
defined in section 3719.01 of the Revised Code. 7642

Sec. 4723.72. (A) A dialysis technician or dialysis 7643
technician intern may engage in dialysis care by doing the 7644
following: 7645

(1) Performing and monitoring dialysis procedures, 7646
including initiating, monitoring, and discontinuing dialysis; 7647

(2) Drawing blood; 7648

(3) Administering medications as specified in division (C) 7649
of this section when the administration is essential to the 7650
dialysis process; 7651

(4) Responding to complications that arise during 7652
dialysis. 7653

(B) (1) Subject to divisions (B) (2) and (3) of this 7654
section, a dialysis technician or dialysis technician intern may 7655
provide the dialysis care specified in division (A) of this 7656
section only if the care has been delegated to the technician or 7657
intern by a physician, physician ~~assistant~~associate, or 7658
registered nurse and the technician or intern is under the 7659
supervision of a physician, physician ~~assistant~~associate, or 7660
registered nurse. Supervision requires that the dialysis 7661
technician or dialysis technician intern be in the immediate 7662
presence of a physician, physician ~~assistant~~associate, or 7663
registered nurse. 7664

(2) In accordance with division (E) of section 4723.73 of 7665
the Revised Code, a dialysis technician intern shall not provide 7666
dialysis care in a patient's home. 7667

(3) In the case of dialysis care provided in a patient's 7668
home by a dialysis technician, both of the following apply: 7669

(a) The technician shall be supervised in accordance with 7670
the rules adopted under section 4723.79 of the Revised Code for 7671
supervision of dialysis technicians who provide dialysis care in 7672
a patient's home. 7673

(b) Division (D) (6) of section 4723.73 of the Revised Code 7674
does not allow a dialysis technician who provides dialysis care 7675
in a patient's home to provide dialysis care that is not 7676
authorized under this section. 7677

(C) A dialysis technician or dialysis technician intern 7678
may administer only the following medications as ordered by a 7679
licensed health professional authorized to prescribe drugs as 7680
defined in section 4729.01 of the Revised Code and in accordance 7681
with the standards for the delegation of dialysis care 7682

established in division (B) of this section and in rules adopted 7683
under section 4723.79 of the Revised Code: 7684

(1) Intradermal lidocaine or other single therapeutically 7685
equivalent local anesthetic for the purpose of initiating 7686
dialysis treatment; 7687

(2) Intravenous heparin or other single therapeutically 7688
equivalent anticoagulant for the purpose of initiating and 7689
maintaining dialysis treatment; 7690

(3) Intravenous normal saline; 7691

(4) Patient-specific dialysate, to which the technician or 7692
intern may add electrolytes but no other additives or 7693
medications; 7694

(5) Oxygen. 7695

Sec. 4723.73. (A) No person who does not hold a current, 7696
valid certificate issued under section 4723.75 or renewed under 7697
section 4723.77 of the Revised Code shall do either of the 7698
following: 7699

(1) Claim to the public to be a dialysis technician; 7700

(2) Use the title "Ohio certified dialysis technician," 7701
the initials "OCDT," or any other title or initials to represent 7702
that the person is authorized to perform dialysis care as a 7703
dialysis technician. 7704

(B) No person who has not successfully completed a 7705
dialysis training program approved by the board of nursing under 7706
section 4723.74 of the Revised Code within the previous eighteen 7707
months shall do either of the following: 7708

(1) Claim to the public to be a dialysis technician 7709

intern; 7710

(2) Use the title "dialysis technician intern," the 7711
initials "DTI," or any other title or initials to represent that 7712
the person is authorized to perform dialysis care as a dialysis 7713
technician intern. 7714

(C) No dialysis technician or dialysis technician intern 7715
shall engage in dialysis care in a manner that is inconsistent 7716
with section 4723.72 of the Revised Code. 7717

(D) No person other than a dialysis technician or dialysis 7718
technician intern shall engage in the dialysis care that is 7719
authorized by section 4723.72 of the Revised Code, unless the 7720
person is one or more of the following: 7721

(1) A registered nurse or licensed practical nurse; 7722

(2) A physician; 7723

(3) A physician ~~assistant~~associate; 7724

(4) A student performing dialysis care under the 7725
supervision of an instructor as an integral part of a dialysis 7726
training program approved by the board of nursing under section 7727
4723.74 of the Revised Code; 7728

(5) A dialysis patient who has been trained to engage in 7729
the dialysis care with little or no professional assistance by 7730
completing a medicare-approved self-dialysis or home dialysis 7731
training program; 7732

(6) A family member or friend of a dialysis patient who 7733
engages in self-dialysis or home dialysis, and the person 7734
engages in the dialysis care by assisting the patient in 7735
performing the self-dialysis or home dialysis, after the person 7736
providing the assistance has completed a medicare-approved self- 7737

dialysis or home dialysis training program for the particular 7738
dialysis patient being assisted. 7739

(E) No dialysis technician intern shall do either of the 7740
following: 7741

(1) Serve as a trainer or preceptor in a dialysis training 7742
program; 7743

(2) Provide dialysis care in a patient's home. 7744

(F) No person shall operate a dialysis training program, 7745
unless the program is approved by the board of nursing under 7746
section 4723.74 of the Revised Code. 7747

Sec. 4729.01. As used in this chapter: 7748

(A) "Pharmacy," except when used in a context that refers 7749
to the practice of pharmacy, means any area, room, rooms, place 7750
of business, department, or portion of any of the foregoing 7751
where the practice of pharmacy is conducted. 7752

(B) "Practice of pharmacy" means providing pharmacist care 7753
requiring specialized knowledge, judgment, and skill derived 7754
from the principles of biological, chemical, behavioral, social, 7755
pharmaceutical, and clinical sciences. As used in this division, 7756
"pharmacist care" includes the following: 7757

(1) Interpreting prescriptions; 7758

(2) Dispensing drugs and drug therapy related devices; 7759

(3) Compounding drugs; 7760

(4) Counseling individuals with regard to their drug 7761
therapy, recommending drug therapy related devices, and 7762
assisting in the selection of drugs and appliances for treatment 7763
of common diseases and injuries and providing instruction in the 7764

proper use of the drugs and appliances;	7765
(5) Performing drug regimen reviews with individuals by	7766
discussing all of the drugs that the individual is taking and	7767
explaining the interactions of the drugs;	7768
(6) Performing drug utilization reviews with licensed	7769
health professionals authorized to prescribe drugs when the	7770
pharmacist determines that an individual with a prescription has	7771
a drug regimen that warrants additional discussion with the	7772
prescriber;	7773
(7) Advising an individual and the health care	7774
professionals treating an individual with regard to the	7775
individual's drug therapy;	7776
(8) Acting pursuant to a consult agreement, if an	7777
agreement has been established;	7778
(9) Engaging in the administration of immunizations to the	7779
extent authorized by section 4729.41 of the Revised Code;	7780
(10) Engaging in the administration of drugs to the extent	7781
authorized by section 4729.45 of the Revised Code.	7782
(C) "Compounding" means the preparation, mixing,	7783
assembling, packaging, and labeling of one or more drugs in any	7784
of the following circumstances:	7785
(1) Pursuant to a prescription issued by a licensed health	7786
professional authorized to prescribe drugs;	7787
(2) Pursuant to the modification of a prescription made in	7788
accordance with a consult agreement;	7789
(3) As an incident to research, teaching activities, or	7790
chemical analysis;	7791

(4) In anticipation of orders for drugs pursuant to 7792
prescriptions, based on routine, regularly observed dispensing 7793
patterns; 7794

(5) Pursuant to a request made by a licensed health 7795
professional authorized to prescribe drugs for a drug that is to 7796
be used by the professional for the purpose of direct 7797
administration to patients in the course of the professional's 7798
practice, if all of the following apply: 7799

(a) At the time the request is made, the drug is not 7800
commercially available regardless of the reason that the drug is 7801
not available, including the absence of a manufacturer for the 7802
drug or the lack of a readily available supply of the drug from 7803
a manufacturer. 7804

(b) A limited quantity of the drug is compounded and 7805
provided to the professional. 7806

(c) The drug is compounded and provided to the 7807
professional as an occasional exception to the normal practice 7808
of dispensing drugs pursuant to patient-specific prescriptions. 7809

(D) "Consult agreement" means an agreement that has been 7810
entered into under section 4729.39 of the Revised Code. 7811

(E) "Drug" means: 7812

(1) Any article recognized in the United States 7813
pharmacopoeia and national formulary, or any supplement to them, 7814
intended for use in the diagnosis, cure, mitigation, treatment, 7815
or prevention of disease in humans or animals; 7816

(2) Any other article intended for use in the diagnosis, 7817
cure, mitigation, treatment, or prevention of disease in humans 7818
or animals; 7819

- (3) Any article, other than food, intended to affect the structure or any function of the body of humans or animals; 7820
7821
- (4) Any article intended for use as a component of any article specified in division (E) (1), (2), or (3) of this section; but does not include devices or their components, parts, or accessories. 7822
7823
7824
7825
- "Drug" does not include "hemp" or a "hemp product" as those terms are defined in section 928.01 of the Revised Code. 7826
7827
- (F) "Dangerous drug" means any of the following: 7828
- (1) Any drug to which either of the following applies: 7829
- (a) Under the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, the drug is required to bear a label containing the legend "Caution: Federal law prohibits dispensing without prescription" or "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian" or any similar restrictive statement, or the drug may be dispensed only upon a prescription; 7830
7831
7832
7833
7834
7835
7836
- (b) Under Chapter 3715. or 3719. of the Revised Code, the drug may be dispensed only upon a prescription. 7837
7838
- (2) Any drug that contains a schedule V controlled substance and that is exempt from Chapter 3719. of the Revised Code or to which that chapter does not apply; 7839
7840
7841
- (3) Any drug intended for administration by injection into the human body other than through a natural orifice of the human body; 7842
7843
7844
- (4) Any drug that is a biological product, as defined in section 3715.01 of the Revised Code. 7845
7846

- (G) "Federal drug abuse control laws" has the same meaning 7847
as in section 3719.01 of the Revised Code. 7848
- (H) "Prescription" means all of the following: 7849
- (1) A written, electronic, or oral order for drugs or 7850
combinations or mixtures of drugs to be used by a particular 7851
individual or for treating a particular animal, issued by a 7852
licensed health professional authorized to prescribe drugs; 7853
- (2) For purposes of sections 4723.4810, 4729.282, 7854
4730.432, and 4731.93 of the Revised Code, a written, 7855
electronic, or oral order for a drug to treat chlamydia, 7856
gonorrhoea, or trichomoniasis issued to and in the name of a 7857
patient who is not the intended user of the drug but is the 7858
sexual partner of the intended user; 7859
- (3) For purposes of sections 3313.7110, 3313.7111, 7860
3314.143, 3326.28, 3328.29, 4723.483, 4729.88, 4730.433, 7861
4731.96, and 5101.76 of the Revised Code, a written, electronic, 7862
or oral order for an epinephrine autoinjector issued to and in 7863
the name of a school, school district, or camp; 7864
- (4) For purposes of Chapter 3728. and sections 4723.483, 7865
4729.88, 4730.433, and 4731.96 of the Revised Code, a written, 7866
electronic, or oral order for an epinephrine autoinjector issued 7867
to and in the name of a qualified entity, as defined in section 7868
3728.01 of the Revised Code; 7869
- (5) For purposes of sections 3313.7115, 3313.7116, 7870
3314.147, 3326.60, 3328.38, 4723.4811, 4730.437, 4731.92, and 7871
5101.78 of the Revised Code, a written, electronic, or oral 7872
order for injectable or nasally administered glucagon in the 7873
name of a school, school district, or camp. 7874
- (I) "Licensed health professional authorized to prescribe 7875

drugs" or "prescriber" means an individual who is authorized by 7876
law to prescribe drugs or dangerous drugs or drug therapy 7877
related devices in the course of the individual's professional 7878
practice, including only the following: 7879

(1) A dentist licensed under Chapter 4715. of the Revised 7880
Code; 7881

(2) A clinical nurse specialist, certified nurse-midwife, 7882
or certified nurse practitioner who holds a current, valid 7883
license issued under Chapter 4723. of the Revised Code to 7884
practice nursing as an advanced practice registered nurse; 7885

(3) A certified registered nurse anesthetist who holds a 7886
current, valid license issued under Chapter 4723. of the Revised 7887
Code to practice nursing as an advanced practice registered 7888
nurse, but only to the extent of the nurse's authority under 7889
sections 4723.43 and 4723.434 of the Revised Code; 7890

(4) An optometrist licensed under Chapter 4725. of the 7891
Revised Code to practice optometry; 7892

(5) A physician authorized under Chapter 4731. of the 7893
Revised Code to practice medicine and surgery, osteopathic 7894
medicine and surgery, or podiatric medicine and surgery; 7895

(6) A physician ~~assistant-associate who holds a license to~~ 7896
~~practice as a physician assistant issued is licensed~~ under 7897
Chapter 4730. of the Revised Code, ~~holds a valid prescriber~~ 7898
~~number issued by the state medical board,~~ and has been granted 7899
physician-delegated prescriptive authority; 7900

(7) A veterinarian licensed under Chapter 4741. of the 7901
Revised Code. 7902

(J) "Sale" or "sell" includes any transaction made by any 7903

person, whether as principal proprietor, agent, or employee, to 7904
do or offer to do any of the following: deliver, distribute, 7905
broker, exchange, gift or otherwise give away, or transfer, 7906
whether the transfer is by passage of title, physical movement, 7907
or both. 7908

(K) "Wholesale sale" and "sale at wholesale" mean any sale 7909
in which the purpose of the purchaser is to resell the article 7910
purchased or received by the purchaser. 7911

(L) "Retail sale" and "sale at retail" mean any sale other 7912
than a wholesale sale or sale at wholesale. 7913

(M) "Retail seller" means any person that sells any 7914
dangerous drug to consumers without assuming control over and 7915
responsibility for its administration. Mere advice or 7916
instructions regarding administration do not constitute control 7917
or establish responsibility. 7918

(N) "Price information" means the price charged for a 7919
prescription for a particular drug product and, in an easily 7920
understandable manner, all of the following: 7921

(1) The proprietary name of the drug product; 7922

(2) The established (generic) name of the drug product; 7923

(3) The strength of the drug product if the product 7924
contains a single active ingredient or if the drug product 7925
contains more than one active ingredient and a relevant strength 7926
can be associated with the product without indicating each 7927
active ingredient. The established name and quantity of each 7928
active ingredient are required if such a relevant strength 7929
cannot be so associated with a drug product containing more than 7930
one ingredient. 7931

(4) The dosage form; 7932

(5) The price charged for a specific quantity of the drug 7933
product. The stated price shall include all charges to the 7934
consumer, including, but not limited to, the cost of the drug 7935
product, professional fees, handling fees, if any, and a 7936
statement identifying professional services routinely furnished 7937
by the pharmacy. Any mailing fees and delivery fees may be 7938
stated separately without repetition. The information shall not 7939
be false or misleading. 7940

(O) "Wholesale distributor of dangerous drugs" or 7941
"wholesale distributor" means a person engaged in the sale of 7942
dangerous drugs at wholesale and includes any agent or employee 7943
of such a person authorized by the person to engage in the sale 7944
of dangerous drugs at wholesale. 7945

(P) "Manufacturer of dangerous drugs" or "manufacturer" 7946
means a person, other than a pharmacist or prescriber, who 7947
manufactures dangerous drugs and who is engaged in the sale of 7948
those dangerous drugs. 7949

(Q) "Terminal distributor of dangerous drugs" or "terminal 7950
distributor" means a person who is engaged in the sale of 7951
dangerous drugs at retail, or any person, other than a 7952
manufacturer, repackager, outsourcing facility, third-party 7953
logistics provider, wholesale distributor, or pharmacist, who 7954
has possession, custody, or control of dangerous drugs for any 7955
purpose other than for that person's own use and consumption. 7956
"Terminal distributor" includes pharmacies, hospitals, nursing 7957
homes, and laboratories and all other persons who procure 7958
dangerous drugs for sale or other distribution by or under the 7959
supervision of a pharmacist, licensed health professional 7960
authorized to prescribe drugs, or other person authorized by the 7961

state board of pharmacy. 7962

(R) "Promote to the public" means disseminating a 7963
representation to the public in any manner or by any means, 7964
other than by labeling, for the purpose of inducing, or that is 7965
likely to induce, directly or indirectly, the purchase of a 7966
dangerous drug at retail. 7967

(S) "Person" includes any individual, partnership, 7968
association, limited liability company, or corporation, the 7969
state, any political subdivision of the state, and any district, 7970
department, or agency of the state or its political 7971
subdivisions. 7972

(T) (1) "Animal shelter" means a facility operated by a 7973
humane society or any society organized under Chapter 1717. of 7974
the Revised Code or a dog pound operated pursuant to Chapter 7975
955. of the Revised Code. 7976

(2) "County dog warden" means a dog warden or deputy dog 7977
warden appointed or employed under section 955.12 of the Revised 7978
Code. 7979

(U) "Food" has the same meaning as in section 3715.01 of 7980
the Revised Code. 7981

(V) "Pain management clinic" has the same meaning as in 7982
section 4731.054 of the Revised Code. 7983

(W) "Investigational drug or product" means a drug or 7984
product that has successfully completed phase one of the United 7985
States food and drug administration clinical trials and remains 7986
under clinical trial, but has not been approved for general use 7987
by the United States food and drug administration. 7988
"Investigational drug or product" does not include controlled 7989
substances in schedule I, as defined in section 3719.01 of the 7990

Revised Code. 7991

(X) "Product," when used in reference to an 7992
investigational drug or product, means a biological product, 7993
other than a drug, that is made from a natural human, animal, or 7994
microorganism source and is intended to treat a disease or 7995
medical condition. 7996

(Y) "Third-party logistics provider" means a person that 7997
provides or coordinates warehousing or other logistics services 7998
pertaining to dangerous drugs including distribution, on behalf 7999
of a manufacturer, wholesale distributor, or terminal 8000
distributor of dangerous drugs, but does not take ownership of 8001
the drugs or have responsibility to direct the sale or 8002
disposition of the drugs. 8003

(Z) "Repackager of dangerous drugs" or "repackager" means 8004
a person that repacks and relabels dangerous drugs for sale or 8005
distribution. 8006

(AA) "Outsourcing facility" means a facility that is 8007
engaged in the compounding and sale of sterile drugs and is 8008
registered as an outsourcing facility with the United States 8009
food and drug administration. 8010

(BB) "Laboratory" means a laboratory licensed under this 8011
chapter as a terminal distributor of dangerous drugs and 8012
entrusted to have custody of any of the following drugs and to 8013
use the drugs for scientific and clinical purposes and for 8014
purposes of instruction: dangerous drugs that are not controlled 8015
substances, as defined in section 3719.01 of the Revised Code; 8016
dangerous drugs that are controlled substances, as defined in 8017
that section; and controlled substances in schedule I, as 8018
defined in that section. 8019

- (CC) "Overdose reversal drug" means both of the following: 8020
- (1) Naloxone; 8021
- (2) Any other drug that the state board of pharmacy, 8022
through rules adopted in accordance with Chapter 119. of the 8023
Revised Code, designates as a drug that is approved by the 8024
federal food and drug administration for the reversal of a known 8025
or suspected opioid-related overdose. 8026
- Sec. 4729.39.** (A) As used in this section: 8027
- (1) "Certified nurse practitioner," "certified nurse- 8028
midwife," "clinical nurse specialist," and "standard care 8029
arrangement" have the same meanings as in section 4723.01 of the 8030
Revised Code. 8031
- (2) "Collaborating physician" means a physician who has 8032
entered into a standard care arrangement with a clinical nurse 8033
specialist, certified nurse-midwife, or certified nurse 8034
practitioner. 8035
- (3) "Physician" means an individual authorized under 8036
Chapter 4731. of the Revised Code to practice medicine and 8037
surgery or osteopathic medicine and surgery. 8038
- (4) "Physician ~~assistant~~associate" means an individual who 8039
is licensed to practice as a physician ~~assistant~~associate under 8040
Chapter 4730. of the Revised Code, ~~holds a valid prescriber-~~ 8041
~~number issued by the state medical board,~~ and has been granted 8042
physician-delegated prescriptive authority. 8043
- (5) "Supervising physician" means a physician who has 8044
entered into a supervision agreement with a physician ~~assistant-~~ 8045
associate under section 4730.19 of the Revised Code. 8046
- (B) Subject to division (C) of this section, one or more 8047

pharmacists may enter into a consult agreement with one or more 8048
of the following practitioners: 8049

(1) Physicians; 8050

(2) Physician ~~assistants~~associates, if entering into a 8051
consult agreement is authorized by one or more supervising 8052
physicians; 8053

(3) Clinical nurse specialists, certified nurse-midwives, 8054
or certified nurse practitioners, if entering into a consult 8055
agreement is authorized by one or more collaborating physicians. 8056

(C) Before entering into a consult agreement, all of the 8057
following conditions must be met: 8058

(1) Each practitioner must have an ongoing practitioner- 8059
patient relationship with each patient whose drug therapy is to 8060
be managed. 8061

(2) The diagnosis for which each patient has been 8062
prescribed drug therapy must be within the scope of each 8063
practitioner's practice. 8064

(3) Each pharmacist must have training and experience 8065
related to the particular diagnosis for which drug therapy is to 8066
be prescribed. 8067

(D) With respect to consult agreements, all of the 8068
following apply: 8069

(1) Under a consult agreement, a pharmacist is authorized 8070
to do both of the following, but only to the extent specified in 8071
the agreement, this section, and the rules adopted under this 8072
section: 8073

(a) Manage drug therapy for treatment of specified 8074

diagnoses or diseases for each patient who is subject to the 8075
agreement, including all of the following: 8076

- (i) Changing the duration of treatment for the current 8077
drug therapy; 8078
- (ii) Adjusting a drug's strength, dose, dosage form, 8079
frequency of administration, or route of administration; 8080
- (iii) Discontinuing the use of a drug; 8081
- (iv) Administering a drug; 8082
- (v) Notwithstanding the definition of "licensed health 8083
professional authorized to prescribe drugs" in section 4729.01 8084
of the Revised Code, adding a drug to the patient's drug 8085
therapy. 8086

(b) (i) Order laboratory and diagnostic tests, including 8087
blood and urine tests, that are related to the drug therapy 8088
being managed, and evaluate the results of the tests that are 8089
ordered. 8090

- (ii) A pharmacist's authority to evaluate test results 8091
under division (D) (1) (b) (i) of this section does not authorize 8092
the pharmacist to make a diagnosis. 8093

(2) (a) A consult agreement, or the portion of the 8094
agreement that applies to a particular patient, may be 8095
terminated by any of the following: 8096

- (i) A pharmacist who entered into the agreement; 8097
- (ii) A practitioner who entered into the agreement; 8098
- (iii) A patient whose drug therapy is being managed; 8099
- (iv) An individual who consented to the treatment on 8100
behalf of a patient or an individual authorized to act on behalf 8101

of a patient. 8102

(b) The pharmacist or practitioner who receives the notice 8103
of a patient's termination of the agreement shall provide 8104
written notice to every other pharmacist or practitioner who is 8105
a party to the agreement. A pharmacist or practitioner who 8106
terminates a consult agreement with regard to one or more 8107
patients shall provide written notice to all other pharmacists 8108
and practitioners who entered into the agreement and to each 8109
individual who consented to treatment under the agreement. The 8110
termination of a consult agreement with regard to one or more 8111
patients shall be recorded by the pharmacist and practitioner in 8112
the medical records of each patient to whom the termination 8113
applies. 8114

(3) A consult agreement shall be made in writing and shall 8115
include all of the following: 8116

(a) The diagnoses and diseases being managed under the 8117
agreement, including whether each disease is primary or 8118
comorbid; 8119

(b) A description of the drugs or drug categories the 8120
agreement involves; 8121

(c) A description of the procedures, decision criteria, 8122
and plan the pharmacist is to follow in acting under a consult 8123
agreement; 8124

(d) A description of how the pharmacist is to comply with 8125
divisions (D) (5) and (6) of this section. 8126

(4) The content of a consult agreement shall be 8127
communicated to each patient whose drug therapy is managed under 8128
the agreement. 8129

(5) A pharmacist acting under a consult agreement shall 8130
maintain a record of each action taken for each patient whose 8131
drug therapy is managed under the agreement. 8132

(6) Communication between a pharmacist and practitioner 8133
acting under a consult agreement shall take place at regular 8134
intervals specified by the primary practitioner acting under the 8135
agreement. The agreement may include a requirement that a 8136
pharmacist send a consult report to each consulting 8137
practitioner. 8138

(7) A consult agreement is effective for two years and may 8139
be renewed if the conditions specified in division (C) of this 8140
section continue to be met. 8141

(8) A consult agreement does not permit a pharmacist to 8142
manage drug therapy prescribed by a practitioner who has not 8143
entered into the agreement. 8144

(E) The state board of pharmacy, state medical board, and 8145
board of nursing shall each adopt rules as follows for its 8146
license holders establishing standards and procedures for 8147
entering into a consult agreement and managing a patient's drug 8148
therapy under a consult agreement: 8149

(1) The state board of pharmacy, in consultation with the 8150
state medical board and board of nursing, shall adopt rules to 8151
be followed by pharmacists. 8152

(2) The state medical board, in consultation with the 8153
state board of pharmacy, shall adopt rules to be followed by 8154
physicians and rules to be followed by physician 8155
~~assistants~~associates. 8156

(3) The board of nursing, in consultation with the state 8157
board of pharmacy and state medical board, shall adopt rules to 8158

be followed by clinical nurse specialists, certified nurse- 8159
midwives, and certified nurse practitioners. 8160

The boards shall specify in the rules any categories of 8161
drugs or types of diseases for which a consult agreement may not 8162
be established. Each board may adopt any other rules it 8163
considers necessary for the implementation and administration of 8164
this section. All rules adopted under this section shall be 8165
adopted in accordance with Chapter 119. of the Revised Code. 8166

(F) (1) Subject to division (F) (2) of this section, both of 8167
the following apply: 8168

(a) A pharmacist acting in accordance with a consult 8169
agreement regarding a practitioner's change in a drug for a 8170
patient whose drug therapy the pharmacist is managing under the 8171
agreement is not liable in damages in a tort or other civil 8172
action for injury or loss to person or property allegedly 8173
arising from the change. 8174

(b) A practitioner acting in accordance with a consult 8175
agreement regarding a pharmacist's change in a drug for a 8176
patient whose drug therapy the pharmacist is managing under a 8177
consult agreement is not liable in damages in a tort or other 8178
civil action for injury or loss to person or property allegedly 8179
arising from the change unless the practitioner authorized the 8180
specific change. 8181

(2) Division (F) (1) of this section does not limit a 8182
practitioner's or pharmacist's liability in damages in a tort or 8183
other civil action for injury or loss to person or property 8184
allegedly arising from actions that are not related to the 8185
practitioner's or pharmacist's change in a drug for a patient 8186
whose drug therapy is being managed under a consult agreement. 8187

Sec. 4730.011. (A) Whenever a physician assistant is 8188
referred to in any statute, rule, contract, or other document, 8189
the reference is deemed to refer to a physician associate. 8190

(B) During the period beginning on the effective date of 8191
this section and ending on the date that is two years 8192
thereafter, notwithstanding the use of the term "physician 8193
associate" in this chapter and other provisions of the Revised 8194
Code, an individual who holds a license issued under this 8195
chapter may continue using the title "physician assistant" when 8196
holding oneself out to the public as being authorized to 8197
practice under that license. During this period, the individual 8198
may also use the title "physician associate." 8199

Sec. 4730.02. ~~(A)~~ ~~(A) (1)~~ No person shall hold that person 8200
do either of the following without a current, valid license to 8201
practice as a physician associate issued under this chapter: 8202

(a) Hold oneself out as being able to function as a 8203
physician assistant, or use associate; 8204

(b) Use the title "physician associate," the initials 8205
"P.A.," or any other words or, letters, abbreviations, or 8206
insignia indicating or implying that the person is a physician 8207
assistant, without a current, valid license to practice as a 8208
physician assistant issued pursuant to this chapter associate. 8209

~~(B)~~ (2) No person shall practice as a physician assistant 8210
associate without the supervision, control, and direction of a 8211
physician. 8212

~~(C)~~ (3) No person shall practice as a physician assistant 8213
associate without having entered into a supervision agreement 8214
with a supervising physician under section 4730.19 of the 8215
Revised Code. 8216

~~(D)~~ (4) No person acting as the supervising physician of a physician ~~assistant~~associate shall authorize the physician ~~assistant~~associate to perform services if either of the following is the case:

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

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

~~(E)~~ (5) No person practicing as a physician ~~assistant~~associate shall prescribe any drug or device to perform or induce an abortion, or otherwise perform or induce an abortion.

~~(F)~~ (6) No person shall advertise to provide services as a physician ~~assistant~~associate, except for the purpose of seeking employment.

~~(G)~~ (7) No person practicing as a physician ~~assistant~~associate shall fail to wear at all times when on duty a placard, plate, or other device identifying that person as a "physician ~~assistant~~associate."

~~(H)~~ ~~Division (A)~~ (B) (1) Divisions (A) (1) (a) and (b) of this section does do not apply to a person who meets all of the following conditions:

~~(1)~~ (a) The person holds in good standing a valid license or other form of authority to practice as a physician ~~assistant~~associate issued by another state.

~~(2)~~ (b) The person is practicing as a volunteer without

remuneration during a charitable event that lasts not more than 8245
seven days. 8246

~~(3)~~ (c) The medical care provided by the person will be 8247
supervised by the medical director of the charitable event or by 8248
another physician. 8249

(2) When a person meets the conditions of ~~this~~ division 8250
(B) (1) of this section, the person shall be deemed to hold, 8251
during the course of the charitable event, a license to practice 8252
as a physician ~~assistant~~ associate from the state medical board 8253
and shall be subject to the provisions of this chapter 8254
authorizing the board to take disciplinary action against a 8255
license holder. Not less than seven calendar days before the 8256
first day of the charitable event, the person or the event's 8257
organizer shall notify the board of the person's intent to 8258
practice as a physician ~~assistant~~ associate at the event. During 8259
the course of the charitable event, the person's scope of 8260
practice is limited to the procedures that a physician ~~assistant~~ 8261
associate licensed under this chapter is authorized to perform 8262
unless the person's scope of practice in the other state is more 8263
restrictive than in this state. If the latter is the case, the 8264
person's scope of practice is limited to the procedures that a 8265
physician ~~assistant~~ associate in the other state may perform. 8266

(C) (1) Notwithstanding division (A) (1) (b) of this section, 8267
a person who is not licensed under this chapter may use the 8268
title "physician associate," the initials "P.A.," or any other 8269
words, letters, abbreviations, or insignia indicating or 8270
implying that the person is a physician associate, as long as 8271
both of the following are the case: 8272

(a) The person is eligible to receive and hold a license 8273
to practice as a physician associate issued under this chapter; 8274

(b) The person does not provide any health care service as a physician associate. 8275
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(2) Persons to whom division (C) (1) of this section may apply include management employees, administrative employees, researchers, instructors in educational programs, retired physician associates who choose not to place their licenses on retired status under section 4730.141 of the Revised Code, and any other persons the state medical board considers appropriate. 8277
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Sec. 4730.03. Nothing in this chapter shall: 8283

(A) Be construed to affect or interfere with the performance of duties of any medical personnel who are either of the following: 8284
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(1) In active service in the army, navy, coast guard, marine corps, air force, public health service, or marine hospital service of the United States, while so serving; 8287
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(2) Employed by ~~the veterans administration of the United States~~ department of veterans affairs, while so employed. 8290
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(B) Prevent any person from performing any of the services a physician ~~assistant~~associate may be authorized to perform, if the person's professional scope of practice established under any other chapter of the Revised Code authorizes the person to perform the services; 8292
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(C) Prohibit a physician from delegating responsibilities to any nurse or other qualified person who does not hold a license to practice as a physician ~~assistant~~associate, provided that the individual does not hold the individual out to be a physician ~~assistant~~associate; 8297
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(D) Be construed as authorizing a physician ~~assistant~~ 8302

associate independently to order or direct the execution of 8303
procedures or techniques by a registered nurse or licensed 8304
practical nurse in the care and treatment of a person in any 8305
setting, except to the extent that the physician ~~assistant-~~ 8306
associate is authorized to do so by a physician who is 8307
responsible for supervising the physician ~~assistant-~~associate 8308
and, if applicable, the policies of the health care facility in 8309
which the physician ~~assistant-~~associate is practicing; 8310

(E) Authorize a physician ~~assistant-~~associate to engage in 8311
the practice of optometry, except to the extent that the 8312
physician ~~assistant-~~associate is authorized by a supervising 8313
physician acting in accordance with this chapter to perform 8314
routine visual screening, provide medical care prior to or 8315
following eye surgery, or assist in the care of diseases of the 8316
eye; 8317

(F) Be construed as authorizing a physician ~~assistant-~~ 8318
associate to prescribe any drug or device to perform or induce 8319
an abortion, or as otherwise authorizing a physician ~~assistant-~~ 8320
associate to perform or induce an abortion; 8321

(G) Prohibit an individual from using the title "physician 8322
associate student" while enrolled in a program accredited by the 8323
accreditation review commission on education for the physician 8324
assistant or a successor organization recognized by the state 8325
medical board. 8326

Sec. 4730.04. (A) As used in this section: 8327

(1) "Disaster" means any imminent threat or actual 8328
occurrence of widespread or severe damage to or loss of 8329
property, personal hardship or injury, or loss of life that 8330
results from any natural phenomenon or act of a human. 8331

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

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

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

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

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

(C) For purposes of the medical care provided by a physician ~~assistant~~associate pursuant to division (B) (1) of this section, both of the following apply notwithstanding any supervision requirement of this chapter to the contrary:

(1) The physician who supervises the physician ~~assistant~~associate pursuant to a supervision agreement entered into under section 4730.19 of the Revised Code is not required to meet the supervision requirements established under this chapter.

(2) The physician designated as the medical director of the disaster or emergency may supervise the medical care provided by the physician ~~assistant~~associate.

Sec. 4730.05. (A) There is hereby created the physician ~~assistant~~associate policy committee of the state medical board. The president of the board shall appoint the members of the committee. The committee shall consist of the seven members

specified in divisions (A) (1) to (3) of this section. When the
committee is developing or revising policy and procedures for
physician-delegated prescriptive authority for physician
~~assistants~~associates, the committee shall include the additional
member specified in division (A) (4) of this section.

(1) Three members of the committee shall be physicians. Of
the physician members, one shall be a member of the state
medical board, one shall be appointed from a list of five
physicians recommended by the Ohio state medical association,
and one shall be appointed from a list of five physicians
recommended by the Ohio osteopathic association. At all times,
the physician membership of the committee shall include at least
one physician who is a supervising physician of a physician
~~assistant~~associate, preferably with at least two years'
experience as a supervising physician.

