

**As Reported by the Senate Health, Human Services and Aging  
Committee**

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**Sub. H. B. No. 303**

**Representative Schuring**

**Cosponsors: Representatives Carney, Gonzales, Fende, Antonio, Barnes,  
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Reece, Sears, Stebelton, Stinziano, Wachtmann Speaker Batchelder**

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**A B I L L**

To amend sections 2305.113, 2305.234, 2711.22, 1  
3701.92, 3701.923, 3701.924, 3701.925, 3701.926, 2  
3701.927, 3701.928, 3701.929, 3793.11, 3963.01, 3  
4503.44, 4723.01, 4723.03, 4723.06, 4723.063, 4  
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4723.24, 4723.271, 4723.28, 4723.32, 4723.34, 6  
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4723.652, 4723.66, 4723.67, 4723.68, 4723.69, 10  
4723.71, 4723.72, 4723.73, 4723.74, 4723.75, 11  
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4759.03, 4759.05, 4759.06, 4759.10, 5111.222, 14  
5111.231, 5111.24, 5111.242, 5111.246, 5111.25, 15  
5111.88, 5111.981, and 5120.55; to amend, for the 16  
purpose of adopting new section numbers as 17  
indicated in parentheses, sections 4723.17 18

(4723.18) and 4723.171 (4723.181); to enact new 19  
section 4723.17 and sections 4723.091, 4723.092, 20  
4723.19, 4723.653, and 5111.982; to repeal 21  
sections 4723.483, 4723.62, 4723.621, 4723.63, and 22  
4723.78 of the Revised Code; and to amend Section 23  
3.19 of Am. Sub. H.B. 95 of the 125th General 24  
Assembly to revise the laws administered by the 25  
Board of Nursing and the professionals regulated 26  
by the Board, to update statutory references to 27  
professional organizations of dietitians, to 28  
extend qualified immunity from civil liability for 29  
volunteer services provided by certain behavioral 30  
health professionals, to modify the requirements 31  
for licensure of methadone treatment programs, to 32  
make changes in the laws governing certain 33  
Medicaid payments for nursing facility services, 34  
to authorize certain assessments of persons with 35  
intellectual disabilities residing in intermediate 36  
care facilities, and to declare an emergency. 37

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

**Section 1.** That sections 2305.113, 2305.234, 2711.22, 38  
3701.92, 3701.923, 3701.924, 3701.925, 3701.926, 3701.927, 39  
3701.928, 3701.929, 3793.11, 3963.01, 4503.44, 4723.01, 4723.03, 40  
4723.06, 4723.063, 4723.07, 4723.08, 4723.09, 4723.17, 4723.171, 41  
4723.24, 4723.271, 4723.28, 4723.32, 4723.34, 4723.35, 4723.41, 42  
4723.42, 4723.43, 4723.431, 4723.44, 4723.48, 4723.482, 4723.485, 43  
4723.487, 4723.50, 4723.61, 4723.64, 4723.65, 4723.651, 4723.652, 44  
4723.66, 4723.67, 4723.68, 4723.69, 4723.71, 4723.72, 4723.73, 45  
4723.74, 4723.75, 4723.751, 4723.76, 4723.77, 4723.79, 4723.83, 46  
4723.84, 4723.87, 4723.88, 4723.99, 4759.01, 4759.03, 4759.05, 47  
4759.06, 4759.10, 5111.222, 5111.231, 5111.24, 5111.242, 5111.246, 48

5111.25, 5111.88, 5111.981, and 5120.55 be amended; sections 49  
4723.17 (4723.18) and 4723.171 (4723.181) be amended for the 50  
purpose of adopting new section numbers as indicated in 51  
parentheses; and new section 4723.17 and sections 4723.091, 52  
4723.092, 4723.19, 4723.653, and 5111.982 of the Revised Code be 53  
enacted to read as follows: 54

**Sec. 2305.113.** (A) Except as otherwise provided in this 55  
section, an action upon a medical, dental, optometric, or 56  
chiropractic claim shall be commenced within one year after the 57  
cause of action accrued. 58

(B)(1) If prior to the expiration of the one-year period 59  
specified in division (A) of this section, a claimant who 60  
allegedly possesses a medical, dental, optometric, or chiropractic 61  
claim gives to the person who is the subject of that claim written 62  
notice that the claimant is considering bringing an action upon 63  
that claim, that action may be commenced against the person 64  
notified at any time within one hundred eighty days after the 65  
notice is so given. 66

(2) An insurance company shall not consider the existence or 67  
nonexistence of a written notice described in division (B)(1) of 68  
this section in setting the liability insurance premium rates that 69  
the company may charge the company's insured person who is 70  
notified by that written notice. 71

(C) Except as to persons within the age of minority or of 72  
unsound mind as provided by section 2305.16 of the Revised Code, 73  
and except as provided in division (D) of this section, both of 74  
the following apply: 75

(1) No action upon a medical, dental, optometric, or 76  
chiropractic claim shall be commenced more than four years after 77  
the occurrence of the act or omission constituting the alleged 78  
basis of the medical, dental, optometric, or chiropractic claim. 79

(2) If an action upon a medical, dental, optometric, or chiropractic claim is not commenced within four years after the occurrence of the act or omission constituting the alleged basis of the medical, dental, optometric, or chiropractic claim, then, any action upon that claim is barred.

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

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

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

within the one-year period described in division (D)(2) of this 112  
section, whichever is applicable. 113

(E) As used in this section: 114

(1) "Hospital" includes any person, corporation, association, 115  
board, or authority that is responsible for the operation of any 116  
hospital licensed or registered in the state, including, but not 117  
limited to, those that are owned or operated by the state, 118  
political subdivisions, any person, any corporation, or any 119  
combination of the state, political subdivisions, persons, and 120  
corporations. "Hospital" also includes any person, corporation, 121  
association, board, entity, or authority that is responsible for 122  
the operation of any clinic that employs a full-time staff of 123  
physicians practicing in more than one recognized medical 124  
specialty and rendering advice, diagnosis, care, and treatment to 125  
individuals. "Hospital" does not include any hospital operated by 126  
the government of the United States or any of its branches. 127

(2) "Physician" means a person who is licensed to practice 128  
medicine and surgery or osteopathic medicine and surgery by the 129  
state medical board or a person who otherwise is authorized to 130  
practice medicine and surgery or osteopathic medicine and surgery 131  
in this state. 132

(3) "Medical claim" means any claim that is asserted in any 133  
civil action against a physician, podiatrist, hospital, home, or 134  
residential facility, against any employee or agent of a 135  
physician, podiatrist, hospital, home, or residential facility, or 136  
against a licensed practical nurse, registered nurse, advanced 137  
practice registered nurse, physical therapist, physician 138  
assistant, emergency medical technician-basic, emergency medical 139  
technician-intermediate, or emergency medical 140  
technician-paramedic, and that arises out of the medical 141  
diagnosis, care, or treatment of any person. "Medical claim" 142  
includes the following: 143

(a) Derivative claims for relief that arise from the medical diagnosis, care, or treatment of a person;	144 145
(b) Claims that arise out of the medical diagnosis, care, or treatment of any person and to which either of the following applies:	146 147 148
(i) The claim results from acts or omissions in providing medical care.	149 150
(ii) The claim results from the hiring, training, supervision, retention, or termination of caregivers providing medical diagnosis, care, or treatment.	151 152 153
(c) Claims that arise out of the medical diagnosis, care, or treatment of any person and that are brought under section 3721.17 of the Revised Code.	154 155 156
(4) "Podiatrist" means any person who is licensed to practice podiatric medicine and surgery by the state medical board.	157 158
(5) "Dentist" means any person who is licensed to practice dentistry by the state dental board.	159 160
(6) "Dental claim" means any claim that is asserted in any civil action against a dentist, or against any employee or agent of a dentist, and that arises out of a dental operation or the dental diagnosis, care, or treatment of any person. "Dental claim" includes derivative claims for relief that arise from a dental operation or the dental diagnosis, care, or treatment of a person.	161 162 163 164 165 166
(7) "Derivative claims for relief" include, but are not limited to, claims of a parent, guardian, custodian, or spouse of an individual who was the subject of any medical diagnosis, care, or treatment, dental diagnosis, care, or treatment, dental operation, optometric diagnosis, care, or treatment, or chiropractic diagnosis, care, or treatment, that arise from that diagnosis, care, treatment, or operation, and that seek the	167 168 169 170 171 172 173

recovery of damages for any of the following:	174
(a) Loss of society, consortium, companionship, care,	175
assistance, attention, protection, advice, guidance, counsel,	176
instruction, training, or education, or any other intangible loss	177
that was sustained by the parent, guardian, custodian, or spouse;	178
(b) Expenditures of the parent, guardian, custodian, or	179
spouse for medical, dental, optometric, or chiropractic care or	180
treatment, for rehabilitation services, or for other care,	181
treatment, services, products, or accommodations provided to the	182
individual who was the subject of the medical diagnosis, care, or	183
treatment, the dental diagnosis, care, or treatment, the dental	184
operation, the optometric diagnosis, care, or treatment, or the	185
chiropractic diagnosis, care, or treatment.	186
(8) "Registered nurse" means any person who is licensed to	187
practice nursing as a registered nurse by the board of nursing.	188
(9) "Chiropractic claim" means any claim that is asserted in	189
any civil action against a chiropractor, or against any employee	190
or agent of a chiropractor, and that arises out of the	191
chiropractic diagnosis, care, or treatment of any person.	192
"Chiropractic claim" includes derivative claims for relief that	193
arise from the chiropractic diagnosis, care, or treatment of a	194
person.	195
(10) "Chiropractor" means any person who is licensed to	196
practice chiropractic by the state chiropractic board.	197
(11) "Optometric claim" means any claim that is asserted in	198
any civil action against an optometrist, or against any employee	199
or agent of an optometrist, and that arises out of the optometric	200
diagnosis, care, or treatment of any person. "Optometric claim"	201
includes derivative claims for relief that arise from the	202
optometric diagnosis, care, or treatment of a person.	203
(12) "Optometrist" means any person licensed to practice	204

optometry by the state board of optometry.	205
(13) "Physical therapist" means any person who is licensed to practice physical therapy under Chapter 4755. of the Revised Code.	206 207
(14) "Home" has the same meaning as in section 3721.10 of the Revised Code.	208 209
(15) "Residential facility" means a facility licensed under section 5123.19 of the Revised Code.	210 211
(16) "Advanced practice <u>registered</u> nurse" means any certified nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, or certified nurse-midwife who holds a certificate of authority issued by the board of nursing under Chapter 4723. of the Revised Code.	212 213 214 215 216
(17) "Licensed practical nurse" means any person who is licensed to practice nursing as a licensed practical nurse by the board of nursing pursuant to Chapter 4723. of the Revised Code.	217 218 219
(18) "Physician assistant" means any person who holds a valid certificate to practice issued pursuant to Chapter 4730. of the Revised Code.	220 221 222
(19) "Emergency medical technician-basic," "emergency medical technician-intermediate," and "emergency medical technician-paramedic" means any person who is certified under Chapter 4765. of the Revised Code as an emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic, whichever is applicable.	223 224 225 226 227 228
<b>Sec. 2305.234.</b> (A) As used in this section:	229
(1) "Chiropractic claim," "medical claim," and "optometric claim" have the same meanings as in section 2305.113 of the Revised Code.	230 231 232
(2) "Dental claim" has the same meaning as in section	233

2305.113 of the Revised Code, except that it does not include any	234
claim arising out of a dental operation or any derivative claim	235
for relief that arises out of a dental operation.	236
(3) "Governmental health care program" has the same meaning	237
as in section 4731.65 of the Revised Code.	238
(4) "Health care facility or location" means a hospital,	239
clinic, ambulatory surgical facility, office of a health care	240
professional or associated group of health care professionals,	241
training institution for health care professionals, or any other	242
place where medical, dental, or other health-related diagnosis,	243
care, or treatment is provided to a person.	244
(5) "Health care professional" means any of the following who	245
provide medical, dental, or other health-related diagnosis, care,	246
or treatment:	247
(a) Physicians authorized under Chapter 4731. of the Revised	248
Code to practice medicine and surgery or osteopathic medicine and	249
surgery;	250
(b) Registered nurses and licensed practical nurses licensed	251
under Chapter 4723. of the Revised Code and individuals who hold a	252
certificate of authority issued under that chapter that authorizes	253
the practice of nursing as a certified registered nurse	254
anesthetist, clinical nurse specialist, certified nurse-midwife,	255
or certified nurse practitioner;	256
(c) Physician assistants authorized to practice under Chapter	257
4730. of the Revised Code;	258
(d) Dentists and dental hygienists licensed under Chapter	259
4715. of the Revised Code;	260
(e) Physical therapists, physical therapist assistants,	261
occupational therapists, and occupational therapy assistants	262
licensed under Chapter 4755. of the Revised Code;	263

(f) Chiropractors licensed under Chapter 4734. of the Revised Code;	264 265
(g) Optometrists licensed under Chapter 4725. of the Revised Code;	266 267
(h) Podiatrists authorized under Chapter 4731. of the Revised Code to practice podiatry;	268 269
(i) Dietitians licensed under Chapter 4759. of the Revised Code;	270 271
(j) Pharmacists licensed under Chapter 4729. of the Revised Code;	272 273
(k) Emergency medical technicians-basic, emergency medical technicians-intermediate, and emergency medical technicians-paramedic, certified under Chapter 4765. of the Revised Code;	274 275 276 277
(l) Respiratory care professionals licensed under Chapter 4761. of the Revised Code;	278 279
(m) Speech-language pathologists and audiologists licensed under Chapter 4753. of the Revised Code;	280 281
<u>(n) Professional clinical counselors, professional counselors, independent social workers, social workers, independent marriage and family therapists, and marriage and family therapists, licensed under Chapter 4757. of the Revised Code;</u>	282 283 284 285 286
<u>(o) Psychologists licensed under Chapter 4732. of the Revised Code;</u>	287 288
<u>(p) Independent chemical dependency counselors, chemical dependency counselors III, chemical dependency counselors II, and chemical dependency counselors I, licensed under Chapter 4758. of the Revised Code.</u>	289 290 291 292
(6) "Health care worker" means a person other than a health	293

care professional who provides medical, dental, or other 294  
health-related care or treatment under the direction of a health 295  
care professional with the authority to direct that individual's 296  
activities, including medical technicians, medical assistants, 297  
dental assistants, orderlies, aides, and individuals acting in 298  
similar capacities. 299

(7) "Indigent and uninsured person" means a person who meets 300  
all of the following requirements: 301

(a) The person's income is not greater than two hundred per 302  
cent of the current poverty line as defined by the United States 303  
office of management and budget and revised in accordance with 304  
section 673(2) of the "Omnibus Budget Reconciliation Act of 1981," 305  
95 Stat. 511, 42 U.S.C. 9902, as amended. 306

(b) The person is not eligible to receive medical assistance 307  
under Chapter 5111. of the Revised Code or assistance under any 308  
other governmental health care program. 309

(c) Either of the following applies: 310

(i) The person is not a policyholder, certificate holder, 311  
insured, contract holder, subscriber, enrollee, member, 312  
beneficiary, or other covered individual under a health insurance 313  
or health care policy, contract, or plan. 314

(ii) The person is a policyholder, certificate holder, 315  
insured, contract holder, subscriber, enrollee, member, 316  
beneficiary, or other covered individual under a health insurance 317  
or health care policy, contract, or plan, but the insurer, policy, 318  
contract, or plan denies coverage or is the subject of insolvency 319  
or bankruptcy proceedings in any jurisdiction. 320

(8) "Nonprofit health care referral organization" means an 321  
entity that is not operated for profit and refers patients to, or 322  
arranges for the provision of, health-related diagnosis, care, or 323  
treatment by a health care professional or health care worker. 324

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

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

(11) "Volunteer" means an individual who provides any medical, dental, or other health-care related diagnosis, care, or treatment without the expectation of receiving and without receipt of any compensation or other form of remuneration from an indigent and uninsured person, another person on behalf of an indigent and uninsured person, any health care facility or location, any nonprofit health care referral organization, or any other person or government entity.

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

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

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

(B)(1) Subject to divisions (F) and (G)(3) of this section, a health care professional who is a volunteer and complies with division (B)(2) of this section is not liable in damages to any person or government entity in a tort or other civil action, including an action on a medical, dental, chiropractic, optometric, or other health-related claim, for injury, death, or loss to person or property that allegedly arises from an action or omission of the volunteer in the provision to an indigent and uninsured person of medical, dental, or other health-related diagnosis, care, or treatment, including the provision of samples of medicine and other medical products, unless the action or omission constitutes willful or wanton misconduct.

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

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

(b) Inform the person of the provisions of this section, including notifying the person that, by giving informed consent to the provision of the diagnosis, care, or treatment, the person cannot hold the health care professional liable for damages in a tort or other civil action, including an action on a medical,

dental, chiropractic, optometric, or other health-related claim, 389  
unless the action or omission of the health care professional 390  
constitutes willful or wanton misconduct; 391

(c) Obtain the informed consent of the person and a written 392  
waiver, signed by the person or by another individual on behalf of 393  
and in the presence of the person, that states that the person is 394  
mentally competent to give informed consent and, without being 395  
subject to duress or under undue influence, gives informed consent 396  
to the provision of the diagnosis, care, or treatment subject to 397  
the provisions of this section. A written waiver under division 398  
(B)(2)(c) of this section shall state clearly and in conspicuous 399  
type that the person or other individual who signs the waiver is 400  
signing it with full knowledge that, by giving informed consent to 401  
the provision of the diagnosis, care, or treatment, the person 402  
cannot bring a tort or other civil action, including an action on 403  
a medical, dental, chiropractic, optometric, or other 404  
health-related claim, against the health care professional unless 405  
the action or omission of the health care professional constitutes 406  
willful or wanton misconduct. 407

(3) A physician or podiatrist who is not covered by medical 408  
malpractice insurance, but complies with division (B)(2) of this 409  
section, is not required to comply with division (A) of section 410  
4731.143 of the Revised Code. 411

(C) Subject to divisions (F) and (G)(3) of this section, 412  
health care workers who are volunteers are not liable in damages 413  
to any person or government entity in a tort or other civil 414  
action, including an action upon a medical, dental, chiropractic, 415  
optometric, or other health-related claim, for injury, death, or 416  
loss to person or property that allegedly arises from an action or 417  
omission of the health care worker in the provision to an indigent 418  
and uninsured person of medical, dental, or other health-related 419  
diagnosis, care, or treatment, unless the action or omission 420

constitutes willful or wanton misconduct. 421

(D) Subject to divisions (F) and (G)(3) of this section, a 422  
nonprofit health care referral organization is not liable in 423  
damages to any person or government entity in a tort or other 424  
civil action, including an action on a medical, dental, 425  
chiropractic, optometric, or other health-related claim, for 426  
injury, death, or loss to person or property that allegedly arises 427  
from an action or omission of the nonprofit health care referral 428  
organization in referring indigent and uninsured persons to, or 429  
arranging for the provision of, medical, dental, or other 430  
health-related diagnosis, care, or treatment by a health care 431  
professional described in division (B)(1) of this section or a 432  
health care worker described in division (C) of this section, 433  
unless the action or omission constitutes willful or wanton 434  
misconduct. 435

(E) Subject to divisions (F) and (G)(3) of this section and 436  
to the extent that the registration requirements of section 437  
3701.071 of the Revised Code apply, a health care facility or 438  
location associated with a health care professional described in 439  
division (B)(1) of this section, a health care worker described in 440  
division (C) of this section, or a nonprofit health care referral 441  
organization described in division (D) of this section is not 442  
liable in damages to any person or government entity in a tort or 443  
other civil action, including an action on a medical, dental, 444  
chiropractic, optometric, or other health-related claim, for 445  
injury, death, or loss to person or property that allegedly arises 446  
from an action or omission of the health care professional or 447  
worker or nonprofit health care referral organization relative to 448  
the medical, dental, or other health-related diagnosis, care, or 449  
treatment provided to an indigent and uninsured person on behalf 450  
of or at the health care facility or location, unless the action 451  
or omission constitutes willful or wanton misconduct. 452

(F)(1) Except as provided in division (F)(2) of this section, 453  
the immunities provided by divisions (B), (C), (D), and (E) of 454  
this section are not available to a health care professional, 455  
health care worker, nonprofit health care referral organization, 456  
or health care facility or location if, at the time of an alleged 457  
injury, death, or loss to person or property, the health care 458  
professionals or health care workers involved are providing one of 459  
the following: 460

(a) Any medical, dental, or other health-related diagnosis, 461  
care, or treatment pursuant to a community service work order 462  
entered by a court under division (B) of section 2951.02 of the 463  
Revised Code or imposed by a court as a community control 464  
sanction; 465

(b) Performance of an operation to which any one of the 466  
following applies: 467

(i) The operation requires the administration of deep 468  
sedation or general anesthesia. 469

(ii) The operation is a procedure that is not typically 470  
performed in an office. 471

(iii) The individual involved is a health care professional, 472  
and the operation is beyond the scope of practice or the 473  
education, training, and competence, as applicable, of the health 474  
care professional. 475

(c) Delivery of a baby or any other purposeful termination of 476  
a human pregnancy. 477

(2) Division (F)(1) of this section does not apply when a 478  
health care professional or health care worker provides medical, 479  
dental, or other health-related diagnosis, care, or treatment that 480  
is necessary to preserve the life of a person in a medical 481  
emergency. 482

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

(2) This section does not affect any immunities from civil liability or defenses established by another section of the Revised Code or available at common law to which a health care professional, health care worker, nonprofit health care referral organization, or health care facility or location may be entitled in connection with the provision of emergency or other medical, dental, or other health-related diagnosis, care, or treatment.

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

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

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

**Sec. 2711.22.** (A) Except as otherwise provided in this section, a written contract between a patient and a hospital or healthcare provider to settle by binding arbitration any dispute or controversy arising out of the diagnosis, treatment, or care of the patient rendered by a hospital or healthcare provider, that is

entered into prior to the diagnosis, treatment, or care of the 514  
patient is valid, irrevocable, and enforceable once the contract 515  
is signed by all parties. The contract remains valid, irrevocable, 516  
and enforceable until or unless the patient or the patient's legal 517  
representative rescinds the contract by written notice within 518  
thirty days of the signing of the contract. A guardian or other 519  
legal representative of the patient may give written notice of the 520  
rescission of the contract if the patient is incapacitated or a 521  
minor. 522

(B) As used in this section and in sections 2711.23 and 523  
2711.24 of the Revised Code: 524

(1) "Healthcare provider" means a physician, podiatrist, 525  
dentist, licensed practical nurse, registered nurse, advanced 526  
practice registered nurse, chiropractor, optometrist, physician 527  
assistant, emergency medical technician-basic, emergency medical 528  
technician-intermediate, emergency medical technician-paramedic, 529  
or physical therapist. 530

(2) "Hospital," "physician," "podiatrist," "dentist," 531  
"licensed practical nurse," "registered nurse," "advanced practice 532  
registered nurse," "chiropractor," "optometrist," "physician 533  
assistant," "emergency medical technician-basic," "emergency 534  
medical technician-intermediate," "emergency medical 535  
technician-paramedic," "physical therapist," "medical claim," 536  
"dental claim," "optometric claim," and "chiropractic claim" have 537  
the same meanings as in section 2305.113 of the Revised Code. 538

**Sec. 3701.92.** As used in sections 3701.921 to 3701.929 of the 539  
Revised Code: 540

(A) "Advanced practice registered nurse" has the same meaning 541  
as in section 4723.01 of the Revised Code. 542

(B) "Patient centered medical home education advisory group" 543

means the entity established under section 3701.924 of the Revised Code. 544  
545

~~(D)~~(C) "Patient centered medical home education program" 546  
means the program established under section 3701.921 of the 547  
Revised Code and any pilot projects operated pursuant to that 548  
section. 549

~~(E)~~(D) "Patient centered medical home education pilot 550  
project" means the pilot project established under section 551  
3701.923 of the Revised Code. 552

~~(F)~~(E) "Physician assistant" has the same meaning as in 553  
section 4730.01 of the Revised Code. 554

**Sec. 3701.923.** (A) To the extent that funds are available, 555  
the director of health shall establish the patient centered 556  
medical home education pilot project. If the director establishes 557  
the project, all of the following apply: 558

(1) The director shall select practices led by physicians and 559  
primary care practices led by advanced practice registered nurses 560  
to participate in the project. The director may consider the 561  
recommendations of the advisory group made in accordance with 562  
section 3701.925 of the Revised Code, but may not select a 563  
practice unless the practice complies with any applicable 564  
requirements under section 3701.926 of the Revised Code. 565

(2) The director shall conduct the project in a manner that 566  
advances education in the patient centered medical home model of 567  
care. 568

(3) The director shall evaluate all of the following: 569

(a) Learning opportunities generated by the project; 570

(b) Training of physicians and advanced practice registered 571  
nurses under the project; 572

(c) Costs of the project;	573
(d) The extent to which the project met the expected outcomes developed under division (A) of section 3701.924 of the Revised Code.	574 575 576
(4) The director shall assess and review results of the project.	577 578
(5) The director shall recommend best practices and opportunities for improving technology, education, comprehensive training, consultation, and technical assistance for health care service providers in the patient centered medical home model of care.	579 580 581 582 583
(B) The director may contract with an entity that has significant experience in assisting <del>physician-led</del> practices <u>led by physicians</u> and <del>advanced practice nurse-led</del> primary care practices <u>led by advanced practice registered nurses</u> in transitioning to the patient centered medical home model of care. The contract shall require the entity to do both of the following:	584 585 586 587 588 589
(1) Provide, to each practice that enters into a contract with the director pursuant to section 3701.927 of the Revised Code, comprehensive training, consultation, and technical assistance in the operation of a patient centered medical home, including assistance with leadership training, scheduling changes, staff support, and care management for chronic health conditions;	590 591 592 593 594 595
(2) Assist the director in identifying necessary financial and operational requirements and any barriers or challenges associated with transitioning to a patient centered medical home model of care.	596 597 598 599
(C) The project established under this section shall begin not later than the date the first practice enters into a contract with the director pursuant to section 3701.927 of the Revised Code and shall cease not later than the date the final report is	600 601 602 603

submitted pursuant to division (B)(3) of section 3701.929 of the Revised Code.

(D) The project shall not be operated in a manner that requires a patient, unless otherwise required by the Revised Code, to receive a referral from a physician in a practice selected for inclusion in the pilot project under division (A)(1) of this section as a condition of being authorized to receive specialized health care services from an individual licensed or certified under Title XLVII of the Revised Code to provide those services.

**Sec. 3701.924.** (A) The patient centered medical home education advisory group is hereby created for the purpose of advising the director of health on the implementation and administration of the patient centered medical home education program. The advisory group shall develop and provide to the director a set of expected outcomes for the pilot project. The advisory group shall consider and provide other recommendations to the director and complete other duties as the director considers appropriate.

(B) The advisory group shall consist of the following members:

(1) The following members appointed by the director of health:

(a) One individual with expertise in the training and education of primary care physicians recommended by the dean of the university of Toledo college of medicine;

(b) One individual with expertise in the training and education of primary care physicians recommended by the dean of the Boonshoft school of medicine at Wright state university;

(c) One individual with expertise in the training and education of primary care physicians recommended by the president

and dean of the northeast Ohio medical university; 634

(d) One individual with expertise in the training and 635  
education of primary care physicians recommended by the dean of 636  
the Ohio university college of osteopathic medicine; 637

(e) Two individuals recommended by the governing board of the 638  
Ohio academy of family physicians; 639

(f) One individual recommended by the governing board of the 640  
Ohio chapter of the American college of physicians; 641

(g) One individual recommended by the governing board of the 642  
Ohio chapter of the American academy of pediatrics; 643

(h) One individual recommended by the governing board of the 644  
Ohio osteopathic association; 645

(i) One individual with expertise in the training and 646  
education of advanced practice registered nurses, recommended by 647  
the governing board of the Ohio council of deans and directors of 648  
baccalaureate and higher degree programs in nursing; 649

(j) One individual recommended by the governing board of the 650  
Ohio nurses association; 651

(k) One individual recommended by the governing board of the 652  
Ohio association of advanced practice nurses; 653

(l) One individual recommended by the governing board of the 654  
Ohio council for home care and hospice; 655

(m) One individual recommended by the superintendent of 656  
insurance; 657

(n) An employee of the department of health; 658

(o) Not more than five additional members who have relevant 659  
expertise that the director considers appropriate. 660

(2) The following members: 661

(a) The executive director of the state medical board or the 662

director's designee; 663

(b) The executive director of the board of nursing or the 664  
director's designee; 665

(c) The chancellor of the Ohio board of regents or the 666  
chancellor's designee; 667

(d) The medical assistance director, or the director's 668  
designee. 669

(C)(1) In making the original appointments of the members 670  
specified in divisions (B)(1)(a) to (m) of this section, the 671  
director shall appoint the member who served in that capacity in 672  
the patient centered medical home advisory group, as it existed 673  
immediately prior to ~~the effective date of this section~~ September 674  
10, 2012. If for any reason the member who served immediately 675  
prior to ~~the effective date of this section~~ September 10, 2012, is 676  
unable to serve on the advisory group, the director shall request 677  
from the specified recommending authority a list of not less than 678  
two persons qualified to serve as members of the advisory group. 679  
The director shall appoint as a member one person from the list 680  
submitted by the recommending authority. 681

(2) The advisory group members specified in divisions 682  
(B)(1)(a) to (m) of this section shall serve at the pleasure of 683  
the director, in consultation with their respective recommending 684  
authorities. 685

(3) Vacancies shall be filled in the manner provided for 686  
original appointments. 687

(D) Members shall serve without compensation, except to the 688  
extent that serving on the advisory group is considered part of 689  
their regular employment duties. 690

(E) The director may appoint from the members of the advisory 691  
group a chairperson and vice-chairperson. 692

A majority of the members of the advisory group constitutes a quorum. A majority of a quorum is necessary for the advisory group to make any recommendations to the director.

The advisory group shall meet at the call of the director. The director shall call the advisory group to meet not less than annually to discuss or consider recommendations to the director on the administration of the patient centered medical home education program.

(F) Sections 101.82 to 101.87 of the Revised Code do not apply to the advisory group.

**Sec. 3701.925.** (A) The patient centered medical home education advisory group shall accept applications for inclusion in the patient centered medical home education pilot project from primary care practices with educational affiliations, as determined by the advisory group, with one or more of the following:

(1) The Boonshoft school of medicine at Wright state university;

(2) The university of Toledo college of medicine;

(3) The northeast Ohio medical university;

(4) The Ohio university college of osteopathic medicine;

(5) The college of nursing at the university of Toledo;

(6) The Wright state university college of nursing and health;

(7) The college of nursing at Kent state university;

(8) The university of Akron college of nursing;

(9) The school of nursing at Ohio university.

(B)(1) Subject to division (C)(1) of this section, the

advisory group shall recommend to the director of health for 721  
inclusion in the pilot project not less than the following number 722  
of primary care practices led by physicians: 723

(a) Ten practices affiliated with the Boonshoft school of 724  
medicine at Wright state university; 725

(b) Ten practices affiliated with the university of Toledo 726  
college of medicine; 727

(c) Ten practices affiliated with the northeast Ohio medical 728  
university; 729

(d) Ten practices affiliated with the centers for osteopathic 730  
research and education of the Ohio university college of 731  
osteopathic medicine. 732

(2) Subject to division (C)(2) of this section, the advisory 733  
group shall recommend to the director of health for inclusion in 734  
the pilot project not less than the following number of primary 735  
care practices led by advanced practice registered nurses: 736

(a) One practice affiliated with the college of nursing at 737  
the university of Toledo; 738

(b) One practice affiliated with the Wright state university 739  
college of nursing and health; 740

(c) One practice affiliated with the college of nursing at 741  
Kent state university or the university of Akron college of 742  
nursing; 743

(d) One practice affiliated with the school of nursing at 744  
Ohio university. 745

(C)(1) All of the following apply with respect to the 746  
recommendation of ~~physician-led practices~~ under division (B)(1) of 747  
this section of practices led by physicians: 748

(a) The advisory group shall strive to recommend 749  
~~physician-led~~ practices in such a manner that the pilot project 750

includes a diverse range of primary care specialties, including 751  
practices specializing in pediatrics, geriatrics, general internal 752  
medicine, or family medicine. 753

(b) When evaluating an application, the advisory group shall 754  
consider the percentage of patients in the ~~physician-led~~ practice 755  
who are part of a medically underserved population, including 756  
medicaid recipients and individuals without health insurance. 757

(c) The advisory group shall recommend not fewer than six 758  
practices that serve rural areas of this state, as those areas are 759  
determined by the advisory group. 760

(d) A member of the advisory group shall abstain from 761  
participating in any vote taken regarding the recommendation of a 762  
~~physician-led~~ practice if the member would receive any financial 763  
benefit from having the practice included in the pilot project. 764

(2) All of the following apply with respect to the 765  
recommendation of ~~advanced practice nurse led primary care~~ 766  
~~practices~~ under division (B)(2) of this section of practices led 767  
by advanced practice registered nurses: 768

(a) When evaluating an application, the advisory group shall 769  
consider the percentage of patients in the ~~advanced practice~~ 770  
~~nurse led primary care~~ practice who are part of a medically 771  
underserved population, including medicaid recipients and 772  
individuals without health insurance. 773

(b) If the advisory group determines that it has not received 774  
an application from a sufficiently qualified ~~advanced practice~~ 775  
~~nurse led primary care~~ practice affiliated with a particular 776  
institution specified in division (B)(2) of this section, the 777  
advisory group shall make the recommendations required under that 778  
division in such a manner that the greatest possible number of 779  
those institutions are recommended to be included in the pilot 780  
project. To be recommended in this manner, a practice remains 781

subject to the eligibility requirements specified in division (B) 782  
of section 3701.926 of the Revised Code. As specified in division 783  
(B)(2) of this section, the number of practices recommended for 784  
inclusion in the pilot project shall be at least four. 785

(c) A member of the advisory group shall abstain from 786  
participating in any vote taken regarding the recommendation of ~~an~~ 787  
~~advanced practice nurse-led primary care~~ a practice if the member 788  
would receive any financial benefit from having the practice 789  
included in the pilot project. 790

(D) The advisory group shall provide ~~a copy to the director~~ 791  
of health copies of all applications received under this section 792  
~~to the director of health after making recommendations under~~ 793  
~~division (B)(1) of this section.~~ 794

**Sec. 3701.926.** (A) To be eligible for inclusion in the 795  
patient centered medical home education pilot project, a 796  
~~physician-led~~ primary care practice led by physicians shall meet 797  
all of the following requirements: 798

(1) Consist of physicians who are board-certified in family 799  
medicine, general pediatrics, or internal medicine, as those 800  
designations are issued by a medical specialty certifying board 801  
recognized by the American board of medical specialties or 802  
American osteopathic association; 803

(2) Be capable of adapting the practice during the period in 804  
which the practice participates in the patient centered medical 805  
home education pilot project in such a manner that the practice is 806  
fully compliant with the minimum standards for operation of a 807  
patient centered medical home, as those standards are established 808  
by the director of health; 809

(3) Have submitted an application to participate in the 810  
project established under former section 185.05 of the Revised 811

Code not later than April 15, 2011. 812

(4) Meet any other criteria established by the director as 813  
part of the selection process. 814

(B) To be eligible for inclusion in the pilot project, ~~an~~ 815  
~~advanced practice nurse led a~~ primary care practice led by 816  
advanced practice registered nurses shall meet all of the 817  
following requirements: 818

(1) Consist of advanced practice registered nurses, each of 819  
whom meets all of the following requirements: 820

(a) Holds a certificate to prescribe issued under section 821  
4723.48 of the Revised Code; 822

(b) Is board-certified as a family nurse practitioner or 823  
adult nurse practitioner by the American academy of nurse 824  
practitioners or American nurses credentialing center, 825  
board-certified as a geriatric nurse practitioner or women's 826  
health nurse practitioner by the American nurses credentialing 827  
center, or is board-certified as a pediatric nurse practitioner by 828  
the American nurses credentialing center or pediatric nursing 829  
certification board; 830

(c) Collaborates under a standard care arrangement with a 831  
physician with board certification as specified in division (A)(1) 832  
of this section and who is an active participant on the health 833  
care team. 834

(2) Be capable of adapting the ~~primary care~~ practice during 835  
the period in which the practice participates in the project in 836  
such a manner that the practice is fully compliant with the 837  
minimum standards for operation of a patient centered medical 838  
home, as those standards are established by the director; 839

(3) Have submitted an application to participate in the 840  
project established under former section 185.05 of the Revised 841

Code not later than April 15, 2011. 842

(4) Meet any other criteria established by the director as 843  
part of the selection process. 844

**Sec. 3701.927.** The director of health shall enter into a 845  
contract with each primary care practice selected by the director 846  
for inclusion in the patient centered medical home education pilot 847  
project. The contract shall specify the terms and conditions for 848  
inclusion in the pilot project, including a requirement that the 849  
practice provide comprehensive, coordinated primary care services 850  
to patients and serve as the patients' medical home. The contract 851  
shall also require the practice to participate in the training of 852  
medical students, advanced practice registered nursing students, 853  
physician assistant students, and primary care medical residents. 854

The director may include as part of the contract any other 855  
requirements necessary for a practice to be included in the 856  
project, including requirements regarding the number of patients 857  
served who are medicaid recipients and individuals without health 858  
insurance. 859

**Sec. 3701.928.** (A) The director of health or, at the 860  
director's request, the patient centered medical home education 861  
advisory group may work with medical, nursing, and physician 862  
assistant schools or programs in this state to develop appropriate 863  
curricula designed to prepare primary care physicians, advanced 864  
practice registered nurses, and physician assistants to practice 865  
within the patient centered medical home model of care. In 866  
developing the curricula, the director or advisory group and the 867  
schools or programs shall include all of the following: 868

(1) Components for use at the medical student, advanced 869  
practice registered nursing student, physician assistant student, 870  
and primary care resident training levels; 871

(2) Components that reflect, as appropriate, the special 872  
needs of patients who are part of a medically underserved 873  
population, including medicaid recipients, individuals without 874  
health insurance, individuals with disabilities, individuals with 875  
chronic health conditions, and individuals within racial or ethnic 876  
minority groups; 877

(3) Components that include training in interdisciplinary 878  
cooperation between physicians, advanced practice registered 879  
nurses, and physician assistants in the patient centered medical 880  
home model of care, including curricula ensuring that a common 881  
conception of a patient centered medical home model of care is 882  
provided to medical students, advanced practice registered nurses, 883  
physician assistants, and primary care residents. 884

