

**As Passed by the House**

**127th General Assembly  
Regular Session  
2007-2008**

**Sub. S. B. No. 229**

**Senator Gardner**

**Cosponsors: Senators Mumper, Spada, Wagoner, Padgett, Coughlin, Harris,  
Schaffer, Miller, R., Wilson  
Representatives Wachtmann, Hagan, R., Bacon, Beatty, Budish, Combs,  
DeBose, Evans, Flowers, Harwood, Hughes, McGregor, J., Oelslager, Patton,  
Schneider, Setzer, Stewart, D., Szollosi, Ujvagi, Williams, B.**

—

**A B I L L**

To amend sections 4731.051, 4731.07, 4731.22, 1  
4731.224, 4731.24, and 4731.25 and to enact 2  
sections 4774.01, 4774.02, 4774.03, 4774.031, 3  
4774.04 to 4774.06, 4774.08 to 4774.11, 4774.13, 4  
4774.131, 4774.132, 4774.14 to 4774.18, 4774.20, 5  
4774.21, and 4774.99 of the Revised Code to 6  
regulate the practice of radiologist assistants. 7

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

**Section 1.** That sections 4731.051, 4731.07, 4731.22, 8  
4731.224, 4731.24, and 4731.25 be amended and sections 4774.01, 9  
4774.02, 4774.03, 4774.031, 4774.04, 4774.05, 4774.06, 4774.08, 10  
4774.09, 4774.10, 4774.11, 4774.13, 4774.131, 4774.132, 4774.14, 11  
4774.15, 4774.16, 4774.17, 4774.18, 4774.20, 4774.21, and 4774.99 12  
of the Revised Code be enacted to read as follows: 13

**Sec. 4731.051.** The state medical board shall adopt rules in 14  
accordance with Chapter 119. of the Revised Code establishing 15

universal blood and body fluid precautions that shall be used by 16  
each person who performs exposure prone invasive procedures and is 17  
authorized to practice by this chapter or Chapter 4730., 4760., ~~or~~ 18  
4762., or 4774. of the Revised Code. The rules shall define and 19  
establish requirements for universal blood and body fluid 20  
precautions that include the following: 21

(A) Appropriate use of hand washing; 22

(B) Disinfection and sterilization of equipment; 23

(C) Handling and disposal of needles and other sharp 24  
instruments; 25

(D) Wearing and disposal of gloves and other protective 26  
garments and devices. 27

**Sec. 4731.07.** The state medical board shall keep a record of 28  
its proceedings. It shall also keep a register of applicants for 29  
certificates of registration and certificates to practice issued 30  
under this chapter and Chapters 4730., 4760., ~~and~~ 4762., and 4774. 31  
of the Revised Code. The register shall show the name of the 32  
applicant and whether the applicant was granted or refused a 33  
certificate. With respect to applicants to practice medicine and 34  
surgery or osteopathic medicine and surgery, the register shall 35  
show the name of the institution that granted the applicant the 36  
degree of doctor of medicine or osteopathic medicine. The books 37  
and records of the board shall be prima-facie evidence of matters 38  
therein contained. 39

**Sec. 4731.22.** (A) The state medical board, by an affirmative 40  
vote of not fewer than six of its members, may revoke or may 41  
refuse to grant a certificate to a person found by the board to 42  
have committed fraud during the administration of the examination 43  
for a certificate to practice or to have committed fraud, 44  
misrepresentation, or deception in applying for or securing any 45

certificate to practice or certificate of registration issued by 46  
the board. 47

(B) The board, by an affirmative vote of not fewer than six 48  
members, shall, to the extent permitted by law, limit, revoke, or 49  
suspend an individual's certificate to practice, refuse to 50  
register an individual, refuse to reinstate a certificate, or 51  
reprimand or place on probation the holder of a certificate for 52  
one or more of the following reasons: 53

(1) Permitting one's name or one's certificate to practice or 54  
certificate of registration to be used by a person, group, or 55  
corporation when the individual concerned is not actually 56  
directing the treatment given; 57

(2) Failure to maintain minimal standards applicable to the 58  
selection or administration of drugs, or failure to employ 59  
acceptable scientific methods in the selection of drugs or other 60  
modalities for treatment of disease; 61

(3) Selling, giving away, personally furnishing, prescribing, 62  
or administering drugs for other than legal and legitimate 63  
therapeutic purposes or a plea of guilty to, a judicial finding of 64  
guilt of, or a judicial finding of eligibility for intervention in 65  
lieu of conviction of, a violation of any federal or state law 66  
regulating the possession, distribution, or use of any drug; 67

(4) Willfully betraying a professional confidence. 68

For purposes of this division, "willfully betraying a 69  
professional confidence" does not include providing any 70  
information, documents, or reports to a child fatality review 71  
board under sections 307.621 to 307.629 of the Revised Code and 72  
does not include the making of a report of an employee's use of a 73  
drug of abuse, or a report of a condition of an employee other 74  
than one involving the use of a drug of abuse, to the employer of 75  
the employee as described in division (B) of section 2305.33 of 76

the Revised Code. Nothing in this division affects the immunity 77  
from civil liability conferred by that section upon a physician 78  
who makes either type of report in accordance with division (B) of 79  
that section. As used in this division, "employee," "employer," 80  
and "physician" have the same meanings as in section 2305.33 of 81  
the Revised Code. 82

(5) Making a false, fraudulent, deceptive, or misleading 83  
statement in the solicitation of or advertising for patients; in 84  
relation to the practice of medicine and surgery, osteopathic 85  
medicine and surgery, podiatric medicine and surgery, or a limited 86  
branch of medicine; or in securing or attempting to secure any 87  
certificate to practice or certificate of registration issued by 88  
the board. 89

As used in this division, "false, fraudulent, deceptive, or 90  
misleading statement" means a statement that includes a 91  
misrepresentation of fact, is likely to mislead or deceive because 92  
of a failure to disclose material facts, is intended or is likely 93  
to create false or unjustified expectations of favorable results, 94  
or includes representations or implications that in reasonable 95  
probability will cause an ordinarily prudent person to 96  
misunderstand or be deceived. 97

(6) A departure from, or the failure to conform to, minimal 98  
standards of care of similar practitioners under the same or 99  
similar circumstances, whether or not actual injury to a patient 100  
is established; 101

(7) Representing, with the purpose of obtaining compensation 102  
or other advantage as personal gain or for any other person, that 103  
an incurable disease or injury, or other incurable condition, can 104  
be permanently cured; 105

(8) The obtaining of, or attempting to obtain, money or 106  
anything of value by fraudulent misrepresentations in the course 107

of practice;	108
(9) 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;	109 110 111
(10) Commission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed;	112 113 114
(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;	115 116 117
(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;	118 119 120
(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;	121 122 123
(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;	124 125 126
(15) Violation of the conditions of limitation placed by the board upon a certificate to practice;	127 128
(16) Failure to pay license renewal fees specified in this chapter;	129 130
(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;	131 132 133 134
(18) Subject to section 4731.226 of the Revised Code, violation of any provision of a code of ethics of the American medical association, the American osteopathic association, the	135 136 137

American podiatric medical association, or any other national professional organizations that the board specifies by rule. The state medical board shall obtain and keep on file current copies of the codes of ethics of the various national professional organizations. The individual whose certificate is being suspended or revoked shall not be found to have violated any provision of a code of ethics of an organization not appropriate to the individual's profession.

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

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

In enforcing this division, the board, upon a showing of a possible violation, may compel any individual authorized to practice by this chapter or who has submitted an application pursuant to this chapter to submit to a mental examination, physical examination, including an HIV test, or both a mental and a physical examination. The expense of the examination is the responsibility of the individual compelled to be examined. Failure

to submit to a mental or physical examination or consent to an HIV 170  
test ordered by the board constitutes an admission of the 171  
allegations against the individual unless the failure is due to 172  
circumstances beyond the individual's control, and a default and 173  
final order may be entered without the taking of testimony or 174  
presentation of evidence. If the board finds an individual unable 175  
to practice because of the reasons set forth in this division, the 176  
board shall require the individual to submit to care, counseling, 177  
or treatment by physicians approved or designated by the board, as 178  
a condition for initial, continued, reinstated, or renewed 179  
authority to practice. An individual affected under this division 180  
shall be afforded an opportunity to demonstrate to the board the 181  
ability to resume practice in compliance with acceptable and 182  
prevailing standards under the provisions of the individual's 183  
certificate. For the purpose of this division, any individual who 184  
applies for or receives a certificate to practice under this 185  
chapter accepts the privilege of practicing in this state and, by 186  
so doing, shall be deemed to have given consent to submit to a 187  
mental or physical examination when directed to do so in writing 188  
by the board, and to have waived all objections to the 189  
admissibility of testimony or examination reports that constitute 190  
a privileged communication. 191

(20) Except when civil penalties are imposed under section 192  
4731.225 or 4731.281 of the Revised Code, and subject to section 193  
4731.226 of the Revised Code, violating or attempting to violate, 194  
directly or indirectly, or assisting in or abetting the violation 195  
of, or conspiring to violate, any provisions of this chapter or 196  
any rule promulgated by the board. 197

This division does not apply to a violation or attempted 198  
violation of, assisting in or abetting the violation of, or a 199  
conspiracy to violate, any provision of this chapter or any rule 200  
adopted by the board that would preclude the making of a report by 201

a physician of an employee's use of a drug of abuse, or of a 202  
condition of an employee other than one involving the use of a 203  
drug of abuse, to the employer of the employee as described in 204  
division (B) of section 2305.33 of the Revised Code. Nothing in 205  
this division affects the immunity from civil liability conferred 206  
by that section upon a physician who makes either type of report 207  
in accordance with division (B) of that section. As used in this 208  
division, "employee," "employer," and "physician" have the same 209  
meanings as in section 2305.33 of the Revised Code. 210

(21) The violation of section 3701.79 of the Revised Code or 211  
of any abortion rule adopted by the public health council pursuant 212  
to section 3701.341 of the Revised Code; 213

(22) Any of the following actions taken by the agency 214  
responsible for regulating the practice of medicine and surgery, 215  
osteopathic medicine and surgery, podiatric medicine and surgery, 216  
or the limited branches of medicine in another jurisdiction, for 217  
any reason other than the nonpayment of fees: the limitation, 218  
revocation, or suspension of an individual's license to practice; 219  
acceptance of an individual's license surrender; denial of a 220  
license; refusal to renew or reinstate a license; imposition of 221  
probation; or issuance of an order of censure or other reprimand; 222

(23) The violation of section 2919.12 of the Revised Code or 223  
the performance or inducement of an abortion upon a pregnant woman 224  
with actual knowledge that the conditions specified in division 225  
(B) of section 2317.56 of the Revised Code have not been satisfied 226  
or with a heedless indifference as to whether those conditions 227  
have been satisfied, unless an affirmative defense as specified in 228  
division (H)(2) of that section would apply in a civil action 229  
authorized by division (H)(1) of that section; 230

(24) The revocation, suspension, restriction, reduction, or 231  
termination of clinical privileges by the United States department 232  
of defense or department of veterans affairs or the termination or 233



suspension of a certificate of registration to prescribe drugs by 234  
the drug enforcement administration of the United States 235  
department of justice; 236

(25) Termination or suspension from participation in the 237  
medicare or medicaid programs by the department of health and 238  
human services or other responsible agency for any act or acts 239  
that also would constitute a violation of division (B)(2), (3), 240  
(6), (8), or (19) of this section; 241

(26) Impairment of ability to practice according to 242  
acceptable and prevailing standards of care because of habitual or 243  
excessive use or abuse of drugs, alcohol, or other substances that 244  
impair ability to practice. 245

For the purposes of this division, any individual authorized 246  
to practice by this chapter accepts the privilege of practicing in 247  
this state subject to supervision by the board. By filing an 248  
application for or holding a certificate to practice under this 249  
chapter, an individual shall be deemed to have given consent to 250  
submit to a mental or physical examination when ordered to do so 251  
by the board in writing, and to have waived all objections to the 252  
admissibility of testimony or examination reports that constitute 253  
privileged communications. 254