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

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

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

The pharmacist member shall have voting privileges only 8389
for purposes of developing or revising policy and procedures for 8390
physician-delegated prescriptive authority for physician 8391
~~assistants~~associates. Presence of the pharmacist member shall 8392
not be required for the transaction of any other business. 8393

(B) Terms of office shall be for two years, with each term 8394
ending on the same day of the same month as did the term that it 8395
succeeds. Each member shall hold office from the date of being 8396
appointed until the end of the term for which the member was 8397
appointed. Members may be reappointed, except that a member may 8398
not be appointed to serve more than three consecutive terms. As 8399
vacancies occur, a successor shall be appointed who has the 8400
qualifications the vacancy requires. A member appointed to fill 8401
a vacancy occurring prior to the expiration of the term for 8402
which a predecessor was appointed shall hold office as a member 8403
for the remainder of that term. A member shall continue in 8404
office subsequent to the expiration date of the member's term 8405
until a successor takes office or until a period of sixty days 8406
has elapsed, whichever occurs first. 8407

(C) Each member of the committee shall receive the 8408
member's necessary and actual expenses incurred in the 8409
performance of official duties as a member. 8410

(D) The committee members specified in divisions (A)(1) to 8411
(3) of this section by a majority vote shall elect a chairperson 8412
from among those members. The members may elect a new 8413
chairperson at any time. 8414

(E) The state medical board may appoint assistants, 8415
clerical staff, or other employees as necessary for the 8416
committee to perform its duties adequately. 8417

(F) The committee shall meet as necessary to carry out its 8418
responsibilities. 8419

(G) The board may permit meetings of the physician 8420
~~assistant-associate~~ policy committee to include the use of 8421
interactive videoconferencing, teleconferencing, or both if all 8422
of the following requirements are met: 8423

(1) The meeting location is open and accessible to the 8424
public. 8425

(2) Each committee member is permitted to choose whether 8426
the member attends in person or through the use of the meeting's 8427
videoconferencing or teleconferencing; 8428

(3) Any meeting-related materials available before the 8429
meeting are sent to each committee member by electronic mail, 8430
facsimile, or United States mail, or are hand delivered. 8431

(4) If interactive videoconferencing is used, there is a 8432
clear video and audio connection that enables all participants 8433
at the meeting location to see and hear each committee member. 8434

(5) If teleconferencing is used, there is a clear audio 8435
connection that enables all participants at the meeting location 8436
to hear each committee member. 8437

(6) A roll call vote is recorded for each vote taken. 8438

(7) The meeting minutes specify for each member whether 8439
the member attended by videoconference, teleconference, or in 8440
person. 8441

Sec. 4730.06. (A) The physician ~~assistant-associate~~ policy 8442
committee of the state medical board shall review, and shall 8443
submit to the board recommendations concerning, all of the 8444
following: 8445

- (1) Requirements for issuing a license to practice as a physician ~~assistant~~associate, including the educational requirements that must be met to receive the license; 8446
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- (2) Existing and proposed rules pertaining to the practice of physician ~~assistants~~associates, the supervisory relationship between physician ~~assistants~~associates and supervising physicians, and the administration and enforcement of this chapter; 8449
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- (3) In accordance with section 4730.38 of the Revised Code, physician-delegated prescriptive authority for physician ~~assistants~~associates; 8454
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- (4) Application procedures and forms for a license to practice as a physician ~~assistant~~associate; 8457
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- (5) Fees required by this chapter for issuance and renewal of a license to practice as a physician ~~assistant~~associate; 8459
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- (6) Any issue the board asks the committee to consider. 8461
- (B) In addition to the matters that are required to be reviewed under division (A) of this section, the committee may review, and may submit to the board recommendations concerning quality assurance activities to be performed by a supervising physician and physician ~~assistant~~associate under a quality assurance system established pursuant to division (F) of section 4730.21 of the Revised Code. 8462
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- (C) The board shall take into consideration all recommendations submitted by the committee. Not later than ninety days after receiving a recommendation from the committee, the board shall approve or disapprove the recommendation and notify the committee of its decision. If a recommendation is disapproved, the board shall inform the committee of its reasons 8469
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for making that decision. The committee may resubmit the 8475
recommendation after addressing the concerns expressed by the 8476
board and modifying the disapproved recommendation accordingly. 8477
Not later than ninety days after receiving a resubmitted 8478
recommendation, the board shall approve or disapprove the 8479
recommendation. There is no limit on the number of times the 8480
committee may resubmit a recommendation for consideration by the 8481
board. 8482

(D) (1) Except as provided in division (D) (2) of this 8483
section, the board may not take action regarding a matter that 8484
is subject to the committee's review under division (A) or (B) 8485
of this section unless the committee has made a recommendation 8486
to the board concerning the matter. 8487

(2) If the board submits to the committee a request for a 8488
recommendation regarding a matter that is subject to the 8489
committee's review under division (A) or (B) of this section, 8490
and the committee does not provide a recommendation before the 8491
sixty-first day after the request is submitted, the board may 8492
take action regarding the matter without a recommendation. 8493

Sec. 4730.07. In addition to rules that are specifically 8494
required or authorized by this chapter to be adopted, the state 8495
medical board may, subject to division (D) of section 4730.06 of 8496
the Revised Code, adopt any other rules necessary to govern the 8497
practice of physician ~~assistants~~associates, the supervisory 8498
relationship between physician ~~assistants~~associates and 8499
supervising physicians, and the administration and enforcement 8500
of this chapter. Rules adopted under this section shall be 8501
adopted in accordance with Chapter 119. of the Revised Code. 8502

Sec. 4730.08. (A) A license to practice as a physician 8503
~~assistant~~associate issued under this chapter authorizes the 8504

holder to practice as a physician ~~assistant~~associate as 8505
follows: 8506

(1) The physician ~~assistant~~associate shall practice only 8507
under the supervision, control, and direction of a physician 8508
with whom the physician ~~assistant~~associate has entered into a 8509
supervision agreement under section 4730.19 of the Revised Code. 8510

(2) The physician ~~assistant~~associate shall practice in 8511
accordance with the supervision agreement entered into with the 8512
physician who is responsible for supervising the physician 8513
~~assistant~~associate, including, if applicable, the policies of 8514
the health care facility in which the physician ~~assistant~~
associate is practicing. 8515
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(B) The state medical board may, subject to division (D) 8517
of section 4730.06 of the Revised Code, adopt rules designating 8518
facilities to be included as health care facilities that are in 8519
addition to the facilities specified in divisions (B) (1) and (2) 8520
of section 4730.01 of the Revised Code. Any rules adopted shall 8521
be adopted in accordance with Chapter 119. of the Revised Code. 8522

Sec. ~~4730.15~~ 4730.09. (A) A physician associate who holds 8523
a license that meet the conditions specified in division (B) (1), 8524
(2), or (3) of this section, as well as a valid prescriber 8525
number issued by the state medical board under division (C) of 8526
this section in conjunction with the license, is authorized to 8527
be granted physician-delegated prescriptive authority and to 8528
exercise that authority as described in division (A) (7) of 8529
section 4730.20 and section 4730.41 of the Revised Code. 8530

(B) For purposes of division (A) of this section, any of 8531
the following licenses fulfill the necessary conditions: 8532

(1) A license issued by the state medical board under 8533

section 4730.12 of the Revised Code ~~authorizes the license~~ 8534
~~holder to exercise physician-delegated prescriptive authority if~~ 8535
the holder meets either of the following requirements: 8536

~~(1)~~ (a) Holds a master's or higher degree described in 8537
division (B) of section 4730.11 of the Revised Code; 8538

~~(2)~~ (b) Had prescriptive authority while practicing as a 8539
physician ~~assistant~~ associate in another jurisdiction, in any of 8540
the armed forces of the United States or the national guard of 8541
any state, or in the United States public health service 8542
commissioned corps. 8543

~~(B)~~ (2) A license described in division (D) of section 8544
4730.11 of the Revised Code ~~authorizes the license holder to~~ 8545
~~exercise physician-delegated prescriptive authority if, on~~ 8546
October 15, 2015, the license holder held a valid certificate to 8547
prescribe issued under former section 4730.44 of the Revised 8548
Code, as it existed immediately prior to that date. 8549

~~(C)~~ On application of an individual who holds a ~~(3)~~ A 8550
license issued under this chapter ~~but is not authorized that, at~~ 8551
the time it was issued did not authorize the license holder to 8552
be granted and exercise physician-delegated prescriptive 8553
authority, ~~the board shall grant the authority to exercise~~ 8554
~~physician-delegated prescriptive authority if the individual~~ but 8555
the license holder subsequently meets either of the following 8556
requirements and submits an application to the board: 8557

~~(1)~~ (a) The ~~individual~~ license holder provides evidence 8558
satisfactory to the board of having obtained a master's or 8559
higher degree from either of the following: 8560

~~(a)~~ (i) A program accredited by the accreditation review 8561
commission on education for the physician assistant or a 8562

predecessor or successor organization recognized by the board; 8563

~~(b)~~ (ii) A program accredited by a regional or specialized 8564
and professional accrediting agency recognized by the council 8565
for higher education accreditation, if the degree is in a course 8566
of study with clinical relevance to the practice of physician 8567
assistants associates. 8568

~~(2)~~ (b) The ~~individual~~ license holder meets the 8569
requirements specified in division (C) (1) or (3) of section 8570
4730.11 of the Revised Code and had prescriptive authority while 8571
practicing as a physician ~~assistant~~ associate in another 8572
jurisdiction, in any of the armed forces of the United States or 8573
the national guard of any state, or in the United States public 8574
health service commissioned corps. 8575

~~(D)~~ (C) The board shall issue a prescriber number to each 8576
physician ~~assistant~~ associate licensed under this chapter who is 8577
authorized to be granted and exercise physician-delegated 8578
prescriptive authority. 8579

Sec. 4730.10. (A) Except as provided in division (C) of 8580
this section, an individual seeking a license to practice as a 8581
physician ~~assistant~~ associate shall file with the state medical 8582
board a written application on a form prescribed and supplied by 8583
the board. The application shall include all of the following: 8584

(1) The applicant's name, residential address, business 8585
address, if any, and social security number; 8586

(2) Satisfactory proof that the applicant meets the age 8587
requirement specified in division (A) (1) of section 4730.11 of 8588
the Revised Code; 8589

(3) Satisfactory proof that the applicant meets either the 8590
educational requirements specified in division (B) (1) or (2) of 8591

section 4730.11 of the Revised Code or the educational or other 8592
applicable requirements specified in division (C) (1), (2), or 8593
(3) of that section; 8594

(4) Any other information the board requires. 8595

(B) At the time of making application for a license ~~to~~ 8596
~~practice~~, the applicant shall pay the board a fee of four 8597
hundred dollars, no part of which shall be returned. The fees 8598
shall be deposited in accordance with section 4731.24 of the 8599
Revised Code. 8600

(C) The board shall issue a license to practice as a 8601
physician ~~assistant~~associate in accordance with Chapter 4796. 8602
of the Revised Code to an applicant if either of the following 8603
applies: 8604

(1) The applicant holds a license in another state. 8605

(2) The applicant has satisfactory work experience, a 8606
government certification, or a private certification as 8607
described in that chapter as a physician ~~assistant~~associate in 8608
a state that does not issue that license. 8609

Sec. 4730.101. In addition to any other eligibility 8610
requirement set forth in this chapter, each applicant for a 8611
license to practice as a physician ~~assistant~~associate shall 8612
comply with sections 4776.01 to 4776.04 of the Revised Code. 8613

Sec. 4730.11. (A) To be eligible to receive a license to 8614
practice as a physician ~~assistant~~associate, all of the following 8615
apply to an applicant: 8616

(1) The applicant shall be at least eighteen years of age. 8617

(2) The applicant shall hold current certification by the 8618
national commission on certification of physician assistants or 8619

a successor organization that is recognized by the state medical board. 8620
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(3) The applicant shall meet either of the following requirements: 8622
8623

(a) The educational requirements specified in division (B) (1) or (2) of this section; 8624
8625

(b) The educational or other applicable requirements specified in division (C) (1), (2), or (3) of this section. 8626
8627

(B) For purposes of division (A) (3) (a) of this section, an applicant shall meet either of the following educational requirements: 8628
8629
8630

(1) The applicant shall hold a master's or higher degree obtained from a program accredited by an organization recognized by the board. 8631
8632
8633

(2) The applicant shall hold both of the following degrees: 8634
8635

(a) A degree other than a master's or higher degree obtained from a program accredited by an organization recognized by the board; 8636
8637
8638

(b) A master's or higher degree in a course of study with clinical relevance to the practice of physician ~~assistants~~ associates and obtained from a program accredited by a regional or specialized and professional accrediting agency recognized by the board. 8639
8640
8641
8642
8643

(C) For purposes of division (A) (3) (b) of this section, an applicant shall present evidence satisfactory to the board of meeting one of the following requirements in lieu of meeting the educational requirements specified in division (B) (1) or (2) of 8644
8645
8646
8647

this section: 8648

(1) The applicant shall hold a current, valid license or 8649
other form of authority to practice as a physician ~~assistant~~ 8650
associate issued by another jurisdiction and either have been in 8651
active practice in any jurisdiction throughout the two-year 8652
period immediately preceding the date of application or have met 8653
one or more of the following requirements as specified by the 8654
board: 8655

(a) Passed an oral or written examination or assessment, 8656
or both types of examination or assessment, that determined the 8657
applicant's present fitness to resume practice; 8658

(b) Obtained additional training and passed an examination 8659
or assessment on completion of the training; 8660

(c) Agreed to limitations on the applicant's extent, 8661
scope, or type of practice. 8662

(2) The applicant shall hold a degree obtained as a result 8663
of the following: (a) being enrolled on January 1, 2008, in a 8664
program in this state that was accredited by the accreditation 8665
review commission on education for the physician assistant, but 8666
did not grant a master's or higher degree to individuals 8667
enrolled in the program on that date, and (b) completing the 8668
program on or before December 31, 2009. 8669

(3) The applicant shall hold a degree obtained from an 8670
organization recognized by the board and meet either of the 8671
following experience requirements: 8672

(a) Either have experience practicing as a physician 8673
~~assistant~~ associate for at least two consecutive years 8674
immediately preceding the date of application while on active 8675
duty, with evidence of service under honorable conditions, in 8676

any of the armed forces of the United States or the national 8677
guard of any state, including any experience attained while 8678
practicing as a physician ~~assistant~~associate at a health care 8679
facility or clinic operated by the United States department of 8680
veterans affairs, or have met one or more of the following 8681
requirements as specified by the board: 8682

(i) Passed an oral or written examination or assessment, 8683
or both types of examination or assessment, that determined the 8684
applicant's present fitness to resume practice; 8685

(ii) Obtained additional training and passed an 8686
examination or assessment on completion of the training; 8687

(iii) Agreed to limitations on the applicant's extent, 8688
scope, or type of practice; 8689

(b) Either have experience practicing as a physician 8690
~~assistant~~associate for at least two consecutive years 8691
immediately preceding the date of application while on active 8692
duty in the United States public health service commissioned 8693
corps or have met one or more of the following requirements as 8694
specified by the board: 8695

(i) Passed an oral or written examination or assessment, 8696
or both types of examination or assessment, that determined the 8697
applicant's present fitness to resume practice; 8698

(ii) Obtained additional training and passed an 8699
examination or assessment on completion of the training; 8700

(iii) Agreed to limitations on the applicant's extent, 8701
scope, or type of practice. 8702

(D) This section does not require an individual to obtain 8703
a master's or higher degree as a condition of retaining or 8704

renewing a license to practice as a physician ~~assistant~~ 8705
associate if the individual received the license without holding 8706
a master's or higher degree as provided in either of the 8707
following: 8708

(1) Before the educational requirements specified in 8709
division (B) (1) or (2) of this section became effective January 8710
1, 2008; 8711

(2) By meeting the educational or other applicable 8712
requirements specified in division (C) (1), (2), or (3) of this 8713
section. 8714

Sec. 4730.111. A physician ~~assistant~~associate whose 8715
certification by the national commission on certification of 8716
physician assistants or a successor organization recognized by 8717
the state medical board is suspended or revoked shall give 8718
notice of that occurrence to the board not later than fourteen 8719
days after the physician ~~assistant~~associate receives notice of 8720
the change in certification status. A physician ~~assistant~~ 8721
associate who fails to renew the certification shall notify the 8722
board not later than fourteen days after the certification 8723
expires. 8724

Sec. 4730.12. (A) The state medical board shall review 8725
each application for a license to practice as a physician 8726
~~assistant~~associate received under section 4730.10 of the 8727
Revised Code. Not later than sixty days after receiving a 8728
complete application, the board shall determine whether the 8729
applicant meets the requirements to receive the license, as 8730
specified in section 4730.11 of the Revised Code. 8731

(B) If the board determines that an applicant meets the 8732
requirements to receive the license, the secretary of the board 8733

shall register the applicant as a physician ~~assistant~~associate 8734
and issue to the applicant a license to practice as a physician 8735
~~assistant~~associate. 8736

Sec. 4730.13. Upon application by the holder of a license 8737
to practice as a physician ~~assistant~~associate, the state medical 8738
board shall issue a duplicate license to replace one that is 8739
missing or damaged, to reflect a name change, or for any other 8740
reasonable cause. The fee for a duplicate license ~~shall be~~is 8741
thirty-five dollars. All fees collected under this section shall 8742
be deposited in accordance with section 4731.24 of the Revised 8743
Code. 8744

Sec. 4730.14. (A) A license to practice as a physician 8745
~~assistant~~associate shall be valid for a two-year period unless 8746
revoked or suspended, shall expire on the date that is two years 8747
after the date of issuance, and may be renewed for additional 8748
two-year periods in accordance with this section. A person 8749
seeking to renew a license shall apply to the state medical 8750
board for renewal prior to the license's expiration date. The 8751
board shall provide renewal notices to license holders at least 8752
one month prior to the expiration date. 8753

Applications shall be submitted to the board in a manner 8754
prescribed by the board. Each application shall be accompanied 8755
by a biennial renewal fee of two hundred dollars. The board 8756
shall deposit the fees in accordance with section 4731.24 of the 8757
Revised Code. 8758

The applicant shall report any criminal offense that 8759
constitutes grounds for refusing to issue a license ~~to practice~~ 8760
under section 4730.25 of the Revised Code to which the applicant 8761
has pleaded guilty, of which the applicant has been found 8762
guilty, or for which the applicant has been found eligible for 8763

intervention in lieu of conviction, since last signing an 8764
application for a license to practice as a physician 8765
~~assistant~~associate. 8766

(B) To be eligible for renewal of a license, an applicant 8767
is subject to all of the following: 8768

(1) The applicant must certify to the board that the 8769
applicant has maintained certification by the national 8770
commission on certification of physician assistants or a 8771
successor organization that is recognized by the board by 8772
meeting the standards to hold current certification from the 8773
commission or its successor, including passing periodic 8774
recertification examinations; 8775

(2) Except as provided in section 5903.12 of the Revised 8776
Code, the applicant must certify to the board that the applicant 8777
is in compliance with the continuing medical education 8778
requirements necessary to hold current certification from the 8779
commission or its successor. 8780

(3) The applicant must comply with the renewal eligibility 8781
requirements established under section 4730.49 of the Revised 8782
Code that pertain to the applicant. 8783

(C) If an applicant submits a complete renewal application 8784
and qualifies for renewal pursuant to division (B) of this 8785
section, the board shall issue to the applicant a renewed 8786
license to practice as a physician ~~assistant~~associate. 8787

(D) The board may require a random sample of physician 8788
~~assistants~~associates to submit materials documenting both of 8789
the following: 8790

(1) Certification by the national commission on 8791
certification of physician assistants or a successor 8792

organization that is recognized by the board; 8793

(2) Completion of the continuing medical education 8794
required to hold current certification from the commission or 8795
its successor. 8796

Division (D) of this section does not limit the board's 8797
authority to conduct investigations pursuant to section 4730.25 8798
of the Revised Code. 8799

(E) A license ~~to practice~~ that is not renewed on or before 8800
its expiration date is automatically suspended on its expiration 8801
date. Continued practice after suspension of the license shall 8802
be considered as practicing in violation of division ~~(A)~~ (A) (1) 8803
(a) of section 4730.02 of the Revised Code. 8804

(F) If a license has been suspended pursuant to division 8805
(E) of this section for two years or less, it may be reinstated. 8806
The board shall reinstate a license suspended for failure to 8807
renew upon an applicant's submission of a renewal application, 8808
the biennial renewal fee, and any applicable monetary penalty. 8809

If a license has been suspended pursuant to division (E) 8810
of this section for more than two years, it may be restored. In 8811
accordance with section 4730.28 of the Revised Code, the board 8812
may restore a license suspended for failure to renew upon an 8813
applicant's submission of a restoration application, the 8814
biennial renewal fee, and any applicable monetary penalty and 8815
compliance with sections 4776.01 to 4776.04 of the Revised Code. 8816
The board shall not restore to an applicant a license to 8817
practice as a physician ~~assistant~~ associate unless the board, in 8818
its discretion, decides that the results of the criminal records 8819
check do not make the applicant ineligible for a license issued 8820
pursuant to section 4730.12 of the Revised Code. 8821

The penalty for reinstatement shall be fifty dollars and 8822
the penalty for restoration shall be one hundred dollars. The 8823
board shall deposit penalties in accordance with section 4731.24 8824
of the Revised Code. 8825

(G) (1) If, through a random sample conducted under 8826
division (D) of this section or through any other means, the 8827
board finds that an individual who certified completion of the 8828
continuing medical education required to renew, reinstate, 8829
restore, or reactivate a license to practice did not complete 8830
the requisite continuing medical education, the board may do 8831
either of the following: 8832

(a) Take disciplinary action against the individual under 8833
section 4730.25 of the Revised Code, impose a civil penalty, or 8834
both; 8835

(b) Permit the individual to agree in writing to complete 8836
the continuing medical education and pay a civil penalty. 8837

(2) The board's finding in any disciplinary action taken 8838
under division (G) (1) (a) of this section shall be made pursuant 8839
to an adjudication under Chapter 119. of the Revised Code and by 8840
an affirmative vote of not fewer than six of its members. 8841

(3) A civil penalty imposed under division (G) (1) (a) of 8842
this section or paid under division (G) (1) (b) of this section 8843
shall be in an amount specified by the board of not more than 8844
five thousand dollars. The board shall deposit civil penalties 8845
in accordance with section 4731.24 of the Revised Code. 8846

Sec. 4730.141. (A) An individual who holds a current, 8847
valid license issued under this chapter to practice as a 8848
physician ~~assistant~~-associate and who retires voluntarily from 8849
practice may request that the state medical board place the 8850

individual's license on retired status. 8851

(B) An individual seeking to have the individual's license 8852
placed on retired status shall file with the board an 8853
application in the form and manner prescribed by the board. The 8854
application shall be submitted before the end of a biennial 8855
renewal period and include all of the following: 8856

(1) The applicant's full name, license number, mailing 8857
address, and electronic mail address; 8858

(2) An attestation that the information included in the 8859
application is accurate and truthful and that the applicant 8860
meets the following qualifications: 8861

(a) That the applicant holds a current, valid license 8862
issued under this chapter; 8863

(b) That the applicant has retired voluntarily from 8864
practice as a physician ~~assistant~~associate; 8865

(c) That the applicant does not hold an active 8866
registration with the federal drug enforcement administration; 8867

(d) That the applicant does not have any criminal charges 8868
pending against the applicant; 8869

(e) That the applicant is not the subject of discipline 8870
by, or an investigation pending with, a regulatory agency of 8871
this state, another state, or the United States; 8872

(f) That the applicant does not have any complaints 8873
pending with the board; 8874

(g) That the applicant is not, at the time of application, 8875
subject to the board's hearing, disciplinary, or compliance 8876
processes under the terms of a citation, notice of opportunity 8877

for hearing, board order, or consent agreement. 8878

(3) A fee in an amount equal to the sum of the biennial 8879
renewal fee and restoration penalty described in section 4730.14 8880
of the Revised Code. 8881

The board shall not consider an application for retired 8882
status complete until the board receives the fee described in 8883
this division. On receipt of a fee, the board shall deposit the 8884
fee in accordance with section 4731.24 of the Revised Code. 8885

(C) If the board determines that an applicant meets the 8886
requirements of division (B) of this section, the board shall 8887
place the applicant's license on retired status. The license 8888
remains on retired status for the life of the license holder, 8889
unless suspended, revoked, or reactivated, and does not require 8890
renewal. 8891

(D) During the period in which a license is on retired 8892
status, all of the following apply: 8893

(1) The license holder is prohibited from practicing as a 8894
physician ~~assistant~~associate under any circumstance. 8895

(2) The license holder is not required to complete the 8896
continuing education described in sections 4730.14 and 4730.49 8897
of the Revised Code. 8898

(3) The license holder is prohibited from using the 8899
license to obtain a license to practice as a physician ~~assistant~~ 8900
associate in another state, whether by endorsement or 8901
reciprocity or through a licensure compact. 8902

(4) The license holder may use a title authorized for the 8903
holder's license, but only if "retired" also is included in the 8904
title. 8905

(5) In the case of a license holder who was issued a
prescriber number by the board ~~as part of the holder's~~
~~physician-delegated prescriptive authority~~, the prescriber
number, like the license, is placed on retired status.

(E) If a license has been placed on retired status
pursuant to this section, it may be reactivated. Subject to
section 4730.28 of the Revised Code, the board may reactivate a
license placed on retired status if all of the following
conditions are satisfied:

(1) The individual seeking to reactivate the license
applies to the board in the form and manner prescribed by the
board.

(2) The applicant certifies completion of, within the two-
year period that ends on the date of the application's
submission, the continuing education requirements that must be
met for renewal of a license.

(3) The applicant complies with sections 4776.01 to
4776.04 of the Revised Code.

(4) The applicant pays a reactivation fee in an amount
equal to the sum of the biennial renewal fee and restoration
penalty described in section 4730.14 of the Revised Code.

The board shall not consider an application to reactivate
a license complete until the board receives the fee described in
this division. On receipt of a fee, the board shall deposit the
fee in accordance with section 4731.24 of the Revised Code.

(F) The board shall reactivate a license placed on retired
status if the conditions of division (E) of this section have
been satisfied and the board, in its discretion, determines that
the results of the criminal records check conducted pursuant to

sections 4776.01 to 4776.04 of the Revised Code do not make the 8935
applicant ineligible for active status. 8936

(G) The board may take disciplinary action against an 8937
applicant who is seeking to place a license on retired status or 8938
to reactivate the license if the applicant commits fraud, 8939
misrepresentation, or deception in applying for or securing the 8940
retired status or reactivation. 8941

The board also may take disciplinary action against the 8942
holder of a license placed on retired status if the holder 8943
practices under the license, uses the license to obtain 8944
licensure as a physician ~~assistant~~associate in another state, 8945
or uses a title that does not reflect the holder's retired 8946
status. 8947

In taking disciplinary action under this section, the 8948
board may impose on the applicant or holder any sanction 8949
described in section 4730.25 of the Revised Code, but shall do 8950
so in accordance with the procedures described in that section. 8951

(H) The board may adopt rules to implement and enforce 8952
this section. The rules shall be adopted in accordance with 8953
Chapter 119. of the Revised Code. 8954

Sec. 4730.19. (A) Before initiating supervision of one or 8955
more physician ~~assistants~~associates licensed under this 8956
chapter, a physician shall enter into a supervision agreement 8957
with each physician ~~assistant~~associate who will be supervised. 8958
A supervision agreement may apply to one or more physician 8959
~~assistants~~associates, but, except as provided in division (B) (2) 8960
(e) of this section, may apply to not more than one physician. 8961
The supervision agreement shall specify that the physician 8962
agrees to supervise the physician ~~assistant~~associate and the 8963

physician ~~assistant~~associate agrees to practice under that 8964
physician's supervision. 8965

The agreement shall clearly state that the supervising 8966
physician is legally responsible and assumes legal liability for 8967
the services provided by the physician ~~assistant~~associate. The 8968
agreement shall be signed by the physician and the physician 8969
~~assistant~~associate. 8970

(B) A supervision agreement shall include either or both 8971
of the following: 8972

(1) If a physician ~~assistant~~associate will practice 8973
within a health care facility, the agreement shall include terms 8974
that require the physician ~~assistant~~associate to practice in 8975
accordance with the policies of the health care facility. 8976

(2) If a physician ~~assistant~~associate will practice 8977
outside a health care facility, the agreement shall include 8978
terms that specify all of the following: 8979

(a) The responsibilities to be fulfilled by the physician 8980
in supervising the physician ~~assistant~~associate; 8981

(b) The responsibilities to be fulfilled by the physician 8982
~~assistant~~associate when performing services under the 8983
physician's supervision; 8984

(c) Any limitations on the responsibilities to be 8985
fulfilled by the physician ~~assistant~~associate; 8986

(d) The circumstances under which the physician ~~assistant~~associate 8987
is required to refer a patient to the supervising 8988
physician; 8989

(e) If the supervising physician chooses to designate 8990
physicians to act as alternate supervising physicians, the 8991

names, business addresses, and business telephone numbers of the 8992
physicians who have agreed to act in that capacity. 8993

(C) A supervision agreement may be amended to modify the 8994
responsibilities of one or more physician ~~assistants~~associates 8995
or to include one or more additional physician 8996
~~assistants~~associates. 8997

(D) The supervising physician who entered into a 8998
supervision agreement shall retain a copy of the agreement in 8999
the records maintained by the supervising physician. Each 9000
physician ~~assistant~~associate who entered into the supervision 9001
agreement shall retain a copy of the agreement in the records 9002
maintained by the physician ~~assistant~~associate. 9003

(E) (1) If the board finds, through a review conducted 9004
under this section or through any other means, any of the 9005
following, the board may take disciplinary action against the 9006
individual under section 4730.25 or 4731.22 of the Revised Code, 9007
impose a civil penalty, or both: 9008

(a) That a physician ~~assistant~~associate has practiced in 9009
a manner that departs from, or fails to conform to, the terms of 9010
a supervision agreement entered into under this section; 9011

(b) That a physician has supervised a physician ~~assistant~~associate 9012
associate in a manner that departs from, or fails to conform to, 9013
the terms of a supervision agreement entered into under this 9014
section; 9015

(c) That a physician or physician ~~assistant~~associate 9016
failed to comply with division (A) or (B) of this section. 9017

(2) If the board finds, through a review conducted under 9018
this section or through any other means, that a physician or 9019
physician ~~assistant~~associate failed to comply with division (D) 9020

of this section, the board may do either of the following: 9021

(a) Take disciplinary action against the individual under 9022
section 4730.25 or 4731.22 of the Revised Code, impose a civil 9023
penalty, or both; 9024

(b) Permit the individual to agree in writing to update 9025
the records to comply with division (D) of this section and pay 9026
a civil penalty. 9027

(3) The board's finding in any disciplinary action taken 9028
under division (E) of this section shall be made pursuant to an 9029
adjudication conducted under Chapter 119. of the Revised Code. 9030

(4) A civil penalty imposed under division (E) (1) or (2) 9031
(a) of this section or paid under division (E) (2) (b) of this 9032
section shall be in an amount specified by the board of not more 9033
than five thousand dollars and shall be deposited in accordance 9034
with section 4731.24 of the Revised Code. 9035

Sec. 4730.20. (A) A physician ~~assistant~~associate licensed 9036
under this chapter may perform any of the following services, as 9037
authorized by ~~the~~a supervising physician of the physician 9038
associate, that are part of the supervising physician's normal 9039
course of practice and expertise: 9040

(1) Ordering diagnostic, therapeutic, and other medical 9041
services; 9042

(2) Prescribing physical therapy or referring a patient to 9043
a physical therapist for physical therapy; 9044

(3) Ordering occupational therapy or referring a patient 9045
to an occupational therapist for occupational therapy; 9046

(4) Taking any action that may be taken by an attending 9047
physician under sections 2133.21 to 2133.26 of the Revised Code, 9048

as specified in section 2133.211 of the Revised Code; 9049

(5) Determining and pronouncing death in accordance with 9050
section 4730.202 of the Revised Code; 9051

(6) Assisting in surgery; 9052

(7) If the physician ~~assistant holds a valid prescriber~~ 9053
~~number issued by the state medical board and~~ associate has been 9054
granted physician-delegated prescriptive authority, ordering, 9055
prescribing, personally furnishing, and administering drugs and 9056
~~medical therapeutic devices;~~ 9057

(8) Any other services that are part of the supervising 9058
physician's normal course of practice and expertise. 9059

(B) The services a physician ~~assistant~~ associate may 9060
provide under the policies of a health care facility are limited 9061
to the services the facility authorizes the physician ~~assistant~~ 9062
associate to provide for the facility. A facility shall not 9063
authorize a physician ~~assistant~~ associate to perform a service 9064
that is prohibited under this chapter. A physician who is 9065
supervising a physician ~~assistant~~ associate within a health care 9066
facility may impose limitations on the physician ~~assistant's~~ 9067
associate's practice that are in addition to any limitations 9068
applicable under the policies of the facility. 9069

Sec. 4730.201. (A) As used in this section, "local 9070
anesthesia" means the injection of a drug or combination of 9071
drugs to stop or prevent a painful sensation in a circumscribed 9072
area of the body where a painful procedure is to be performed. 9073
"Local anesthesia" includes only local infiltration anesthesia, 9074
digital blocks, and pudendal blocks. 9075

(B) A physician ~~assistant~~ associate licensed under this 9076
chapter may administer, monitor, or maintain local anesthesia as 9077

a component of a procedure the physician ~~assistant~~associate is 9078
performing or as a separate service when the procedure requiring 9079
local anesthesia is to be performed by the physician ~~assistant's~~
associate's supervising physician or another person. A physician 9080
~~assistant~~associate shall not administer, monitor, or maintain 9081
any other form of anesthesia, including regional anesthesia or 9082
any systemic sedation. 9083
9084

Sec. 4730.202. (A) A physician ~~assistant~~associate 9085
licensed under this chapter may determine and pronounce an 9086
individual's death, but only if the individual's respiratory and 9087
circulatory functions are not being artificially sustained and, 9088
at the time the determination and pronouncement of death is 9089
made, either or both of the following apply: 9090

(1) The individual was receiving care in one of the 9091
following: 9092

(a) A nursing home licensed under section 3721.02 of the 9093
Revised Code or by a political subdivision under section 3721.09 9094
of the Revised Code; 9095

(b) A residential care facility or home for the aging 9096
licensed under Chapter 3721. of the Revised Code; 9097

(c) A county home or district home operated pursuant to 9098
Chapter 5155. of the Revised Code; 9099

(d) A residential facility licensed under section 5123.19 9100
of the Revised Code. 9101

(2) The physician ~~assistant~~associate is providing or 9102
supervising the individual's care through a hospice care program 9103
licensed under Chapter 3712. of the Revised Code or any other 9104
entity that provides palliative care. 9105

(B) If a physician ~~assistant~~associate determines and 9106
pronounces an individual's death, the physician ~~assistant~~ 9107
associate shall comply with both of the following: 9108

(1) The physician ~~assistant~~associate shall not complete 9109
any portion of the individual's death certificate. 9110

(2) The physician ~~assistant~~associate shall notify the 9111
individual's attending physician of the determination and 9112
pronouncement of death in order for the physician to fulfill the 9113
physician's duties under section 3705.16 of the Revised Code. 9114
The physician ~~assistant~~associate shall provide the notification 9115
within a period of time that is reasonable but not later than 9116
twenty-four hours following the determination and pronouncement 9117
of the individual's death. 9118

Sec. 4730.203. (A) Acting pursuant to a supervision 9119
agreement, a physician ~~assistant~~associate licensed under this 9120
chapter may delegate performance of a task to implement a 9121
patient's plan of care or, if the conditions in division (C) of 9122
this section are met, may delegate administration of a drug. 9123
Subject to division (D) of section 4730.03 of the Revised Code, 9124
delegation may be to any person. The physician ~~assistant~~ 9125
associate must be physically present at the location where the 9126
task is performed or the drug administered. 9127

(B) Prior to delegating a task or administration of a 9128
drug, a physician ~~assistant~~associate shall determine that the 9129
task or drug is appropriate for the patient and the person to 9130
whom the delegation is to be made may safely perform the task or 9131
administer the drug. 9132

(C) A physician ~~assistant~~associate may delegate 9133
administration of a drug only if all of the following conditions 9134

are met: 9135

(1) The physician ~~assistant~~associate has been granted 9136
physician-delegated prescriptive authority and is authorized to 9137
prescribe the drug. 9138

(2) The drug is not a controlled substance. 9139

(3) The drug will not be administered intravenously. 9140

(4) The drug will not be administered in a hospital 9141
inpatient care unit, as defined in section 3727.50 of the 9142
Revised Code; a hospital emergency department; a freestanding 9143
emergency department; or an ambulatory surgical facility 9144
licensed under section 3702.30 of the Revised Code. 9145

(D) ~~A~~In the case of a person who is not otherwise 9146
authorized to administer a drug or perform a specific task, the 9147
person may do so in accordance with a physician ~~assistant's~~ 9148
associate's delegation under this section. 9149

Sec. 4730.21. (A) The supervising physician of a physician 9150
~~assistant~~associate exercises supervision, control, and 9151
direction of the physician ~~assistant~~associate. A physician 9152
~~assistant~~associate may practice in any setting within which the 9153
supervising physician has supervision, control, and direction of 9154
the physician ~~assistant~~associate. 9155

In supervising a physician ~~assistant~~associate, all of the 9156
following apply: 9157

(1) The supervising physician shall be continuously 9158
available for direct communication with the physician ~~assistant~~ 9159
associate by either of the following means: 9160

(a) Being physically present at the location where the 9161
physician ~~assistant~~associate is practicing; 9162

(b) Being readily available to the physician ~~assistant~~ 9163
associate through some means of telecommunication and being in a 9164
location that is a distance from the location where the 9165
physician ~~assistant~~associate is practicing that reasonably 9166
allows the physician to assure proper care of patients. 9167

(2) The supervising physician shall personally and 9168
actively review the physician ~~assistant's~~associate's 9169
professional activities. 9170

(3) The supervising physician shall ensure that the 9171
quality assurance system established pursuant to division (F) of 9172
this section is implemented and maintained. 9173

(4) The supervising physician shall regularly perform any 9174
other reviews of the physician ~~assistant~~associate that the 9175
supervising physician considers necessary. 9176

(B) A physician may enter into supervision agreements with 9177
any number of physician ~~assistants~~associates, but the physician 9178
may not supervise more than five physician ~~assistants~~associates 9179
at any one time. A physician ~~assistant~~associate may enter into 9180
supervision agreements with any number of supervising 9181
physicians. 9182

(C) A supervising physician may authorize a physician 9183
~~assistant~~associate to perform a service only if the physician 9184
is satisfied that the physician ~~assistant~~associate is capable 9185
of competently performing the service. A supervising physician 9186
shall not authorize a physician ~~assistant~~associate to perform 9187
any service that is beyond the physician's or the physician 9188
~~assistant's~~associate's normal course of practice and expertise. 9189

(D) In the case of a health care facility with an 9190
emergency department, if the supervising physician routinely 9191

practices in the facility's emergency department, the 9192
supervising physician shall provide on-site supervision of the 9193
physician ~~assistant~~associate when the physician ~~assistant~~ 9194
associate practices in the emergency department. If the 9195
supervising physician does not routinely practice in the 9196
facility's emergency department, the supervising physician may, 9197
on occasion, send the physician ~~assistant~~associate to the 9198
facility's emergency department to assess and manage a patient. 9199
In supervising the physician ~~assistant's~~associate's assessment 9200
and management of the patient, the supervising physician shall 9201
determine the appropriate level of supervision in compliance 9202
with the requirements of divisions (A) to (C) of this section, 9203
except that the supervising physician must be available to go to 9204
the emergency department to personally evaluate the patient and, 9205
at the request of an emergency department physician, the 9206
supervising physician shall go to the emergency department to 9207
personally evaluate the patient. 9208

(E) Each time a physician ~~assistant~~associate writes a 9209
medical order, including prescriptions written in the exercise 9210
of physician-delegated prescriptive authority, the physician 9211
~~assistant~~associate shall sign the form on which the order is 9212
written and record on the form the time and date that the order 9213
is written. 9214

(F) (1) The supervising physician of a physician ~~assistant~~ 9215
associate shall establish a quality assurance system to be used 9216
in supervising the physician ~~assistant~~associate. All or part of 9217
the system may be applied to other physician ~~assistants~~ 9218
associates who are supervised by the supervising physician. The 9219
system shall be developed in consultation with each physician 9220
~~assistant~~associate to be supervised by the physician. 9221

(2) In establishing the quality assurance system, the 9222
supervising physician shall describe a process to be used for 9223
all of the following: 9224

(a) Routine review by the physician of selected patient 9225
record entries made by the physician ~~assistant~~associate and 9226
selected medical orders issued by the physician 9227
~~assistant~~associate; 9228

(b) Discussion of complex cases; 9229

(c) Discussion of new medical developments relevant to the 9230
practice of the physician and physician ~~assistant~~associate; 9231

(d) Performance of any quality assurance activities 9232
required in rules adopted by state medical board pursuant to any 9233
recommendations made by the physician ~~assistant~~associate policy 9234
committee under section 4730.06 of the Revised Code; 9235

(e) Performance of any other quality assurance activities 9236
that the supervising physician considers to be appropriate. 9237

(3) The supervising physician and physician ~~assistant~~ 9238
associate shall keep records of their quality assurance 9239
activities. On request, the records shall be made available to 9240
the board. 9241

Sec. 4730.22. (A) When performing authorized services, a 9242
physician ~~assistant~~associate acts as the agent of the physician 9243
~~assistant's~~associate's supervising physician. The supervising 9244
physician is legally responsible and assumes legal liability for 9245
the services provided by the physician ~~assistant~~associate. 9246

The physician is not responsible or liable for any 9247
services provided by the physician ~~assistant~~associate after 9248
their supervision agreement expires or is terminated. 9249

(B) When a health care facility permits physician 9250
~~assistants~~associates to practice within that facility or any 9251
other health care facility under its control, the health care 9252
facility shall make reasonable efforts to explain to each 9253
individual who may work with a particular physician ~~assistant~~ 9254
associate the scope of that physician ~~assistant's~~associate's 9255
practice within the facility. The appropriate credentialing body 9256
within the health care facility shall provide, on request of an 9257
individual practicing in the facility with a physician 9258
~~assistant~~associate, a copy of the facility's policies on the 9259
practice of physician ~~assistants~~associates within the facility 9260
and a copy of each supervision agreement applicable to the 9261
physician ~~assistant~~associate. 9262