(B) The director or advisory group may work in association 885  
with the medical, nursing, and physician assistant schools or 886  
programs to identify funding sources to ensure that the curricula 887  
developed under division (A) of this section are accessible to 888  
medical students, advanced practice registered nursing students, 889  
physician assistant students, and primary care residents. The 890  
director or advisory group shall consider scholarship options or 891  
incentives provided to students in addition to those provided 892  
under the choose Ohio first scholarship program operated under 893  
section 3333.61 of the Revised Code. 894

**Sec. 3701.929.** (A) If the director of health establishes the 895  
patient centered medical home education pilot project, the 896  
director shall prepare reports of its findings and recommendations 897  
from the pilot project. Each report shall include an evaluation of 898  
the learning opportunities generated by the pilot project, the 899  
physicians and advanced practice registered nurses trained in the 900  
pilot project, the costs of the pilot project, and the extent to 901  
which the pilot project has met the set of expected outcomes 902

developed under division (A) of section 3701.924 of the Revised Code. 903  
904

(B) The reports shall be completed in accordance with the following schedule: 905  
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(1) An interim report not later than six months after the date on which the last primary care practice selected to participate in the project enters into a contract with the department of health pursuant to section 3701.927 of the Revised Code; 907  
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(2) An update of the interim report not later than one year after the date specified under division (B)(1) of this section; 912  
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(3) A final report not later than two years after the date specified under division (B)(1) of this section. 914  
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(C) The director shall submit each of the reports to the governor and, in accordance with section 101.68 of the Revised Code, to the general assembly. 916  
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**Sec. 3793.11.** (A) No alcohol and drug addiction program shall employ methadone treatment or prescribe, dispense, or administer methadone unless the program is licensed under this section. No alcohol and drug addiction program licensed under this section shall maintain methadone treatment in a manner inconsistent with this section and the rules adopted under it. 919  
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(B) An alcohol and drug addiction program may apply to the department of alcohol and drug addiction services for a license to maintain methadone treatment. The department shall review all applications received. 925  
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(C) The department may issue a license to maintain methadone treatment to an alcohol and drug addiction program only if all of the following apply: 929  
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- (1) The program is operated by a private, nonprofit organization or by a government entity; 932  
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- (2) For at least two years immediately preceding the date of application, the program has been fully certified under section 3793.06 of the Revised Code; 934  
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- (3) The program has not been denied a license to maintain methadone treatment or had its license withdrawn or revoked within the five-year period immediately preceding the date of application; 937  
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- (4) It affirmatively appears to the department that the program is adequately staffed and equipped to maintain methadone treatment; 941  
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- (5) It affirmatively appears to the department that the program will ~~conduct~~ maintain methadone treatment in strict compliance with section 3719.61 of the Revised Code, all other laws relating to drug abuse, and the rules adopted by the department; 944  
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- (6) Except as provided in division (D) of this section, there is no public or private school, licensed child day-care center, or other child-serving agency within a radius of five hundred feet of the location where the program is to maintain methadone treatment. 949  
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- (D) The department may waive the requirement of division (C)(6) of this section if it receives, from each public or private school, licensed child day-care center, or other child-serving agency that is within the applicable radius of the location where the program is to maintain methadone treatment, a letter of support for the location. The department shall determine whether a letter of support is satisfactory for purposes of waiving the requirement. 953  
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- ~~(D)~~(E) A license to maintain methadone treatment shall expire one year from the date of issuance. Licenses may be renewed. 961  
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~~(E)~~(F) The department shall establish procedures and adopt 963  
rules for licensing, inspection, and supervision of alcohol and 964  
drug addiction programs that maintain methadone treatment. The 965  
rules shall establish standards for the control, storage, 966  
furnishing, use, and dispensing of methadone, prescribe minimum 967  
standards for the operation of the methadone treatment component 968  
of the program, and comply with federal laws and regulations. 969

All rules adopted under this division shall be adopted in 970  
accordance with Chapter 119. of the Revised Code. All actions 971  
taken by the department regarding the licensing of programs to 972  
maintain methadone treatment shall be conducted in accordance with 973  
Chapter 119. of the Revised Code, except as provided in division 974  
~~(K)~~(L) of this section. 975

~~(F)~~(G) The department of alcohol and drug addiction services 976  
shall inspect all alcohol and drug addiction programs licensed to 977  
maintain methadone treatment. Inspections shall be conducted at 978  
least annually and may be conducted more frequently. No person or 979  
government entity shall interfere with a state or local government 980  
official acting on behalf of the department while conducting an 981  
inspection. 982

~~(G)~~(H) An alcohol and drug addiction program shall not 983  
administer or dispense methadone in a tablet, powder, or 984  
intravenous form. Methadone shall be administered or dispensed 985  
only in a liquid form intended for ingestion. A program shall not 986  
administer or dispense methadone to an individual for pain or 987  
other medical reasons. 988

~~(H)~~~~(1)~~(I) As used in this division, "program sponsor" means a 989  
person who assumes responsibility for the operation and employees 990  
of the methadone treatment component of an alcohol and drug 991  
addiction program. 992

~~(2)~~ An alcohol and drug addiction program shall not employ an 993

individual who receives methadone treatment from that program. A 994  
program shall not permit an individual to act as a program 995  
sponsor, medical director, or director of the program if the 996  
individual is receiving methadone treatment from any alcohol and 997  
drug addiction program. 998

~~(I)~~(J) The department may issue orders to assure compliance 999  
with section 3719.61 of the Revised Code, all other laws relating 1000  
to drug abuse, and the rules adopted under this section. Subject 1001  
to section 3793.13 of the Revised Code, the department may hold 1002  
hearings, require the production of relevant matter, compel 1003  
testimony, issue subpoenas, and make adjudications. Upon failure 1004  
of a person without lawful excuse to obey a subpoena or to produce 1005  
relevant matter, the department may apply to a court of common 1006  
pleas for an order compelling compliance. 1007

~~(J)~~(K) The department may refuse to issue, or may withdraw or 1008  
revoke, a license to maintain methadone treatment. A license may 1009  
be refused if an alcohol and drug addiction program does not meet 1010  
the requirements of division (C) of this section. A license may be 1011  
withdrawn at any time the department determines that the program 1012  
no longer meets the requirements for receiving the license. A 1013  
license may be revoked in accordance with division ~~(K)~~(L) of this 1014  
section. 1015

~~(K)~~ In the case of a license issued prior to the effective 1016  
date of this amendment, the department shall not consider the 1017  
requirement of division (C)(6) of this section in determining 1018  
whether to renew, withdraw, or revoke the license. 1019

(L) If the department of alcohol and drug addiction services 1020  
finds reasonable cause to believe that an alcohol and drug 1021  
addiction program licensed under this section is in violation of 1022  
any provision of section 3719.61 of the Revised Code, or of any 1023  
other state or federal law or rule relating to drug abuse, the 1024  
department may issue an order immediately revoking the license, 1025

subject to division ~~(L)~~(M) of this section. The department shall 1026  
set a date not more than fifteen days later than the date of the 1027  
order of revocation for a hearing on the continuation or 1028  
cancellation of the revocation. For good cause, the department may 1029  
continue the hearing on application of any interested party. In 1030  
conducting hearings, the department has all the authority and 1031  
power set forth in division ~~(I)~~(J) of this section. Following the 1032  
hearing, the department shall either confirm or cancel the 1033  
revocation. The hearing shall be conducted in accordance with 1034  
Chapter 119. of the Revised Code, except that the program shall 1035  
not be permitted to maintain methadone treatment pending the 1036  
hearing or pending any appeal from an adjudication made as a 1037  
result of the hearing. Notwithstanding any provision of Chapter 1038  
119. of the Revised Code to the contrary, a court shall not stay 1039  
or suspend any order of revocation issued by the director under 1040  
this division pending judicial appeal. 1041

~~(L)~~(M) The department shall not revoke a license to maintain 1042  
methadone treatment unless all clients receiving methadone 1043  
treatment from the alcohol and drug addiction program are provided 1044  
adequate substitute treatment. For purposes of this division, the 1045  
department may transfer the clients to other programs licensed to 1046  
maintain methadone treatment or replace any or all of the 1047  
administrators and staff of the program with representatives of 1048  
the department who shall continue on a provisional basis the 1049  
methadone treatment component of the program. 1050

~~(M)~~(N) Each time the department receives an application from 1051  
an alcohol and drug addiction program for a license to maintain 1052  
methadone treatment, issues or refuses to issue a license, or 1053  
withdraws or revokes a license, the department shall notify the 1054  
board of alcohol, drug addiction, and mental health services of 1055  
each alcohol, drug addiction, and mental health service district 1056  
in which the program is operated. 1057

~~(N)~~(O) Whenever it appears to the department from files, upon 1058  
complaint, or otherwise, that an alcohol and drug addiction 1059  
program has engaged in any practice declared to be illegal or 1060  
prohibited by section 3719.61 of the Revised Code, or any other 1061  
state or federal laws or regulations relating to drug abuse, or 1062  
when the department believes it to be in the best interest of the 1063  
public and necessary for the protection of the citizens of the 1064  
state, the department may request criminal proceedings by laying 1065  
before the prosecuting attorney of the proper county any evidence 1066  
of criminality which may come to its knowledge. 1067

~~(O)~~(P) The department shall maintain a current list of 1068  
alcohol and drug addiction programs licensed by the department 1069  
under ~~division (C)~~ of this section and shall provide a copy of the 1070  
current list to a judge of a court of common pleas who requests a 1071  
copy for the use of the judge under division (H) of section 1072  
2925.03 of the Revised Code. The list of licensed alcohol and drug 1073  
addiction programs shall identify each licensed program by its 1074  
name, its address, and the county in which it is located. 1075

**Sec. 3963.01.** As used in this chapter: 1076

(A) "Affiliate" means any person or entity that has ownership 1077  
or control of a contracting entity, is owned or controlled by a 1078  
contracting entity, or is under common ownership or control with a 1079  
contracting entity. 1080

(B) "Basic health care services" has the same meaning as in 1081  
division (A) of section 1751.01 of the Revised Code, except that 1082  
it does not include any services listed in that division that are 1083  
provided by a pharmacist or nursing home. 1084

(C) "Contracting entity" means any person that has a primary 1085  
business purpose of contracting with participating providers for 1086  
the delivery of health care services. 1087

(D) "Credentialing" means the process of assessing and 1088  
validating the qualifications of a provider applying to be 1089  
approved by a contracting entity to provide basic health care 1090  
services, specialty health care services, or supplemental health 1091  
care services to enrollees. 1092

(E) "Edit" means adjusting one or more procedure codes billed 1093  
by a participating provider on a claim for payment or a practice 1094  
that results in any of the following: 1095

(1) Payment for some, but not all of the procedure codes 1096  
originally billed by a participating provider; 1097

(2) Payment for a different procedure code than the procedure 1098  
code originally billed by a participating provider; 1099

(3) A reduced payment as a result of services provided to an 1100  
enrollee that are claimed under more than one procedure code on 1101  
the same service date. 1102

(F) "Electronic claims transport" means to accept and 1103  
digitize claims or to accept claims already digitized, to place 1104  
those claims into a format that complies with the electronic 1105  
transaction standards issued by the United States department of 1106  
health and human services pursuant to the "Health Insurance 1107  
Portability and Accountability Act of 1996," 110 Stat. 1955, 42 1108  
U.S.C. 1320d, et seq., as those electronic standards are 1109  
applicable to the parties and as those electronic standards are 1110  
updated from time to time, and to electronically transmit those 1111  
claims to the appropriate contracting entity, payer, or 1112  
third-party administrator. 1113

(G) "Enrollee" means any person eligible for health care 1114  
benefits under a health benefit plan, including an eligible 1115  
recipient of medicaid under Chapter 5111. of the Revised Code, and 1116  
includes all of the following terms: 1117

(1) "Enrollee" and "subscriber" as defined by section 1751.01 1118

of the Revised Code;	1119
(2) "Member" as defined by section 1739.01 of the Revised Code;	1120 1121
(3) "Insured" and "plan member" pursuant to Chapter 3923. of the Revised Code;	1122 1123
(4) "Beneficiary" as defined by section 3901.38 of the Revised Code.	1124 1125
(H) "Health care contract" means a contract entered into, materially amended, or renewed between a contracting entity and a participating provider for the delivery of basic health care services, specialty health care services, or supplemental health care services to enrollees.	1126 1127 1128 1129 1130
(I) "Health care services" means basic health care services, specialty health care services, and supplemental health care services.	1131 1132 1133
(J) "Material amendment" means an amendment to a health care contract that decreases the participating provider's payment or compensation, changes the administrative procedures in a way that may reasonably be expected to significantly increase the provider's administrative expenses, or adds a new product. A material amendment does not include any of the following:	1134 1135 1136 1137 1138 1139
(1) A decrease in payment or compensation resulting solely from a change in a published fee schedule upon which the payment or compensation is based and the date of applicability is clearly identified in the contract;	1140 1141 1142 1143
(2) A decrease in payment or compensation that was anticipated under the terms of the contract, if the amount and date of applicability of the decrease is clearly identified in the contract;	1144 1145 1146 1147
(3) An administrative change that may significantly increase	1148

the provider's administrative expense, the specific applicability	1149
of which is clearly identified in the contract;	1150
(4) Changes to an existing prior authorization,	1151
precertification, notification, or referral program that do not	1152
substantially increase the provider's administrative expense;	1153
(5) Changes to an edit program or to specific edits if the	1154
participating provider is provided notice of the changes pursuant	1155
to division (A)(1) of section 3963.04 of the Revised Code and the	1156
notice includes information sufficient for the provider to	1157
determine the effect of the change;	1158
(6) Changes to a health care contract described in division	1159
(B) of section 3963.04 of the Revised Code.	1160
(K) "Participating provider" means a provider that has a	1161
health care contract with a contracting entity and is entitled to	1162
reimbursement for health care services rendered to an enrollee	1163
under the health care contract.	1164
(L) "Payer" means any person that assumes the financial risk	1165
for the payment of claims under a health care contract or the	1166
reimbursement for health care services provided to enrollees by	1167
participating providers pursuant to a health care contract.	1168
(M) "Primary enrollee" means a person who is responsible for	1169
making payments for participation in a health care plan or an	1170
enrollee whose employment or other status is the basis of	1171
eligibility for enrollment in a health care plan.	1172
(N) "Procedure codes" includes the American medical	1173
association's current procedural terminology code, the American	1174
dental association's current dental terminology, and the centers	1175
for medicare and medicaid services health care common procedure	1176
coding system.	1177
(O) "Product" means one of the following types of categories	1178

of coverage for which a participating provider may be obligated to	1179
provide health care services pursuant to a health care contract:	1180
(1) A health maintenance organization or other product	1181
provided by a health insuring corporation;	1182
(2) A preferred provider organization;	1183
(3) Medicare;	1184
(4) Medicaid;	1185
(5) Workers' compensation.	1186
(P) "Provider" means a physician, podiatrist, dentist,	1187
chiropractor, optometrist, psychologist, physician assistant,	1188
advanced practice <u>registered</u> nurse, occupational therapist,	1189
massage therapist, physical therapist, professional counselor,	1190
professional clinical counselor, hearing aid dealer, orthotist,	1191
prosthetist, home health agency, hospice care program, or	1192
hospital, or a provider organization or physician-hospital	1193
organization that is acting exclusively as an administrator on	1194
behalf of a provider to facilitate the provider's participation in	1195
health care contracts. "Provider" does not mean a pharmacist,	1196
pharmacy, nursing home, or a provider organization or	1197
physician-hospital organization that leases the provider	1198
organization's or physician-hospital organization's network to a	1199
third party or contracts directly with employers or health and	1200
welfare funds.	1201
(Q) "Specialty health care services" has the same meaning as	1202
in section 1751.01 of the Revised Code, except that it does not	1203
include any services listed in division (B) of section 1751.01 of	1204
the Revised Code that are provided by a pharmacist or a nursing	1205
home.	1206
(R) "Supplemental health care services" has the same meaning	1207
as in division (B) of section 1751.01 of the Revised Code, except	1208

that it does not include any services listed in that division that 1209  
are provided by a pharmacist or nursing home. 1210

**Sec. 4503.44.** (A) As used in this section and in section 1211  
4511.69 of the Revised Code: 1212

(1) "Person with a disability that limits or impairs the 1213  
ability to walk" means any person who, as determined by a health 1214  
care provider, meets any of the following criteria: 1215

(a) Cannot walk two hundred feet without stopping to rest; 1216

(b) Cannot walk without the use of, or assistance from, a 1217  
brace, cane, crutch, another person, prosthetic device, 1218  
wheelchair, or other assistive device; 1219

(c) Is restricted by a lung disease to such an extent that 1220  
the person's forced (respiratory) expiratory volume for one 1221  
second, when measured by spirometry, is less than one liter, or 1222  
the arterial oxygen tension is less than sixty millimeters of 1223  
mercury on room air at rest; 1224

(d) Uses portable oxygen; 1225

(e) Has a cardiac condition to the extent that the person's 1226  
functional limitations are classified in severity as class III or 1227  
class IV according to standards set by the American heart 1228  
association; 1229

(f) Is severely limited in the ability to walk due to an 1230  
arthritic, neurological, or orthopedic condition; 1231

(g) Is blind. 1232

(2) "Organization" means any private organization or 1233  
corporation, or any governmental board, agency, department, 1234  
division, or office, that, as part of its business or program, 1235  
transports persons with disabilities that limit or impair the 1236  
ability to walk on a regular basis in a motor vehicle that has not 1237

been altered for the purpose of providing it with special 1238  
equipment for use by handicapped persons. This definition does not 1239  
apply to division (J) of this section. 1240

(3) "Health care provider" means a physician, physician 1241  
assistant, advanced practice registered nurse, or chiropractor as 1242  
defined in this section. 1243

(4) "Physician" means a person licensed to practice medicine 1244  
or surgery or osteopathic medicine and surgery under Chapter 4731. 1245  
of the Revised Code. 1246

(5) "Chiropractor" means a person licensed to practice 1247  
chiropractic under Chapter 4734. of the Revised Code. 1248

(6) "Advanced practice registered nurse" means ~~any~~ a 1249  
certified nurse practitioner, clinical nurse specialist, certified 1250  
registered nurse anesthetist, or certified nurse-midwife who holds 1251  
a certificate of authority issued by the board of nursing under 1252  
Chapter 4723. of the Revised Code. 1253

(7) "Physician assistant" means a person who holds a 1254  
certificate to practice as a physician assistant issued under 1255  
Chapter 4730. of the Revised Code. 1256

(B) Any organization or person with a disability that limits 1257  
or impairs the ability to walk may apply to the registrar of motor 1258  
vehicles for a removable windshield placard or, if the person owns 1259  
or leases a motor vehicle, the person may apply for the 1260  
registration of any motor vehicle the person owns or leases. In 1261  
addition to one or more sets of license plates or one placard, a 1262  
person with a disability that limits or impairs the ability to 1263  
walk is entitled to one additional placard, but only if the person 1264  
applies separately for the additional placard, states the reasons 1265  
why the additional placard is needed, and the registrar, in the 1266  
registrar's discretion, determines that good and justifiable cause 1267  
exists to approve the request for the additional placard. When a 1268

motor vehicle has been altered for the purpose of providing it 1269  
with special equipment for a person with a disability that limits 1270  
or impairs the ability to walk, but is owned or leased by someone 1271  
other than such a person, the owner or lessee may apply to the 1272  
registrar or a deputy registrar for registration under this 1273  
section. The application for registration of a motor vehicle owned 1274  
or leased by a person with a disability that limits or impairs the 1275  
ability to walk shall be accompanied by a signed statement from 1276  
the applicant's health care provider certifying that the applicant 1277  
meets at least one of the criteria contained in division (A)(1) of 1278  
this section and that the disability is expected to continue for 1279  
more than six consecutive months. The application for a removable 1280  
windshield placard made by a person with a disability that limits 1281  
or impairs the ability to walk shall be accompanied by a 1282  
prescription from the applicant's health care provider prescribing 1283  
such a placard for the applicant, provided that the applicant 1284  
meets at least one of the criteria contained in division (A)(1) of 1285  
this section. The health care provider shall state on the 1286  
prescription the length of time the health care provider expects 1287  
the applicant to have the disability that limits or impairs the 1288  
applicant's ability to walk. The application for a removable 1289  
windshield placard made by an organization shall be accompanied by 1290  
such documentary evidence of regular transport of persons with 1291  
disabilities that limit or impair the ability to walk by the 1292  
organization as the registrar may require by rule and shall be 1293  
completed in accordance with procedures that the registrar may 1294  
require by rule. The application for registration of a motor 1295  
vehicle that has been altered for the purpose of providing it with 1296  
special equipment for a person with a disability that limits or 1297  
impairs the ability to walk but is owned by someone other than 1298  
such a person shall be accompanied by such documentary evidence of 1299  
vehicle alterations as the registrar may require by rule. 1300

(C) When an organization, a person with a disability that 1301

limits or impairs the ability to walk, or a person who does not 1302  
have a disability that limits or impairs the ability to walk but 1303  
owns a motor vehicle that has been altered for the purpose of 1304  
providing it with special equipment for a person with a disability 1305  
that limits or impairs the ability to walk first submits an 1306  
application for registration of a motor vehicle under this section 1307  
and every fifth year thereafter, the organization or person shall 1308  
submit a signed statement from the applicant's health care 1309  
provider, a completed application, and any required documentary 1310  
evidence of vehicle alterations as provided in division (B) of 1311  
this section, and also a power of attorney from the owner of the 1312  
motor vehicle if the applicant leases the vehicle. Upon submission 1313  
of these items, the registrar or deputy registrar shall issue to 1314  
the applicant appropriate vehicle registration and a set of 1315  
license plates and validation stickers, or validation stickers 1316  
alone when required by section 4503.191 of the Revised Code. In 1317  
addition to the letters and numbers ordinarily inscribed thereon, 1318  
the license plates shall be imprinted with the international 1319  
symbol of access. The license plates and validation stickers shall 1320  
be issued upon payment of the regular license fee as prescribed 1321  
under section 4503.04 of the Revised Code and any motor vehicle 1322  
tax levied under Chapter 4504. of the Revised Code, and the 1323  
payment of a service fee equal to the amount specified in division 1324  
(D) or (G) of section 4503.10 of the Revised Code. 1325

(D)(1) Upon receipt of a completed and signed application for 1326  
a removable windshield placard, a prescription as described in 1327  
division (B) of this section, documentary evidence of regular 1328  
transport of persons with disabilities that limit or impair the 1329  
ability to walk, if required, and payment of a service fee equal 1330  
to the amount specified in division (D) or (G) of section 4503.10 1331  
of the Revised Code, the registrar or deputy registrar shall issue 1332  
to the applicant a removable windshield placard, which shall bear 1333  
the date of expiration on both sides of the placard and shall be 1334

valid until expired, revoked, or surrendered. Every removable 1335  
windshield placard expires as described in division (D)(2) of this 1336  
section, but in no case shall a removable windshield placard be 1337  
valid for a period of less than sixty days. Removable windshield 1338  
placards shall be renewable upon application as provided in 1339  
division (B) of this section, and a service fee equal to the 1340  
amount specified in division (D) or (G) of section 4503.10 of the 1341  
Revised Code shall be charged for the renewal of a removable 1342  
windshield placard. The registrar shall provide the application 1343  
form and shall determine the information to be included thereon. 1344  
The registrar also shall determine the form and size of the 1345  
removable windshield placard, the material of which it is to be 1346  
made, and any other information to be included thereon, and shall 1347  
adopt rules relating to the issuance, expiration, revocation, 1348  
surrender, and proper display of such placards. Any placard issued 1349  
after October 14, 1999, shall be manufactured in a manner that 1350  
allows the expiration date of the placard to be indicated on it 1351  
through the punching, drilling, boring, or creation by any other 1352  
means of holes in the placard. 1353

(2) At the time a removable windshield placard is issued to a 1354  
person with a disability that limits or impairs the ability to 1355  
walk, the registrar or deputy registrar shall enter into the 1356  
records of the bureau of motor vehicles the last date on which the 1357  
person will have that disability, as indicated on the accompanying 1358  
prescription. Not less than thirty days prior to that date and all 1359  
removable windshield placard renewal dates, the bureau shall send 1360  
a renewal notice to that person at the person's last known address 1361  
as shown in the records of the bureau, informing the person that 1362  
the person's removable windshield placard will expire on the 1363  
indicated date not to exceed five years from the date of issuance, 1364  
and that the person is required to renew the placard by submitting 1365  
to the registrar or a deputy registrar another prescription, as 1366  
described in division (B) of this section, and by complying with 1367

the renewal provisions prescribed in division (D)(1) of this 1368  
section. If such a prescription is not received by the registrar 1369  
or a deputy registrar by that date, the placard issued to that 1370  
person expires and no longer is valid, and this fact shall be 1371  
recorded in the records of the bureau. 1372

(3) At least once every year, on a date determined by the 1373  
registrar, the bureau shall examine the records of the office of 1374  
vital statistics, located within the department of health, that 1375  
pertain to deceased persons, and also the bureau's records of all 1376  
persons who have been issued removable windshield placards and 1377  
temporary removable windshield placards. If the records of the 1378  
office of vital statistics indicate that a person to whom a 1379  
removable windshield placard or temporary removable windshield 1380  
placard has been issued is deceased, the bureau shall cancel that 1381  
placard, and note the cancellation in its records. 1382

The office of vital statistics shall make available to the 1383  
bureau all information necessary to enable the bureau to comply 1384  
with division (D)(3) of this section. 1385

(4) Nothing in this section shall be construed to require a 1386  
person or organization to apply for a removable windshield placard 1387  
or special license plates if the parking card or special license 1388  
plates issued to the person or organization under prior law have 1389  
not expired or been surrendered or revoked. 1390

(E)(1)(a) Any person with a disability that limits or impairs 1391  
the ability to walk may apply to the registrar or a deputy 1392  
registrar for a temporary removable windshield placard. The 1393  
application for a temporary removable windshield placard shall be 1394  
accompanied by a prescription from the applicant's health care 1395  
provider prescribing such a placard for the applicant, provided 1396  
that the applicant meets at least one of the criteria contained in 1397  
division (A)(1) of this section and that the disability is 1398  
expected to continue for six consecutive months or less. The 1399

health care provider shall state on the prescription the length of 1400  
time the health care provider expects the applicant to have the 1401  
disability that limits or impairs the applicant's ability to walk, 1402  
which cannot exceed six months from the date of the prescription. 1403  
Upon receipt of an application for a temporary removable 1404  
windshield placard, presentation of the prescription from the 1405  
applicant's health care provider, and payment of a service fee 1406  
equal to the amount specified in division (D) or (G) of section 1407  
4503.10 of the Revised Code, the registrar or deputy registrar 1408  
shall issue to the applicant a temporary removable windshield 1409  
placard. 1410

(b) Any active-duty member of the armed forces of the United 1411  
States, including the reserve components of the armed forces and 1412  
the national guard, who has an illness or injury that limits or 1413  
impairs the ability to walk may apply to the registrar or a deputy 1414  
registrar for a temporary removable windshield placard. With the 1415  
application, the person shall present evidence of the person's 1416  
active-duty status and the illness or injury. Evidence of the 1417  
illness or injury may include a current department of defense 1418  
convalescent leave statement, any department of defense document 1419  
indicating that the person currently has an ill or injured 1420  
casualty status or has limited duties, or a prescription from any 1421  
health care provider prescribing the placard for the applicant. 1422  
Upon receipt of the application and the necessary evidence, the 1423  
registrar or deputy registrar shall issue the applicant the 1424  
temporary removable windshield placard without the payment of any 1425  
service fee. 1426

(2) The temporary removable windshield placard shall be of 1427  
the same size and form as the removable windshield placard, shall 1428  
be printed in white on a red-colored background, and shall bear 1429  
the word "temporary" in letters of such size as the registrar 1430  
shall prescribe. A temporary removable windshield placard also 1431

shall bear the date of expiration on the front and back of the placard, and shall be valid until expired, surrendered, or revoked, but in no case shall such a placard be valid for a period of less than sixty days. The registrar shall provide the application form and shall determine the information to be included on it, provided that the registrar shall not require a health care provider's prescription or certification for a person applying under division (E)(1)(b) of this section. The registrar also shall determine the material of which the temporary removable windshield placard is to be made and any other information to be included on the placard and shall adopt rules relating to the issuance, expiration, surrender, revocation, and proper display of those placards. Any temporary removable windshield placard issued after October 14, 1999, shall be manufactured in a manner that allows for the expiration date of the placard to be indicated on it through the punching, drilling, boring, or creation by any other means of holes in the placard.

(F) If an applicant for a removable windshield placard is a veteran of the armed forces of the United States whose disability, as defined in division (A)(1) of this section, is service-connected, the registrar or deputy registrar, upon receipt of the application, presentation of a signed statement from the applicant's health care provider certifying the applicant's disability, and presentation of such documentary evidence from the department of veterans affairs that the disability of the applicant meets at least one of the criteria identified in division (A)(1) of this section and is service-connected as the registrar may require by rule, but without the payment of any service fee, shall issue the applicant a removable windshield placard that is valid until expired, surrendered, or revoked.

(G) Upon a conviction of a violation of division (I), (J), or (K) of this section, the court shall report the conviction, and

send the placard or parking card, if available, to the registrar, 1464  
who thereupon shall revoke the privilege of using the placard or 1465  
parking card and send notice in writing to the placardholder or 1466  
cardholder at that holder's last known address as shown in the 1467  
records of the bureau, and the placardholder or cardholder shall 1468  
return the placard or card if not previously surrendered to the 1469  
court, to the registrar within ten days following mailing of the 1470  
notice. 1471

Whenever a person to whom a removable windshield placard or 1472  
parking card has been issued moves to another state, the person 1473  
shall surrender the placard or card to the registrar; and whenever 1474  
an organization to which a placard or card has been issued changes 1475  
its place of operation to another state, the organization shall 1476  
surrender the placard or card to the registrar. 1477

(H) Subject to division (F) of section 4511.69 of the Revised 1478  
Code, the operator of a motor vehicle displaying a removable 1479  
windshield placard, temporary removable windshield placard, 1480  
parking card, or the special license plates authorized by this 1481  
section is entitled to park the motor vehicle in any special 1482  
parking location reserved for persons with disabilities that limit 1483  
or impair the ability to walk, also known as handicapped parking 1484  
spaces or disability parking spaces. 1485

(I) No person or organization that is not eligible under 1486  
division (B) or (E) of this section shall willfully and falsely 1487  
represent that the person or organization is so eligible. 1488

No person or organization shall display license plates issued 1489  
under this section unless the license plates have been issued for 1490  
the vehicle on which they are displayed and are valid. 1491

(J) No person or organization to which a removable windshield 1492  
placard or temporary removable windshield placard is issued shall 1493  
do either of the following: 1494

(1) Display or permit the display of the placard on any motor vehicle when having reasonable cause to believe the motor vehicle is being used in connection with an activity that does not include providing transportation for persons with disabilities that limit or impair the ability to walk;	1495 1496 1497 1498 1499
(2) Refuse to return or surrender the placard, when required.	1500
(K)(1) No person or organization to which a parking card is issued shall do either of the following:	1501 1502
(a) Display or permit the display of the parking card on any motor vehicle when having reasonable cause to believe the motor vehicle is being used in connection with an activity that does not include providing transportation for a handicapped person;	1503 1504 1505 1506
(b) Refuse to return or surrender the parking card, when required.	1507 1508
(2) As used in division (K) of this section:	1509
(a) "Handicapped person" means any person who has lost the use of one or both legs or one or both arms, who is blind, deaf, or so severely handicapped as to be unable to move about without the aid of crutches or a wheelchair, or whose mobility is restricted by a permanent cardiovascular, pulmonary, or other handicapping condition.	1510 1511 1512 1513 1514 1515
(b) "Organization" means any private organization or corporation, or any governmental board, agency, department, division, or office, that, as part of its business or program, transports handicapped persons on a regular basis in a motor vehicle that has not been altered for the purposes of providing it with special equipment for use by handicapped persons.	1516 1517 1518 1519 1520 1521
(L) If a removable windshield placard, temporary removable windshield placard, or parking card is lost, destroyed, or mutilated, the placardholder or cardholder may obtain a duplicate	1522 1523 1524

by doing both of the following:	1525
(1) Furnishing suitable proof of the loss, destruction, or mutilation to the registrar;	1526
(2) Paying a service fee equal to the amount specified in division (D) or (G) of section 4503.10 of the Revised Code.	1529
Any placardholder or cardholder who loses a placard or card and, after obtaining a duplicate, finds the original, immediately shall surrender the original placard or card to the registrar.	1530
(M) The registrar shall pay all fees received under this section for the issuance of removable windshield placards or temporary removable windshield placards or duplicate removable windshield placards or cards into the state treasury to the credit of the state bureau of motor vehicles fund created in section 4501.25 of the Revised Code.	1533
(N) In addition to the fees collected under this section, the registrar or deputy registrar shall ask each person applying for a removable windshield placard or temporary removable windshield placard or duplicate removable windshield placard or license plate issued under this section, whether the person wishes to make a two-dollar voluntary contribution to support rehabilitation employment services. The registrar shall transmit the contributions received under this division to the treasurer of state for deposit into the rehabilitation employment fund, which is hereby created in the state treasury. A deputy registrar shall transmit the contributions received under this division to the registrar in the time and manner prescribed by the registrar. The contributions in the fund shall be used by the rehabilitation services commission to purchase services related to vocational evaluation, work adjustment, personal adjustment, job placement, job coaching, and community-based assessment from accredited community rehabilitation program facilities.	1539

(O) For purposes of enforcing this section, every peace officer is deemed to be an agent of the registrar. Any peace officer or any authorized employee of the bureau of motor vehicles who, in the performance of duties authorized by law, becomes aware of a person whose placard or parking card has been revoked pursuant to this section, may confiscate that placard or parking card and return it to the registrar. The registrar shall prescribe any forms used by law enforcement agencies in administering this section.

No peace officer, law enforcement agency employing a peace officer, or political subdivision or governmental agency employing a peace officer, and no employee of the bureau is liable in a civil action for damages or loss to persons arising out of the performance of any duty required or authorized by this section. As used in this division, "peace officer" has the same meaning as in division (B) of section 2935.01 of the Revised Code.

(P) All applications for registration of motor vehicles, removable windshield placards, and temporary removable windshield placards issued under this section, all renewal notices for such items, and all other publications issued by the bureau that relate to this section shall set forth the criminal penalties that may be imposed upon a person who violates any provision relating to special license plates issued under this section, the parking of vehicles displaying such license plates, and the issuance, procurement, use, and display of removable windshield placards and temporary removable windshield placards issued under this section.

(Q) Whoever violates this section is guilty of a misdemeanor of the fourth degree.

**Sec. 4723.01.** As used in this chapter:

(A) "Registered nurse" means an individual who holds a current, valid license issued under this chapter that authorizes

the practice of nursing as a registered nurse.	1587
(B) "Practice of nursing as a registered nurse" means	1588
providing to individuals and groups nursing care requiring	1589
specialized knowledge, judgment, and skill derived from the	1590
principles of biological, physical, behavioral, social, and	1591
nursing sciences. Such nursing care includes:	1592
(1) Identifying patterns of human responses to actual or	1593
potential health problems amenable to a nursing regimen;	1594
(2) Executing a nursing regimen through the selection,	1595
performance, management, and evaluation of nursing actions;	1596
(3) Assessing health status for the purpose of providing	1597
nursing care;	1598
(4) Providing health counseling and health teaching;	1599
(5) Administering medications, treatments, and executing	1600
regimens authorized by an individual who is authorized to practice	1601
in this state and is acting within the course of the individual's	1602
professional practice;	1603
(6) Teaching, administering, supervising, delegating, and	1604
evaluating nursing practice.	1605
(C) "Nursing regimen" may include preventative, restorative,	1606
and health-promotion activities.	1607
(D) "Assessing health status" means the collection of data	1608
through nursing assessment techniques, which may include	1609
interviews, observation, and physical evaluations for the purpose	1610
of providing nursing care.	1611
(E) "Licensed practical nurse" means an individual who holds	1612
a current, valid license issued under this chapter that authorizes	1613
the practice of nursing as a licensed practical nurse.	1614
(F) "The practice of nursing as a licensed practical nurse"	1615
means providing to individuals and groups nursing care requiring	1616

the application of basic knowledge of the biological, physical, 1617  
behavioral, social, and nursing sciences at the direction of a 1618  
licensed physician, dentist, podiatrist, optometrist, 1619  
chiropractor, or registered nurse. Such nursing care includes: 1620

(1) Observation, patient teaching, and care in a diversity of 1621  
health care settings; 1622

(2) Contributions to the planning, implementation, and 1623  
evaluation of nursing; 1624

(3) Administration of medications and treatments authorized 1625  
by an individual who is authorized to practice in this state and 1626  
is acting within the course of the individual's professional 1627  
practice, ~~except that administration of intravenous therapy shall~~ 1628  
~~be performed only in accordance with section 4723.17 or 4723.171~~ 1629  
~~of the Revised Code. Medications may be administered by a on the~~ 1630  
~~condition that the~~ licensed practical nurse ~~upon proof of~~ 1631  
~~completion of a course in medication administration approved by~~ 1632  
~~the board of nursing. is authorized under section 4723.17 of the~~ 1633  
~~Revised Code to administer medications;~~ 1634

(4) Administration to an adult of intravenous therapy 1635  
authorized by an individual who is authorized to practice in this 1636  
state and is acting within the course of the individual's 1637  
professional practice, on the condition that the licensed 1638  
practical nurse is authorized under section ~~4723.17~~ 4723.18 or 1639  
~~4723.171~~ 4723.181 of the Revised Code to perform intravenous 1640  
therapy and performs intravenous therapy only in accordance with 1641  
those sections; 1642

(5) Delegation of nursing tasks as directed by a registered 1643  
nurse; 1644

(6) Teaching nursing tasks to licensed practical nurses and 1645  
individuals to whom the licensed practical nurse is authorized to 1646  
delegate nursing tasks as directed by a registered nurse. 1647

(G) "Certified registered nurse anesthetist" means a registered nurse who holds a valid certificate of authority issued under this chapter that authorizes the practice of nursing as a certified registered nurse anesthetist in accordance with section 4723.43 of the Revised Code and rules adopted by the board of nursing.

(H) "Clinical nurse specialist" means a registered nurse who holds a valid certificate of authority issued under this chapter that authorizes the practice of nursing as a clinical nurse specialist in accordance with section 4723.43 of the Revised Code and rules adopted by the board of nursing.