If it has reason to believe that any individual authorized to 255  
practice by this chapter or any applicant for certification to 256  
practice suffers such impairment, the board may compel the 257  
individual to submit to a mental or physical examination, or both. 258  
The expense of the examination is the responsibility of the 259  
individual compelled to be examined. Any mental or physical 260  
examination required under this division shall be undertaken by a 261  
treatment provider or physician who is qualified to conduct the 262  
examination and who is chosen by the board. 263

Failure to submit to a mental or physical examination ordered 264

by the board constitutes an admission of the allegations against 265  
the individual unless the failure is due to circumstances beyond 266  
the individual's control, and a default and final order may be 267  
entered without the taking of testimony or presentation of 268  
evidence. If the board determines that the individual's ability to 269  
practice is impaired, the board shall suspend the individual's 270  
certificate or deny the individual's application and shall require 271  
the individual, as a condition for initial, continued, reinstated, 272  
or renewed certification to practice, to submit to treatment. 273

Before being eligible to apply for reinstatement of a 274  
certificate suspended under this division, the impaired 275  
practitioner shall demonstrate to the board the ability to resume 276  
practice in compliance with acceptable and prevailing standards of 277  
care under the provisions of the practitioner's certificate. The 278  
demonstration shall include, but shall not be limited to, the 279  
following: 280

(a) Certification from a treatment provider approved under 281  
section 4731.25 of the Revised Code that the individual has 282  
successfully completed any required inpatient treatment; 283

(b) Evidence of continuing full compliance with an aftercare 284  
contract or consent agreement; 285

(c) Two written reports indicating that the individual's 286  
ability to practice has been assessed and that the individual has 287  
been found capable of practicing according to acceptable and 288  
prevailing standards of care. The reports shall be made by 289  
individuals or providers approved by the board for making the 290  
assessments and shall describe the basis for their determination. 291

The board may reinstate a certificate suspended under this 292  
division after that demonstration and after the individual has 293  
entered into a written consent agreement. 294

When the impaired practitioner resumes practice, the board 295

shall require continued monitoring of the individual. The 296  
monitoring shall include, but not be limited to, compliance with 297  
the written consent agreement entered into before reinstatement or 298  
with conditions imposed by board order after a hearing, and, upon 299  
termination of the consent agreement, submission to the board for 300  
at least two years of annual written progress reports made under 301  
penalty of perjury stating whether the individual has maintained 302  
sobriety. 303

(27) A second or subsequent violation of section 4731.66 or 304  
4731.69 of the Revised Code; 305

(28) Except as provided in division (N) of this section: 306

(a) Waiving the payment of all or any part of a deductible or 307  
copayment that a patient, pursuant to a health insurance or health 308  
care policy, contract, or plan that covers the individual's 309  
services, otherwise would be required to pay if the waiver is used 310  
as an enticement to a patient or group of patients to receive 311  
health care services from that individual; 312

(b) Advertising that the individual will waive the payment of 313  
all or any part of a deductible or copayment that a patient, 314  
pursuant to a health insurance or health care policy, contract, or 315  
plan that covers the individual's services, otherwise would be 316  
required to pay. 317

(29) Failure to use universal blood and body fluid 318  
precautions established by rules adopted under section 4731.051 of 319  
the Revised Code; 320

(30) Failure to provide notice to, and receive acknowledgment 321  
of the notice from, a patient when required by section 4731.143 of 322  
the Revised Code prior to providing nonemergency professional 323  
services, or failure to maintain that notice in the patient's 324  
file; 325

(31) Failure of a physician supervising a physician assistant 326

to maintain supervision in accordance with the requirements of 327  
Chapter 4730. of the Revised Code and the rules adopted under that 328  
chapter; 329

(32) Failure of a physician or podiatrist to enter into a 330  
standard care arrangement with a clinical nurse specialist, 331  
certified nurse-midwife, or certified nurse practitioner with whom 332  
the physician or podiatrist is in collaboration pursuant to 333  
section 4731.27 of the Revised Code or failure to fulfill the 334  
responsibilities of collaboration after entering into a standard 335  
care arrangement; 336

(33) Failure to comply with the terms of a consult agreement 337  
entered into with a pharmacist pursuant to section 4729.39 of the 338  
Revised Code; 339

(34) Failure to cooperate in an investigation conducted by 340  
the board under division (F) of this section, including failure to 341  
comply with a subpoena or order issued by the board or failure to 342  
answer truthfully a question presented by the board at a 343  
deposition or in written interrogatories, except that failure to 344  
cooperate with an investigation shall not constitute grounds for 345  
discipline under this section if a court of competent jurisdiction 346  
has issued an order that either quashes a subpoena or permits the 347  
individual to withhold the testimony or evidence in issue; 348

(35) Failure to supervise an acupuncturist in accordance with 349  
Chapter 4762. of the Revised Code and the board's rules for 350  
supervision of an acupuncturist; 351

(36) Failure to supervise an anesthesiologist assistant in 352  
accordance with Chapter 4760. of the Revised Code and the board's 353  
rules for supervision of an anesthesiologist assistant; 354

(37) Assisting suicide as defined in section 3795.01 of the 355  
Revised Code; 356

(38) Failure to comply with the requirements of section 357

2317.561 of the Revised Code; 358

(39) Failure to supervise a radiologist assistant in 359  
accordance with Chapter 4774. of the Revised Code and the board's 360  
rules for supervision of radiologist assistants. 361

(C) Disciplinary actions taken by the board under divisions 362  
(A) and (B) of this section shall be taken pursuant to an 363  
adjudication under Chapter 119. of the Revised Code, except that 364  
in lieu of an adjudication, the board may enter into a consent 365  
agreement with an individual to resolve an allegation of a 366  
violation of this chapter or any rule adopted under it. A consent 367  
agreement, when ratified by an affirmative vote of not fewer than 368  
six members of the board, shall constitute the findings and order 369  
of the board with respect to the matter addressed in the 370  
agreement. If the board refuses to ratify a consent agreement, the 371  
admissions and findings contained in the consent agreement shall 372  
be of no force or effect. 373

If the board takes disciplinary action against an individual 374  
under division (B) of this section for a second or subsequent plea 375  
of guilty to, or judicial finding of guilt of, a violation of 376  
section 2919.123 of the Revised Code, the disciplinary action 377  
shall consist of a suspension of the individual's certificate to 378  
practice for a period of at least one year or, if determined 379  
appropriate by the board, a more serious sanction involving the 380  
individual's certificate to practice. Any consent agreement 381  
entered into under this division with an individual that pertains 382  
to a second or subsequent plea of guilty to, or judicial finding 383  
of guilt of, a violation of that section shall provide for a 384  
suspension of the individual's certificate to practice for a 385  
period of at least one year or, if determined appropriate by the 386  
board, a more serious sanction involving the individual's 387  
certificate to practice. 388

(D) For purposes of divisions (B)(10), (12), and (14) of this 389

section, the commission of the act may be established by a finding 390  
by the board, pursuant to an adjudication under Chapter 119. of 391  
the Revised Code, that the individual committed the act. The board 392  
does not have jurisdiction under those divisions if the trial 393  
court renders a final judgment in the individual's favor and that 394  
judgment is based upon an adjudication on the merits. The board 395  
has jurisdiction under those divisions if the trial court issues 396  
an order of dismissal upon technical or procedural grounds. 397

(E) The sealing of conviction records by any court shall have 398  
no effect upon a prior board order entered under this section or 399  
upon the board's jurisdiction to take action under this section 400  
if, based upon a plea of guilty, a judicial finding of guilt, or a 401  
judicial finding of eligibility for intervention in lieu of 402  
conviction, the board issued a notice of opportunity for a hearing 403  
prior to the court's order to seal the records. The board shall 404  
not be required to seal, destroy, redact, or otherwise modify its 405  
records to reflect the court's sealing of conviction records. 406

(F)(1) The board shall investigate evidence that appears to 407  
show that a person has violated any provision of this chapter or 408  
any rule adopted under it. Any person may report to the board in a 409  
signed writing any information that the person may have that 410  
appears to show a violation of any provision of this chapter or 411  
any rule adopted under it. In the absence of bad faith, any person 412  
who reports information of that nature or who testifies before the 413  
board in any adjudication conducted under Chapter 119. of the 414  
Revised Code shall not be liable in damages in a civil action as a 415  
result of the report or testimony. Each complaint or allegation of 416  
a violation received by the board shall be assigned a case number 417  
and shall be recorded by the board. 418

(2) Investigations of alleged violations of this chapter or 419  
any rule adopted under it shall be supervised by the supervising 420  
member elected by the board in accordance with section 4731.02 of 421

the Revised Code and by the secretary as provided in section 422  
4731.39 of the Revised Code. The president may designate another 423  
member of the board to supervise the investigation in place of the 424  
supervising member. No member of the board who supervises the 425  
investigation of a case shall participate in further adjudication 426  
of the case. 427

(3) In investigating a possible violation of this chapter or 428  
any rule adopted under this chapter, the board may administer 429  
oaths, order the taking of depositions, issue subpoenas, and 430  
compel the attendance of witnesses and production of books, 431  
accounts, papers, records, documents, and testimony, except that a 432  
subpoena for patient record information shall not be issued 433  
without consultation with the attorney general's office and 434  
approval of the secretary and supervising member of the board. 435  
Before issuance of a subpoena for patient record information, the 436  
secretary and supervising member shall determine whether there is 437  
probable cause to believe that the complaint filed alleges a 438  
violation of this chapter or any rule adopted under it and that 439  
the records sought are relevant to the alleged violation and 440  
material to the investigation. The subpoena may apply only to 441  
records that cover a reasonable period of time surrounding the 442  
alleged violation. 443

On failure to comply with any subpoena issued by the board 444  
and after reasonable notice to the person being subpoenaed, the 445  
board may move for an order compelling the production of persons 446  
or records pursuant to the Rules of Civil Procedure. 447

A subpoena issued by the board may be served by a sheriff, 448  
the sheriff's deputy, or a board employee designated by the board. 449  
Service of a subpoena issued by the board may be made by 450  
delivering a copy of the subpoena to the person named therein, 451  
reading it to the person, or leaving it at the person's usual 452  
place of residence. When the person being served is a person whose 453

practice is authorized by this chapter, service of the subpoena 454  
may be made by certified mail, restricted delivery, return receipt 455  
requested, and the subpoena shall be deemed served on the date 456  
delivery is made or the date the person refuses to accept 457  
delivery. 458

A sheriff's deputy who serves a subpoena shall receive the 459  
same fees as a sheriff. Each witness who appears before the board 460  
in obedience to a subpoena shall receive the fees and mileage 461  
provided for witnesses in civil cases in the courts of common 462  
pleas. 463

(4) All hearings and investigations of the board shall be 464  
considered civil actions for the purposes of section 2305.252 of 465  
the Revised Code. 466

(5) Information received by the board pursuant to an 467  
investigation is confidential and not subject to discovery in any 468  
civil action. 469

The board shall conduct all investigations and proceedings in 470  
a manner that protects the confidentiality of patients and persons 471  
who file complaints with the board. The board shall not make 472  
public the names or any other identifying information about 473  
patients or complainants unless proper consent is given or, in the 474  
case of a patient, a waiver of the patient privilege exists under 475  
division (B) of section 2317.02 of the Revised Code, except that 476  
consent or a waiver of that nature is not required if the board 477  
possesses reliable and substantial evidence that no bona fide 478  
physician-patient relationship exists. 479