An individual who follows the orders of a physician 9263
~~assistant~~associate practicing in a health care facility is not 9264
subject to disciplinary action by any administrative agency that 9265
governs that individual's conduct and is not liable in damages 9266
in a civil action for injury, death, or loss to person or 9267
property resulting from the individual's acts or omissions in 9268
the performance of any procedure, treatment, or other health 9269
care service if the individual reasonably believed that the 9270
physician ~~assistant~~associate was acting within the proper scope 9271
of practice or was relaying medical orders from a supervising 9272
physician, unless the act or omission constitutes willful or 9273
wanton misconduct. 9274

Sec. 4730.25. (A) The state medical board, by an 9275
affirmative vote of not fewer than six members, may refuse to 9276
grant a license to practice as a physician ~~assistant~~associate 9277
to, or may revoke the license held by, an individual found by 9278
the board to have committed fraud, misrepresentation, or 9279
deception in applying for or securing the license. 9280

(B) Except as provided in division (N) of this section, 9281
the board, by an affirmative vote of not fewer than six members, 9282
shall, to the extent permitted by law, limit, revoke, or suspend 9283
an individual's license to practice as a physician ~~assistant~~ 9284
associate or prescriber number, refuse to issue a license to an 9285
applicant, refuse to renew a license, refuse to reinstate a 9286
license, or reprimand or place on probation the holder of a 9287
license for any of the following reasons: 9288

(1) Failure to practice in accordance with the supervising 9289
physician's supervision agreement with the physician 9290
~~assistant~~associate, including, if applicable, the policies of 9291
the health care facility in which the supervising physician and 9292
physician ~~assistant~~associate are practicing; 9293

(2) Failure to comply with the requirements of this 9294
chapter, Chapter 4731. of the Revised Code, or any rules adopted 9295
by the board; 9296

(3) Violating or attempting to violate, directly or 9297
indirectly, or assisting in or abetting the violation of, or 9298
conspiring to violate, any provision of this chapter, Chapter 9299
4731. of the Revised Code, or the rules adopted by the board; 9300

(4) Inability to practice according to acceptable and 9301
prevailing standards of care by reason of mental illness or 9302
physical illness, including physical deterioration that 9303
adversely affects cognitive, motor, or perceptive skills; 9304

(5) Impairment of ability to practice according to 9305
acceptable and prevailing standards of care because of substance 9306
use disorder or excessive use or abuse of drugs, alcohol, or 9307
other substances that may impair ability to practice; 9308

(6) Administering drugs for purposes other than those 9309

authorized under this chapter;	9310
(7) Willfully betraying a professional confidence;	9311
(8) Making a false, fraudulent, deceptive, or misleading statement in soliciting or advertising for employment as a physician assistant <u>associate</u> ; in connection with any solicitation or advertisement for patients; in relation to the practice of medicine as it pertains to physician assistants <u>associates</u> ; or in securing or attempting to secure a license to practice as a physician assistant <u>associate</u> .	9312 9313 9314 9315 9316 9317 9318
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.	9319 9320 9321 9322 9323 9324 9325 9326
(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;	9327 9328 9329 9330
(10) The obtaining of, or attempting to obtain, money or anything of value by fraudulent misrepresentations in the course of practice;	9331 9332 9333
(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;	9334 9335 9336
(12) Commission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was	9337 9338

committed; 9339

(13) A plea of guilty to, a judicial finding of guilt of, 9340
or a judicial finding of eligibility for intervention in lieu of 9341
conviction for, a misdemeanor committed in the course of 9342
practice; 9343

(14) A plea of guilty to, a judicial finding of guilt of, 9344
or a judicial finding of eligibility for intervention in lieu of 9345
conviction for, a misdemeanor involving moral turpitude; 9346

(15) Commission of an act in the course of practice that 9347
constitutes a misdemeanor in this state, regardless of the 9348
jurisdiction in which the act was committed; 9349

(16) Commission of an act involving moral turpitude that 9350
constitutes a misdemeanor in this state, regardless of the 9351
jurisdiction in which the act was committed; 9352

(17) A plea of guilty to, a judicial finding of guilt of, 9353
or a judicial finding of eligibility for intervention in lieu of 9354
conviction for violating any state or federal law regulating the 9355
possession, distribution, or use of any drug, including 9356
trafficking in drugs; 9357

(18) Any of the following actions taken by the state 9358
agency responsible for regulating the practice of physician 9359
~~assistants~~associates in another state, for any reason other 9360
than the nonpayment of fees: the limitation, revocation, or 9361
suspension of an individual's license to practice; acceptance of 9362
an individual's license surrender; denial of a license; refusal 9363
to renew or reinstate a license; imposition of probation; or 9364
issuance of an order of censure or other reprimand; 9365

(19) A departure from, or failure to conform to, minimal 9366
standards of care of similar physician ~~assistants~~associates 9367

under the same or similar circumstances, regardless of whether 9368
actual injury to a patient is established; 9369

(20) Violation of the conditions placed by the board on a 9370
license to practice as a physician ~~assistant~~associate; 9371

(21) Failure to use universal blood and body fluid 9372
precautions established by rules adopted under section 4731.051 9373
of the Revised Code; 9374

(22) Failure to cooperate in an investigation conducted by 9375
the board under section 4730.26 of the Revised Code, including 9376
failure to comply with a subpoena or order issued by the board 9377
or failure to answer truthfully a question presented by the 9378
board at a deposition or in written interrogatories, except that 9379
failure to cooperate with an investigation shall not constitute 9380
grounds for discipline under this section if a court of 9381
competent jurisdiction has issued an order that either quashes a 9382
subpoena or permits the individual to withhold the testimony or 9383
evidence in issue; 9384

(23) Assisting suicide, as defined in section 3795.01 of 9385
the Revised Code; 9386

(24) Prescribing any drug or device to perform or induce 9387
an abortion, or otherwise performing or inducing an abortion; 9388

(25) Failure to comply with section 4730.53 of the Revised 9389
Code, unless the board no longer maintains a drug database 9390
pursuant to section 4729.75 of the Revised Code; 9391

(26) Failure to comply with the requirements in section 9392
3719.061 of the Revised Code before issuing for a minor a 9393
prescription for an opioid analgesic, as defined in section 9394
3719.01 of the Revised Code; 9395

(27) Having certification by the national commission on 9396
certification of physician assistants or a successor 9397
organization expire, lapse, or be suspended or revoked; 9398

(28) The revocation, suspension, restriction, reduction, 9399
or termination of clinical privileges by the United States 9400
department of defense or department of veterans affairs or the 9401
termination or suspension of a certificate of registration to 9402
prescribe drugs by the drug enforcement administration of the 9403
United States department of justice; 9404

(29) Failure to comply with terms of a consult agreement 9405
entered into with a pharmacist pursuant to section 4729.39 of 9406
the Revised Code. 9407

(C) Disciplinary actions taken by the board under 9408
divisions (A) and (B) of this section shall be taken pursuant to 9409
an adjudication under Chapter 119. of the Revised Code, except 9410
that in lieu of an adjudication, the board may enter into a 9411
consent agreement with a physician ~~assistant~~associate or 9412
applicant to resolve an allegation of a violation of this 9413
chapter or any rule adopted under it. A consent agreement, when 9414
ratified by an affirmative vote of not fewer than six members of 9415
the board, shall constitute the findings and order of the board 9416
with respect to the matter addressed in the agreement. If the 9417
board refuses to ratify a consent agreement, the admissions and 9418
findings contained in the consent agreement shall be of no force 9419
or effect. 9420

(D) For purposes of divisions (B) (12), (15), and (16) of 9421
this section, the commission of the act may be established by a 9422
finding by the board, pursuant to an adjudication under Chapter 9423
119. of the Revised Code, that the applicant or license holder 9424
committed the act in question. The board shall have no 9425

jurisdiction under these divisions in cases where the trial 9426
court renders a final judgment in the license holder's favor and 9427
that judgment is based upon an adjudication on the merits. The 9428
board shall have jurisdiction under these divisions in cases 9429
where the trial court issues an order of dismissal upon 9430
technical or procedural grounds. 9431

(E) The sealing or expungement of conviction records by 9432
any court shall have no effect upon a prior board order entered 9433
under the provisions of this section or upon the board's 9434
jurisdiction to take action under the provisions of this section 9435
if, based upon a plea of guilty, a judicial finding of guilt, or 9436
a judicial finding of eligibility for intervention in lieu of 9437
conviction, the board issued a notice of opportunity for a 9438
hearing prior to the court's order to seal or expunge the 9439
records. The board shall not be required to seal, destroy, 9440
redact, or otherwise modify its records to reflect the court's 9441
sealing or expungement of conviction records. 9442

(F) For purposes of this division, any individual who 9443
holds a license issued under this chapter, or applies for a 9444
license issued under this chapter, shall be deemed to have given 9445
consent to submit to a mental or physical examination when 9446
directed to do so in writing by the board and to have waived all 9447
objections to the admissibility of testimony or examination 9448
reports that constitute a privileged communication. 9449

(1) In enforcing division (B)(4) of this section, the 9450
board, upon a showing of a possible violation, shall refer any 9451
individual who holds, or has applied for, a license issued under 9452
this chapter to the monitoring organization that conducts the 9453
confidential monitoring program established under section 9454
4731.25 of the Revised Code. The board also may compel the 9455

individual to submit to a mental examination, physical 9456
examination, including an HIV test, or both a mental and 9457
physical examination. The expense of the examination is the 9458
responsibility of the individual compelled to be examined. 9459
Failure to submit to a mental or physical examination or consent 9460
to an HIV test ordered by the board constitutes an admission of 9461
the allegations against the individual unless the failure is due 9462
to circumstances beyond the individual's control, and a default 9463
and final order may be entered without the taking of testimony 9464
or presentation of evidence. If the board finds a physician 9465
~~assistant~~associate unable to practice because of the reasons 9466
set forth in division (B) (4) of this section, the board shall 9467
require the physician ~~assistant~~associate to submit to care, 9468
counseling, or treatment by physicians approved or designated by 9469
the board, as a condition for an initial, continued, reinstated, 9470
or renewed license. An individual affected under this division 9471
shall be afforded an opportunity to demonstrate to the board the 9472
ability to resume practicing in compliance with acceptable and 9473
prevailing standards of care. 9474

(2) For purposes of division (B) (5) of this section, if 9475
the board has reason to believe that any individual who holds a 9476
license issued under this chapter or any applicant for a license 9477
suffers such impairment, the board shall refer the individual to 9478
the monitoring organization that conducts the confidential 9479
monitoring program established under section 4731.25 of the 9480
Revised Code. The board also may compel the individual to submit 9481
to a mental or physical examination, or both. The expense of the 9482
examination is the responsibility of the individual compelled to 9483
be examined. Any mental or physical examination required under 9484
this division shall be undertaken by a treatment provider or 9485
physician qualified to conduct such examination and approved 9486

under section 4731.251 of the Revised Code. 9487

Failure to submit to a mental or physical examination 9488
ordered by the board constitutes an admission of the allegations 9489
against the individual unless the failure is due to 9490
circumstances beyond the individual's control, and a default and 9491
final order may be entered without the taking of testimony or 9492
presentation of evidence. If the board determines that the 9493
individual's ability to practice is impaired, the board shall 9494
suspend the individual's license or deny the individual's 9495
application and shall require the individual, as a condition for 9496
initial, continued, reinstated, or renewed licensure, to submit 9497
to treatment. 9498

Before being eligible to apply for reinstatement of a 9499
license suspended under this division, the physician ~~assistant~~ 9500
associate shall demonstrate to the board the ability to resume 9501
practice or prescribing in compliance with acceptable and 9502
prevailing standards of care. The demonstration shall include 9503
the following: 9504

(a) Certification from a treatment provider approved under 9505
section 4731.251 of the Revised Code that the individual has 9506
successfully completed any required inpatient treatment; 9507

(b) Evidence of continuing full compliance with an 9508
aftercare contract or consent agreement; 9509

(c) Two written reports indicating that the individual's 9510
ability to practice has been assessed and that the individual 9511
has been found capable of practicing according to acceptable and 9512
prevailing standards of care. The reports shall be made by 9513
individuals or providers approved by the board for making such 9514
assessments and shall describe the basis for their 9515

determination. 9516

The board may reinstate a license suspended under this 9517
division after such demonstration and after the individual has 9518
entered into a written consent agreement. 9519

When the impaired physician ~~assistant~~associate resumes 9520
practice or prescribing, the board shall require continued 9521
monitoring of the physician ~~assistant~~associate. The monitoring 9522
shall include compliance with the written consent agreement 9523
entered into before reinstatement or with conditions imposed by 9524
board order after a hearing, and, upon termination of the 9525
consent agreement, submission to the board for at least two 9526
years of annual written progress reports made under penalty of 9527
falsification stating whether the physician ~~assistant~~associate 9528
has maintained sobriety. 9529

(G) If the secretary and supervising member determine that 9530
there is clear and convincing evidence that a physician 9531
~~assistant~~associate has violated division (B) of this section 9532
and that the individual's continued practice or prescribing 9533
presents a danger of immediate and serious harm to the public, 9534
they may recommend that the board suspend the individual's 9535
license without a prior hearing. Written allegations shall be 9536
prepared for consideration by the board. 9537

The board, upon review of those allegations and by an 9538
affirmative vote of not fewer than six of its members, excluding 9539
the secretary and supervising member, may suspend a license 9540
without a prior hearing. A telephone conference call may be 9541
utilized for reviewing the allegations and taking the vote on 9542
the summary suspension. 9543

The board shall serve a written order of suspension in 9544

accordance with sections 119.05 and 119.07 of the Revised Code. 9545
The order shall not be subject to suspension by the court during 9546
pendency of any appeal filed under section 119.12 of the Revised 9547
Code. If the physician ~~assistant~~associate requests an 9548
adjudicatory hearing by the board, the date set for the hearing 9549
shall be within fifteen days, but not earlier than seven days, 9550
after the physician ~~assistant~~associate requests the hearing, 9551
unless otherwise agreed to by both the board and the license 9552
holder. 9553

A summary suspension imposed under this division shall 9554
remain in effect, unless reversed on appeal, until a final 9555
adjudicative order issued by the board pursuant to this section 9556
and Chapter 119. of the Revised Code becomes effective. The 9557
board shall issue its final adjudicative order within seventy- 9558
five days after completion of its hearing. Failure to issue the 9559
order within seventy-five days shall result in dissolution of 9560
the summary suspension order, but shall not invalidate any 9561
subsequent, final adjudicative order. 9562

(H) If the board takes action under division (B) (11), 9563
(13), or (14) of this section, and the judicial finding of 9564
guilt, guilty plea, or judicial finding of eligibility for 9565
intervention in lieu of conviction is overturned on appeal, upon 9566
exhaustion of the criminal appeal, a petition for 9567
reconsideration of the order may be filed with the board along 9568
with appropriate court documents. Upon receipt of a petition and 9569
supporting court documents, the board shall reinstate the 9570
individual's license. The board may then hold an adjudication 9571
under Chapter 119. of the Revised Code to determine whether the 9572
individual committed the act in question. Notice of opportunity 9573
for hearing shall be given in accordance with Chapter 119. of 9574
the Revised Code. If the board finds, pursuant to an 9575

adjudication held under this division, that the individual 9576
committed the act, or if no hearing is requested, it may order 9577
any of the sanctions identified under division (B) of this 9578
section. 9579

(I) The license to practice issued to a physician 9580
~~assistant-associate~~ and the physician ~~assistant's-associate's~~ 9581
practice in this state are automatically suspended as of the 9582
date the physician ~~assistant-associate~~ pleads guilty to, is 9583
found by a judge or jury to be guilty of, or is subject to a 9584
judicial finding of eligibility for intervention in lieu of 9585
conviction in this state or treatment or intervention in lieu of 9586
conviction in another state for any of the following criminal 9587
offenses in this state or a substantially equivalent criminal 9588
offense in another jurisdiction: aggravated murder, murder, 9589
voluntary manslaughter, felonious assault, kidnapping, rape, 9590
sexual battery, gross sexual imposition, aggravated arson, 9591
aggravated robbery, or aggravated burglary. Continued practice 9592
after the suspension shall be considered practicing without a 9593
license. 9594

The board shall notify the individual subject to the 9595
suspension in accordance with sections 119.05 and 119.07 of the 9596
Revised Code. If an individual whose license is suspended under 9597
this division fails to make a timely request for an adjudication 9598
under Chapter 119. of the Revised Code, the board shall enter a 9599
final order permanently revoking the individual's license to 9600
practice. 9601

(J) In any instance in which the board is required by 9602
Chapter 119. of the Revised Code to give notice of opportunity 9603
for hearing and the individual subject to the notice does not 9604
timely request a hearing in accordance with section 119.07 of 9605

the Revised Code, the board is not required to hold a hearing, 9606
but may adopt, by an affirmative vote of not fewer than six of 9607
its members, a final order that contains the board's findings. 9608
In that final order, the board may order any of the sanctions 9609
identified under division (A) or (B) of this section. 9610

(K) Any action taken by the board under division (B) of 9611
this section resulting in a suspension shall be accompanied by a 9612
written statement of the conditions under which the physician 9613
~~assistant's~~associate's license may be reinstated. The board 9614
shall adopt rules in accordance with Chapter 119. of the Revised 9615
Code governing conditions to be imposed for reinstatement. 9616
Reinstatement of a license suspended pursuant to division (B) of 9617
this section requires an affirmative vote of not fewer than six 9618
members of the board. 9619

(L) When the board refuses to grant or issue to an 9620
applicant a license to practice as a physician 9621
~~assistant~~associate, revokes an individual's license, refuses to 9622
renew an individual's license, or refuses to reinstate an 9623
individual's license, the board may specify that its action is 9624
permanent. An individual subject to a permanent action taken by 9625
the board is forever thereafter ineligible to hold the license 9626
and the board shall not accept an application for reinstatement 9627
of the license or for issuance of a new license. 9628

(M) Notwithstanding any other provision of the Revised 9629
Code, all of the following apply: 9630

(1) The surrender of a license issued under this chapter 9631
is not effective unless or until accepted by the board. 9632
Reinstatement of a license surrendered to the board requires an 9633
affirmative vote of not fewer than six members of the board. 9634

(2) An application made under this chapter for a license 9635
may not be withdrawn without approval of the board. 9636

(3) Failure by an individual to renew a license in 9637
accordance with section 4730.14 of the Revised Code does not 9638
remove or limit the board's jurisdiction to take disciplinary 9639
action under this section against the individual. 9640

(4) The placement of an individual's license on retired 9641
status, as described in section 4730.141 of the Revised Code, 9642
does not remove or limit the board's jurisdiction to take any 9643
disciplinary action against the individual with regard to the 9644
license as it existed before being placed on retired status. 9645

(N) The board shall not refuse to issue a license to an 9646
applicant because of a conviction, plea of guilty, judicial 9647
finding of guilt, judicial finding of eligibility for 9648
intervention in lieu of conviction, or the commission of an act 9649
that constitutes a criminal offense, unless the refusal is in 9650
accordance with section 9.79 of the Revised Code. 9651

Sec. 4730.251. On receipt of a notice pursuant to section 9652
3123.43 of the Revised Code, the state medical board shall 9653
comply with sections 3123.41 to 3123.50 of the Revised Code and 9654
any applicable rules adopted under section 3123.63 of the 9655
Revised Code with respect to a license to practice as a 9656
physician ~~assistant~~associate issued pursuant to this chapter. 9657

Sec. 4730.252. (A) (1) If a physician ~~assistant~~associate 9658
violates any section of this chapter other than section 4730.14 9659
of the Revised Code or violates any rule adopted under this 9660
chapter, the state medical board may, pursuant to an 9661
adjudication under Chapter 119. of the Revised Code and an 9662
affirmative vote of not fewer than six of its members, impose a 9663

civil penalty. The amount of the civil penalty shall be 9664
determined by the board in accordance with the guidelines 9665
adopted under division (A) (2) of this section. The civil penalty 9666
may be in addition to any other action the board may take under 9667
section 4730.25 of the Revised Code. 9668

(2) The board shall adopt and may amend guidelines 9669
regarding the amounts of civil penalties to be imposed under 9670
this section. Adoption or amendment of the guidelines requires 9671
the approval of not fewer than six board members. 9672

Under the guidelines, no civil penalty amount shall exceed 9673
twenty thousand dollars. 9674

(B) Amounts received from payment of civil penalties 9675
imposed under this section shall be deposited by the board in 9676
accordance with section 4731.24 of the Revised Code. Amounts 9677
received from payment of civil penalties imposed for violations 9678
of division (B) (5) of section 4730.25 of the Revised Code shall 9679
be used by the board solely for investigations, enforcement, and 9680
compliance monitoring. 9681

Sec. 4730.26. (A) The state medical board shall 9682
investigate evidence that appears to show that any person has 9683
violated this chapter or a rule adopted under it. In an 9684
investigation involving the practice or supervision of a 9685
physician ~~assistant~~associate pursuant to the policies of a 9686
health care facility, the board may require that the health care 9687
facility provide any information the board considers necessary 9688
to identify either or both of the following: 9689

(1) The facility's policies for the practice of physician 9690
~~assistants~~associates within the facility; 9691

(2) The services that the facility has authorized a 9692

particular physician ~~assistant~~associate to provide for the 9693
facility. 9694

(B) Any person may report to the board in a signed writing 9695
any information the person has that appears to show a violation 9696
of any provision of this chapter or rule adopted under it. In 9697
the absence of bad faith, a person who reports such information 9698
or testifies before the board in an adjudication conducted under 9699
Chapter 119. of the Revised Code shall not be liable for civil 9700
damages as a result of reporting the information or providing 9701
testimony. Each complaint or allegation of a violation received 9702
by the board shall be assigned a case number and be recorded by 9703
the board. 9704

(C) Investigations of alleged violations of this chapter 9705
or rules adopted under it shall be supervised by the supervising 9706
member elected by the board in accordance with section 4731.02 9707
of the Revised Code and by the secretary as provided in section 9708
4730.33 of the Revised Code. The president may designate another 9709
member of the board to supervise the investigation in place of 9710
the supervising member. A member of the board who supervises the 9711
investigation of a case shall not participate in further 9712
adjudication of the case. 9713

(D) In investigating a possible violation of this chapter 9714
or a rule adopted under it, the board may administer oaths, 9715
order the taking of depositions, issue subpoenas, and compel the 9716
attendance of witnesses and production of books, accounts, 9717
papers, records, documents, and testimony, except that a 9718
subpoena for patient record information shall not be issued 9719
without consultation with the attorney general's office and 9720
approval of the secretary of the board. Before issuance of a 9721
subpoena for patient record information, the secretary shall 9722

determine whether there is probable cause to believe that the 9723
complaint filed alleges a violation of this chapter or a rule 9724
adopted under it and that the records sought are relevant to the 9725
alleged violation and material to the investigation. The 9726
subpoena may apply only to records that cover a reasonable 9727
period of time surrounding the alleged violation. 9728

On failure to comply with any subpoena issued by the board 9729
and after reasonable notice to the person being subpoenaed, the 9730
board may move for an order compelling the production of persons 9731
or records pursuant to the Rules of Civil Procedure. 9732

A subpoena issued by the board may be served by a sheriff, 9733
the sheriff's deputy, or a board employee designated by the 9734
board. Service of a subpoena issued by the board may be made by 9735
delivering a copy of the subpoena to the person named therein, 9736
reading it to the person, or leaving it at the person's usual 9737
place of residence. When the person being served is a physician 9738
~~assistant~~associate, service of the subpoena may be made by 9739
certified mail, restricted delivery, return receipt requested, 9740
and the subpoena shall be deemed served on the date delivery is 9741
made or the date the person refuses to accept delivery. 9742

A sheriff's deputy who serves a subpoena shall receive the 9743
same fees as a sheriff. Each witness who appears before the 9744
board in obedience to a subpoena shall receive the fees and 9745
mileage provided for under section 119.094 of the Revised Code. 9746

(E) All hearings and investigations of the board shall be 9747
considered civil actions for the purposes of section 2305.252 of 9748
the Revised Code. 9749

(F) Information received by the board pursuant to an 9750
investigation is confidential and not subject to discovery in 9751

any civil action. 9752

The board shall conduct all investigations and proceedings 9753
in a manner that protects the confidentiality of patients and 9754
persons who file complaints with the board. The board shall not 9755
make public the names or any other identifying information about 9756
patients or complainants unless proper consent is given or, in 9757
the case of a patient, a waiver of the patient privilege exists 9758
under division (B) of section 2317.02 of the Revised Code, 9759
except that consent or a waiver is not required if the board 9760
possesses reliable and substantial evidence that no bona fide 9761
physician-patient relationship exists. 9762

The board may share any information it receives pursuant 9763
to an investigation, including patient records and patient 9764
record information, with law enforcement agencies, other 9765
licensing boards, and other governmental agencies that are 9766
prosecuting, adjudicating, or investigating alleged violations 9767
of statutes or administrative rules. An agency or board that 9768
receives the information shall comply with the same requirements 9769
regarding confidentiality as those with which the state medical 9770
board must comply, notwithstanding any conflicting provision of 9771
the Revised Code or procedure of the agency or board that 9772
applies when it is dealing with other information in its 9773
possession. In a judicial proceeding, the information may be 9774
admitted into evidence only in accordance with the Rules of 9775
Evidence, but the court shall require that appropriate measures 9776
are taken to ensure that confidentiality is maintained with 9777
respect to any part of the information that contains names or 9778
other identifying information about patients or complainants 9779
whose confidentiality was protected by the state medical board 9780
when the information was in the board's possession. Measures to 9781
ensure confidentiality that may be taken by the court include 9782

sealing its records or deleting specific information from its 9783
records. 9784

(G) The state medical board shall develop requirements for 9785
and provide appropriate initial and continuing training for 9786
investigators employed by the board to carry out its duties 9787
under this chapter. The training and continuing education may 9788
include enrollment in courses operated or approved by the Ohio 9789
peace officer training commission that the board considers 9790
appropriate under conditions set forth in section 109.79 of the 9791
Revised Code. 9792

(H) On a quarterly basis, the board shall prepare a report 9793
that documents the disposition of all cases during the preceding 9794
three months. The report shall contain the following information 9795
for each case with which the board has completed its activities: 9796

(1) The case number assigned to the complaint or alleged 9797
violation; 9798

(2) The type of license, if any, held by the individual 9799
against whom the complaint is directed; 9800

(3) A description of the allegations contained in the 9801
complaint; 9802

(4) The disposition of the case. 9803

The report shall state how many cases are still pending, 9804
and shall be prepared in a manner that protects the identity of 9805
each person involved in each case. The report shall be submitted 9806
to the physician ~~assistant~~associate policy committee of the 9807
board and is a public record for purposes of section 149.43 of 9808
the Revised Code. 9809

Sec. 4730.27. If the state medical board has reason to 9810

believe that any person who has been granted a license under 9811
this chapter to practice as a physician ~~assistant~~associate is 9812
mentally ill or mentally incompetent, it may file in the probate 9813
court of the county in which such person has a legal residence 9814
an affidavit in the form prescribed in section 5122.11 of the 9815
Revised Code and signed by the board secretary or a member of 9816
the secretary's staff, whereupon the same proceedings shall be 9817
had as provided in Chapter 5122. of the Revised Code. The 9818
attorney general may represent the board in any proceeding 9819
commenced under this section. 9820

If a physician ~~assistant~~associate is adjudged by a 9821
probate court to be mentally ill or mentally incompetent, the 9822
individual's license shall be automatically suspended until the 9823
individual has filed with the board a certified copy of an 9824
adjudication by a probate court of being restored to competency 9825
or has submitted to the board proof, satisfactory to the board, 9826
of having been discharged as being restored to competency in the 9827
manner and form provided in section 5122.38 of the Revised Code. 9828
The judge of the court shall immediately notify the board of an 9829
adjudication of incompetence and note any suspension of a 9830
license in the margin of the court's record of the license. 9831

Sec. 4730.28. (A) This section applies to all of the 9832
following: 9833

(1) An applicant seeking restoration of a license issued 9834
under this chapter that has been in a suspended or inactive 9835
state for any cause for more than two years; 9836

(2) An applicant seeking issuance of a license pursuant to 9837
this chapter who for more than two years has not been practicing 9838
as a physician ~~assistant~~associate as either of the following: 9839

(a) An active practitioner;	9840
(b) A student in a program as described in division (B) or (C) of section 4730.11 of the Revised Code.	9841 9842
(3) An applicant seeking to reactivate a license placed on retired status.	9843 9844
(B) Before issuing a license to an applicant subject to this section, or before restoring a license to good standing or reactivating a license placed on retired status for an applicant subject to this section, the state medical board may impose terms and conditions including any one or more of the following:	9845 9846 9847 9848 9849
(1) Requiring the applicant to pass an oral or written examination, or both, to determine the applicant's present fitness to resume practice;	9850 9851 9852
(2) Requiring the applicant to obtain additional training and to pass an examination upon completion of such training;	9853 9854
(3) Requiring an assessment of the applicant's physical skills for purposes of determining whether the applicant's coordination, fine motor skills, and dexterity are sufficient for performing evaluations and procedures in a manner that meets the minimal standards of care;	9855 9856 9857 9858 9859
(4) Requiring an assessment of the applicant's skills in recognizing and understanding diseases and conditions;	9860 9861
(5) Requiring the applicant to undergo a comprehensive physical examination, which may include an assessment of physical abilities, evaluation of sensory capabilities, or screening for the presence of neurological disorders;	9862 9863 9864 9865
(6) Restricting or limiting the extent, scope, or type of practice of the applicant.	9866 9867

The board shall consider the moral background and the 9868
activities of the applicant during the period of suspension, 9869
inactivity, or retirement. The board shall not issue, restore, 9870
or reactivate a license under this section unless the applicant 9871
complies with sections 4776.01 to 4776.04 of the Revised Code. 9872

Sec. 4730.31. (A) As used in this section, "prosecutor" 9873
has the same meaning as in section 2935.01 of the Revised Code. 9874

(B) Whenever any person holding a valid license to 9875
practice as a physician ~~assistant~~associate issued pursuant to 9876
this chapter pleads guilty to, is subject to a judicial finding 9877
of guilt of, or is subject to a judicial finding of eligibility 9878
for intervention in lieu of conviction for a violation of 9879
Chapter 2907., 2925., or 3719. of the Revised Code or of any 9880
substantively comparable ordinance of a municipal corporation in 9881
connection with practicing as a physician ~~assistant~~associate, 9882
the prosecutor in the case shall, on forms prescribed and 9883
provided by the state medical board, promptly notify the board 9884
of the conviction. Within thirty days of receipt of such 9885
information, the board shall initiate action in accordance with 9886
Chapter 119. of the Revised Code to determine whether to suspend 9887
or revoke the license under section 4730.25 of the Revised Code. 9888

(C) The prosecutor in any case against any person holding 9889
a valid license issued pursuant to this chapter shall, on forms 9890
prescribed and provided by the state medical board, notify the 9891
board of any of the following: 9892

(1) A plea of guilty to, a judicial finding of guilt of, 9893
or judicial finding of eligibility for intervention in lieu of 9894
conviction for a felony, or a case where the trial court issues 9895
an order of dismissal upon technical or procedural grounds of a 9896
felony charge; 9897

(2) A plea of guilty to, a judicial finding of guilt of, 9898
or judicial finding or eligibility for intervention in lieu of 9899
conviction for a misdemeanor committed in the course of 9900
practice, or a case where the trial court issues an order of 9901
dismissal upon technical or procedural grounds of a charge of a 9902
misdemeanor, if the alleged act was committed in the course of 9903
practice; 9904

(3) A plea of guilty to, a judicial finding of guilt of, 9905
or judicial finding of eligibility for intervention in lieu of 9906
conviction for a misdemeanor involving moral turpitude, or a 9907
case where the trial court issues an order of dismissal upon 9908
technical or procedural grounds of a charge of a misdemeanor 9909
involving moral turpitude. 9910

The report shall include the name and address of the 9911
license holder, the nature of the offense for which the action 9912
was taken, and the certified court documents recording the 9913
action. 9914

Sec. 4730.32. (A) Within sixty days after the imposition 9915
of any formal disciplinary action taken by a health care 9916
facility against any individual holding a valid license to 9917
practice as a physician ~~assistant~~associate issued under this 9918
chapter, the chief administrator or executive officer of the 9919
facility shall report to the state medical board the name of the 9920
individual, the action taken by the facility, and a summary of 9921
the underlying facts leading to the action taken. Upon request, 9922
the board shall be provided certified copies of the patient 9923
records that were the basis for the facility's action. Prior to 9924
release to the board, the summary shall be approved by the peer 9925
review committee that reviewed the case or by the governing 9926
board of the facility. 9927

The filing of a report with the board or decision not to file a report, investigation by the board, or any disciplinary action taken by the board, does not preclude a health care facility from taking disciplinary action against a physician ~~assistant~~associate. 9928
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In the absence of fraud or bad faith, no individual or entity that provides patient records to the board shall be liable in damages to any person as a result of providing the records. 9933
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(B) (1) Except as provided in division (B) (2) of this section, a physician ~~assistant~~associate, professional association or society of physician ~~assistants~~associates, physician, or professional association or society of physicians that believes a violation of any provision of this chapter, Chapter 4731. of the Revised Code, or rule of the board has occurred shall report to the board the information upon which the belief is based. 9937
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(2) A physician ~~assistant~~associate, professional association or society of physician ~~assistants~~associates, physician, or professional association or society of physicians that believes that a violation of division (B) (4) or (5) of section 4730.25 of the Revised Code has occurred shall report the information upon which the belief is based to the monitoring organization conducting the confidential monitoring program established under section 4731.25 of the Revised Code. If any such report is made to the board, it shall be referred to the monitoring organization unless the board is aware that the individual who is the subject of the report does not meet the program eligibility requirements of section 4731.252 of the Revised Code. 9945
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(C) Any professional association or society composed 9958
primarily of physician ~~assistants~~associates that suspends or 9959
revokes an individual's membership for violations of 9960
professional ethics, or for reasons of professional incompetence 9961
or professional malpractice, within sixty days after a final 9962
decision, shall report to the board, on forms prescribed and 9963
provided by the board, the name of the individual, the action 9964
taken by the professional organization, and a summary of the 9965
underlying facts leading to the action taken. 9966

The filing or nonfiling of a report with the board, 9967
investigation by the board, or any disciplinary action taken by 9968
the board, shall not preclude a professional organization from 9969
taking disciplinary action against a physician 9970
~~assistant~~associate. 9971

(D) Any insurer providing professional liability insurance 9972
to any person holding a valid license to practice as a physician 9973
~~assistant~~associate issued under this chapter or any other 9974
entity that seeks to indemnify the professional liability of a 9975
physician ~~assistant~~associate shall notify the board within 9976
thirty days after the final disposition of any written claim for 9977
damages where such disposition results in a payment exceeding 9978
twenty-five thousand dollars. The notice shall contain the 9979
following information: 9980

(1) The name and address of the person submitting the 9981
notification; 9982

(2) The name and address of the insured who is the subject 9983
of the claim; 9984

(3) The name of the person filing the written claim; 9985

(4) The date of final disposition; 9986

(5) If applicable, the identity of the court in which the 9987
final disposition of the claim took place. 9988

(E) The board may investigate possible violations of this 9989
chapter or the rules adopted under it that are brought to its 9990
attention as a result of the reporting requirements of this 9991
section, except that the board shall conduct an investigation if 9992
a possible violation involves repeated malpractice. As used in 9993
this division, "repeated malpractice" means three or more claims 9994
for malpractice within the previous five-year period, each 9995
resulting in a judgment or settlement in excess of twenty-five 9996
thousand dollars in favor of the claimant, and each involving 9997
negligent conduct by the physician ~~assistant~~associate. 9998

(F) All summaries, reports, and records received and 9999
maintained by the board pursuant to this section shall be held 10000
in confidence and shall not be subject to discovery or 10001
introduction in evidence in any federal or state civil action 10002
involving a physician ~~assistant~~associate, supervising physician, 10003
or health care facility arising out of matters that are the 10004
subject of the reporting required by this section. The board may 10005
use the information obtained only as the basis for an 10006
investigation, as evidence in a disciplinary hearing against a 10007
physician ~~assistant~~associate or supervising physician, or in 10008
any subsequent trial or appeal of a board action or order. 10009

The board may disclose the summaries and reports it 10010
receives under this section only to health care facility 10011
committees within or outside this state that are involved in 10012
credentialing or recredentialing a physician ~~assistant~~associate 10013
or supervising physician or reviewing their privilege to 10014
practice within a particular facility. The board shall indicate 10015
whether or not the information has been verified. Information 10016

transmitted by the board shall be subject to the same 10017
confidentiality provisions as when maintained by the board. 10018

(G) Except for reports filed by an individual pursuant to 10019
division (B) of this section, the board shall send a copy of any 10020
reports or summaries it receives pursuant to this section to the 10021
physician ~~assistant~~associate. The physician ~~assistant~~associate 10022
shall have the right to file a statement with the board 10023
concerning the correctness or relevance of the information. The 10024
statement shall at all times accompany that part of the record 10025
in contention. 10026

(H) An individual or entity that reports to the board, 10027
reports to the monitoring organization described in section 10028
4731.25 of the Revised Code, or refers an impaired physician 10029
~~assistant~~associate to a treatment provider approved under 10030
section 4731.251 of the Revised Code shall not be subject to 10031
suit for civil damages as a result of the report, referral, or 10032
provision of the information. 10033

(I) In the absence of fraud or bad faith, a professional 10034
association or society of physician ~~assistants~~associates that 10035
sponsors a committee or program to provide peer assistance to a 10036
physician ~~assistant~~associate with substance abuse problems, a 10037
representative or agent of such a committee or program, a 10038
representative or agent of the monitoring organization described 10039
in section 4731.25 of the Revised Code, and a member of the 10040
state medical board shall not be held liable in damages to any 10041
person by reason of actions taken to refer a physician ~~assistant~~associate 10042
associate to a treatment provider approved under section 10043
4731.251 of the Revised Code for examination or treatment. 10044

Sec. 4730.33. The secretary of the state medical board 10045
shall enforce the laws relating to the practice of physician 10046

~~assistants~~associates. If the secretary has knowledge or notice 10047
of a violation of this chapter or the rules adopted under it, 10048
the secretary shall investigate the matter, and, upon probable 10049
cause appearing, file a complaint and prosecute the offender. 10050
When requested by the secretary, the prosecuting attorney of the 10051
proper county shall take charge of and conduct such prosecution. 10052

In the prosecution of any person for violation of division 10053
~~(A)~~(A) (1) (a) or (b) of section 4730.02 of the Revised Code it 10054
shall not be necessary to allege or prove want of a valid 10055
license to practice as a physician ~~assistant~~associate, but such 10056
matters shall be a matter of defense to be established by the 10057
accused. 10058