(I) "Certified nurse-midwife" means a registered nurse who holds a valid certificate of authority issued under this chapter that authorizes the practice of nursing as a certified nurse-midwife in accordance with section 4723.43 of the Revised Code and rules adopted by the board of nursing.

(J) "Certified nurse practitioner" means a registered nurse who holds a valid certificate of authority issued under this chapter that authorizes the practice of nursing as a certified nurse practitioner in accordance with section 4723.43 of the Revised Code and rules adopted by the board of nursing.

(K) "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery, ~~except as used in divisions (C) and (D) of section 4723.482 of the Revised Code.~~

(L) "Collaboration" or "collaborating" means the following:

(1) In the case of a clinical nurse specialist, except as provided in division (L)(3) of this section, or a certified nurse practitioner, that one or more podiatrists acting within the scope of practice of podiatry in accordance with section 4731.51 of the Revised Code and with whom the nurse has entered into a standard

care arrangement or one or more physicians with whom the nurse has 1679  
entered into a standard care arrangement are continuously 1680  
available to communicate with the clinical nurse specialist or 1681  
certified nurse practitioner either in person or by radio, 1682  
telephone, or other form of telecommunication; 1683

(2) In the case of a certified nurse-midwife, that one or 1684  
more physicians with whom the certified nurse-midwife has entered 1685  
into a standard care arrangement are continuously available to 1686  
communicate with the certified nurse-midwife either in person or 1687  
by radio, telephone, or other form of telecommunication; 1688

(3) In the case of a clinical nurse specialist who practices 1689  
the nursing specialty of mental health or psychiatric mental 1690  
health without being authorized to prescribe drugs and therapeutic 1691  
devices, that one or more physicians are continuously available to 1692  
communicate with the nurse either in person or by radio, 1693  
telephone, or other form of telecommunication. 1694

(M) "Supervision," as it pertains to a certified registered 1695  
nurse anesthetist, means that the certified registered nurse 1696  
anesthetist is under the direction of a podiatrist acting within 1697  
the podiatrist's scope of practice in accordance with section 1698  
4731.51 of the Revised Code, a dentist acting within the dentist's 1699  
scope of practice in accordance with Chapter 4715. of the Revised 1700  
Code, or a physician, and, when administering anesthesia, the 1701  
certified registered nurse anesthetist is in the immediate 1702  
presence of the podiatrist, dentist, or physician. 1703

(N) "Standard care arrangement" means a written, formal guide 1704  
for planning and evaluating a patient's health care that is 1705  
developed by one or more collaborating physicians or podiatrists 1706  
and a clinical nurse specialist, certified nurse-midwife, or 1707  
certified nurse practitioner and meets the requirements of section 1708  
4723.431 of the Revised Code. 1709

(O) "Advanced practice registered nurse" means a certified 1710  
registered nurse anesthetist, clinical nurse specialist, certified 1711  
nurse-midwife, or certified nurse practitioner. 1712

(P) "Dialysis care" means the care and procedures that a 1713  
dialysis technician or dialysis technician intern is authorized to 1714  
provide and perform, as specified in section 4723.72 of the 1715  
Revised Code. 1716

(Q) "Dialysis technician" means an individual who holds a 1717  
current, valid certificate ~~or temporary certificate issued under~~ 1718  
~~this chapter that authorizes the individual~~ to practice as a 1719  
dialysis technician ~~in accordance with~~ issued under section 1720  
4723.72 4723.75 of the Revised Code. 1721

(R) "Dialysis technician intern" means an individual who 1722  
holds a current, valid certificate to practice as a dialysis 1723  
technician intern issued under section 4723.75 of the Revised 1724  
Code. 1725

(S) "Certified community health worker" means an individual 1726  
who holds a current, valid certificate as a community health 1727  
worker ~~issued by the board of nursing~~ under section 4723.85 of the 1728  
Revised Code. 1729

(T) "Medication aide" means an individual who holds a 1730  
current, valid certificate issued under this chapter that 1731  
authorizes the individual to administer medication in accordance 1732  
with section 4723.67 of the Revised Code. 1733

**Sec. 4723.03.** (A) No person shall engage in the practice of 1734  
nursing as a registered nurse, represent the person as being a 1735  
registered nurse, or use the title "registered nurse," the 1736  
initials "R.N.," or any other title implying that the person is a 1737  
registered nurse, for a fee, salary, or other consideration, or as 1738  
a volunteer, without holding a current, valid license as a 1739

registered nurse under this chapter. 1740

(B) No person shall engage in the practice of nursing as a 1741  
licensed practical nurse, represent the person as being a licensed 1742  
practical nurse, or use the title "licensed practical nurse," the 1743  
initials "L.P.N.," or any other title implying that the person is 1744  
a licensed practical nurse, for a fee, salary, or other 1745  
consideration, or as a volunteer, without holding a current, valid 1746  
license as a practical nurse under this chapter. 1747

(C) No person shall use the titles or initials "graduate 1748  
nurse," "G.N.," "professional nurse," "P.N.," "graduate practical 1749  
nurse," "G.P.N.," "practical nurse," "P.N.," "trained nurse," 1750  
"T.N.," or any other statement, title, or initials that would 1751  
imply or represent to the public that the person is authorized to 1752  
practice nursing in this state, except as follows: 1753

(1) A person licensed under this chapter to practice nursing 1754  
as a registered nurse may use that title and the initials "R.N.;" 1755

(2) A person licensed under this chapter to practice nursing 1756  
as a licensed practical nurse may use that title and the initials 1757  
"L.P.N.;" 1758

(3) A person authorized under this chapter to practice 1759  
nursing as a certified registered nurse anesthetist may use that 1760  
title, the initials "C.R.N.A." or "N.A.," and any other title or 1761  
initials approved by the board of nursing; 1762

(4) A person authorized under this chapter to practice 1763  
nursing as a clinical nurse specialist may use that title, the 1764  
initials "C.N.S.," and any other title or initials approved by the 1765  
board; 1766

(5) A person authorized under this chapter to practice 1767  
nursing as a certified nurse-midwife may use that title, the 1768  
initials "C.N.M.," and any other title or initials approved by the 1769

board; 1770

(6) A person authorized under this chapter to practice 1771  
nursing as a certified nurse practitioner may use that title, the 1772  
initials "C.N.P.," and any other title or initials approved by the 1773  
board; 1774

(7) A person authorized under this chapter to practice as a 1775  
certified registered nurse anesthetist, clinical nurse specialist, 1776  
certified nurse-midwife, or certified nurse practitioner may use 1777  
the title "advanced practice registered nurse" or the initials 1778  
"A.P.R.N." 1779

(D) No person shall employ a person not licensed as a 1780  
registered nurse under this chapter to engage in the practice of 1781  
nursing as a registered nurse. No person shall employ a person not 1782  
licensed as a practical nurse under this chapter to engage in the 1783  
practice of nursing as a licensed practical nurse. 1784

(E) No person shall sell or fraudulently obtain or furnish 1785  
any nursing diploma, license, certificate, renewal, or record, or 1786  
aid or abet such acts. 1787

**Sec. 4723.06.** (A) The board of nursing shall: 1788

(1) Administer and enforce the provisions of this chapter, 1789  
including the taking of disciplinary action for violations of 1790  
section 4723.28 of the Revised Code, any other provisions of this 1791  
chapter, or rules adopted under this chapter; 1792

(2) Develop criteria that an applicant must meet to be 1793  
eligible to sit for the examination for licensure to practice as a 1794  
registered nurse or as a licensed practical nurse; 1795

(3) Issue and renew nursing licenses, dialysis technician 1796  
certificates, and community health worker certificates, as 1797  
provided in this chapter; 1798

(4) Define the minimum ~~curricula~~ and standards for 1799

educational programs of the schools of ~~professional~~ registered 1800  
nursing and schools of practical nursing in this state; 1801

(5) Survey, inspect, and grant full approval to prelicensure 1802  
nursing education programs in this state that meet the standards 1803  
established by rules adopted under section 4723.07 of the Revised 1804  
Code. Prelicensure nursing education programs include, but are not 1805  
limited to, diploma, associate degree, baccalaureate degree, 1806  
~~diploma~~ master's degree, and doctor of nursing programs leading to 1807  
initial licensure to practice nursing as a registered nurse and 1808  
practical nurse programs leading to initial licensure to practice 1809  
nursing as a licensed practical nurse. 1810

(6) Grant conditional approval, by a vote of a quorum of the 1811  
board, to a new prelicensure nursing education program or a 1812  
program that is being reestablished after having ceased to 1813  
operate, if the program meets and maintains the minimum standards 1814  
of the board established by rules adopted under section 4723.07 of 1815  
the Revised Code. If the board does not grant conditional 1816  
approval, it shall hold an adjudication under Chapter 119. of the 1817  
Revised Code to consider conditional approval of the program. If 1818  
the board grants conditional approval, at ~~its~~ the first meeting 1819  
~~after the first class has completed the program~~ following 1820  
completion of the survey process required by division (A)(5) of 1821  
this section, the board shall determine whether to grant full 1822  
approval to the program. If the board does not grant full approval 1823  
or if it appears that the program has failed to meet and maintain 1824  
standards established by rules adopted under section 4723.07 of 1825  
the Revised Code, the board shall hold an adjudication under 1826  
Chapter 119. of the Revised Code to consider the program. Based on 1827  
results of the adjudication, the board may continue or withdraw 1828  
conditional approval, or grant full approval. 1829

(7) Place on provisional approval, for a period of time 1830  
specified by the board, a program that has ceased to meet and 1831

maintain the minimum standards of the board established by rules 1832  
adopted under section 4723.07 of the Revised Code. ~~At~~ Prior to or 1833  
at the end of the period, the board shall reconsider whether the 1834  
program meets the standards and shall grant full approval if it 1835  
does. If it does not, the board may withdraw approval, pursuant to 1836  
an adjudication under Chapter 119. of the Revised Code. 1837

(8) Approve continuing ~~nursing~~ education programs and courses 1838  
under standards established in rules adopted under ~~section~~ 1839  
sections 4723.07, 4723.69, 4723.79, and 4723.88 of the Revised 1840  
Code; 1841

(9) ~~Approve peer support programs, under rules adopted under~~ 1842  
~~section 4723.07 of the Revised Code, for nurses, for dialysis~~ 1843  
~~technicians, and for certified community health workers;~~ 1844

~~(10)~~ Establish a program for monitoring chemical dependency 1845  
in accordance with section 4723.35 of the Revised Code; 1846

~~(11)~~(10) Establish the practice intervention and improvement 1847  
program in accordance with section 4723.282 of the Revised Code; 1848

~~(12)~~(11) Issue and renew certificates of authority to 1849  
practice nursing as a certified registered nurse anesthetist, 1850  
clinical nurse specialist, certified nurse-midwife, or certified 1851  
nurse practitioner; 1852

~~(13)~~(12) Approve under section 4723.46 of the Revised Code 1853  
national certifying organizations for examination and 1854  
certification of certified registered nurse anesthetists, clinical 1855  
nurse specialists, certified nurse-midwives, or certified nurse 1856  
practitioners; 1857

~~(14)~~(13) Issue and renew certificates to prescribe in 1858  
accordance with sections 4723.48 and 4723.486 of the Revised Code; 1859

~~(15)~~(14) Grant approval to the planned classroom and clinical 1860  
study required by section 4723.482 of the Revised Code to be 1861

eligible for a certificate to prescribe; 1862

~~(16)~~(15) Make an annual edition of the formulary established 1863  
in rules adopted under section 4723.50 of the Revised Code 1864  
available to the public either in printed form or by electronic 1865  
means and, as soon as possible after any revision of the formulary 1866  
becomes effective, make the revision available to the public in 1867  
printed form or by electronic means; 1868

~~(17)~~(16) Provide guidance and make recommendations to the 1869  
general assembly, the governor, state agencies, and the federal 1870  
government with respect to the regulation of the practice of 1871  
nursing and the enforcement of this chapter; 1872

~~(18)~~(17) Make an annual report to the governor, which shall 1873  
be open for public inspection; 1874

~~(19)~~(18) Maintain and have open for public inspection the 1875  
following records: 1876

(a) A record of all its meetings and proceedings; 1877

(b) A file record of all applicants for, and holders of 1878  
nursing, licenses, registrations, and certificates granted under 1879  
this chapter; dialysis technician certificates granted under this 1880  
chapter; and community health worker certificates granted issued 1881  
by the board under this chapter. The file shall be maintained in 1882  
the form prescribed by rule of the board or in accordance with 1883  
rules adopted under this chapter. The record shall be maintained 1884  
in a format determined by the board. 1885

(c) A list of ~~prelicensure nursing~~ education and training 1886  
programs approved by the board; 1887

~~(d) A list of approved peer support programs for nurses,~~ 1888  
~~dialysis technicians, and certified community health workers.~~ 1889

(19) Deny approval to a person who submits or causes to be 1890  
submitted false, misleading, or deceptive statements, information, 1891

or documentation to the board in the process of applying for 1892  
approval of a new education or training program. If the board 1893  
proposes to deny approval of a new education or training program, 1894  
it shall do so pursuant to an adjudication conducted under Chapter 1895  
119. of the Revised Code. 1896

(B) The board may fulfill the requirement of division (A)(8) 1897  
of this section by authorizing persons who meet the standards 1898  
established in rules adopted under section 4723.07 of the Revised 1899  
Code to approve continuing ~~nursing~~ education programs and courses. 1900  
Persons so authorized shall approve continuing ~~nursing~~ education 1901  
programs and courses in accordance with standards established in 1902  
rules adopted under section 4723.07 of the Revised Code. 1903

Persons seeking authorization to approve continuing ~~nursing~~ 1904  
education programs and courses shall apply to the board and pay 1905  
the appropriate fee established under section 4723.08 of the 1906  
Revised Code. Authorizations to approve continuing ~~nursing~~ 1907  
education programs and courses shall expire, and may be renewed 1908  
according to the schedule established in rules adopted under 1909  
section 4723.07 of the Revised Code. 1910

In addition to approving continuing ~~nursing~~ education 1911  
programs under division (A)(8) of this section, the board may 1912  
sponsor continuing education activities that are directly related 1913  
to the statutes and rules ~~pertaining to the practice of nursing in~~ 1914  
~~this state~~ the board enforces. 1915

**Sec. 4723.063.** (A) As used in this section: 1916

(1) "Health care facility" means: 1917

(a) A hospital registered under section 3701.07 of the 1918  
Revised Code; 1919

(b) A nursing home licensed under section 3721.02 of the 1920  
Revised Code, or by a political subdivision certified under 1921

section 3721.09 of the Revised Code;	1922
(c) A county home or a county nursing home as defined in	1923
section 5155.31 of the Revised Code that is certified under Title	1924
XVIII or XIX of the "Social Security Act," 49 Stat. 620 (1935), 42	1925
U.S.C. 301, <u>as</u> amended;	1926
(d) A freestanding dialysis center;	1927
(e) A freestanding inpatient rehabilitation facility;	1928
(f) An ambulatory surgical facility;	1929
(g) A freestanding cardiac catheterization facility;	1930
(h) A freestanding birthing center;	1931
(i) A freestanding or mobile diagnostic imaging center;	1932
(j) A freestanding radiation therapy center.	1933
(2) "Nurse education program" means a prelicensure nurse	1934
education program approved by the board of nursing under section	1935
4723.06 of the Revised Code or a postlicensure nurse education	1936
program approved by the board of regents under section 3333.04 of	1937
the Revised Code.	1938
(B) The state board of nursing shall establish and administer	1939
the nurse education grant program. Under the program, the board	1940
shall award grants to nurse education programs that have	1941
partnerships with other education programs, community health	1942
agencies, <del>or</del> health care facilities, <u>or patient centered medical</u>	1943
<u>homes</u> . Grant recipients shall use the money to fund partnerships	1944
to increase the nurse education program's enrollment capacity.	1945
Methods of increasing a program's enrollment capacity may include	1946
hiring faculty and preceptors, purchasing educational equipment	1947
and materials, and other actions acceptable to the board. Grant	1948
money shall not be used to construct or renovate buildings.	1949
Partnerships may be developed between one or more nurse education	1950
programs and one or more health care facilities.	1951

In awarding grants, the board shall give preference to 1952  
partnerships between nurse education programs and hospitals, 1953  
nursing homes, and county homes or county nursing homes, but may 1954  
also award grants to fund partnerships between nurse education 1955  
programs and other health care facilities and between nurse 1956  
education programs and patient centered medical homes. 1957

(C) The board shall adopt rules in accordance with Chapter 1958  
119. of the Revised Code establishing the following: 1959

(1) Eligibility requirements for receipt of a grant; 1960

(2) Grant application forms and procedures; 1961

(3) The amounts in which grants may be made and the total 1962  
amount that may be awarded to a nurse education program that has a 1963  
partnership with other education programs, a community health 1964  
agency, ~~or~~ a health care facility, or a patient centered medical 1965  
home; 1966

(4) A method whereby the board may evaluate the effectiveness 1967  
of a partnership between joint recipients in increasing the nurse 1968  
education program's enrollment capacity; 1969

(5) The percentage of the money in the fund that must remain 1970  
in the fund at all times to maintain a fiscally responsible fund 1971  
balance; 1972

(6) The percentage of available grants to be awarded to 1973  
licensed practical nurse education programs, registered nurse 1974  
education programs, and graduate programs; 1975

(7) Any other matters incidental to the operation of the 1976  
program. 1977

(D) ~~From January 1, 2004, until~~ Until December 31, ~~2013~~ 2023, 1978  
~~the~~ ten dollars of each biennial nursing license renewal fee 1979  
collected under section 4723.08 of the Revised Code shall be 1980  
dedicated to the nurse education grant program fund, which is 1981

hereby created in the state treasury. The board shall use money in the fund for grants awarded under division (A) of this section and for expenses of administering the grant program. The amount used for administrative expenses in any year shall not exceed ten per cent of the amount transferred to the fund in that year.

(E) Each quarter, for the purposes of transferring funds to the nurse education grant program, the board of nursing shall certify to the director of budget and management the number of biennial licenses renewed under this chapter during the preceding quarter and the amount equal to that number times ten dollars.

(F) Notwithstanding the requirements of section 4743.05 of the Revised Code, from January 1, 2004, until December 31, ~~2013~~ 2023, at the end of each quarter, the director of budget and management shall transfer from the occupational licensing and regulatory fund to the nurse education grant program fund the amount certified under division (E) of this section.

**Sec. 4723.07.** In accordance with Chapter 119. of the Revised Code, the board of nursing shall adopt and may amend and rescind rules that establish all of the following:

(A) Provisions for the board's government and control of its actions and business affairs;

(B) Minimum ~~curricula and~~ standards for nursing education programs that prepare graduates to be licensed under this chapter and procedures for granting, renewing, and withdrawing approval of those programs;

(C) Criteria that applicants for licensure must meet to be eligible to take examinations for licensure;

(D) Standards and procedures for renewal of the licenses and certificates issued by the board;

(E) Standards for approval of continuing nursing education

programs and courses for registered nurses, licensed practical  
nurses, certified registered nurse anesthetists, clinical nurse  
specialists, certified nurse-midwives, and certified nurse  
practitioners. The standards may provide for approval of  
continuing nursing education programs and courses that have been  
approved by other state boards of nursing or by national  
accreditation systems for nursing, including, but not limited to,  
the American nurses' credentialing center and the national  
association for practical nurse education and service.

(F) Standards that persons must meet to be authorized by the  
board to approve continuing ~~nursing~~ education programs and courses  
and a schedule by which that authorization expires and may be  
renewed;

(G) Requirements, including continuing education  
requirements, for ~~restoring~~ reactivating inactive ~~nursing~~  
licenses, ~~dialysis technician certificates, and community health~~  
~~worker or~~ certificates, and for ~~restoring nursing~~ reinstating  
licenses, ~~dialysis technician certificates, and community health~~  
~~worker or~~ certificates that have lapsed ~~through failure to renew;~~

(H) Conditions that may be imposed for reinstatement of a  
~~nursing license, dialysis technician certificate, or community~~  
~~health worker or~~ certificate following action taken under section  
3123.47, 4723.28, 4723.281, 4723.652, or 4723.86 of the Revised  
Code resulting in a license or certificate suspension;

~~(I) Standards for approval of peer support programs for  
persons who hold a nursing license, dialysis technician  
certificate, or community health worker certificate;~~

~~(J)~~ Requirements for board approval of courses in medication  
administration by licensed practical nurses;

~~(K)~~ (J) Criteria for evaluating the qualifications of an  
applicant for a license to practice nursing as a registered nurse

~~or~~, a license to practice nursing as a licensed practical nurse, 2043  
or a certificate of authority issued under division ~~(E)~~(B) of 2044  
section 4723.41 of the Revised Code,~~a dialysis technician~~ 2045  
~~certificate,~~ or a community health worker certificate for the 2046  
purpose of issuing the license or certificate by the board's 2047  
endorsement of the applicant's authority to practice issued by the 2048  
licensing agency of another state; 2049

~~(L)~~(K) Universal blood and body fluid standard precautions 2050  
that shall be used by each ~~person holding a nursing license~~ 2051  
licensee or dialysis technician certificate issued under this 2052  
~~chapter who performs exposure prone invasive procedures~~ holder. 2053  
The rules shall define and establish requirements for universal 2054  
~~blood and body fluid standard~~ standard precautions that include the 2055  
following: 2056

(1) Appropriate use of hand washing; 2057

(2) Disinfection and sterilization of equipment; 2058

(3) Handling and disposal of needles and other sharp 2059  
instruments; 2060

(4) Wearing and disposal of gloves and other protective 2061  
garments and devices. 2062

~~(M)~~(L) Standards and procedures for approving certificates of 2063  
authority to practice nursing as a certified registered nurse 2064  
anesthetist, clinical nurse specialist, certified nurse-midwife, 2065  
or certified nurse practitioner, and for renewal of those 2066  
certificates; 2067

~~(N)~~(M) Quality assurance standards for certified registered 2068  
nurse anesthetists, clinical nurse specialists, certified 2069  
nurse-midwives, or certified nurse practitioners; 2070

~~(O)~~(N) Additional criteria for the standard care arrangement 2071  
required by section 4723.431 of the Revised Code entered into by a 2072

clinical nurse specialist, certified nurse-midwife, or certified 2073  
nurse practitioner and the nurse's collaborating physician or 2074  
podiatrist; 2075

~~(P)~~(O) Continuing education standards for clinical nurse 2076  
specialists who ~~are exempt~~ were issued a certificate of authority 2077  
to practice as a clinical nurse specialist under division (C) of 2078  
section 4723.41 of the Revised Code ~~from the requirement of having~~ 2079  
~~passed a certification examination~~ as that division existed at any 2080  
time before the effective date of this amendment; 2081

~~(Q)~~(P) For purposes of division (B)(31) of section 4723.28 of 2082  
the Revised Code, the actions, omissions, or other circumstances 2083  
that constitute failure to establish and maintain professional 2084  
boundaries with a patient. 2085

The board may adopt other rules necessary to carry out the 2086  
provisions of this chapter. The rules shall be adopted in 2087  
accordance with Chapter 119. of the Revised Code. 2088

**Sec. 4723.08.** (A) The board of nursing may impose fees not to 2089  
exceed the following limits: 2090

(1) For application for licensure by examination to practice 2091  
nursing as a registered nurse or as a licensed practical nurse, 2092  
seventy-five dollars; 2093

(2) For application for licensure by endorsement to practice 2094  
nursing as a registered nurse or as a licensed practical nurse, 2095  
seventy-five dollars; 2096

(3) For application for a certificate of authority to 2097  
practice nursing as a certified registered nurse anesthetist, 2098  
clinical nurse specialist, certified nurse-midwife, or certified 2099  
nurse practitioner, one hundred dollars; 2100

(4) For application for a temporary dialysis technician 2101  
certificate, the amount specified in rules adopted under section 2102

4723.79 of the Revised Code;	2103
(5) For application for a <del>full</del> dialysis technician certificate, the amount specified in rules adopted under section 4723.79 of the Revised Code;	2104 2105 2106
(6) For application for a certificate to prescribe, fifty dollars;	2107 2108
(7) For <u>providing, pursuant to division (B) of section 4723.271 of the Revised Code, written verification of a nursing license, certificate of authority, <del>or certificate to prescribe, dialysis technician certificate, medication aide certificate, or community health worker certificate</del></u> to another jurisdiction, fifteen dollars;	2109 2110 2111 2112 2113 2114
(8) For <u>providing, pursuant to division (A) of section 4723.271 of the Revised Code, a replacement copy of a <del>nursing license, certificate of authority, certificate to prescribe, dialysis technician certificate, intravenous therapy card, or frameable wall certificate suitable for framing as described in that division,</del></u> twenty-five dollars;	2115 2116 2117 2118 2119 2120
(9) <del>For biennial renewal of a nursing license that expires on or after August 31, 2003, but before January 1, 2004, forty five dollars;</del>	2121 2122 2123
<del>(10) For biennial renewal of a nursing license that expires on or after January 1, 2004, sixty-five dollars;</del>	2124 2125
<del>(11) For biennial renewal of a certificate of authority to practice nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse mid wife, or certified nurse practitioner that expires on or before August 31, 2005, one hundred dollars;</del>	2126 2127 2128 2129 2130
<del>(12)</del> (10) For biennial renewal of a certificate of authority to practice nursing as a certified registered nurse anesthetist,	2131 2132

clinical nurse specialist, certified nurse-midwife, or certified	2133
nurse practitioner <del>that expires on or after September 1, 2005,</del>	2134
eighty-five dollars;	2135
<del>(13)</del> (11) For renewal of a certificate to prescribe, fifty	2136
dollars;	2137
<del>(14)</del> (12) For biennial renewal of a dialysis technician	2138
certificate, the amount specified in rules adopted under section	2139
4723.79 of the Revised Code;	2140
<del>(15)</del> (13) For processing a late application for renewal of a	2141
nursing license, certificate of authority, or dialysis technician	2142
certificate, fifty dollars;	2143
<del>(16)</del> (14) For application for authorization to approve	2144
continuing <del>nursing</del> education programs and courses from an	2145
applicant accredited by a national accreditation system for	2146
nursing, five hundred dollars;	2147
<del>(17)</del> (15) For application for authorization to approve	2148
continuing <del>nursing</del> education programs and courses from an	2149
applicant not accredited by a national accreditation system for	2150
nursing, one thousand dollars;	2151
<del>(18)</del> (16) For each year for which authorization to approve	2152
continuing <del>nursing</del> education programs and courses is renewed, one	2153
hundred fifty dollars;	2154
<del>(19)</del> (17) For application for approval to operate a dialysis	2155
training program, the amount specified in rules adopted under	2156
section 4723.79 of the Revised Code;	2157
<del>(20)</del> (18) For reinstatement of a lapsed <del>nursing</del> license,	2158
<del>certificate of authority, or dialysis technician certificate</del>	2159
<u>issued under this chapter</u> , one hundred dollars <u>except as provided</u>	2160
<u>in section 5903.10 of the Revised Code</u> ;	2161
<del>(21)</del> (19) For written verification of a <del>nursing</del> license,	2162

~~certificate of authority, or dialysis technician certificate, when~~ 2163  
the verification is performed for purposes other than providing 2164  
verification to another jurisdiction, five dollars; 2165

~~(22)~~(20) For processing a check returned to the board by a 2166  
financial institution as noncollectible, twenty-five dollars; 2167

~~(23) For issuance of an intravenous therapy card for which a~~ 2168  
~~fee may be charged under section 4723.17 of the Revised Code,~~ 2169  
~~twenty five dollars;~~ 2170

~~(24) For out of state survey visits of nursing education~~ 2171  
~~programs operating in Ohio, two thousand dollars;~~ 2172

~~(25)~~(21) The amounts specified in rules adopted under section 2173  
4723.88 of the Revised Code pertaining to the issuance of 2174  
certificates to community health workers, including fees for 2175  
application for a certificate, ~~verification of a certificate to~~ 2176  
~~another jurisdiction, written verification of a certificate when~~ 2177  
~~the verification is performed for purposes other than verification~~ 2178  
~~to another jurisdiction, providing a replacement copy of a~~ 2179  
~~certificate,~~ biennial renewal of a certificate, processing a late 2180  
application for renewal of a certificate, reinstatement of a 2181  
lapsed certificate, application for approval of a community health 2182  
worker training program for community health workers, and biennial 2183  
renewal of the approval of a training program for community health 2184  
workers. 2185

(B) Each quarter, for purposes of transferring funds under 2186  
section 4743.05 of the Revised Code to the nurse education 2187  
assistance fund created in section 3333.28 of the Revised Code, 2188  
the board of nursing shall certify to the director of budget and 2189  
management the number of biennial licenses renewed under this 2190  
chapter during the preceding quarter and the amount equal to that 2191  
number times five dollars. 2192

(C) The board may charge a participant in a board-sponsored 2193

continuing education activity an amount not exceeding fifteen 2194  
dollars for each activity. 2195

(D) The board may contract for services pertaining to the 2196  
process of providing written verification of a ~~nursing~~ license, 2197  
~~certificate of authority, dialysis technician certificate, or~~ 2198  
~~community health worker~~ certificate when the verification is 2199  
performed for purposes other than providing verification to 2200  
another jurisdiction. The contract may include provisions 2201  
pertaining to the collection of the fee charged for providing the 2202  
written verification. As part of these provisions, the board may 2203  
permit the contractor to retain a portion of the fees as 2204  
compensation, before any amounts are deposited into the state 2205  
treasury. 2206

**Sec. 4723.09.** (A)(1) An application for licensure by 2207  
examination to practice as a registered nurse or as a licensed 2208  
practical nurse shall be submitted to the board of nursing in the 2209  
form prescribed by rules of the board. The application shall 2210  
include evidence that the applicant has completed ~~requirements of~~ 2211  
a nursing education program approved by the board ~~or approved by~~ 2212  
~~another jurisdiction's~~ under division (A) of section 4723.06 of 2213  
the Revised Code or by a board that regulates nurse licensure of 2214  
another jurisdiction that is a member of the national council of 2215  
state boards of nursing. The application also shall include any 2216  
other information required by rules of the board. The application 2217  
shall be accompanied by the application fee required by section 2218  
4723.08 of the Revised Code. 2219

(2) The board shall grant a license to practice nursing as a 2220  
registered nurse or as a licensed practical nurse if all of the 2221  
following apply: 2222

(a) For all applicants, the applicant passes the examination 2223  
accepted by the board under section 4723.10 of the Revised Code. 2224

(b) For an applicant who entered a prelicensure nursing education program on or after June 1, 2003, the results of a criminal records check of the applicant that is completed by the bureau of criminal identification and investigation and includes a check of federal bureau of investigation records and that the bureau submits to the board indicates that the applicant has not been convicted of, has not pleaded guilty to, and has not had a judicial finding of guilt for violating section 2903.01, 2903.02, 2903.03, 2903.11, 2905.01, 2907.02, 2907.03, 2907.05, 2909.02, 2911.01, or 2911.11 of the Revised Code or a substantially similar law of another state, the United States, or another country conducted in accordance with section 4723.091 of the Revised Code demonstrate that the applicant is not ineligible for licensure as specified in section 4723.092 of the Revised Code.

(c) For all applicants, the board determines that the applicant has not committed any act that is grounds for disciplinary action under section 3123.47 or 4723.28 of the Revised Code or determines that an applicant who has committed any act that is grounds for disciplinary action under either section has made restitution or has been rehabilitated, or both.

(d) For all applicants, the applicant is not required to register under Chapter 2950. of the Revised Code or a substantially similar law of another state, the United States, or another country.

(3) The board is not required to afford an adjudication to an individual to whom it has refused to grant a license because of that individual's failure to pass the examination.

(B)(1) An application for license by endorsement to practice nursing as a registered nurse or as a licensed practical nurse shall be submitted to the board in the form prescribed by rules of the board ~~and shall be accompanied by the application fee required by section 4723.08 of the Revised Code.~~ The application shall

include evidence that the applicant holds a current, valid, and 2257  
unrestricted license ~~in good standing~~ in another jurisdiction 2258  
granted after passing an examination approved by the board of that 2259  
jurisdiction that is equivalent to the examination requirements 2260  
under this chapter for a license to practice nursing as a 2261  
registered nurse or licensed practical nurse ~~and~~. The application 2262  
shall include any other information required by rules of the board 2263  
~~of nursing~~. The application shall be accompanied by the 2264  
application fee required by section 4723.08 of the Revised Code. 2265

(2) The board shall grant a license by endorsement to 2266  
practice nursing as a registered nurse or as a licensed practical 2267  
nurse if ~~the applicant is licensed or certified by another~~ 2268  
~~jurisdiction and the board determines, pursuant to rules~~ 2269  
~~established under section 4723.07 of the Revised Code, that all of~~ 2270  
the following apply: 2271

~~(1)(a)~~ For all applicants, ~~the educational preparation of the~~ 2272  
~~applicant is substantially similar to the minimum curricula and~~ 2273  
~~standards for~~ provides evidence satisfactory to the board that the 2274  
applicant has successfully completed a nursing education programs 2275  
~~established by~~ program approved by the board under division (A) of 2276  
section ~~4723.07~~ 4723.06 of the Revised Code or by a board of 2277  
another jurisdiction that is a member of the national council of 2278  
state boards of nursing. 2279

~~(2)(b)~~ For all applicants, the examination, at the time it is 2280  
successfully completed, is equivalent to the examination 2281  
requirements in effect at that time for applicants who were 2282  
licensed by examination in this state. 2283

~~(3)(c)~~ For all applicants, the board determines there is 2284  
sufficient evidence that the applicant completed two contact hours 2285  
of continuing education directly related to this chapter or the 2286  
rules adopted under it. 2287

(d) For all applicants, the results of a criminal records 2288  
check of the applicant that is completed by the bureau of criminal 2289  
identification and investigation and includes a check of federal 2290  
bureau of investigation records and that the bureau submits to the 2291  
board indicates that the applicant has not been convicted of, has 2292  
not pleaded guilty to, and has not had a judicial finding of guilt 2293  
for violating section 2903.01, 2903.02, 2903.03, 2903.11, 2905.01, 2294  
2907.02, 2907.03, 2907.05, 2909.02, 2911.01, or 2911.11 of the 2295  
Revised Code or a substantially similar law of another state, the 2296  
United States, or another country conducted in accordance with 2297  
section 4723.091 of the Revised Code demonstrate that the 2298  
applicant is not ineligible for licensure as specified in section 2299  
4723.092 of the Revised Code. 2300

~~(4)~~(e) For all applicants, the applicant has not committed 2301  
any act that is grounds for disciplinary action under section 2302  
3123.47, or 4723.28, or 4723.281 of the Revised Code, or the board 2303  
determines that an applicant who has committed any act that is 2304  
grounds for disciplinary action under ~~any~~ either of those sections 2305  
has made restitution or has been rehabilitated, or both. 2306

(f) For all applicants, the applicant is not required to 2307  
register under Chapter 2950. of the Revised Code, or a 2308  
substantially similar law of another state, the United States, or 2309  
another country. 2310

(C) The board may grant a nonrenewable temporary permit to 2311  
practice nursing as a registered nurse or as a licensed practical 2312  
nurse to an applicant for license by endorsement if the board is 2313  
satisfied by the evidence that the applicant holds a current, 2314  
active valid, and unrestricted license ~~in good standing~~ in another 2315  
jurisdiction. Subject to earlier automatic termination as 2316  
described in this paragraph, the temporary permit shall expire at 2317  
the earlier of one hundred eighty days after issuance or upon the 2318  
issuance of a license by endorsement. The temporary permit shall 2319

terminate automatically if the criminal records check completed by 2320  
the bureau of criminal identification and investigation as 2321  
described in ~~this~~ section 4723.091 of the Revised Code regarding 2322  
the applicant indicates that the applicant ~~previously has been~~ 2323  
~~convicted of, pleaded guilty to, or had a judicial finding of~~ 2324  
~~guilt for a violation of section 2903.01, 2903.02, 2903.03,~~ 2325  
~~2903.11, 2905.01, 2907.02, 2907.03, 2907.05, 2909.02, 2911.01, or~~ 2326  
~~2911.11 of the Revised Code or a substantially similar law of~~ 2327  
~~another state, the United States, or another country~~ is ineligible 2328  
for licensure as specified in section 4723.092 of the Revised 2329  
Code. An applicant whose temporary permit is automatically 2330  
terminated is permanently prohibited from obtaining a license to 2331  
practice nursing in this state as a registered nurse or as a 2332  
licensed practical nurse. 2333

~~(C) An applicant under this section shall submit a request to 2334  
the bureau of criminal identification and investigation for a 2335  
criminal records check of the applicant. The request shall be on 2336  
the form prescribed pursuant to division (C)(1) of section 109.572 2337  
of the Revised Code, accompanied by a standard impression sheet to 2338  
obtain fingerprints prescribed pursuant to division (C)(2) of that 2339  
section, and accompanied by the fee prescribed pursuant to 2340  
division (C)(3) of that section. Upon receipt of the completed 2341  
form, the completed impression sheet, and the fee, the bureau 2342  
shall conduct a criminal records check of the applicant. Upon 2343  
completion of the criminal records check, the bureau shall send 2344  
the results of the check to the board. An applicant requesting a 2345  
criminal records check under this division shall ask the 2346  
superintendent of the bureau of criminal identification and 2347  
investigation to also request the federal bureau of investigation 2348  
to provide the superintendent with any information it has with 2349  
respect to the applicant. 2350~~

~~The results of any criminal records check conducted pursuant 2351~~

~~to a request made under this section, and any report containing~~ 2352  
~~those results, are not public records for purposes of section~~ 2353  
~~149.43 of the Revised Code and shall not be made available to any~~ 2354  
~~person or for any purpose other than the following:~~ 2355

~~(1) The results may be made available to any person for use~~ 2356  
~~in determining under this section and division (N) of section~~ 2357  
~~4723.28 of the Revised Code whether the individual who is the~~ 2358  
~~subject of the check should be granted a license to practice~~ 2359  
~~nursing as a registered nurse or as a licensed practical nurse or~~ 2360  
~~whether any temporary permit granted to the individual under this~~ 2361  
~~section has terminated automatically.~~ 2362

~~(2) The results may be made available to the individual who~~ 2363  
~~is the subject of the check or that individual's representative.~~ 2364