The board may share any information it receives pursuant to 480  
an investigation, including patient records and patient record 481  
information, with law enforcement agencies, other licensing 482  
boards, and other governmental agencies that are prosecuting, 483  
adjudicating, or investigating alleged violations of statutes or 484



administrative rules. An agency or board that receives the 485  
information shall comply with the same requirements regarding 486  
confidentiality as those with which the state medical board must 487  
comply, notwithstanding any conflicting provision of the Revised 488  
Code or procedure of the agency or board that applies when it is 489  
dealing with other information in its possession. In a judicial 490  
proceeding, the information may be admitted into evidence only in 491  
accordance with the Rules of Evidence, but the court shall require 492  
that appropriate measures are taken to ensure that confidentiality 493  
is maintained with respect to any part of the information that 494  
contains names or other identifying information about patients or 495  
complainants whose confidentiality was protected by the state 496  
medical board when the information was in the board's possession. 497  
Measures to ensure confidentiality that may be taken by the court 498  
include sealing its records or deleting specific information from 499  
its records. 500

(6) On a quarterly basis, the board shall prepare a report 501  
that documents the disposition of all cases during the preceding 502  
three months. The report shall contain the following information 503  
for each case with which the board has completed its activities: 504

(a) The case number assigned to the complaint or alleged 505  
violation; 506

(b) The type of certificate to practice, if any, held by the 507  
individual against whom the complaint is directed; 508

(c) A description of the allegations contained in the 509  
complaint; 510

(d) The disposition of the case. 511

The report shall state how many cases are still pending and 512  
shall be prepared in a manner that protects the identity of each 513  
person involved in each case. The report shall be a public record 514  
under section 149.43 of the Revised Code. 515

(G) If the secretary and supervising member determine that 516  
there is clear and convincing evidence that an individual has 517  
violated division (B) of this section and that the individual's 518  
continued practice presents a danger of immediate and serious harm 519  
to the public, they may recommend that the board suspend the 520  
individual's certificate to practice without a prior hearing. 521  
Written allegations shall be prepared for consideration by the 522  
board. 523

The board, upon review of those allegations and by an 524  
affirmative vote of not fewer than six of its members, excluding 525  
the secretary and supervising member, may suspend a certificate 526  
without a prior hearing. A telephone conference call may be 527  
utilized for reviewing the allegations and taking the vote on the 528  
summary suspension. 529

The board shall issue a written order of suspension by 530  
certified mail or in person in accordance with section 119.07 of 531  
the Revised Code. The order shall not be subject to suspension by 532  
the court during pendency of any appeal filed under section 119.12 533  
of the Revised Code. If the individual subject to the summary 534  
suspension requests an adjudicatory hearing by the board, the date 535  
set for the hearing shall be within fifteen days, but not earlier 536  
than seven days, after the individual requests the hearing, unless 537  
otherwise agreed to by both the board and the individual. 538

Any summary suspension imposed under this division shall 539  
remain in effect, unless reversed on appeal, until a final 540  
adjudicative order issued by the board pursuant to this section 541  
and Chapter 119. of the Revised Code becomes effective. The board 542  
shall issue its final adjudicative order within seventy-five days 543  
after completion of its hearing. A failure to issue the order 544  
within seventy-five days shall result in dissolution of the 545  
summary suspension order but shall not invalidate any subsequent, 546  
final adjudicative order. 547

(H) If the board takes action under division (B)(9), (11), or 548  
(13) of this section and the judicial finding of guilt, guilty 549  
plea, or judicial finding of eligibility for intervention in lieu 550  
of conviction is overturned on appeal, upon exhaustion of the 551  
criminal appeal, a petition for reconsideration of the order may 552  
be filed with the board along with appropriate court documents. 553  
Upon receipt of a petition of that nature and supporting court 554  
documents, the board shall reinstate the individual's certificate 555  
to practice. The board may then hold an adjudication under Chapter 556  
119. of the Revised Code to determine whether the individual 557  
committed the act in question. Notice of an opportunity for a 558  
hearing shall be given in accordance with Chapter 119. of the 559  
Revised Code. If the board finds, pursuant to an adjudication held 560  
under this division, that the individual committed the act or if 561  
no hearing is requested, the board may order any of the sanctions 562  
identified under division (B) of this section. 563

(I) The certificate to practice issued to an individual under 564  
this chapter and the individual's practice in this state are 565  
automatically suspended as of the date of the individual's second 566  
or subsequent plea of guilty to, or judicial finding of guilt of, 567  
a violation of section 2919.123 of the Revised Code, or the date 568  
the individual pleads guilty to, is found by a judge or jury to be 569  
guilty of, or is subject to a judicial finding of eligibility for 570  
intervention in lieu of conviction in this state or treatment or 571  
intervention in lieu of conviction in another jurisdiction for any 572  
of the following criminal offenses in this state or a 573  
substantially equivalent criminal offense in another jurisdiction: 574  
aggravated murder, murder, voluntary manslaughter, felonious 575  
assault, kidnapping, rape, sexual battery, gross sexual 576  
imposition, aggravated arson, aggravated robbery, or aggravated 577  
burglary. Continued practice after suspension shall be considered 578  
practicing without a certificate. 579

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

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

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

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

(K) Any action taken by the board under division (B) of this section resulting in a suspension from practice shall be accompanied by a written statement of the conditions under which the individual's certificate to practice may be reinstated. The board shall adopt rules governing conditions to be imposed for reinstatement. Reinstatement of a certificate suspended pursuant

to division (B) of this section requires an affirmative vote of 612  
not fewer than six members of the board. 613

(L) When the board refuses to grant a certificate to an 614  
applicant, revokes an individual's certificate to practice, 615  
refuses to register an applicant, or refuses to reinstate an 616  
individual's certificate to practice, the board may specify that 617  
its action is permanent. An individual subject to a permanent 618  
action taken by the board is forever thereafter ineligible to hold 619  
a certificate to practice and the board shall not accept an 620  
application for reinstatement of the certificate or for issuance 621  
of a new certificate. 622

(M) Notwithstanding any other provision of the Revised Code, 623  
all of the following apply: 624

(1) The surrender of a certificate issued under this chapter 625  
shall not be effective unless or until accepted by the board. 626  
Reinstatement of a certificate surrendered to the board requires 627  
an affirmative vote of not fewer than six members of the board. 628

(2) An application for a certificate made under the 629  
provisions of this chapter may not be withdrawn without approval 630  
of the board. 631

(3) Failure by an individual to renew a certificate of 632  
registration in accordance with this chapter shall not remove or 633  
limit the board's jurisdiction to take any disciplinary action 634  
under this section against the individual. 635

(N) Sanctions shall not be imposed under division (B)(28) of 636  
this section against any person who waives deductibles and 637  
copayments as follows: 638

(1) In compliance with the health benefit plan that expressly 639  
allows such a practice. Waiver of the deductibles or copayments 640  
shall be made only with the full knowledge and consent of the plan 641  
purchaser, payer, and third-party administrator. Documentation of 642

the consent shall be made available to the board upon request. 643

(2) For professional services rendered to any other person 644  
authorized to practice pursuant to this chapter, to the extent 645  
allowed by this chapter and rules adopted by the board. 646

(0) Under the board's investigative duties described in this 647  
section and subject to division (F) of this section, the board 648  
shall develop and implement a quality intervention program 649  
designed to improve through remedial education the clinical and 650  
communication skills of individuals authorized under this chapter 651  
to practice medicine and surgery, osteopathic medicine and 652  
surgery, and podiatric medicine and surgery. In developing and 653  
implementing the quality intervention program, the board may do 654  
all of the following: 655

(1) Offer in appropriate cases as determined by the board an 656  
educational and assessment program pursuant to an investigation 657  
the board conducts under this section; 658

(2) Select providers of educational and assessment services, 659  
including a quality intervention program panel of case reviewers; 660

(3) Make referrals to educational and assessment service 661  
providers and approve individual educational programs recommended 662  
by those providers. The board shall monitor the progress of each 663  
individual undertaking a recommended individual educational 664  
program. 665

(4) Determine what constitutes successful completion of an 666  
individual educational program and require further monitoring of 667  
the individual who completed the program or other action that the 668  
board determines to be appropriate; 669

(5) Adopt rules in accordance with Chapter 119. of the 670  
Revised Code to further implement the quality intervention 671  
program. 672

An individual who participates in an individual educational 673  
program pursuant to this division shall pay the financial 674  
obligations arising from that educational program. 675

**Sec. 4731.224.** (A) Within sixty days after the imposition of 676  
any formal disciplinary action taken by any health care facility, 677  
including a hospital, health care facility operated by a health 678  
insuring corporation, ambulatory surgical center, or similar 679  
facility, against any individual holding a valid certificate to 680  
practice issued pursuant to this chapter, the chief administrator 681  
or executive officer of the facility shall report to the state 682  
medical board the name of the individual, the action taken by the 683  
facility, and a summary of the underlying facts leading to the 684  
action taken. Upon request, the board shall be provided certified 685  
copies of the patient records that were the basis for the 686  
facility's action. Prior to release to the board, the summary 687  
shall be approved by the peer review committee that reviewed the 688  
case or by the governing board of the facility. As used in this 689  
division, "formal disciplinary action" means any action resulting 690  
in the revocation, restriction, reduction, or termination of 691  
clinical privileges for violations of professional ethics, or for 692  
reasons of medical incompetence, medical malpractice, or drug or 693  
alcohol abuse. "Formal disciplinary action" includes a summary 694  
action, an action that takes effect notwithstanding any appeal 695  
rights that may exist, and an action that results in an individual 696  
surrendering clinical privileges while under investigation and 697  
during proceedings regarding the action being taken or in return 698  
for not being investigated or having proceedings held. "Formal 699  
disciplinary action" does not include any action taken for the 700  
sole reason of failure to maintain records on a timely basis or 701  
failure to attend staff or section meetings. 702

The filing or nonfiling of a report with the board, 703  
investigation by the board, or any disciplinary action taken by 704

the board, shall not preclude any action by a health care facility 705  
to suspend, restrict, or revoke the individual's clinical 706  
privileges. 707

In the absence of fraud or bad faith, no individual or entity 708  
that provides patient records to the board shall be liable in 709  
damages to any person as a result of providing the records. 710

(B) If any individual authorized to practice under this 711  
chapter or any professional association or society of such 712  
individuals believes that a violation of any provision of this 713  
chapter, Chapter 4730., 4760., ~~or 4762.~~, or 4774. of the Revised 714  
Code, or any rule of the board has occurred, the individual, 715  
association, or society shall report to the board the information 716  
upon which the belief is based. This division does not require any 717  
treatment provider approved by the board under section 4731.25 of 718  
the Revised Code or any employee, agent, or representative of such 719  
a provider to make reports with respect to an impaired 720  
practitioner participating in treatment or aftercare for substance 721  
abuse as long as the practitioner maintains participation in 722  
accordance with the requirements of section 4731.25 of the Revised 723  
Code, and as long as the treatment provider or employee, agent, or 724  
representative of the provider has no reason to believe that the 725  
practitioner has violated any provision of this chapter or any 726  
rule adopted under it, other than the provisions of division 727  
(B)(26) of section 4731.22 of the Revised Code. This division does 728  
not require reporting by any member of an impaired practitioner 729  
committee established by a health care facility or by any 730  
representative or agent of a committee or program sponsored by a 731  
professional association or society of individuals authorized to 732  
practice under this chapter to provide peer assistance to 733  
practitioners with substance abuse problems with respect to a 734  
practitioner who has been referred for examination to a treatment 735  
program approved by the board under section 4731.25 of the Revised 736



Code if the practitioner cooperates with the referral for 737  
examination and with any determination that the practitioner 738  
should enter treatment and as long as the committee member, 739  
representative, or agent has no reason to believe that the 740  
practitioner has ceased to participate in the treatment program in 741  
accordance with section 4731.25 of the Revised Code or has 742  
violated any provision of this chapter or any rule adopted under 743  
it, other than the provisions of division (B)(26) of section 744  
4731.22 of the Revised Code. 745

(C) Any professional association or society composed 746  
primarily of doctors of medicine and surgery, doctors of 747  
osteopathic medicine and surgery, doctors of podiatric medicine 748  
and surgery, or practitioners of limited branches of medicine that 749  
suspends or revokes an individual's membership for violations of 750  
professional ethics, or for reasons of professional incompetence 751  
or professional malpractice, within sixty days after a final 752  
decision shall report to the board, on forms prescribed and 753  
provided by the board, the name of the individual, the action 754  
taken by the professional organization, and a summary of the 755  
underlying facts leading to the action taken. 756