Sec. 4730.34. In the absence of fraud or bad faith, the 10059
state medical board, the board's physician ~~assistant~~associate 10060
policy committee, a current or former board or committee member, 10061
an agent of the board or committee, a person formally requested 10062
by the board to be the board's representative or by the 10063
committee to be the committee's representative, or an employee 10064
of the board or committee shall not be held liable in damages to 10065
any person as the result of any act, omission, proceeding, 10066
conduct, or decision related to official duties undertaken or 10067
performed pursuant to this chapter. If any such person requests 10068
to be defended by the state against any claim or action arising 10069
out of any act, omission, proceeding, conduct, or decision 10070
related to the person's official duties, and if the request is 10071
made in writing at a reasonable time before trial and the person 10072
requesting defense cooperates in good faith in the defense of 10073
the claim or action, the state shall provide and pay for the 10074
person's defense and shall pay any resulting judgment, 10075
compromise, or settlement. At no time shall the state pay any 10076
part of a claim or judgment that is for punitive or exemplary 10077

damages. 10078

Sec. 4730.38. (A) The physician ~~assistant~~associate policy 10079
committee of the state medical board shall, at such times the 10080
committee determines to be necessary, submit to the board 10081
recommendations regarding physician-delegated prescriptive 10082
authority for physician ~~assistants~~associates. The committee's 10083
recommendations shall address both of the following: 10084

(1) Policy and procedures regarding physician-delegated 10085
prescriptive authority; 10086

(2) Any issue the committee considers necessary to assist 10087
the board in fulfilling its duty to adopt rules governing 10088
physician-delegated prescriptive authority. 10089

(B) Recommendations submitted under this section are 10090
subject to the procedures and time frames specified in division 10091
(C) of section 4730.06 of the Revised Code. 10092

Sec. 4730.39. (A) The state medical board shall adopt 10093
rules governing physician-delegated prescriptive authority for 10094
physician ~~assistants~~associates. The rules shall be adopted in 10095
accordance with Chapter 119. of the Revised Code. 10096

(B) The board's rules governing physician-delegated 10097
prescriptive authority shall establish all of the following: 10098

(1) Requirements regarding the pharmacology courses that a 10099
physician ~~assistant~~associate is required to complete; 10100

(2) A specific prohibition against prescribing any drug or 10101
device to perform or induce an abortion; 10102

(3) Standards and procedures to be followed by a physician 10103
~~assistant~~associate in personally furnishing samples of drugs or 10104
complete or partial supplies of drugs to patients under section 10105

4730.43 of the Revised Code; 10106

(4) Any other requirements the board considers necessary 10107
to implement the provisions of this chapter regarding physician- 10108
delegated prescriptive authority. 10109

Sec. 4730.41. (A) ~~A physician assistant who holds a valid-~~ 10110
~~prescriber number issued by the state medical board is-~~ 10111
~~authorized to prescribe and personally furnish drugs and-~~ 10112
~~therapeutic devices in the exercise of physician-delegated-~~ 10113
~~prescriptive authority.~~ 10114

~~(B)~~In exercising physician-delegated prescriptive 10115
authority, a physician ~~assistant~~associate is subject to all of 10116
the following: 10117

(1) The physician ~~assistant~~associate shall exercise 10118
physician-delegated prescriptive authority only to the extent 10119
that the physician supervising the physician ~~assistant~~associate 10120
has granted that authority. 10121

(2) The physician ~~assistant~~associate shall comply with 10122
all conditions placed on the physician-delegated prescriptive 10123
authority, as specified by the supervising physician who is 10124
supervising the physician ~~assistant~~associate in the exercise of 10125
physician-delegated prescriptive authority. 10126

(3) If the physician ~~assistant~~associate possesses 10127
physician-delegated prescriptive authority for controlled 10128
substances, the physician ~~assistant~~associate shall register 10129
with the federal drug enforcement administration. 10130

(4) If the physician ~~assistant~~associate possesses 10131
physician-delegated prescriptive authority for schedule II 10132
controlled substances, the physician ~~assistant~~associate shall 10133
comply with section 4730.411 of the Revised Code. 10134

(5) If the physician ~~assistant~~associate possesses 10135
physician-delegated prescriptive authority to prescribe for a 10136
minor an opioid analgesic, as those terms are defined in 10137
sections 3719.061 and 3719.01 of the Revised Code, respectively, 10138
the physician ~~assistant~~associate shall comply with section 10139
3719.061 of the Revised Code. 10140

(6) The physician ~~assistant~~associate shall comply with 10141
the requirements of section 4730.44 of the Revised Code. 10142

~~(C)~~ (B) A physician ~~assistant~~associate shall not 10143
prescribe any drug in violation of state or federal law. 10144

Sec. 4730.411. (A) Except as provided in division (B) or 10145
(C) of this section, a physician ~~assistant~~associate who has 10146
been granted physician-delegated prescriptive authority may 10147
prescribe to a patient a schedule II controlled substance only 10148
if all of the following are the case: 10149

(1) The patient is in a terminal condition, as defined in 10150
section 2133.01 of the Revised Code. 10151

(2) The physician ~~assistant's~~associate's supervising 10152
physician initially prescribed the substance for the patient. 10153

(3) The prescription is for an amount that does not exceed 10154
the amount necessary for the patient's use in a single, twenty- 10155
four-hour period. 10156

(B) The restrictions on prescriptive authority that are 10157
specified in division (A) of this section do not apply if a 10158
physician ~~assistant~~associate issues the prescription to the 10159
patient from any of the following locations: 10160

(1) A hospital registered under section 3701.07 of the 10161
Revised Code; 10162

(2) An entity owned or controlled, in whole or in part, by a hospital or by an entity that owns or controls, in whole or in part, one or more hospitals;	10163 10164 10165
(3) A health care facility operated by the department of mental health and addiction services or the department of developmental disabilities;	10166 10167 10168
(4) A nursing home licensed under section 3721.02 of the Revised Code or by a political subdivision certified under section 3721.09 of the Revised Code;	10169 10170 10171
(5) A county home or district home operated under Chapter 5155. of the Revised Code that is certified under the medicare or medicaid program;	10172 10173 10174
(6) A hospice care program, as defined in section 3712.01 of the Revised Code;	10175 10176
(7) A community mental health services provider, as defined in section 5122.01 of the Revised Code;	10177 10178
(8) An ambulatory surgical facility, as defined in section 3702.30 of the Revised Code;	10179 10180
(9) A freestanding birthing center, as defined in section 3702.141 of the Revised Code;	10181 10182
(10) A federally qualified health center, as defined in section 3701.047 of the Revised Code;	10183 10184
(11) A federally qualified health center look-alike, as defined in section 3701.047 of the Revised Code;	10185 10186
(12) A health care office or facility operated by the board of health of a city or general health district or the authority having the duties of a board of health under section	10187 10188 10189

3709.05 of the Revised Code; 10190

(13) A site where a medical practice is operated, but only 10191
if the practice is comprised of one or more physicians who also 10192
are owners of the practice; the practice is organized to provide 10193
direct patient care; and the physician ~~assistant~~associate has 10194
entered into a supervisory agreement with at least one of the 10195
physician owners who practices primarily at that site; 10196

(14) A site where a behavioral health practice is operated 10197
that does not qualify as a location otherwise described in 10198
division (B) of this section, but only if the practice is 10199
organized to provide outpatient services for the treatment of 10200
mental health conditions, substance use disorders, or both, and 10201
the physician ~~assistant~~associate providing services at the site 10202
of the practice has entered into a supervisory agreement with at 10203
least one physician who is employed by that practice. 10204

(C) A physician ~~assistant~~associate shall not issue to a 10205
patient a prescription for a schedule II controlled substance 10206
from a convenience care clinic even if the convenience care 10207
clinic is owned or operated by an entity specified in division 10208
(B) of this section. 10209

(D) A pharmacist who acts in good faith reliance on a 10210
prescription issued by a physician ~~assistant~~associate under 10211
division (B) of this section is not liable for or subject to any 10212
of the following for relying on the prescription: damages in any 10213
civil action, prosecution in any criminal proceeding, or 10214
professional disciplinary action by the state board of pharmacy 10215
under Chapter 4729. of the Revised Code. 10216

Sec. 4730.42. (A) In granting physician-delegated 10217
prescriptive authority to a particular physician~~assistant~~who 10218

~~holds a valid prescriber number issued by the state medical-~~ 10219
~~board associate~~, the supervising physician is subject to all of 10220
the following: 10221

(1) The supervising physician shall not grant physician- 10222
delegated prescriptive authority for any drug or device that may 10223
be used to perform or induce an abortion. 10224

(2) The supervising physician shall not grant physician- 10225
delegated prescriptive authority in a manner that exceeds the 10226
supervising physician's prescriptive authority, including the 10227
physician's authority to treat chronic pain with controlled 10228
substances ~~and products containing tramadol~~ as described in 10229
section 4731.052 of the Revised Code. 10230

(3) The supervising physician shall supervise the 10231
physician ~~assistant~~ associate in accordance with both of the 10232
following: 10233

(a) The supervision requirements specified in section 10234
4730.21 of the Revised Code; 10235

(b) The supervision agreement entered into with the 10236
physician ~~assistant~~ associate under section 4730.19 of the 10237
Revised Code, including, if applicable, the policies of the 10238
health care facility in which the physician and physician 10239
~~assistant~~ associate are practicing. 10240

(B) (1) The supervising physician of a physician ~~assistant~~ 10241
associate may place conditions on the physician-delegated 10242
prescriptive authority granted to the physician 10243
~~assistant~~ associate. If conditions are placed on that authority, 10244
the supervising physician shall maintain a written record of the 10245
conditions and make the record available to the state medical 10246
board on request. 10247

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

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

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

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

(d) Responsibilities to be fulfilled by the physician in supervising the physician ~~assistant~~associate that are not otherwise specified in the supervision agreement or otherwise required by this chapter.

Sec. 4730.43. (A) A physician ~~assistant~~associate who holds a valid prescriber number issued by the state medical board and has been granted physician-delegated prescriptive authority may personally furnish to a patient samples of drugs and therapeutic devices that are included in the physician ~~assistant's~~associate's physician-delegated prescriptive authority, subject to all of the following:

(1) The amount of the sample furnished shall not exceed a seventy-two-hour supply, except when the minimum available quantity of the sample is packaged in an amount that is greater than a seventy-two-hour supply, in which case the physician ~~assistant~~associate may furnish the sample in the package

amount.	10277
(2) No charge may be imposed for the sample or for furnishing it.	10278 10279
(3) Samples of controlled substances may not be personally furnished.	10280 10281
(B) A physician assistant-associate who holds a valid prescriber number issued by the state medical board and has been granted physician-delegated prescriptive authority may personally furnish to a patient a complete or partial supply of the drugs and therapeutic devices that are included in the physician assistant's-associate's physician-delegated prescriptive authority, subject to all of the following:	10282 10283 10284 10285 10286 10287 10288
(1) The physician assistant-associate shall personally furnish only antibiotics, antifungals, scabicides, contraceptives, prenatal vitamins, antihypertensives, drugs and devices used in the treatment of diabetes, drugs and devices used in the treatment of asthma, and drugs used in the treatment of dyslipidemia.	10289 10290 10291 10292 10293 10294
(2) The physician assistant-associate shall not furnish the drugs and devices in locations other than the following:	10295 10296
(a) A health department operated by the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code;	10297 10298 10299 10300
(b) A federally funded comprehensive primary care clinic;	10301
(c) A nonprofit health care clinic or program;	10302
(d) An employer-based clinic that provides health care services to the employer's employees.	10303 10304

(3) The physician ~~assistant~~associate shall comply with 10305
all standards and procedures for personally furnishing supplies 10306
of drugs and devices, as established in rules adopted under 10307
section 4730.39 of the Revised Code. 10308

Sec. 4730.432. (A) (1) Notwithstanding any conflicting 10309
provision of this chapter or rule adopted by the state medical 10310
board, a physician ~~assistant~~associate who ~~holds a valid~~
~~prescriber number issued by the board and~~ has been granted 10311
physician-delegated prescriptive authority may issue a 10312
prescription for or personally furnish a complete or partial 10313
supply of a drug to treat chlamydia, gonorrhea, or 10314
trichomoniasis without having examined the individual for whom 10315
the drug is intended, if all of the following conditions are 10316
met: 10317
10318

(a) The individual is a sexual partner of the physician 10319
~~assistant's~~associate's patient. 10320

(b) The patient has been diagnosed with chlamydia, 10321
gonorrhea, or trichomoniasis. 10322

(c) The patient reports to the physician ~~assistant~~
associate that the individual is unable or unlikely to be 10323
evaluated or treated by a health professional. 10324
10325

(2) A prescription issued under this section shall include 10326
the individual's name and address, if known. If the physician 10327
~~assistant~~associate is unable to obtain the individual's name 10328
and address, the prescription shall include the patient's name 10329
and address and the words "expedited partner therapy" or the 10330
letters "EPT." 10331

(3) A physician ~~assistant~~associate may prescribe or 10332
personally furnish a drug under this section for not more than a 10333

total of two individuals who are sexual partners of the 10334
physician ~~assistant's~~associate's patient. 10335

(B) For each drug prescribed or personally furnished under 10336
this section, the physician ~~assistant~~associate shall do all of 10337
the following: 10338

(1) Provide the patient with information concerning the 10339
drug for the purpose of sharing the information with the 10340
individual, including directions for use of the drug and any 10341
side effects, adverse reactions, or known contraindications 10342
associated with the drug; 10343

(2) Recommend to the patient that the individual seek 10344
treatment from a health professional; 10345

(3) Document all of the following in the patient's record: 10346

(a) The name of the drug prescribed or furnished and its 10347
dosage; 10348

(b) That information concerning the drug was provided to 10349
the patient for the purpose of sharing the information with the 10350
individual; 10351

(c) If known, any adverse reactions the individual 10352
experiences from treatment with the drug. 10353

(C) A physician ~~assistant~~associate who prescribes or 10354
personally furnishes a drug under this section may contact the 10355
individual for whom the drug is intended. 10356

(1) If the physician ~~assistant~~associate contacts the 10357
individual, the physician ~~assistant~~associate shall do all of 10358
the following: 10359

(a) Inform the individual that the individual may have 10360

been exposed to chlamydia, gonorrhea, or trichomoniasis; 10361

(b) Encourage the individual to seek treatment from a 10362
health professional; 10363

(c) Explain the treatment options available to the 10364
individual, including treatment with a prescription drug, 10365
directions for use of the drug, and any side effects, adverse 10366
reactions, or known contraindications associated with the drug; 10367

(d) Document in the patient's record that the physician 10368
~~assistant-associate~~ contacted the individual. 10369

(2) If the physician ~~assistant-associate~~ does not contact 10370
the individual, the physician ~~assistant-associate~~ shall document 10371
that fact in the patient's record. 10372

(D) A physician ~~assistant-associate~~ who in good faith 10373
prescribes or personally furnishes a drug under this section is 10374
not liable for or subject to any of the following: 10375

(1) Damages in any civil action; 10376

(2) Prosecution in any criminal proceeding; 10377

(3) Professional disciplinary action. 10378

Sec. 4730.433. (A) (1) Subject to division (A) (2) of this 10379
section, and notwithstanding any provision of this chapter or 10380
rule adopted by the state medical board, a physician ~~assistant-~~ 10381
~~associate who holds a license issued under this chapter and a~~ 10382
~~valid prescriber number issued by the state medical board and~~ 10383
has been granted physician-delegated prescriptive authority may 10384
do either of the following without having examined an individual 10385
to whom epinephrine may be administered: 10386

(a) Personally furnish a supply of epinephrine 10387

autoinjectors for use in accordance with sections 3313.7110, 10388
3313.7111, 3314.143, 3326.28, 3328.29, 3728.03 to 3728.05, and 10389
5101.76 of the Revised Code; 10390

(b) Issue a prescription for epinephrine autoinjectors for 10391
use in accordance with sections 3313.7110, 3313.7111, 3314.143, 10392
3326.28, 3328.29, 3728.03 to 3728.05, and 5101.76 of the Revised 10393
Code. 10394

(2) An epinephrine autoinjector personally furnished or 10395
prescribed under division (A)(1) of this section must be 10396
furnished or prescribed in such a manner that it may be 10397
administered only in a manufactured dosage form. 10398

(B) A physician ~~assistant~~ associate who acts in good faith 10399
in accordance with this section is not liable for or subject to 10400
any of the following for any action or omission of an entity to 10401
which an epinephrine autoinjector is furnished or a prescription 10402
is issued: damages in any civil action, prosecution in any 10403
criminal proceeding, or professional disciplinary action. 10404

Sec. 4730.437. (A)(1) Subject to division (A)(2) of this 10405
section and notwithstanding any provision of this chapter or 10406
rule adopted by the state medical board, a physician ~~assistant~~ 10407
associate who ~~holds a valid prescriber number issued by the~~ 10408
~~board and~~ has been granted physician-delegated prescriptive 10409
authority may do either of the following without having examined 10410
an individual to whom glucagon may be administered: 10411

(a) Personally furnish a supply of injectable or nasally 10412
administered glucagon for use in accordance with section 10413
3313.7115, 3313.7116, 3314.147, 3326.60, 3328.38, or 5101.78 of 10414
the Revised Code; 10415

(b) Issue a prescription for injectable or nasally 10416

administered glucagon in accordance with section 3313.7115, 10417
3313.7116, 3314.147, 3326.60, 3328.38, or 5101.78 of the Revised 10418
Code. 10419

(2) Injectable or nasally administered glucagon personally 10420
furnished or prescribed under division (A)(1) of this section 10421
must be furnished or prescribed in such a manner that it may be 10422
administered only in a manufactured dosage form. 10423

(B) A physician ~~assistant~~associate who acts in good faith 10424
in accordance with this section is not liable for or subject to 10425
any of the following for any action or omission of an entity to 10426
which injectable or nasally administered glucagon is furnished 10427
or a prescription is issued: damages in any civil action, 10428
prosecution in any criminal proceeding, or professional 10429
disciplinary action. 10430

Sec. 4730.44. (A) As used in this section: 10431

(1) "Military" means the armed forces of the United States 10432
or the national guard of any state, including any health care 10433
facility or clinic operated by the United States department of 10434
veterans affairs. 10435

(2) "Public health service" means the United States public 10436
health service commissioned corps. 10437

(B) During the first five hundred hours of a physician 10438
~~assistant's~~associate's exercise of physician-delegated 10439
prescriptive authority, the physician ~~assistant~~associate shall 10440
exercise that authority only under the on-site supervision of a 10441
supervising physician. This requirement is met by a physician 10442
~~assistant~~associate practicing in the military or the public 10443
health service if the supervision is provided by a person 10444
licensed, or otherwise authorized, by any jurisdiction to 10445

practice medicine and surgery or osteopathic medicine and 10446
surgery. 10447

(C) A physician ~~assistant~~associate shall be excused from 10448
the requirement established in division (B) of this section if 10449
either of the following is the case: 10450

(1) Prior to application under section 4730.10 of the 10451
Revised Code, the physician ~~assistant~~associate held a 10452
prescriber number, or the equivalent, from another jurisdiction 10453
and practiced with prescriptive authority in that jurisdiction 10454
for not less than one thousand hours. 10455

(2) Prior to application under section 4730.10 of the 10456
Revised Code, the physician ~~assistant~~associate practiced with 10457
prescriptive authority in the military or public health service 10458
for not less than one thousand hours. 10459

(D) A record of a physician ~~assistant's~~associate's 10460
completion of the hours required by division (B) of this 10461
section, issuance of a prescriber number or equivalent by 10462
another jurisdiction, or practice in the military or public 10463
health service shall be kept in the records maintained by a 10464
supervising physician of the physician ~~assistant~~associate. The 10465
record shall be made available for inspection by the board. 10466

Sec. 4730.49. (A) To be eligible for renewal of a license 10467
to practice as a physician ~~assistant~~associate, an applicant who 10468
has been granted physician-delegated prescriptive authority is 10469
subject to both of the following: 10470

(1) The applicant shall complete every two years at least 10471
twelve hours of continuing education in pharmacology obtained 10472
through a program or course approved by the state medical board 10473
or a person the board has authorized to approve continuing 10474

pharmacology education programs and courses. Except as provided 10475
in section 5903.12 of the Revised Code, the continuing education 10476
shall be completed not later than the date on which the 10477
applicant's license expires. 10478

(2) (a) Except as provided in division (A) (2) (b) of this 10479
section, in the case of an applicant who prescribes opioid 10480
analgesics or benzodiazepines, as defined in section 3719.01 of 10481
the Revised Code, the applicant shall certify to the board 10482
whether the applicant has been granted access to the drug 10483
database established and maintained by the state board of 10484
pharmacy pursuant to section 4729.75 of the Revised Code. 10485

(b) The requirement described in division (A) (2) (a) of 10486
this section does not apply if any of the following is the case: 10487

(i) The state board of pharmacy notifies the state medical 10488
board pursuant to section 4729.861 of the Revised Code that the 10489
applicant has been restricted from obtaining further information 10490
from the drug database. 10491

(ii) The state board of pharmacy no longer maintains the 10492
drug database. 10493

(iii) The applicant does not practice as a physician 10494
~~assistant~~associate in this state. 10495

(c) If an applicant certifies to the state medical board 10496
that the applicant has been granted access to the drug database 10497
and the board finds through an audit or other means that the 10498
applicant has not been granted access, the board may take action 10499
under section 4730.25 of the Revised Code. 10500

(B) The state medical board shall provide for pro rata 10501
reductions by month of the number of hours of continuing 10502
education in pharmacology that is required to be completed for 10503

physician ~~assistants~~associates who have been disabled due to 10504
illness or accident or have been absent from the country. The 10505
board shall adopt rules, in accordance with Chapter 119. of the 10506
Revised Code, as necessary to implement this division. 10507

(C) The continuing education required by this section is 10508
in addition to the continuing education required under section 10509
4730.14 of the Revised Code. 10510

(D) If the board chooses to authorize persons to approve 10511
continuing pharmacology education programs and courses, it shall 10512
establish standards for granting that authority and grant the 10513
authority in accordance with the standards. 10514

Sec. 4730.53. (A) As used in this section: 10515

(1) "Drug database" means the database established and 10516
maintained by the state board of pharmacy pursuant to section 10517
4729.75 of the Revised Code. 10518

(2) "Opioid analgesic" and "benzodiazepine" have the same 10519
meanings as in section 3719.01 of the Revised Code. 10520

(B) Except as provided in divisions (C) and (E) of this 10521
section, a physician ~~assistant~~associate licensed under this 10522
chapter who has been granted physician-delegated prescriptive 10523
authority shall comply with all of the following as conditions 10524
of prescribing a drug that is either an opioid analgesic or a 10525
benzodiazepine as part of a patient's course of treatment for a 10526
particular condition: 10527

(1) Before initially prescribing the drug, the physician 10528
~~assistant~~associate or the physician ~~assistant's~~associate's 10529
delegate shall request from the drug database a report of 10530
information related to the patient that covers at least the 10531
twelve months immediately preceding the date of the request. If 10532

the physician ~~assistant~~associate practices primarily in a 10533
county of this state that adjoins another state, the physician 10534
~~assistant~~associate or delegate also shall request a report of 10535
any information available in the drug database that pertains to 10536
prescriptions issued or drugs furnished to the patient in the 10537
state adjoining that county. 10538

(2) If the patient's course of treatment for the condition 10539
continues for more than ninety days after the initial report is 10540
requested, the physician ~~assistant~~associate or delegate shall 10541
make periodic requests for reports of information from the drug 10542
database until the course of treatment has ended. The requests 10543
shall be made at intervals not exceeding ninety days, determined 10544
according to the date the initial request was made. The request 10545
shall be made in the same manner provided in division (B)(1) of 10546
this section for requesting the initial report of information 10547
from the drug database. 10548

(3) On receipt of a report under division (B)(1) or (2) of 10549
this section, the physician ~~assistant~~associate shall assess the 10550
information in the report. The physician ~~assistant~~associate 10551
shall document in the patient's record that the report was 10552
received and the information was assessed. 10553

(C) Division (B) of this section does not apply in any of 10554
the following circumstances: 10555

(1) A drug database report regarding the patient is not 10556
available, in which case the physician ~~assistant~~associate shall 10557
document in the patient's record the reason that the report is 10558
not available. 10559

(2) The drug is prescribed in an amount indicated for a 10560
period not to exceed seven days. 10561

(3) The drug is prescribed for the treatment of cancer or another condition associated with cancer. 10562
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(4) The drug is prescribed to a hospice patient in a hospice care program, as those terms are defined in section 3712.01 of the Revised Code, or any other patient diagnosed as terminally ill. 10564
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(5) The drug is prescribed for administration in a hospital, nursing home, or residential care facility. 10568
10569

(D) The state medical board may adopt rules that establish standards and procedures to be followed by a physician ~~assistant~~ associate licensed under this chapter who has been granted physician-delegated prescriptive authority regarding the review of patient information available through the drug database under division (A) (5) of section 4729.80 of the Revised Code. The rules shall be adopted in accordance with Chapter 119. of the Revised Code. 10570
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(E) This section and any rules adopted under it do not apply if the state board of pharmacy no longer maintains the drug database. 10578
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Sec. 4730.55. (A) As used in this section: 10581

(1) "Controlled substance," "schedule III," "schedule IV," and "schedule V" have the same meanings as in section 3719.01 of the Revised Code. 10582
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10584

(2) "Medication-assisted treatment" has the same meaning as in section 340.01 of the Revised Code. 10585
10586

(B) The state medical board shall adopt rules that establish standards and procedures to be followed by physician ~~assistants~~ associates in the use of all drugs approved by the 10587
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United States food and drug administration for use in 10590
medication-assisted treatment, including controlled substances 10591
in schedule III, IV, or V. The rules shall address 10592
detoxification, relapse prevention, patient assessment, 10593
individual treatment planning, counseling and recovery supports, 10594
diversion control, and other topics selected by the board after 10595
considering best practices in medication-assisted treatment. 10596

The board may apply the rules to all circumstances in 10597
which a physician ~~assistant~~associate prescribes drugs for use 10598
in medication-assisted treatment or limit the application of the 10599
rules to prescriptions for medication-assisted treatment issued 10600
for patients being treated in office-based practices or other 10601
practice types or locations specified by the board. 10602

(C) All rules adopted under this section shall be adopted 10603
in accordance with Chapter 119. of the Revised Code. The rules 10604
shall be consistent with rules adopted under sections 4723.51 10605
and 4731.056 of the Revised Code. 10606

Sec. 4730.56. (A) As used in this section: 10607

(1) "Community addiction services provider" has the same 10608
meaning as in section 5119.01 of the Revised Code. 10609

(2) "Medication-assisted treatment" has the same meaning 10610
as in section 340.01 of the Revised Code. 10611

(B) A physician ~~assistant~~associate shall comply with 10612
section 3719.064 of the Revised Code and rules adopted under 10613
section 4730.55 of the Revised Code when treating a patient with 10614
medication-assisted treatment or proposing to initiate such 10615
treatment. 10616

Sec. 4730.60. A physician ~~assistant~~associate may provide 10617
telehealth services in accordance with section 4743.09 of the 10618

Revised Code. 10619

Sec. 4730.99. (A) Whoever violates division (A)(1)(a) or (b), (2), (3), (4), (5), (6), or (7) of section 4730.02 of the Revised Code is guilty of a misdemeanor of the first degree on a first offense; on each subsequent offense, the person is guilty of a felony of the fourth degree. 10620
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(B) Whoever violates division (A), (B), (C), or (D) of section 4730.32 of the Revised Code is guilty of a minor misdemeanor on a first offense; on each subsequent offense the person is guilty of a misdemeanor of the fourth degree, except that an individual guilty of a subsequent offense shall not be subject to imprisonment, but to a fine alone of up to one thousand dollars for each offense. 10625
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Sec. 4731.052. (A) As used in this section: 10632

(1) "Chronic pain" means pain that has persisted after reasonable medical efforts have been made to relieve the pain or cure its cause and that has continued, either continuously or episodically, for longer than three continuous months. "Chronic pain" does not include pain associated with a terminal condition or with a progressive disease that, in the normal course of progression, may reasonably be expected to result in a terminal condition. 10633
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(2) "Controlled substance" has the same meaning as in section 3719.01 of the Revised Code. 10641
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(3) "Physician" means an individual authorized under this chapter to practice medicine and surgery or osteopathic medicine and surgery. 10643
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10645

(B) The state medical board shall adopt rules in accordance with Chapter 119. of the Revised Code that establish 10646
10647

standards and procedures to be followed by physicians in the 10648
diagnosis and treatment of chronic pain, including standards for 10649
a physician's consultation with one or more other physicians who 10650
specialize in the treatment of the area, system, or organ of the 10651
body perceived as the source of pain and managing chronic pain 10652
by prescribing, personally furnishing, or administering 10653
~~controlled substances or products containing tramadol.~~ 10654

(C) When a physician diagnoses a patient as having chronic 10655
pain, the physician may, subject to division (D) of this 10656
section, treat the pain by managing it with controlled 10657
~~substances and products containing tramadol.~~ The physician's 10658
diagnosis and treatment decisions shall be made according to 10659
accepted and prevailing standards for medical care. For the 10660
purpose of assisting with the diagnosis of chronic pain, the 10661
physician shall obtain and review all available medical records 10662
or detailed written summaries of the patient's treatment for 10663
chronic pain or the condition causing the chronic pain. It is 10664
recommended that the physician also consider having the patient 10665
evaluated by one or more other physicians who specialize in the 10666
treatment of the area, system, or organ of the body perceived as 10667
the source of the pain. 10668

(D) For each patient a physician diagnoses as having 10669
chronic pain, the physician shall maintain a written record of 10670
all of the following: 10671

(1) Medical history and physical examination of the 10672
patient; 10673

(2) The diagnosis of chronic pain, including signs, 10674
symptoms, and causes; 10675

(3) The plan of treatment proposed, the patient's response 10676

to treatment, and any modification to the plan of treatment, 10677
including all of the following: 10678

(a) Documentation that other medically reasonable 10679
treatments for relief of the patient's chronic pain have been 10680
offered or attempted without adequate or reasonable success; 10681

(b) Periodic assessment and documentation of the patient's 10682
functional status, including the ability to engage in work or 10683
other purposeful activities, the pain intensity and its 10684
interference with activities of daily living, quality of family 10685
life and social activities, and physical activity of the 10686
patient; 10687

(c) Periodic assessment and documentation of the patient's 10688
progress toward treatment objectives, including the intended 10689
role of controlled substances ~~or products containing tramadol~~ 10690
within the overall plan of treatment; 10691

(d) Periodic assessment and documentation for indicators 10692
of possible addiction, drug abuse, or drug diversion; 10693

(e) Notation of any adverse drug effects. 10694

(4) The dates on which controlled substances ~~or products~~ 10695
~~containing tramadol~~ were prescribed, furnished, or administered, 10696
the name and address of the patient to or for whom the 10697
controlled substances ~~or products containing tramadol~~ were 10698
prescribed, furnished, or administered, and the amounts and 10699
dosage forms for the controlled substances ~~or products~~ 10700
~~containing tramadol~~ prescribed, furnished, or administered; 10701

(5) A copy of any record or report made by another 10702
physician that was used or consulted for the purpose of 10703
diagnosing the patient's chronic pain or treating the patient 10704
for chronic pain. 10705

(E) A physician shall not prescribe, personally furnish, 10706
or administer to a patient a controlled substance ~~or product~~ 10707
~~containing tramadol~~ without taking into account the potential 10708
for abuse of the controlled substance or product, the 10709
possibility the controlled substance or product may lead to 10710
dependence, the possibility the patient will obtain the 10711
controlled substance or product for a nontherapeutic use or 10712
distribute it to other persons, and the potential existence of 10713
an illicit market for the controlled substance or product. In 10714
addition, the physician shall address with the patient the risks 10715
associated with protracted treatment with controlled substances 10716
~~or products containing tramadol~~, including informing the patient 10717
of the potential for dependence, tolerance, and addiction and 10718
the clinical or monitoring tools the physician may use if signs 10719
of addiction, drug abuse, or drug diversion are present. 10720

(F) A physician who treats chronic pain by managing it 10721
with controlled substances ~~or products containing tramadol~~ is 10722
not subject to disciplinary action by the board under section 10723
4731.22 of the Revised Code solely because the physician treated 10724
the chronic pain with controlled substances ~~or products~~ 10725
~~containing tramadol~~. 10726

Sec. 4731.053. (A) As used in this section, "physician" 10727
means an individual authorized by this chapter to practice 10728
medicine and surgery, osteopathic medicine and surgery, or 10729
podiatric medicine and surgery. 10730

(B) The state medical board shall adopt rules that 10731
establish standards to be met and procedures to be followed by a 10732
physician with respect to the physician's delegation of the 10733
performance of a medical task to a person who is not licensed or 10734
otherwise specifically authorized by the Revised Code to perform 10735

the task. The rules shall be adopted in accordance with Chapter 10736
119. of the Revised Code and shall include a coroner's 10737
investigator among the individuals who are competent to recite 10738
the facts of a deceased person's medical condition to a 10739
physician so that the physician may pronounce the person dead 10740
without personally examining the body. 10741

(C) To the extent that delegation applies to the 10742
administration of drugs, the rules adopted under this section 10743
shall provide for all of the following: 10744

(1) On-site supervision when the delegation occurs in an 10745
institution or other facility that is used primarily for the 10746
purpose of providing health care, unless the board establishes a 10747
specific exception to the on-site supervision requirement with 10748
respect to routine administration of a topical drug, such as the 10749
use of a medicated shampoo; 10750

(2) Evaluation of whether delegation is appropriate 10751
according to the acuity of the patient involved; 10752

(3) Training and competency requirements that must be met 10753
by the person administering the drugs; 10754

(4) Other standards and procedures the board considers 10755
relevant. 10756

(D) The board shall not adopt rules that do any of the 10757
following: 10758

(1) Authorize a physician to transfer the physician's 10759
responsibility for supervising a person who is performing a 10760
delegated medical task to a health professional other than 10761
another physician; 10762

(2) Authorize an individual to whom a medical task is 10763

delegated to delegate the performance of that task to another individual; 10764
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(3) Except as provided in divisions (D) (4) to (7) of this section, authorize a physician to delegate the administration of anesthesia, controlled substances, drugs administered intravenously, or any other drug or category of drug the board considers to be inappropriate for delegation; 10766
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(4) Prevent an individual from engaging in an activity performed for a child with a disability as a service needed to meet the educational needs of the child, as identified in the individualized education program developed for the child under Chapter 3323. of the Revised Code; 10771
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(5) Conflict with any provision of the Revised Code that specifically authorizes an individual to perform a particular task; 10776
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(6) Conflict with any rule adopted pursuant to the Revised Code that is in effect on April 10, 2001, as long as the rule remains in effect, specifically authorizing an individual to perform a particular task; 10779
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(7) Prohibit a perfusionist from administering drugs intravenously while practicing as a perfusionist; 10783
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(8) Authorize a physician ~~assistant~~associate, anesthesiologist assistant, or any other professional regulated by the board to delegate tasks pursuant to this section. 10785
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Sec. 4731.054. (A) As used in this section: 10788

(1) "Chronic pain" has the same meaning as in section 4731.052 of the Revised Code. 10789
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(2) "Controlled substance" has the same meaning as in 10791

section 3719.01 of the Revised Code.	10792
(3) "Hospice care program" means a program licensed under Chapter 3712. of the Revised Code.	10793 10794
(4) "Hospital" means a hospital registered with the department of health under section 3701.07 of the Revised Code.	10795 10796
(5) "Owner" means each person included on the list maintained under division (B) (6) of section 4729.552 of the Revised Code.	10797 10798 10799
(6) (a) "Pain management clinic" means a facility to which both of the following apply:	10800 10801
(i) The majority of patients of the prescribers at the facility are provided treatment for chronic pain through the use of controlled substances, tramadol , or other drugs specified in rules adopted under this section;	10802 10803 10804 10805
(ii) The facility meets any other identifying criteria established in rules adopted under this section.	10806 10807
(b) "Pain management clinic" does not include any of the following:	10808 10809
(i) A hospital;	10810
(ii) A facility operated by a hospital for the treatment of chronic pain;	10811 10812
(iii) A physician practice owned or controlled, in whole or in part, by a hospital or by an entity that owns or controls, in whole or in part, one or more hospitals;	10813 10814 10815
(iv) A school, college, university, or other educational institution or program to the extent that it provides instruction to individuals preparing to practice as physicians,	10816 10817 10818

podiatrists, dentists, nurses, physician ~~assistants~~associates, 10819
optometrists, or veterinarians or any affiliated facility to the 10820
extent that it participates in the provision of that 10821
instruction; 10822

(v) A hospice care program with respect to its hospice 10823
patients; 10824

(vi) A hospice care program with respect to its provision 10825
of palliative care in an inpatient facility or unit to patients 10826
who are not hospice patients, as authorized by section 3712.10 10827
of the Revised Code, but only in the case of those palliative 10828
care patients who have a life-threatening illness; 10829

(vii) A palliative care inpatient facility or unit that 10830
does not admit hospice patients and is not otherwise excluded as 10831
a pain management clinic under division (A) (6) (b) of this 10832
section, but only in the case of those palliative care patients 10833
who have a life-threatening illness; 10834

(viii) An ambulatory surgical facility licensed under 10835
section 3702.30 of the Revised Code; 10836

(ix) An interdisciplinary pain rehabilitation program with 10837
three-year accreditation from the commission on accreditation of 10838
rehabilitation facilities; 10839

(x) A nursing home licensed under section 3721.02 of the 10840
Revised Code or by a political subdivision certified under 10841
section 3721.09 of the Revised Code; 10842

(xi) A facility conducting only clinical research that may 10843
use controlled substances in studies approved by a hospital- 10844
based institutional review board or an institutional review 10845
board accredited by the association for the accreditation of 10846
human research protection programs. 10847

(7) "Physician" means an individual authorized under this chapter to practice medicine and surgery or osteopathic medicine and surgery. 10848
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(8) "Prescriber" has the same meaning as in section 4729.01 of the Revised Code. 10851
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(B) Each owner shall supervise, control, and direct the activities of each individual, including an employee, volunteer, or individual under contract, who provides treatment of chronic pain at the pain management clinic or is associated with the provision of that treatment. The supervision, control, and direction shall be provided in accordance with rules adopted under this section. 10853
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(C) The state medical board shall adopt rules in accordance with Chapter 119. of the Revised Code that establish all of the following: 10860
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(1) Standards and procedures for the operation of a pain management clinic; 10863
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(2) Standards and procedures to be followed by a physician who provides care at a pain management clinic; 10865
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(3) For purposes of division (A) (5) (a) (i) of this section, the other drugs used to treat chronic pain that identify a facility as a pain management clinic; 10867
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(4) For purposes of division (A) (5) (a) (ii) of this section, the other criteria that identify a facility as a pain management clinic; 10870
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(5) For purposes of division (B) of this section, standards and procedures to be followed by an owner in providing supervision, direction, and control of individuals at a pain 10873
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management clinic. 10876