Sec. 4723.091. (A) An individual who applies for licensure 2365  
under section 4723.09 of the Revised Code; issuance of a 2366  
certificate under section 4723.651, 4723.75, 4723.76, or 4723.85 2367  
of the Revised Code; reactivation of a license, under division (D) 2368  
of section 4723.24 of the Revised Code, that has been inactive for 2369  
at least five years; or reinstatement of a license, under division 2370  
(D) of section 4723.24 of the Revised Code, that has been expired 2371  
for at least five years shall submit a request to the bureau of 2372  
criminal identification and investigation for a criminal records 2373  
check of the applicant. The request shall be made in accordance 2374  
with section 109.572 of the Revised Code. 2375

(B) An applicant requesting a criminal records check under 2376  
division (A) of this section shall also ask the superintendent of 2377  
the bureau of criminal identification and investigation to request 2378  
that the federal bureau of investigation send to the 2379  
superintendent any information the federal bureau of investigation 2380  
has with respect to the applicant. 2381

(C) On receipt of all items required for the commencement of 2382

a criminal records check pursuant to division (A) of this section, 2383  
the bureau of criminal identification and investigation shall 2384  
conduct a criminal records check of the applicant. On the 2385  
completion of the criminal records check, the bureau shall send 2386  
the results to the board of nursing. 2387

(D) The results of a criminal records check conducted 2388  
pursuant to a request made under division (A) of this section, and 2389  
any report containing those results, are not public records for 2390  
purposes of section 149.43 of the Revised Code and shall not be 2391  
made available to any person or for any purpose other than the 2392  
following: 2393

(1) The results may be made available to any person for use 2394  
in determining under section 4723.09, 4723.651, 4723.75, 4723.76, 2395  
or 4723.85 of the Revised Code whether the individual who is the 2396  
subject of the check should be granted a license or certificate 2397  
under this chapter or whether any temporary permit granted to the 2398  
individual under either of the following has terminated 2399  
automatically: 2400

(a) Section 4723.09 of the Revised Code; 2401

(b) Section 4723.76 of the Revised Code as that section 2402  
existed at any time before the effective date of this section. 2403

(2) The results may be made available to any person for use 2404  
in determining under division (D) of section 4723.24 of the 2405  
Revised Code whether the individual who is the subject of the 2406  
check should have the individual's license or certificate 2407  
reactivated or reinstated. 2408

(3) The results may be made available to any person for use 2409  
in determining under section 4723.28 of the Revised Code whether 2410  
the individual who is the subject of the check should be subject 2411  
to disciplinary action in accordance with that section. 2412

(4) The results may be made available to the individual who 2413

is the subject of the check or that individual's representative. 2414

Sec. 4723.092. An individual is ineligible for licensure 2415  
under section 4723.09 of the Revised Code or issuance of a 2416  
certificate under section 4723.651, 4723.75, 4723.76, or 4723.85 2417  
of the Revised Code if a criminal records check conducted in 2418  
accordance with section 4723.091 of the Revised Code indicates 2419  
that the individual has been convicted of, pleaded guilty to, or 2420  
had a judicial finding of guilt for either of the following: 2421

(A) Violating section 2903.01, 2903.02, 2903.03, 2903.11, 2422  
2905.01, 2907.02, 2907.03, 2907.05, 2909.02, 2911.01, or 2911.11 2423  
of the Revised Code; 2424

(B) Violating a law of another state, the United States, or 2425  
another country that is substantially similar to a law described 2426  
in division (A) of this section. 2427

Sec. 4723.17. The board of nursing shall authorize a licensed 2428  
practical nurse to administer medications if the nurse supplies 2429  
evidence satisfactory to the board that either of the following is 2430  
the case: 2431

(A) The nurse successfully completed, within a practical 2432  
nurse prelicensure education program approved by the board or by 2433  
another jurisdiction's agency that regulates the practice of 2434  
nursing, a course in basic pharmacology. 2435

(B) The nurse successfully completed a postlicensure course 2436  
in basic pharmacology that is acceptable to the board. 2437

~~Sec. 4723.17~~ 4723.18. (A) The board of nursing ~~may~~ shall 2438  
authorize a licensed practical nurse to administer to an adult 2439  
intravenous therapy ~~authorized by an individual who is authorized~~ 2440  
~~to practice in this state and is acting within the course of the~~ 2441  
~~individual's professional practice,~~ if the ~~licensed practical~~ 2442

nurse has a current, valid license issued under this chapter that 2443  
includes authorization to administer medications and one supplies 2444  
evidence satisfactory to the board that all of the following is 2445  
are the case: 2446

(1) The nurse holds a current, valid license issued under 2447  
this chapter to practice nursing as a licensed practical nurse. 2448

(2) The nurse has been authorized under section 4723.18 of 2449  
the Revised Code to administer medications. 2450

(3) ~~The nurse has successfully completed, within a practical~~ 2451  
~~nurse prelicensure education program~~ a course of study in the safe 2452  
performance of intravenous therapy approved by the board ~~or by~~ 2453  
~~another jurisdiction's agency that regulates the practice of~~ 2454  
~~nursing, a course of study that prepares the nurse to safely~~ 2455  
~~perform the intravenous therapy procedures the board may authorize~~ 2456  
~~under this section. To meet this requirement, the course of study~~ 2457  
~~must include all of the following:~~ 2458

~~(a) Both didactic and clinical components;~~ 2459

~~(b) Curriculum requirements established in rules the board of~~ 2460  
~~nursing shall adopt in accordance with Chapter 119. of the Revised~~ 2461  
~~Code;~~ 2462

~~(c) Standards that require the nurse to perform a successful~~ 2463  
~~demonstration of the intravenous procedures, including all skills~~ 2464  
~~needed to perform them safely pursuant to section 4723.19 of the~~ 2465  
~~Revised Code or by an agency in another jurisdiction that~~ 2466  
~~regulates the practice of nursing and has requirements for~~ 2467  
~~intravenous therapy course approval that are substantially similar~~ 2468  
~~to the requirements in division (B) of section 4723.19 of the~~ 2469  
~~Revised Code, as determined by the board.~~ 2470

~~(2)(4)~~ (4) The nurse has successfully completed a minimum of 2471  
forty hours of training that includes all of the following: 2472

(a) The curriculum established by rules adopted by the board	2473
<del>and in effect on January 1, 1999;</del>	2474
(b) Training in the anatomy and physiology of the	2475
cardiovascular system, signs and symptoms of local and systemic	2476
complications in the administration of fluids and antibiotic	2477
additives, and guidelines for management of these complications;	2478
(c) Any other training or instruction the board considers	2479
appropriate- <del>i</del>	2480
(d) A testing component that requires the nurse to perform a	2481
successful demonstration of the intravenous procedures, including	2482
all skills needed to perform them safely.	2483
(B) Except as provided in section <del>4723.171</del> <u>4723.181</u> of the	2484
Revised Code <u>and subject to the restrictions in division (D) of</u>	2485
<u>this section</u> , a licensed practical nurse may perform intravenous	2486
therapy <u>on an adult patient</u> only if authorized by the board	2487
pursuant to division (A) of this section and only <del>if it is</del>	2488
<del>performed in accordance with this section.</del>	2489
<del>A licensed practical nurse authorized by the board to perform</del>	2490
<del>intravenous therapy may perform an intravenous therapy procedure</del>	2491
<del>only</del> at the direction of one of the following:	2492
(1) A licensed physician, dentist, optometrist, or podiatrist	2493
who, except as provided in division (C)(2) of this section, is	2494
present and readily available at the facility where the	2495
intravenous therapy procedure is performed;	2496
(2) A registered nurse in accordance with division (C) of	2497
this section.	2498
(C)(1) Except as provided in division (C)(2) of this section	2499
and section <del>4723.171</del> <u>4723.181</u> of the Revised Code, when a licensed	2500
practical nurse authorized by the board to perform intravenous	2501
therapy performs an intravenous therapy procedure at the direction	2502

of a registered nurse, the registered nurse or another registered  
nurse shall be readily available at the site where the intravenous  
therapy is performed, and before the licensed practical nurse  
initiates the intravenous therapy, the registered nurse shall  
personally perform an on-site assessment of the individual adult  
patient who is to receive the intravenous therapy.

(2) When a licensed practical nurse authorized by the board  
to perform intravenous therapy performs an intravenous therapy  
procedure in a home as defined in section 3721.10 of the Revised  
Code, or in an intermediate care facility for the mentally  
retarded as defined in section 5111.20 of the Revised Code, at the  
direction of a registered nurse or licensed physician, dentist,  
optometrist, or podiatrist, a registered nurse shall be on the  
premises of the home or facility or accessible by some form of  
telecommunication.

(D) No licensed practical nurse shall perform any of the  
following intravenous therapy procedures:

(1) Initiating or maintaining any of the following:

(a) Blood or blood components;

(b) Solutions for total parenteral nutrition;

(c) Any cancer therapeutic medication including, but not  
limited to, cancer chemotherapy or an anti-neoplastic agent;

(d) Solutions administered through any central venous line or  
arterial line or any other line that does not terminate in a  
peripheral vein, except that a licensed practical nurse authorized  
by the board to perform intravenous therapy may maintain the  
solutions specified in division (D)(6)(a) of this section that are  
being administered through a central venous line or peripherally  
inserted central catheter;

(e) Any investigational or experimental medication.

(2) Initiating intravenous therapy in any vein, except that a licensed practical nurse authorized by the board to perform intravenous therapy may initiate intravenous therapy in accordance with this section in a vein of the hand, forearm, or antecubital fossa;

(3) Discontinuing a central venous, arterial, or any other line that does not terminate in a peripheral vein;

(4) Initiating or discontinuing a peripherally inserted central catheter;

(5) Mixing, preparing, or reconstituting any medication for intravenous therapy, except that a licensed practical nurse authorized by the board to perform intravenous therapy may prepare or reconstitute an antibiotic additive;

(6) Administering medication via the intravenous route, including all of the following activities:

(a) Adding medication to an intravenous solution or to an existing infusion, except that a licensed practical nurse authorized by the board to perform intravenous therapy may do ~~either~~ any of the following:

(i) Initiate an intravenous infusion containing one or more of the following elements: dextrose 5%+l normal saline+l lactated ringers+l sodium chloride .45%+l sodium chloride 0.2%+l sterile water-i

(ii) Hang subsequent containers of the intravenous solutions specified in division (D)(6)(a)(i) of this section that contain vitamins or electrolytes, if a registered nurse initiated the infusion of that same intravenous solution-l

~~(b) Initiating or maintaining an intravenous piggyback infusion, except that a licensed practical nurse authorized by the board to perform intravenous therapy may initiate;~~

<u>(iii) Initiate</u> or maintain an intravenous <del>piggyback</del> infusion	2563
containing an antibiotic additive <del>+</del> .	2564
<del>(e)</del> <u>(b)</u> Injecting medication via a direct intravenous route,	2565
except that a licensed practical nurse authorized by the board to	2566
perform intravenous therapy may inject heparin or normal saline to	2567
flush an intermittent infusion device or heparin lock including,	2568
but not limited to, bolus or push.	2569
(7) <del>Aspirating any intravenous line to maintain patency;</del>	2570
<del>(8)</del> Changing tubing on any line including, but not limited	2571
to, an arterial line or a central venous line, except that a	2572
licensed practical nurse authorized by the board to perform	2573
intravenous therapy may change tubing on an intravenous line that	2574
terminates in a peripheral vein;	2575
<del>(9)</del> <u>(8)</u> Programming or setting any function of a patient	2576
controlled infusion pump.	2577
(E) Notwithstanding <del>division</del> <u>divisions (A) and</u> (D) of this	2578
section, at the direction of a physician or a registered nurse, a	2579
licensed practical nurse authorized by the board to perform	2580
intravenous therapy may perform the following activities for the	2581
purpose of performing dialysis:	2582
(1) The routine administration and regulation of saline	2583
solution for the purpose of maintaining an established fluid plan;	2584
(2) The administration of a heparin dose intravenously;	2585
(3) The administration of a heparin dose peripherally via a	2586
fistula needle;	2587
(4) The loading and activation of a constant infusion pump <del>or</del>	2588
<del>the;</del>	2589
<u>(5) The</u> intermittent injection of a dose of medication	2590
<del>prescribed by a licensed physician for dialysis that is</del>	2591
<u>administered via the hemodialysis blood circuit and through the</u>	2592

patient's venous access. 2593

(F) No person shall employ or direct a licensed practical 2594  
nurse to perform an intravenous therapy procedure without first 2595  
verifying that the licensed practical nurse is authorized by the 2596  
board to perform intravenous therapy. 2597

~~(G) The board shall issue an intravenous therapy card to the 2598  
licensed practical nurses authorized pursuant to division (A) of 2599  
this section to perform intravenous therapy. A fee for issuing the 2600  
card shall not be charged under section 4723.08 of the Revised 2601  
Code if the licensed practical nurse receives the card by meeting 2602  
the requirements of division (A)(1) of this section. The board 2603  
shall maintain a registry of the names of licensed practical 2604  
nurses who hold intravenous therapy cards. 2605~~

**Sec. ~~4723.171~~ 4723.181.** (A) A licensed practical nurse may 2606  
perform on any person any of the intravenous therapy procedures 2607  
specified in division (B) of this section without receiving 2608  
authorization to perform intravenous therapy from the board of 2609  
nursing under section ~~4723.17~~ 4723.18 of the Revised Code, if both 2610  
of the following apply: 2611

(1) The licensed practical nurse acts at the direction of a 2612  
registered nurse or a licensed physician, dentist, optometrist, or 2613  
podiatrist and the registered nurse, physician, dentist, 2614  
optometrist, or podiatrist is on the premises where the procedure 2615  
is to be performed or accessible by some form of 2616  
telecommunication. 2617

(2) The licensed practical nurse can demonstrate the 2618  
knowledge, skills, and ability to perform the procedure safely. 2619

(B) The intravenous therapy procedures that a licensed 2620  
practical nurse may perform pursuant to division (A) of this 2621  
section are limited to the following: 2622

- (1) Verification of the type of peripheral intravenous solution being administered; 2623  
2624
- (2) Examination of a peripheral infusion site and the extremity for possible infiltration; 2625  
2626
- (3) Regulation of a peripheral intravenous infusion according to the prescribed flow rate; 2627  
2628
- (4) Discontinuation of a peripheral intravenous device at the appropriate time; 2629  
2630
- (5) Performance of routine dressing changes at the insertion site of a peripheral venous or arterial infusion, peripherally inserted central catheter infusion, or central venous pressure subclavian infusion. 2631  
2632  
2633  
2634

Sec. 4723.19. (A) A person or government entity seeking approval to provide a course of study in the safe performance of intravenous therapy shall apply to the board of nursing in a manner specified by the board. 2635  
2636  
2637  
2638

(B) The board shall approve the applicant to provide a course of study in the safe performance of intravenous therapy if the content of the course of study to be provided includes all of the following: 2639  
2640  
2641  
2642

(1) Didactic and clinical components; 2643

(2) Curriculum requirements established in rules the board shall adopt in accordance with Chapter 119. of the Revised Code; 2644  
2645

(3) Standards that require the nurse to perform a successful demonstration of the intravenous procedures, including all skills needed to perform them safely. 2646  
2647  
2648

Sec. 4723.24. (A) All Except as otherwise specified in this chapter, all active licenses and certificates issued under this chapter shall be renewed biennially according to a schedule 2649  
2650  
2651

established by the board of nursing. The board shall provide an application for renewal to every holder of an active license or certificate, except when the board is aware that an individual is ineligible for license or certificate renewal for any reason, including pending criminal charges in this state or another jurisdiction, failure to comply with a disciplinary order from the board or the terms of a consent agreement entered into with the board, failure to pay fines or fees owed to the board, or failure to provide on the board's request documentation of having completed the continuing nursing education requirements specified in division (C) of this section.

If the board provides a renewal application by mail, the application shall be addressed to the last known post-office address of the license or certificate holder and mailed before the date specified in the board's schedule. Failure of the license or certificate holder to receive an application for renewal from the board shall not excuse the holder from the requirements contained in this section, except as provided in section 5903.10 of the Revised Code.

The license or certificate holder shall complete the renewal form and return it to the ~~treasurer of state~~ board with the renewal fee required by section 4723.08 of the Revised Code on or before the date specified by the board. The license or certificate holder shall report any conviction, plea, or judicial finding regarding a criminal offense that constitutes grounds for the board to impose sanctions under section 4723.28 of the Revised Code since the holder last submitted an application to the board.

~~The treasurer shall immediately forward the renewal application to the board.~~ On receipt of the renewal application, the board shall verify that whether the applicant meets the renewal requirements and, if the applicant meets the requirements, the board shall renew the license or certificate for the following

two-year period. 2684

If a renewal application that meets the renewal requirements 2685  
is submitted after the date specified in the board's schedule, but 2686  
before expiration of the license or certificate, the board shall 2687  
grant a renewal upon payment of the late renewal fee authorized 2688  
under section 4723.08 of the Revised Code. 2689

(B) Every license or certificate holder shall give written 2690  
notice to the board of any change of name or address within thirty 2691  
days of the change. The board shall require the holder to document 2692  
a change of name in a manner acceptable to the board. 2693

(C)(1) Except in the case of a first renewal after licensure 2694  
by examination, to be eligible for renewal of an active license to 2695  
practice nursing as a registered nurse or licensed practical 2696  
nurse, each individual who holds an active license shall, in each 2697  
two-year period specified by the board, complete continuing 2698  
nursing education as follows: 2699

(a) For renewal of a license that was issued for a two-year 2700  
renewal period, twenty-four hours of continuing nursing education; 2701

(b) For renewal of a license that was issued for less than a 2702  
two-year renewal period, the number of hours of continuing nursing 2703  
education specified by the board in rules adopted in accordance 2704  
with Chapter 119. of the Revised Code; 2705

(c) Of the hours of continuing nursing education completed in 2706  
any renewal period, at least one hour of the education must be 2707  
directly related to the statutes and rules pertaining to the 2708  
practice of nursing in this state. 2709

(2) The board shall adopt rules establishing the procedure 2710  
for a license holder to certify to the board completion of the 2711  
required continuing nursing education. The board may conduct a 2712  
random sample of license holders and require that the license 2713  
holders included in the sample submit satisfactory documentation 2714

of having completed the requirements for continuing nursing 2715  
education. On the board's request, a license holder included in 2716  
the sample shall submit the required documentation. 2717

(3) An educational activity may be applied toward meeting the 2718  
continuing nursing education requirement only if it is obtained 2719  
through a program or course approved by the board or a person the 2720  
board has authorized to approve continuing nursing education 2721  
programs and courses. 2722

(4) The continuing education required of a certified 2723  
registered nurse anesthetist, clinical nurse specialist, certified 2724  
nurse-midwife, or certified nurse practitioner to ~~obtain or~~ 2725  
maintain certification by a national certifying organization shall 2726  
be applied toward the continuing education requirements for 2727  
renewal of a license to practice nursing as a registered nurse 2728  
only if it is obtained through a program or course approved by the 2729  
board or a person the board has authorized to approve continuing 2730  
nursing education programs and courses. 2731

(D) Except as otherwise provided in section 4723.28 of the 2732  
Revised Code, a an individual who holds an active license holder 2733  
to practice nursing as a registered nurse or licensed practical 2734  
nurse and who does not intend to practice in Ohio may send to the 2735  
board written notice to that effect on or before the renewal date, 2736  
and the board shall classify the license as inactive. During the 2737  
period that the license is classified as inactive, the holder may 2738  
not engage in the practice of nursing in Ohio and is not required 2739  
to pay the renewal fee. 2740

The holder of an inactive license or an individual who has 2741  
failed to renew the individual's license may have the license 2742  
~~restored or renewed~~ reactivated or reinstated upon ~~meeting~~ doing 2743  
the following, as applicable to the holder or individual: 2744

(1) Applying to the board for license reactivation or 2745

reinstatement on forms provided by the board; 2746

(2) Meeting the requirements for restoring and renewing 2747  
reactivating or reinstating licenses established in rules adopted 2748  
under section 4723.07 of the Revised Code or, if the individual 2749  
did not renew because of service in the armed forces of the United 2750  
States, as provided in section 5903.10 of the Revised Code; 2751

(3) If the license has been inactive for at least five years 2752  
from the date of application for reactivation or has lapsed for at 2753  
least five years from the date of application for reinstatement, 2754  
submitting a request to the bureau of criminal identification and 2755  
investigation for a criminal records check and check of federal 2756  
bureau of investigation records pursuant to section 4723.091 of 2757  
the Revised Code. 2758

**Sec. 4723.271.** The (A) Upon request of the holder of a 2759  
nursing license, certificate of authority, dialysis technician 2760  
certificate, medication aide certificate, or community health 2761  
worker certificate issued under this chapter, the presentment of 2762  
proper identification as prescribed in rules adopted by the board 2763  
of nursing, and payment of the fee authorized under section 2764  
4723.08 of the Revised Code, the board of nursing shall provide to 2765  
the requestor a replacement copy of a nursing license, certificate 2766  
of authority, dialysis technician wall certificate, or community 2767  
health worker certificate issued under this chapter upon request 2768  
of the holder accompanied by proper identification as prescribed 2769  
in rules adopted by the board and payment of the fee authorized 2770  
under section 4723.08 of the Revised Code suitable for framing. 2771

(B) Upon request of the holder of a nursing license, 2772  
certificate of authority, certificate to prescribe, dialysis 2773  
technician certificate, medication aide certificate, or community 2774  
health worker certificate issued under this chapter and payment of 2775  
the fee authorized under section 4723.08 of the Revised Code, the 2776

board shall verify to an agency of another jurisdiction or foreign 2777  
country the fact that the person holds such nursing license, 2778  
certificate of authority, certificate to prescribe, dialysis 2779  
technician certificate, medication aide certificate, or community 2780  
health worker certificate. 2781

**Sec. 4723.28.** (A) The board of nursing, by a vote of a 2782  
quorum, may ~~revoke or may refuse to grant a nursing license,~~ 2783  
~~certificate of authority, or dialysis technician certificate to a~~ 2784  
~~person found by the board to have~~ impose one or more of the 2785  
following sanctions if it finds that a person committed fraud in 2786  
passing an examination required to obtain ~~the~~ a license, 2787  
certificate of authority, or dialysis technician certificate 2788  
issued by the board or to have committed fraud, misrepresentation, 2789  
or deception in applying for or securing any nursing license, 2790  
certificate of authority, or dialysis technician certificate 2791  
issued by the board: deny, revoke, suspend, or place restrictions 2792  
on any nursing license, certificate of authority, or dialysis 2793  
technician certificate issued by the board; reprimand or otherwise 2794  
discipline a holder of a nursing license, certificate of 2795  
authority, or dialysis technician certificate; or impose a fine of 2796  
not more than five hundred dollars per violation. 2797

(B) ~~Subject to division (N) of this section, the~~ The board of 2798  
nursing, by a vote of a quorum, may impose one or more of the 2799  
following sanctions: deny, revoke, suspend, or place restrictions 2800  
on any nursing license, certificate of authority, or dialysis 2801  
technician certificate issued by the board; reprimand or otherwise 2802  
discipline a holder of a nursing license, certificate of 2803  
authority, or dialysis technician certificate; or impose a fine of 2804  
not more than five hundred dollars per violation. The sanctions 2805  
may be imposed for any of the following: 2806

(1) Denial, revocation, suspension, or restriction of 2807

authority to engage in a licensed profession or practice a health 2808  
care occupation, including nursing or practice as a dialysis 2809  
technician, for any reason other than a failure to renew, in Ohio 2810  
or another state or jurisdiction; 2811

(2) Engaging in the practice of nursing or engaging in 2812  
practice as a dialysis technician, having failed to renew a 2813  
nursing license or dialysis technician certificate issued under 2814  
this chapter, or while a nursing license or dialysis technician 2815  
certificate is under suspension; 2816

(3) Conviction of, a plea of guilty to, a judicial finding of 2817  
guilt of, a judicial finding of guilt resulting from a plea of no 2818  
contest to, or a judicial finding of eligibility for a pretrial 2819  
diversion or similar program or for intervention in lieu of 2820  
conviction for, a misdemeanor committed in the course of practice; 2821

(4) Conviction of, a plea of guilty to, a judicial finding of 2822  
guilt of, a judicial finding of guilt resulting from a plea of no 2823  
contest to, or a judicial finding of eligibility for a pretrial 2824  
diversion or similar program or for intervention in lieu of 2825  
conviction for, any felony or of any crime involving gross 2826  
immorality or moral turpitude; 2827

(5) Selling, giving away, or administering drugs or 2828  
therapeutic devices for other than legal and legitimate 2829  
therapeutic purposes; or conviction of, a plea of guilty to, a 2830  
judicial finding of guilt of, a judicial finding of guilt 2831  
resulting from a plea of no contest to, or a judicial finding of 2832  
eligibility for a pretrial diversion or similar program or for 2833  
intervention in lieu of conviction for, violating any municipal, 2834  
state, county, or federal drug law; 2835

(6) Conviction of, a plea of guilty to, a judicial finding of 2836  
guilt of, a judicial finding of guilt resulting from a plea of no 2837  
contest to, or a judicial finding of eligibility for a pretrial 2838

diversion or similar program or for intervention in lieu of 2839  
conviction for, an act in another jurisdiction that would 2840  
constitute a felony or a crime of moral turpitude in Ohio; 2841

(7) Conviction of, a plea of guilty to, a judicial finding of 2842  
guilt of, a judicial finding of guilt resulting from a plea of no 2843  
contest to, or a judicial finding of eligibility for a pretrial 2844  
diversion or similar program or for intervention in lieu of 2845  
conviction for, an act in the course of practice in another 2846  
jurisdiction that would constitute a misdemeanor in Ohio; 2847

(8) Self-administering or otherwise taking into the body any 2848  
dangerous drug, as defined in section 4729.01 of the Revised Code, 2849  
in any way that is not in accordance with a legal, valid 2850  
prescription issued for that individual, or self-administering or 2851  
otherwise taking into the body any drug that is a schedule I 2852  
controlled substance; 2853

(9) Habitual ~~indulgence in the~~ or excessive use of controlled 2854  
substances, other habit-forming drugs, or alcohol or other 2855  
chemical substances to an extent that impairs ~~ability to practice~~ 2856  
the individual's ability to provide safe nursing care or safe 2857  
dialysis care; 2858

(10) Impairment of the ability to practice according to 2859  
acceptable and prevailing standards of safe nursing care or safe 2860  
dialysis care because of ~~habitual or excessive~~ the use of drugs, 2861  
alcohol, or other chemical substances ~~that impair the ability to~~ 2862  
~~practice;~~ 2863

(11) Impairment of the ability to practice according to 2864  
acceptable and prevailing standards of safe nursing care or safe 2865  
dialysis care because of a physical or mental disability; 2866

(12) Assaulting or causing harm to a patient or depriving a 2867  
patient of the means to summon assistance; 2868

(13) ~~Obtaining or attempting to obtain~~ Misappropriation or 2869

<u>attempted misappropriation of</u> money or anything of value <del>by</del>	2870
<del>intentional misrepresentation or material deception</del> in the course	2871
of practice;	2872
(14) Adjudication by a probate court of being mentally ill or	2873
mentally incompetent. The board may <del>restore</del> <u>reinstate</u> the person's	2874
nursing license or dialysis technician certificate upon	2875
adjudication by a probate court of the person's restoration to	2876
competency or upon submission to the board of other proof of	2877
competency.	2878
(15) The suspension or termination of employment by the	2879
department of defense or the veterans administration of the United	2880
States for any act that violates or would violate this chapter;	2881
(16) Violation of this chapter or any rules adopted under it;	2882
(17) Violation of any restrictions placed <u>by the board</u> on a	2883
nursing license or dialysis technician certificate <del>by the board</del> ;	2884
(18) Failure to use universal <del>blood</del> and <del>body fluid</del> <u>standard</u>	2885
precautions established by rules adopted under section 4723.07 of	2886
the Revised Code;	2887
(19) Failure to practice in accordance with acceptable and	2888
prevailing standards of safe nursing care or safe dialysis care;	2889
(20) In the case of a registered nurse, engaging in	2890
activities that exceed the practice of nursing as a registered	2891
nurse;	2892
(21) In the case of a licensed practical nurse, engaging in	2893
activities that exceed the practice of nursing as a licensed	2894
practical nurse;	2895
(22) In the case of a dialysis technician, engaging in	2896
activities that exceed those permitted under section 4723.72 of	2897
the Revised Code;	2898
(23) Aiding and abetting a person in that person's practice	2899

of nursing without a license or practice as a dialysis technician 2900  
without a certificate issued under this chapter; 2901

(24) In the case of a certified registered nurse anesthetist, 2902  
clinical nurse specialist, certified nurse-midwife, or certified 2903  
nurse practitioner, except as provided in division (M) of this 2904  
section, either of the following: 2905

(a) Waiving the payment of all or any part of a deductible or 2906  
copayment that a patient, pursuant to a health insurance or health 2907  
care policy, contract, or plan that covers such nursing services, 2908  
would otherwise be required to pay if the waiver is used as an 2909  
enticement to a patient or group of patients to receive health 2910  
care services from that provider; 2911

(b) Advertising that the nurse will waive the payment of all 2912  
or any part of a deductible or copayment that a patient, pursuant 2913  
to a health insurance or health care policy, contract, or plan 2914  
that covers such nursing services, would otherwise be required to 2915  
pay. 2916

(25) Failure to comply with the terms and conditions of 2917  
participation in the chemical dependency monitoring program 2918  
established under section 4723.35 of the Revised Code; 2919

(26) Failure to comply with the terms and conditions required 2920  
under the practice intervention and improvement program 2921  
established under section 4723.282 of the Revised Code; 2922

(27) In the case of a certified registered nurse anesthetist, 2923  
clinical nurse specialist, certified nurse-midwife, or certified 2924  
nurse practitioner: 2925

(a) Engaging in activities that exceed those permitted for 2926  
the nurse's nursing specialty under section 4723.43 of the Revised 2927  
Code; 2928

(b) Failure to meet the quality assurance standards 2929

established under section 4723.07 of the Revised Code. 2930

(28) In the case of a clinical nurse specialist, certified 2931  
nurse-midwife, or certified nurse practitioner, failure to 2932  
maintain a standard care arrangement in accordance with section 2933  
4723.431 of the Revised Code or to practice in accordance with the 2934  
standard care arrangement; 2935

(29) In the case of a clinical nurse specialist, certified 2936  
nurse-midwife, or certified nurse practitioner who holds a 2937  
certificate to prescribe issued under section 4723.48 of the 2938  
Revised Code, failure to prescribe drugs and therapeutic devices 2939  
in accordance with section 4723.481 of the Revised Code; 2940

(30) Prescribing any drug or device to perform or induce an 2941  
abortion, or otherwise performing or inducing an abortion; 2942

(31) Failure to establish and maintain professional 2943  
boundaries with a patient, as specified in rules adopted under 2944  
section 4723.07 of the Revised Code; 2945

(32) Regardless of whether the contact or verbal behavior is 2946  
consensual, engaging with a patient other than the spouse of the 2947  
registered nurse, licensed practical nurse, or dialysis technician 2948  
in any of the following: 2949

(a) Sexual contact, as defined in section 2907.01 of the 2950  
Revised Code; 2951

(b) Verbal behavior that is sexually demeaning to the patient 2952  
or may be reasonably interpreted by the patient as sexually 2953  
demeaning. 2954

(33) Assisting suicide as defined in section 3795.01 of the 2955  
Revised Code. 2956

(C) Disciplinary actions taken by the board under divisions 2957  
(A) and (B) of this section shall be taken pursuant to an 2958  
adjudication conducted under Chapter 119. of the Revised Code, 2959

except that in lieu of a hearing, the board may enter into a consent agreement with an individual to resolve an allegation of a violation of this chapter or any rule adopted under it. A consent agreement, when ratified by a vote of a quorum, shall constitute the findings and order of the board with respect to the matter addressed in the agreement. If the board refuses to ratify a consent agreement, the admissions and findings contained in the agreement shall be of no effect.

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

In any instance in which the board is required under Chapter 119. of the Revised Code to give notice of an opportunity for a hearing and the applicant, licensee, or license certificate holder does not make a timely request for 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 a vote of a quorum, a final order that contains the board's findings. In the final order, the board may order any of the sanctions listed in division (A) or (B) of this section.

(E) If a criminal action is brought against a registered nurse, licensed practical nurse, or dialysis technician for an act or crime described in divisions (B)(3) to (7) of this section and the action is dismissed by the trial court other than on the merits, the board shall conduct an adjudication to determine whether the registered nurse, licensed practical nurse, or dialysis technician committed the act on which the action was based. If the board determines on the basis of the adjudication that the registered nurse, licensed practical nurse, or dialysis technician committed the act, or if the registered nurse, licensed

practical nurse, or dialysis technician fails to participate in 2992  
the adjudication, the board may take action as though the 2993  
registered nurse, licensed practical nurse, or dialysis technician 2994  
had been convicted of the act. 2995

If the board takes action on the basis of a conviction, plea, 2996  
or a judicial finding as described in divisions (B)(3) to (7) of 2997  
this section that is overturned on appeal, the registered nurse, 2998  
licensed practical nurse, or dialysis technician may, on 2999  
exhaustion of the appeal process, petition the board for 3000  
reconsideration of its action. On receipt of the petition and 3001  
supporting court documents, the board shall temporarily rescind 3002  
its action. If the board determines that the decision on appeal 3003  
was a decision on the merits, it shall permanently rescind its 3004  
action. If the board determines that the decision on appeal was 3005  
not a decision on the merits, it shall conduct an adjudication to 3006  
determine whether the registered nurse, licensed practical nurse, 3007  
or dialysis technician committed the act on which the original 3008  
conviction, plea, or judicial finding was based. If the board 3009  
determines on the basis of the adjudication that the registered 3010  
nurse, licensed practical nurse, or dialysis technician committed 3011  
such act, or if the registered nurse, licensed practical nurse, or 3012  
dialysis technician does not request an adjudication, the board 3013  
shall reinstate its action; otherwise, the board shall permanently 3014  
rescind its action. 3015

Notwithstanding the provision of division (C)(2) of section 3016  
2953.32 of the Revised Code specifying that if records pertaining 3017  
to a criminal case are sealed under that section the proceedings 3018  
in the case shall be deemed not to have occurred, sealing of the 3019  
following records ~~of a conviction~~ on which the board has based an 3020  
action under this section shall have no effect on the board's 3021  
action or any sanction imposed by the board under this section: 3022  
records of any conviction, guilty plea, judicial finding of guilt 3023

resulting from a plea of no contest, or a judicial finding of 3024  
eligibility for a pretrial diversion program or intervention in 3025  
lieu of conviction. 3026

The board shall not be required to seal, destroy, redact, or 3027  
otherwise modify its records to reflect the court's sealing of 3028  
conviction records. 3029

(F) The board may investigate an individual's criminal 3030  
background in performing its duties under this section. As part of 3031  
such investigation, the board may order the individual to submit, 3032  
at the individual's expense, a request to the bureau of criminal 3033  
identification and investigation for a criminal records check and 3034  
check of federal bureau of investigation records in accordance 3035  
with the procedure described in section 4723.091 of the Revised 3036  
Code. 3037

(G) During the course of an investigation conducted under 3038  
this section, the board may compel any registered nurse, licensed 3039  
practical nurse, or dialysis technician or applicant under this 3040  
chapter to submit to a mental or physical examination, or both, as 3041  
required by the board and at the expense of the individual, if the 3042  
board finds reason to believe that the individual under 3043  
investigation may have a physical or mental impairment that may 3044  
affect the individual's ability to provide safe nursing care. 3045  
Failure of any individual to submit to a mental or physical 3046  
examination when directed constitutes an admission of the 3047  
allegations, unless the failure is due to circumstances beyond the 3048  
individual's control, and a default and final order may be entered 3049  
without the taking of testimony or presentation of evidence. 3050

If the board finds that an individual is impaired, the board 3051  
shall require the individual to submit to care, counseling, or 3052  
treatment approved or designated by the board, as a condition for 3053  
initial, continued, reinstated, or renewed authority to practice. 3054  
The individual shall be afforded an opportunity to demonstrate to 3055

the board that the individual can begin or resume the individual's 3056  
occupation in compliance with acceptable and prevailing standards 3057  
of care under the provisions of the individual's authority to 3058  
practice. 3059

For purposes of this division, any registered nurse, licensed 3060  
practical nurse, or dialysis technician or applicant under this 3061  
chapter shall be deemed to have given consent to submit to a 3062  
mental or physical examination when directed to do so in writing 3063  
by the board, and to have waived all objections to the 3064  
admissibility of testimony or examination reports that constitute 3065  
a privileged communication. 3066

(H) The board shall investigate evidence that appears to show 3067  
that any person has violated any provision of this chapter or any 3068  
rule of the board. Any person may report to the board any 3069  
information the person may have that appears to show a violation 3070  
of any provision of this chapter or rule of the board. In the 3071  
absence of bad faith, any person who reports such information or 3072  
who testifies before the board in any adjudication conducted under 3073  
Chapter 119. of the Revised Code shall not be liable for civil 3074  
damages as a result of the report or testimony. 3075

(I) All of the following apply under this chapter with 3076  
respect to the confidentiality of information: 3077

(1) Information received by the board pursuant to a complaint 3078  
or an investigation is confidential and not subject to discovery 3079  
in any civil action, except that the board may disclose 3080  
information to law enforcement officers and government entities 3081  
~~investigating~~ for purposes of an investigation of either a 3082  
licensed health care professional, including a registered nurse, 3083  
licensed practical nurse, or dialysis technician, or a person who 3084  
may have engaged in the unauthorized practice of nursing or 3085  
dialysis care. No law enforcement officer or government entity 3086  
with knowledge of any information disclosed by the board pursuant 3087

to this division shall divulge the information to any other person 3088  
or government entity except for the purpose of a government 3089  
investigation, a prosecution, or an adjudication by a court or 3090  
government entity. 3091

(2) If an investigation requires a review of patient records, 3092  
the investigation and proceeding shall be conducted in such a 3093  
manner as to protect patient confidentiality. 3094

(3) All adjudications and investigations of the board shall 3095  
be considered civil actions for the purposes of section 2305.252 3096  
of the Revised Code. 3097

(4) Any board activity that involves continued monitoring of 3098  
an individual as part of or following any disciplinary action 3099  
taken under this section shall be conducted in a manner that 3100  
maintains the individual's confidentiality. Information received 3101  
or maintained by the board with respect to the board's monitoring 3102  
activities is ~~confidential~~ and not subject to discovery in any 3103  
civil action and is confidential, except that the board may 3104  
disclose information to law enforcement officers and government 3105  
entities for purposes of an investigation of a licensee or 3106  
certificate holder. 3107