The filing of a report with the board or decision not to file 757  
a report, investigation by the board, or any disciplinary action 758  
taken by the board, does not preclude a professional organization 759  
from taking disciplinary action against an individual. 760

(D) Any insurer providing professional liability insurance to 761  
an individual authorized to practice under this chapter, or any 762  
other entity that seeks to indemnify the professional liability of 763  
such an individual, shall notify the board within thirty days 764  
after the final disposition of any written claim for damages where 765  
such disposition results in a payment exceeding twenty-five 766  
thousand dollars. The notice shall contain the following 767  
information: 768

(1) The name and address of the person submitting the notification;	769 770
(2) The name and address of the insured who is the subject of the claim;	771 772
(3) The name of the person filing the written claim;	773
(4) The date of final disposition;	774
(5) If applicable, the identity of the court in which the final disposition of the claim took place.	775 776
(E) The board may investigate possible violations of this chapter or the rules adopted under it that are brought to its attention as a result of the reporting requirements of this section, except that the board shall conduct an investigation if a possible violation involves repeated malpractice. As used in this division, "repeated malpractice" means three or more claims for medical malpractice within the previous five-year period, each resulting in a judgment or settlement in excess of twenty-five thousand dollars in favor of the claimant, and each involving negligent conduct by the practicing individual.	777 778 779 780 781 782 783 784 785 786
(F) All summaries, reports, and records received and maintained by the board pursuant to this section shall be held in confidence and shall not be subject to discovery or introduction in evidence in any federal or state civil action involving a health care professional or facility arising out of matters that are the subject of the reporting required by this section. The board may use the information obtained only as the basis for an investigation, as evidence in a disciplinary hearing against an individual whose practice is regulated under this chapter, or in any subsequent trial or appeal of a board action or order.	787 788 789 790 791 792 793 794 795 796
The board may disclose the summaries and reports it receives under this section only to health care facility committees within or outside this state that are involved in credentialing or	797 798 799

recredentialing the individual or in reviewing the individual's 800  
clinical privileges. The board shall indicate whether or not the 801  
information has been verified. Information transmitted by the 802  
board shall be subject to the same confidentiality provisions as 803  
when maintained by the board. 804

(G) Except for reports filed by an individual pursuant to 805  
division (B) of this section, the board shall send a copy of any 806  
reports or summaries it receives pursuant to this section to the 807  
individual who is the subject of the reports or summaries. The 808  
individual shall have the right to file a statement with the board 809  
concerning the correctness or relevance of the information. The 810  
statement shall at all times accompany that part of the record in 811  
contention. 812

(H) An individual or entity that, pursuant to this section, 813  
reports to the board or refers an impaired practitioner to a 814  
treatment provider approved by the board under section 4731.25 of 815  
the Revised Code shall not be subject to suit for civil damages as 816  
a result of the report, referral, or provision of the information. 817

(I) In the absence of fraud or bad faith, no professional 818  
association or society of individuals authorized to practice under 819  
this chapter that sponsors a committee or program to provide peer 820  
assistance to practitioners with substance abuse problems, no 821  
representative or agent of such a committee or program, and no 822  
member of the state medical board shall be held liable in damages 823  
to any person by reason of actions taken to refer a practitioner 824  
to a treatment provider approved under section 4731.25 of the 825  
Revised Code for examination or treatment. 826

**Sec. 4731.24.** Except as provided in sections 4731.281 and 827  
4731.40 of the Revised Code, all receipts of the state medical 828  
board, from any source, shall be deposited in the state treasury. 829  
Until July 1, 1998, the funds shall be deposited to the credit of 830

the occupational licensing and regulatory fund. On and after July 831  
1, 1998, the funds shall be deposited to the credit of the state 832  
medical board operating fund, which is hereby created on July 1, 833  
1998. All funds deposited into the state treasury under this 834  
section shall be used solely for the administration and 835  
enforcement of this chapter and Chapters 4730., 4760., ~~and 4762.~~ 836  
and 4774. of the Revised Code by the board. 837

**Sec. 4731.25.** The state medical board, in accordance with 838  
Chapter 119. of the Revised Code, shall adopt and may amend and 839  
rescind rules establishing standards for approval of physicians 840  
and facilities as treatment providers for impaired practitioners 841  
who are regulated under this chapter or Chapter 4730., 4760., ~~or~~ 842  
4762., or 4774. of the Revised Code. The rules shall include 843  
standards for both inpatient and outpatient treatment. The rules 844  
shall provide that in order to be approved, a treatment provider 845  
must have the capability of making an initial examination to 846  
determine what type of treatment an impaired practitioner 847  
requires. Subject to the rules, the board shall review and approve 848  
treatment providers on a regular basis. The board, at its 849  
discretion, may withdraw or deny approval subject to the rules. 850

An approved impaired practitioner treatment provider shall: 851

(A) Report to the board the name of any practitioner 852  
suffering or showing evidence of suffering impairment as described 853  
in division (B)(5) of section 4730.25 of the Revised Code, 854  
division (B)(26) of section 4731.22 of the Revised Code, division 855  
(B)(6) of section 4760.13 of the Revised Code, ~~or~~ division (B)(6) 856  
of section 4762.13 of the Revised Code, or division (B)(6) of 857  
section 4774.13 of the Revised Code who fails to comply within one 858  
week with a referral for examination; 859

(B) Report to the board the name of any impaired practitioner 860  
who fails to enter treatment within forty-eight hours following 861

the provider's determination that the practitioner needs 862  
treatment; 863

(C) Require every practitioner who enters treatment to agree 864  
to a treatment contract establishing the terms of treatment and 865  
aftercare, including any required supervision or restrictions of 866  
practice during treatment or aftercare; 867

(D) Require a practitioner to suspend practice upon entry 868  
into any required inpatient treatment; 869

(E) Report to the board any failure by an impaired 870  
practitioner to comply with the terms of the treatment contract 871  
during inpatient or outpatient treatment or aftercare; 872

(F) Report to the board the resumption of practice of any 873  
impaired practitioner before the treatment provider has made a 874  
clear determination that the practitioner is capable of practicing 875  
according to acceptable and prevailing standards of care; 876

(G) Require a practitioner who resumes practice after 877  
completion of treatment to comply with an aftercare contract that 878  
meets the requirements of rules adopted by the board for approval 879  
of treatment providers; 880

(H) Report the identity of any practitioner practicing under 881  
the terms of an aftercare contract to hospital administrators, 882  
medical chiefs of staff, and chairpersons of impaired practitioner 883  
committees of all health care institutions at which the 884  
practitioner holds clinical privileges or otherwise practices. If 885  
the practitioner does not hold clinical privileges at any health 886  
care institution, the treatment provider shall report the 887  
practitioner's identity to the impaired practitioner committee of 888  
the county medical society, osteopathic academy, or podiatric 889  
medical association in every county in which the practitioner 890  
practices. If there are no impaired practitioner committees in the 891  
county, the treatment provider shall report the practitioner's 892

identity to the president or other designated member of the county 893  
medical society, osteopathic academy, or podiatric medical 894  
association. 895

(I) Report to the board the identity of any practitioner who 896  
suffers a relapse at any time during or following aftercare. 897

Any individual authorized to practice under this chapter who 898  
enters into treatment by an approved treatment provider shall be 899  
deemed to have waived any confidentiality requirements that would 900  
otherwise prevent the treatment provider from making reports 901  
required under this section. 902

In the absence of fraud or bad faith, no person or 903  
organization that conducts an approved impaired practitioner 904  
treatment program, no member of such an organization, and no 905  
employee, representative, or agent of the treatment provider shall 906  
be held liable in damages to any person by reason of actions taken 907  
or recommendations made by the treatment provider or its 908  
employees, representatives, or agents. 909

**Sec. 4774.01. As used in this chapter:** 910

(A) "Radiologist assistant" means an individual who assists a 911  
radiologist in the care of radiology patients by engaging in any 912  
of the activities authorized under section 4774.08 of the Revised 913  
Code. 914

(B) "Radiologist" means a physician who has successfully 915  
completed an approved radiology training program, as specified in 916  
the accreditation requirements that must be met to qualify as 917  
graduate medical education under section 4731.091 of the Revised 918  
Code. 919

(C) "Radiology" means the branch of medicine that deals with 920  
the use of radiation in diagnosis and treatment of disease or 921  
conditions. 922

(D) "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery. 923  
924  
925

(E) "General anesthesia," "deep sedation," "moderate sedation," and "minimal sedation" have the meanings specified by the state medical board in rules adopted under section 4774.11 of the Revised Code. 926  
927  
928  
929

**Sec. 4774.02.** (A)(1) Except as provided in division (B) of this section, no person shall practice as a radiologist assistant unless the person holds a current, valid certificate to practice as a radiologist assistant issued under this chapter. 930  
931  
932  
933

(2) No person shall use the title "radiologist assistant" or otherwise hold the person out as a radiologist assistant, unless the person holds a current, valid certificate to practice as a radiologist assistant issued under this chapter. 934  
935  
936  
937

(B) Division (A)(1) of this section does not apply to either of the following: 938  
939

(1) A student participating in an advanced academic program that must be completed to receive a certificate to practice as a radiologist assistant, as those programs are described in division (B)(3) of section 4774.03 of the Revised Code; 940  
941  
942  
943

(2) A person who is otherwise authorized to perform any of the activities that a radiologist assistant is authorized to perform, either pursuant to another provision of the Revised Code or pursuant to the rules adopted by the state medical board under section 4731.053 of the Revised Code governing physician delegation of medical tasks. 944  
945  
946  
947  
948  
949

**Sec. 4774.03.** (A) An individual seeking a certificate to practice as a radiologist assistant shall file with the state medical board a written application on a form prescribed and 950  
951  
952

supplied by the board. The application shall include all the 953  
information the board considers necessary to process the 954  
application, including evidence satisfactory to the board that the 955  
applicant meets the requirements specified in division (B) of this 956  
section. 957

At the time an application is submitted, the applicant shall 958  
pay the board the application fee specified by the board in rules 959  
adopted under section 4774.11 of the Revised Code. No part of the 960  
fee shall be returned. 961

(B) To be eligible to receive a certificate to practice as a 962  
radiologist assistant, an applicant shall meet all of the 963  
following requirements: 964

(1) Be at least eighteen years of age and of good moral 965  
character; 966

(2) Hold a current, valid license as a radiographer under 967  
Chapter 4773. of the Revised Code; 968

(3) Have attained a baccalaureate degree or postbaccalaureate 969  
certificate from an advanced academic program encompassing a 970  
nationally recognized radiologist assistant curriculum that 971  
includes a radiologist-directed clinical preceptorship; 972  
973

(4) Hold current certification as a registered radiologist 974  
assistant from the American registry of radiologic technologists 975  
and have attained the certification by meeting the standard 976  
certification requirements established by the registry, including 977  
the registry's requirements for documenting clinical education in 978  
the form of a clinical portfolio and passing an examination to 979  
determine competence to practice; 980

(5) Hold current certification in advanced cardiac life 981  
support. 982



(C) The board shall review all applications received under this section. Not later than sixty days after receiving an application the board considers to be complete, the board shall determine whether the applicant meets the requirements to receive a certificate to practice as a radiologist assistant. The affirmative vote of not fewer than six members of the board is required to determine that the applicant meets the requirements for a certificate to practice as a radiologist assistant. 983  
984  
985  
986  
987  
988  
989  
990

**Sec. 4774.031.** In addition to any other eligibility requirement set forth in this chapter, each applicant for a certificate to practice as a radiologist assistant shall comply with sections 4776.01 to 4776.04 of the Revised Code. The state medical board shall not grant to an applicant a certificate to practice as a radiologist assistant unless the board, in its discretion, decides that the results of the criminal records check do not make the applicant ineligible for a certificate issued pursuant to section 4774.04 of the Revised Code. 991  
992  
993  
994  
995  
996  
997  
998  
999