(D) The board may impose a fine of not more than twenty 10877
thousand dollars on a physician who fails to comply with rules 10878
adopted under this section. The fine may be in addition to or in 10879
lieu of any other action that may be taken under section 4731.22 10880
of the Revised Code. The board shall deposit any amounts 10881
received under this division in accordance with section 4731.24 10882
of the Revised Code. 10883

(E) (1) The board may inspect either of the following as 10884
the board determines necessary to ensure compliance with this 10885
chapter and any rules adopted under it regarding pain management 10886
clinics: 10887

(a) A pain management clinic; 10888

(b) A facility or physician practice that the board 10889
suspects is operating as a pain management clinic in violation 10890
of this chapter. 10891

(2) The board's inspection shall be conducted in 10892
accordance with division (F) of section 4731.22 of the Revised 10893
Code. 10894

(3) Before conducting an on-site inspection, the board 10895
shall provide notice to the owner or other person in charge of 10896
the facility or physician practice, except that the board is not 10897
required to provide the notice if, in the judgment of the board, 10898
the notice would jeopardize an investigation being conducted by 10899
the board. 10900

Sec. 4731.22. (A) The state medical board, by an 10901
affirmative vote of not fewer than six of its members, may 10902
limit, revoke, or suspend a license or certificate to practice 10903
or certificate to recommend, refuse to grant a license or 10904

certificate, refuse to renew a license or certificate, refuse to 10905
reinstate a license or certificate, or reprimand or place on 10906
probation the holder of a license or certificate if the 10907
individual applying for or holding the license or certificate is 10908
found by the board to have committed fraud during the 10909
administration of the examination for a license or certificate 10910
to practice or to have committed fraud, misrepresentation, or 10911
deception in applying for, renewing, or securing any license or 10912
certificate to practice or certificate to recommend issued by 10913
the board. 10914

(B) Except as provided in division (P) of this section, 10915
the board, by an affirmative vote of not fewer than six members, 10916
shall, to the extent permitted by law, limit, revoke, or suspend 10917
a license or certificate to practice or certificate to 10918
recommend, refuse to issue a license or certificate, refuse to 10919
renew a license or certificate, refuse to reinstate a license or 10920
certificate, or reprimand or place on probation the holder of a 10921
license or certificate for one or more of the following reasons: 10922

(1) Permitting one's name or one's license or certificate 10923
to practice to be used by a person, group, or corporation when 10924
the individual concerned is not actually directing the treatment 10925
given; 10926

(2) Failure to maintain minimal standards applicable to 10927
the selection or administration of drugs, or failure to employ 10928
acceptable scientific methods in the selection of drugs or other 10929
modalities for treatment of disease; 10930

(3) Except as provided in section 4731.97 of the Revised 10931
Code, selling, giving away, personally furnishing, prescribing, 10932
or administering drugs for other than legal and legitimate 10933
therapeutic purposes or a plea of guilty to, a judicial finding 10934

of guilt of, or a judicial finding of eligibility for 10935
intervention in lieu of conviction of, a violation of any 10936
federal or state law regulating the possession, distribution, or 10937
use of any drug; 10938

(4) Willfully betraying a professional confidence. 10939

For purposes of this division, "willfully betraying a 10940
professional confidence" does not include providing any 10941
information, documents, or reports under sections 307.621 to 10942
307.629 of the Revised Code to a child fatality review board; 10943
does not include providing any information, documents, or 10944
reports under sections 307.631 to 307.6410 of the Revised Code 10945
to a drug overdose fatality review committee, a suicide fatality 10946
review committee, or hybrid drug overdose fatality and suicide 10947
fatality review committee; does not include providing any 10948
information, documents, or reports under sections 307.651 to 10949
307.659 of the Revised Code to a domestic violence fatality 10950
review board; does not include providing any information, 10951
documents, or reports to the director of health pursuant to 10952
guidelines established under section 3701.70 of the Revised 10953
Code; does not include written notice to a mental health 10954
professional under section 4731.62 of the Revised Code; and does 10955
not include the making of a report of an employee's use of a 10956
drug of abuse, or a report of a condition of an employee other 10957
than one involving the use of a drug of abuse, to the employer 10958
of the employee as described in division (B) of section 2305.33 10959
of the Revised Code. Nothing in this division affects the 10960
immunity from civil liability conferred by section 2305.33 or 10961
4731.62 of the Revised Code upon a physician who makes a report 10962
in accordance with section 2305.33 or notifies a mental health 10963
professional in accordance with section 4731.62 of the Revised 10964
Code. As used in this division, "employee," "employer," and 10965

"physician" have the same meanings as in section 2305.33 of the Revised Code. 10966
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(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. 10968
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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. 10975
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(6) A departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established; 10983
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(7) Representing, with the purpose of obtaining compensation or other advantage as personal gain or for any other person, that an incurable disease or injury, or other incurable condition, can be permanently cured; 10987
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(8) The obtaining of, or attempting to obtain, money or anything of value by fraudulent misrepresentations in the course of practice; 10991
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(9) A plea of guilty to, a judicial finding of guilt of, 10994

or a judicial finding of eligibility for intervention in lieu of conviction for, a felony; 10995
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(10) Commission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed; 10997
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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 misdemeanor committed in the course of practice; 11000
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(12) Commission of an act in the course of practice that constitutes a misdemeanor in this state, regardless of the jurisdiction in which the act was committed; 11004
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(13) 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 misdemeanor involving moral turpitude; 11007
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(14) Commission of an act involving moral turpitude that constitutes a misdemeanor in this state, regardless of the jurisdiction in which the act was committed; 11010
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(15) Violation of the conditions of limitation placed by the board upon a license or certificate to practice; 11013
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(16) Failure to pay license renewal fees specified in this chapter; 11015
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(17) Except as authorized in section 4731.31 of the Revised Code, engaging in the division of fees for referral of patients, or the receiving of a thing of value in return for a specific referral of a patient to utilize a particular service or business; 11017
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(18) Subject to section 4731.226 of the Revised Code, 11022

violation of any provision of a code of ethics of the American 11023
medical association, the American osteopathic association, the 11024
American podiatric medical association, or any other national 11025
professional organizations that the board specifies by rule. The 11026
state medical board shall obtain and keep on file current copies 11027
of the codes of ethics of the various national professional 11028
organizations. The individual whose license or certificate is 11029
being suspended or revoked shall not be found to have violated 11030
any provision of a code of ethics of an organization not 11031
appropriate to the individual's profession. 11032

For purposes of this division, a "provision of a code of 11033
ethics of a national professional organization" does not include 11034
any provision that would preclude the making of a report by a 11035
physician of an employee's use of a drug of abuse, or of a 11036
condition of an employee other than one involving the use of a 11037
drug of abuse, to the employer of the employee as described in 11038
division (B) of section 2305.33 of the Revised Code. Nothing in 11039
this division affects the immunity from civil liability 11040
conferred by that section upon a physician who makes either type 11041
of report in accordance with division (B) of that section. As 11042
used in this division, "employee," "employer," and "physician" 11043
have the same meanings as in section 2305.33 of the Revised 11044
Code. 11045

(19) Inability to practice according to acceptable and 11046
prevailing standards of care by reason of mental illness or 11047
physical illness, including, but not limited to, physical 11048
deterioration that adversely affects cognitive, motor, or 11049
perceptive skills. 11050

In enforcing this division, the board, upon a showing of a 11051
possible violation, shall refer any individual who is authorized 11052

to practice by this chapter or who has submitted an application 11053
pursuant to this chapter to the monitoring organization that 11054
conducts the confidential monitoring program established under 11055
section 4731.25 of the Revised Code. The board also may compel 11056
the individual to submit to a mental examination, physical 11057
examination, including an HIV test, or both a mental and a 11058
physical examination. The expense of the examination is the 11059
responsibility of the individual compelled to be examined. 11060
Failure to submit to a mental or physical examination or consent 11061
to an HIV test ordered by the board constitutes an admission of 11062
the allegations against the individual unless the failure is due 11063
to circumstances beyond the individual's control, and a default 11064
and final order may be entered without the taking of testimony 11065
or presentation of evidence. If the board finds an individual 11066
unable to practice because of the reasons set forth in this 11067
division, the board shall require the individual to submit to 11068
care, counseling, or treatment by physicians approved or 11069
designated by the board, as a condition for initial, continued, 11070
reinstated, or renewed authority to practice. An individual 11071
affected under this division shall be afforded an opportunity to 11072
demonstrate to the board the ability to resume practice in 11073
compliance with acceptable and prevailing standards under the 11074
provisions of the individual's license or certificate. For the 11075
purpose of this division, any individual who applies for or 11076
receives a license or certificate to practice under this chapter 11077
accepts the privilege of practicing in this state and, by so 11078
doing, shall be deemed to have given consent to submit to a 11079
mental or physical examination when directed to do so in writing 11080
by the board, and to have waived all objections to the 11081
admissibility of testimony or examination reports that 11082
constitute a privileged communication. 11083

(20) Except as provided in division (F) (1) (b) of section 11084
4731.282 of the Revised Code or when civil penalties are imposed 11085
under section 4731.225 of the Revised Code, and subject to 11086
section 4731.226 of the Revised Code, violating or attempting to 11087
violate, directly or indirectly, or assisting in or abetting the 11088
violation of, or conspiring to violate, any provisions of this 11089
chapter or any rule promulgated by the board. 11090

This division does not apply to a violation or attempted 11091
violation of, assisting in or abetting the violation of, or a 11092
conspiracy to violate, any provision of this chapter or any rule 11093
adopted by the board that would preclude the making of a report 11094
by a physician of an employee's use of a drug of abuse, or of a 11095
condition of an employee other than one involving the use of a 11096
drug of abuse, to the employer of the employee as described in 11097
division (B) of section 2305.33 of the Revised Code. Nothing in 11098
this division affects the immunity from civil liability 11099
conferred by that section upon a physician who makes either type 11100
of report in accordance with division (B) of that section. As 11101
used in this division, "employee," "employer," and "physician" 11102
have the same meanings as in section 2305.33 of the Revised 11103
Code. 11104

(21) The violation of section 3701.79 of the Revised Code 11105
or of any abortion rule adopted by the director of health 11106
pursuant to section 3701.341 of the Revised Code; 11107

(22) Any of the following actions taken by an agency 11108
responsible for authorizing, certifying, or regulating an 11109
individual to practice a health care occupation or provide 11110
health care services in this state or another jurisdiction, for 11111
any reason other than the nonpayment of fees: the limitation, 11112
revocation, or suspension of an individual's license to 11113

practice; acceptance of an individual's license surrender; 11114
denial of a license; refusal to renew or reinstate a license; 11115
imposition of probation; or issuance of an order of censure or 11116
other reprimand; 11117

(23) The violation of section 2919.12 of the Revised Code 11118
or the performance or inducement of an abortion upon a pregnant 11119
woman with actual knowledge that the conditions specified in 11120
division (B) of section 2317.56 of the Revised Code have not 11121
been satisfied or with a heedless indifference as to whether 11122
those conditions have been satisfied, unless an affirmative 11123
defense as specified in division (H) (2) of that section would 11124
apply in a civil action authorized by division (H) (1) of that 11125
section; 11126

(24) The revocation, suspension, restriction, reduction, 11127
or termination of clinical privileges by the United States 11128
department of defense or department of veterans affairs or the 11129
termination or suspension of a certificate of registration to 11130
prescribe drugs by the drug enforcement administration of the 11131
United States department of justice; 11132

(25) Termination or suspension from participation in the 11133
medicare or medicaid programs by the department of health and 11134
human services or other responsible agency; 11135

(26) Impairment of ability to practice according to 11136
acceptable and prevailing standards of care because of substance 11137
use disorder or excessive use or abuse of drugs, alcohol, or 11138
other substances that may impair ability to practice. 11139

For the purposes of this division, any individual 11140
authorized to practice by this chapter accepts the privilege of 11141
practicing in this state subject to supervision by the board. By 11142

filing an application for or holding a license or certificate to 11143
practice under this chapter, an individual shall be deemed to 11144
have given consent to submit to a mental or physical examination 11145
when ordered to do so by the board in writing, and to have 11146
waived all objections to the admissibility of testimony or 11147
examination reports that constitute privileged communications. 11148

If it has reason to believe that any individual authorized 11149
to practice by this chapter or any applicant for licensure or 11150
certification to practice suffers such impairment, the board 11151
shall refer the individual to the monitoring organization that 11152
conducts the confidential monitoring program established under 11153
section 4731.25 of the Revised Code. The board also may compel 11154
the individual to submit to a mental or physical examination, or 11155
both. The expense of the examination is the responsibility of 11156
the individual compelled to be examined. Any mental or physical 11157
examination required under this division shall be undertaken by 11158
a treatment provider or physician who is qualified to conduct 11159
the examination and who is approved under section 4731.251 of 11160
the Revised Code. 11161

Failure to submit to a mental or physical examination 11162
ordered by the board constitutes an admission of the allegations 11163
against the individual unless the failure is due to 11164
circumstances beyond the individual's control, and a default and 11165
final order may be entered without the taking of testimony or 11166
presentation of evidence. If the board determines that the 11167
individual's ability to practice is impaired, the board shall 11168
suspend the individual's license or certificate or deny the 11169
individual's application and shall require the individual, as a 11170
condition for initial, continued, reinstated, or renewed 11171
licensure or certification to practice, to submit to treatment. 11172

Before being eligible to apply for reinstatement of a 11173
license or certificate suspended under this division, the 11174
impaired practitioner shall demonstrate to the board the ability 11175
to resume practice in compliance with acceptable and prevailing 11176
standards of care under the provisions of the practitioner's 11177
license or certificate. The demonstration shall include, but 11178
shall not be limited to, the following: 11179

(a) Certification from a treatment provider approved under 11180
section 4731.251 of the Revised Code that the individual has 11181
successfully completed any required inpatient treatment; 11182

(b) Evidence of continuing full compliance with an 11183
aftercare contract or consent agreement; 11184

(c) Two written reports indicating that the individual's 11185
ability to practice has been assessed and that the individual 11186
has been found capable of practicing according to acceptable and 11187
prevailing standards of care. The reports shall be made by 11188
individuals or providers approved by the board for making the 11189
assessments and shall describe the basis for their 11190
determination. 11191

The board may reinstate a license or certificate suspended 11192
under this division after that demonstration and after the 11193
individual has entered into a written consent agreement. 11194

When the impaired practitioner resumes practice, the board 11195
shall require continued monitoring of the individual. The 11196
monitoring shall include, but not be limited to, compliance with 11197
the written consent agreement entered into before reinstatement 11198
or with conditions imposed by board order after a hearing, and, 11199
upon termination of the consent agreement, submission to the 11200
board for at least two years of annual written progress reports 11201

made under penalty of perjury stating whether the individual has 11202
maintained sobriety. 11203

(27) A second or subsequent violation of section 4731.66 11204
or 4731.69 of the Revised Code; 11205

(28) Except as provided in division (N) of this section: 11206

(a) Waiving the payment of all or any part of a deductible 11207
or copayment that a patient, pursuant to a health insurance or 11208
health care policy, contract, or plan that covers the 11209
individual's services, otherwise would be required to pay if the 11210
waiver is used as an enticement to a patient or group of 11211
patients to receive health care services from that individual; 11212

(b) Advertising that the individual will waive the payment 11213
of all or any part of a deductible or copayment that a patient, 11214
pursuant to a health insurance or health care policy, contract, 11215
or plan that covers the individual's services, otherwise would 11216
be required to pay. 11217

(29) Failure to use universal blood and body fluid 11218
precautions established by rules adopted under section 4731.051 11219
of the Revised Code; 11220

(30) Failure to provide notice to, and receive 11221
acknowledgment of the notice from, a patient when required by 11222
section 4731.143 of the Revised Code prior to providing 11223
nonemergency professional services, or failure to maintain that 11224
notice in the patient's medical record; 11225

(31) Failure of a physician supervising a physician 11226
~~assistant~~ associate to maintain supervision in accordance with 11227
the requirements of Chapter 4730. of the Revised Code and the 11228
rules adopted under that chapter; 11229

- (32) Failure of a physician or podiatrist to enter into a standard care arrangement with a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner with whom the physician or podiatrist is in collaboration pursuant to section 4731.27 of the Revised Code or failure to fulfill the responsibilities of collaboration after entering into a standard care arrangement; 11230
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- (33) Failure to comply with the terms of a consult agreement entered into with a pharmacist pursuant to section 4729.39 of the Revised Code; 11237
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- (34) Failure to cooperate in an investigation conducted by the board under division (F) of this section, including failure to comply with a subpoena or order issued by the board or failure to answer truthfully a question presented by the board in an investigative interview, an investigative office conference, 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; 11240
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- (35) Failure to supervise an anesthesiologist assistant in accordance with Chapter 4760. of the Revised Code and the board's rules for supervision of an anesthesiologist assistant; 11251
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- (36) Assisting suicide, as defined in section 3795.01 of the Revised Code; 11254
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- (37) Failure to comply with the requirements of section 2317.561 of the Revised Code; 11256
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- (38) Failure to supervise a radiologist assistant in 11258

accordance with Chapter 4774. of the Revised Code and the	11259
board's rules for supervision of radiologist assistants;	11260
(39) Performing or inducing an abortion at an office or	11261
facility with knowledge that the office or facility fails to	11262
post the notice required under section 3701.791 of the Revised	11263
Code;	11264
(40) Failure to comply with the standards and procedures	11265
established in rules under section 4731.054 of the Revised Code	11266
for the operation of or the provision of care at a pain	11267
management clinic;	11268
(41) Failure to comply with the standards and procedures	11269
established in rules under section 4731.054 of the Revised Code	11270
for providing supervision, direction, and control of individuals	11271
at a pain management clinic;	11272
(42) Failure to comply with the requirements of section	11273
4729.79 or 4731.055 of the Revised Code, unless the state board	11274
of pharmacy no longer maintains a drug database pursuant to	11275
section 4729.75 of the Revised Code;	11276
(43) Failure to comply with the requirements of section	11277
2919.171, 2919.202, or 2919.203 of the Revised Code or failure	11278
to submit to the department of health in accordance with a court	11279
order a complete report as described in section 2919.171 or	11280
2919.202 of the Revised Code;	11281
(44) Practicing at a facility that is subject to licensure	11282
as a category III terminal distributor of dangerous drugs with a	11283
pain management clinic classification unless the person	11284
operating the facility has obtained and maintains the license	11285
with the classification;	11286
(45) Owning a facility that is subject to licensure as a	11287

category III terminal distributor of dangerous drugs with a pain management clinic classification unless the facility is licensed with the classification; 11288
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(46) Failure to comply with any of the requirements regarding making or maintaining medical records or documents described in division (A) of section 2919.192, division (C) of section 2919.193, division (B) of section 2919.195, or division (A) of section 2919.196 of the Revised Code; 11291
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(47) 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; 11296
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(48) Failure to comply with the requirements of section 4731.30 of the Revised Code or rules adopted under section 4731.301 of the Revised Code when recommending treatment with medical marijuana; 11300
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(49) A pattern of continuous or repeated violations of division (E) (2) or (3) of section 3963.02 of the Revised Code; 11304
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(50) Failure to fulfill the responsibilities of a collaboration agreement entered into with an athletic trainer as described in section 4755.621 of the Revised Code; 11306
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(51) Failure to take the steps specified in section 4731.911 of the Revised Code following an abortion or attempted abortion in an ambulatory surgical facility or other location that is not a hospital when a child is born alive. 11309
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(C) Disciplinary actions taken by the board under divisions (A) and (B) of this section shall be taken pursuant to an adjudication under Chapter 119. of the Revised Code, except that in lieu of an adjudication, the board may enter into a 11313
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consent agreement with an individual to resolve an allegation of 11317
a violation of this chapter or any rule adopted under it. A 11318
consent agreement, when ratified by an affirmative vote of not 11319
fewer than six members of the board, shall constitute the 11320
findings and order of the board with respect to the matter 11321
addressed in the agreement. If the board refuses to ratify a 11322
consent agreement, the admissions and findings contained in the 11323
consent agreement shall be of no force or effect. 11324

A telephone conference call may be utilized for 11325
ratification of a consent agreement that revokes or suspends an 11326
individual's license or certificate to practice or certificate 11327
to recommend. The telephone conference call shall be considered 11328
a special meeting under division (F) of section 121.22 of the 11329
Revised Code. 11330

If the board takes disciplinary action against an 11331
individual under division (B) of this section for a second or 11332
subsequent plea of guilty to, or judicial finding of guilt of, a 11333
violation of section 2919.123 or 2919.124 of the Revised Code, 11334
the disciplinary action shall consist of a suspension of the 11335
individual's license or certificate to practice for a period of 11336
at least one year or, if determined appropriate by the board, a 11337
more serious sanction involving the individual's license or 11338
certificate to practice. Any consent agreement entered into 11339
under this division with an individual that pertains to a second 11340
or subsequent plea of guilty to, or judicial finding of guilt 11341
of, a violation of that section shall provide for a suspension 11342
of the individual's license or certificate to practice for a 11343
period of at least one year or, if determined appropriate by the 11344
board, a more serious sanction involving the individual's 11345
license or certificate to practice. 11346

(D) For purposes of divisions (B) (10), (12), and (14) of 11347
this section, the commission of the act may be established by a 11348
finding by the board, pursuant to an adjudication under Chapter 11349
119. of the Revised Code, that the individual committed the act. 11350
The board does not have jurisdiction under those divisions if 11351
the trial court renders a final judgment in the individual's 11352
favor and that judgment is based upon an adjudication on the 11353
merits. The board has jurisdiction under those divisions if the 11354
trial court issues an order of dismissal upon technical or 11355
procedural grounds. 11356

(E) The sealing or expungement of conviction records by 11357
any court shall have no effect upon a prior board order entered 11358
under this section or upon the board's jurisdiction to take 11359
action under this section if, based upon a plea of guilty, a 11360
judicial finding of guilt, or a judicial finding of eligibility 11361
for intervention in lieu of conviction, the board issued a 11362
notice of opportunity for a hearing prior to the court's order 11363
to seal or expunge the records. The board shall not be required 11364
to seal, expunge, destroy, redact, or otherwise modify its 11365
records to reflect the court's sealing of conviction records. 11366

(F) (1) The board shall investigate evidence that appears 11367
to show that a person has violated any provision of this chapter 11368
or any rule adopted under it. Any person may report to the board 11369
in a signed writing any information that the person may have 11370
that appears to show a violation of any provision of this 11371
chapter or any rule adopted under it. In the absence of bad 11372
faith, any person who reports information of that nature or who 11373
testifies before the board in any adjudication conducted under 11374
Chapter 119. of the Revised Code shall not be liable in damages 11375
in a civil action as a result of the report or testimony. Each 11376
complaint or allegation of a violation received by the board 11377

shall be assigned a case number and shall be recorded by the board. 11378
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(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 provided in section 4731.39 of the Revised Code. The president may designate another member of the board to supervise the investigation in place of the supervising member. No member of the board who supervises the investigation of a case shall participate in further adjudication of the case. 11380
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(3) In investigating a possible violation of this chapter or any rule adopted under this chapter, or in conducting an inspection under division (E) of section 4731.054 of the Revised Code, the board may question witnesses, conduct interviews, administer oaths, order the taking of depositions, inspect and copy any books, accounts, papers, records, or documents, issue subpoenas, and compel the attendance of witnesses and production of books, accounts, papers, records, documents, and testimony, except that a subpoena for patient record information shall not be issued without consultation with the attorney general's office and approval of the secretary of the board. 11389
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(a) Before issuance of a subpoena for patient record information, the secretary shall determine whether there is probable cause to believe that the complaint filed alleges a violation of this chapter or any rule adopted under it and that the records sought are relevant to the alleged violation and material to the investigation. The subpoena may apply only to records that cover a reasonable period of time surrounding the alleged violation. 11400
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(b) On failure to comply with any subpoena issued by the board and after reasonable notice to the person being subpoenaed, the board may move for an order compelling the production of persons or records pursuant to the Rules of Civil Procedure. 11408
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(c) A subpoena issued by the board may be served by a sheriff, the sheriff's deputy, or a board employee or agent designated by the board. Service of a subpoena issued by the board may be made by delivering a copy of the subpoena to the person named therein, reading it to the person, or leaving it at the person's usual place of residence, usual place of business, or address on file with the board. When serving a subpoena to an applicant for or the holder of a license or certificate issued under this chapter, service of the subpoena may be made by certified mail, return receipt requested, and the subpoena shall be deemed served on the date delivery is made or the date the person refuses to accept delivery. If the person being served refuses to accept the subpoena or is not located, service may be made to an attorney who notifies the board that the attorney is representing the person. 11413
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(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. 11428
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(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. 11432
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(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 11435
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division (E) of section 4731.054 of the Revised Code is 11438
confidential and not subject to discovery in any civil action. 11439

The board shall conduct all investigations or inspections 11440
and proceedings in a manner that protects the confidentiality of 11441
patients and persons who file complaints with the board. The 11442
board shall not make public the names or any other identifying 11443
information about patients or complainants unless proper consent 11444
is given or, in the case of a patient, a waiver of the patient 11445
privilege exists under division (B) of section 2317.02 of the 11446
Revised Code, except that consent or a waiver of that nature is 11447
not required if the board possesses reliable and substantial 11448
evidence that no bona fide physician-patient relationship 11449
exists. 11450

The board may share any information it receives pursuant 11451
to an investigation or inspection, including patient records and 11452
patient record information, with law enforcement agencies, other 11453
licensing boards, and other governmental agencies that are 11454
prosecuting, adjudicating, or investigating alleged violations 11455
of statutes or administrative rules. An agency or board that 11456
receives the information shall comply with the same requirements 11457
regarding confidentiality as those with which the state medical 11458
board must comply, notwithstanding any conflicting provision of 11459
the Revised Code or procedure of the agency or board that 11460
applies when it is dealing with other information in its 11461
possession. In a judicial proceeding, the information may be 11462
admitted into evidence only in accordance with the Rules of 11463
Evidence, but the court shall require that appropriate measures 11464
are taken to ensure that confidentiality is maintained with 11465
respect to any part of the information that contains names or 11466
other identifying information about patients or complainants 11467
whose confidentiality was protected by the state medical board 11468

when the information was in the board's possession. Measures to 11469
ensure confidentiality that may be taken by the court include 11470
sealing its records or deleting specific information from its 11471
records. 11472

(6) On a quarterly basis, the board shall prepare a report 11473
that documents the disposition of all cases during the preceding 11474
three months. The report shall contain the following information 11475
for each case with which the board has completed its activities: 11476

(a) The case number assigned to the complaint or alleged 11477
violation; 11478

(b) The type of license or certificate to practice, if 11479
any, held by the individual against whom the complaint is 11480
directed; 11481

(c) A description of the allegations contained in the 11482
complaint; 11483

(d) The disposition of the case. 11484

The report shall state how many cases are still pending 11485
and shall be prepared in a manner that protects the identity of 11486
each person involved in each case. The report shall be a public 11487
record under section 149.43 of the Revised Code. 11488

(G) If the secretary and supervising member determine both 11489
of the following, they may recommend that the board suspend an 11490
individual's license or certificate to practice or certificate 11491
to recommend without a prior hearing: 11492

(1) That there is clear and convincing evidence that an 11493
individual has violated division (B) of this section; 11494

(2) That the individual's continued practice presents a 11495
danger of immediate and serious harm to the public. 11496

Written allegations shall be prepared for consideration by 11497
the board. The board, upon review of those allegations and by an 11498
affirmative vote of not fewer than six of its members, excluding 11499
the secretary and supervising member, may suspend a license or 11500
certificate without a prior hearing. A telephone conference call 11501
may be utilized for reviewing the allegations and taking the 11502
vote on the summary suspension. 11503

The board shall serve a written order of suspension in 11504
accordance with sections 119.05 and 119.07 of the Revised Code. 11505
The order shall not be subject to suspension by the court during 11506
pendency of any appeal filed under section 119.12 of the Revised 11507
Code. If the individual subject to the summary suspension 11508
requests an adjudicatory hearing by the board, the date set for 11509
the hearing shall be within fifteen days, but not earlier than 11510
seven days, after the individual requests the hearing, unless 11511
otherwise agreed to by both the board and the individual. 11512

Any summary suspension imposed under this division shall 11513
remain in effect, unless reversed on appeal, until a final 11514
adjudicative order issued by the board pursuant to this section 11515
and Chapter 119. of the Revised Code becomes effective. The 11516
board shall issue its final adjudicative order within seventy- 11517
five days after completion of its hearing. A failure to issue 11518
the order within seventy-five days shall result in dissolution 11519
of the summary suspension order but shall not invalidate any 11520
subsequent, final adjudicative order. 11521

(H) If the board takes action under division (B) (9), (11), 11522
or (13) of this section and the judicial finding of guilt, 11523
guilty plea, or judicial finding of eligibility for intervention 11524
in lieu of conviction is overturned on appeal, upon exhaustion 11525
of the criminal appeal, a petition for reconsideration of the 11526

order may be filed with the board along with appropriate court 11527
documents. Upon receipt of a petition of that nature and 11528
supporting court documents, the board shall reinstate the 11529
individual's license or certificate to practice. The board may 11530
then hold an adjudication under Chapter 119. of the Revised Code 11531
to determine whether the individual committed the act in 11532
question. Notice of an opportunity for a hearing shall be given 11533
in accordance with Chapter 119. of the Revised Code. If the 11534
board finds, pursuant to an adjudication held under this 11535
division, that the individual committed the act or if no hearing 11536
is requested, the board may order any of the sanctions 11537
identified under division (B) of this section. 11538

(I) The license or certificate to practice issued to an 11539
individual under this chapter and the individual's practice in 11540
this state are automatically suspended as of the date of the 11541
individual's second or subsequent plea of guilty to, or judicial 11542
finding of guilt of, a violation of section 2919.123 or 2919.124 11543
of the Revised Code. In addition, the license or certificate to 11544
practice or certificate to recommend issued to an individual 11545
under this chapter and the individual's practice in this state 11546
are automatically suspended as of the date the individual pleads 11547
guilty to, is found by a judge or jury to be guilty of, or is 11548
subject to a judicial finding of eligibility for intervention in 11549
lieu of conviction in this state or treatment or intervention in 11550
lieu of conviction in another jurisdiction for any of the 11551
following criminal offenses in this state or a substantially 11552
equivalent criminal offense in another jurisdiction: aggravated 11553
murder, murder, voluntary manslaughter, felonious assault, 11554
kidnapping, rape, sexual battery, gross sexual imposition, 11555
aggravated arson, aggravated robbery, or aggravated burglary. 11556
Continued practice after suspension shall be considered 11557

practicing without a license or certificate. 11558

The board shall notify the individual subject to the 11559
suspension in accordance with sections 119.05 and 119.07 of the 11560
Revised Code. If an individual whose license or certificate is 11561
automatically suspended under this division fails to make a 11562
timely request for an adjudication under Chapter 119. of the 11563
Revised Code, the board shall do whichever of the following is 11564
applicable: 11565

(1) If the automatic suspension under this division is for 11566
a second or subsequent plea of guilty to, or judicial finding of 11567
guilt of, a violation of section 2919.123 or 2919.124 of the 11568
Revised Code, the board shall enter an order suspending the 11569
individual's license or certificate to practice for a period of 11570
at least one year or, if determined appropriate by the board, 11571
imposing a more serious sanction involving the individual's 11572
license or certificate to practice. 11573

(2) In all circumstances in which division (I)(1) of this 11574
section does not apply, enter a final order permanently revoking 11575
the individual's license or certificate to practice. 11576

(J) If the board is required by Chapter 119. of the 11577
Revised Code to give notice of an opportunity for a hearing and 11578
if the individual subject to the notice does not timely request 11579
a hearing in accordance with section 119.07 of the Revised Code, 11580
the board is not required to hold a hearing, but may adopt, by 11581
an affirmative vote of not fewer than six of its members, a 11582
final order that contains the board's findings. In that final 11583
order, the board may order any of the sanctions identified under 11584
division (A) or (B) of this section. 11585

(K) Any action taken by the board under division (B) of 11586

this section resulting in a suspension from practice shall be 11587
accompanied by a written statement of the conditions under which 11588
the individual's license or certificate to practice may be 11589
reinstated. The board shall adopt rules governing conditions to 11590
be imposed for reinstatement. Reinstatement of a license or 11591
certificate suspended pursuant to division (B) of this section 11592
requires an affirmative vote of not fewer than six members of 11593
the board. 11594

(L) When the board refuses to grant or issue a license or 11595
certificate to practice to an applicant, revokes an individual's 11596
license or certificate to practice, refuses to renew an 11597
individual's license or certificate to practice, or refuses to 11598
reinstate an individual's license or certificate to practice, 11599
the board may specify that its action is permanent. An 11600
individual subject to a permanent action taken by the board is 11601
forever thereafter ineligible to hold a license or certificate 11602
to practice and the board shall not accept an application for 11603
reinstatement of the license or certificate or for issuance of a 11604
new license or certificate. 11605

(M) Notwithstanding any other provision of the Revised 11606
Code, all of the following apply: 11607

(1) The surrender of a license or certificate issued under 11608
this chapter shall not be effective unless or until accepted by 11609
the board. A telephone conference call may be utilized for 11610
acceptance of the surrender of an individual's license or 11611
certificate to practice. The telephone conference call shall be 11612
considered a special meeting under division (F) of section 11613
121.22 of the Revised Code. Reinstatement of a license or 11614
certificate surrendered to the board requires an affirmative 11615
vote of not fewer than six members of the board. 11616

(2) An application for a license or certificate made under 11617
the provisions of this chapter may not be withdrawn without 11618
approval of the board. 11619

(3) Failure by an individual to renew a license or 11620
certificate to practice in accordance with this chapter or a 11621
certificate to recommend in accordance with rules adopted under 11622
section 4731.301 of the Revised Code does not remove or limit 11623
the board's jurisdiction to take any disciplinary action under 11624
this section against the individual. 11625

(4) The placement of an individual's license on retired 11626
status, as described in section 4731.283 of the Revised Code, 11627
does not remove or limit the board's jurisdiction to take any 11628
disciplinary action against the individual with regard to the 11629
license as it existed before being placed on retired status. 11630

(5) At the request of the board, a license or certificate 11631
holder shall immediately surrender to the board a license or 11632
certificate that the board has suspended, revoked, or 11633
permanently revoked. 11634

(N) Sanctions shall not be imposed under division (B) (28) 11635
of this section against any person who waives deductibles and 11636
copayments as follows: 11637

(1) In compliance with the health benefit plan that 11638
expressly allows such a practice. Waiver of the deductibles or 11639
copayments shall be made only with the full knowledge and 11640
consent of the plan purchaser, payer, and third-party 11641
administrator. Documentation of the consent shall be made 11642
available to the board upon request. 11643

(2) For professional services rendered to any other person 11644
authorized to practice pursuant to this chapter, to the extent 11645

allowed by this chapter and rules adopted by the board. 11646

(0) Under the board's investigative duties described in 11647
this section and subject to division (F) of this section, the 11648
board shall develop and implement a quality intervention program 11649
designed to improve through remedial education the clinical and 11650
communication skills of individuals authorized under this 11651
chapter to practice medicine and surgery, osteopathic medicine 11652
and surgery, and podiatric medicine and surgery. In developing 11653
and implementing the quality intervention program, the board may 11654
do all of the following: 11655

(1) Offer in appropriate cases as determined by the board 11656
an educational and assessment program pursuant to an 11657
investigation the board conducts under this section; 11658

(2) Select providers of educational and assessment 11659
services, including a quality intervention program panel of case 11660
reviewers; 11661

(3) Make referrals to educational and assessment service 11662
providers and approve individual educational programs 11663
recommended by those providers. The board shall monitor the 11664
progress of each individual undertaking a recommended individual 11665
educational program. 11666

(4) Determine what constitutes successful completion of an 11667
individual educational program and require further monitoring of 11668
the individual who completed the program or other action that 11669
the board determines to be appropriate; 11670

(5) Adopt rules in accordance with Chapter 119. of the 11671
Revised Code to further implement the quality intervention 11672
program. 11673

An individual who participates in an individual 11674

educational program pursuant to this division shall pay the 11675
financial obligations arising from that educational program. 11676

(P) The board shall not refuse to issue a license to an 11677
applicant because of a conviction, plea of guilty, judicial 11678
finding of guilt, judicial finding of eligibility for 11679
intervention in lieu of conviction, or the commission of an act 11680
that constitutes a criminal offense, unless the refusal is in 11681
accordance with section 9.79 of the Revised Code. 11682

Sec. 4731.25. (A) As used in this section and in sections 11683
4731.251 to 4731.255 of the Revised Code: 11684

(1) "Applicant" means an individual who has applied under 11685
Chapter 4730., 4731., 4759., 4760., 4761., 4762., 4774., or 11686
4778. of the Revised Code for a license, training or other 11687
certificate, limited permit, or other authority to practice as 11688
any one of the following practitioners: a physician 11689
~~assistant~~associate, physician, podiatrist, limited branch of 11690
medicine practitioner, dietitian, anesthesiologist assistant, 11691
respiratory care professional, acupuncturist, radiologist 11692
assistant, or genetic counselor. "Applicant" may include an 11693
individual who has been granted authority by the state medical 11694
board to practice as one type of practitioner, but has applied 11695
for authority to practice as another type of practitioner. 11696

(2) "Impaired" or "impairment" means either or both of the 11697
following: 11698

(a) Impairment of ability to practice as described in 11699
division (B) (5) of section 4730.25, division (B) (26) of section 11700
4731.22, division (A) (18) of section 4759.07, division (B) (6) of 11701
section 4760.13, division (A) (18) of section 4761.09, division 11702
(B) (6) of section 4762.13, division (B) (6) of section 4774.13, 11703

or division (B) (6) of section 4778.14 of the Revised Code; 11704

(b) Inability to practice as described in division (B) (4) 11705
of section 4730.25, division (B) (19) of section 4731.22, 11706
division (A) (14) of section 4759.07, division (B) (5) of section 11707
4760.13, division (A) (14) of section 4761.09, division (B) (5) of 11708
section 4762.13, division (B) (5) of section 4774.13, or division 11709
(B) (5) of section 4778.14 of the Revised Code. 11710

(3) "Practitioner" means any of the following: 11711

(a) An individual authorized under this chapter to 11712
practice medicine and surgery, osteopathic medicine and surgery, 11713
podiatric medicine and surgery, or a limited branch of medicine; 11714

(b) An individual licensed under Chapter 4730. of the 11715
Revised Code to practice as a physician ~~assistant~~associate; 11716

(c) An individual authorized under Chapter 4759. of the 11717
Revised Code to practice as a dietitian; 11718

(d) An individual authorized under Chapter 4760. of the 11719
Revised Code to practice as an anesthesiologist assistant; 11720

(e) An individual authorized under Chapter 4761. of the 11721
Revised Code to practice respiratory care; 11722

(f) An individual licensed under Chapter 4762. of the 11723
Revised Code to practice as an acupuncturist; 11724