(J) Any action taken by the board under this section 3108  
resulting in a suspension from practice shall be accompanied by a 3109  
written statement of the conditions under which the person may be 3110  
reinstated to practice. 3111

(K) When the board refuses to grant a license or certificate 3112  
to an applicant, revokes a license or certificate, or refuses to 3113  
reinstate a license or certificate, the board may specify that its 3114  
action is permanent. An individual subject to permanent action 3115  
taken by the board is forever ineligible to hold a license or 3116  
certificate of the type that was refused or revoked and the board 3117  
shall not accept from the individual an application for 3118

reinstatement of the license or certificate or for a new license 3119  
or certificate. 3120

(L) No unilateral surrender of a nursing license, certificate 3121  
of authority, or dialysis technician certificate issued under this 3122  
chapter shall be effective unless accepted by majority vote of the 3123  
board. No application for a nursing license, certificate of 3124  
authority, or dialysis technician certificate issued under this 3125  
chapter may be withdrawn without a majority vote of the board. The 3126  
board's jurisdiction to take disciplinary action under this 3127  
section is not removed or limited when an individual has a license 3128  
or certificate classified as inactive or fails to renew a license 3129  
or certificate. 3130

(M) Sanctions shall not be imposed under division (B)(24) of 3131  
this section against any licensee who waives deductibles and 3132  
copayments as follows: 3133

(1) In compliance with the health benefit plan that expressly 3134  
allows such a practice. Waiver of the deductibles or copayments 3135  
shall be made only with the full knowledge and consent of the plan 3136  
purchaser, payer, and third-party administrator. Documentation of 3137  
the consent shall be made available to the board upon request. 3138

(2) For professional services rendered to any other person 3139  
licensed pursuant to this chapter to the extent allowed by this 3140  
chapter and the rules of the board. 3141

~~(N)(1) Any person who enters a prelicensure nursing education 3142  
program on or after June 1, 2003, and who subsequently applies 3143  
under division (A) of section 4723.09 of the Revised Code for 3144  
licensure to practice as a registered nurse or as a licensed 3145  
practical nurse and any person who applies under division (B) of 3146  
that section for license by endorsement to practice nursing as a 3147  
registered nurse or as a licensed practical nurse shall submit a 3148  
request to the bureau of criminal identification and investigation 3149~~

~~for the bureau to conduct a criminal records check of the 3150  
applicant and to send the results to the board, in accordance with 3151  
section 4723.09 of the Revised Code. 3152~~

~~The board shall refuse to grant a license to practice nursing 3153  
as a registered nurse or as a licensed practical nurse under 3154  
section 4723.09 of the Revised Code to a person who entered a 3155  
prelicensure nursing education program on or after June 1, 2003, 3156  
and applied under division (A) of section 4723.09 of the Revised 3157  
Code for the license or a person who applied under division (B) of 3158  
that section for the license, if the criminal records check 3159  
performed in accordance with division (C) of that section 3160  
indicates that the person has pleaded guilty to, been convicted 3161  
of, or has had a judicial finding of guilt for violating section 3162  
2903.01, 2903.02, 2903.03, 2903.11, 2905.01, 2907.02, 2907.03, 3163  
2907.05, 2909.02, 2911.01, or 2911.11 of the Revised Code or a 3164  
substantially similar law of another state, the United States, or 3165  
another country. 3166~~

~~(2) Any person who enters a dialysis training program on or 3167  
after June 1, 2003, and who subsequently applies for a certificate 3168  
to practice as a dialysis technician shall submit a request to the 3169  
bureau of criminal identification and investigation for the bureau 3170  
to conduct a criminal records check of the applicant and to send 3171  
the results to the board, in accordance with section 4723.75 of 3172  
the Revised Code. 3173~~

~~The board shall refuse to issue a certificate to practice as 3174  
a dialysis technician under section 4723.75 of the Revised Code to 3175  
a person who entered a dialysis training program on or after June 3176  
1, 2003, and whose criminal records check performed in accordance 3177  
with division (C) of that section indicates that the person has 3178  
pleaded guilty to, been convicted of, or has had a judicial 3179  
finding of guilt for violating section 2903.01, 2903.02, 2903.03, 3180  
2903.11, 2905.01, 2907.02, 2907.03, 2907.05, 2909.02, 2911.01, or 3181~~

~~2911.11 of the Revised Code or a substantially similar law of~~ 3182  
~~another state, the United States, or another country.~~ 3183

**Sec. 4723.32.** This chapter does not prohibit any of the 3184  
following: 3185

(A) The practice of nursing by a student currently enrolled 3186  
in and actively pursuing completion of a prelicensure nursing 3187  
education program, if all of the following are the case: 3188

(1) The student is participating in a program located in this 3189  
state and approved by the board of nursing or participating in 3190  
this state in a component of a program located in another 3191  
jurisdiction and approved by a board that is a member of the 3192  
national council of state boards of nursing; 3193

(2) The student's practice is under the auspices of the 3194  
program; 3195

(3) The student acts under the supervision of a registered 3196  
nurse serving for the program as a faculty member or teaching 3197  
assistant. 3198

(B) The rendering of medical assistance to a licensed 3199  
physician, licensed dentist, or licensed podiatrist by a person 3200  
under the direction, supervision, and control of such licensed 3201  
physician, dentist, or podiatrist; 3202

(C) The activities of persons employed as nursing aides, 3203  
attendants, orderlies, or other auxiliary workers in patient 3204  
homes, nurseries, nursing homes, hospitals, home health agencies, 3205  
or other similar institutions; 3206

(D) The provision of nursing services to family members or in 3207  
emergency situations; 3208

(E) The care of the sick when done in connection with the 3209  
practice of religious tenets of any church and by or for its 3210  
members; 3211

(F) The practice of nursing as a certified registered nurse 3212  
anesthetist, clinical nurse specialist, certified nurse-midwife, 3213  
or certified nurse practitioner by a student currently enrolled in 3214  
and actively pursuing completion of a program of study leading to 3215  
initial authorization by the board of nursing to practice nursing 3216  
in the specialty, if all of the following are the case: 3217

(1) The program qualifies the student to sit for the 3218  
examination of a national certifying organization ~~listed in~~ 3219  
~~division (A)(3) of section 4723.41 of the Revised Code or approved~~ 3220  
by the board under section 4723.46 of the Revised Code or the 3221  
program prepares the student to receive a master's degree in 3222  
accordance with division (A)(2) of section 4723.41 of the Revised 3223  
Code; 3224

(2) The student's practice is under the auspices of the 3225  
program; 3226

(3) The student acts under the supervision of a registered 3227  
nurse serving for the program as a faculty member, teaching 3228  
assistant, or preceptor. 3229

(G) The activities of an individual who currently holds a 3230  
license to practice nursing in another jurisdiction, if the 3231  
individual's license has not been revoked, the individual is not 3232  
currently under suspension or on probation, the individual does 3233  
not represent the individual as being licensed under this chapter, 3234  
and one of the following is the case: 3235

(1) The individual is engaging in the practice of nursing by 3236  
discharging official duties while employed by or under contract 3237  
with the United States government or any agency thereof; 3238

(2) The individual is engaging in the practice of nursing as 3239  
an employee of an individual, agency, or corporation located in 3240  
the other jurisdiction in a position with employment 3241  
responsibilities that include transporting patients into, out of, 3242

or through this state, as long as each trip in this state does not 3243  
exceed seventy-two hours; 3244

(3) The individual is consulting with an individual licensed 3245  
in this state to practice any health-related profession; 3246

(4) The individual is engaging in activities associated with 3247  
teaching in this state as a guest lecturer at or for a nursing 3248  
education program, continuing nursing education program, or 3249  
in-service presentation; 3250

(5) The individual is conducting evaluations of nursing care 3251  
that are undertaken on behalf of an accrediting organization, 3252  
including the national league for nursing accrediting committee, 3253  
the joint commission on accreditation of healthcare organizations, 3254  
or any other nationally recognized accrediting organization; 3255

(6) The individual is providing nursing care to an individual 3256  
who is in this state on a temporary basis, not to exceed six 3257  
months in any one calendar year, if the nurse is directly employed 3258  
by or under contract with the individual or a guardian or other 3259  
person acting on the individual's behalf; 3260

(7) The individual is providing nursing care during any 3261  
disaster, natural or otherwise, that has been officially declared 3262  
to be a disaster by a public announcement issued by an appropriate 3263  
federal, state, county, or municipal official. 3264

(H) The administration of medication by an individual who 3265  
holds a valid medication aide certificate issued under this 3266  
chapter, if the medication is administered to a resident of a 3267  
nursing home or residential care facility authorized by section 3268  
~~4723.63~~ or 4723.64 of the Revised Code to use a certified 3269  
medication aide and the medication is administered in accordance 3270  
with section 4723.67 of the Revised Code. 3271

**Sec. 4723.34.** (A) ~~Reports to the board of nursing shall be~~ 3272

~~made as follows:~~ 3273

~~(1) Every employer of A person or governmental entity that 3274  
employs, or contracts directly or through another person or 3275  
governmental entity for the provision of services by, registered 3276  
nurses, licensed practical nurses, ~~or~~ dialysis technicians, 3277  
medication aides, or certified community health workers and that 3278  
knows or has reason to believe that a current or former employee 3279  
or person providing services under a contract who holds a license 3280  
or certificate issued under this chapter engaged in conduct that 3281  
would be grounds for disciplinary action by the board of nursing 3282  
under this chapter or rules adopted under it shall report to the 3283  
board of nursing the name of ~~any~~ such current or former employee 3284  
who holds a nursing license or dialysis technician certificate 3285  
~~issued under this chapter who has engaged in conduct that would be~~ 3286  
~~grounds for disciplinary action by the board under section 4723.28~~ 3287  
~~of the Revised Code~~ or person providing services under a contract. 3288  
The report shall be made on the person's or governmental entity's 3289  
behalf by an individual licensed by the board who the person or 3290  
governmental entity has designated to make such reports. 3291~~

~~Every employer of certified community health workers shall~~ 3292  
~~report to the board the name of any current or former employee who~~ 3293  
~~holds a community health worker certificate issued under this~~ 3294  
~~chapter who has engaged in conduct that would be grounds for~~ 3295  
~~disciplinary action by the board under section 4723.86 of the~~ 3296  
~~Revised Code.~~ 3297

~~Every employer of medication aides shall report to the board~~ 3298  
~~the name of any current or former employee who holds a medication~~ 3299  
~~aide certificate issued under this chapter who has engaged in~~ 3300  
~~conduct that would be grounds for disciplinary action by the board~~ 3301  
~~under section 4723.652 of the Revised Code.~~ 3302

~~(2) Nursing associations shall report to the board the name~~ 3303  
~~of any registered nurse or licensed practical nurse and dialysis~~ 3304

~~technician associations shall report to the board the name of any 3305  
dialysis technician who has been investigated and found to 3306  
constitute a danger to the public health, safety, and welfare 3307  
because of conduct that would be grounds for disciplinary action 3308  
by the board under section 4723.28 of the Revised Code, except 3309  
that an association is not required to report the individual's 3310  
name if the individual is maintaining satisfactory participation 3311  
in a peer support program approved by the board under rules 3312  
adopted under section 4723.07 of the Revised Code. 3313~~

~~Community health worker associations shall report to the 3314  
board the name of any certified community health worker who has 3315  
been investigated and found to constitute a danger to the public 3316  
health, safety, and welfare because of conduct that would be 3317  
grounds for disciplinary action by the board under section 4723.86 3318  
of the Revised Code, except that an association is not required to 3319  
report the individual's name if the individual is maintaining 3320  
satisfactory participation in a peer support program approved by 3321  
the board under rules adopted under section 4723.07 of the Revised 3322  
Code. 3323~~

~~Medication aide associations shall report to the board the 3324  
name of any medication aide who has been investigated and found to 3325  
constitute a danger to the public health, safety, and welfare 3326  
because of conduct that would be grounds for disciplinary action 3327  
by the board under section 4723.652 of the Revised Code, except 3328  
that an association is not required to report the individual's 3329  
name if the individual is maintaining satisfactory participation 3330  
in a peer support program approved by the board under rules 3331  
adopted under section 4723.69 of the Revised Code. 3332~~

~~(3) If the A prosecutor in a case described in divisions 3333  
(B)(3) to (5) of section 4723.28 of the Revised Code, or in a case 3334  
where the trial court issued an order of dismissal upon technical 3335  
or procedural grounds of a charge of a misdemeanor committed in 3336~~

the course of practice, a felony charge, or a charge of gross 3337  
immorality or moral turpitude, who knows or has reason to believe 3338  
that the person charged is licensed under this chapter to practice 3339  
nursing as a registered nurse or as a licensed practical nurse or 3340  
holds a certificate issued under this chapter to practice as a 3341  
dialysis technician, ~~the prosecutor~~ shall notify the board of 3342  
nursing of the charge. With regard to certified community health 3343  
workers and medication aides, ~~if~~ the prosecutor in a case 3344  
involving a charge of a misdemeanor committed in the course of 3345  
employment, a felony charge, or a charge of gross immorality or 3346  
moral turpitude, including a case dismissed on technical or 3347  
procedural grounds, who knows or has reason to believe that the 3348  
person charged holds a community health worker or medication aide 3349  
certificate issued under this chapter, ~~the prosecutor~~ shall notify 3350  
the board of the charge. 3351

Each notification ~~required by this division~~ from a prosecutor 3352  
shall be made on forms prescribed and provided by the board. The 3353  
report shall include the name and address of the license or 3354  
certificate holder, the charge, and the certified court documents 3355  
recording the action. 3356

(B) If any person or governmental entity fails to provide a 3357  
report required by this section, the board may seek an order from 3358  
a court of competent jurisdiction compelling submission of the 3359  
report. 3360

**Sec. 4723.35.** (A) As used in this section, "chemical 3361  
dependency" means either of the following: 3362

(1) The chronic and habitual use of alcoholic beverages to 3363  
the extent that the user no longer can control the use of alcohol 3364  
or endangers the user's health, safety, or welfare or that of 3365  
others; 3366

(2) The use of a controlled substance as defined in section 3367

3719.01 of the Revised Code, a harmful intoxicant as defined in 3368  
section 2925.01 of the Revised Code, or a dangerous drug as 3369  
defined in section 4729.01 of the Revised Code, to the extent that 3370  
the user becomes physically or psychologically dependent on the 3371  
substance, intoxicant, or drug or endangers the user's health, 3372  
safety, or welfare or that of others. 3373

(B) The board of nursing may abstain from taking disciplinary 3374  
action under section 4723.28 or 4723.86 of the Revised Code 3375  
against an individual with a chemical dependency if it finds that 3376  
the individual can be treated effectively and there is no 3377  
impairment of the individual's ability to practice according to 3378  
acceptable and prevailing standards of safe care. The board shall 3379  
establish a chemical dependency monitoring program to monitor the 3380  
registered nurses, licensed practical nurses, dialysis 3381  
technicians, and certified community health workers against whom 3382  
the board has abstained from taking action. The board shall 3383  
develop the program, select the program's name, and designate a 3384  
coordinator to administer the program. 3385

(C) Determinations regarding an individual's eligibility for 3386  
admission to, continued participation in, and successful 3387  
completion of the monitoring program shall be made by the board's 3388  
supervising member for disciplinary matters in accordance with 3389  
rules adopted under division (D) of this section. 3390

(D) The board shall adopt rules in accordance with Chapter 3391  
119. of the Revised Code that establish the following: 3392

(1) Eligibility requirements for admission to and continued 3393  
participation in the monitoring program; 3394

(2) Terms and conditions that must be met to participate in 3395  
and successfully complete the program; 3396

(3) Procedures for keeping confidential records regarding 3397  
participants; 3398

(4) Any other requirements or procedures necessary to 3399  
establish and administer the program. 3400

~~(D)~~(E)(1) As a condition of being admitted to the monitoring 3401  
program, an individual shall surrender to the program coordinator 3402  
the license or certificate that the individual holds. While the 3403  
surrender is in effect, the individual is prohibited from engaging 3404  
in the practice of nursing, engaging in the provision of dialysis 3405  
care, or engaging in the provision of services that were being 3406  
provided as a certified community health worker. 3407

If the ~~program coordinator~~ board's supervising member for 3408  
disciplinary matters determines that a participant is capable of 3409  
resuming practice according to acceptable and prevailing standards 3410  
of safe care, the program coordinator shall return the 3411  
participant's license or certificate. If the participant violates 3412  
the terms and conditions of resumed practice, the ~~program~~ 3413  
coordinator shall require the participant to surrender the license 3414  
or certificate as a condition of continued participation in the 3415  
program. The coordinator may require the surrender only on the 3416  
approval of the board's supervising member for disciplinary 3417  
matters. 3418

The surrender of a license or certificate on admission to the 3419  
monitoring program or while participating in the program does not 3420  
constitute an action by the board under section 4723.28 or 4723.86 3421  
of the Revised Code. The participant may rescind the surrender at 3422  
any time and the board may proceed by taking action under section 3423  
4723.28 or 4723.86 of the Revised Code. 3424

(2) If the program coordinator determines that a participant 3425  
is significantly out of compliance with the terms and conditions 3426  
for participation, the coordinator shall notify the board's 3427  
supervising member for disciplinary matters and the supervising 3428  
member shall determine whether to temporarily suspend the 3429  
participant's license or certificate. The ~~program coordinator~~ 3430

board shall notify the participant of the suspension by certified 3431  
mail sent to the participant's last known address and shall refer 3432  
the matter to the board for formal action under section 4723.28 or 3433  
4723.86 of the Revised Code. 3434

~~(E)~~(F) All of the following apply with respect to the 3435  
receipt, release, and maintenance of records and information by 3436  
the monitoring program: 3437

(1) The program coordinator shall maintain all program 3438  
records in the board's office, and for each participant, shall 3439  
retain the records for a period of ~~five~~ two years following the 3440  
participant's date of successful completion of the program. 3441

(2) When applying to participate in the monitoring program, 3442  
the applicant shall sign a waiver permitting the ~~program~~ 3443  
~~coordinator~~ board to receive and release information necessary ~~for~~ 3444  
~~the coordinator~~ to determine whether the individual is eligible 3445  
for admission. After being admitted, the participant shall sign a 3446  
waiver permitting the ~~program coordinator~~ board to receive and 3447  
release information necessary to determine whether the individual 3448  
is eligible for continued participation in the program. 3449  
Information that may be necessary for the ~~program coordinator~~ 3450  
board's supervising member for disciplinary matters to determine 3451  
eligibility for admission or continued participation in the 3452  
monitoring program includes, but is not limited to, information 3453  
provided to and by employers, probation officers, law enforcement 3454  
agencies, peer assistance programs, health professionals, and 3455  
treatment providers. No entity with knowledge that the information 3456  
has been provided to the monitoring program shall divulge that 3457  
knowledge to any other person. 3458

(3) Except as provided in division ~~(E)~~(F)(4) of this section, 3459  
all records pertaining to an individual's application for or 3460  
participation in the monitoring program, including medical 3461  
records, treatment records, and mental health records, shall be 3462

confidential. The records are not public records for the purposes 3463  
of section 149.43 of the Revised Code and are not subject to 3464  
discovery by subpoena or admissible as evidence in any judicial 3465  
proceeding. 3466

(4) The ~~program coordinator~~ board may disclose information 3467  
regarding a participant's progress in the program to any person or 3468  
government entity that the participant authorizes in writing to be 3469  
given the information. In disclosing information under this 3470  
division, the ~~coordinator~~ board shall not include any information 3471  
that is protected under section 3793.13 of the Revised Code or any 3472  
federal statute or regulation that provides for the 3473  
confidentiality of medical, mental health, or substance abuse 3474  
records. 3475

~~(F)(G)~~ In the absence of fraud or bad faith, the ~~program~~ 3476  
~~coordinator, the board of nursing, and the board's employees and~~ 3477  
~~representatives as a whole, its individual members, and its~~ 3478  
employees and representatives are not liable for damages in any 3479  
civil action as a result of disclosing information in accordance 3480  
with division ~~(E)(F)~~(4) of this section. In the absence of fraud 3481  
or bad faith, any person reporting to the program with regard to 3482  
an individual's chemical dependence, or the progress or lack of 3483  
progress of that individual with regard to treatment, is not 3484  
liable for damages in any civil action as a result of the report. 3485

**Sec. 4723.41.** (A) Each person who desires to practice nursing 3486  
as a certified nurse-midwife and has not been authorized to 3487  
practice midwifery prior to December 1, 1967, and each person who 3488  
desires to practice nursing as a certified registered nurse 3489  
anesthetist, clinical nurse specialist, or certified nurse 3490  
practitioner shall file with the board of nursing a written 3491  
application for authorization to practice nursing in the desired 3492  
specialty, under oath, on a form prescribed by the board. 3493

Except as provided in ~~divisions~~ division (B), ~~(C), and (D)~~ of 3494  
this section, at the time of making application, the applicant 3495  
shall meet all of the following requirements: 3496

(1) Be a registered nurse; 3497

(2) Submit documentation satisfactory to the board that the 3498  
applicant has earned a graduate degree with a major in a nursing 3499  
specialty or in a related field that qualifies the applicant to 3500  
sit for the certification examination of a national certifying 3501  
organization ~~listed in division (A)(3) of this section or approved~~ 3502  
by the board under section 4723.46 of the Revised Code; 3503

(3) Submit documentation satisfactory to the board of having 3504  
passed the certification examination of ~~one of the following:~~ 3505

~~(a) If the applicant is applying to practice nursing as a 3506  
certified nurse midwife, the American college of nurse midwives or 3507  
another national certifying organization approved by the board 3508  
under section 4723.46 of the Revised Code to examine and certify 3509  
nurse midwives;~~ 3510

~~(b) If the applicant is applying to practice nursing as a 3511  
certified registered nurse anesthetist, the national council on 3512  
certification of nurse anesthetists of the American association of 3513  
nurse anesthetists, the national council on recertification of 3514  
nurse anesthetists of the American association of nurse 3515  
anesthetists, or another national certifying organization approved 3516  
by the board under section 4723.46 of the Revised Code to examine 3517  
and certify registered nurse anesthetists;~~ 3518

~~(c) If the applicant is applying to practice nursing as a 3519  
clinical nurse specialist, the American nurses credentialing 3520  
center or another national certifying organization approved by the 3521  
board under section 4723.46 of the Revised Code to examine and 3522  
certify clinical nurse specialists;~~ 3523

~~(d) If the applicant is applying to practice nursing as a 3524~~

~~certified nurse practitioner, the American nurses credentialing center, the national certification corporation, the national board of pediatric nurse practitioners and associates, or another a national certifying organization approved by the board under section 4723.46 of the Revised Code to examine and certify, as applicable, nurse-midwives, registered nurse anesthetists, clinical nurse specialists, or nurse practitioners-~~;

(4) Submit an affidavit with the application that states all of the following:

(a) That the applicant is the person named in the documents submitted under divisions (A)(2) and (3) of this section and is the lawful possessor thereof;

(b) The applicant's age, residence, the school at which the applicant obtained education in the applicant's nursing specialty, and any other facts that the board requires;

(c) If the applicant is already engaged in the practice of nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, the period during which and the place where the applicant is engaged;

(d) If the applicant is already engaged in the practice of nursing as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, the names and business addresses of the applicant's current collaborating physicians and podiatrists. ~~If the applicant is not yet engaged in the practice of nursing as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, the applicant shall submit the names and business addresses of the applicant's collaborating physicians or podiatrists not later than thirty days after first engaging in the practice. The applicant shall give written notice to the board of any additions or deletions to the~~

~~affidavit of collaborating physicians or podiatrists not later than thirty days after the change takes effect.~~ 3556  
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~~(B) On or before December 31, 2000, the board shall issue to an applicant a certificate of authority to practice nursing as a certified registered nurse anesthetist, certified nurse midwife, or certified nurse practitioner if the applicant complies with all requirements of this section, other than the requirement that the applicant has earned a graduate degree with a major in a nursing specialty or in a related field that qualifies the applicant to sit for the certification examination of a national certifying organization listed in division (A)(3) of this section or approved by the board under section 4723.46 of the Revised Code.~~ 3558  
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~~(C) On or before December 31, 2000, the board shall issue to an applicant a certificate of authority to practice nursing as a clinical nurse specialist if one of the following applies:~~ 3568  
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~~(1) The applicant holds a graduate degree with a major in a clinical area of nursing from an educational institution accredited by a national or regional accrediting organization and complies with all requirements of this section, other than the requirement of having passed a certification examination.~~ 3571  
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~~(2) The applicant holds a graduate degree in nursing or a related field and is certified as a clinical nurse specialist by the American nurses credentialing center or another national certifying organization approved by the board under section 4723.46 of the Revised Code.~~ 3576  
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~~(D) On or before December 31, 2008, the board shall issue to an applicant a certificate of authority to practice nursing as a certified nurse practitioner if the applicant has successfully completed a nurse practitioner certificate program that receives funding under and is employed by a public agency or a private, nonprofit entity that receives funding under Title X of the~~ 3581  
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~~"Public Health Service Act," 42 U.S.C. 300 and 300a-1 (1991), and  
complies with all requirements of this section, other than the  
requirement that the applicant has earned a graduate degree with a  
major in a nursing specialty or a related field.~~

~~(B)(1)~~ A certified registered nurse anesthetist, clinical  
nurse specialist, certified nurse-midwife, or certified nurse  
practitioner who is practicing as such in another jurisdiction may  
apply for a certificate of authority to practice nursing as a  
certified registered nurse anesthetist, clinical nurse specialist,  
certified nurse-midwife, or certified nurse practitioner in this  
state if the nurse meets the requirements for a certificate of  
authority set forth in division (A) of this section or division  
(B)(2) of this section. ~~The~~

(2) If an applicant practicing in another jurisdiction  
applies for a certificate of authority under division (B)(2) of  
this section, the application shall be submitted to the board in  
the form prescribed by rules of the board and be accompanied by  
the application fee required by section 4723.08 of the Revised  
Code. The application shall include evidence that the applicant  
meets the requirements of division (B)(2) of this section, holds a  
license or certificate to practice nursing as a certified  
registered nurse anesthetist, clinical nurse specialist, certified  
nurse-midwife, or certified nurse practitioner in good standing in  
another jurisdiction granted after meeting requirements approved  
by the entity of that jurisdiction that licenses nurses, and other  
information required by rules of the board of nursing.

~~If~~ With respect to the educational requirements and national  
certification requirements that an applicant under division (B)(2)  
of this section must meet, both of the following apply:

(a) If the applicant is a certified registered nurse  
anesthetist, certified nurse-midwife, or certified nurse  
practitioner who, on or before December 31, 2000, ~~met the~~

~~requirements of this section to practice as such and has~~ 3619  
~~maintained obtained certification in the applicant's nursing~~ 3620  
~~specialty with a national certifying organization listed in~~ 3621  
~~division (A)(3) of section 4723.41 of the Revised Code as that~~ 3622  
~~division existed prior to the effective date of this amendment or~~ 3623  
~~that was at that time approved by the board under section 4723.46~~ 3624  
~~of the Revised Code, ~~division (B) of this section shall apply the~~~~ 3625  
~~applicant must have maintained the certification. The applicant is~~ 3626  
~~not required to have earned a graduate degree with a major in a~~ 3627  
~~nursing specialty or in a related field that qualifies the~~ 3628  
~~applicant to sit for the certification examination.~~ 3629