**Sec. 4774.04.** If the state medical board determines under section 4774.03 of the Revised Code that an applicant meets the requirements for a certificate to practice as a radiologist assistant, the secretary of the board shall register the applicant as a radiologist assistant and issue to the applicant a certificate to practice as a radiologist assistant. The certificate shall expire biennially and may be renewed in accordance with section 4774.06 of the Revised Code. 1000  
1001  
1002  
1003  
1004  
1005  
1006  
1007

**Sec. 4774.05.** On application by the holder of a certificate to practice as a radiologist assistant, the state medical board shall issue a duplicate certificate to replace one that is missing or damaged, to reflect a name change, or for any other reasonable cause. The fee for a duplicate certificate is thirty-five dollars. 1008  
1009  
1010  
1011  
1012

1013

Sec. 4774.06. (A) An individual seeking to renew a 1014  
certificate to practice as a radiologist assistant shall, on or 1015  
before the thirty-first day of January of each even-numbered year, 1016  
apply for renewal of the certificate. The state medical board 1017  
shall send renewal notices at least one month prior to the 1018  
expiration date. 1019

Renewal applications shall be submitted to the board in a 1020  
manner prescribed by the board. Each application shall be 1021  
accompanied by a biennial renewal fee specified by the board in 1022  
rules adopted under section 4774.11 of the Revised Code. 1023

The applicant shall report any criminal offense that 1024  
constitutes grounds for refusing to issue a certificate under 1025  
section 4774.13 of the Revised Code to which the applicant has 1026  
pleaded guilty, of which the applicant has been found guilty, or 1027  
for which the applicant has been found eligible for intervention 1028  
in lieu of conviction, since last signing an application for a 1029  
certificate to practice as a radiologist assistant. 1030

(B) To be eligible for renewal, a radiologist assistant shall 1031  
certify to the board that the assistant has maintained both of the 1032  
following: 1033

(1) A license as a radiographer under Chapter 4773. of the 1034  
Revised Code; 1035

(2) Certification as a registered radiologist assistant from 1036  
the American registry of radiologic technologists by meeting the 1037  
registry's requirements for annual registration, including 1038  
completion of the continuing education requirements established by 1039  
the registry. 1040

(C) If an applicant submits a renewal application that the 1041  
board considers to be complete and qualifies for renewal pursuant 1042

to division (B) of this section, the board shall issue to the 1043  
applicant a renewed certificate to practice as a radiologist 1044  
assistant. 1045

(D) A certificate to practice that is not renewed on or 1046  
before its expiration date is automatically suspended on its 1047  
expiration date, subject to the provisions of section 119.06 of 1048  
the Revised Code specifying that an applicant who appropriately 1049  
files a renewal application is not required to discontinue 1050  
practicing merely because the board has failed to act on the 1051  
application. If a certificate has been suspended pursuant to this 1052  
division for two years or less, the board shall reinstate the 1053  
certificate upon an applicant's submission of a renewal 1054  
application, the biennial renewal fee, and the applicable monetary 1055  
penalty. The penalty for reinstatement is twenty-five dollars. If 1056  
a certificate has been suspended pursuant to this division for 1057  
more than two years, it may be restored upon an applicant's 1058  
submission of a restoration application, the biennial renewal fee, 1059  
and the applicable monetary penalty and compliance with sections 1060  
4776.01 to 4776.04 of the Revised Code. The board shall not 1061  
restore a certificate unless the board, in its discretion, decides 1062  
that the results of the criminal records check do not make the 1063  
applicant ineligible for a certificate issued pursuant to section 1064  
4774.04 of the Revised Code. The penalty for restoration is fifty 1065  
dollars. 1066

**Sec. 4774.08.** (A) A radiologist assistant shall practice only 1067  
under the supervision of a radiologist acting in accordance with 1068  
section 4774.10 of the Revised Code. Under this supervision and 1069  
subject to division (B) of this section, a radiologist assistant 1070  
may do all of the following: 1071

(1) Perform fluoroscopic procedures; 1072

(2) Assess and evaluate the physiologic and psychological 1073

<u>responsiveness of patients undergoing radiologic procedures;</u>	1074
<u>(3) Evaluate image quality, make initial image observations,</u>	1075
<u>and communicate observations to the supervising radiologist;</u>	1076
<u>(4) Administer contrast media, radio-isotopes, and other</u>	1077
<u>drugs prescribed by the supervising radiologist that are directly</u>	1078
<u>related to the radiologic procedures being performed;</u>	1079
<u>(5) Perform any other radiologic procedures specified by the</u>	1080
<u>state medical board in rules adopted under section 4774.11 of the</u>	1081
<u>Revised Code.</u>	1082
<u>(B) A radiologist assistant shall not do any of the</u>	1083
<u>following:</u>	1084
<u>(1) Interpret radiologic images;</u>	1085
<u>(2) Make diagnoses;</u>	1086
<u>(3) Prescribe therapies;</u>	1087
<u>(4) Administer or participate in the administration of</u>	1088
<u>general anesthesia, deep sedation, moderate sedation, or minimal</u>	1089
<u>sedation.</u>	1090
<b><u>Sec. 4774.09. At all times when an individual who is a</u></b>	1091
<b><u>radiologist assistant is providing direct patient care, the</u></b>	1092
<b><u>individual shall display in an appropriate manner the title</u></b>	1093
<b><u>"radiologist assistant" as a means of identifying the individual's</u></b>	1094
<b><u>authority to practice under this chapter.</u></b>	1095
<u>In the case of an individual who is a student participating</u>	1096
<u>in an advanced academic program that must be completed to receive</u>	1097
<u>a certificate to practice as a radiologist assistant, as those</u>	1098
<u>programs are described in division (B)(3) of section 4774.03 of</u>	1099
<u>the Revised Code, when the individual is providing direct patient</u>	1100
<u>care or is otherwise involved with direct patient care under the</u>	1101
<u>program, the individual shall display in an appropriate manner the</u>	1102

title "student radiologist assistant" or another appropriate 1103  
designation as a means of identifying the individual as a student 1104  
participating in the program. 1105

Sec. 4774.10. (A) To be eligible to supervise a radiologist 1106  
assistant, a physician shall be actively and directly engaged in 1107  
the clinical practice of medicine and surgery as a radiologist or 1108  
actively and directly engaged in the clinical practice of 1109  
osteopathic medicine and surgery as a radiologist. 1110

(B) In providing supervision of a radiologist assistant, a 1111  
supervising radiologist is subject to all of the following: 1112

(1) Except as provided in divisions (B)(2) and (3) of this 1113  
section, the supervising radiologist shall provide on-site 1114  
supervision of the radiologist assistant. The supervision shall be 1115  
provided by being physically present in the same location as the 1116  
radiologist assistant. The provision of on-site supervision does 1117  
not necessarily require that the supervising radiologist be in the 1118  
same room as the radiologist assistant. On-site supervision shall 1119  
be provided when the radiologist assistant performs a radiologic 1120  
procedure on a patient who is under minimal sedation. 1121

(2) When the radiologist assistant performs a radiologic 1122  
procedure on a patient who is under general anesthesia, deep 1123  
sedation, or moderate sedation, the supervising radiologist shall 1124  
provide direct supervision. The supervision shall be provided by 1125  
being physically present in the same room as the radiologist 1126  
assistant, with the radiologist assistant in the actual sight of 1127  
the supervising radiologist when the radiologist assistant is 1128  
performing the radiologic procedure. 1129

(3) In the case of any radiologic procedure that a 1130  
radiologist assistant is authorized to perform pursuant to 1131  
division (A)(5) of section 4774.08 of the Revised Code, the 1132  
supervising radiologist shall provide the level of supervision 1133

specified by the state medical board in the rules adopted under 1134  
section 4774.11 of the Revised Code authorizing the performance of 1135  
the procedure. 1136

(C) The supervising radiologist of a radiologist assistant 1137  
assumes legal liability for the services provided by the 1138  
radiologist assistant. 1139

**Sec. 4774.11.** (A) The state medical board shall adopt rules 1140  
in accordance with Chapter 119. of the Revised Code to implement 1141  
and administer this chapter. In adopting the rules, the board 1142  
shall take into consideration the guidelines adopted by the 1143  
American college of radiology, the American society of radiologic 1144  
technologists, and the American registry of radiologic 1145  
technologists. 1146

(B) The rules adopted under this section shall include all of 1147  
the following: 1148

(1) Standards and procedures for issuing and renewing 1149  
certificates to practice as a radiologist assistant; 1150

(2) Application fees for an initial or renewed certificate to 1151  
practice; 1152

(3) Any additional radiologic procedures that radiologist 1153  
assistants may perform pursuant to division (A)(5) of section 1154  
4774.08 of the Revised Code and the level of supervision that the 1155  
supervising radiologist is required to provide pursuant to section 1156  
4774.10 of the Revised Code; 1157

(4) Definitions of "general anesthesia," "deep sedation," 1158  
"moderate sedation," and "minimal sedation"; 1159

(5) Any other standards and procedures the board considers 1160  
necessary to govern the practice of radiologist assistants, the 1161  
supervisory relationship between radiologist assistants and 1162  
supervising radiologists, and the administration and enforcement 1163

of this chapter. 1164

Sec. 4774.13. (A) The state medical board, by an affirmative 1165  
vote of not fewer than six members, may revoke or may refuse to 1166  
grant a certificate to practice as a radiologist assistant to an 1167  
individual found by the board to have committed fraud, 1168  
misrepresentation, or deception in applying for or securing the 1169  
certificate. 1170

(B) The board, by an affirmative vote of not fewer than six 1171  
members, shall, to the extent permitted by law, limit, revoke, or 1172  
suspend an individual's certificate to practice as a radiologist 1173  
assistant, refuse to issue a certificate to an applicant, refuse 1174  
to reinstate a certificate, or reprimand or place on probation the 1175  
holder of a certificate for any of the following reasons: 1176

(1) Permitting the holder's name or certificate to be used by 1177  
another person; 1178

(2) Failure to comply with the requirements of this chapter, 1179  
Chapter 4731. of the Revised Code, or any rules adopted by the 1180  
board; 1181

(3) Violating or attempting to violate, directly or 1182  
indirectly, or assisting in or abetting the violation of, or 1183  
conspiring to violate, any provision of this chapter, Chapter 1184  
4731. of the Revised Code, or the rules adopted by the board; 1185

(4) A departure from, or failure to conform to, minimal 1186  
standards of care of similar practitioners under the same or 1187  
similar circumstances whether or not actual injury to the patient 1188  
is established; 1189

(5) Inability to practice according to acceptable and 1190  
prevailing standards of care by reason of mental illness or 1191  
physical illness, including physical deterioration that adversely 1192  
affects cognitive, motor, or perceptive skills; 1193

(6) Impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice; 1194  
1195  
1196  
1197

(7) Willfully betraying a professional confidence; 1198

(8) Making a false, fraudulent, deceptive, or misleading statement in securing or attempting to secure a certificate to practice as a radiologist assistant. 1199  
1200  
1201

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. 1202  
1203  
1204  
1205  
1206  
1207  
1208  
1209

(9) The obtaining of, or attempting to obtain, money or a thing of value by fraudulent misrepresentations in the course of practice; 1210  
1211  
1212

(10) 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; 1213  
1214  
1215

(11) Commission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed; 1216  
1217  
1218