(g) An individual licensed under Chapter 4774. of the 11725
Revised Code to practice as a radiologist assistant; 11726

(h) An individual licensed under Chapter 4778. of the 11727
Revised Code to practice as a genetic counselor. 11728

(B) The state medical board shall establish a 11729
confidential, nondisciplinary program for the evaluation and 11730

treatment of practitioners and applicants who are, or may be, 11731
impaired and also meet the eligibility conditions described in 11732
section 4731.252 or 4731.253 of the Revised Code. The program 11733
shall be known as the confidential monitoring program. 11734

The board shall contract with a monitoring organization to 11735
conduct the program and perform monitoring services. To be 11736
qualified to contract with the board, an organization shall meet 11737
all of the following requirements: 11738

(1) Be a professionals health program sponsored by one or 11739
more professional associations or societies of practitioners; 11740

(2) Be organized as a not-for-profit entity and exempt 11741
from federal income taxation under subsection 501(c)(3) of the 11742
Internal Revenue Code; 11743

(3) Contract with or employ a medical director who is 11744
authorized under this chapter to practice medicine and surgery 11745
or osteopathic medicine and surgery and specializes or has 11746
training and expertise in addiction medicine; 11747

(4) Contract with or employ licensed health care 11748
professionals necessary for the organization's operation. 11749

(C) The monitoring organization shall do all of the 11750
following pursuant to the contract: 11751

(1) Receive from the board a referral regarding an 11752
applicant or receive any report of suspected practitioner 11753
impairment from any source, including from the board; 11754

(2) Notify a practitioner who is the subject of a report 11755
received under division (C)(1) of this section that the report 11756
has been made and that the practitioner may be eligible to 11757
participate in the program conducted under this section; 11758

- (3) Provide a practitioner who is the subject of a report received under division (C) (1) of this section with the list of approved evaluators and treatment providers prepared and updated as described in section 4731.251 of the Revised Code; 11759
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- (4) Determine whether a practitioner reported or applicant referred to the monitoring organization is eligible to participate in the program, which in the case of an applicant may include evaluating records as described in division (E) (1) (d) of this section, and notify the practitioner or applicant of the determination; 11763
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- (5) In the case of a practitioner reported by a treatment provider, notify the treatment provider of the eligibility determination; 11769
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- (6) Report to the board any practitioner or applicant who is determined ineligible to participate in the program; 11772
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- (7) Refer an eligible practitioner who chooses to participate in the program for evaluation by an evaluator approved by the monitoring organization, unless the report received by the monitoring organization was made by an approved evaluator and the practitioner has already been evaluated; 11774
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- (8) Monitor the evaluation of an eligible practitioner; 11779
- (9) Refer an eligible practitioner who chooses to participate in the program to a treatment provider approved by the monitoring organization; 11780
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- (10) Establish, in consultation with the treatment provider to which a practitioner is referred, the terms and conditions with which the practitioner must comply for continued participation in and successful completion of the program; 11783
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- (11) Report to the board any practitioner who does not complete evaluation or treatment or does not comply with any of the terms and conditions established by the monitoring organization and the treatment provider;
- (12) Perform any other activities specified in the contract with the board or that the monitoring organization considers necessary to comply with this section and sections 4731.251 to 4731.255 of the Revised Code.
- (D) The monitoring organization shall not disclose to the board the name of a practitioner or applicant or any records relating to a practitioner or applicant, unless any of the following occurs:
- (1) The practitioner or applicant is determined to be ineligible to participate in the program.
- (2) The practitioner or applicant requests the disclosure.
- (3) The practitioner or applicant is unwilling or unable to complete or comply with any part of the program, including evaluation, treatment, or monitoring.
- (4) The practitioner or applicant presents an imminent danger to oneself or the public, as a result of the practitioner's or applicant's impairment.
- (5) The practitioner's impairment has not been substantially alleviated by participation in the program.
- (E) (1) The monitoring organization shall develop procedures governing each of the following:
- (a) Receiving reports of practitioner impairment;
- (b) Notifying practitioners of reports and eligibility

determinations;	11814
(c) Receiving applicant referrals as described in section 4731.253 of the Revised Code;	11815 11816
(d) Evaluating records of referred applicants, in particular records from other jurisdictions regarding prior treatment for impairment or current or continued monitoring;	11817 11818 11819
(e) Notifying applicants of eligibility determinations;	11820
(f) Referring eligible practitioners for evaluation or treatment;	11821 11822
(g) Establishing individualized treatment plans for eligible practitioners, as recommended by treatment providers;	11823 11824
(h) Establishing individualized terms and conditions with which eligible practitioners or applicants must comply for continued participation in and successful completion of the program.	11825 11826 11827 11828
(2) The monitoring organization, in consultation with the board, shall develop procedures governing each of the following:	11829 11830
(a) Providing reports to the board on a periodic basis on the total number of practitioners or applicants participating in the program, without disclosing the names or records of any program participants other than those about whom reports are required by this section;	11831 11832 11833 11834 11835
(b) Reporting to the board any practitioner or applicant who due to impairment presents an imminent danger to oneself or the public;	11836 11837 11838
(c) Reporting to the board any practitioner or applicant who is unwilling or unable to complete or comply with any part	11839 11840

of the program, including evaluation, treatment, or monitoring; 11841

(d) Reporting to the board any practitioner or applicant 11842
whose impairment was not substantially alleviated by 11843
participation in the program. 11844

Sec. 4731.297. (A) As used in this section: 11845

(1) "Academic medical center" means a medical school and 11846
its affiliated teaching hospitals and clinics partnering to do 11847
all of the following: 11848

(a) Provide the highest quality of patient care from 11849
expert physicians; 11850

(b) Conduct groundbreaking research leading to medical 11851
advancements for current and future patients; 11852

(c) Provide medical education and graduate medical 11853
education to educate and train physicians. 11854

(2) "Affiliated physician group practice" means a medical 11855
practice that consists of one or more physicians authorized 11856
under this chapter to practice medicine and surgery or 11857
osteopathic medicine and surgery and that is affiliated with an 11858
academic medical center to further the objectives described in 11859
divisions (A) (1) (a) to (c) of this section. 11860

(B) The state medical board shall issue, without 11861
examination, to an applicant who meets the requirements of this 11862
section a certificate of conceded eminence authorizing the 11863
practice of medicine and surgery or osteopathic medicine and 11864
surgery as part of the applicant's employment with an academic 11865
medical center in this state or affiliated physician group 11866
practice in this state. 11867

(C) To be eligible for a certificate of conceded eminence, 11868

an applicant shall provide to the board all of the following: 11869

(1) Evidence satisfactory to the board of all of the 11870
following: 11871

(a) That the applicant is an international medical 11872
graduate who holds a medical degree from an educational 11873
institution listed in the international medical education 11874
directory; 11875

(b) That the applicant has been appointed to serve in this 11876
state as a full-time faculty member of a medical school 11877
accredited by the liaison committee on medical education or an 11878
osteopathic medical school accredited by the American 11879
osteopathic association; 11880

(c) That the applicant has accepted an offer of employment 11881
with an academic medical center in this state or affiliated 11882
physician group practice in this state; 11883

(d) That the applicant holds a license in good standing in 11884
another state or country authorizing the practice of medicine 11885
and surgery or osteopathic medicine and surgery; 11886

(e) That the applicant has unique talents and 11887
extraordinary abilities not generally found within the 11888
applicant's specialty, as demonstrated by satisfying at least 11889
four of the following: 11890

(i) The applicant has achieved educational qualifications 11891
beyond those that are required for entry into the applicant's 11892
specialty, including advanced degrees, special certifications, 11893
or other academic credentials. 11894

(ii) The applicant has written multiple articles in 11895
journals listed in the index medicus or an equivalent scholarly 11896

publication acceptable to the board. 11897

(iii) The applicant has a sustained record of excellence 11898
in original research, at least some of which involves serving as 11899
the principal investigator or co-principal investigator for a 11900
research project. 11901

(iv) The applicant has received nationally or 11902
internationally recognized prizes or awards for excellence. 11903

(v) The applicant has participated in peer review in a 11904
field of specialization that is the same as or similar to the 11905
applicant's specialty. 11906

(vi) The applicant has developed new procedures or 11907
treatments for complex medical problems that are recognized by 11908
peers as a significant advancement in the applicable field of 11909
medicine. 11910

(vii) The applicant has held previous academic 11911
appointments with or been employed by a health care organization 11912
that has a distinguished national or international reputation. 11913

(viii) The applicant has been the recipient of a national 11914
institutes of health or other competitive grant award. 11915

(f) That the applicant has received staff membership or 11916
professional privileges from the academic medical center 11917
pursuant to standards adopted under section 3701.351 of the 11918
Revised Code on a basis that requires the applicant's medical 11919
education and graduate medical education to be at least 11920
equivalent to that of a physician educated and trained in the 11921
United States; 11922

(g) That the applicant has sufficient written and oral 11923
English skills to communicate effectively and reliably with 11924

patients, their families, and other medical professionals; 11925

(h) That the applicant will have professional liability 11926
insurance through the applicant's employment with the academic 11927
medical center or affiliated physician group practice. 11928

(2) An attestation that the applicant agrees to practice 11929
only within the clinical setting of the academic medical center 11930
or for the affiliated physician group practice; 11931

(3) Three letters of reference from distinguished experts 11932
in the applicant's specialty attesting to the unique 11933
capabilities of the applicant, at least one of which must be 11934
from outside the academic medical center or affiliated physician 11935
group practice; 11936

(4) An affidavit from the dean of the medical school where 11937
the applicant has been appointed to serve as a faculty member 11938
stating that the applicant meets all of the requirements of 11939
division (C)(1) of this section and that the letters of 11940
reference submitted under division (C)(3) of this section are 11941
from distinguished experts in the applicant's specialty, and 11942
documentation to support the affidavit; 11943

(5) A fee of one thousand dollars for the certificate. 11944

(D)(1) The holder of a certificate of conceded eminence 11945
may practice medicine and surgery or osteopathic medicine and 11946
surgery only within the clinical setting of the academic medical 11947
center with which the certificate holder is employed or for the 11948
affiliated physician group practice with which the certificate 11949
holder is employed. 11950

(2) A certificate holder may supervise medical students, 11951
physicians participating in graduate medical education, advanced 11952
practice registered nurses, and physician ~~assistants~~ associates 11953

when performing clinical services in the certificate holder's 11954
area of specialty. 11955

(E) The board may revoke a certificate issued under this 11956
section on receiving proof satisfactory to the board that the 11957
certificate holder has engaged in practice in this state outside 11958
the scope of the certificate or that there are grounds for 11959
action against the certificate holder under section 4731.22 of 11960
the Revised Code. 11961

(F) A certificate of conceded eminence is valid for the 11962
shorter of two years or the duration of the certificate holder's 11963
employment with the academic medical center or affiliated 11964
physician group practice. The certificate ceases to be valid if 11965
the holder resigns or is otherwise terminated from the academic 11966
medical center or affiliated physician group practice. 11967

(G) A certificate of conceded eminence may be renewed for 11968
an additional two-year period. There is no limit on the number 11969
of times a certificate may be renewed. A person seeking renewal 11970
of a certificate shall apply to the board and is eligible for 11971
renewal if the applicant does all of the following: 11972

(1) Pays the renewal fee of one thousand dollars; 11973

(2) Provides to the board an affidavit and supporting 11974
documentation from the academic medical center or affiliated 11975
physician group practice of all of the following: 11976

(a) That the applicant's initial appointment to the 11977
medical faculty is still valid or has been renewed; 11978

(b) That the applicant's clinical practice is consistent 11979
with the established standards in the field; 11980

(c) That the applicant has demonstrated continued 11981

scholarly achievement; 11982

(d) That the applicant has demonstrated continued 11983
professional achievement consistent with the academic medical 11984
center's requirements, established pursuant to standards adopted 11985
under section 3701.351 of the Revised Code, for physicians with 11986
staff membership or professional privileges with the academic 11987
medical center. 11988

(3) Satisfies the same continuing medical education 11989
requirements set forth in section 4731.282 of the Revised Code 11990
that apply to a person who holds a certificate to practice 11991
medicine and surgery or osteopathic medicine and surgery issued 11992
under this chapter. 11993

(4) Complies with any other requirements established by 11994
the board. 11995

(H) The board shall not require a person to obtain a 11996
certificate under Chapter 4796. of the Revised Code to practice 11997
medicine and surgery or osteopathic medicine and surgery if the 11998
person holds a certificate of conceded eminence issued under 11999
this section. 12000

(I) The board may adopt any rules it considers necessary 12001
to implement this section. The rules shall be adopted in 12002
accordance with Chapter 119. of the Revised Code. 12003

Sec. 4731.33. (A) As used in this section: 12004

(1) "Light-based medical device" means any device that can 12005
be made to produce or amplify electromagnetic radiation at 12006
wavelengths equal to or greater than one hundred eighty nm but 12007
less than or equal to 1.0×10^6 nm and that is manufactured, 12008
designed, intended, or promoted for irradiation of any part of 12009
the human body for the purpose of affecting the structure or 12010

function of the body. 12011

(2) "Physician" means a person authorized to practice 12012
medicine and surgery, osteopathic medicine and surgery, or 12013
podiatric medicine and surgery under this chapter. 12014

(3) "On-site supervision" means the supervising physician 12015
is physically in the same location as the delegate during the 12016
use of a light-based medical device, but does not require the 12017
physician to be in the same room. "On-site supervision" includes 12018
the supervising physician's presence in the same office suite as 12019
the delegate during the use of the device. 12020

(4) "Off-site supervision" means the supervising physician 12021
is continuously available for direct communication with the 12022
cosmetic therapist during the use of a light-based medical 12023
device. 12024

(5) "Direct physical oversight" means the supervising 12025
physician is in the same room directly observing the delegate's 12026
use of the light-based medical device. 12027

(B) A physician may delegate the application of light- 12028
based medical devices for the purpose of hair removal only if 12029
all of the following conditions are met: 12030

(1) The light-based medical device has been specifically 12031
cleared or approved by the United States food and drug 12032
administration for the removal of hair from the human body. 12033

(2) The use of the light-based medical device for the 12034
purpose of hair removal is within the physician's normal course 12035
of practice and expertise. 12036

(3) The physician has seen and evaluated the patient to 12037
determine whether the proposed application of the specific 12038

light-based medical device is appropriate. 12039

(4) The physician has seen and evaluated the patient 12040
following the initial application of the specific light-based 12041
medical device, but before any continuation of treatment, to 12042
determine that the patient responded well to that initial 12043
application of the specific light-based medical device. 12044

(5) The person to whom the delegation is made is one of 12045
the following: 12046

(a) A physician ~~assistant~~associate licensed under Chapter 12047
4730. of the Revised Code with whom the physician has an 12048
effective supervision agreement; 12049

(b) A person who was licensed as a cosmetic therapist 12050
under Chapter 4731. of the Revised Code on April 11, 2021; 12051

(c) A person who has completed a cosmetic therapy course 12052
of instruction for a minimum of seven hundred fifty clock hours 12053
and received a passing score on the certified laser hair removal 12054
professional examination administered by the society for 12055
clinical and medical hair removal; 12056

(d) A registered nurse or licensed practical nurse 12057
licensed under Chapter 4723. of the Revised Code. 12058

(C) For delegation to a physician ~~assistant~~associate, the 12059
delegation must meet the requirements of section 4730.21 of the 12060
Revised Code. 12061

(D) (1) For delegation to a person described under division 12062
(B) (5) (b) or (c) of this section, the physician shall ensure 12063
that the person to whom the delegation is made has received 12064
adequate education and training to provide the level of skill 12065
and care necessary, including all of the following: 12066

(a) The person has completed eight hours of basic education that includes the following topics:	12067 12068
(i) Light-based procedure physics;	12069
(ii) Tissue interaction in light-based procedures;	12070
(iii) Light-based procedure safety, including use of proper safety equipment;	12071 12072
(iv) Clinical application of light-based procedures;	12073
(v) Preoperative and postoperative care of light-based procedure patients;	12074 12075
(vi) Reporting of adverse events.	12076
(b) The person has observed fifteen procedures for each specific type of light-based medical device procedure for hair removal that the person will perform under the delegation.	12077 12078 12079
(c) The person shall perform at least twenty procedures under the direct physical oversight of the physician on each specific type of light-based medical device procedure for hair removal delegated.	12080 12081 12082 12083
(2) For purposes of division (D) (1) (b) of this section, the procedures observed shall be performed by a physician who uses the specific light-based medical device procedure for hair removal in the physician's normal course of practice and expertise.	12084 12085 12086 12087 12088
(3) For purposes of division (D) (1) (c) of this section, the physician overseeing the performance of these procedures shall use this specific light-based medical device procedure for hair removal within the physician's normal course of practice and expertise.	12089 12090 12091 12092 12093

(4) Each delegating physician and delegate shall document and retain satisfactory completion of training required under division (D) of this section. The education requirement in division (D) (1) (a) of this section shall be completed only once by the delegate regardless of the number of types of specific light-based medical device procedures for hair removal delegated and the number of delegating physicians. The training requirements of divisions (D) (1) (b) and (c) of this section shall be completed by the delegate once for each specific type of light-based medical device procedure for hair removal delegated regardless of the number of delegating physicians.

(E) The following delegates are exempt from the education and training requirements of division (D) (1) of this section:

(1) A person who, before ~~the effective date of this section~~ September 30, 2021, has been applying a light-based medical device for hair removal for at least two years through a lawful delegation by a physician;

(2) A person described under division (B) (5) (b) of this section if the person was authorized to use a light-based medical device under the cosmetic therapist license;

(3) A person described in division (B) (5) (a) or (d) of this section.

(F) For delegation to a person under division (B) (5) (b), (c), or (d) of this section, the physician shall provide on-site supervision at all times that the person to whom the delegation is made is applying the light-based medical device.

A physician shall not supervise more than two delegates under division (B) (5) (b), (c), or (d) of this section at the same time.

(G) (1) Notwithstanding division (F) of this section, a physician may provide off-site supervision when the light-based medical device is applied for the purpose of hair removal to an established patient if the person to whom the delegation is made is a cosmetic therapist who meets all of the following criteria:

(a) The cosmetic therapist has successfully completed a course in the use of light-based medical devices for the purpose of hair removal that has been approved by the delegating physician;

(b) The course consisted of at least fifty hours of training, at least thirty hours of which was clinical experience;

(c) The cosmetic therapist has worked under the on-site supervision of the delegating physician for a sufficient period of time that the physician is satisfied that the cosmetic therapist is capable of competently performing the service with off-site supervision.

(2) The cosmetic therapist shall maintain documentation of the successful completion of the required training.

(H) A delegate under this section shall immediately report to the supervising physician any clinically significant side effect following the application of the light-based medical device or any failure of the treatment to progress as was expected at the time the delegation was made. The physician shall see and personally evaluate the patient who has experienced the clinically significant side effect or whose treatment is not progressing as expected as soon as practicable.

(I) No physician shall fail to comply with division (A), (B), (G), or (H) of this section. A violation of this division

constitutes a departure from, or the failure to conform to, 12152
minimal standards of care of similar practitioners under the 12153
same or similar circumstances, whether or not actual injury to a 12154
patient is established, under division (B) (6) of section 4731.22 12155
of the Revised Code. 12156

(J) No physician shall delegate the application of light- 12157
based medical devices for the purpose of hair removal to a 12158
person who is not listed in division (B) (5) of this section. A 12159
violation of this division constitutes violating or attempting 12160
to violate, directly or indirectly, or assisting in or abetting 12161
the violation of, or conspiring to violate section 4731.41 of 12162
the Revised Code for purposes of division (B) (20) of section 12163
4731.22 of the Revised Code. 12164

(K) No cosmetic therapist to whom a delegation is made 12165
under division (B) (5) (b) or (c) of this section shall fail to 12166
comply with division (G) or (H) of this section. A violation of 12167
this division constitutes the unauthorized practice of medicine 12168
pursuant to section 4731.41 of the Revised Code. 12169

(L) No physician ~~assistant~~associate shall fail to comply 12170
with division (H) of this section. A violation of this division 12171
constitutes a departure from, or failure to conform to, minimal 12172
standards of care of similar physician ~~assistants~~associates 12173
under the same or similar circumstances, regardless of whether 12174
actual injury to patient is established, for purposes of 12175
division (B) (19) of section 4730.25 of the Revised Code. 12176

Sec. 4731.37. (A) As used in this section: 12177

(1) "Physician" means an individual authorized under this 12178
chapter to practice medicine and surgery or osteopathic medicine 12179
and surgery. 12180

(2) "Sonographer" means an individual who uses ultrasonic imaging devices to produce diagnostic images, scans, or videos or three-dimensional volumes of anatomical and diagnostic data.

(B) A physician may delegate to a sonographer the authority to administer intravenously an ultrasound enhancing agent if all of the following conditions are met:

(1) The physician's normal course of practice and expertise includes the intravenous administration of ultrasound enhancing agents.

(2) The facility where the physician practices has developed, in accordance with clinical standards and industry guidelines, standards for administering ultrasound enhancing agents intravenously and has included the facility's standards in a written practice protocol.

(3) The sonographer, as determined by the facility where the physician practices, satisfies all of the following:

(a) Has successfully completed an education and training program in sonography;

(b) Is certified or registered as a sonographer by another jurisdiction or a nationally recognized accrediting organization;

(c) Has successfully completed training in the intravenous administration of ultrasound enhancing agents that was provided in any of the following ways:

(i) As part of an education and training program in sonography;

(ii) As part of training provided to the sonographer by the physician who delegates to the sonographer the authority to

administer intravenously an ultrasound enhancing agent;	12209
(iii) As part of a training program developed and offered	12210
by the facility in which the physician practices.	12211
(C) A sonographer may administer intravenously an	12212
ultrasound enhancing agent if all of the following conditions	12213
are met:	12214
(1) In accordance with division (B) of this section, a	12215
physician delegates to the sonographer the authority to	12216
administer the agent.	12217
(2) The sonographer administers the agent in accordance	12218
with the written practice protocol described in division (B) of	12219
this section.	12220
(3) The delegating physician is physically present at the	12221
facility where the sonographer administers the agent.	12222
Division (C) (3) of this section does not require the	12223
delegating physician to be in the same room as the sonographer	12224
when the sonographer administers the agent.	12225
(D) This section does not prohibit any of the following	12226
from administering intravenously an ultrasound enhancing agent:	12227
(1) An individual who is otherwise authorized by the	12228
Revised Code to administer intravenously an ultrasound enhancing	12229
agent, including a physician assistant <u>associate</u> licensed under	12230
Chapter 4730. of the Revised Code or a registered nurse or	12231
licensed practical nurse licensed under Chapter 4723. of the	12232
Revised Code;	12233
(2) An individual who meets all of the following	12234
conditions:	12235

(a) Has successfully completed an education and training program in sonography;	12236 12237
(b) Has applied for certification or registration as a sonographer with another jurisdiction or a nationally recognized accrediting organization;	12238 12239 12240
(c) Is awaiting that certification's or registration's issuance;	12241 12242
(d) Administers intravenously an ultrasound enhancing agent under the general supervision of a physician and the direct supervision of either a sonographer described in divisions (B) and (C) of this section or an individual otherwise authorized to administer intravenously ultrasound enhancing agents.	12243 12244 12245 12246 12247 12248
(3) An individual who is enrolled in an education and training program in sonography and, as part of the program, administers intravenously ultrasound enhancing agents.	12249 12250 12251
(E) For purposes of this section, the authority to administer an ultrasound enhancing agent intravenously also includes the authority to insert, maintain, and remove any mechanism necessary for the agent's administration.	12252 12253 12254 12255
Sec. 4743.09. (A) As used in this section:	12256
(1) "Durable medical equipment" means a type of equipment, such as a remote monitoring device utilized by a physician, physician assistant <u>associate</u> , or advanced practice registered nurse in accordance with this section, that can withstand repeated use, is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of illness or injury and, in addition, includes repair and replacement parts for the equipment.	12257 12258 12259 12260 12261 12262 12263 12264

(2) "Facility fee" means any fee charged or billed for telehealth services provided in a facility that is intended to compensate the facility for its operational expenses and is separate and distinct from a professional fee.	12265 12266 12267 12268
(3) "Health care professional" means:	12269
(a) An advanced practice registered nurse, as defined in section 4723.01 of the Revised Code;	12270 12271
(b) An optometrist licensed under Chapter 4725. of the Revised Code to practice optometry;	12272 12273
(c) A pharmacist licensed under Chapter 4729. of the Revised Code;	12274 12275
(d) A physician assistant <u>associate</u> licensed under Chapter 4730. of the Revised Code;	12276 12277
(e) A physician licensed under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery;	12278 12279 12280
(f) A psychologist, independent school psychologist, or school psychologist licensed under Chapter 4732. of the Revised Code;	12281 12282 12283
(g) A chiropractor licensed under Chapter 4734. of the Revised Code;	12284 12285
(h) An audiologist or speech-language pathologist licensed under Chapter 4753. of the Revised Code;	12286 12287
(i) An occupational therapist or physical therapist licensed under Chapter 4755. of the Revised Code;	12288 12289
(j) An occupational therapy assistant or physical therapist assistant licensed under Chapter 4755. of the Revised	12290 12291

Code;	12292
(k) A professional clinical counselor, independent social worker, independent marriage and family therapist, art therapist, or music therapist licensed under Chapter 4757. of the Revised Code;	12293 12294 12295 12296
(l) An independent chemical dependency counselor licensed under Chapter 4758. of the Revised Code;	12297 12298
(m) A dietitian licensed under Chapter 4759. of the Revised Code;	12299 12300
(n) A respiratory care professional licensed under Chapter 4761. of the Revised Code;	12301 12302
(o) A genetic counselor licensed under Chapter 4778. of the Revised Code;	12303 12304
(p) A certified Ohio behavior analyst certified under Chapter 4783. of the Revised Code.	12305 12306
(4) "Health care professional licensing board" means any of the following:	12307 12308
(a) The board of nursing;	12309
(b) The state vision professionals board;	12310
(c) The state board of pharmacy;	12311
(d) The state medical board;	12312
(e) The state board of psychology;	12313
(f) The state chiropractic board;	12314
(g) The state speech and hearing professionals board;	12315
(h) The Ohio occupational therapy, physical therapy, and	12316

athletic trainers board; 12317

(i) The counselor, social worker, and marriage and family therapist board; 12318
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(j) The chemical dependency professionals board. 12320

(5) "Health plan issuer" has the same meaning as in section 3922.01 of the Revised Code. 12321
12322

(6) "Telehealth services" means health care services provided through the use of information and communication technology by a health care professional, within the professional's scope of practice, who is located at a site other than the site where either of the following is located: 12323
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(a) The patient receiving the services; 12328

(b) Another health care professional with whom the provider of the services is consulting regarding the patient. 12329
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(B) (1) Each health care professional licensing board shall permit a health care professional under its jurisdiction to provide the professional's services as telehealth services in accordance with this section. Subject to division (B) (2) of this section, a board may adopt any rules it considers necessary to implement this section. All rules adopted under this section shall be adopted in accordance with Chapter 119. of the Revised Code. Any such rules adopted by a board are not subject to the requirements of division (F) of section 121.95 of the Revised Code. 12331
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(2) (a) Except as provided in division (B) (2) (b) of this section, the rules adopted by a health care professional licensing board under this section shall establish a standard of care for telehealth services that is equal to the standard of 12341
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care for in-person services. 12345

(b) Subject to division (B) (2) (c) of this section, a board 12346
may require an initial in-person visit prior to prescribing a 12347
schedule II controlled substance to a new patient, equivalent to 12348
applicable state and federal requirements. 12349

(c) (i) A board shall not require an initial in-person 12350
visit for a new patient whose medical record indicates that the 12351
patient is receiving hospice or palliative care, who is 12352
receiving medication-assisted treatment or any other medication 12353
for opioid-use disorder, who is a patient with a mental health 12354
condition, or who, as determined by the clinical judgment of a 12355
health care professional, is in an emergency situation. 12356

(ii) Notwithstanding division (B) of section 3796.01 of 12357
the Revised Code, medical marijuana shall not be considered a 12358
schedule II controlled substance. 12359

(C) With respect to the provision of telehealth services, 12360
all of the following apply: 12361

(1) A health care professional may use synchronous or 12362
asynchronous technology to provide telehealth services to a 12363
patient during an initial visit if the appropriate standard of 12364
care for an initial visit is satisfied. 12365

(2) A health care professional may deny a patient 12366
telehealth services and, instead, require the patient to undergo 12367
an in-person visit. 12368

(3) When providing telehealth services in accordance with 12369
this section, a health care professional shall comply with all 12370
requirements under state and federal law regarding the 12371
protection of patient information. A health care professional 12372
shall ensure that any username or password information and any 12373

electronic communications between the professional and a patient 12374
are securely transmitted and stored. 12375

(4) A health care professional may use synchronous or 12376
asynchronous technology to provide telehealth services to a 12377
patient during an annual visit if the appropriate standard of 12378
care for an annual visit is satisfied. 12379

(5) In the case of a health care professional who is a 12380
physician, physician ~~assistant~~associate, or advanced practice 12381
registered nurse, both of the following apply: 12382

(a) The professional may provide telehealth services to a 12383
patient located outside of this state if permitted by the laws 12384
of the state in which the patient is located. 12385

(b) The professional may provide telehealth services 12386
through the use of medical devices that enable remote 12387
monitoring, including such activities as monitoring a patient's 12388
blood pressure, heart rate, or glucose level. 12389

(D) When a patient has consented to receiving telehealth 12390
services, the health care professional who provides those 12391
services is not liable in damages under any claim made on the 12392
basis that the services do not meet the same standard of care 12393
that would apply if the services were provided in-person. 12394

(E) (1) A health care professional providing telehealth 12395
services shall not charge a patient or a health plan issuer 12396
covering telehealth services under section 3902.30 of the 12397
Revised Code any of the following: a facility fee, an 12398
origination fee, or any fee associated with the cost of the 12399
equipment used at the provider site to provide telehealth 12400
services. 12401

A health care professional providing telehealth services 12402

may charge a health plan issuer for durable medical equipment 12403
used at a patient or client site. 12404

(2) A health care professional may negotiate with a health 12405
plan issuer to establish a reimbursement rate for fees 12406
associated with the administrative costs incurred in providing 12407
telehealth services as long as a patient is not responsible for 12408
any portion of the fee. 12409

(3) A health care professional providing telehealth 12410
services shall obtain a patient's consent before billing for the 12411
cost of providing the services, but the requirement to do so 12412
applies only once. 12413

(F) Nothing in this section limits or otherwise affects 12414
any other provision of the Revised Code that requires a health 12415
care professional who is not a physician to practice under the 12416
supervision of, in collaboration with, in consultation with, or 12417
pursuant to the referral of another health care professional. 12418

(G) It is the intent of the general assembly, through the 12419
amendments to this section, to expand access to and investment 12420
in telehealth services in this state in congruence with the 12421
expansion and investment in telehealth services made during the 12422
COVID-19 pandemic. 12423

Sec. 4755.48. (A) No person shall employ fraud or 12424
deception in applying for or securing a license to practice 12425
physical therapy or to be a physical therapist assistant. 12426

(B) No person shall practice or in any way imply or claim 12427
to the public by words, actions, or the use of letters as 12428
described in division (C) of this section to be able to practice 12429
physical therapy or to provide physical therapy services, 12430
including practice as a physical therapist assistant, unless the 12431

person holds a valid license under sections 4755.40 to 4755.56 12432
of the Revised Code or except for submission of claims as 12433
provided in section 4755.56 of the Revised Code. 12434

(C) No person shall use the words or letters, physical 12435
therapist, physical therapy, physical therapy services, 12436
physiotherapist, physiotherapy, physiotherapy services, licensed 12437
physical therapist, P.T., Ph.T., P.T.T., R.P.T., L.P.T., M.P.T., 12438
D.P.T., M.S.P.T., P.T.A., physical therapy assistant, physical 12439
therapist assistant, physical therapy technician, licensed 12440
physical therapist assistant, L.P.T.A., R.P.T.A., or any other 12441
letters, words, abbreviations, or insignia, indicating or 12442
implying that the person is a physical therapist or physical 12443
therapist assistant without a valid license under sections 12444
4755.40 to 4755.56 of the Revised Code. 12445

(D) No person who practices physical therapy or assists in 12446
the provision of physical therapy treatments under the 12447
supervision of a physical therapist shall fail to display the 12448
person's current license granted under sections 4755.40 to 12449
4755.56 of the Revised Code in a conspicuous location in the 12450
place where the person spends the major part of the person's 12451
time so engaged. 12452

(E) Nothing in sections 4755.40 to 4755.56 of the Revised 12453
Code shall affect or interfere with the performance of the 12454
duties of any physical therapist or physical therapist assistant 12455
in active service in the army, navy, coast guard, marine corps, 12456
air force, public health service, or marine hospital service of 12457
the United States, while so serving. 12458

(F) Nothing in sections 4755.40 to 4755.56 of the Revised 12459
Code shall prevent or restrict the activities or services of a 12460
person pursuing a course of study leading to a degree in 12461

physical therapy in an accredited or approved educational 12462
program if the activities or services constitute a part of a 12463
supervised course of study and the person is designated by a 12464
title that clearly indicates the person's status as a student. 12465

(G) (1) Subject to division (G) (2) of this section, nothing 12466
in sections 4755.40 to 4755.56 of the Revised Code shall prevent 12467
or restrict the activities or services of any person who holds a 12468
current, unrestricted license to practice physical therapy in 12469
another state when that person, pursuant to contract or 12470
employment with an athletic team located in the state in which 12471
the person holds the license, provides physical therapy to any 12472
of the following while the team is traveling to or from or 12473
participating in a sporting event in this state: 12474

(a) A member of the athletic team; 12475

(b) A member of the athletic team's coaching, 12476
communications, equipment, or sports medicine staff; 12477

(c) A member of a band or cheerleading squad accompanying 12478
the athletic team; 12479

(d) The athletic team's mascot. 12480

(2) In providing physical therapy pursuant to division (G) 12481
(1) of this section, the person shall not do either of the 12482
following: 12483

(a) Provide physical therapy at a health care facility; 12484

(b) Provide physical therapy for more than sixty days in a 12485
calendar year. 12486

(3) The limitations described in divisions (G) (1) and (2) 12487
of this section do not apply to a person who is practicing in 12488
accordance with the compact privilege granted by this state 12489

through the "Physical Therapy Licensure Compact" entered into 12490
under section 4755.57 of the Revised Code. 12491

(4) The physical therapy section of the occupational 12492
therapy, physical therapy, and athletic trainers board shall not 12493
require a nonresident person who holds a license to practice 12494
physical therapy in another state to obtain a license in 12495
accordance with Chapter 4796. of the Revised Code to provide 12496
physical therapy services in the manner described under division 12497
(G) (1) of this section. 12498

(H) (1) Except as provided in division (H) (2) of this 12499
section and subject to division (I) of this section, no person 12500
shall practice physical therapy other than on the prescription 12501
of, or the referral of a patient by, a person who is licensed in 12502
this or another state to do at least one of the following: 12503

(a) Practice medicine and surgery, chiropractic, 12504
dentistry, osteopathic medicine and surgery, podiatric medicine 12505
and surgery; 12506

(b) Practice as a physician ~~assistant~~associate; 12507

(c) Practice nursing as an advanced practice registered 12508
nurse. 12509

(2) The prohibition in division (H) (1) of this section on 12510
practicing physical therapy other than on the prescription of, 12511
or the referral of a patient by, any of the persons described in 12512
that division does not apply if either of the following applies 12513
to the person: 12514

(a) The person holds a master's or doctorate degree from a 12515
professional physical therapy program that is accredited by a 12516
national physical therapy accreditation agency approved by the 12517
physical therapy section of the Ohio occupational therapy, 12518

physical therapy, and athletic trainers board. 12519

(b) On or before December 31, 2004, the person has 12520
completed at least two years of practical experience as a 12521
licensed physical therapist. 12522

(I) To be authorized to prescribe physical therapy or 12523
refer a patient to a physical therapist for physical therapy, a 12524
person described in division (H) (1) of this section must be in 12525
good standing with the relevant licensing board in this state or 12526
the state in which the person is licensed and must act only 12527
within the person's scope of practice. 12528

(J) In the prosecution of any person for violation of 12529
division (B) or (C) of this section, it is not necessary to 12530
allege or prove want of a valid license to practice physical 12531
therapy or to practice as a physical therapist assistant, but 12532
such matters shall be a matter of defense to be established by 12533
the accused. 12534

Sec. 4755.623. (A) A person licensed as an athletic 12535
trainer pursuant to this chapter shall engage in the activities 12536
described in section 4755.621 or 4755.622 of the Revised Code 12537
only if the person acts upon the referral of one or more of the 12538
following: 12539

(1) A physician; 12540

(2) A dentist licensed under Chapter 4715. of the Revised 12541
Code; 12542

(3) A physical therapist licensed under this chapter; 12543

(4) A chiropractor licensed under Chapter 4734. of the 12544
Revised Code; 12545

(5) Subject to division (B) of this section, an athletic 12546

trainer licensed under this chapter;	12547
(6) A physician assistant <u>associate</u> licensed under Chapter 4730. of the Revised Code;	12548 12549
(7) A certified nurse practitioner licensed under Chapter 4723. of the Revised Code.	12550 12551
(B) A person licensed as an athletic trainer pursuant to this chapter may practice upon the referral of an athletic trainer described in division (A) of this section only if athletic training has already been recommended and referred by a health care provider described in division (A) of this section who is not an athletic trainer.	12552 12553 12554 12555 12556 12557
Sec. 4761.01. As used in this chapter:	12558
(A) "Respiratory care" means rendering or offering to render to individuals, groups, organizations, or the public any service involving the evaluation of cardiopulmonary function, the treatment of cardiopulmonary impairment, the assessment of treatment effectiveness, and the care of patients with deficiencies and abnormalities associated with the cardiopulmonary system. The practice of respiratory care includes:	12559 12560 12561 12562 12563 12564 12565 12566
(1) Obtaining, analyzing, testing, measuring, and monitoring blood and gas samples in the determination of cardiopulmonary parameters and related physiologic data, including flows, pressures, and volumes, and the use of equipment employed for this purpose;	12567 12568 12569 12570 12571
(2) Administering, monitoring, recording the results of, and instructing in the use of medical gases, aerosols, and bronchopulmonary hygiene techniques, including drainage, aspiration, and sampling, and applying, maintaining, and	12572 12573 12574 12575

instructing in the use of artificial airways, ventilators, and 12576
other life support equipment employed in the treatment of 12577
cardiopulmonary impairment and provided in collaboration with 12578
other licensed health care professionals responsible for 12579
providing care; 12580

(3) Performing cardiopulmonary resuscitation and 12581
respiratory rehabilitation techniques; 12582

(4) Administering medications for the testing or treatment 12583
of cardiopulmonary impairment. 12584