~~(b) If the applicant is a clinical nurse specialist ~~who, on~~~~ 3630  
~~~~or before December 31, 2000, met the requirements of this section~~~~ 3631  
~~~~to practice as such, division (C) of this section shall apply one~~~~ 3632  
~~~~of the following must apply to the applicant:~~~~ 3633

~~(i) On or before December 31, 2000, the applicant obtained a~~ 3634  
~~graduate degree with a major in a clinical area of nursing from an~~ 3635  
~~educational institution accredited by a national or regional~~ 3636  
~~accrediting organization. The applicant is not required to have~~ 3637  
~~passed a certification examination.~~ 3638

~~(ii) On or before December 31, 2000, the applicant obtained a~~ 3639  
~~graduate degree in nursing or a related field and was certified as~~ 3640  
~~a clinical nurse specialist by the American nurses credentialing~~ 3641  
~~center or another national certifying organization that was at~~ 3642  
~~that time approved by the board under section 4723.46 of the~~ 3643  
~~Revised Code.~~ 3644

**Sec. 4723.42.** (A) If the applicant for authorization to 3645  
practice nursing as a certified registered nurse anesthetist, 3646  
clinical nurse specialist, certified nurse-midwife, or certified 3647  
nurse practitioner has met all the requirements of section 4723.41 3648  
of the Revised Code and has paid the fee required by section 3649

4723.08 of the Revised Code, the board of nursing shall issue its certificate of authority to practice nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, which shall designate the nursing specialty the nurse is authorized to practice. The certificate entitles its holder to practice nursing in the specialty designated on the certificate.

The board shall issue or deny its certificate not later than sixty days after receiving all of the documents required by section 4723.41 of the Revised Code.

If an applicant is under investigation for a violation of this chapter, the board shall conclude the investigation not later than ninety days after receipt of all required documents, unless this ninety-day period is extended by written consent of the applicant, or unless the board determines that a substantial question of such a violation exists and the board has notified the applicant in writing of the reasons for the continuation of the investigation. If the board determines that the applicant has not violated this chapter, it shall issue a certificate not later than forty-five days after making that determination.

(B) Authorization to practice nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall be renewed biennially according to rules and a schedule adopted by the board. In providing renewal applications to certificate holders, the board shall follow the procedures it follows under section 4723.24 of the Revised Code in providing renewal applications to license holders. Failure of the certificate holder to receive an application for renewal from the board does not excuse the holder from the requirements of section 4723.44 of the Revised Code.

Not later than the date specified by the board, the holder

shall complete the renewal form and return it to the board with 3681  
all of the following: 3682

(1) The renewal fee required by section 4723.08 of the 3683  
Revised Code; 3684

(2) ~~Except as provided in division (C) of this section,~~ 3685  
~~documentation~~ Documentation satisfactory to the board that the 3686  
holder has maintained certification in the nursing specialty with 3687  
a national certifying organization ~~listed in division (A)(3) of~~ 3688  
~~section 4723.41 of the Revised Code or~~ approved by the board under 3689  
section 4723.46 of the Revised Code; 3690

(3) A list of the names and business addresses of the 3691  
holder's current collaborating physicians and podiatrists, if the 3692  
holder is a clinical nurse specialist, certified nurse-midwife, or 3693  
certified nurse practitioner; 3694

(4) If the holder's certificate was issued under division (C) 3695  
of section 4723.41 of the Revised Code, as that division existed 3696  
at any time before the effective date of this amendment, 3697  
documentation satisfactory to the board that the holder has 3698  
completed continuing education for a clinical nurse specialist as 3699  
required by rule of the board; 3700

~~(5) If the holder's certificate was issued under division (D)~~ 3701  
~~of section 4723.41 of the Revised Code, documentation satisfactory~~ 3702  
~~to the board that the holder has continued employment by a public~~ 3703  
~~agency or a private, nonprofit entity that receives funding under~~ 3704  
~~Title X of the "Public Health Service Act," 42 U.S.C. 300 and~~ 3705  
~~300a-1 (1991).~~ 3706

On receipt of the renewal application, fees, and documents, 3707  
the board shall verify that the applicant holds a current license 3708  
to practice nursing as a registered nurse in this state, and, if 3709  
it so verifies, shall renew the certificate. If an applicant 3710  
submits the completed renewal application after the date specified 3711

in the board's schedule, but before the expiration of the 3712  
certificate, the board shall grant a renewal when the late renewal 3713  
fee required by section 4723.08 of the Revised Code is paid. 3714

An applicant for reinstatement of an expired certificate 3715  
shall submit the reinstatement fee, renewal fee, and late renewal 3716  
fee required by section 4723.08 of the Revised Code. Any holder of 3717  
a certificate who desires inactive status shall give the board 3718  
written notice to that effect. 3719

~~(C) The board shall renew a certificate of authority to 3720  
practice nursing as a clinical nurse specialist issued pursuant to 3721  
division (C) of section 4723.41 of the Revised Code, if the 3722  
certificate holder complies with all renewal requirements of this 3723  
section other than the requirement of having maintained 3724  
certification in the holder's nursing specialty. 3725~~

**Sec. 4723.43.** A certified registered nurse anesthetist, 3726  
clinical nurse specialist, certified nurse-midwife, or certified 3727  
nurse practitioner may provide to individuals and groups nursing 3728  
care that requires knowledge and skill obtained from advanced 3729  
formal education and clinical experience. In this capacity as an 3730  
advanced practice registered nurse, a certified nurse-midwife is 3731  
subject to division (A) of this section, a certified registered 3732  
nurse anesthetist is subject to division (B) of this section, a 3733  
certified nurse practitioner is subject to division (C) of this 3734  
section, and a clinical nurse specialist is subject to division 3735  
(D) of this section. 3736

(A) A nurse authorized to practice as a certified 3737  
nurse-midwife, in collaboration with one or more physicians, may 3738  
provide the management of preventive services and those primary 3739  
care services necessary to provide health care to women 3740  
antepartally, intrapartally, postpartally, and gynecologically, 3741  
consistent with the nurse's education and certification, and in 3742

accordance with rules adopted by the board of nursing. 3743

No certified nurse-midwife may perform version, deliver 3744  
breech or face presentation, use forceps, do any obstetric 3745  
operation, or treat any other abnormal condition, except in 3746  
emergencies. Division (A) of this section does not prohibit a 3747  
certified nurse-midwife from performing episiotomies or normal 3748  
vaginal deliveries, or repairing vaginal tears. A certified 3749  
nurse-midwife who holds a certificate to prescribe issued under 3750  
section 4723.48 of the Revised Code may, in collaboration with one 3751  
or more physicians, prescribe drugs and therapeutic devices in 3752  
accordance with section 4723.481 of the Revised Code. 3753

(B) A nurse authorized to practice as a certified registered 3754  
nurse anesthetist, with the supervision and in the immediate 3755  
presence of a physician, podiatrist, or dentist, may administer 3756  
anesthesia and perform anesthesia induction, maintenance, and 3757  
emergence, and may perform with supervision preanesthetic 3758  
preparation and evaluation, postanesthesia care, and clinical 3759  
support functions, consistent with the nurse's education and 3760  
certification, and in accordance with rules adopted by the board. 3761  
A certified registered nurse anesthetist is not required to obtain 3762  
a certificate to prescribe in order to provide the anesthesia care 3763  
described in this division. 3764

The physician, podiatrist, or dentist supervising a certified 3765  
registered nurse anesthetist must be actively engaged in practice 3766  
in this state. When a certified registered nurse anesthetist is 3767  
supervised by a podiatrist, the nurse's scope of practice is 3768  
limited to the anesthesia procedures that the podiatrist has the 3769  
authority under section 4731.51 of the Revised Code to perform. A 3770  
certified registered nurse anesthetist may not administer general 3771  
anesthesia under the supervision of a podiatrist in a podiatrist's 3772  
office. When a certified registered nurse anesthetist is 3773  
supervised by a dentist, the nurse's scope of practice is limited 3774

to the anesthesia procedures that the dentist has the authority 3775  
under Chapter 4715. of the Revised Code to perform. 3776

(C) A nurse authorized to practice as a certified nurse 3777  
practitioner, in collaboration with one or more physicians or 3778  
podiatrists, may provide preventive and primary care services, 3779  
provide services for acute illnesses, and evaluate and promote 3780  
patient wellness within the nurse's nursing specialty, consistent 3781  
with the nurse's education and certification, and in accordance 3782  
with rules adopted by the board. A certified nurse practitioner 3783  
who holds a certificate to prescribe issued under section 4723.48 3784  
of the Revised Code may, in collaboration with one or more 3785  
physicians or podiatrists, prescribe drugs and therapeutic devices 3786  
in accordance with section 4723.481 of the Revised Code. 3787

When a certified nurse practitioner is collaborating with a 3788  
podiatrist, the nurse's scope of practice is limited to the 3789  
procedures that the podiatrist has the authority under section 3790  
4731.51 of the Revised Code to perform. 3791

(D) A nurse authorized to practice as a clinical nurse 3792  
specialist, in collaboration with one or more physicians or 3793  
podiatrists, may provide and manage the care of individuals and 3794  
groups with complex health problems and provide health care 3795  
services that promote, improve, and manage health care within the 3796  
nurse's nursing specialty, consistent with the nurse's education 3797  
and in accordance with rules adopted by the board. A clinical 3798  
nurse specialist who holds a certificate to prescribe issued under 3799  
section 4723.48 of the Revised Code may, in collaboration with one 3800  
or more physicians or podiatrists, prescribe drugs and therapeutic 3801  
devices in accordance with section 4723.481 of the Revised Code. 3802

When a clinical nurse specialist is collaborating with a 3803  
podiatrist, the nurse's scope of practice is limited to the 3804  
procedures that the podiatrist has the authority under section 3805  
4731.51 of the Revised Code to perform. 3806

Sec. 4723.431. (A) Except as provided in division (D)(1) of 3807  
this section, a clinical nurse specialist, certified 3808  
nurse-midwife, or certified nurse practitioner may practice only 3809  
in accordance with a standard care arrangement entered into with 3810  
each physician or podiatrist with whom the nurse collaborates. A 3811  
copy of the standard care arrangement shall be retained on file at 3812  
each site where the nurse practices. Prior approval of the 3813  
standard care arrangement by the board of nursing is not required, 3814  
but the board may periodically review it for compliance with this 3815  
section. 3816

A clinical nurse specialist, certified nurse-midwife, or 3817  
certified nurse practitioner may enter into a standard care 3818  
arrangement with one or more collaborating physicians or 3819  
podiatrists. Each Not later than thirty days after first engaging 3820  
in the practice of nursing as a clinical nurse specialist, 3821  
certified nurse-midwife, or certified nurse practitioner, the 3822  
nurse shall submit to the board the name and business address of 3823  
each collaborating physician or podiatrist. Thereafter, the nurse 3824  
shall give to the board written notice of any additions or 3825  
deletions to the nurse's collaborating physicians or podiatrists 3826  
not later than thirty days after the change takes effect. 3827

Each collaborating physician or podiatrist must be actively 3828  
engaged in direct clinical practice in this state and practicing 3829  
in a specialty that is the same as or similar to the nurse's 3830  
nursing specialty. If a collaborating physician or podiatrist 3831  
enters into standard care arrangements with more than three nurses 3832  
who hold certificates to prescribe issued under section 4723.48 of 3833  
the Revised Code, the physician or podiatrist shall not 3834  
collaborate at the same time with more than three of the nurses in 3835  
the prescribing component of their practices. 3836

(B) A standard care arrangement shall be in writing and, 3837

except as provided in division (D)(2) of this section, shall 3838  
contain all of the following: 3839

(1) Criteria for referral of a patient by the clinical nurse 3840  
specialist, certified nurse-midwife, or certified nurse 3841  
practitioner to a collaborating physician or podiatrist; 3842

(2) A process for the clinical nurse specialist, certified 3843  
nurse-midwife, or certified nurse practitioner to obtain a 3844  
consultation with a collaborating physician or podiatrist; 3845

(3) A plan for coverage in instances of emergency or planned 3846  
absences of either the clinical nurse specialist, certified 3847  
nurse-midwife, or certified nurse practitioner or a collaborating 3848  
physician or podiatrist that provides the means whereby a 3849  
physician or podiatrist is available for emergency care; 3850

(4) The process for resolution of disagreements regarding 3851  
matters of patient management between the clinical nurse 3852  
specialist, certified nurse-midwife, or certified nurse 3853  
practitioner and a collaborating physician or podiatrist; 3854

(5) A procedure for a regular review of the referrals by the 3855  
clinical nurse specialist, certified nurse-midwife, or certified 3856  
nurse practitioner to other health care professionals and the care 3857  
outcomes for a random sample of all patients seen by the nurse; 3858

(6) If the clinical nurse specialist or certified nurse 3859  
practitioner regularly provides services to infants, a policy for 3860  
care of infants up to age one and recommendations for 3861  
collaborating physician visits for children from birth to age 3862  
three; 3863

(7) Any other criteria required by rule of the board adopted 3864  
pursuant to section 4723.07 or 4723.50 of the Revised Code. 3865

(C) A standard care arrangement entered into pursuant to this 3866  
section may permit a clinical nurse specialist, certified 3867

nurse-midwife, or certified nurse practitioner to supervise 3868  
services provided by a home health agency as defined in section 3869  
3701.881 of the Revised Code. 3870

(D)(1) A clinical nurse specialist who does not hold a 3871  
certificate to prescribe and whose nursing specialty is mental 3872  
health or psychiatric mental health, as determined by the board, 3873  
is not required to enter into a standard care arrangement, but 3874  
shall practice in collaboration with one or more physicians. 3875

(2) If a clinical nurse specialist practicing in either of 3876  
the specialties specified in division (D)(1) of this section holds 3877  
a certificate to prescribe, the nurse shall enter into a standard 3878  
care arrangement with one or more physicians. The standard care 3879  
arrangement must meet the requirements of division (B) of this 3880  
section, but only to the extent necessary to address the 3881  
prescribing component of the nurse's practice. 3882

(E) Nothing in this section prohibits a hospital from hiring 3883  
a clinical nurse specialist, certified nurse-midwife, or certified 3884  
nurse practitioner as an employee and negotiating standard care 3885  
arrangements on behalf of the employee as necessary to meet the 3886  
requirements of this section. A standard care arrangement between 3887  
the hospital's employee and the employee's collaborating physician 3888  
is subject to approval by the medical staff and governing body of 3889  
the hospital prior to implementation of the arrangement at the 3890  
hospital. 3891

**Sec. 4723.44.** (A) No person shall do any of the following 3892  
unless the person holds a current, valid certificate of authority 3893  
to practice nursing as a certified registered nurse anesthetist, 3894  
clinical nurse specialist, certified nurse-midwife, or certified 3895  
nurse practitioner issued by the board of nursing under this 3896  
chapter: 3897

(1) Engage in the practice of nursing as a certified 3898

registered nurse anesthetist, clinical nurse specialist, certified 3899  
nurse-midwife, or certified nurse practitioner for a fee, salary, 3900  
or other consideration, or as a volunteer; 3901

(2) Represent the person as being a certified registered 3902  
nurse anesthetist, clinical nurse specialist, certified 3903  
nurse-midwife, or certified nurse practitioner; 3904

(3) Use any title or initials implying that the person is a 3905  
certified registered nurse anesthetist, clinical nurse specialist, 3906  
certified nurse-midwife, or certified nurse practitioner; 3907

(4) Represent the person as being an advanced practice 3908  
registered nurse; 3909

(5) Use any title or initials implying that the person is an 3910  
advanced practice registered nurse. 3911

(B) No person who is not certified by the national council on 3912  
certification of nurse anesthetists of the American association of 3913  
nurse anesthetists, the national council on recertification of 3914  
nurse anesthetists of the American association of nurse 3915  
anesthetists, or another national certifying organization approved 3916  
by the board under section 4723.46 of the Revised Code shall use 3917  
the title "certified registered nurse anesthetist" or the initials 3918  
"C.R.N.A.," or any other title or initial implying that the person 3919  
has been certified by the council or organization. 3920

(C) No certified registered nurse anesthetist, clinical nurse 3921  
specialist, certified nurse-midwife, or certified nurse 3922  
practitioner shall do any of the following: 3923

(1) Engage, for a fee, salary, or other consideration, or as 3924  
a volunteer, in the practice of a nursing specialty other than the 3925  
specialty designated on the nurse's current, valid certificate of 3926  
authority issued by the board under this chapter; 3927

(2) Represent the person as being authorized to practice any 3928

nursing specialty other than the specialty designated on the 3929  
current, valid certificate of authority; 3930

(3) Use the title "certified registered nurse anesthetist" or 3931  
the initials "N.A." or "C.R.N.A.," the title "clinical nurse 3932  
specialist" or the initials "C.N.S.," the title "certified 3933  
nurse-midwife" or the initials "C.N.M.," the title "certified 3934  
nurse practitioner" or the initials "C.N.P.," the title "advanced 3935  
practice registered nurse" or the initials "A.P.R.N.," or any 3936  
other title or initials implying that the nurse is authorized to 3937  
practice any nursing specialty other than the specialty designated 3938  
on the nurse's current, valid certificate of authority; 3939

(4) Enter into a standard care arrangement with a physician 3940  
or podiatrist whose practice is not the same as or similar to the 3941  
nurse's nursing specialty; 3942

(5) Prescribe drugs or therapeutic devices unless the nurse 3943  
holds a current, valid certificate to prescribe issued under 3944  
section 4723.48 of the Revised Code; 3945

(6) Prescribe drugs or therapeutic devices under a 3946  
certificate to prescribe in a manner that does not comply with 3947  
section 4723.481 of the Revised Code; 3948

(7) Prescribe any drug or device to perform or induce an 3949  
abortion, or otherwise ~~Perform~~ perform or induce an abortion. 3950

(D) No person shall knowingly employ a person to engage in 3951  
the practice of nursing as a certified registered nurse 3952  
anesthetist, clinical nurse specialist, certified nurse-midwife, 3953  
or certified nurse practitioner unless the person so employed 3954  
holds a current, valid certificate of authority to engage in that 3955  
nursing specialty issued by the board under this chapter. 3956

(E) A certificate certified by the executive director of the 3957  
board, under the official seal of the board, to the effect that it 3958  
appears from the records that no certificate of authority to 3959

practice nursing as a certified registered nurse anesthetist, 3960  
clinical nurse specialist, certified nurse-midwife, or certified 3961  
nurse practitioner has been issued to any person specified 3962  
therein, or that a certificate, if issued, has been revoked or 3963  
suspended, shall be received as prima-facie evidence of the record 3964  
in any court or before any officer of the state. 3965

**Sec. 4723.48.** (A) A clinical nurse specialist, certified 3966  
nurse-midwife, or certified nurse practitioner seeking authority 3967  
to prescribe drugs and therapeutic devices shall file with the 3968  
board of nursing a written application for a certificate to 3969  
prescribe. The board of nursing shall issue a certificate to 3970  
prescribe to each applicant who meets the requirements specified 3971  
in section 4723.482 or 4723.485 of the Revised Code. 3972

Except as provided in division (B) of this section, the 3973  
initial certificate to prescribe that the board issues to an 3974  
applicant shall be issued as an externship certificate. Under an 3975  
externship certificate, the nurse may obtain experience in 3976  
prescribing drugs and therapeutic devices by participating in an 3977  
externship that evaluates the nurse's competence, knowledge, and 3978  
skill in pharmacokinetic principles and their clinical application 3979  
to the specialty being practiced. During the externship, the nurse 3980  
may prescribe drugs and therapeutic devices only when one or more 3981  
physicians are providing supervision in accordance with rules 3982  
adopted under section 4723.50 of the Revised Code. 3983

After completing the externship, the holder of an externship 3984  
certificate may apply for a new certificate to prescribe. On 3985  
receipt of the new certificate, the nurse may prescribe drugs and 3986  
therapeutic devices in collaboration with one or more physicians 3987  
or podiatrists. 3988

~~(B) In the case of an applicant who on May 17, 2000, was 3989  
approved to prescribe drugs and therapeutic devices under section 3990~~

~~4723.56 of the Revised Code, as that section existed on that date, 3991  
the initial certificate to prescribe that the board issues to the 3992  
applicant under this section shall not be an externship 3993  
certificate. The applicant shall be issued a certificate to 3994  
prescribe that permits the recipient to prescribe drugs and 3995  
therapeutic devices in collaboration with one or more physicians 3996  
or podiatrists. 3997~~

In the case of an applicant who meets the requirements of 3998  
division (C) of section 4723.482 of the Revised Code, the initial 3999  
certificate to prescribe that the board issues to the applicant 4000  
under this section shall not be an externship certificate. The 4001  
applicant shall be issued a certificate to prescribe that permits 4002  
the recipient to prescribe drugs and therapeutic devices in 4003  
collaboration with one or more physicians or podiatrists. 4004

**Sec. 4723.482.** (A) Except as provided in divisions (C) and 4005  
(D) of this section, an applicant shall include with the 4006  
application submitted under section 4723.48 of the Revised Code 4007  
all of the following: 4008

(1) ~~Subject to section 4723.483 of the Revised Code, evidence 4009  
Evidence of holding a current, valid certificate of authority 4010  
~~issued under this chapter~~ to practice as a clinical nurse 4011  
specialist, certified nurse-midwife, or certified nurse 4012  
practitioner that was issued by meeting the requirements of 4013  
division (A) of section 4723.41 of the Revised Code; 4014~~

(2) Evidence of successfully completing the course of study 4015  
in advanced pharmacology and related topics in accordance with the 4016  
requirements specified in division (B) of this section; 4017

(3) The fee required by section 4723.08 of the Revised Code 4018  
for a certificate to prescribe; 4019

(4) Any additional information the board of nursing requires 4020

pursuant to rules adopted under section 4723.50 of the Revised Code. 4021  
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(B) With respect to the course of study in advanced pharmacology and related topics that must be successfully completed to obtain a certificate to prescribe, all of the following requirements apply: 4023  
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(1) The course of study shall be completed not longer than three years before the application for the certificate to prescribe is filed. 4027  
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(2) The course of study shall consist of planned classroom and clinical instruction for a total of not less than forty-five contact hours. 4030  
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(3) The course of study shall meet the requirements to be approved by the board in accordance with standards established in rules adopted under section 4723.50 of the Revised Code. 4033  
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(4) The content of the course of study shall be specific to the applicant's nursing specialty. 4036  
4037

(5) The instruction provided in the course of study shall include all of the following: 4038  
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(a) A minimum of thirty-six contact hours of instruction in advanced pharmacology that includes pharmacokinetic principles and clinical application and the use of drugs and therapeutic devices in the prevention of illness and maintenance of health; 4040  
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4042  
4043

(b) Instruction in the fiscal and ethical implications of prescribing drugs and therapeutic devices; 4044  
4045

(c) Instruction in the state and federal laws that apply to the authority to prescribe; 4046  
4047

(d) Instruction that is specific to schedule II controlled substances, including instruction in all of the following: 4048  
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(i) Indications for the use of schedule II controlled 4050

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| substances in drug therapies;                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4051                                                         |
| (ii) The most recent guidelines for pain management therapies, as established by state and national organizations such as the Ohio pain initiative and the American pain society;                                                                                                                                                                                                                                                                                            | 4052<br>4053<br>4054                                         |
| (iii) Fiscal and ethical implications of prescribing schedule II controlled substances;                                                                                                                                                                                                                                                                                                                                                                                      | 4055<br>4056                                                 |
| (iv) State and federal laws that apply to the authority to prescribe schedule II controlled substances;                                                                                                                                                                                                                                                                                                                                                                      | 4057<br>4058                                                 |
| (v) Prevention of abuse and diversion of schedule II controlled substances, including identification of the risk of abuse and diversion, recognition of abuse and diversion, types of assistance available for prevention of abuse and diversion, and methods of establishing safeguards against abuse and diversion.                                                                                                                                                        | 4059<br>4060<br>4061<br>4062<br>4063                         |
| (e) Any additional instruction required pursuant to rules adopted under section 4723.50 of the Revised Code.                                                                                                                                                                                                                                                                                                                                                                 | 4064<br>4065                                                 |
| (C) An applicant who practiced or is practicing as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner in another jurisdiction or as an employee of the United States government, and is not seeking authority to prescribe drugs and therapeutic devices by meeting the requirements of division (A) or (D) of this section, shall include with the application submitted under section 4723.48 of the Revised Code all of the following: | 4066<br>4067<br>4068<br>4069<br>4070<br>4071<br>4072<br>4073 |
| (1) <del>Subject to section 4723.483 of the Revised Code, evidence</del> <u>Evidence</u> of holding a current, valid certificate of authority issued under this chapter to practice as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner;                                                                                                                                                                                                | 4074<br>4075<br>4076<br>4077<br>4078                         |
| (2) The fee required by section 4723.08 of the Revised Code for a certificate to prescribe;                                                                                                                                                                                                                                                                                                                                                                                  | 4079<br>4080                                                 |

- (3) Either of the following: 4081
- (a) Evidence of having held, for a continuous period of at 4082  
least one year during the three years immediately preceding the 4083  
date of application, valid authority issued by another 4084  
jurisdiction to prescribe therapeutic devices and drugs, including 4085  
at least some controlled substances; 4086
- (b) Evidence of having been employed by the United States 4087  
government and authorized, for a continuous period of at least one 4088  
year during the three years immediately preceding the date of 4089  
application, to prescribe therapeutic devices and drugs, including 4090  
at least some controlled substances, in conjunction with that 4091  
employment. 4092
- ~~(4) If the applicant includes the evidence described in 4093  
division (C)(3)(a) of this section, documentation from a licensed 4094  
physician in a form acceptable to the board that the prescribing 4095  
component of the nurse's practice was overseen or supervised by a 4096  
licensed physician in the other jurisdiction; 4097~~
- ~~(5) If the applicant includes the evidence described in 4098  
division (C)(3)(b) of this section, documentation from a licensed 4099  
physician employed by the United States government in a form 4100  
acceptable to the board that the prescribing component of the 4101  
nurse's practice was overseen or supervised by a licensed 4102  
physician employed by the United States government; 4103~~
- ~~(6) Evidence of having completed a two-hour course of 4104  
instruction approved by the board in the laws of this state that 4105  
govern drugs and prescriptive authority; 4106~~
- ~~(7)(5) Any additional information the board requires pursuant 4107  
to rules adopted under section 4723.50 of the Revised Code. 4108~~
- (D) An applicant who practiced or is practicing as a clinical 4109  
nurse specialist, certified nurse-midwife, or certified nurse 4110  
practitioner in another jurisdiction or as an employee of the 4111

United States government, and is not seeking authority to 4112  
prescribe drugs and therapeutic devices by meeting the 4113  
requirements of division (A) or (C) of this section, shall include 4114  
with the application submitted under section 4723.48 of the 4115  
Revised Code all of the following: 4116

(1) ~~Subject to section 4723.483 of the Revised Code, evidence~~ 4117  
Evidence of holding a current, valid certificate of authority 4118  
issued under this chapter to practice as a clinical nurse 4119  
specialist, certified nurse-midwife, or certified nurse 4120  
practitioner; 4121

(2) The fee required by section 4723.08 of the Revised Code 4122  
for a certificate to prescribe; 4123

(3) Either of the following: 4124

(a) Evidence of having held, for a continuous period of at 4125  
least one year during the three years immediately preceding the 4126  
date of application, valid authority issued by another 4127  
jurisdiction to prescribe therapeutic devices and drugs, excluding 4128  
controlled substances; 4129

(b) Evidence of having been employed by the United States 4130  
government and authorized, for a continuous period of at least one 4131  
year during the three years immediately preceding the date of 4132  
application, to prescribe therapeutic devices and drugs, excluding 4133  
controlled substances, in conjunction with that employment. 4134

(4) ~~If the applicant includes the evidence described in~~ 4135  
~~division (D)(3)(a) of this section, documentation from a licensed~~ 4136  
~~physician in a form acceptable to the board that the prescribing~~ 4137  
~~component of the nurse's practice was overseen or supervised by a~~ 4138  
~~licensed physician in the other jurisdiction;~~ 4139

(5) ~~If the applicant includes the evidence described in~~ 4140  
~~division (D)(3)(b) of this section, documentation from a licensed~~ 4141  
~~physician employed by the United States government in a form~~ 4142

~~acceptable to the board that the prescribing component of the 4143  
nurse's practice was overseen or supervised by a licensed 4144  
physician employed by the United States government;~~ 4145

~~(6) Any additional information the board requires pursuant to 4146  
rules adopted under section 4723.50 of the Revised Code. 4147~~

**Sec. 4723.485.** (A) A (1) Except as provided in division 4148  
(A)(2) of this section, a certificate to prescribe issued under 4149  
section 4723.48 of the Revised Code as an externship certificate 4150  
is valid for not more than one year, unless earlier suspended or 4151  
revoked by the board of nursing. The 4152

(2) An externship certificate may be extended beyond the 4153  
period for an additional year which it was issued if the holder 4154  
submits to the board evidence of continued participation in an 4155  
externship. The extension period shall not exceed two years. 4156

(3) If an externship is terminated for any reason, the nurse 4157  
shall notify the board. 4158

(B) To be eligible for a certificate to prescribe after 4159  
receiving an externship certificate, an applicant shall include 4160  
with the application submitted under section 4723.48 of the 4161  
Revised Code all of the following: 4162

(1) A statement from a supervising physician attesting to the 4163  
applicant's successful completion of the externship; 4164

(2) The fee required by section 4723.08 of the Revised Code 4165  
for a certificate to prescribe; 4166

(3) Any additional information the board requires pursuant to 4167  
rules adopted under section 4723.50 of the Revised Code. 4168

**Sec. 4723.487.** (A) As used in this section, "drug database" 4169  
means the database established and maintained by the state board 4170  
of pharmacy pursuant to section 4729.75 of the Revised Code. 4171

(B) The board of nursing shall adopt rules in accordance with 4172  
Chapter 119. of the Revised Code that establish standards and 4173  
procedures to be followed by an advanced practice registered nurse 4174  
with a certificate to prescribe issued under section 4723.48 of 4175  
the Revised Code regarding the review of patient information 4176  
available through the drug database. 4177

(C) This section and the rules adopted under it do not apply 4178  
if the state board of pharmacy no longer maintains the drug 4179  
database. 4180

**Sec. 4723.50.** (A) In accordance with Chapter 119. of the 4181  
Revised Code, the board of nursing shall adopt rules as necessary 4182  
to implement the provisions of this chapter pertaining to the 4183  
authority of clinical nurse specialists, certified nurse-midwives, 4184  
and certified nurse practitioners to prescribe drugs and 4185  
therapeutic devices and the issuance and renewal of certificates 4186  
to prescribe. 4187

The board shall adopt rules that are consistent with the 4188  
recommendations the board receives from the committee on 4189  
prescriptive governance pursuant to section 4723.492 of the 4190  
Revised Code. After reviewing a recommendation submitted by the 4191  
committee, the board may either adopt the recommendation as a rule 4192  
or ask the committee to reconsider and resubmit the 4193  
recommendation. The board shall not adopt any rule that does not 4194  
conform to a recommendation made by the committee. 4195

(B) The board shall adopt rules under this section that do 4196  
all of the following: 4197

(1) Establish a formulary listing the types of drugs and 4198  
therapeutic devices that may be prescribed by a clinical nurse 4199  
specialist, certified nurse-midwife, or certified nurse 4200  
practitioner. The formulary may include controlled substances, as 4201  
defined in section 3719.01 of the Revised Code. The formulary 4202

shall not permit the prescribing of any drug or device to perform 4203  
or induce an abortion. 4204

(2) Establish safety standards to be followed by a clinical 4205  
nurse specialist, certified nurse-midwife, or certified nurse 4206  
practitioner when personally furnishing to patients complete or 4207  
partial supplies of antibiotics, antifungals, scabicides, 4208  
contraceptives, prenatal vitamins, antihypertensives, drugs and 4209  
devices used in the treatment of diabetes, drugs and devices used 4210  
in the treatment of asthma, and drugs used in the treatment of 4211  
dyslipidemia; 4212

(3) Establish criteria for the components of the standard 4213  
care arrangements described in section 4723.431 of the Revised 4214  
Code that apply to the authority to prescribe, including the 4215  
components that apply to the authority to prescribe schedule II 4216  
controlled substances. The rules shall be consistent with that 4217  
section and include all of the following: 4218

(a) Quality assurance standards; 4219

(b) Standards for periodic review by a collaborating 4220  
physician or podiatrist of the records of patients treated by the 4221  
clinical nurse specialist, certified nurse-midwife, or certified 4222  
nurse practitioner; 4223

(c) Acceptable travel time between the location at which the 4224  
clinical nurse specialist, certified nurse-midwife, or certified 4225  
nurse practitioner is engaging in the prescribing components of 4226  
the nurse's practice and the location of the nurse's collaborating 4227  
physician or podiatrist; 4228

(d) Any other criteria recommended by the committee on 4229  
prescriptive governance. 4230

(4) Establish standards and procedures for issuance and 4231  
renewal of a certificate to prescribe, including specification of 4232  
any additional information the board may require under division 4233

|                                                                                                          |      |
|----------------------------------------------------------------------------------------------------------|------|
| (A)(4), (C) <del>(7)</del> <u>(5)</u> , or (D) <del>(6)</del> <u>(5)</u> of section 4723.482 or division | 4234 |
| (B)(3) of section 4723.485 of the Revised Code;                                                          | 4235 |
| (5) Establish standards for board approval of the course of                                              | 4236 |
| study in advanced pharmacology and related topics required by                                            | 4237 |
| section 4723.482 of the Revised Code;                                                                    | 4238 |
| (6) Establish requirements for board approval of the two-hour                                            | 4239 |
| course of instruction in the laws of this state as required under                                        | 4240 |
| division (C) <del>(6)</del> <u>(4)</u> of section 4723.482 of the Revised Code and                       | 4241 |
| division (B)(2) of section 4723.484 of the Revised Code;                                                 | 4242 |
| (7) Establish standards and procedures for the appropriate                                               | 4243 |
| conduct of an externship as described in section 4723.484 of the                                         | 4244 |
| Revised Code, including the following:                                                                   | 4245 |
| (a) Standards and procedures to be used in evaluating an                                                 | 4246 |
| individual's participation in an externship;                                                             | 4247 |
| (b) Standards and procedures for the supervision that a                                                  | 4248 |
| physician must provide during an externship, including supervision                                       | 4249 |
| provided by working with the participant and supervision provided                                        | 4250 |
| by making timely reviews of the records of patients treated by the                                       | 4251 |
| participant. The manner in which supervision must be provided may                                        | 4252 |
| vary according to the location where the participant is practicing                                       | 4253 |
| and with the participant's level of experience.                                                          | 4254 |
| <b>Sec. 4723.61.</b> As used in this section and in sections <del>4723.62</del>                          | 4255 |
| <u>4723.64</u> to 4723.69 of the Revised Code:                                                           | 4256 |
| (A) "Medication" means a drug, as defined in section 4729.01                                             | 4257 |
| of the Revised Code.                                                                                     | 4258 |
| (B) "Medication error" means a failure to follow the                                                     | 4259 |
| prescriber's instructions when administering a prescription                                              | 4260 |
| medication.                                                                                              | 4261 |
| (C) "Nursing home" and "residential care facility" have the                                              | 4262 |
| same meanings as in section 3721.01 of the Revised Code.                                                 | 4263 |

(D) "Prescription medication" means a medication that may be 4264  
dispensed only pursuant to a prescription. 4265

(E) "Prescriber" and "prescription" have the same meanings as 4266  
in section 4729.01 of the Revised Code. 4267

**Sec. 4723.64.** ~~On and after the thirty first day following the~~ 4268  
~~board of nursing's submission of the report required by division~~ 4269  
~~(F)(2) of section 4723.63 of the Revised Code, any~~ A nursing home 4270  
or residential care facility may use one or more medication aides 4271  
to administer prescription medications to its residents, subject 4272  
to both of the following conditions: 4273

(A) Each individual used as a medication aide must hold a 4274  
current, valid medication aide certificate issued by the board of 4275  
nursing under this chapter. 4276

(B) The nursing home or residential care facility shall 4277  
ensure that the requirements of section 4723.67 of the Revised 4278  
Code are met. 4279

**Sec. 4723.65.** ~~(A)~~ An individual seeking certification as a 4280  
medication aide shall apply to the board of nursing on a form 4281  
prescribed and provided by the board. ~~If the~~ The application ~~is~~ 4282  
~~submitted on or after the day any nursing home or residential care~~ 4283  
~~facility may initially use medication aides as specified in~~ 4284  
~~section 4723.64 of the Revised Code, the application~~ shall be 4285  
accompanied by the certification fee established in rules adopted 4286  
under section 4723.69 of the Revised Code. 4287

~~(B)(1) Except as provided in division (B)(2) of this section,~~ 4288  
~~an applicant for a medication aide certificate shall submit a~~ 4289  
~~request to the bureau of criminal identification and investigation~~ 4290  
~~for a criminal records check. The request shall be on the form~~ 4291  
~~prescribed pursuant to division (C)(1) of section 109.572 of the~~ 4292  
~~Revised Code and shall be accompanied by a standard impression~~ 4293

~~sheet to obtain fingerprints prescribed pursuant to division 4294  
(C)(2) of that section. The request shall also be accompanied by 4295  
the fee prescribed pursuant to division (C)(3) of section 109.572 4296  
of the Revised Code. On receipt of the completed form, the 4297  
completed impression sheet, and the fee, the bureau shall conduct 4298  
a criminal records check of the applicant. On completion of the 4299  
criminal records check, the bureau shall send the results of the 4300  
check to the board. An applicant requesting a criminal records 4301  
check under this division who has not lived in this state for at 4302  
least five years shall ask the superintendent of the bureau of 4303  
criminal identification and investigation to also request that the 4304  
federal bureau of investigation provide the superintendent with 4305  
any information it has with respect to the applicant. 4306~~

~~(2) If a criminal records check of an applicant was completed 4307  
pursuant to section 3721.121 of the Revised Code not more than 4308  
five years prior to the date the application is submitted, the 4309  
applicant may include a certified copy of the criminal records 4310  
check completed pursuant to that section and is not required to 4311  
comply with division (B)(1) of this section. 4312~~

~~(3) A criminal records check provided to the board in 4313  
accordance with division (B)(1) or (B)(2) of this section shall 4314  
not be made available to any person or for any purpose other than 4315  
the following: 4316~~

~~(a) The results may be made available to any person for use 4317  
in determining whether the individual who is the subject of the 4318  
check should be issued a medication aide certificate. 4319~~

~~(b) The results may be made available to the person who is 4320  
the subject of the check or a representative of that person. 4321~~

**Sec. 4723.651.** (A) To be eligible to receive a medication 4322  
aide certificate, an applicant shall meet all of the following 4323  
conditions: 4324

- (1) Be at least eighteen years of age; 4325
- (2) Have a high school diploma or a high school equivalence diploma as defined in section 5107.40 of the Revised Code; 4326  
4327
- (3) If the applicant is to practice as a medication aide in a nursing home, be a nurse aide who satisfies the requirements of division (A)(1), (2), (3), (4), (5), (6), or (8) of section 3721.32 of the Revised Code; 4328  
4329  
4330  
4331
- (4) If the applicant is to practice as a medication aide in a residential care facility, be a nurse aide who satisfies the requirements of division (A)(1), (2), (3), (4), (5), (6), or (8) of section 3721.32 of the Revised Code or an individual who has at least one year of direct care experience in a residential care facility; 4332  
4333  
4334  
4335  
4336  
4337
- (5) Successfully complete the course of instruction provided by a training program approved by the board under section 4723.66 of the Revised Code; 4338  
4339  
4340
- (6) ~~Have results on the criminal records check provided to the board under division (B)(1) or (2) of section 4723.65 of the Revised Code indicating that the applicant has not been convicted of, has not pleaded guilty to, and has not had a judicial finding of guilt for violating section 2903.01, 2903.02, 2903.03, 2903.11, 2905.01, 2907.02, 2907.03, 2907.05, 2909.02, 2911.01, or 2911.11 of the Revised Code or a substantially similar law of another state, the United States, or another country~~ Not be ineligible for licensure or certification as specified in section 4723.092 of the Revised Code; 4341  
4342  
4343  
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4345  
4346  
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4348  
4349  
4350
- (7) Have not committed any act that is grounds for disciplinary action under section 3123.47 or 4723.28 of the Revised Code or be determined by the board to have made restitution, been rehabilitated, or both; 4351  
4352  
4353  
4354
- (8) Not be required to register under Chapter 2950. of the 4355

Revised Code or a substantially similar law of another state, the 4356  
United States, or another country; 4357

(9) Meet all other requirements for a medication aide 4358  
certificate established in rules adopted under section 4723.69 of 4359  
the Revised Code. 4360

(B) If an applicant meets the requirement specified in 4361  
division (A) of this section, the board shall issue a medication 4362  
aide certificate to the applicant. If a medication aide 4363  
certificate is issued to an individual on the basis of having at 4364  
least one year of direct care experience working in a residential 4365  
care facility, as provided in division (A)(4) of this section, the 4366  
certificate is valid for use only in a residential care facility. 4367  
The board shall state the limitation on the certificate issued to 4368  
the individual. 4369

(C) A medication aide certificate is valid for two years, 4370  
unless earlier suspended or revoked. The certificate may be 4371  
renewed in accordance with procedures specified by the board in 4372  
rules adopted under section 4723.69 of the Revised Code. To be 4373  
eligible for renewal, an applicant shall pay the renewal fee 4374  
established in the rules and meet all renewal qualifications 4375  
specified in the rules. 4376

**Sec. 4723.652.** (A) The board of nursing, by vote of a quorum, 4377  
may impose one or more of the following sanctions against any 4378  