(12) 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; 1219  
1220  
1221

(13) A plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of 1222  
1223



<u>conviction for, a misdemeanor involving moral turpitude;</u>	1224
<u>(14) Commission of an act in the course of practice that</u>	1225
<u>constitutes a misdemeanor in this state, regardless of the</u>	1226
<u>jurisdiction in which the act was committed;</u>	1227
<u>(15) Commission of an act involving moral turpitude that</u>	1228
<u>constitutes a misdemeanor in this state, regardless of the</u>	1229
<u>jurisdiction in which the act was committed;</u>	1230
<u>(16) A plea of guilty to, a judicial finding of guilt of, or</u>	1231
<u>a judicial finding of eligibility for intervention in lieu of</u>	1232
<u>conviction for violating any state or federal law regulating the</u>	1233
<u>possession, distribution, or use of any drug, including</u>	1234
<u>trafficking in drugs;</u>	1235
<u>(17) Any of the following actions taken by the state agency</u>	1236
<u>responsible for regulating the practice of radiologist assistants</u>	1237
<u>in another jurisdiction, for any reason other than the nonpayment</u>	1238
<u>of fees: the limitation, revocation, or suspension of an</u>	1239
<u>individual's license to practice; acceptance of an individual's</u>	1240
<u>license surrender; denial of a license; refusal to renew or</u>	1241
<u>reinstate a license; imposition of probation; or issuance of an</u>	1242
<u>order of censure or other reprimand;</u>	1243
<u>(18) Violation of the conditions placed by the board on a</u>	1244
<u>certificate to practice as a radiologist assistant;</u>	1245
<u>(19) Failure to use universal blood and body fluid</u>	1246
<u>precautions established by rules adopted under section 4731.051 of</u>	1247
<u>the Revised Code;</u>	1248
<u>(20) Failure to cooperate in an investigation conducted by</u>	1249
<u>the board under section 4774.14 of the Revised Code, including</u>	1250
<u>failure to comply with a subpoena or order issued by the board or</u>	1251
<u>failure to answer truthfully a question presented by the board at</u>	1252
<u>a deposition or in written interrogatories, except that failure to</u>	1253
<u>cooperate with an investigation shall not constitute grounds for</u>	1254

discipline under this section if a court of competent jurisdiction 1255  
has issued an order that either quashes a subpoena or permits the 1256  
individual to withhold the testimony or evidence in issue; 1257

(21) Failure to maintain a license as a radiographer under 1258  
Chapter 4773. of the Revised Code; 1259

(22) Failure to maintain certification as a registered 1260  
radiologist assistant from the American registry of radiologic 1261  
technologists, including revocation by the registry of the 1262  
assistant's certification or failure by the assistant to meet the 1263  
registry's requirements for annual registration, or failure to 1264  
notify the board that the certification as a registered 1265  
radiologist assistant has not been maintained; 1266

(23) Failure to comply with any of the rules of ethics 1267  
included in the standards of ethics established by the American 1268  
registry of radiologic technologists, as those rules apply to an 1269  
individual who holds the registry's certification as a registered 1270  
radiologist assistant. 1271

(C) Disciplinary actions taken by the board under divisions 1272  
(A) and (B) of this section shall be taken pursuant to an 1273  
adjudication under Chapter 119. of the Revised Code, except that 1274  
in lieu of an adjudication, the board may enter into a consent 1275  
agreement with a radiologist assistant or applicant to resolve an 1276  
allegation of a violation of this chapter or any rule adopted 1277  
under it. A consent agreement, when ratified by an affirmative 1278  
vote of not fewer than six members of the board, shall constitute 1279  
the findings and order of the board with respect to the matter 1280  
addressed in the agreement. If the board refuses to ratify a 1281  
consent agreement, the admissions and findings contained in the 1282  
consent agreement shall be of no force or effect. 1283

(D) For purposes of divisions (B)(11), (14), and (15) of this 1284  
section, the commission of the act may be established by a finding 1285

by the board, pursuant to an adjudication under Chapter 119. of 1286  
the Revised Code, that the applicant or certificate holder 1287  
committed the act in question. The board shall have no 1288  
jurisdiction under these divisions in cases where the trial court 1289  
renders a final judgment in the certificate holder's favor and 1290  
that judgment is based upon an adjudication on the merits. The 1291  
board shall have jurisdiction under these divisions in cases where 1292  
the trial court issues an order of dismissal on technical or 1293  
procedural grounds. 1294

(E) The sealing of conviction records by any court shall have 1295  
no effect on a prior board order entered under the provisions of 1296  
this section or on the board's jurisdiction to take action under 1297  
the provisions of this section if, based upon a plea of guilty, a 1298  
judicial finding of guilt, or a judicial finding of eligibility 1299  
for intervention in lieu of conviction, the board issued a notice 1300  
of opportunity for a hearing prior to the court's order to seal 1301  
the records. The board shall not be required to seal, destroy, 1302  
redact, or otherwise modify its records to reflect the court's 1303  
sealing of conviction records. 1304

(F) For purposes of this division, any individual who holds a 1305  
certificate to practice as a radiologist assistant issued under 1306  
this chapter, or applies for a certificate to practice, shall be 1307  
deemed to have given consent to submit to a mental or physical 1308  
examination when directed to do so in writing by the board and to 1309  
have waived all objections to the admissibility of testimony or 1310  
examination reports that constitute a privileged communication. 1311

(1) In enforcing division (B)(5) of this section, the board, 1312  
on a showing of a possible violation, may compel any individual 1313  
who holds a certificate to practice as a radiologist assistant 1314  
issued under this chapter or who has applied for a certificate to 1315  
practice to submit to a mental or physical examination, or both. A 1316  
physical examination may include an HIV test. The expense of the 1317

examination is the responsibility of the individual compelled to 1318  
be examined. Failure to submit to a mental or physical examination 1319  
or consent to an HIV test ordered by the board constitutes an 1320  
admission of the allegations against the individual unless the 1321  
failure is due to circumstances beyond the individual's control, 1322  
and a default and final order may be entered without the taking of 1323  
testimony or presentation of evidence. If the board finds a 1324  
radiologist assistant unable to practice because of the reasons 1325  
set forth in division (B)(5) of this section, the board shall 1326  
require the radiologist assistant to submit to care, counseling, 1327  
or treatment by physicians approved or designated by the board, as 1328  
a condition for an initial, continued, reinstated, or renewed 1329  
certificate to practice. An individual affected by this division 1330  
shall be afforded an opportunity to demonstrate to the board the 1331  
ability to resume practicing in compliance with acceptable and 1332  
prevailing standards of care. 1333

(2) For purposes of division (B)(6) of this section, if the 1334  
board has reason to believe that any individual who holds a 1335  
certificate to practice as a radiologist assistant issued under 1336  
this chapter or any applicant for a certificate to practice 1337  
suffers such impairment, the board may compel the individual to 1338  
submit to a mental or physical examination, or both. The expense 1339  
of the examination is the responsibility of the individual 1340  
compelled to be examined. Any mental or physical examination 1341  
required under this division shall be undertaken by a treatment 1342  
provider or physician qualified to conduct such examination and 1343  
chosen by the board. 1344

Failure to submit to a mental or physical examination ordered 1345  
by the board constitutes an admission of the allegations against 1346  
the individual unless the failure is due to circumstances beyond 1347  
the individual's control, and a default and final order may be 1348  
entered without the taking of testimony or presentation of 1349

evidence. If the board determines that the individual's ability to 1350  
practice is impaired, the board shall suspend the individual's 1351  
certificate or deny the individual's application and shall require 1352  
the individual, as a condition for an initial, continued, 1353  
reinstated, or renewed certificate to practice, to submit to 1354  
treatment. 1355

Before being eligible to apply for reinstatement of a 1356  
certificate suspended under this division, the radiologist 1357  
assistant shall demonstrate to the board the ability to resume 1358  
practice in compliance with acceptable and prevailing standards of 1359  
care. The demonstration shall include the following: 1360

(a) Certification from a treatment provider approved under 1361  
section 4731.25 of the Revised Code that the individual has 1362  
successfully completed any required inpatient treatment; 1363

(b) Evidence of continuing full compliance with an aftercare 1364  
contract or consent agreement; 1365

(c) Two written reports indicating that the individual's 1366  
ability to practice has been assessed and that the individual has 1367  
been found capable of practicing according to acceptable and 1368  
prevailing standards of care. The reports shall be made by 1369  
individuals or providers approved by the board for making such 1370  
assessments and shall describe the basis for their determination. 1371

The board may reinstate a certificate suspended under this 1372  
division after such demonstration and after the individual has 1373  
entered into a written consent agreement. 1374

When the impaired radiologist assistant resumes practice, the 1375  
board shall require continued monitoring of the radiologist 1376  
assistant. The monitoring shall include monitoring of compliance 1377  
with the written consent agreement entered into before 1378  
reinstatement or with conditions imposed by board order after a 1379  
hearing, and, on termination of the consent agreement, submission 1380

to the board for at least two years of annual written progress 1381  
reports made under penalty of falsification stating whether the 1382  
radiologist assistant has maintained sobriety. 1383

(G) If the secretary and supervising member determine that 1384  
there is clear and convincing evidence that a radiologist 1385  
assistant has violated division (B) of this section and that the 1386  
individual's continued practice presents a danger of immediate and 1387  
serious harm to the public, they may recommend that the board 1388  
suspend the individual's certificate to practice without a prior 1389  
hearing. Written allegations shall be prepared for consideration 1390  
by the board. 1391

The board, on review of the allegations and by an affirmative 1392  
vote of not fewer than six of its members, excluding the secretary 1393  
and supervising member, may suspend a certificate without a prior 1394  
hearing. A telephone conference call may be utilized for reviewing 1395  
the allegations and taking the vote on the summary suspension. 1396

The board shall issue a written order of suspension by 1397  
certified mail or in person in accordance with section 119.07 of 1398  
the Revised Code. The order shall not be subject to suspension by 1399  
the court during pendency of any appeal filed under section 119.12 1400  
of the Revised Code. If the radiologist assistant requests an 1401  
adjudicatory hearing by the board, the date set for the hearing 1402  
shall be within fifteen days, but not earlier than seven days, 1403  
after the radiologist assistant requests the hearing, unless 1404  
otherwise agreed to by both the board and the certificate holder. 1405

A summary suspension imposed under this division shall remain 1406  
in effect, unless reversed on appeal, until a final adjudicative 1407  
order issued by the board pursuant to this section and Chapter 1408  
119. of the Revised Code becomes effective. The board shall issue 1409  
its final adjudicative order within sixty days after completion of 1410  
its hearing. Failure to issue the order within sixty days shall 1411  
result in dissolution of the summary suspension order, but shall 1412

not invalidate any subsequent, final adjudicative order. 1413

(H) If the board takes action under division (B)(10), (12), 1414  
or (13) of this section, and the judicial finding of guilt, guilty 1415  
plea, or judicial finding of eligibility for intervention in lieu 1416  
of conviction is overturned on appeal, on exhaustion of the 1417  
criminal appeal, a petition for reconsideration of the order may 1418  
be filed with the board along with appropriate court documents. On 1419  
receipt of a petition and supporting court documents, the board 1420  
shall reinstate the certificate to practice as a radiologist 1421  
assistant. The board may then hold an adjudication under Chapter 1422  
119. of the Revised Code to determine whether the individual 1423  
committed the act in question. Notice of opportunity for hearing 1424  
shall be given in accordance with Chapter 119. of the Revised 1425  
Code. If the board finds, pursuant to an adjudication held under 1426  
this division, that the individual committed the act, or if no 1427  
hearing is requested, it may order any of the sanctions specified 1428  
in division (B) of this section. 1429

(I) The certificate to practice of a radiologist assistant 1430  
and the assistant's practice in this state are automatically 1431  
suspended as of the date the radiologist assistant pleads guilty 1432  
to, is found by a judge or jury to be guilty of, or is subject to 1433  
a judicial finding of eligibility for intervention in lieu of 1434  
conviction in this state or treatment of intervention in lieu of 1435  
conviction in another jurisdiction for any of the following 1436  
criminal offenses in this state or a substantially equivalent 1437  
criminal offense in another jurisdiction: aggravated murder, 1438  
murder, voluntary manslaughter, felonious assault, kidnapping, 1439  
rape, sexual battery, gross sexual imposition, aggravated arson, 1440  
aggravated robbery, or aggravated burglary. Continued practice 1441  
after the suspension shall be considered practicing without a 1442  
certificate. 1443

The board shall notify the individual subject to the 1444

suspension by certified mail or in person in accordance with 1445  
section 119.07 of the Revised Code. If an individual whose 1446  
certificate is suspended under this division fails to make a 1447  
timely request for an adjudication under Chapter 119. of the 1448  
Revised Code, the board shall enter a final order permanently 1449  
revoking the individual's certificate to practice. 1450