(B) "Respiratory care professional" means a person who is 12585
licensed under this chapter to practice the full range of 12586
services described in division (A) of this section. 12587

(C) "Physician" means an individual authorized under 12588
Chapter 4731. of the Revised Code to practice medicine and 12589
surgery or osteopathic medicine and surgery. 12590

(D) "Registered nurse" means an individual licensed under 12591
Chapter 4723. of the Revised Code to engage in the practice of 12592
nursing as a registered nurse. 12593

(E) "Hospital" means a facility that meets the operating 12594
standards of section 3727.02 of the Revised Code. 12595

(F) "Nursing facility" has the same meaning as in section 12596
5165.01 of the Revised Code. 12597

(G) "Advanced practice registered nurse" has the same 12598
meaning as in section 4723.01 of the Revised Code. 12599

(H) "Physician ~~assistant~~associate" means an individual who 12600
holds a valid license to practice as a physician ~~assistant~~ 12601
associate issued under Chapter 4730. of the Revised Code. 12602

Sec. 4761.11. (A) Nothing in this chapter shall be 12603
construed to prevent or restrict the practice, services, or 12604
activities of any person who: 12605

(1) Is a health care professional licensed by this state 12606
providing respiratory care services included in the scope of 12607
practice established by the license held, as long as the person 12608
does not represent that the person is engaged in the practice of 12609
respiratory care; 12610

(2) Is employed as a respiratory care professional by an 12611
agency of the United States government and provides respiratory 12612
care solely under the direction or control of the employing 12613
agency; 12614

(3) Is a student enrolled in a respiratory care education 12615
program approved by the state medical board leading to a 12616
certificate of completion in respiratory care and is performing 12617
duties that are part of a supervised course of study; 12618

(4) Is employed in the office of a physician and renders 12619
medical assistance under the physician's direct supervision 12620
without representing that the person is engaged in the practice 12621
of respiratory care; 12622

(5) Is employed in a clinical chemistry or arterial blood 12623
gas laboratory and is supervised by a physician without 12624
representing that the person is engaged in the practice of 12625
respiratory care; 12626

(6) Is engaged in the practice of respiratory care as an 12627
employee of a person or governmental entity located in another 12628
state and provides respiratory care services for less than 12629
seventy-two hours to patients being transported into, out of, or 12630
through this state; 12631

(7) Is employed as a certified hyperbaric technologist and 12632
administers hyperbaric oxygen therapy under the direct 12633
supervision of a physician, a podiatrist acting in compliance 12634
with section 4731.511 of the Revised Code, a physician 12635
~~assistant~~associate, or an advanced practice registered nurse and 12636
without representing that the person is engaged in the practice 12637
of respiratory care. 12638

As used in division (A) (7) of this section: 12639

(a) "Certified hyperbaric technologist" means a person who 12640
is certified as a hyperbaric technologist by the national board 12641
of diving and hyperbaric medical technology or its successor 12642
organization. 12643

(b) "Hyperbaric oxygen therapy" means the administration 12644
of pure oxygen in a pressurized room or chamber, except that it 12645
does not include ventilator management. 12646

(B) Nothing in this chapter shall be construed to prevent 12647
any person from advertising, describing, or offering to provide 12648
respiratory care or billing for respiratory care when the 12649
respiratory care services are provided by a health care 12650
professional licensed by this state practicing within the scope 12651
of practice established by the license held. Nothing in this 12652
chapter shall be construed to prevent a hospital or nursing 12653
facility from advertising, describing, or offering to provide 12654
respiratory care, or billing for respiratory care rendered by a 12655
person licensed under this chapter or persons who may provide 12656
limited aspects of respiratory care or respiratory care tasks 12657
pursuant to division (B) of section 4761.10 of the Revised Code. 12658

(C) Notwithstanding division (A) of section 4761.10 of the 12659
Revised Code, in a life-threatening situation, in the absence of 12660

licensed personnel, unlicensed persons shall not be prohibited 12661
from taking life-saving measures. 12662

(D) Nothing in this chapter shall be construed as 12663
authorizing a respiratory care professional to practice medicine 12664
and surgery or osteopathic medicine and surgery. This division 12665
does not prohibit a respiratory care professional from 12666
administering topical or intradermal medications for the purpose 12667
of producing localized decreased sensation as part of a 12668
procedure or task that is within the scope of practice of a 12669
respiratory care professional. 12670

Sec. 4761.17. All of the following apply to the practice 12671
of respiratory care by a person who holds a license or limited 12672
permit issued under this chapter: 12673

(A) The person shall practice only pursuant to a 12674
prescription or other order for respiratory care issued by any 12675
of the following: 12676

(1) A physician; 12677

(2) A clinical nurse specialist, certified nurse-midwife, 12678
or certified nurse practitioner who holds a current, valid 12679
license issued under Chapter 4723. of the Revised Code to 12680
practice nursing as an advanced practice registered nurse and 12681
has entered into a standard care arrangement with a physician; 12682

(3) A certified registered nurse anesthetist who holds a 12683
current, valid license issued under Chapter 4723. of the Revised 12684
Code to practice nursing as an advanced practice registered 12685
nurse and acts in compliance with sections 4723.43, 4723.433, 12686
and 4723.434 of the Revised Code; 12687

(4) A physician ~~assistant~~ associate who ~~holds a valid~~ 12688
~~prescriber number issued by the state medical board,~~ has been 12689

granted physician-delegated prescriptive authority, and has 12690
entered into a supervision agreement that allows the physician 12691
~~assistant~~associate to prescribe or order respiratory care 12692
services. 12693

(B) The person shall practice only under the supervision 12694
of any of the following: 12695

(1) A physician; 12696

(2) A certified nurse practitioner, certified nurse- 12697
midwife, or clinical nurse specialist; 12698

(3) A physician ~~assistant~~associate who is authorized to 12699
prescribe or order respiratory care services as provided in 12700
division (A)(4) of this section. 12701

(C)(1) When practicing under the prescription or order of 12702
a certified nurse practitioner, certified nurse midwife, or 12703
clinical nurse specialist or under the supervision of such a 12704
nurse, the person's administration of medication that requires a 12705
prescription is limited to the drugs that the nurse is 12706
authorized to prescribe pursuant to section 4723.481 of the 12707
Revised Code. 12708

(2) When practicing under the order of a certified 12709
registered nurse anesthetist, the person's administration of 12710
medication is limited to the drugs that the nurse is authorized 12711
to order or direct the person to administer, as provided in 12712
sections 4723.43, 4723.433, and 4723.434 of the Revised Code. 12713

(3) When practicing under the prescription or order of a 12714
physician ~~assistant~~associate or under the supervision of a 12715
physician ~~assistant~~associate, the person's administration of 12716
medication that requires a prescription is limited to the drugs 12717
that the physician ~~assistant~~associate is authorized to 12718

prescribe pursuant to the physician ~~assistant's~~associate's 12719
physician-delegated prescriptive authority. 12720

Sec. 4765.01. As used in this chapter: 12721

(A) "First responder" means an individual who holds a 12722
current, valid certificate issued under section 4765.30 of the 12723
Revised Code to practice as a first responder. 12724

(B) "Emergency medical technician-basic" or "EMT-basic" 12725
means an individual who holds a current, valid certificate 12726
issued under section 4765.30 of the Revised Code to practice as 12727
an emergency medical technician-basic. 12728

(C) "Emergency medical technician-intermediate" or "EMT-I" 12729
means an individual who holds a current, valid certificate 12730
issued under section 4765.30 of the Revised Code to practice as 12731
an emergency medical technician-intermediate. 12732

(D) "Emergency medical technician-paramedic" or 12733
"paramedic" means an individual who holds a current, valid 12734
certificate issued under section 4765.30 of the Revised Code to 12735
practice as an emergency medical technician-paramedic. 12736

(E) "Ambulance" means any motor vehicle that is used, or 12737
is intended to be used, for the purpose of responding to 12738
emergency medical situations, transporting emergency patients, 12739
and administering emergency medical service to patients before, 12740
during, or after transportation. 12741

(F) "Cardiac monitoring" means a procedure used for the 12742
purpose of observing and documenting the rate and rhythm of a 12743
patient's heart by attaching electrical leads from an 12744
electrocardiograph monitor to certain points on the patient's 12745
body surface. 12746

(G) "Emergency medical service" means any of the services 12747
that first responders, emergency medical technicians-basic, 12748
emergency medical technicians-intermediate, and paramedics are 12749
authorized to perform pursuant to rules adopted by the state 12750
board of emergency medical, fire, and transportation services 12751
under section 4765.11 of the Revised Code. "Emergency medical 12752
service" includes such services performed before or during any 12753
transport of a patient, including transports between hospitals 12754
and transports to and from helicopters. 12755

(H) "Emergency medical service organization" means a 12756
public or private organization using first responders, EMTs- 12757
basic, EMTs-I, or paramedics, or a combination of first 12758
responders, EMTs-basic, EMTs-I, and paramedics, to provide 12759
emergency medical services. 12760

(I) "Physician" means an individual who holds a current, 12761
valid license issued under Chapter 4731. of the Revised Code 12762
authorizing the practice of medicine and surgery or osteopathic 12763
medicine and surgery. 12764

(J) "Registered nurse" means an individual who holds a 12765
current, valid license issued under Chapter 4723. of the Revised 12766
Code authorizing the practice of nursing as a registered nurse. 12767

(K) "Volunteer" means a person who provides services 12768
either for no compensation or for compensation that does not 12769
exceed the actual expenses incurred in providing the services or 12770
in training to provide the services. 12771

(L) "Emergency medical service personnel" means first 12772
responders, emergency medical technicians-basic, emergency 12773
medical technicians-intermediate, emergency medical technicians- 12774
paramedic, and persons who provide medical direction to such 12775

persons.	12776
(M) "Hospital" has the same meaning as in section 3727.01 of the Revised Code.	12777 12778
(N) "Trauma" or "traumatic injury" means severe damage to or destruction of tissue that satisfies both of the following conditions:	12779 12780 12781
(1) It creates a significant risk of any of the following:	12782
(a) Loss of life;	12783
(b) Loss of a limb;	12784
(c) Significant, permanent disfigurement;	12785
(d) Significant, permanent disability.	12786
(2) It is caused by any of the following:	12787
(a) Blunt or penetrating injury;	12788
(b) Exposure to electromagnetic, chemical, or radioactive energy;	12789 12790
(c) Drowning, suffocation, or strangulation;	12791
(d) A deficit or excess of heat.	12792
(O) "Trauma victim" or "trauma patient" means a person who has sustained a traumatic injury.	12793 12794
(P) "Trauma care" means the assessment, diagnosis, transportation, treatment, or rehabilitation of a trauma victim by emergency medical service personnel or by a physician, nurse, physician assistant <u>associate</u> , respiratory therapist, physical therapist, chiropractor, occupational therapist, speech-language pathologist, audiologist, or psychologist licensed to practice as such in this state or another jurisdiction.	12795 12796 12797 12798 12799 12800 12801

- (Q) "Trauma center" means all of the following: 12802
- (1) Any hospital that is verified by the American college 12803
of surgeons as an adult or pediatric trauma center; 12804
- (2) Any hospital that is operating as an adult or 12805
pediatric trauma center under provisional status pursuant to 12806
section 3727.101 of the Revised Code; 12807
- (3) Until December 31, 2004, any hospital in this state 12808
that is designated by the director of health as a level II 12809
pediatric trauma center under section 3727.081 of the Revised 12810
Code; 12811
- (4) Any hospital in another state that is licensed or 12812
designated under the laws of that state as capable of providing 12813
specialized trauma care appropriate to the medical needs of the 12814
trauma patient. 12815
- (R) "Pediatric" means involving a patient who is less than 12816
sixteen years of age. 12817
- (S) "Adult" means involving a patient who is not a 12818
pediatric patient. 12819
- (T) "Geriatric" means involving a patient who is at least 12820
seventy years old or exhibits significant anatomical or 12821
physiological characteristics associated with advanced aging. 12822
- (U) "Air medical organization" means an organization that 12823
provides emergency medical services, or transports emergency 12824
victims, by means of fixed or rotary wing aircraft. 12825
- (V) "Emergency care" and "emergency facility" have the 12826
same meanings as in section 3727.01 of the Revised Code. 12827
- (W) "Stabilize" has the same meaning as in section 1753.28 12828

of the Revised Code. 12829

(X) "Transfer" has the same meaning as in section 1753.28 12830
of the Revised Code. 12831

(Y) "Firefighter" means any member of a fire department as 12832
defined in section 742.01 of the Revised Code. 12833

(Z) "Volunteer firefighter" has the same meaning as in 12834
section 146.01 of the Revised Code. 12835

(AA) "Part-time paid firefighter" means a person who 12836
provides firefighting services on less than a full-time basis, 12837
is routinely scheduled to be present on site at a fire station 12838
or other designated location for purposes of responding to a 12839
fire or other emergency, and receives more than nominal 12840
compensation for the provision of firefighting services. 12841

(BB) "Physician ~~assistant~~associate" means an individual 12842
who holds a valid license to practice as a physician ~~assistant~~ 12843
associate issued under Chapter 4730. of the Revised Code. 12844

(CC) "Advanced practice registered nurse" has the same 12845
meaning as in section 4723.01 of the Revised Code. 12846

Sec. 4765.35. (A) A first responder may perform any of the 12847
emergency medical services specified for first responders in 12848
rules adopted under section 4765.11 of the Revised Code by the 12849
state board of emergency medical, fire, and transportation 12850
services. A first responder shall perform the emergency medical 12851
services in accordance with this chapter and any rules adopted 12852
under it by the board. 12853

(B) (1) Except as provided in division (B) (2) of this 12854
section, the emergency medical services provided by a first 12855
responder shall be performed only pursuant to one of the 12856

following: 12857

(a) The written or verbal authorization of a physician or 12858
of the cooperating physician advisory board; 12859

(b) An authorization transmitted through a direct 12860
communication device by a physician, physician ~~assistant~~ 12861
associate designated by a physician, or registered nurse 12862
designated by a physician; 12863

(c) Any applicable protocols adopted by the emergency 12864
medical service organization with which the first responder is 12865
affiliated. 12866

(2) Division (B) (1) of this section does not prohibit a 12867
first responder from complying with a do-not-resuscitate order 12868
issued by a physician ~~assistant~~ associate or advanced practice 12869
registered nurse pursuant to section 2133.211 of the Revised 12870
Code. 12871

Sec. 4765.36. In a hospital, an emergency medical 12872
technician-basic, emergency medical technician-intermediate, or 12873
emergency medical technician-paramedic may perform emergency 12874
medical services if the services are performed in accordance 12875
with both of the following conditions: 12876

(A) Only in the hospital's emergency department or while 12877
moving a patient between the emergency department and another 12878
part of the hospital; 12879

(B) Only under the direction and supervision of one of the 12880
following: 12881

(1) A physician; 12882

(2) A physician ~~assistant~~ associate designated by a 12883
physician; 12884

(3) A registered nurse designated by a physician. 12885

Sec. 4765.37. (A) An emergency medical technician-basic 12886
may perform any of the emergency medical services specified for 12887
EMTs-basic in rules adopted under section 4765.11 of the Revised 12888
Code by the state board of emergency medical, fire, and 12889
transportation services. An EMT-basic shall perform the 12890
emergency medical services in accordance with this chapter and 12891
any rules adopted under it by the board. 12892

(B) (1) Except as provided in division (B) (2) of this 12893
section, the emergency medical services provided by an EMT-basic 12894
shall be performed only pursuant to one of the following: 12895

(a) The written or verbal authorization of a physician or 12896
of the cooperating physician advisory board; 12897

(b) An authorization transmitted through a direct 12898
communication device by a physician, physician ~~assistant~~ 12899
associate designated by a physician, or registered nurse 12900
designated by a physician; 12901

(c) Any applicable protocols adopted by the emergency 12902
medical service organization with which the EMT-basic is 12903
affiliated. 12904

(2) Division (B) (1) of this section does not prohibit an 12905
EMT-basic from complying with a do-not-resuscitate order issued 12906
by a physician ~~assistant~~ associate or advanced practice 12907
registered nurse pursuant to section 2133.211 of the Revised 12908
Code. 12909

Sec. 4765.38. (A) An emergency medical technician- 12910
intermediate may perform any of the emergency medical services 12911
specified for EMTs-I in rules adopted under section 4765.11 of 12912
the Revised Code by the state board of emergency medical, fire, 12913

and transportation services. An EMT-I shall perform emergency 12914
medical services in accordance with this chapter and any rules 12915
adopted under it by the board. 12916

(B) (1) Except as provided in division (B) (2) of this 12917
section, the emergency medical services provided by an EMT-I 12918
shall be performed only pursuant to one of the following: 12919

(a) The written or verbal authorization of a physician or 12920
of the cooperating physician advisory board; 12921

(b) An authorization transmitted through a direct 12922
communication device by a physician, physician ~~assistant~~ 12923
associate designated by a physician, or registered nurse 12924
designated by a physician; 12925

(c) Any applicable protocols adopted by the emergency 12926
medical service organization with which the EMT-I is affiliated. 12927

(2) Division (B) (1) of this section does not prohibit an 12928
EMT-I from complying with a do-not-resuscitate order issued by a 12929
physician ~~assistant~~ associate or advanced practice registered 12930
nurse pursuant to section 2133.211 of the Revised Code. 12931

(C) In addition to, and in the course of, providing 12932
emergency medical treatment, an EMT-I may withdraw blood as 12933
provided under sections 1547.11, 4506.17, and 4511.19 of the 12934
Revised Code. An EMT-I shall withdraw blood in accordance with 12935
this chapter and any rules adopted under it by the board. 12936

Sec. 4765.39. (A) An emergency medical technician- 12937
paramedic may perform any of the emergency medical services 12938
specified for paramedics in rules adopted under section 4765.11 12939
of the Revised Code by the state board of emergency medical, 12940
fire, and transportation services. A paramedic shall perform 12941
emergency medical services in accordance with this chapter and 12942

any rules adopted under it by the state board of emergency 12943
medical, fire, and transportation services. 12944

(B) (1) Except as provided in division (B) (2) of this 12945
section, the emergency medical services provided by a paramedic 12946
shall be performed only pursuant to one of the following: 12947

(a) The written or verbal authorization of a physician or 12948
of the cooperating physician advisory board; 12949

(b) An authorization transmitted through a direct 12950
communication device by a physician, physician ~~assistant~~ 12951
associate designated by a physician, or registered nurse 12952
designated by a physician; 12953

(c) Any applicable protocols adopted by the emergency 12954
medical service organization with which the paramedic is 12955
affiliated. 12956

(2) Division (B) (1) of this section does not prohibit a 12957
paramedic from complying with a do-not-resuscitate order issued 12958
by a physician ~~assistant~~ associate or advanced practice 12959
registered nurse pursuant to section 2133.211 of the Revised 12960
Code. 12961

(C) In addition to, and in the course of, providing 12962
emergency medical treatment, a paramedic may withdraw blood as 12963
provided under sections 1547.11, 4506.17, and 4511.19 of the 12964
Revised Code. A paramedic shall withdraw blood in accordance 12965
with this chapter and any rules adopted under it by the board. 12966

Sec. 4765.49. (A) A first responder, emergency medical 12967
technician-basic, emergency medical technician-intermediate, or 12968
emergency medical technician-paramedic is not liable in damages 12969
in a civil action for injury, death, or loss to person or 12970
property resulting from the individual's administration of 12971

emergency medical services, unless the services are administered 12972
in a manner that constitutes willful or wanton misconduct. A 12973
physician, physician ~~assistant~~ associate designated by a 12974
physician, or registered nurse designated by a physician, any of 12975
whom is advising or assisting in the emergency medical services 12976
by means of any communication device or telemetering system, is 12977
not liable in damages in a civil action for injury, death, or 12978
loss to person or property resulting from the individual's 12979
advisory communication or assistance, unless the advisory 12980
communication or assistance is provided in a manner that 12981
constitutes willful or wanton misconduct. Medical directors and 12982
members of cooperating physician advisory boards of emergency 12983
medical service organizations are not liable in damages in a 12984
civil action for injury, death, or loss to person or property 12985
resulting from their acts or omissions in the performance of 12986
their duties, unless the act or omission constitutes willful or 12987
wanton misconduct. 12988

(B) A political subdivision, joint ambulance district, 12989
joint emergency medical services district, or other public 12990
agency, and any officer or employee of a public agency or of a 12991
private organization operating under contract or in joint 12992
agreement with one or more political subdivisions, that provides 12993
emergency medical services, or that enters into a joint 12994
agreement or a contract with the state, any political 12995
subdivision, joint ambulance district, or joint emergency 12996
medical services district for the provision of emergency medical 12997
services, is not liable in damages in a civil action for injury, 12998
death, or loss to person or property arising out of any actions 12999
taken by a first responder, EMT-basic, EMT-I, or paramedic 13000
working under the officer's or employee's jurisdiction, or for 13001
injury, death, or loss to person or property arising out of any 13002

actions of licensed medical personnel advising or assisting the 13003
first responder, EMT-basic, EMT-I, or paramedic, unless the 13004
services are provided in a manner that constitutes willful or 13005
wanton misconduct. 13006

(C) A student who is enrolled in an emergency medical 13007
services training program accredited under section 4765.17 of 13008
the Revised Code or an emergency medical services continuing 13009
education program approved under that section is not liable in 13010
damages in a civil action for injury, death, or loss to person 13011
or property resulting from either of the following: 13012

(1) The student's administration of emergency medical 13013
services or patient care or treatment, if the services, care, or 13014
treatment is administered while the student is under the direct 13015
supervision and in the immediate presence of an EMT-basic, EMT- 13016
I, paramedic, registered nurse, physician ~~assistant~~associate, or 13017
physician and while the student is receiving clinical training 13018
that is required by the program, unless the services, care, or 13019
treatment is provided in a manner that constitutes willful or 13020
wanton misconduct; 13021

(2) The student's training as an ambulance driver, unless 13022
the driving is done in a manner that constitutes willful or 13023
wanton misconduct. 13024

(D) An EMT-basic, EMT-I, paramedic, or other operator, who 13025
holds a valid commercial driver's license issued pursuant to 13026
Chapter 4506. of the Revised Code or driver's license issued 13027
pursuant to Chapter 4507. of the Revised Code and who is 13028
employed by an emergency medical service organization that is 13029
not owned or operated by a political subdivision as defined in 13030
section 2744.01 of the Revised Code, is not liable in damages in 13031
a civil action for injury, death, or loss to person or property 13032

that is caused by the operation of an ambulance by the EMT- 13033
basic, EMT-I, paramedic, or other operator while responding to 13034
or completing a call for emergency medical services, unless the 13035
operation constitutes willful or wanton misconduct or does not 13036
comply with the precautions of section 4511.03 of the Revised 13037
Code. An emergency medical service organization is not liable in 13038
damages in a civil action for any injury, death, or loss to 13039
person or property that is caused by the operation of an 13040
ambulance by its employee or agent, if this division grants the 13041
employee or agent immunity from civil liability for the injury, 13042
death, or loss. 13043

(E) An employee or agent of an emergency medical service 13044
organization who receives requests for emergency medical 13045
services that are directed to the organization, dispatches first 13046
responders, EMTs-basic, EMTs-I, or paramedics in response to 13047
those requests, communicates those requests to those employees 13048
or agents of the organization who are authorized to dispatch 13049
first responders, EMTs-basic, EMTs-I, or paramedics, or performs 13050
any combination of these functions for the organization, is not 13051
liable in damages in a civil action for injury, death, or loss 13052
to person or property resulting from the individual's acts or 13053
omissions in the performance of those duties for the 13054
organization, unless an act or omission constitutes willful or 13055
wanton misconduct. 13056

(F) A person who is performing the functions of a first 13057
responder, EMT-basic, EMT-I, or paramedic under the authority of 13058
the laws of a state that borders this state and who provides 13059
emergency medical services to or transportation of a patient in 13060
this state is not liable in damages in a civil action for 13061
injury, death, or loss to person or property resulting from the 13062
person's administration of emergency medical services, unless 13063

the services are administered in a manner that constitutes 13064
willful or wanton misconduct. A physician, physician ~~assistant~~ 13065
associate designated by a physician, or registered nurse 13066
designated by a physician, any of whom is licensed to practice 13067
in the adjoining state and who is advising or assisting in the 13068
emergency medical services by means of any communication device 13069
or telemetering system, is not liable in damages in a civil 13070
action for injury, death, or loss to person or property 13071
resulting from the person's advisory communication or 13072
assistance, unless the advisory communication or assistance is 13073
provided in a manner that constitutes willful or wanton 13074
misconduct. 13075

(G) A person certified under section 4765.23 of the 13076
Revised Code to teach in an emergency medical services training 13077
program or emergency medical services continuing education 13078
program, and a person who teaches at the Ohio fire academy 13079
established under section 3737.33 of the Revised Code or in a 13080
fire service training program described in division (A) of 13081
section 4765.55 of the Revised Code, is not liable in damages in 13082
a civil action for injury, death, or loss to person or property 13083
resulting from the person's acts or omissions in the performance 13084
of the person's duties, unless an act or omission constitutes 13085
willful or wanton misconduct. 13086

(H) In the accreditation of emergency medical services 13087
training programs or approval of emergency medical services 13088
continuing education programs, the state board of emergency 13089
medical, fire, and transportation services and any person or 13090
entity authorized by the board to evaluate applications for 13091
accreditation or approval are not liable in damages in a civil 13092
action for injury, death, or loss to person or property 13093
resulting from their acts or omissions in the performance of 13094

their duties, unless an act or omission constitutes willful or
wanton misconduct.

(I) A person authorized by an emergency medical service
organization to review the performance of first responders,
EMTs-basic, EMTs-I, and paramedics or to administer quality
assurance programs is not liable in damages in a civil action
for injury, death, or loss to person or property resulting from
the person's acts or omissions in the performance of the
person's duties, unless an act or omission constitutes willful
or wanton misconduct.

Sec. 4765.51. Nothing in this chapter prevents or
restricts the practice, services, or activities of any
registered nurse practicing within the scope of the registered
nurse's practice.

Nothing in this chapter prevents or restricts the
practice, services, or activities of any physician ~~assistant~~
associate practicing in accordance with a supervision agreement
entered into under section 4730.19 of the Revised Code,
including, if applicable, the policies of the health care
facility in which the physician ~~assistant~~associate is
practicing.

Sec. 4769.01. As used in this chapter:

(A) "Medicare" means the program established by Title
XVIII of the "Social Security Act," 49 Stat. 620 (1935), 42
U.S.C.A. 301, as amended.

(B) "Balance billing" means charging or collecting from a
medicare beneficiary an amount in excess of the medicare
reimbursement rate for medicare-covered services or supplies
provided to a medicare beneficiary, except when medicare is the

secondary insurer. When medicare is the secondary insurer, the 13124
health care practitioner may pursue full reimbursement under the 13125
terms and conditions of the primary coverage and, if applicable, 13126
the charge allowed under the terms and conditions of the 13127
appropriate provider contract, from the primary insurer, but the 13128
medicare beneficiary cannot be balance billed above the medicare 13129
reimbursement rate for a medicare-covered service or supply. 13130
"Balance billing" does not include charging or collecting 13131
deductibles or coinsurance required by the program. 13132

(C) "Health care practitioner" means all of the following: 13133

(1) A dentist or dental hygienist licensed under Chapter 13134
4715. of the Revised Code; 13135

(2) A registered or licensed practical nurse licensed 13136
under Chapter 4723. of the Revised Code; 13137

(3) An optometrist licensed under Chapter 4725. of the 13138
Revised Code; 13139

(4) A dispensing optician, spectacle dispensing optician, 13140
or spectacle-contact lens dispensing optician licensed under 13141
Chapter 4725. of the Revised Code; 13142

(5) A pharmacist licensed under Chapter 4729. of the 13143
Revised Code; 13144

(6) A physician authorized under Chapter 4731. of the 13145
Revised Code to practice medicine and surgery, osteopathic 13146
medicine and surgery, or ~~pediatry~~podiatric medicine and surgery; 13147

(7) A physician ~~assistant authorized~~associate licensed 13148
under Chapter 4730. of the Revised Code ~~to practice as a~~ 13149
~~physician assistant~~; 13150

(8) A practitioner of a limited branch of medicine issued 13151

a <u>license or certificate</u> under Chapter 4731. of the Revised Code;	13152 13153
(9) A psychologist licensed under Chapter 4732. of the Revised Code;	13154 13155
(10) A chiropractor licensed under Chapter 4734. of the Revised Code;	13156 13157
(11) A hearing aid dealer or fitter licensed under Chapter 4747. of the Revised Code;	13158 13159
(12) A speech-language pathologist or audiologist licensed under Chapter 4753. of the Revised Code;	13160 13161
(13) An occupational therapist or occupational therapy assistant licensed under Chapter 4755. of the Revised Code;	13162 13163
(14) A physical therapist or physical therapy assistant licensed under Chapter 4755. of the Revised Code;	13164 13165
(15) A licensed professional clinical counselor, licensed professional counselor, social worker, or independent social worker licensed, or a social work assistant registered, under Chapter 4757. of the Revised Code;	13166 13167 13168 13169
(16) A dietitian licensed under Chapter 4759. of the Revised Code;	13170 13171
(17) A respiratory care professional licensed under Chapter 4761. of the Revised Code;	13172 13173
(18) An emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic certified under Chapter 4765. of the Revised Code.	13174 13175 13176 13177
Sec. 4933.122. No natural gas, gas, or electric light	13178

company shall terminate service, except for safety reasons or 13179
upon the request of the customer, at any time to a residential 13180
consumer, except pursuant to procedures that provide for all of 13181
the following: 13182

(A) Reasonable prior notice is given to such consumer, 13183
including notice of rights and remedies, and no due date shall 13184
be established, after which a customer's account is considered 13185
to be in arrears if unpaid, that is less than fourteen days 13186
after the mailing of the billing. This limitation does not apply 13187
to charges to customers that receive service pursuant to an 13188
arrangement authorized by section 4905.31 of the Revised Code, 13189
nor to electric light companies operated not for profit or 13190
public utilities that are owned or operated by a municipal 13191
corporation. 13192

(B) A reasonable opportunity is given to dispute the 13193
reasons for such termination; 13194

(C) In circumstances in which termination of service to a 13195
consumer would be especially dangerous to health, as determined 13196
by the public utilities commission, or make the operation of 13197
necessary medical or life-supporting equipment impossible or 13198
impractical, and such consumer establishes that the consumer is 13199
unable to pay for such service in accordance with the 13200
requirements of the utility's billing except under an extended 13201
payment plan. 13202

Such procedures shall take into account the need to 13203
include reasonable provisions for consumers who are elderly and 13204
who have disabilities. 13205

The commission shall hold hearings and adopt rules to 13206
carry out this section. 13207

To the extent that any rules adopted for the purpose of 13208
division (C) of this section require a health care professional 13209
to validate the health of a consumer or the necessity of 13210
operation of a consumer's medical or life-supporting equipment, 13211
the rules shall include as a health care professional a 13212
physician ~~assistant~~associate, a clinical nurse specialist, a 13213
certified nurse practitioner, or a certified nurse-midwife. 13214

Sec. 5101.19. As used in sections 5101.19 to 5101.194 of 13215
the Revised Code: 13216

(A) "Adopted child" means a person who is less than 13217
eighteen years of age when the person becomes subject to a final 13218
order of adoption, an interlocutory order of adoption, or when 13219
the adoption is recognized by this state under section 3107.18 13220
of the Revised Code. 13221

(B) "Adoption" includes an adoption arranged by an 13222
attorney, a public children services agency, private child 13223
placing agency, or a private noncustodial agency, an interstate 13224
adoption, or an international or foreign adoption. 13225

(C) "Adoptive parent" means the person or persons who 13226
obtain parental rights and responsibilities over an adopted 13227
child pursuant to a final order of adoption, an interlocutory 13228
order of adoption, or an adoption recognized by this state under 13229
section 3107.18 of the Revised Code. 13230

(D) "Casework services" means services performed or 13231
arranged by a public children services agency, private child 13232
placing agency, private noncustodial agency, or public entity 13233
with whom the department of job and family services has a Title 13234
IV-E subgrant agreement in effect, to manage the progress, 13235
provide supervision and protection of the child and the child's 13236

parent, guardian, or custodian.	13237
(E) "Foster caregiver" has the same meaning as in section 5103.02 of the Revised Code.	13238 13239
(F) "Qualified professional" means an individual that is, but not limited to, any one of the following:	13240 13241
(1) Audiologist;	13242
(2) Orthopedist;	13243
(3) Physician;	13244
(4) Certified nurse practitioner;	13245
(5) Physician assistant <u>associate</u> ;	13246
(6) Psychiatrist;	13247
(7) Psychologist;	13248
(8) School psychologist;	13249
(9) Licensed marriage and family therapist;	13250
(10) Speech and language pathologist;	13251
(11) Licensed independent social worker;	13252
(12) Licensed professional clinical counselor;	13253
(13) Licensed social worker who is under the direct supervision of a licensed independent social worker;	13254 13255
(14) Licensed professional counselor who is under the direct supervision of a licensed professional clinical counselor.	13256 13257 13258
(G) "Special needs" means any of the following:	13259
(1) A developmental disability, as defined in section	13260

5123.01 of the Revised Code;	13261
(2) A physical or mental impairment that substantially limits one or more of the major life activities;	13262 13263
(3) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems;	13264 13265 13266
(4) Any mental or psychological disorder;	13267
(5) A medical condition causing distress, pain, dysfunction, or social problems as diagnosed by a qualified professional that results in ongoing medical treatment.	13268 13269 13270
Sec. 5103.0327. Any physical examination required in the determination of foster home placement may be conducted by any individual authorized by the Revised Code to conduct physical examinations, including a physician assistant <u>associate</u> , a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife. Any written documentation of the physical examination shall be completed by the individual who conducted the examination.	13271 13272 13273 13274 13275 13276 13277 13278
Sec. 5104.0110. To the extent that any rules adopted for the purposes of this chapter require a health care professional to perform a physical examination, the rules shall include as a health care professional a physician assistant <u>associate</u> , a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife.	13279 13280 13281 13282 13283 13284
Sec. 5104.037. (A) As used in this section:	13285
(1) "Active tuberculosis" has the same meaning as in section 339.71 of the Revised Code.	13286 13287
(2) "Latent tuberculosis" means tuberculosis that has been	13288

demonstrated by a positive reaction to a tuberculosis test but 13289
has no clinical, bacteriological, or radiographic evidence of 13290
active tuberculosis. 13291

(3) "Licensed health professional" means any of the 13292
following: 13293

(a) A physician authorized under Chapter 4731. of the 13294
Revised Code to practice medicine and surgery or osteopathic 13295
medicine and surgery; 13296

(b) A physician ~~assistant~~associate who holds a current, 13297
valid license to practice as a physician ~~assistant~~associate 13298
issued under Chapter 4730. of the Revised Code; 13299

(c) A certified nurse practitioner,l as defined in section 13300
4723.01 of the Revised Code; 13301

(d) A clinical nurse specialist,l as defined in section 13302
4723.01 of the Revised Code. 13303

(4) "Tuberculosis control unit" means the county 13304
tuberculosis control unit designated by a board of county 13305
commissioners under section 339.72 of the Revised Code or the 13306
district tuberculosis control unit designated pursuant to an 13307
agreement entered into by two or more boards of county 13308
commissioners under that section. 13309

(5) "Tuberculosis test" means either of the following: 13310

(a) A two-step Mantoux tuberculin skin test; 13311

(b) A blood assay for m. tuberculosis. 13312

(B) Before employing a person as an administrator or 13313
employee, for the purpose of tuberculosis screening, each child 13314
care center shall determine if the person has done both of the 13315

following: 13316

(1) Resided in a country identified by the world health organization as having a high burden of tuberculosis; 13317
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(2) Arrived in the United States within the five years immediately preceding the date of application for employment. 13319
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(C) If the person meets the criteria described in division (B) of this section, the center shall require the person to undergo a tuberculosis test before employment. If the result of the test is negative, the center may employ the person. 13321
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(D) If the result of any tuberculosis test performed as described in division (C) of this section is positive, the center shall require the person to undergo additional testing for tuberculosis, which may include a chest radiograph or the collection and examination of specimens. 13325
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(1) If additional testing indicates active tuberculosis, then until the person is no longer infectious as determined by the county tuberculosis unit, the center shall not employ the person or, if employed, shall not allow the person to be physically present at the center's location. 13330
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For purposes of this section, evidence that a person is no longer infectious shall consist of a written statement to that effect signed by a representative of the tuberculosis control unit. 13335
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(2) If additional testing indicates latent tuberculosis, then until the person submits to the program evidence that the person is receiving treatment as prescribed by a licensed health professional, the preschool program shall not employ the person or, if employed, shall not allow the person to be physically present at the program's location. Once the person submits to 13339
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13344

the program evidence that the person is in the process of 13345
completing a tuberculosis treatment regimen as prescribed by a 13346
licensed health professional, the preschool program may employ 13347
the person and allow the person to be physically present at the 13348
program's location so long as periodic evidence of compliance 13349
with the treatment regimen is submitted in accordance with rules 13350
adopted under section 3701.146 of the Revised Code. 13351

For purposes of this section, evidence that a person is in 13352
the process of completing and is compliant with a tuberculosis 13353
treatment regimen shall consist of a written statement to that 13354
effect signed by the tuberculosis control unit that is 13355
overseeing the person's treatment. 13356

Sec. 5119.185. (A) As used in this section: 13357

(1) "Advanced practice registered nurse" has the same 13358
meaning as in section 4723.01 of the Revised Code. 13359

(2) "Clinician" means any of the following: 13360

(a) An advanced practice registered nurse; 13361

(b) A physician; 13362

(c) A physician ~~assistant~~associate. 13363

(3) "Physician" means an individual authorized under 13364
Chapter 4731. of the Revised Code to practice medicine and 13365
surgery or osteopathic medicine and surgery. 13366

(4) "Physician ~~assistant~~associate" means an individual who 13367
holds a current, valid license to practice as a physician 13368
~~assistant~~associate issued under Chapter 4730. of the Revised 13369
Code. 13370

(B) The department of mental health and addiction services 13371

may establish a clinician recruitment program under which the 13372
department agrees to repay all or part of the principal and 13373
interest of a government or other educational loan incurred by a 13374
clinician who agrees to provide services to inpatients and 13375
outpatients of institutions under the department's 13376
administration. To be eligible to participate in the program, a 13377
clinician must have attended the following: 13378

(1) In the case of a physician, a school that was, at the 13379
time of attendance, a medical school or osteopathic medical 13380
school in this country accredited by the ~~liason~~ liaison 13381
committee on medical education or the American osteopathic 13382
association, or a medical school or osteopathic medical school 13383
located outside this country that was acknowledged by the world 13384
health organization and verified by a member state of that 13385
organization as operating within that state's jurisdiction; 13386