individual who applies for, or holds, a medication aide 4379  
certificate: deny, revoke, suspend, or place restrictions on the 4380  
certificate; reprimand or otherwise discipline the holder of a 4381  
medication aide certificate; or impose a fine of not more than 4382  
five hundred dollars per violation. The sanctions may be imposed 4383  
for any of the reasons specified in division (A) or (B) of section 4384  
4723.28 of the Revised Code, to the extent that those reasons are 4385  
applicable to medication aides or applicants as specified in rules 4386

adopted under section 4723.69 of the Revised Code. 4387

(B) Disciplinary actions taken by the board under this 4388  
section shall be taken pursuant to an adjudication conducted under 4389  
Chapter 119. of the Revised Code, except that in lieu of a 4390  
hearing, the board may enter into a consent agreement with an 4391  
individual to resolve an allegation of a violation of this chapter 4392  
or any rule adopted under it. A consent agreement, when ratified 4393  
by vote of a quorum, shall constitute the findings and order of 4394  
the board with respect to the matter addressed in the agreement. 4395  
If the board refuses to ratify a consent agreement, the admissions 4396  
and findings contained in the agreement shall be of no effect. 4397

(C) In taking actions under this section, the board has the 4398  
same powers and duties that it has when taking actions under 4399  
section 4723.28 of the Revised Code. In addition, the board may 4400  
issue an order to summarily suspend or automatically suspend a 4401  
medication aide certificate in the same manner that the board is 4402  
authorized to take those actions under section 4723.281 of the 4403  
Revised Code. 4404

Sec. 4723.653. (A) No person shall engage in the 4405  
administration of medication as a medication aide, represent the 4406  
person as being a certified medication aide, or use the title, 4407  
"medication aide," or any other title implying that the person is 4408  
a certified medication aide, for a fee, salary, or other 4409  
compensation, or as a volunteer, without holding a current, valid 4410  
certificate as a medication aide under this chapter. 4411

(B) No person shall employ a person not certified as a 4412  
medication aide under this chapter to engage in the administration 4413  
of medication as a medication aide. 4414

**Sec. 4723.66. (A) A person or government entity seeking 4415**  
approval to provide a medication aide training program shall apply 4416

to the board of nursing on a form prescribed and provided by the 4417  
board. ~~If the application is submitted on or after the day any~~ 4418  
~~nursing home or residential care facility may initially use~~ 4419  
~~medication aides as specified in section 4723.64 of the Revised~~ 4420  
~~Code, the~~ The application shall be accompanied by the fee 4421  
established in rules adopted under section 4723.69 of the Revised 4422  
Code. 4423

(B) The board shall approve the applicant to provide a 4424  
medication aide training program if the content of the course of 4425  
instruction to be provided by the program meets the standards 4426  
specified by the board in rules adopted under section 4723.69 of 4427  
the Revised Code and includes all of the following: 4428

(1) At least seventy clock-hours of instruction, including 4429  
both classroom instruction on medication administration and at 4430  
least twenty clock-hours of supervised clinical practice in 4431  
medication administration; 4432

(2) A mechanism for evaluating whether an individual's 4433  
reading, writing, and mathematical skills are sufficient for the 4434  
individual to be able to administer prescription medications 4435  
safely; 4436

(3) An examination that tests the ability to administer 4437  
prescription medications safely and that meets the requirements 4438  
established by the board in rules adopted under section 4723.69 of 4439  
the Revised Code. 4440

(C) The board may deny, suspend, or revoke the approval 4441  
granted to the provider of a medication aide training program for 4442  
reasons specified in rules adopted under section 4723.69 of the 4443  
Revised Code. All actions taken by the board to deny, suspend, or 4444  
revoke the approval of a training program shall be taken in 4445  
accordance with Chapter 119. of the Revised Code. 4446

**Sec. 4723.67.** (A) Except for the prescription medications 4447  
specified in division (C) of this section and the methods of 4448  
medication administration specified in division (D) of this 4449  
section, a medication aide who holds a current, valid medication 4450  
aide certificate issued under this chapter may administer 4451  
prescription medications to the residents of nursing homes and 4452  
residential care facilities that use medication aides pursuant to 4453  
section ~~4723.63~~ or 4723.64 of the Revised Code. A medication aide 4454  
shall administer prescription medications only pursuant to the 4455  
delegation of a registered nurse or a licensed practical nurse 4456  
acting at the direction of a registered nurse. 4457

Delegation of medication administration to a medication aide 4458  
shall be carried out in accordance with the rules for nursing 4459  
delegation adopted under this chapter by the board of nursing. A 4460  
nurse who has delegated to a medication aide responsibility for 4461  
the administration of prescription medications to the residents of 4462  
a nursing home or residential care facility shall not withdraw the 4463  
delegation on an arbitrary basis or for any purpose other than 4464  
patient safety. 4465

(B) In exercising the authority to administer prescription 4466  
medications pursuant to nursing delegation, a medication aide may 4467  
administer prescription medications in any of the following 4468  
categories: 4469

(1) Oral medications; 4470

(2) Topical medications; 4471

(3) Medications administered as drops to the eye, ear, or 4472  
nose; 4473

(4) Rectal and vaginal medications; 4474

(5) Medications prescribed with a designation authorizing or 4475  
requiring administration on an as-needed basis, but only if a 4476

nursing assessment of the patient is completed before the 4477  
medication is administered. 4478

(C) A medication aide shall not administer prescription 4479  
medications in either of the following categories: 4480

(1) Medications containing a schedule II controlled 4481  
substance, as defined in section 3719.01 of the Revised Code; 4482

(2) Medications requiring dosage calculations. 4483

(D) A medication aide shall not administer prescription 4484  
medications by any of the following methods: 4485

(1) Injection; 4486

(2) Intravenous therapy procedures; 4487

(3) Splitting pills for purposes of changing the dose being 4488  
given. 4489

(E) A nursing home or residential care facility that uses 4490  
medication aides shall ensure that medication aides do not have 4491  
access to any schedule II controlled substances within the home or 4492  
facility for use by its residents. 4493

**Sec. 4723.68.** (A) A registered nurse, or licensed practical 4494  
nurse acting at the direction of a registered nurse, who delegates 4495  
medication administration to a medication aide who holds a 4496  
current, valid medication aide certificate issued under this 4497  
chapter is not liable in damages to any person or government 4498  
entity in a civil action for injury, death, or loss to person or 4499  
property that allegedly arises from an action or omission of the 4500  
medication aide in performing the medication administration, if 4501  
the delegating nurse delegates the medication administration in 4502  
accordance with this chapter and the rules adopted under this 4503  
chapter. 4504

(B) A person employed by a nursing home or residential care 4505

facility that uses medication aides pursuant to section ~~4723.63 or~~ 4506  
4723.64 of the Revised Code who reports in good faith a medication 4507  
error at the nursing home or residential care facility is not 4508  
subject to disciplinary action by the board of nursing or any 4509  
other government entity regulating that person's professional 4510  
practice and is not liable in damages to any person or government 4511  
entity in a civil action for injury, death, or loss to person or 4512  
property that allegedly results from reporting the medication 4513  
error. 4514

**Sec. 4723.69.** (A) ~~In consultation with the medication aide~~ 4515  
~~advisory council created under section 4723.62 of the Revised~~ 4516  
~~Code, the~~ The board of nursing shall adopt rules to implement 4517  
sections 4723.61 to 4723.68 of the Revised Code. ~~Initial rules~~ 4518  
~~shall be adopted not later than February 1, 2006.~~ All rules 4519  
adopted under this section shall be adopted in accordance with 4520  
Chapter 119. of the Revised Code. 4521

(B) The rules adopted under this section shall establish or 4522  
specify all of the following: 4523

(1) Fees, in an amount sufficient to cover the costs the 4524  
board incurs in implementing sections 4723.61 to 4723.68 of the 4525  
Revised Code, for ~~participation in the medication aide pilot~~ 4526  
~~program,~~ certification as a medication aide, and approval of a 4527  
medication aide training program; 4528

(2) Requirements to obtain a medication aide certificate that 4529  
are not otherwise specified in section 4723.651 of the Revised 4530  
Code; 4531

(3) Procedures for renewal of medication aide certificates; 4532

(4) The extent to which the board determines that the reasons 4533  
for taking disciplinary actions under section 4723.28 of the 4534  
Revised Code are applicable reasons for taking disciplinary 4535

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| actions under section 4723.652 of the Revised Code against an applicant for or holder of a medication aide certificate;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4536<br>4537                                                                 |
| <del>(5) Standards for approval of peer support programs for the holders of medication aide certificates;</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4538<br>4539                                                                 |
| <del>(6) Standards for medication aide training programs, including the examination to be administered by the training program to test an individual's ability to administer prescription medications safely;</del>                                                                                                                                                                                                                                                                                                                                                                                                                               | 4540<br>4541<br>4542<br>4543                                                 |
| <u>(6) Standards for approval of continuing education programs and courses for medication aides;</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4544<br>4545                                                                 |
| (7) Reasons for denying, revoking, or suspending approval of a medication aide training program;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4546<br>4547                                                                 |
| (8) Other standards and procedures the board considers necessary to implement sections 4723.61 to 4723.68 of the Revised Code.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4548<br>4549<br>4550                                                         |
| <b>Sec. 4723.71.</b> (A) There is hereby established, under the board of nursing, the advisory group on dialysis. The advisory group shall advise the board of nursing regarding the qualifications, standards for training, and competence of dialysis technicians <u>and dialysis technician interns</u> and all other <u>related</u> matters <del>related to dialysis technicians</del> . The advisory group shall consist of the members appointed under divisions (B) and (C) of this section. A member of the board of nursing or a representative appointed by the board shall serve as chairperson of all meetings of the advisory group. | 4551<br>4552<br>4553<br>4554<br>4555<br>4556<br>4557<br>4558<br>4559<br>4560 |
| (B) The board of nursing shall appoint the following as members of the advisory group:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4561<br>4562                                                                 |
| (1) Four dialysis technicians;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4563                                                                         |
| (2) A registered nurse who regularly performs dialysis and cares for patients who receive dialysis;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4564<br>4565                                                                 |

|                                                                                                                                                                                                                                                                 |                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| (3) A physician, recommended by the state medical board, who specializes in nephrology;                                                                                                                                                                         | 4566<br>4567                         |
| (4) An administrator of a dialysis center;                                                                                                                                                                                                                      | 4568                                 |
| (5) A dialysis patient;                                                                                                                                                                                                                                         | 4569                                 |
| (6) A representative of the <del>association for hospitals and health systems (OHA)</del> <u>Ohio hospital association</u> ;                                                                                                                                    | 4570<br>4571                         |
| (7) A representative from the end-stage renal disease network, as defined in 42 C.F.R. 405.2102.                                                                                                                                                                | 4572<br>4573                         |
| (C) The members of the advisory group appointed under division (B) of this section may recommend additional persons to serve as members of the advisory group. The board of nursing may appoint, as appropriate, any of the additional persons recommended.     | 4574<br>4575<br>4576<br>4577<br>4578 |
| (D) The board of nursing shall specify the terms for the advisory group members. Members shall serve at the discretion of the board of nursing. Members shall receive their actual and necessary expenses incurred in the performance of their official duties. | 4579<br>4580<br>4581<br>4582<br>4583 |
| (E) Sections 101.82 to 101.87 of the Revised Code do not apply to the advisory group.                                                                                                                                                                           | 4584<br>4585                         |
| <b>Sec. 4723.72.</b> (A) A dialysis technician <u>or dialysis technician intern</u> may engage in dialysis care by doing the following:                                                                                                                         | 4586<br>4587<br>4588                 |
| (1) Performing and monitoring dialysis procedures, including initiating, monitoring, and discontinuing dialysis;                                                                                                                                                | 4589<br>4590                         |
| (2) Drawing blood;                                                                                                                                                                                                                                              | 4591                                 |
| (3) Administering <del>any of the</del> medications <u>as</u> specified in division (C) of this section when the administration is essential to the dialysis process;                                                                                           | 4592<br>4593<br>4594                 |

(4) Responding to complications that arise during dialysis. 4595

(B) A (1) Subject to divisions (B)(2) and (3) of this 4596  
section, a dialysis technician or dialysis technician intern may 4597  
provide the dialysis care specified in division (A) of this 4598  
section only if the care has been delegated to the technician or 4599  
intern by a physician or registered nurse and the technician or 4600  
intern is under the supervision of a physician or registered 4601  
nurse. Supervision requires that the dialysis technician or 4602  
dialysis technician intern be in the immediate presence of a 4603  
physician or registered nurse, ~~or, in.~~ 4604

(2) In accordance with division (E) of section 4723.73 of the 4605  
Revised Code, a dialysis technician intern shall not provide 4606  
dialysis care in a patient's home. 4607

(3) In the case of dialysis care provided in a patient's home 4608  
by a dialysis technician, that the dialysis both of the following 4609  
apply: 4610

(a) The technician shall be supervised in accordance with the 4611  
rules adopted under section 4723.79 of the Revised Code for 4612  
supervision of dialysis technicians who provide dialysis care in a 4613  
patient's home. ~~Division (E)~~ 4614

(b) Division (D)(5) of section 4723.73 of the Revised Code 4615  
does not allow a dialysis technician who provides dialysis care in 4616  
a patient's home to provide dialysis care that is not authorized 4617  
under this section. 4618

(C) A dialysis technician or dialysis technician intern may 4619  
administer ~~medication~~ only the following medications as ordered by 4620  
a licensed health professional authorized to prescribe drugs as 4621  
defined in section 4729.01 of the Revised Code and in accordance 4622  
with the standards for the delegation of dialysis care established 4623  
in division (B) of this section and in rules adopted under section 4624  
4723.79 of the Revised Code. ~~A dialysis technician may administer~~ 4625

~~only the following medications:~~ 4626

(1) Intradermal lidocaine or other single therapeutically 4627  
equivalent local anesthetic for the purpose of initiating dialysis 4628  
treatment; 4629

(2) Intravenous heparin or other single therapeutically 4630  
equivalent anticoagulant for the purpose of initiating and 4631  
maintaining dialysis treatment; 4632

(3) Intravenous normal saline; 4633

(4) Patient-specific dialysate, to which the ~~person~~ 4634  
technician or intern may add electrolytes but no other additives 4635  
or medications; 4636

(5) Oxygen, ~~when the administration of the oxygen has been~~ 4637  
~~delegated to the technician by a registered nurse.~~ 4638

**Sec. 4723.73.** (A) No person ~~shall claim to the public to be a~~ 4639  
~~dialysis technician unless the person holds~~ who does not hold a 4640  
current, valid certificate issued under section 4723.75 or renewed 4641  
under section 4723.77 ~~or a current, valid temporary certificate~~ 4642  
~~issued under section 4723.76 of the Revised Code.~~ shall do either 4643  
of the following: 4644

(1) Claim to the public to be a dialysis technician; 4645

~~(B) No person shall use~~ (2) Use the title "Ohio certified 4646  
dialysis technician," the initials "OCDT," or any other title or 4647  
initials to represent that the person is authorized to perform 4648  
dialysis care as a ~~fully certified dialysis technician, unless the~~ 4649  
~~person holds a current, valid certificate issued under section~~ 4650  
~~4723.75 or renewed under section 4723.77 of the Revised Code.~~ 4651

~~(C)~~(B) No person who does not hold a current, valid dialysis 4652  
technician intern certificate issued under section 4723.76 of the 4653  
Revised Code shall use any do either of the following: 4654

- (1) Claim to the public to be a dialysis technician intern; 4655
- (2) Use the title ~~or~~ "dialysis technician intern," the 4656  
initials "DTI," or any other title or initials to represent that 4657  
the person is authorized to perform dialysis care as a ~~temporarily~~ 4658  
~~certified dialysis technician, unless the person holds a current,~~ 4659  
~~valid temporary certificate issued under section 4723.76 of the~~ 4660  
~~Revised Code~~ intern. 4661
- ~~(D)~~(C) No dialysis technician or dialysis technician intern 4662  
shall engage in dialysis care in a manner that is inconsistent 4663  
with section 4723.72 of the Revised Code. 4664
- ~~(E)~~(D) No person other than a dialysis technician or dialysis 4665  
technician intern shall engage in the dialysis care that is 4666  
authorized by section 4723.72 of the Revised Code, unless the 4667  
person is one or more of the following ~~applies~~: 4668
- (1) ~~The person is a~~ A registered nurse or licensed practical 4669  
nurse-; 4670
- (2) ~~The person is a~~ A physician-; 4671
- (3) ~~The person is a~~ A student performing dialysis care under 4672  
the supervision of an instructor as an integral part of a dialysis 4673  
training program approved by the board of nursing under section 4674  
4723.74 of the Revised Code-; 4675
- (4) ~~The person is a~~ A dialysis patient who has been trained 4676  
to engage in the dialysis care with little or no professional 4677  
assistance by completing a medicare-approved self-dialysis or home 4678  
dialysis training program-; 4679
- (5) ~~The person is a~~ A family member or friend of a dialysis 4680  
patient who engages in self-dialysis or home dialysis, and the 4681  
person engages in the dialysis care by assisting the patient in 4682  
performing the self-dialysis or home dialysis, after the person 4683  
providing the assistance has completed a medicare-approved 4684

self-dialysis or home dialysis training program for the particular 4685  
dialysis patient being assisted. 4686

(E) No dialysis technician intern shall do either of the 4687  
following: 4688

(1) Serve as a trainer or preceptor in a dialysis training 4689  
program; 4690

(2) Provide dialysis care in a patient's home. 4691

(F) No person shall operate a dialysis training program, 4692  
unless the program is approved by the board of nursing under 4693  
section 4723.74 of the Revised Code. 4694

**Sec. 4723.74.** (A) A person who seeks to operate a dialysis 4695  
training program shall apply to the board of nursing for approval 4696  
of the program. Applications shall be submitted in accordance with 4697  
rules adopted under section 4723.79 of the Revised Code. The 4698  
person shall include with the application the fee prescribed in 4699  
those rules. If the program meets the requirements for approval as 4700  
specified in the rules, the board shall approve the program. A 4701  
program shall apply for reapproval and may be reapproved in 4702  
accordance with rules adopted under section 4723.79 of the Revised 4703  
Code. 4704

(B) The board may place on provisional approval, for a period 4705  
of time it specifies, a dialysis training program that has ceased 4706  
to meet and maintain the minimum standards of the board 4707  
established by rules adopted under section 4723.79 of the Revised 4708  
Code. Prior to or at the end of the period, the board shall 4709  
reconsider whether the program meets the standards. The board 4710  
shall grant full approval if the program meets the standards. If 4711  
the program does not meet the standards, the board may withdraw 4712  
approval in accordance with division (C) of this section. 4713

(C) The board may withdraw the approval of a program that 4714

ceases to meet the requirements for approval. Any action to  
withdraw the approval shall be taken in accordance with Chapter  
119. of the Revised Code.

~~(B) A person~~ (D) An individual shall not be permitted to  
enroll, and shall not enroll, in a dialysis training program  
approved by the board under ~~division (A) of~~ this section unless  
the ~~person~~ individual is eighteen years of age or older and  
possesses a high school diploma or high school equivalence  
diploma.

**Sec. 4723.75.** (A) The board of nursing shall issue a  
certificate to practice as a dialysis technician to ~~a person~~ an  
applicant who meets ~~all of~~ the following applicable requirements:

(1) For all ~~persons~~ applicants, the ~~person~~ applicant  
application is submitted to the board in accordance with rules  
adopted under section 4723.79 of the Revised Code and includes  
~~with the application~~ the both of the following:

(a) The fee established in these rules adopted under section  
4723.79 of the Revised Code;

(b) The name and address of each approved dialysis training  
program in which the applicant has enrolled and the dates during  
which the applicant was enrolled in each program.

(2) For all ~~persons~~ applicants, the ~~person~~ applicant meets  
the requirements established by the board's rules.

(3) For all ~~persons~~ applicants, the ~~person~~ applicant  
demonstrates competency to practice as a dialysis technician, as  
specified ~~under~~ in division (B) of this section.

(4) For ~~persons~~ applicants who entered a dialysis training  
program on or after June 1, 2003, the results of a criminal  
records check ~~of the person that is completed by the bureau of~~  
~~eriminal identification and investigation and includes a check of~~

~~federal bureau of investigation records and that the bureau~~ 4745  
~~submits to the board indicates that the person has not been~~ 4746  
~~convicted of, has not pleaded guilty to, and has not had a~~ 4747  
~~judicial finding of guilt for violating section 2903.01, 2903.02,~~ 4748  
~~2903.03, 2903.11, 2905.01, 2907.02, 2907.03, 2907.05, 2909.02,~~ 4749  
~~2911.01, or 2911.11 of the Revised Code or a substantially similar~~ 4750  
~~law of another state, the United States, or another country~~ 4751  
conducted in accordance with section 4723.091 of the Revised Code 4752  
demonstrate that the applicant is not ineligible for certification 4753  
as specified in section 4723.092 of the Revised Code. 4754

(B) For ~~a person~~ an applicant to demonstrate competence to 4755  
practice as a dialysis technician, one of the following must 4756  
apply: 4757

~~(1) The person meets all of the following requirements:~~ 4758

~~(a) The person applicant~~ applicant has successfully completed a 4759  
dialysis training program approved by the board under section 4760  
4723.74 of the Revised Code. 4761

~~(b) The person has been employed to perform and meets both of~~ 4762  
the following requirements: 4763

(a) Has performed dialysis care ~~by for~~ for a dialysis provider 4764  
for not less than twelve months immediately prior to the date of 4765  
application. 4766

~~(c) The person passes;~~ 4767

(b) Has passed a certification examination demonstrating 4768  
competence to perform dialysis care. ~~The person must pass the~~ 4769  
~~examination~~ not later than eighteen months after ~~entering~~ 4770  
successfully completing a dialysis training program approved by 4771  
the board under section 4723.74 of the Revised Code. ~~A person who~~ 4772  
~~does not pass the examination within eighteen months after~~ 4773  
~~entering a dialysis training program must repeat and successfully~~ 4774  
~~complete the training program, or successfully complete another~~ 4775

~~dialysis training program approved by the board, and pass the examination not less than six months after entering the new or repeated program. A person who does not pass the examination within six months after entering the new or repeated program must wait at least one year before entering or reentering any dialysis training program approved by the board, after which the person must successfully complete a dialysis training program approved by the board and pass the examination not later than six months after entering the program.~~

~~(2) The person meets both of the following requirements:~~

~~(a) The person holds, on December 24, 2000, a current, valid certificate from a qualifying testing organization specified by the board under division (B) of section 4723.751 of the Revised Code or provides evidence satisfactory to the board of having passed the examination of a qualifying testing organization not longer than five years prior to December 24, 2000.~~

~~(b) The dialysis provider who employs the person provides the board with the information specified in rules adopted under section 4723.79 of the Revised Code attesting to the person's competence to perform dialysis care.~~

~~(3) The person submits evidence satisfactory to the board that the person holds a current, valid license, certificate, or other authorization to perform dialysis care issued by another state that has standards for dialysis technicians that the board considers substantially similar to those established under sections 4723.71 to 4723.79 of the Revised Code applicant does all of the following:~~

~~(a) Has a testing organization approved by the board submit evidence satisfactory to the board that the applicant passed an examination, in another jurisdiction, that demonstrates the applicant's competence to provide dialysis care;~~

(b) Submits evidence satisfactory to the board that the applicant has been employed to perform dialysis care in another jurisdiction for not less than twelve months immediately prior to the date of application for certification under this section; 4807  
4808  
4809  
4810

(c) Submits evidence satisfactory to the board that the applicant completed at least two hours of education directly related to this chapter and the rules adopted under it. 4811  
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~~(C) A person who applies under this section to be certified to practice as a dialysis technician shall submit a request to the bureau of criminal identification and investigation for a criminal records check of the applicant. The request shall be on the form prescribed pursuant to division (C)(1) of section 109.572, accompanied by a standard impression sheet to obtain fingerprints prescribed pursuant to division (C)(2) of that section, and accompanied by the fee prescribed pursuant to division (C)(3) of that section. Upon receipt of the completed form, the completed impression sheet, and the fee, the bureau shall conduct a criminal records check of the applicant. Upon completion of the criminal records check, the bureau shall send the results of the check to the board. A person requesting a criminal records check under this division shall ask the superintendent of the bureau of criminal identification and investigation to also request the federal bureau of investigation to provide the superintendent with any information it has with respect to the person.~~ 4814  
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~~The results of any criminal records check conducted pursuant to a request made under this section, and any report containing those results, are not public records for purposes of section 149.43 of the Revised Code and shall not be made available to any person or for any purpose other than the following:~~ 4831  
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~~(1) The results may be made available to any person for use in determining under this section and division (N) of section 4723.28 of the Revised Code whether the individual who is the~~ 4836  
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~~subject of the check should be issued a certificate to practice as  
a dialysis technician.~~ 4839  
4840

~~(2) The results may be made available to the individual who  
is the subject of the check or that individual's representative.~~ 4841  
4842  
An applicant who does not pass the certification examination 4843  
described in division (B)(1)(b) of this section within the time 4844  
period prescribed in that division may continue to pursue 4845  
certification by repeating the entire training and application 4846  
process, including doing all of the following: 4847

(1) Enrolling in and successfully completing a dialysis 4848  
training program approved by the board; 4849

(2) Submitting a request to the bureau of criminal 4850  
identification and investigation for a criminal records check and 4851  
check of federal bureau of investigation records pursuant to 4852  
section 4723.091 of the Revised Code; 4853

(3) Submitting an application for a dialysis technician 4854  
intern certificate in accordance with section 4723.76 of the 4855  
Revised Code; 4856

(4) Demonstrating competence to perform dialysis care in 4857  
accordance with division (B) of this section. 4858

**Sec. 4723.751.** ~~(A)~~ The board of nursing shall either conduct 4859  
dialysis technician certification examinations itself or, in 4860  
accordance with rules adopted under section 4723.79 of the Revised 4861  
Code, approve testing organizations to conduct the examinations. 4862  
If it conducts the examinations, the board may use all or part of 4863  
a standard examination created by a testing organization approved 4864  
by the board. Regardless of who conducts it, the examination shall 4865  
cover all of the subjects specified in rules adopted under section 4866  
4723.79 of the Revised Code. 4867

~~(B) The board shall specify the testing organizations that~~ 4868

~~qualify a person to demonstrate competence to practice as a dialysis technician pursuant to division (B)(2) of section 4723.75 of the Revised Code.~~ 4869  
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**Sec. 4723.76.** (A) The board of nursing shall issue a 4872  
~~temporary~~ certificate to practice as a dialysis technician intern 4873  
~~to a person~~ an applicant who has not passed the dialysis 4874  
technician certification examination required by section 4723.751 4875  
of the Revised Code, but who ~~meets~~ satisfies all of the following 4876  
requirements: 4877

(1) ~~The person applies~~ Applies to the board in accordance 4878  
with rules adopted under section 4723.79 of the Revised Code and 4879  
includes with the application ~~the~~ both of the following: 4880

(a) The fee established in those rules adopted under section 4881  
4723.79 of the Revised Code; 4882

(b) The name and address of all dialysis training programs 4883  
approved by the board in which the applicant has been enrolled and 4884  
the dates of enrollment in each program. 4885

(2) ~~The person provides~~ Provides documentation from the 4886  
~~person's~~ applicant's employer ~~that demonstrates~~ attesting that the 4887  
~~person~~ applicant is competent to perform dialysis care; 4888

(3) ~~One of the following applies:~~ 4889

~~(a) The person has~~ Has successfully completed a dialysis 4890  
training program approved by the board of nursing under section 4891  
4723.74 of the Revised Code. 4892

~~(b) The person is, on December 24, 2000, employed as a~~ 4893  
~~dialysis technician but has been so employed for less than twelve~~ 4894  
~~months.~~ 4895

~~(c) The person has experience as a dialysis technician in a~~ 4896  
~~jurisdiction that does not license or certify dialysis technicians~~ 4897  
~~and has successfully completed a training program that is~~ 4898

~~substantially similar to a program approved by the board.~~ 4899

(B) A ~~temporary~~ dialysis technician intern certificate issued 4900  
to a ~~person~~ an applicant who meets the ~~requirement~~ requirements in 4901  
division (A)(3)(a) of this section is valid for a period of time 4902  
that is eighteen months from the date on which the ~~holder~~ entered 4903  
applicant successfully completed a dialysis training program 4904  
approved by the board under section 4723.74 of the Revised Code, 4905  
minus the time the applicant was enrolled in one or more dialysis 4906  
training programs approved by the board. 4907

~~A temporary certificate issued to a person who meets the~~ 4908  
~~requirement in division (A)(3)(b) of this section is valid for the~~ 4909  
~~number of months equal to eighteen months minus the number of~~ 4910  
~~months the person has been employed as a dialysis technician.~~ 4911

~~A temporary certificate issued to a person who meets the~~ 4912  
~~requirement in division (A)(3)(c) of this section and has been~~ 4913  
~~working as a dialysis technician for twelve months or longer is~~ 4914  
~~valid for six months. A temporary certificate issued to a person~~ 4915  
~~who meets the requirement in division (A)(3)(c) of this section~~ 4916  
~~and has been employed as a dialysis technician for less than~~ 4917  
~~twelve months is valid for the number of months equal to eighteen~~ 4918  
~~months minus the number of months the person has been employed as~~ 4919  
~~a dialysis technician.~~ 4920

(C) A ~~temporary~~ dialysis technician intern certificate issued 4921  
under this section may not be renewed ~~once~~ if the holder enrolls 4922  
~~or re-enrolls in a dialysis training program approved by the~~ 4923  
~~board. A temporary certificate that has been renewed is not~~ 4924  
~~renewable. A person holding a temporary certificate shall provide~~ 4925  
~~a copy of the temporary certificate to the dialysis provider who~~ 4926  
~~employs the person. The person shall not act as a trainer or~~ 4927  
~~preceptor in any dialysis training program.~~ 4928

**Sec. 4723.77.** A dialysis technician certificate issued under 4929

section 4723.75 of the Revised Code expires biennially and shall 4930  
be renewed according to a schedule established by the board of 4931  
nursing in rules adopted under section 4723.79 of the Revised 4932  
Code. An application for renewal of a dialysis technician 4933  
certificate shall be accompanied by the renewal fee established in 4934  
rules adopted by the board under section 4723.79 of the Revised 4935  
Code. A certificate may be renewed only if, during the period for 4936  
which the certificate was issued, the certificate holder satisfied 4937  
the continuing education requirements established by the board's 4938  
rules. Of the hours of continuing education completed during the 4939  
period for which the dialysis technician certificate was issued, 4940  
at least one hour of the education must be directly related to the 4941  
statutes and rules pertaining to the practice of nursing in this 4942  
state or the practice as a dialysis technician in this state. 4943

**Sec. 4723.79.** The board of nursing shall adopt rules to 4944  
administer and enforce sections 4723.71 to 4723.79 of the Revised 4945  
Code. The board shall adopt the rules in accordance with Chapter 4946  
119. of the Revised Code. The rules shall establish or specify all 4947  
of the following: 4948

(A) The application process, fee, and requirements for 4949  
approval, reapproval, and withdrawing the approval of a dialysis 4950  
training program under section 4723.74 of the Revised Code. The 4951  
requirements shall include standards that must be satisfied 4952  
regarding curriculum, length of training, and instructions in 4953  
patient care. 4954

(B) The application process, fee, and requirements for 4955  
issuance of a dialysis technician certificate under section 4956  
4723.75 of the Revised Code, except that the amount of the fee 4957  
shall be no greater than the fee charged under division (A)(1) of 4958  
section 4723.08 of the Revised Code; 4959

(C) The application process, fee, and requirements for 4960

issuance of a ~~temporary~~ dialysis technician intern certificate 4961  
under section 4723.76 of the Revised Code; 4962

(D) The process for approval of testing organizations under 4963  
section 4723.751 of the Revised Code; 4964

(E) Subjects to be included in a certification examination 4965  
~~provided for in division (B)(1) of~~ pursuant to section 4723.75 4966  
4723.751 of the Revised Code; 4967

(F) The schedule, fees, and continuing education requirements 4968  
for renewal of a dialysis technician certificate under section 4969  
4723.77 of the Revised Code, except that the amount of the fee for 4970  
~~the renewal of a certificate~~ shall be no greater than the fee 4971  
charged under division (A)~~(9)~~(10) of section 4723.08 of the 4972  
Revised Code ~~or, effective September 1, 2003, division (A)(10) of~~ 4973  
~~that section;~~ 4974

(G) ~~Standards and procedures for establishing and maintaining~~ 4975  
~~the dialysis registry required by section 4723.78 of the Revised~~ 4976  
~~Code, including standards and procedures that persons must follow~~ 4977  
~~in providing the information to be included in the registry for~~ 4978  
approval of continuing education programs and courses for dialysis 4979  
technicians; 4980

(H) Standards for the administration of medication by 4981  
dialysis technicians and dialysis technician interns under section 4982  
4723.72 of the Revised Code; 4983

(I) ~~The information a dialysis provider is to provide to the~~ 4984  
~~board when attesting to a person's competence to perform dialysis;~~ 4985

~~(J)~~ Standards and procedures for the supervision of dialysis 4986  
technicians who provide dialysis care in a patient's home, 4987  
including monthly home visits by a registered nurse to monitor the 4988  
quality of the dialysis care; 4989

~~(K)~~(J) Any other procedures or requirements necessary for the 4990

administration and enforcement of sections 4723.71 to 4723.79 of 4991  
the Revised Code. 4992

**Sec. 4723.83.** (A) An individual seeking a community health 4993  
worker certificate shall submit an application to the board of 4994  
nursing on forms the board shall prescribe and furnish. The 4995  
applicant shall include all information the board requires to 4996  
process the application. The application shall be accompanied by 4997  
the fee established in rules adopted under section 4723.88 of the 4998  
Revised Code. 4999

~~(B) An applicant for a community health worker certificate 5000  
shall submit a request to the bureau of criminal identification 5001  
and investigation for a criminal records check of the applicant. 5002  
The request shall be on the form prescribed pursuant to division 5003  
(C)(1) of section 109.572 of the Revised Code, accompanied by a 5004  
standard impression sheet to obtain fingerprints prescribed 5005  
pursuant to division (C)(2) of that section, and accompanied by 5006  
the fee prescribed pursuant to division (C)(3) of that section. On 5007  
receipt of the completed form, the completed impression sheet, and 5008  
the fee, the bureau shall conduct a criminal records check of the 5009  
applicant. On completion of the criminal records check, the bureau 5010  
shall send the results of the check to the board. The applicant 5011  
shall ask the superintendent of the bureau of criminal 5012  
identification and investigation to request that the federal 5013  
bureau of investigation provide the superintendent with any 5014  
information it has with respect to the applicant. 5015~~

~~The results of any criminal records check conducted pursuant 5016  
to a request made under this section, and any report containing 5017  
those results, are not public records for purposes of section 5018  
149.43 of the Revised Code and shall not be made available to any 5019  
person or for any purpose other than the following: 5020~~

~~(1) The results may be made available to any person for use 5021~~

~~in determining whether the individual who is the subject of the~~ 5022  
~~check should be issued a community health worker certificate.~~ 5023

~~(2) The results may be made available to the individual who~~ 5024  
~~is the subject of the check or that individual's representative.~~ 5025

**Sec. 4723.84.** (A) To be eligible to receive a community 5026  
health worker certificate, an applicant shall meet all of the 5027  
following conditions: 5028

(1) Be eighteen years of age or older; 5029

(2) Possess a high school diploma or the equivalent of a high 5030  
school diploma, as determined by the board; 5031

(3) Except as provided in division (B) of this section, 5032  
successfully complete a community health worker training program 5033  
approved by the board under section 4723.87 of the Revised Code; 5034

~~(4) Have results on the criminal records check requested~~ 5035  
~~under section 4723.83 of the Revised Code indicating that the~~ 5036  
~~individual has not been convicted of, has not pleaded guilty to,~~ 5037  
~~and has not had a judicial finding of guilt for violating section~~ 5038  
~~2903.01, 2903.02, 2903.03, 2903.11, 2905.01, 2907.02, 2907.03,~~ 5039  
~~2907.05, 2909.02, 2911.01, or 2911.11 of the Revised Code or a~~ 5040  
~~substantially similar law of another state, the United States, or~~ 5041  
~~another country Not be ineligible for certification as specified~~ 5042  
~~in section 4723.092 of the Revised Code;~~ 5043

(5) Not have committed any act that is grounds for 5044  
disciplinary action under section 3123.47 of the Revised Code or 5045  
rules adopted under division (F) of section 4723.88 of the Revised 5046  
Code or, if such an act has been committed, be determined by the 5047  
board to have made restitution, been rehabilitated, or both; 5048

(6) Not be required to register under Chapter 2950. of the 5049  
Revised Code or a substantially similar law of another state, the 5050  
United States, or another country; 5051

(7) Meet all other requirements the board specifies in rules 5052  
adopted under section 4723.88 of the Revised Code. 5053

(B) In lieu of meeting the condition of completing a 5054  
community health worker training program, an applicant may be 5055  
issued a community health worker certificate if the individual was 5056  
employed in a capacity substantially the same as a community 5057  
health worker ~~before the board implemented the certification~~ 5058  
~~program~~ prior to February 1, 2005. To be eligible under this 5059  
division, an applicant must meet the requirements specified in 5060  
rules adopted by the board under section 4723.88 of the Revised 5061  
Code and provide documentation from the employer attesting to the 5062  
employer's belief that the applicant is competent to perform 5063  
activities as a certified community health worker. 5064

**Sec. 4723.87.** (A) A person or government entity seeking to 5065  
operate a training program that prepares individuals to become 5066  
certified community health workers shall submit an application to 5067  
the board of nursing on forms the board shall prescribe and 5068  
furnish. The applicant shall include all information the board 5069  
requires to process the application. The application shall be 5070  
accompanied by the fee established in rules adopted under section 5071  
4723.87 of the Revised Code. 5072

The board shall review all applications received. If an 5073  
applicant meets the standards for approval established in the 5074  
board's rules adopted under section 4723.88 of the Revised Code, 5075  
the board shall approve the program. 5076

(B) The board's approval of a training program expires 5077  
biennially and may be renewed in accordance with the schedule and 5078  
procedures established by the board in rules adopted under section 5079  
4723.88 of the Revised Code. 5080

(C) If an approved community health worker training program 5081  
ceases to meet the standards for approval, the board shall 5082

withdraw its approval of the program, refuse to renew its approval 5083  
of the program, or place the program on provisional approval. In 5084  
withdrawing or refusing to renew its approval, the board shall act 5085  
in accordance with Chapter 119. of the Revised Code. In placing a 5086  
program on provisional approval, the board shall specify the 5087  
period of time during which the provisional approval is valid. ~~At~~ 5088  
Prior to or at the end of the period, the board shall reconsider 5089  
whether the program meets the standards for approval. If the 5090  
program meets the standards for approval, the board shall 5091  
reinstate its full approval of the program or renew its approval 5092  
of the program. If the program does not meet the standards for 5093  
approval, the board shall proceed by withdrawing or refusing to 5094  
renew its approval of the program. 5095

**Sec. 4723.88.** The board of nursing, in accordance with 5096  
Chapter 119. of the Revised Code, shall adopt rules to administer 5097  
and enforce sections 4723.81 to 4723.87 of the Revised Code. The 5098  
rules shall establish all of the following: 5099

(A) Standards and procedures for issuance of community health 5100  
worker certificates; 5101

(B) Standards for evaluating the competency of an individual 5102  
who applies to receive a certificate on the basis of having been 5103  
employed in a capacity substantially the same as a community 5104  
health worker before the board implemented the certification 5105  
program; 5106

(C) Standards and procedures for renewal of community health 5107  
worker certificates, including the continuing education 5108  
requirements that must be met for renewal; 5109

(D) Standards governing the performance of activities related 5110  
to nursing care that are delegated by a registered nurse to 5111  
certified community health workers. In establishing the standards, 5112  
the board shall specify limits on the number of certified 5113

community health workers a registered nurse may supervise at any 5114  
one time. 5115

(E) Standards and procedures for assessing the quality of the 5116  
services that are provided by certified community health workers; 5117

(F) Standards and procedures for denying, suspending, and 5118  
revoking a community health worker certificate, including reasons 5119  
for imposing the sanctions that are substantially similar to the 5120  
reasons that sanctions are imposed under section 4723.28 of the 5121  
Revised Code; 5122

(G) Standards and procedures for approving and renewing the 5123  
board's approval of training programs that prepare individuals to 5124  
become certified community health workers. In establishing the 5125  
standards, the board shall specify the minimum components that 5126  
must be included in a training program, shall require that all 5127  
approved training programs offer the standardized curriculum, and 5128  
shall ensure that the curriculum enables individuals to use the 5129  
training as a basis for entering programs leading to other 5130  
careers, including nursing education programs. 5131

(H) Standards for approval of continuing education programs 5132  
and courses for certified community health workers; 5133

(I) Standards and procedures for withdrawing the board's 5134  
approval of a training program, refusing to renew the approval of 5135  
a training program, and placing a training program on provisional 5136  
approval; 5137

~~(I)~~(J) Amounts for each fee that may be imposed under 5138  
division (A)~~(25)~~(21) of section 4723.08 of the Revised Code; 5139

~~(J)~~(K) Any other standards or procedures the board considers 5140  
necessary and appropriate for the administration and enforcement 5141  
of sections 4723.81 to 4723.87 of the Revised Code. 5142

**Sec. 4723.99.** (A) Except as provided in division (B) of this 5143

section, whoever violates section 4723.03, 4723.44, 4723.653, or 5144  
4723.73 of the Revised Code is guilty of a felony of the fifth 5145  
degree on a first offense and a felony of the fourth degree on 5146  
each subsequent offense. 5147

(B) ~~A~~ Each of the following is guilty of a minor misdemeanor: 5148

(1) A registered nurse or licensed practical nurse who 5149  