(J) In any instance in which the board is required by Chapter 1451  
119. of the Revised Code to give notice of opportunity for hearing 1452  
and the individual subject to the notice does not timely request a 1453  
hearing in accordance with section 119.07 of the Revised Code, the 1454  
board is not required to hold a hearing, but may adopt, by an 1455  
affirmative vote of not fewer than six of its members, a final 1456  
order that contains the board's findings. In the final order, the 1457  
board may order any of the sanctions identified under division (A) 1458  
or (B) of this section. 1459

(K) Any action taken by the board under division (B) of this 1460  
section resulting in a suspension shall be accompanied by a 1461  
written statement of the conditions under which the radiologist 1462  
assistant's certificate may be reinstated. The board shall adopt 1463  
rules in accordance with Chapter 119. of the Revised Code 1464  
governing conditions to be imposed for reinstatement. 1465  
Reinstatement of a certificate suspended pursuant to division (B) 1466  
of this section requires an affirmative vote of not fewer than six 1467  
members of the board. 1468

(L) When the board refuses to grant a certificate to practice 1469  
as a radiologist assistant to an applicant, revokes an 1470  
individual's certificate, refuses to renew a certificate, or 1471  
refuses to reinstate an individual's certificate, the board may 1472  
specify that its action is permanent. An individual subject to a 1473  
permanent action taken by the board is forever thereafter 1474  
ineligible to hold a certificate to practice as a radiologist 1475  
assistant and the board shall not accept an application for 1476



reinstatement of the certificate or for issuance of a new 1477  
certificate. 1478

(M) Notwithstanding any other provision of the Revised Code, 1479  
all of the following apply: 1480

(1) The surrender of a certificate to practice as a 1481  
radiologist assistant issued under this chapter is not effective 1482  
unless or until accepted by the board. Reinstatement of a 1483  
certificate surrendered to the board requires an affirmative vote 1484  
of not fewer than six members of the board. 1485

(2) An application made under this chapter for a certificate 1486  
to practice may not be withdrawn without approval of the board. 1487

(3) Failure by an individual to renew a certificate to 1488  
practice in accordance with section 4774.06 of the Revised Code 1489  
shall not remove or limit the board's jurisdiction to take 1490  
disciplinary action under this section against the individual. 1491

**Sec. 4774.131.** On receipt of a notice pursuant to section 1492  
3123.43 of the Revised Code, the state medical board shall comply 1493  
with sections 3123.41 to 3123.50 of the Revised Code and any 1494  
applicable rules adopted under section 3123.63 of the Revised Code 1495  
with respect to a certificate to practice as a radiologist 1496  
assistant issued under this chapter. 1497

**Sec. 4774.132.** If the state medical board has reason to 1498  
believe that any person who has been granted a certificate to 1499  
practice as a radiologist assistant under this chapter is mentally 1500  
ill or mentally incompetent, it may file in the probate court of 1501  
the county in which the person has a legal residence an affidavit 1502  
in the form prescribed in section 5122.11 of the Revised Code and 1503  
signed by the board secretary or a member of the board secretary's 1504  
staff, whereupon the same proceedings shall be had as provided in 1505  
Chapter 5122. of the Revised Code. The attorney general may 1506

represent the board in any proceeding commenced under this 1507  
section. 1508

If any person who has been granted a certificate to practice 1509  
is adjudged by a probate court to be mentally ill or mentally 1510  
incompetent, the person's certificate shall be automatically 1511  
suspended until the person has filed with the state medical board 1512  
a certified copy of an adjudication by a probate court of the 1513  
person's subsequent restoration to competency or has submitted to 1514  
the board proof, satisfactory to the board, that the person has 1515  
been discharged as having a restoration to competency in the 1516  
manner and form provided in section 5122.38 of the Revised Code. 1517  
The judge of the probate court shall forthwith notify the state 1518  
medical board of an adjudication of mental illness or mental 1519  
incompetence, and shall note any suspension of a certificate in 1520  
the margin of the court's record of such certificate. 1521

**Sec. 4774.14.** (A) The state medical board shall investigate 1522  
evidence that appears to show that any person has violated this 1523  
chapter or the rules adopted under it. Any person may report to 1524  
the board in a signed writing any information the person has that 1525  
appears to show a violation of any provision of this chapter or 1526  
the rules adopted under it. In the absence of bad faith, a person 1527  
who reports such information or testifies before the board in an 1528  
adjudication conducted under Chapter 119. of the Revised Code 1529  
shall not be liable for civil damages as a result of reporting the 1530  
information or providing testimony. Each complaint or allegation 1531  
of a violation received by the board shall be assigned a case 1532  
number and be recorded by the board. 1533

(B) Investigations of alleged violations of this chapter or 1534  
rules adopted under it shall be supervised by the supervising 1535  
member elected by the board in accordance with section 4731.02 of 1536  
the Revised Code and by the secretary as provided in section 1537

4774.17 of the Revised Code. The board's president may designate 1538  
another member of the board to supervise the investigation in 1539  
place of the supervising member. A member of the board who 1540  
supervises the investigation of a case shall not participate in 1541  
further adjudication of the case. 1542

(C) In investigating a possible violation of this chapter or 1543  
the rules adopted under it, the board may administer oaths, order 1544  
the taking of depositions, issue subpoenas, and compel the 1545  
attendance of witnesses and production of books, accounts, papers, 1546  
records, documents, and testimony, except that a subpoena for 1547  
patient record information shall not be issued without 1548  
consultation with the attorney general's office and approval of 1549  
the secretary and supervising member of the board. Before issuance 1550  
of a subpoena for patient record information, the secretary and 1551  
supervising member shall determine whether there is probable cause 1552  
to believe that the complaint filed alleges a violation of this 1553  
chapter or the rules adopted under it and that the records sought 1554  
are relevant to the alleged violation and material to the 1555  
investigation. The subpoena may apply only to records that cover a 1556  
reasonable period of time surrounding the alleged violation. 1557

On failure to comply with any subpoena issued by the board 1558  
and after reasonable notice to the person being subpoenaed, the 1559  
board may move for an order compelling the production of persons 1560  
or records pursuant to the Rules of Civil Procedure. 1561

A subpoena issued by the board may be served by a sheriff, 1562  
the sheriff's deputy, or a board employee designated by the board. 1563  
Service of a subpoena issued by the board may be made by 1564  
delivering a copy of the subpoena to the person named therein, 1565  
reading it to the person, or leaving it at the person's usual 1566  
place of residence. When the person being served is a radiologist 1567  
assistant, service of the subpoena may be made by certified mail, 1568  
restricted delivery, return receipt requested, and the subpoena 1569

shall be deemed served on the date delivery is made or the date 1570  
the person refuses to accept delivery. 1571

A sheriff's deputy who serves a subpoena shall receive the 1572  
same fees as a sheriff. Each witness who appears before the board 1573  
in obedience to a subpoena shall receive the fees and mileage 1574  
provided for witnesses in civil cases in the courts of common 1575  
pleas. 1576

(D) All hearings and investigations of the board shall be 1577  
considered civil actions for the purposes of section 2305.252 of 1578  
the Revised Code. 1579

(E) Information received by the board pursuant to an 1580  
investigation is confidential and not subject to discovery in any 1581  
civil action. 1582

The board shall conduct all investigations and proceedings in 1583  
a manner that protects the confidentiality of patients and persons 1584  
who file complaints with the board. The board shall not make 1585  
public the names or any other identifying information about 1586  
patients or complainants unless proper consent is given. 1587

The board may share any information it receives pursuant to 1588  
an investigation, including patient records and patient record 1589  
information, with law enforcement agencies, other licensing 1590  
boards, and other governmental agencies that are prosecuting, 1591  
adjudicating, or investigating alleged violations of statutes or 1592  
administrative rules. An agency or board that receives the 1593  
information shall comply with the same requirements regarding 1594  
confidentiality as those with which the state medical board must 1595  
comply, notwithstanding any conflicting provision of the Revised 1596  
Code or procedure of the agency or board that applies when it is 1597  
dealing with other information in its possession. In a judicial 1598  
proceeding, the information may be admitted into evidence only in 1599  
accordance with the Rules of Evidence, but the court shall require 1600

that appropriate measures are taken to ensure that confidentiality 1601  
is maintained with respect to any part of the information that 1602  
contains names or other identifying information about patients or 1603  
complainants whose confidentiality was protected by the state 1604  
medical board when the information was in the board's possession. 1605  
Measures to ensure confidentiality that may be taken by the court 1606  
include sealing its records or deleting specific information from 1607  
its records. 1608

(F) The state medical board shall develop requirements for 1609  
and provide appropriate initial training and continuing education 1610  
for investigators employed by the board to carry out its duties 1611  
under this chapter. The training and continuing education may 1612  
include enrollment in courses operated or approved by the Ohio 1613  
peace officer training council that the board considers 1614  
appropriate under conditions set forth in section 109.79 of the 1615  
Revised Code. 1616

(G) On a quarterly basis, the board shall prepare a report 1617  
that documents the disposition of all cases during the preceding 1618  
three months. The report shall contain the following information 1619  
for each case with which the board has completed its activities: 1620

(1) The case number assigned to the complaint or alleged 1621  
violation; 1622

(2) The type of certificate, if any, held by the individual 1623  
against whom the complaint is directed; 1624

(3) A description of the allegations contained in the 1625  
complaint; 1626

(4) The disposition of the case. 1627

The report shall state how many cases are still pending, and 1628  
shall be prepared in a manner that protects the identity of each 1629  
person involved in each case. The report is a public record for 1630  
purposes of section 149.43 of the Revised Code. 1631

Sec. 4774.15. (A) As used in this section, "prosecutor" has 1632  
the same meaning as in section 2935.01 of the Revised Code. 1633

(B) Whenever any person holding a valid certificate to 1634  
practice as a radiologist assistant issued under this chapter 1635  
pleads guilty to, is subject to a judicial finding of guilt of, or 1636  
is subject to a judicial finding of eligibility for intervention 1637  
in lieu of conviction for a violation of Chapter 2907., 2925., or 1638  
3719. of the Revised Code or of any substantively comparable 1639  
ordinance of a municipal corporation in connection with the 1640  
person's practice, the prosecutor in the case, on forms prescribed 1641  
and provided by the state medical board, shall promptly notify the 1642  
board of the conviction. Within thirty days of receipt of that 1643  
information, the board shall initiate action in accordance with 1644  
Chapter 119. of the Revised Code to determine whether to suspend 1645  
or revoke the certificate under section 4774.13 of the Revised 1646  
Code. 1647

(C) The prosecutor in any case against any person holding a 1648  
valid certificate to practice issued under this chapter, on forms 1649  
prescribed and provided by the state medical board, shall notify 1650  
the board of any of the following: 1651

(1) A plea of guilty to, a finding of guilt by a jury or 1652  
court of, or judicial finding of eligibility for intervention in 1653  
lieu of conviction for a felony, or a case in which the trial 1654  
court issues an order of dismissal upon technical or procedural 1655  
grounds of a felony charge; 1656

(2) A plea of guilty to, a finding of guilt by a jury or 1657  
court of, or judicial finding of eligibility for intervention in 1658  
lieu of conviction for a misdemeanor committed in the course of 1659  
practice, or a case in which the trial court issues an order of 1660  
dismissal upon technical or procedural grounds of a charge of a 1661  
misdemeanor, if the alleged act was committed in the course of 1662

practice; 1663

(3) A plea of guilty to, a finding of guilt by a jury or 1664  
court of, or judicial finding of eligibility for intervention in 1665  
lieu of conviction for a misdemeanor involving moral turpitude, or 1666  
a case in which the trial court issues an order of dismissal upon 1667  
technical or procedural grounds of a charge of a misdemeanor 1668  
involving moral turpitude. 1669

The report shall include the name and address of the 1670  
certificate holder, the nature of the offense for which the action 1671  
was taken, and the certified court documents recording the action. 1672