(2) In the case of a physician ~~assistant~~ associate, a 13387
school that was, at the time of attendance, accredited by the 13388
accreditation review commission on education for the physician 13389
assistant or a regional or specialized and professional 13390
accrediting agency recognized by the council for higher 13391
education accreditation; 13392

(3) In the case of an advanced practice registered nurse, 13393
a school that was, at the time of attendance, accredited by a 13394
national or regional accrediting organization. 13395

(C) The department shall enter into a contract with each 13396
clinician it recruits under this section. Each contract shall 13397
include at least the following terms: 13398

(1) The clinician agrees to provide a specified scope of 13399
health care services for a specified number of hours per week 13400

and a specified number of years to patients of one or more 13401
specified institutions administered by the department. 13402

(2) The department agrees to repay all or a specified 13403
portion of the principal and interest of a government or other 13404
educational loan taken by the clinician for the following 13405
expenses if the clinician meets the service obligation agreed to 13406
and the expenses were incurred while the clinician was enrolled 13407
in, for up to a maximum of four years, a school that qualifies 13408
the clinician to participate in the program: 13409

(a) Tuition; 13410

(b) Other educational expenses for specific purposes, 13411
including fees, books, and laboratory expenses, in amounts 13412
determined to be reasonable in accordance with rules adopted 13413
under division (D) of this section; 13414

(c) Room and board, in an amount determined to be 13415
reasonable in accordance with rules adopted under division (D) 13416
of this section. 13417

(3) The clinician agrees to pay the department a specified 13418
amount, which shall be not less than the amount already paid by 13419
the department pursuant to its agreement, as damages if the 13420
clinician fails to complete the service obligation agreed to or 13421
fails to comply with other specified terms of the contract. The 13422
contract may vary the amount of damages based on the portion of 13423
the clinician's service obligation that remains uncompleted as 13424
determined by the department. 13425

(4) Other terms agreed upon by the parties. 13426

(D) If the department elects to implement the clinician 13427
recruitment program, it shall adopt rules in accordance with 13428
Chapter 119. of the Revised Code that establish all of the 13429

following:	13430
(1) Criteria for designating institutions for which clinicians will be recruited;	13431 13432
(2) Criteria for selecting clinicians for participation in the program;	13433 13434
(3) Criteria for determining the portion of a clinician's loan that the department will agree to repay;	13435 13436
(4) Criteria for determining reasonable amounts of the expenses described in divisions (C) (2) (b) and (c) of this section;	13437 13438 13439
(5) Procedures for monitoring compliance by clinicians with the terms of their contracts;	13440 13441
(6) Any other criteria or procedures necessary to implement the program.	13442 13443
Sec. 5119.363. The director of mental health and addiction services shall adopt rules governing the duties of community addiction services providers under section 5119.362 of the Revised Code. The rules shall be adopted in accordance with Chapter 119. of the Revised Code.	13444 13445 13446 13447 13448
The director shall adopt rules under this section that authorize the department of mental health and addiction services to determine an advanced practice registered nurse's, physician assistant's <u>associate's</u> , or physician's compliance with section 3719.064 of the Revised Code if such practitioner works for a community addiction services provider.	13449 13450 13451 13452 13453 13454
Sec. 5123.47. (A) As used in this section:	13455
(1) "In-home care" means the supportive services provided	13456

within the home of an individual with a developmental disability 13457
who receives funding for the services through a county board of 13458
developmental disabilities, including any recipient of 13459
residential services funded as home and community-based 13460
services, family support services provided under section 5126.11 13461
of the Revised Code, or supported living provided in accordance 13462
with sections 5126.41 to 5126.47 of the Revised Code. "In-home 13463
care" includes care that is provided outside an individual's 13464
home in places incidental to the home, and while traveling to 13465
places incidental to the home, except that "in-home care" does 13466
not include care provided in the facilities of a county board of 13467
developmental disabilities or care provided in schools. 13468

(2) "Parent" means either parent of a child, including an 13469
adoptive parent but not a foster parent. 13470

(3) "Unlicensed in-home care worker" means an individual 13471
who provides in-home care but is not a health care professional. 13472

(4) "Family member" means a parent, sibling, spouse, son, 13473
daughter, grandparent, aunt, uncle, cousin, or guardian of the 13474
individual with a developmental disability if the individual 13475
with a developmental disability lives with the person and is 13476
dependent on the person to the extent that, if the supports were 13477
withdrawn, another living arrangement would have to be found. 13478

(5) "Health care professional" means any of the following: 13479

(a) A dentist who holds a valid license issued under 13480
Chapter 4715. of the Revised Code; 13481

(b) A registered or licensed practical nurse who holds a 13482
valid license issued under Chapter 4723. of the Revised Code; 13483

(c) An optometrist who holds a valid license issued under 13484
Chapter 4725. of the Revised Code; 13485

(d) A pharmacist who holds a valid license issued under Chapter 4729. of the Revised Code;	13486 13487
(e) A person who holds a valid license or certificate issued under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited brand of medicine;	13488 13489 13490 13491
(f) A physician assistant <u>associate</u> who holds a valid license issued under Chapter 4730. of the Revised Code;	13492 13493
(g) An occupational therapist or occupational therapy assistant or a physical therapist or physical therapist assistant who holds a valid license issued under Chapter 4755. of the Revised Code;	13494 13495 13496 13497
(h) A respiratory care professional who holds a valid license issued under Chapter 4761. of the Revised Code.	13498 13499
(6) "Health care task" means a task that is prescribed, ordered, delegated, or otherwise directed by a health care professional acting within the scope of the professional's practice. "Health care task" includes the administration of oral and topical prescribed medications; administration of nutrition and medications through gastrostomy and jejunostomy tubes that are stable and labeled; administration of oxygen and metered dose inhaled medications; administration of insulin through subcutaneous injections, inhalation, and insulin pumps; and administration of prescribed medications for the treatment of metabolic glyceic disorders through subcutaneous injections.	13500 13501 13502 13503 13504 13505 13506 13507 13508 13509 13510
(B) Except as provided in division (E) of this section, a family member of an individual with a developmental disability may authorize an unlicensed in-home care worker to perform health care tasks as part of the in-home care the worker	13511 13512 13513 13514

provides to the individual, if all of the following apply: 13515

(1) The family member is the primary supervisor of the 13516
care. 13517

(2) The unlicensed in-home care worker has been selected 13518
by the family member or the individual receiving care and is 13519
under the direct supervision of the family member. 13520

(3) The unlicensed in-home care worker is providing the 13521
care through an employment or other arrangement entered into 13522
directly with the family member and is not otherwise employed by 13523
or under contract with a person or government entity to provide 13524
services to individuals with developmental disabilities. 13525

(4) The health care task is completed in accordance with 13526
standard, written instructions. 13527

(5) Performance of the health care task requires no 13528
judgment based on specialized health care knowledge or 13529
expertise. 13530

(6) The outcome of the health care task is reasonably 13531
predictable. 13532

(7) Performance of the health care task requires no 13533
complex observation of the individual receiving the care. 13534

(8) Improper performance of the health care task will 13535
result in only minimal complications that are not life- 13536
threatening. 13537

(C) A family member shall obtain a prescription, if 13538
applicable, and written instructions from a health care 13539
professional for the care to be provided to the individual. The 13540
family member shall authorize the unlicensed in-home care worker 13541
to provide the care by preparing a written document granting the 13542

authority. The family member shall provide the unlicensed in- 13543
home care worker with appropriate training and written 13544
instructions in accordance with the instructions obtained from 13545
the health care professional. The family member or a health care 13546
professional shall be available to communicate with the 13547
unlicensed in-home care worker either in person or by 13548
telecommunication while the in-home care worker performs a 13549
health care task. 13550

(D) A family member who authorizes an unlicensed in-home 13551
care worker to administer oral and topical prescribed 13552
medications or perform other health care tasks retains full 13553
responsibility for the health and safety of the individual 13554
receiving the care and for ensuring that the worker provides the 13555
care appropriately and safely. No entity that funds or monitors 13556
the provision of in-home care may be held liable for the results 13557
of the care provided under this section by an unlicensed in-home 13558
care worker, including such entities as the county board of 13559
developmental disabilities and the department of developmental 13560
disabilities. 13561

An unlicensed in-home care worker who is authorized under 13562
this section by a family member to provide care to an individual 13563
may not be held liable for any injury caused in providing the 13564
care, unless the worker provides the care in a manner that is 13565
not in accordance with the training and instructions received or 13566
the worker acts in a manner that constitutes willful or wanton 13567
misconduct. 13568

(E) A county board of developmental disabilities may 13569
evaluate the authority granted by a family member under this 13570
section to an unlicensed in-home care worker at any time it 13571
considers necessary and shall evaluate the authority on receipt 13572

of a complaint. If the board determines that a family member has acted in a manner that is inappropriate for the health and safety of the individual receiving the care, the authorization granted by the family member to an unlicensed in-home care worker is void, and the family member may not authorize other unlicensed in-home care workers to provide the care. In making such a determination, the board shall use appropriately licensed health care professionals and shall provide the family member an opportunity to file a complaint under section 5126.06 of the Revised Code.

Sec. 5164.072. (A) As used in this section, "licensed health professional" means the following:

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

(2) An advanced practice registered nurse who holds a current, valid license issued under Chapter 4723. of the Revised Code that authorizes the practice of nursing as an advanced practice registered nurse and is designated as a clinical specialist, certified nurse-midwife, or certified nurse practitioner;

(3) A physician ~~assistant~~associate licensed under Chapter 4730. of the Revised Code.

(B) The medicaid program shall cover pasteurized human donor milk and human milk fortifiers, in both hospital and home settings, for an infant whose gestationally corrected age is less than twelve months when all of the following apply:

(1) A licensed health professional signs an order stating that human donor milk or human milk fortifiers are medically

necessary because the infant meets any of the following 13602
criteria: 13603

(a) The infant has a birth weight less than eighteen 13604
hundred grams or body weight below healthy levels. 13605

(b) The infant has a gestational age at birth of thirty- 13606
four weeks or less. 13607

(c) The infant has any congenital or acquired condition 13608
for which the health professional determines that the use of 13609
pasteurized human donor milk or human milk fortifiers will 13610
support the treatment of the condition and recovery of the 13611
infant. 13612

(2) The infant is medically or physically unable to 13613
receive maternal breast milk or participate in breast-feeding, 13614
or the infant's mother is medically or physically unable to 13615
produce breast milk in sufficient quantities or of adequate 13616
caloric density, despite lactation support. 13617

(C) The medicaid director may adopt rules in accordance 13618
with Chapter 119. of the Revised Code to implement this section. 13619

Sec. 5164.301. (A) As used in this section, "group 13620
practice" has the same meaning as in section 4731.65 of the 13621
Revised Code. 13622

(B) The department of medicaid shall establish a process 13623
by which a physician ~~assistant~~associate may enter into a 13624
provider agreement. 13625

(C) (1) Subject to division (C) (2) of this section, a claim 13626
for medicaid payment for a medicaid service provided by a 13627
physician ~~assistant~~associate to a medicaid recipient may be 13628
submitted by the physician ~~assistant~~associate who provided the 13629

service or the physician, group practice, clinic, or other 13630
health care facility that employs the physician 13631
~~assistant~~associate. 13632

(2) A claim for medicaid payment may be submitted by the 13633
physician ~~assistant~~associate who provided the service only if 13634
the physician ~~assistant~~associate has a valid provider 13635
agreement. When submitting the claim, the physician ~~assistant~~ 13636
associate shall use only the medicaid provider number the 13637
department has assigned to the physician ~~assistant~~associate. 13638

Sec. 5164.95. (A) As used in this section, "telehealth 13639
service" means a health care service delivered to a patient 13640
through the use of interactive audio, video, or other 13641
telecommunications or electronic technology from a site other 13642
than the site where the patient is located. 13643

(B) The department of medicaid shall establish standards 13644
for medicaid payments for health care services the department 13645
determines are appropriate to be covered by the medicaid program 13646
when provided as telehealth services. The standards shall be 13647
established in rules adopted under section 5164.02 of the 13648
Revised Code. 13649

In accordance with section 5162.021 of the Revised Code, 13650
the medicaid director shall adopt rules authorizing the 13651
directors of other state agencies to adopt rules regarding the 13652
medicaid coverage of telehealth services under programs 13653
administered by the other state agencies. Any such rules adopted 13654
by the medicaid director or the directors of other state 13655
agencies are not subject to the requirements of division (F) of 13656
section 121.95 of the Revised Code. 13657

(C) (1) To the extent permitted under rules adopted under 13658

section 5164.02 of the Revised Code and applicable federal law,	13659
the following practitioners are eligible to provide telehealth	13660
services covered pursuant to this section:	13661
(a) A physician licensed under Chapter 4731. of the	13662
Revised Code to practice medicine and surgery, osteopathic	13663
medicine and surgery, or podiatric medicine and surgery;	13664
(b) A psychologist, independent school psychologist, or	13665
school psychologist licensed under Chapter 4732. of the Revised	13666
Code;	13667
(c) A physician assistant <u>associate</u> licensed under Chapter	13668
4730. of the Revised Code;	13669
(d) A clinical nurse specialist, certified nurse-midwife,	13670
or certified nurse practitioner licensed under Chapter 4723. of	13671
the Revised Code;	13672
(e) An independent social worker, independent marriage and	13673
family therapist, or professional clinical counselor licensed	13674
under Chapter 4757. of the Revised Code;	13675
(f) An independent chemical dependency counselor licensed	13676
under Chapter 4758. of the Revised Code;	13677
(g) A supervised practitioner or supervised trainee;	13678
(h) An audiologist or speech-language pathologist licensed	13679
under Chapter 4753. of the Revised Code;	13680
(i) An audiology aide or speech-language pathology aide,	13681
as defined in section 4753.072 of the Revised Code, or an	13682
individual holding a conditional license under section 4753.071	13683
of the Revised Code;	13684
(j) An occupational therapist or physical therapist	13685

licensed under Chapter 4755. of the Revised Code;	13686
(k) An occupational therapy assistant or physical therapist assistant licensed under Chapter 4755. of the Revised Code.	13687 13688 13689
(l) A dietitian licensed under Chapter 4759. of the Revised Code;	13690 13691
(m) A chiropractor licensed under Chapter 4734. of the Revised Code;	13692 13693
(n) A pharmacist licensed under Chapter 4729. of the Revised Code;	13694 13695
(o) A genetic counselor licensed under Chapter 4778. of the Revised Code;	13696 13697
(p) An optometrist licensed under Chapter 4725. of the Revised Code to practice optometry;	13698 13699
(q) A respiratory care professional licensed under Chapter 4761. of the Revised Code;	13700 13701
(r) A certified Ohio behavior analyst certified under Chapter 4783. of the Revised Code;	13702 13703
(s) A practitioner who provides services through a medicaid school program;	13704 13705
(t) Subject to section 5119.368 of the Revised Code, a practitioner authorized to provide services and supports certified under section 5119.36 of the Revised Code through a community mental health services provider or community addiction services provider;	13706 13707 13708 13709 13710
(u) Any other practitioner the medicaid director considers eligible to provide telehealth services.	13711 13712

(2) In accordance with division (B) of this section and to 13713
the extent permitted under rules adopted under section 5164.02 13714
of the Revised Code and applicable federal law, the following 13715
provider types are eligible to submit claims for medicaid 13716
payments for providing telehealth services: 13717

(a) Any practitioner described in division (C)(1) of this 13718
section, except for those described in divisions (C)(1)(g), (i), 13719
and (k) of this section; 13720

(b) A professional medical group; 13721

(c) A federally qualified health center or federally 13722
qualified health center look-alike, as defined in section 13723
3701.047 of the Revised Code; 13724

(d) A rural health clinic; 13725

(e) An ambulatory health care clinic; 13726

(f) An outpatient hospital; 13727

(g) A medicaid school program; 13728

(h) Subject to section 5119.368 of the Revised Code, a 13729
community mental health services provider or community addiction 13730
services provider that offers services and supports certified 13731
under section 5119.36 of the Revised Code; 13732

(i) Any other provider type the medicaid director 13733
considers eligible to submit the claims for payment. 13734

(D)(1) When providing telehealth services under this 13735
section, a practitioner shall comply with all requirements under 13736
state and federal law regarding the protection of patient 13737
information. A practitioner shall ensure that any username or 13738
password information and any electronic communications between 13739

the practitioner and a patient are securely transmitted and 13740
stored. 13741

(2) When providing telehealth services under this section, 13742
every practitioner site shall have access to the medical records 13743
of the patient at the time telehealth services are provided. 13744

Sec. 5503.08. Each state highway patrol officer shall, in 13745
addition to the sick leave benefits provided in section 124.38 13746
of the Revised Code, be entitled to occupational injury leave. 13747
Occupational injury leave of one thousand five hundred hours 13748
with pay may, with the approval of the superintendent of the 13749
state highway patrol, be used for absence resulting from each 13750
independent injury incurred in the line of duty, except that 13751
occupational injury leave is not available for injuries incurred 13752
during those times when the patrol officer is actually engaged 13753
in administrative or clerical duties at a patrol facility, when 13754
a patrol officer is on a meal or rest period, or when the patrol 13755
officer is engaged in any personal business. The superintendent 13756
of the state highway patrol shall, by rule, define those 13757
administrative and clerical duties and those situations where 13758
the occurrence of an injury does not entitle the patrol officer 13759
to occupational injury leave. Each injury incurred in the line 13760
of duty which aggravates a previously existing injury, whether 13761
the previously existing injury was so incurred or not, shall be 13762
considered an independent injury. When its use is authorized 13763
under this section, all occupational injury leave shall be 13764
exhausted before any credit is deducted from unused sick leave 13765
accumulated under section 124.38 of the Revised Code, except 13766
that, unless otherwise provided by the superintendent of the 13767
state highway patrol, occupational injury leave shall not be 13768
used for absence occurring within seven calendar days of the 13769
injury. During that seven calendar day period, unused sick leave 13770

may be used for such an absence. 13771

When occupational injury leave is used, it shall be 13772
deducted from the unused balance of the patrol officer's 13773
occupational injury leave for that injury on the basis of one 13774
hour for every one hour of absence from previously scheduled 13775
work. 13776

Before a patrol officer may use occupational injury leave, 13777
the patrol officer shall: 13778

(A) Apply to the superintendent for permission to use 13779
occupational injury leave on a form that requires the patrol 13780
officer to explain the nature of the patrol officer's 13781
independent injury and the circumstances under which it 13782
occurred; and 13783

(B) Submit to a medical examination. The individual who 13784
conducts the examination shall report to the superintendent the 13785
results of the examination and whether or not the independent 13786
injury prevents the patrol officer from attending work. 13787

The superintendent shall, by rule, provide for periodic 13788
medical examinations of patrol officers who are using 13789
occupational injury leave. The individual selected to conduct 13790
the medical examinations shall report to the superintendent the 13791
results of each such examination, including a description of the 13792
progress made by the patrol officer in recovering from the 13793
independent injury, and whether or not the independent injury 13794
continues to prevent the patrol officer from attending work. 13795

The superintendent shall appoint to conduct medical 13796
examinations under this division individuals authorized by the 13797
Revised Code to do so, including any physician 13798
~~assistant~~associate, clinical nurse specialist, certified nurse 13799

practitioner, or certified nurse-midwife. 13800

A patrol officer is not entitled to use or continue to use 13801
occupational injury leave after refusing to submit to a medical 13802
examination or if the individual examining the patrol officer 13803
reports that the independent injury does not prevent the patrol 13804
officer from attending work. 13805

A patrol officer who falsifies an application for 13806
permission to use occupational injury leave or a medical 13807
examination report is subject to disciplinary action, including 13808
dismissal. 13809

The superintendent shall, by rule, prescribe forms for the 13810
application and medical examination report. 13811

Occupational injury leave pay made according to this 13812
section is in lieu of such workers' compensation benefits as 13813
would have been payable directly to a patrol officer pursuant to 13814
sections 4123.56 and 4123.58 of the Revised Code, but all other 13815
compensation and benefits pursuant to Chapter 4123. of the 13816
Revised Code are payable as in any other case. If at the close 13817
of the period, the patrol officer remains disabled, the patrol 13818
officer is entitled to all compensation and benefits, without a 13819
waiting period pursuant to section 4123.55 of the Revised Code 13820
based upon the injury received, for which the patrol officer 13821
qualifies pursuant to Chapter 4123. of the Revised Code. 13822
Compensation shall be paid from the date that the patrol officer 13823
ceases to receive the patrol officer's regular rate of pay 13824
pursuant to this section. 13825

Occupational injury leave shall not be credited to or, 13826
upon use, deducted from, a patrol officer's sick leave. 13827

Section 2. That existing sections 1.64, 124.32, 124.41, 13828

124.42, 124.50, 503.45, 503.47, 505.38, 709.012, 737.15, 737.16, 13829
737.22, 742.38, 911.11, 1337.11, 1349.05, 1561.26, 1751.01, 13830
1785.01, 2108.61, 2133.01, 2133.211, 2135.01, 2151.3515, 13831
2151.53, 2305.113, 2305.234, 2305.2311, 2305.51, 2711.22, 13832
2743.62, 2907.13, 2907.29, 2909.04, 2921.22, 2925.01, 3107.02, 13833
3111.91, 3301.531, 3313.5310, 3313.7112, 3313.7117, 3319.13, 13834
3327.10, 3331.02, 3331.07, 3701.046, 3701.048, 3701.23, 3701.25, 13835
3701.36, 3701.59, 3701.615, 3701.74, 3701.90, 3701.92, 3701.921, 13836
3701.928, 3701.941, 3709.161, 3715.50, 3715.501, 3715.502, 13837
3715.503, 3715.872, 3719.01, 3719.06, 3719.064, 3719.12, 13838
3719.121, 3719.81, 3721.21, 3727.06, 3728.01, 3795.01, 3919.29, 13839
3963.01, 4503.44, 4507.20, 4715.30, 4723.01, 4723.18, 4723.181, 13840
4723.481, 4723.72, 4723.73, 4729.01, 4729.39, 4730.02, 4730.03, 13841
4730.04, 4730.05, 4730.06, 4730.07, 4730.08, 4730.10, 4730.101, 13842
4730.11, 4730.111, 4730.12, 4730.13, 4730.14, 4730.141, 4730.15, 13843
4730.19, 4730.20, 4730.201, 4730.202, 4730.203, 4730.21, 13844
4730.22, 4730.25, 4730.251, 4730.252, 4730.26, 4730.27, 4730.28, 13845
4730.31, 4730.32, 4730.33, 4730.34, 4730.38, 4730.39, 4730.41, 13846
4730.411, 4730.42, 4730.43, 4730.432, 4730.433, 4730.437, 13847
4730.44, 4730.49, 4730.53, 4730.55, 4730.56, 4730.60, 4730.99, 13848
4731.052, 4731.053, 4731.054, 4731.22, 4731.25, 4731.297, 13849
4731.33, 4731.37, 4743.09, 4755.48, 4755.623, 4761.01, 4761.11, 13850
4761.17, 4765.01, 4765.35, 4765.36, 4765.37, 4765.38, 4765.39, 13851
4765.49, 4765.51, 4769.01, 4933.122, 5101.19, 5103.0327, 13852
5104.0110, 5104.037, 5119.185, 5119.363, 5123.47, 5164.072, 13853
5164.301, 5164.95, and 5503.08 of the Revised Code are hereby 13854
repealed. 13855

Section 3. That sections 3701.923, 3701.924, 3701.925, and 13856
3701.926 of the Revised Code are hereby repealed. 13857

Section 4. That the versions of sections 4723.481, 13858
4730.411, and 4761.01 of the Revised Code scheduled to take 13859

effect September 30, 2024, be amended to read as follows: 13860

Sec. 4723.481. This section establishes standards and 13861
conditions regarding the authority of an advanced practice 13862
registered nurse who is designated as a clinical nurse 13863
specialist, certified nurse-midwife, or certified nurse 13864
practitioner to prescribe and personally furnish drugs and 13865
therapeutic devices under a license issued under section 4723.42 13866
of the Revised Code. 13867

(A) A clinical nurse specialist, certified nurse-midwife, 13868
or certified nurse practitioner shall not prescribe or furnish 13869
any drug or therapeutic device that is listed on the 13870
exclusionary formulary established in rules adopted under 13871
section 4723.50 of the Revised Code. 13872

(B) The prescriptive authority of a clinical nurse 13873
specialist, certified nurse-midwife, or certified nurse 13874
practitioner shall not exceed the prescriptive authority of the 13875
collaborating physician or podiatrist, including the 13876
collaborating physician's authority to treat chronic pain with 13877
controlled substances ~~and products containing tramadol~~ as 13878
described in section 4731.052 of the Revised Code. 13879

(C) (1) Except as provided in division (C) (2) or (3) of 13880
this section, a clinical nurse specialist, certified nurse- 13881
midwife, or certified nurse practitioner may prescribe to a 13882
patient a schedule II controlled substance only if all of the 13883
following are the case: 13884

(a) The patient has a terminal condition, as defined in 13885
section 2133.01 of the Revised Code. 13886

(b) A physician initially prescribed the substance for the 13887
patient. 13888

(c) The prescription is for an amount that does not exceed 13889
the amount necessary for the patient's use in a single, seventy- 13890
two-hour period. 13891

(2) The restrictions on prescriptive authority that are 13892
specified in division (C) (1) of this section do not apply if a 13893
clinical nurse specialist, certified nurse-midwife, or certified 13894
nurse practitioner issues the prescription to the patient from 13895
any of the following entities: 13896

(a) A hospital as defined in section 3722.01 of the 13897
Revised Code; 13898

(b) An entity owned or controlled, in whole or in part, by 13899
a hospital or by an entity that owns or controls, in whole or in 13900
part, one or more hospitals; 13901

(c) A health care facility operated by the department of 13902
mental health and addiction services or the department of 13903
developmental disabilities; 13904

(d) A nursing home licensed under section 3721.02 of the 13905
Revised Code or by a political subdivision certified under 13906
section 3721.09 of the Revised Code; 13907

(e) A county home or district home operated under Chapter 13908
5155. of the Revised Code that is certified under the medicare 13909
or medicaid program; 13910

(f) A hospice care program, as defined in section 3712.01 13911
of the Revised Code; 13912

(g) A community mental health services provider, as 13913
defined in section 5122.01 of the Revised Code; 13914

(h) An ambulatory surgical facility, as defined in section 13915
3702.30 of the Revised Code; 13916

(i) A freestanding birthing center, as defined in section 3701.503 of the Revised Code;	13917 13918
(j) A federally qualified health center, as defined in section 3701.047 of the Revised Code;	13919 13920
(k) A federally qualified health center look-alike, as defined in section 3701.047 of the Revised Code;	13921 13922
(l) A health care office or facility operated by the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code;	13923 13924 13925 13926
(m) A site where a medical practice is operated, but only if the practice is comprised of one or more physicians who also are owners of the practice; the practice is organized to provide direct patient care; and the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner providing services at the site has a standard care arrangement and collaborates with at least one of the physician owners who practices primarily at that site;	13927 13928 13929 13930 13931 13932 13933 13934
(n) A site where a behavioral health practice is operated that does not qualify as a location otherwise described in division (C)(2) of this section, but only if the practice is organized to provide outpatient services for the treatment of mental health conditions, substance use disorders, or both, and the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner providing services at the site of the practice has a standard care arrangement and collaborates with at least one physician who is employed by that practice;	13935 13936 13937 13938 13939 13940 13941 13942 13943
(o) A residential care facility, as defined in section 3721.01 of the Revised Code.	13944 13945

(3) A clinical nurse specialist, certified nurse-midwife, 13946
or certified nurse practitioner shall not issue to a patient a 13947
prescription for a schedule II controlled substance from a 13948
convenience care clinic even if the clinic is owned or operated 13949
by an entity specified in division (C) (2) of this section. 13950

(D) A pharmacist who acts in good faith reliance on a 13951
prescription issued by a clinical nurse specialist, certified 13952
nurse-midwife, or certified nurse practitioner under division 13953
(C) (2) of this section is not liable for or subject to any of 13954
the following for relying on the prescription: damages in any 13955
civil action, prosecution in any criminal proceeding, or 13956
professional disciplinary action by the state board of pharmacy 13957
under Chapter 4729. of the Revised Code. 13958

(E) A clinical nurse specialist, certified nurse-midwife, 13959
or certified nurse practitioner shall comply with section 13960
3719.061 of the Revised Code if the nurse prescribes for a 13961
minor, as defined in that section, an opioid analgesic, as 13962
defined in section 3719.01 of the Revised Code. 13963

Sec. 4730.411. (A) Except as provided in division (B) or 13964
(C) of this section, a physician ~~assistant-associate who has~~ 13965
been granted physician-delegated prescriptive authority may 13966
prescribe to a patient a schedule II controlled substance only 13967
if all of the following are the case: 13968

(1) The patient is in a terminal condition, as defined in 13969
section 2133.01 of the Revised Code. 13970

(2) The physician ~~assistant's-associate's~~ supervising 13971
physician initially prescribed the substance for the patient. 13972

(3) The prescription is for an amount that does not exceed 13973
the amount necessary for the patient's use in a single, twenty- 13974

four-hour period. 13975

(B) The restrictions on prescriptive authority that are 13976
specified in division (A) of this section do not apply if a 13977
physician ~~assistant~~associate issues the prescription to the 13978
patient from any of the following locations: 13979

(1) A hospital, as defined in section 3722.01 of the 13980
Revised Code; 13981

(2) An entity owned or controlled, in whole or in part, by 13982
a hospital or by an entity that owns or controls, in whole or in 13983
part, one or more hospitals; 13984

(3) A health care facility operated by the department of 13985
mental health and addiction services or the department of 13986
developmental disabilities; 13987

(4) A nursing home licensed under section 3721.02 of the 13988
Revised Code or by a political subdivision certified under 13989
section 3721.09 of the Revised Code; 13990

(5) A county home or district home operated under Chapter 13991
5155. of the Revised Code that is certified under the medicare 13992
or medicaid program; 13993

(6) A hospice care program, as defined in section 3712.01 13994
of the Revised Code; 13995

(7) A community mental health services provider, as 13996
defined in section 5122.01 of the Revised Code; 13997

(8) An ambulatory surgical facility, as defined in section 13998
3702.30 of the Revised Code; 13999

(9) A freestanding birthing center, as defined in section 14000
3701.503 of the Revised Code; 14001

- (10) A federally qualified health center, as defined in section 3701.047 of the Revised Code; 14002
14003
- (11) A federally qualified health center look-alike, as defined in section 3701.047 of the Revised Code; 14004
14005
- (12) A health care office or facility operated by the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code; 14006
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- (13) A site where a medical practice is operated, but only if the practice is comprised of one or more physicians who also are owners of the practice; the practice is organized to provide direct patient care; and the physician ~~assistant~~associate has entered into a supervisory agreement with at least one of the physician owners who practices primarily at that site; 14010
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- (14) A site where a behavioral health practice is operated that does not qualify as a location otherwise described in division (B) of this section, but only if the practice is organized to provide outpatient services for the treatment of mental health conditions, substance use disorders, or both, and the physician ~~assistant~~associate providing services at the site of the practice has entered into a supervisory agreement with at least one physician who is employed by that practice. 14016
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- (C) A physician ~~assistant~~associate shall not issue to a patient a prescription for a schedule II controlled substance from a convenience care clinic even if the convenience care clinic is owned or operated by an entity specified in division (B) of this section. 14024
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- (D) A pharmacist who acts in good faith reliance on a prescription issued by a physician ~~assistant~~associate under 14029
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division (B) of this section is not liable for or subject to any 14031
of the following for relying on the prescription: damages in any 14032
civil action, prosecution in any criminal proceeding, or 14033
professional disciplinary action by the state board of pharmacy 14034
under Chapter 4729. of the Revised Code. 14035

Sec. 4761.01. As used in this chapter: 14036

(A) "Respiratory care" means rendering or offering to 14037
render to individuals, groups, organizations, or the public any 14038
service involving the evaluation of cardiopulmonary function, 14039
the treatment of cardiopulmonary impairment, the assessment of 14040
treatment effectiveness, and the care of patients with 14041
deficiencies and abnormalities associated with the 14042
cardiopulmonary system. The practice of respiratory care 14043
includes: 14044

(1) Obtaining, analyzing, testing, measuring, and 14045
monitoring blood and gas samples in the determination of 14046
cardiopulmonary parameters and related physiologic data, 14047
including flows, pressures, and volumes, and the use of 14048
equipment employed for this purpose; 14049

(2) Administering, monitoring, recording the results of, 14050
and instructing in the use of medical gases, aerosols, and 14051
bronchopulmonary hygiene techniques, including drainage, 14052
aspiration, and sampling, and applying, maintaining, and 14053
instructing in the use of artificial airways, ventilators, and 14054
other life support equipment employed in the treatment of 14055
cardiopulmonary impairment and provided in collaboration with 14056
other licensed health care professionals responsible for 14057
providing care; 14058

(3) Performing cardiopulmonary resuscitation and 14059

respiratory rehabilitation techniques;	14060
(4) Administering medications for the testing or treatment of cardiopulmonary impairment.	14061 14062
(B) "Respiratory care professional" means a person who is licensed under this chapter to practice the full range of services described in division (A) of this section.	14063 14064 14065
(C) "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.	14066 14067 14068
(D) "Registered nurse" means an individual licensed under Chapter 4723. of the Revised Code to engage in the practice of nursing as a registered nurse.	14069 14070 14071
(E) "Hospital" has the same meaning as in section 3722.01 of the Revised Code.	14072 14073
(F) "Nursing facility" has the same meaning as in section 5165.01 of the Revised Code.	14074 14075
(G) "Advanced practice registered nurse" has the same meaning as in section 4723.01 of the Revised Code.	14076 14077
(H) "Physician assistant <u>associate</u> " means an individual who holds a valid license to practice as a physician assistant <u>associate</u> issued under Chapter 4730. of the Revised Code.	14078 14079 14080
Section 5. That the existing versions of sections 4723.481, 4730.411, and 4761.01 of the Revised Code that are scheduled to take effect September 30, 2024, are hereby repealed.	14081 14082 14083 14084
Section 6. Sections 4 and 5 of this act take effect September 30, 2024.	14085 14086

Section 7. That the version of section 5101.19 of the Revised Code that is scheduled to take effect January 1, 2025, be amended to read as follows:

Sec. 5101.19. As used in sections 5101.19 to 5101.194 of the Revised Code:

(A) "Adopted child" means a person who is less than eighteen years of age when the person becomes subject to a final order of adoption, an interlocutory order of adoption, or when the adoption is recognized by this state under section 3107.18 of the Revised Code.

(B) "Adoption" includes an adoption arranged by an attorney, a public children services agency, private child placing agency, or a private noncustodial agency, an interstate adoption, or an international or foreign adoption.

(C) "Adoptive parent" means the person or persons who obtain parental rights and responsibilities over an adopted child pursuant to a final order of adoption, an interlocutory order of adoption, or an adoption recognized by this state under section 3107.18 of the Revised Code.

(D) "Casework services" means services performed or arranged by a public children services agency, private child placing agency, private noncustodial agency, or public entity with whom the department of children and youth has a Title IV-E subgrant agreement in effect, to manage the progress, provide supervision and protection of the child and the child's parent, guardian, or custodian.

(E) "Foster caregiver" has the same meaning as in section 5103.02 of the Revised Code.

(F) "Qualified professional" means an individual that is,

but not limited to, any one of the following:	14116
(1) Audiologist;	14117
(2) Orthopedist;	14118
(3) Physician;	14119
(4) Certified nurse practitioner;	14120
(5) Physician assistant <u>associate</u> ;	14121
(6) Psychiatrist;	14122
(7) Psychologist;	14123
(8) School psychologist;	14124
(9) Licensed marriage and family therapist;	14125
(10) Speech and language pathologist;	14126
(11) Licensed independent social worker;	14127
(12) Licensed professional clinical counselor;	14128
(13) Licensed social worker who is under the direct supervision of a licensed independent social worker;	14129 14130
(14) Licensed professional counselor who is under the direct supervision of a licensed professional clinical counselor.	14131 14132 14133
(G) "Special needs" means any of the following:	14134
(1) A developmental disability, as defined in section 5123.01 of the Revised Code;	14135 14136
(2) A physical or mental impairment that substantially limits one or more of the major life activities;	14137 14138
(3) Any physiological disorder or condition, cosmetic	14139

disfigurement, or anatomical loss affecting one or more body systems;	14140 14141
(4) Any mental or psychological disorder;	14142
(5) A medical condition causing distress, pain, dysfunction, or social problems as diagnosed by a qualified professional that results in ongoing medical treatment.	14143 14144 14145
Section 8. That the existing version of section 5101.19 of the Revised Code that is scheduled to take effect January 1, 2025, is hereby repealed.	14146 14147 14148
Section 9. Sections 7 and 8 of this act take effect January 1, 2025.	14149 14150
Section 10. Sections 3327.10, 4730.10, 4731.297, and 4755.48 of the Revised Code as presented in this act take effect on the later of December 29, 2023, or the effective date of this section. December 29, 2023 is the effective date of an earlier amendment to those sections by H.B. 33 of the 135th General Assembly.	14151 14152 14153 14154 14155 14156
Section 11. The General Assembly, applying the principle stated in division (B) of section 1.52 of the Revised Code that amendments are to be harmonized if reasonably capable of simultaneous operation, finds that the following sections, presented in this act as composites of the sections as amended by the acts indicated, are the resulting versions of the sections in effect prior to the effective date of the sections as presented in this act:	14157 14158 14159 14160 14161 14162 14163 14164
Section 3719.121 of the Revised Code as amended by both H.B. 216 and S.B. 319 of the 131st General Assembly.	14165 14166
Section 3963.01 of the Revised Code as amended by both	14167

H.B. 156 and S.B. 265 of the 132nd General Assembly.	14168
Section 4729.01 of the Revised Code as amended by both	14169
H.B. 509 and H.B. 558 of the 134th General Assembly.	14170
Section 4730.11 of the Revised Code as amended by both	14171
H.B. 442 and H.B. 263 of the 133rd General Assembly.	14172
Section 4730.53 of the Revised Code as amended by S.B. 110	14173
of the 131st General Assembly and H.B. 394 and S.B. 276 both of	14174
the 130th General Assembly.	14175
Section 12. The version of section 4723.481 of the Revised	14176
Code that is scheduled to take effect September 30, 2024, is	14177
presented in this act as a composite of the section as amended	14178
by H.B. 33 of the 135th General Assembly and by H.B. 110 and	14179
H.B. 509 of the 134th General Assembly. The General Assembly,	14180
applying the principle stated in division (B) of section 1.52 of	14181
the Revised Code that amendments are to be harmonized if	14182
reasonably capable of simultaneous operation, finds that the	14183
composite is the resulting version of the section in effect	14184
prior to the effective date of the section as presented in this	14185
act.	14186