Sec. 4774.16. (A) Within sixty days after the imposition of 1673  
any formal disciplinary action taken by any health care facility, 1674  
including a hospital, health care facility operated by a health 1675  
insuring corporation, ambulatory surgical facility, or similar 1676  
facility, against any individual holding a valid certificate to 1677  
practice as a radiologist assistant, the chief administrator or 1678  
executive officer of the facility shall report to the state 1679  
medical board the name of the individual, the action taken by the 1680  
facility, and a summary of the underlying facts leading to the 1681  
action taken. On request, the board shall be provided certified 1682  
copies of the patient records that were the basis for the 1683  
facility's action. Prior to release to the board, the summary 1684  
shall be approved by the peer review committee that reviewed the 1685  
case or by the governing board of the facility. 1686

The filing of a report with the board or decision not to file 1687  
a report, investigation by the board, or any disciplinary action 1688  
taken by the board, does not preclude a health care facility from 1689  
taking disciplinary action against a radiologist assistant. 1690

In the absence of fraud or bad faith, no individual or entity 1691  
that provides patient records to the board shall be liable in 1692  
damages to any person as a result of providing the records. 1693

(B) A radiologist assistant, professional association or 1694  
society of radiologist assistants, physician, or professional 1695  
association or society of physicians that believes a violation of 1696  
any provision of this chapter, Chapter 4731. of the Revised Code, 1697  
or rule of the board has occurred shall report to the board the 1698  
information on which the belief is based. This division does not 1699  
require any treatment provider approved by the board under section 1700  
4731.25 of the Revised Code or any employee, agent, or 1701  
representative of such a provider to make reports with respect to 1702  
a radiologist assistant participating in treatment or aftercare 1703  
for substance abuse as long as the radiologist assistant maintains 1704  
participation in accordance with the requirements of section 1705  
4731.25 of the Revised Code and the treatment provider or 1706  
employee, agent, or representative of the provider has no reason 1707  
to believe that the radiologist assistant has violated any 1708  
provision of this chapter or rule adopted under it, other than 1709  
being impaired by alcohol, drugs, or other substances. This 1710  
division does not require reporting by any member of an impaired 1711  
practitioner committee established by a health care facility or by 1712  
any representative or agent of a committee or program sponsored by 1713  
a professional association or society of radiologist assistants to 1714  
provide peer assistance to radiologist assistants with substance 1715  
abuse problems with respect to a radiologist assistant who has 1716  
been referred for examination to a treatment program approved by 1717  
the board under section 4731.25 of the Revised Code if the 1718  
radiologist assistant cooperates with the referral for examination 1719  
and with any determination that the radiologist assistant should 1720  
enter treatment and as long as the committee member, 1721  
representative, or agent has no reason to believe that the 1722  
radiologist assistant has ceased to participate in the treatment 1723  
program in accordance with section 4731.25 of the Revised Code or 1724  
has violated any provision of this chapter or rule adopted under 1725  
it, other than being impaired by alcohol, drugs, or other 1726



substances. 1727

(C) Any professional association or society composed 1728  
primarily of radiologist assistants that suspends or revokes an 1729  
individual's membership for violations of professional ethics, or 1730  
for reasons of professional incompetence or professional 1731  
malpractice, within sixty days after a final decision, shall 1732  
report to the board, on forms prescribed and provided by the 1733  
board, the name of the individual, the action taken by the 1734  
professional organization, and a summary of the underlying facts 1735  
leading to the action taken. 1736

The filing of a report with the board or decision not to file 1737  
a report, investigation by the board, or any disciplinary action 1738  
taken by the board, does not preclude a professional organization 1739  
from taking disciplinary action against a radiologist assistant. 1740

(D) Any insurer providing professional liability insurance to 1741  
any person holding a valid certificate to practice as a 1742  
radiologist assistant or any other entity that seeks to indemnify 1743  
the professional liability of a radiologist assistant shall notify 1744  
the board within thirty days after the final disposition of any 1745  
written claim for damages where such disposition results in a 1746  
payment exceeding twenty-five thousand dollars. The notice shall 1747  
contain the following information: 1748

(1) The name and address of the person submitting the 1749  
notification; 1750

(2) The name and address of the insured who is the subject of 1751  
the claim; 1752

(3) The name of the person filing the written claim; 1753

(4) The date of final disposition; 1754

(5) If applicable, the identity of the court in which the 1755  
final disposition of the claim took place. 1756

(E) The board may investigate possible violations of this 1757  
chapter or the rules adopted under it that are brought to its 1758  
attention as a result of the reporting requirements of this 1759  
section, except that the board shall conduct an investigation if a 1760  
possible violation involves repeated malpractice. As used in this 1761  
division, "repeated malpractice" means three or more claims for 1762  
malpractice within the previous five-year period, each resulting 1763  
in a judgment or settlement in excess of twenty-five thousand 1764  
dollars in favor of the claimant, and each involving negligent 1765  
conduct by the radiologist assistant. 1766

(F) All summaries, reports, and records received and 1767  
maintained by the board pursuant to this section shall be held in 1768  
confidence and shall not be subject to discovery or introduction 1769  
in evidence in any federal or state civil action involving a 1770  
radiologist assistant, supervising physician, or health care 1771  
facility arising out of matters that are the subject of the 1772  
reporting required by this section. The board may use the 1773  
information obtained only as the basis for an investigation, as 1774  
evidence in a disciplinary hearing against a radiologist assistant 1775  
or supervising radiologist, or in any subsequent trial or appeal 1776  
of a board action or order. 1777

The board may disclose the summaries and reports it receives 1778  
under this section only to health care facility committees within 1779  
or outside this state that are involved in credentialing or 1780  
recredentialing a radiologist assistant or supervising radiologist 1781  
or reviewing their privilege to practice within a particular 1782  
facility. The board shall indicate whether or not the information 1783  
has been verified. Information transmitted by the board shall be 1784  
subject to the same confidentiality provisions as when maintained 1785  
by the board. 1786

(G) Except for reports filed by an individual pursuant to 1787  
division (B) of this section, the board shall send a copy of any 1788

reports or summaries it receives pursuant to this section to the 1789  
radiologist assistant. The radiologist assistant shall have the 1790  
right to file a statement with the board concerning the 1791  
correctness or relevance of the information. The statement shall 1792  
at all times accompany that part of the record in contention. 1793

(H) An individual or entity that reports to the board or 1794  
refers an impaired radiologist assistant to a treatment provider 1795  
approved by the board under section 4731.25 of the Revised Code 1796  
shall not be subject to suit for civil damages as a result of the 1797  
report, referral, or provision of the information. 1798

(I) In the absence of fraud or bad faith, a professional 1799  
association or society of radiologist assistants that sponsors a 1800  
committee or program to provide peer assistance to a radiologist 1801  
assistant with substance abuse problems, a representative or agent 1802  
of such a committee or program, and a member of the state medical 1803  
board shall not be held liable in damages to any person by reason 1804  
of actions taken to refer a radiologist assistant to a treatment 1805  
provider approved under section 4731.25 of the Revised Code for 1806  
examination or treatment. 1807

**Sec. 4774.17.** The secretary of the state medical board shall 1808  
enforce the laws relating to the practice of radiologist 1809  
assistants. If the secretary has knowledge or notice of a 1810  
violation of this chapter or the rules adopted under it, the 1811  
secretary shall investigate the matter, and, upon probable cause 1812  
appearing, file a complaint and prosecute the offender. When 1813  
requested by the secretary, the prosecuting attorney of the proper 1814  
county shall take charge of and conduct the prosecution. 1815

**Sec. 4774.18.** The attorney general, the prosecuting attorney 1816  
of any county in which the offense was committed or the offender 1817  
resides, the state medical board, or any other person having 1818

knowledge of a person engaged either directly or by complicity in 1819  
practicing as a radiologist assistant without having first 1820  
obtained under this chapter a certificate to practice as a 1821  
radiologist assistant, may, in accordance with provisions of the 1822  
Revised Code governing injunctions, maintain an action in the name 1823  
of the state to enjoin any person from engaging either directly or 1824  
by complicity in unlawfully practicing as a radiologist assistant 1825  
by applying for an injunction in any court of competent 1826  
jurisdiction. 1827

Prior to application for an injunction, the secretary of the 1828  
state medical board shall notify the person allegedly engaged 1829  
either directly or by complicity in the unlawful practice by 1830  
registered mail that the secretary has received information 1831  
indicating that this person is so engaged. The person shall answer 1832  
the secretary within thirty days showing that the person is either 1833  
properly licensed for the stated activity or that the person is 1834  
not in violation of this chapter. If the answer is not forthcoming 1835  
within thirty days after notice by the secretary, the secretary 1836  
shall request that the attorney general, the prosecuting attorney 1837  
of the county in which the offense was committed or the offender 1838  
resides, or the state medical board proceed as authorized in this 1839  
section. 1840

Upon the filing of a verified petition in court, the court 1841  
shall conduct a hearing on the petition and shall give the same 1842  
preference to this proceeding as is given all proceedings under 1843  
Chapter 119. of the Revised Code, irrespective of the position of 1844  
the proceeding on the calendar of the court. 1845

Injunction proceedings shall be in addition to, and not in 1846  
lieu of, all penalties and other remedies provided in this 1847  
chapter. 1848

**Sec. 4774.20.** The state medical board, subject to the 1849

approval of the controlling board, may establish fees in excess of 1850  
the amounts specified in this chapter, except that the fees may 1851  
not exceed the specified amounts by more than fifty per cent. 1852

All fees, penalties, and other funds received by the board 1853  
under this chapter shall be deposited in accordance with section 1854  
4731.24 of the Revised Code. 1855

**Sec. 4774.21.** In the absence of fraud or bad faith, the state 1856  
medical board, a current or former board member, an agent of the 1857  
board, a person formally requested by the board to be the board's 1858  
representative, or an employee of the board shall not be held 1859  
liable in damages to any person as the result of any act, 1860  
omission, proceeding, conduct, or decision related to official 1861  
duties undertaken or performed pursuant to this chapter. If any 1862  
such person asks to be defended by the state against any claim or 1863  
action arising out of any act, omission, proceeding, conduct, or 1864  
decision related to the person's official duties, and if the 1865  
request is made in writing at a reasonable time before trial and 1866  
the person requesting defense cooperates in good faith in the 1867  
defense of the claim or action, the state shall provide and pay 1868  
for the person's defense and shall pay any resulting judgment, 1869  
compromise, or settlement. At no time shall the state pay any part 1870  
of a claim or judgment that is for punitive or exemplary damages. 1871

**Sec. 4774.99.** (A) Whoever violates division (A)(1) or (2) of 1872  
section 4774.02 of the Revised Code is guilty of a misdemeanor of 1873  
the first degree on a first offense; on each subsequent offense, 1874  
the person is guilty of a felony of the fourth degree. 1875

(B) Whoever violates division (A), (B), (C), or (D) of 1876  
section 4774.16 of the Revised Code is guilty of a minor 1877  
misdemeanor on a first offense; on each subsequent offense the 1878  
person is guilty of a misdemeanor of the fourth degree, except 1879

that an individual guilty of a subsequent offense shall not be 1880  
subject to imprisonment, but to a fine alone of up to one thousand 1881  
dollars for each offense. 1882

**Section 2.** That existing sections 4731.051, 4731.07, 4731.22, 1883  
4731.224, 4731.24, and 4731.25 of the Revised Code are hereby 1884  
repealed. 1885

**Section 3.** Section 4774.02 of the Revised Code, as enacted by 1886  
this act, shall take effect nine months after the effective date 1887  
of this act. 1888

**Section 4.** Not later than six months after the effective date 1889  
of this act, the State Medical Board shall do both of the 1890  
following: 1891

(A) Adopt all rules necessary to implement Chapter 4774. of 1892  
the Revised Code, as enacted by this act; 1893

(B) Implement all procedures necessary to accept applications 1894  
from individuals seeking to obtain certificates to practice as 1895  
radiologist assistants, process the applications, and issue the 1896  
certificates. 1897