violates division (A) or (B) of section 4723.03 of the Revised 5150  
Code by reason of a license to practice nursing that has lapsed 5151  
for failure to renew or by practicing nursing after a license has 5152  
been classified as inactive ~~is guilty of a minor misdemeanor;~~ 5153

(2) A medication aide who violates section 4723.653 of the 5154  
Revised Code by reason of a medication aide certificate that has 5155  
lapsed for failure to renew or by administering medication as a 5156  
medication aide after a certificate has been classified as 5157  
inactive. 5158

**Sec. 4759.01.** As used in this chapter: 5159

(A) ~~"The practice~~ Practice of dietetics" means any of the 5160  
following: 5161

(1) Nutritional assessment to determine nutritional needs and 5162  
to recommend appropriate nutritional intake, including enteral and 5163  
parenteral nutrition; 5164

(2) Nutritional counseling or education as components of 5165  
preventive, curative, and restorative health care; 5166

(3) Development, administration, evaluation, and consultation 5167  
regarding nutritional care standards. 5168

(B) ~~"The American dietetic association~~ Academy of nutrition 5169  
and dietetics" means the national professional organization ~~of~~ 5170  
~~dietitians that provides direction and leadership for quality~~ 5171  
~~dietetic practice, education, and research~~ known by that name or a 5172  
successor organization that serves in an equivalent capacity. 5173

(C) "Commission on dietetic registration" means the 5174  
~~commission on dietetic registration that is a member of the~~ 5175  
~~national commission on health certifying agencies~~ entity that 5176  
serves as the credentialing agency for the academy of nutrition 5177  
and dietetics. 5178

(D) "Ohio academy of nutrition and dietetics" means the state 5179  
professional organization known by that name or a successor 5180  
organization that serves in an equivalent capacity. 5181

**Sec. 4759.03.** There is hereby created the Ohio board of 5182  
dietetics consisting of five members appointed by the governor 5183  
with the advice and consent of the senate. The Ohio ~~dietetic~~ 5184  
~~association~~ academy of nutrition and dietetics may submit a list 5185  
of five names for each position or vacancy on the board to be 5186  
filled by a dietitian, and the governor may make ~~his appointment~~ 5187  
appointments from the persons so recommended or from other 5188  
persons. ~~Within~~ 5189

Within thirty days of ~~the effective date of this section~~ July 5190  
1, 1987, the governor shall make initial appointments to the 5191  
board. Of the initial appointments, one shall be for a term ending 5192  
one year after ~~the effective date of this section~~ July 1, 1987, 5193  
one shall be for a term ending two years after ~~the effective date~~ 5194  
~~of this section~~ July 1, 1987, one shall be for a term ending three 5195  
years after ~~the effective date of this section~~ July 1, 1987, one 5196  
shall be for a term ending four years after ~~the effective date of~~ 5197  
~~this section~~ July 1, 1987, and one shall be for a term ending five 5198  
years after ~~the effective date of this section~~ July 1, 1987. 5199  
Thereafter, terms of office shall be for five years, each term 5200  
ending on the same day of the same month as did the term which it 5201  
succeeds. Each member shall hold office from the date of ~~his~~ 5202  
appointment until the end of the term for which ~~he~~ the member was 5203  
appointed. The governor shall appoint a member to fill a vacancy 5204

in the manner prescribed for filling the position in which the 5205  
vacancy occurs. Any member appointed to fill a vacancy occurring 5206  
prior to the expiration of the term for which ~~his~~ the member's 5207  
predecessor was appointed shall hold office for the remainder of 5208  
the term. Any member shall continue in office subsequent to the 5209  
expiration date of ~~his~~ the member's term until ~~his~~ a successor 5210  
takes office, or until a period of sixty days has elapsed, 5211  
whichever occurs first. 5212

Members of the board may be removed by the governor for 5213  
malfeasance, misfeasance, or nonfeasance after an adjudication 5214  
hearing pursuant to Chapter 119. of the Revised Code. Members may 5215  
not be appointed to a second term unless a period of five years 5216  
has passed since the expiration of the first term, except that 5217  
members appointed for less than a five-year term or appointed to 5218  
fill an unexpired term may be appointed for one full term of five 5219  
years immediately following the end of the term for which ~~he~~ the 5220  
member was first appointed. 5221

Three members of the board shall be dietitians who have been 5222  
actively engaged in the practice of dietetics in the state for at 5223  
least five years immediately preceding their appointment; one 5224  
member shall be an educator with a doctoral degree who holds a 5225  
regular faculty appointment in a program that prepares students to 5226  
meet the requirements of division (A)(5) of section 4759.06 of the 5227  
Revised Code; and one member shall be a member of the general 5228  
public who is not and never has been a dietitian, is not a member 5229  
of the immediate family of a dietitian, does not have a financial 5230  
interest in the provision of goods or services to dietitians, and 5231  
is not engaged in any activity related to the practice of 5232  
dietetics. 5233

Each member of the board shall receive an amount fixed 5234  
pursuant to division (J) of section 124.15 of the Revised Code for 5235  
each day, or portion thereof, ~~he is~~ actually engaged in the 5236

discharge of ~~his~~ official duties, and shall be reimbursed for 5237  
actual and necessary expenses incurred in the performance of those 5238  
duties. 5239

**Sec. 4759.05.** The Ohio board of dietetics shall: 5240

(A) Adopt, amend, or rescind rules pursuant to Chapter 119. 5241  
of the Revised Code to carry out the provisions of this chapter, 5242  
including rules governing the following: 5243

(1) Selection and approval of a dietitian licensure 5244  
examination offered by the commission on dietetic registration or 5245  
any other examination; 5246

(2) The examination of applicants for licensure as a 5247  
dietitian, to be held at least twice annually, as required under 5248  
division (A) of section 4759.06 of the Revised Code; 5249

(3) Requirements for pre-professional dietetic experience of 5250  
applicants for licensure as a dietitian that are at least 5251  
equivalent to the requirements adopted by the commission on 5252  
dietetic registration; 5253

(4) Requirements for a person holding a limited permit under 5254  
division (F) of section 4759.06 of the Revised Code, including the 5255  
duration of validity of a limited permit; 5256

(5) Requirements for a licensed dietitian who places a 5257  
license in inactive status under division (G) of section 4759.06 5258  
of the Revised Code, including a procedure for changing inactive 5259  
status to active status; 5260

(6) Continuing education requirements for renewal of a 5261  
license, except that the board may adopt rules to waive the 5262  
requirements for a person who is unable to meet the requirements 5263  
due to illness or other reasons. Rules adopted under this division 5264  
shall be consistent with the continuing education requirements 5265  
adopted by the commission on dietetic registration. 5266

|                                                                                                                                                                                                                                                                                            |                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| (7) Any additional education requirements the board considers necessary, for applicants who have not practiced dietetics within five years of the initial date of application for licensure;                                                                                               | 5267<br>5268<br>5269                 |
| (8) Standards of professional responsibility and practice for persons licensed under this chapter that are consistent with those standards of professional responsibility and practice adopted by the <del>American dietetic association</del> <u>academy of nutrition and dietetics</u> ; | 5270<br>5271<br>5272<br>5273<br>5274 |
| (9) Formulation of a written application form for licensure or license renewal that includes the statement that any applicant who knowingly makes a false statement on the application is guilty of a misdemeanor of the first degree under section 2921.13 of the Revised Code;           | 5275<br>5276<br>5277<br>5278<br>5279 |
| (10) Procedures for license renewal;                                                                                                                                                                                                                                                       | 5280                                 |
| (11) Establishing a time period after the notification of a violation of section 4759.02 of the Revised Code, by which the person notified must request a hearing by the board under section 4759.09 of the Revised Code;                                                                  | 5281<br>5282<br>5283<br>5284         |
| (12) Requirements for criminal records checks of applicants under section 4776.03 of the Revised Code.                                                                                                                                                                                     | 5285<br>5286                         |
| (B) Investigate alleged violations of sections 4759.02 to 4759.10 of the Revised Code. In making its investigations, the board may issue subpoenas, examine witnesses, and administer oaths.                                                                                               | 5287<br>5288<br>5289<br>5290         |
| (C) Adopt a seal;                                                                                                                                                                                                                                                                          | 5291                                 |
| (D) Conduct meetings and keep records as are necessary to carry out the provisions of this chapter;                                                                                                                                                                                        | 5292<br>5293                         |
| (E) Publish, and make available to the public, upon request and for a fee not to exceed the actual cost of printing and mailing, the board's rules and requirements for licensure adopted                                                                                                  | 5294<br>5295<br>5296                 |

under division (A) of this section and a record of all persons 5297  
licensed under section 4759.06 of the Revised Code. 5298

**Sec. 4759.06.** (A) The Ohio board of dietetics shall issue or 5299  
renew a license to practice dietetics to an applicant who: 5300

(1) Has satisfactorily completed an application for licensure 5301  
in accordance with division (A) of section 4759.05 of the Revised 5302  
Code; 5303

(2) Has paid the fee required under division (A) of section 5304  
4759.08 of the Revised Code; 5305

(3) Is a resident of the state or performs or plans to 5306  
perform dietetic services within the state; 5307

(4) Is of good moral character; 5308

(5) Has received a baccalaureate or higher degree from an 5309  
institution of higher education that is approved by the board or a 5310  
regional accreditation agency that is recognized by the council on 5311  
postsecondary accreditation, and has completed a program 5312  
consistent with the academic standards for dietitians established 5313  
by the ~~American dietetic association~~ academy of nutrition and 5314  
dietetics; 5315

(6) Has successfully completed a pre-professional dietetic 5316  
experience approved by the ~~American dietetic association~~ academy 5317  
of nutrition and dietetics, or experience approved by the board 5318  
under division (A)(3) of section 4759.05 of the Revised Code; 5319

(7) Has passed the examination approved by the board under 5320  
division (A)(1) of section 4759.05 of the Revised Code; 5321

(8) Is an applicant for renewal of a license, and has 5322  
fulfilled the continuing education requirements adopted under 5323  
division (A)(6) of section 4759.05 of the Revised Code. 5324

(B) The board shall waive the requirements of divisions 5325

(A)(5), (6), and (7) of this section and any rules adopted under 5326  
division (A)(7) of section 4759.05 of the Revised Code if the 5327  
applicant presents satisfactory evidence to the board of current 5328  
registration as a registered dietitian with the commission on 5329  
dietetic registration. 5330

(C) The board shall waive the requirements of division (A)(7) 5331  
of this section if the application for renewal is made within two 5332  
years after the date of license expiration. 5333

(D) The board may waive the requirements of division (A)(5), 5334  
(6), or (7) of this section or any rules adopted under division 5335  
(A)(7) of section 4759.05 of the Revised Code, if the applicant 5336  
presents satisfactory evidence of education, experience, or 5337  
passing an examination in another state or a foreign country, that 5338  
the board considers the equivalent of the requirements stated in 5339  
those divisions or rules. 5340

(E) The board shall issue an initial license to practice 5341  
dietetics to an applicant who meets the requirements of division 5342  
(A) of this section. An initial license shall be valid from the 5343  
date of issuance through the thirtieth day of June following 5344  
issuance of the license. Each subsequent license shall be valid 5345  
from the first day of July through the thirtieth day of June. The 5346  
board shall renew the license of an applicant who is licensed to 5347  
practice dietetics and who meets the continuing education 5348  
requirements of division (A)(6) of section 4759.05 of the Revised 5349  
Code. The renewal shall be pursuant to the standard renewal 5350  
procedure of sections 4745.01 to 4745.03 of the Revised Code. 5351

(F) The board may grant a limited permit to a person who has 5352  
completed the education and pre-professional requirements of 5353  
divisions (A)(5) and (6) of this section and who presents evidence 5354  
to the board of having applied to take the examination approved by 5355  
the board under division (A)(1) of section 4759.05 of the Revised 5356  
Code. A person holding a limited permit who has failed the 5357

examination shall practice only under the direct supervision of a 5358  
licensed dietitian. 5359

(G) A licensed dietitian may place the license in inactive 5360  
status. 5361

**Sec. 4759.10.** Sections 4759.01 to 4759.09 of the Revised Code 5362  
do not apply to any of the following: 5363

(A) A person licensed under Chapters 4701. to 4755. of the 5364  
Revised Code who is acting within the scope of the person's 5365  
profession, provided that the person complies with division (B) of 5366  
section 4759.02 of the Revised Code; 5367

(B) A person who is a graduate of an associate degree program 5368  
approved by the ~~American dietetic association~~ academy of nutrition  
and dietetics or the Ohio board of dietetics who is working as a 5369  
dietetic technician under the supervision of a dietitian licensed 5370  
under section 4759.06 of the Revised Code or registered by the 5371  
commission on dietetic registration, except that the person is 5372  
subject to division (B) of section 4759.02 of the Revised Code if 5373  
the person uses a title other than "dietetic technician"; 5374  
5375

(C) A person who practices dietetics related to employment in 5376  
the armed forces, veteran's administration, or the public health 5377  
service of the United States; 5378

(D) Persons employed by a nonprofit agency approved by the 5379  
board or by a federal, state, municipal or county government, or 5380  
by any other political subdivision, elementary or secondary 5381  
school, or an institution of higher education approved by the 5382  
board or by a regional agency recognized by the council on 5383  
postsecondary accreditation, who performs only nutritional 5384  
education activities and such other nutritional activities as the 5385  
board of dietetics, by rule, permits, provided the person does not 5386  
violate division (B) of section 4759.02 of the Revised Code; 5387

(E) A person who has completed a program meeting the academic standards set ~~by the American dietetic association~~ for dietitians by the academy of nutrition and dietetics, received a baccalaureate or higher degree from a school, college, or university approved by a regional accreditation agency recognized by the council on postsecondary accreditation, works under the supervision of a licensed dietitian or registered dietitian, and does not violate division (B) of section 4759.02 of the Revised Code;

(F) A person when acting, under the direction and supervision of a person licensed under Chapters 4701. to 4755. of the Revised Code, in the execution of a plan of treatment authorized by the licensed person, provided the person complies with division (B) of section 4759.02 of the Revised Code;

(G) The free dissemination of literature in the state;

(H) Provided that the persons involved in the sale, promotion, or explanation of the sale of food, food materials, or dietary supplements do not violate division (B) of section 4759.02 of the Revised Code, the sale of food, food materials, or dietary supplements and the marketing and distribution of food, food materials, or dietary supplements and the promotion or explanation of the use of food, food materials, or dietary supplements provided that the promotion or explanation does not violate Chapter 1345. of the Revised Code;

(I) A person who offers dietary supplements for sale and who makes the following statements about the product if the statements are consistent with the dietary supplement's label or labeling:

(1) Claim a benefit related to a classical nutrient deficiency disease and disclose the prevalence of the disease in the United States;

(2) Describe the role of a nutrient or dietary ingredient

intended to affect the structure or function of the human body; 5419

(3) Characterize the documented mechanism by which a nutrient 5420  
or dietary ingredient acts to maintain the structure or function 5421  
of the human body; 5422

(4) Describe general well-being from the consumption of a 5423  
nutrient or dietary ingredient. 5424

(J) Provided that the persons involved in presenting a 5425  
general program of instruction for weight control do not violate 5426  
division (B) of section 4759.02 of the Revised Code, a general 5427  
program of instruction for weight control approved in writing by a 5428  
licensed dietitian, a physician licensed under Chapter 4731. of 5429  
the Revised Code to practice medicine or surgery or osteopathic 5430  
medicine or surgery, a person licensed in another state that the 5431  
board considers to have substantially equivalent licensure 5432  
requirements as this state, or a registered dietitian; 5433

(K) The continued practice of dietetics at a hospital by a 5434  
person employed at that same hospital to practice dietetics for 5435  
the twenty years immediately prior to July 1, 1987, so long as the 5436  
person works under the supervision of a dietitian licensed under 5437  
section 4759.06 of the Revised Code and does not violate division 5438  
(B) of section 4759.02 of the Revised Code. This division does not 5439  
apply to any person who has held a license issued under this 5440  
chapter to practice dietetics. As used in this division, 5441  
"hospital" has the same meaning as in section 3727.01 of the 5442  
Revised Code. 5443

**Sec. 5111.222.** (A) As used in this section, "low resource 5444  
utilization resident" means a medicaid recipient residing in a 5445  
nursing facility who, for purposes of calculating the nursing 5446  
facility's medicaid reimbursement rate for direct care costs, is 5447  
placed in either of the two lowest resource utilization groups, 5448  
excluding any resource utilization group that is a default group 5449

used for residents with incomplete assessment data. 5450

(B) Except as otherwise provided by sections 5111.20 to 5451  
5111.331 of the Revised Code and by division ~~(B)~~(C) of this 5452  
section, the total rate that the department of job and family 5453  
services shall agree to pay for a fiscal year to the provider of a 5454  
nursing facility pursuant to a provider agreement shall equal the 5455  
sum of all of the following: 5456

(1) The rate for direct care costs determined for the nursing 5457  
facility under section 5111.231 of the Revised Code; 5458

(2) The rate for ancillary and support costs determined for 5459  
the nursing facility's ancillary and support cost peer group under 5460  
section 5111.24 of the Revised Code; 5461

(3) The rate for tax costs determined for the nursing 5462  
facility under section 5111.242 of the Revised Code; 5463

(4) The quality incentive payment paid to the nursing 5464  
facility under section 5111.244 of the Revised Code; 5465

(5) If the nursing facility qualifies as a critical access 5466  
nursing facility, the critical access incentive payment paid to 5467  
the nursing facility under section 5111.246 of the Revised Code; 5468

(6) The rate for capital costs determined for the nursing 5469  
facility's capital costs peer group under section 5111.25 of the 5470  
Revised Code. 5471

~~(B) The department shall adjust the rates otherwise 5472  
determined under division (A) of this section as directed by the 5473  
general assembly through the enactment of law governing medicaid 5474  
payments to providers of nursing facilities, including any law 5475  
that establishes factors by which the rates are to be adjusted. 5476~~

(C) The total rate determined under division (B) of this 5477  
section shall not be paid for nursing facility services provided 5478  
to low resource utilization residents. Instead, the total rate for 5479

nursing facility services that a nursing facility provides to low 5480  
resource utilization residents shall be one hundred thirty dollars 5481  
per medicaid day. 5482

(D) In addition to paying a nursing facility provider the 5483  
nursing facility's total rate determined ~~for the nursing facility~~ 5484  
under division ~~(A)~~(B) or (C) of this section for a fiscal year, 5485  
the department shall pay the provider a quality bonus under 5486  
section 5111.245 of the Revised Code for that fiscal year if the 5487  
provider's nursing facility is a qualifying nursing facility, as 5488  
defined in that section, for that fiscal year. The quality bonus 5489  
shall not be part of the total rate. 5490

**Sec. 5111.231.** (A) As used in this section: 5491

(1) "Applicable calendar year" means the following: 5492

(a) For the purpose of the department of job and family 5493  
services' initial determination under division (D) of this section 5494  
of each peer group's cost per case-mix unit, calendar year 2003; 5495

(b) For the purpose of the department's rebasings, the 5496  
calendar year the department selects. 5497

(2) "Rebasing" means a redetermination under division (D) of 5498  
this section of each peer groups' cost per case-mix unit using 5499  
information from cost reports for an applicable calendar year that 5500  
is later than the applicable calendar year used for the previous 5501  
determination of such costs. 5502

(B) The department of job and family services shall pay a 5503  
provider for each of the provider's eligible nursing facilities a 5504  
per resident per day rate for direct care costs determined 5505  
semiannually by multiplying the cost per case-mix unit determined 5506  
under division (D) of this section for the facility's peer group 5507  
by the facility's semiannual case-mix score determined under 5508  
section 5111.232 of the Revised Code. 5509

(C) For the purpose of determining nursing facilities' rate 5510  
for direct care costs, the department shall establish three peer 5511  
groups. 5512

Each nursing facility located in any of the following 5513  
counties shall be placed in peer group one: Brown, Butler, 5514  
Clermont, Clinton, Hamilton, and Warren. 5515

Each nursing facility located in any of the following 5516  
counties shall be placed in peer group two: Ashtabula, Champaign, 5517  
Clark, Cuyahoga, Darke, Delaware, Fairfield, Fayette, Franklin, 5518  
Fulton, Geauga, Greene, Hancock, Knox, Lake, Licking, Lorain, 5519  
Lucas, Madison, Marion, Medina, Miami, Montgomery, Morrow, Ottawa, 5520  
Pickaway, Portage, Preble, Ross, Sandusky, Seneca, Summit, Union, 5521  
and Wood. 5522

Each nursing facility located in any of the following 5523  
counties shall be placed in peer group three: Adams, Allen, 5524  
Ashland, Athens, Auglaize, Belmont, Carroll, Columbiana, 5525  
Coshocton, Crawford, Defiance, Erie, Gallia, Guernsey, Hardin, 5526  
Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, 5527  
Jefferson, Lawrence, Logan, Mahoning, Meigs, Mercer, Monroe, 5528  
Morgan, Muskingum, Noble, Paulding, Perry, Pike, Putnam, Richland, 5529  
Scioto, Shelby, Stark, Trumbull, Tuscarawas, Van Wert, Vinton, 5530  
Washington, Wayne, Williams, and Wyandot. 5531

(D)(1) The department shall determine a cost per case-mix 5532  
unit for each peer group established under division (C) of this 5533  
section. The department is not required to conduct a rebasing more 5534  
than once every ten years. Except as necessary to implement the 5535  
amendments made ~~by this act~~ to this section by Am. Sub. H.B. 153 5536  
and Sub. H.B. 303, both of the 129th general assembly, the cost 5537  
per case-mix unit determined under this division for a peer group 5538  
shall be used for subsequent years until the department conducts a 5539  
rebasings. To determine a peer group's cost per case-mix unit, the 5540  
department shall do all of the following: 5541

(a) Determine the cost per case-mix unit for each nursing facility in the peer group for the applicable calendar year by dividing each facility's desk-reviewed, actual, allowable, per diem direct care costs for the applicable calendar year by the facility's annual average case-mix score determined under section 5111.232 of the Revised Code for the applicable calendar year;

(b) Subject to division (D)(2) of this section, identify which nursing facility in the peer group is at the twenty-fifth percentile of the cost per case-mix units determined under division (D)(1)(a) of this section;

(c) Calculate the amount that is two per cent above the cost per case-mix unit determined under division (D)(1)(a) of this section for the nursing facility identified under division (D)(1)(b) of this section;

(d) Using the index specified in division (D)(3) of this section, multiply the rate of inflation for the eighteen-month period beginning on the first day of July of the applicable calendar year and ending the last day of December of the calendar year immediately following the applicable calendar year by the amount calculated under division (D)(1)(c) of this section;

(e) Until the first rebasing occurs, add one dollar and eighty-eight cents to the amount calculated under division (D)(1)(d) of this section;

(f) Until the first rebasing occurs, increase the amount calculated under division (D)(1)(e) of this section by five and eight hundredths per cent.

(2) In making the identification under division (D)(1)(b) of this section, the department shall exclude both of the following:

(a) Nursing facilities that participated in the medicaid program under the same provider for less than twelve months in the applicable calendar year;

(b) Nursing facilities whose cost per case-mix unit is more than one standard deviation from the mean cost per case-mix unit for all nursing facilities in the nursing facility's peer group for the applicable calendar year.

(3) The following index shall be used for the purpose of the calculation made under division (D)(1)(d) of this section:

(a) Until the first rebasing occurs, the employment cost index for total compensation, health services component, published by the United States bureau of labor statistics, as the index existed on July 1, 2005;

(b) Effective with the first rebasing and except as provided in division (D)(3)(c) of this section, the employment cost index for total compensation, nursing and residential care facilities occupational group, published by the United States bureau of labor statistics;

(c) If the United States bureau of labor statistics ceases to publish the index specified in division (D)(3)(b) of this section, the index the bureau subsequently publishes that covers nursing facilities' staff costs.

(4) The department shall not redetermine a peer group's cost per case-mix unit under this division based on additional information that it receives after the peer group's per case-mix unit is determined. The department shall redetermine a peer group's cost per case-mix unit only if it made an error in determining the peer group's cost per case-mix unit based on information available to the department at the time of the original determination.

**Sec. 5111.24.** (A) As used in this section:

(1) "Applicable calendar year" means the following:

(a) For the purpose of the department of job and family

services' initial determination under division (D) of this section 5603  
of each peer group's rate for ancillary and support costs, 5604  
calendar year 2003; 5605

(b) For the purpose of the department's rebasings, the 5606  
calendar year the department selects. 5607

(2) "Rebasing" means a redetermination under division (D) of 5608  
this section of each peer groups' rate for ancillary and support 5609  
costs using information from cost reports for an applicable 5610  
calendar year that is later than the applicable calendar year used 5611  
for the previous determination of such rates. 5612

(B) The department of job and family services shall pay a 5613  
provider for each of the provider's eligible nursing facilities a 5614  
per resident per day rate for ancillary and support costs 5615  
determined for the nursing facility's peer group under division 5616  
(D) of this section. 5617

(C) For the purpose of determining nursing facilities' rate 5618  
for ancillary and support costs, the department shall establish 5619  
six peer groups. 5620

Each nursing facility located in any of the following 5621  
counties shall be placed in peer group one or two: Brown, Butler, 5622  
Clermont, Clinton, Hamilton, and Warren. Each nursing facility 5623  
located in any of those counties that has fewer than one hundred 5624  
beds shall be placed in peer group one. Each nursing facility 5625  
located in any of those counties that has one hundred or more beds 5626  
shall be placed in peer group two. 5627

Each nursing facility located in any of the following 5628  
counties shall be placed in peer group three or four: Ashtabula, 5629  
Champaign, Clark, Cuyahoga, Darke, Delaware, Fairfield, Fayette, 5630  
Franklin, Fulton, Geauga, Greene, Hancock, Knox, Lake, Licking, 5631  
Lorain, Lucas, Madison, Marion, Medina, Miami, Montgomery, Morrow, 5632  
Ottawa, Pickaway, Portage, Preble, Ross, Sandusky, Seneca, Summit, 5633

Union, and Wood. Each nursing facility located in any of those 5634  
counties that has fewer than one hundred beds shall be placed in 5635  
peer group three. Each nursing facility located in any of those 5636  
counties that has one hundred or more beds shall be placed in peer 5637  
group four. 5638

Each nursing facility located in any of the following 5639  
counties shall be placed in peer group five or six: Adams, Allen, 5640  
Ashland, Athens, Auglaize, Belmont, Carroll, Columbiana, 5641  
Coshocton, Crawford, Defiance, Erie, Gallia, Guernsey, Hardin, 5642  
Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, 5643  
Jefferson, Lawrence, Logan, Mahoning, Meigs, Mercer, Monroe, 5644  
Morgan, Muskingum, Noble, Paulding, Perry, Pike, Putnam, Richland, 5645  
Scioto, Shelby, Stark, Trumbull, Tuscarawas, Van Wert, Vinton, 5646  
Washington, Wayne, Williams, and Wyandot. Each nursing facility 5647  
located in any of those counties that has fewer than one hundred 5648  
beds shall be placed in peer group five. Each nursing facility 5649  
located in any of those counties that has one hundred or more beds 5650  
shall be placed in peer group six. 5651

(D)(1) The department shall determine the rate for ancillary 5652  
and support costs for each peer group established under division 5653  
(C) of this section. The department is not required to conduct a 5654  
rebasings more than once every ten years. Except as necessary to 5655  
implement the amendments made ~~by this act~~ to this section by Am. 5656  
Sub. H.B. 153 and Sub. H.B. 303, both of the 129th general 5657  
assembly, the rate for ancillary and support costs determined 5658  
under this division for a peer group shall be used for subsequent 5659  
years until the department conducts a rebasing. To determine a 5660  
peer group's rate for ancillary and support costs, the department 5661  
shall do all of the following: 5662

(a) Subject to division (D)(2) of this section, determine the 5663  
rate for ancillary and support costs for each nursing facility in 5664  
the peer group for the applicable calendar year by using the 5665

greater of the nursing facility's actual inpatient days for the 5666  
applicable calendar year or the inpatient days the nursing 5667  
facility would have had for the applicable calendar year if its 5668  
occupancy rate had been ninety per cent; 5669

(b) Subject to division (D)(3) of this section, identify 5670  
which nursing facility in the peer group is at the twenty-fifth 5671  
percentile of the rate for ancillary and support costs for the 5672  
applicable calendar year determined under division (D)(1)(a) of 5673  
this section; 5674

(c) Multiply the rate for ancillary and support costs 5675  
determined under division (D)(1)(a) of this section for the 5676  
nursing facility identified under division (D)(1)(b) of this 5677  
section by the rate of inflation for the eighteen-month period 5678  
beginning on the first day of July of the applicable calendar year 5679  
and ending the last day of December of the calendar year 5680  
immediately following the applicable calendar year using the 5681  
following: 5682

(i) Until the first rebasing occurs, the consumer price index 5683  
for all items for all urban consumers for the north central 5684  
region, published by the United States bureau of labor statistics, 5685  
as that index existed on July 1, 2005; 5686

(ii) Effective with the first rebasing and except as provided 5687  
in division (D)(1)(c)(iii) of this section, the consumer price 5688  
index for all items for all urban consumers for the midwest 5689  
region, published by the United States bureau of labor statistics; 5690

(iii) If the United States bureau of labor statistics ceases 5691  
to publish the index specified in division (D)(1)(c)(ii) of this 5692  
section, the index the bureau subsequently publishes that covers 5693  
urban consumers' prices for items for the region that includes 5694  
this state. 5695

(d) Until the first rebasing occurs, increase the amount 5696

calculated under division (D)(1)(c) of this section by five and 5697  
eight hundredths per cent. 5698

(2) For the purpose of determining a nursing facility's 5699  
occupancy rate under division (D)(1)(a) of this section, the 5700  
department shall include any beds that the nursing facility 5701  
removes from its medicaid-certified capacity unless the nursing 5702  
facility also removes the beds from its licensed bed capacity. 5703

(3) In making the identification under division (D)(1)(b) of 5704  
this section, the department shall exclude both of the following: 5705

(a) Nursing facilities that participated in the medicaid 5706  
program under the same provider for less than twelve months in the 5707  
applicable calendar year; 5708

(b) Nursing facilities whose ancillary and support costs are 5709  
more than one standard deviation from the mean desk-reviewed, 5710  
actual, allowable, per diem ancillary and support cost for all 5711  
nursing facilities in the nursing facility's peer group for the 5712  
applicable calendar year. 5713

(4) The department shall not redetermine a peer group's rate 5714  
for ancillary and support costs under this division based on 5715  
additional information that it receives after the rate is 5716  
determined. The department shall redetermine a peer group's rate 5717  
for ancillary and support costs only if the department made an 5718  
error in determining the rate based on information available to 5719  
the department at the time of the original determination. 5720

**Sec. 5111.242.** (A) As used in this section, ~~"applicable:~~ 5721

(1) "Applicable calendar year" means the following: 5722

~~(1)(a)~~ (a) For the purpose of the department of job and family 5723  
services' initial determination under this section of nursing 5724  
facilities' rate for tax costs, calendar year 2003; 5725

~~(2)(b)~~ (b) For the purpose of the department's ~~subsequent~~ 5726

determinations under division (C) of this section of nursing facilities' rate for tax costs rebasings, the calendar year the department selects.

(2) "Rebasing" means a redetermination under division (C) of this section of each nursing facility's rate for tax costs using information from cost reports for an applicable calendar year that is later than the applicable calendar year used for the previous determination of such rates.

(B) The department of job and family services shall pay a provider for each of the provider's eligible nursing facilities a per resident per day rate for tax costs determined under division (C) of this section.

~~(C) At least once every ten years, the~~ The department shall determine the rate for tax costs for each nursing facility. The department is not required to conduct a rebasing more than once every ten years. Except as necessary to implement the amendments made to this section by Sub. H.B. 303 of the 129th general assembly, the rate for tax costs determined under this division for a nursing facility shall be used for subsequent years until the department ~~redetermines it~~ conducts a rebasing. To determine a nursing facility's rate for tax costs and except as provided in division (D) of this section, the department shall ~~divide~~ do both of the following:

(1) Divide the nursing facility's desk-reviewed, actual, allowable tax costs paid for the applicable calendar year by the number of inpatient days the nursing facility would have had if its occupancy rate had been one hundred per cent during the applicable calendar year;

(2) Until the first rebasing occurs, increase the amount calculated under division (C)(1) of this section by five and eight hundredths per cent.

(D) If a nursing facility had a credit regarding its real estate taxes reflected on its cost report for calendar year 2003, the department shall determine, as follows, its rate for tax costs for the period beginning on July 1, 2010, and ending on the first day of the fiscal year for which the department first ~~redetermines~~ ~~all nursing facilities' rate for tax costs under division (C) of this section by dividing~~ conducts a rebasing:

(1) Divide the nursing facility's desk-reviewed, actual, allowable tax costs paid for calendar year 2004 by the number of inpatient days the nursing facility would have had if its occupancy rate had been one hundred per cent during calendar year 2004;

(2) Until the first rebasing occurs, increase the amount calculated under division (D)(1) of this section by five and eight hundredths per cent.

**Sec. 5111.246.** (A) Each fiscal year, the department of job and family services shall pay a critical access incentive payment to the provider of each nursing facility that qualifies as a critical access nursing facility. To qualify as a critical access nursing facility for a fiscal year, a nursing facility must meet all of the following requirements:

(1) The nursing facility must be located in an area that, on December 31, 2011, was designated an empowerment zone under section 1391 of the "Internal Revenue Code of 1986," 107 Stat. 543, 26 U.S.C. 1391, as amended.

(2) The nursing facility must have an occupancy rate of at least eighty-five per cent as of the last day of the calendar year preceding the fiscal year.

(3) The nursing facility must have a medicaid utilization rate of at least sixty-five per cent as of the last day of the

calendar year preceding the fiscal year. 5788

(B) A critical access nursing facility's critical access 5789  
incentive payment for a fiscal year shall equal five per cent of 5790  
the portion of the nursing facility's total rate for the fiscal 5791  
year that is the sum of the rates and payment identified in 5792  
divisions ~~(A)~~(B)(1) to (4) and (6) of section 5111.222 of the 5793  
Revised Code. 5794

**Sec. 5111.25.** (A) As used in this section: 5795

(1) "Applicable calendar year" means the following: 5796

(a) For the purpose of the department of job and family 5797  
services' initial determination under division (D) of this section 5798  
of each peer group's rate for capital costs, calendar year 2003; 5799

(b) For the purpose of the department's rebasings, the 5800  
calendar year the department selects. 5801

(2) "Rebasing" means a redetermination under division (D) of 5802  
this section of each peer groups' rate for capital costs using 5803  
information from cost reports for an applicable calendar year that 5804  
is later than the applicable calendar year used for the previous 5805  
determination of such rates. 5806

(B) The department of job and family services shall pay a 5807  
provider for each of the provider's eligible nursing facilities a 5808  
per resident per day rate for capital costs determined for the 5809  
nursing facility's peer group under division (D) of this section. 5810

(C) For the purpose of determining nursing facilities' rate 5811  
for capital costs, the department shall establish six peer groups. 5812

Each nursing facility located in any of the following 5813  
counties shall be placed in peer group one or two: Brown, Butler, 5814  
Clermont, Clinton, Hamilton, and Warren. Each nursing facility 5815  
located in any of those counties that has fewer than one hundred 5816  
beds shall be placed in peer group one. Each nursing facility 5817

located in any of those counties that has one hundred or more beds 5818  
shall be placed in peer group two. 5819

Each nursing facility located in any of the following 5820  
counties shall be placed in peer group three or four: Ashtabula, 5821  
Champaign, Clark, Cuyahoga, Darke, Delaware, Fairfield, Fayette, 5822  
Franklin, Fulton, Geauga, Greene, Hancock, Knox, Lake, Licking, 5823  
Lorain, Lucas, Madison, Marion, Medina, Miami, Montgomery, Morrow, 5824  
Ottawa, Pickaway, Portage, Preble, Ross, Sandusky, Seneca, Summit, 5825  
Union, and Wood. Each nursing facility located in any of those 5826  
counties that has fewer than one hundred beds shall be placed in 5827  
peer group three. Each nursing facility located in any of those 5828  
counties that has one hundred or more beds shall be placed in peer 5829  
group four. 5830

Each nursing facility located in any of the following 5831  
counties shall be placed in peer group five or six: Adams, Allen, 5832  
Ashland, Athens, Auglaize, Belmont, Carroll, Columbiana, 5833  
Coshocton, Crawford, Defiance, Erie, Gallia, Guernsey, Hardin, 5834  
Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, 5835  
Jefferson, Lawrence, Logan, Mahoning, Meigs, Mercer, Monroe, 5836  
Morgan, Muskingum, Noble, Paulding, Perry, Pike, Putnam, Richland, 5837  
Scioto, Shelby, Stark, Trumbull, Tuscarawas, Van Wert, Vinton, 5838  
Washington, Wayne, Williams, and Wyandot. Each nursing facility 5839  
located in any of those counties that has fewer than one hundred 5840  
beds shall be placed in peer group five. Each nursing facility 5841  
located in any of those counties that has one hundred or more beds 5842  
shall be placed in peer group six. 5843

(D)(1) The department shall determine the rate for capital 5844  
costs for each peer group established under division (C) of this 5845  
section. The department is not required to conduct a rebasing more 5846  
than once every ten years. Except as necessary to implement the 5847  
amendments made ~~by this act~~ to this section by Am. Sub. H.B. 153 5848  
and Sub. H.B. 303, both of the 129th general assembly, the rate 5849

for capital costs determined under this division for a peer group 5850  
shall be used for subsequent years until the department conducts a 5851  
rebasings. A To determine a peer group's rate for capital costs 5852  
~~shall be, the department shall do both of the following:~~ 5853

(a) Determine the rate for capital costs determined for the 5854  
nursing facility in the peer group that is at the twenty-fifth 5855  
percentile of the rate for capital costs for the applicable 5856  
calendar year; 5857

(b) Until the first rebasing occurs, increase the amount 5858  
calculated under division (D)(1)(a) of this section by five and 5859  
eight hundredths per cent. In identifying that 5860

(2) To identify the nursing facility in a peer group that is 5861  
at the twenty-fifth percentile of the rate for capital costs for 5862  
the applicable calendar year, the department shall do both of the 5863  
following: 5864

(a) Subject to division (D)~~(2)~~(3) of this section, use the 5865  
greater of each nursing facility's actual inpatient days for the 5866  
applicable calendar year or the inpatient days the nursing 5867  
facility would have had for the applicable calendar year if its 5868  
occupancy rate had been one hundred per cent; 5869

(b) Exclude both of the following: 5870

(i) Nursing facilities that participated in the medicaid 5871  
program under the same provider for less than twelve months in the 5872  
applicable calendar year; 5873

(ii) Nursing facilities whose capital costs are more than one 5874  
standard deviation from the mean desk-reviewed, actual, allowable, 5875  
per diem capital cost for all nursing facilities in the nursing 5876  
facility's peer group for the applicable calendar year. 5877

~~(2)~~(3) For the purpose of determining a nursing facility's 5878  
occupancy rate under division (D)~~(1)~~(2)(a) of this section, the 5879

department shall include any beds that the nursing facility 5880  
removes from its medicaid-certified capacity after June 30, 2005, 5881  
unless the nursing facility also removes the beds from its 5882  
licensed bed capacity. 5883

~~(3)~~(4) The department shall not redetermine a peer group's 5884  
rate for capital costs under this division based on additional 5885  
information that it receives after the rate is determined. The 5886  
department shall redetermine a peer group's rate for capital costs 5887  
only if the department made an error in determining the rate based 5888  
on information available to the department at the time of the 5889  
original determination. 5890

(E) Buildings shall be depreciated using the straight line 5891  
method over forty years or over a different period approved by the 5892  
department. Components and equipment shall be depreciated using 5893  
the straight-line method over a period designated in rules adopted 5894  
under section 5111.02 of the Revised Code, consistent with the 5895  
guidelines of the American hospital association, or over a 5896  
different period approved by the department. Any rules authorized 5897  
by this division that specify useful lives of buildings, 5898  
components, or equipment apply only to assets acquired on or after 5899  
July 1, 1993. Depreciation for costs paid or reimbursed by any 5900  
government agency shall not be included in capital costs unless 5901  
that part of the payment under sections 5111.20 to 5111.331 of the 5902  
Revised Code is used to reimburse the government agency. 5903

(F) The capital cost basis of nursing facility assets shall 5904  
be determined in the following manner: 5905

(1) Except as provided in division (F)(3) of this section, 5906  
for purposes of calculating the rates to be paid for facilities 5907  
with dates of licensure on or before June 30, 1993, the capital 5908  
cost basis of each asset shall be equal to the desk-reviewed, 5909  
actual, allowable, capital cost basis that is listed on the 5910  
facility's cost report for the calendar year preceding the fiscal 5911

year during which the rate will be paid. 5912

(2) For facilities with dates of licensure after June 30, 5913  
1993, the capital cost basis shall be determined in accordance 5914  
with the principles of the medicare program established under 5915  
Title XVIII, except as otherwise provided in sections 5111.20 to 5916  
5111.331 of the Revised Code. 5917

(3) Except as provided in division (F)(4) of this section, if 5918  
a provider transfers an interest in a facility to another provider 5919  
after June 30, 1993, there shall be no increase in the capital 5920  
cost basis of the asset if the providers are related parties or 5921  
the provider to which the interest is transferred authorizes the 5922  
provider that transferred the interest to continue to operate the 5923  
facility under a lease, management agreement, or other 5924  
arrangement. If the previous sentence does not prohibit the 5925  
adjustment of the capital cost basis under this division, the 5926  
basis of the asset shall be adjusted by one-half of the change in 5927  
the consumer price index for all items for all urban consumers, as 5928  
published by the United States bureau of labor statistics, during 5929  
the time that the transferor held the asset. 5930

(4) If a provider transfers an interest in a facility to 5931  
another provider who is a related party, the capital cost basis of 5932  
the asset shall be adjusted as specified in division (F)(3) of 5933  
this section if all of the following conditions are met: 5934

(a) The related party is a relative of owner; 5935

(b) Except as provided in division (F)(4)(c)(ii) of this 5936  
section, the provider making the transfer retains no ownership 5937  
interest in the facility; 5938

(c) The department of job and family services determines that 5939  
the transfer is an arm's length transaction pursuant to rules 5940  
adopted under section 5111.02 of the Revised Code. The rules shall 5941  
provide that a transfer is an arm's length transaction if all of 5942

the following apply: 5943

(i) Once the transfer goes into effect, the provider that 5944  
made the transfer has no direct or indirect interest in the 5945  
provider that acquires the facility or the facility itself, 5946  
including interest as an owner, officer, director, employee, 5947  
independent contractor, or consultant, but excluding interest as a 5948  
creditor. 5949

(ii) The provider that made the transfer does not reacquire 5950  
an interest in the facility except through the exercise of a 5951  
creditor's rights in the event of a default. If the provider 5952  
reacquires an interest in the facility in this manner, the 5953  
department shall treat the facility as if the transfer never 5954  
occurred when the department calculates its reimbursement rates 5955  
for capital costs. 5956

(iii) The transfer satisfies any other criteria specified in 5957  
the rules. 5958

(d) Except in the case of hardship caused by a catastrophic 5959  
event, as determined by the department, or in the case of a 5960  
provider making the transfer who is at least sixty-five years of 5961  
age, not less than twenty years have elapsed since, for the same 5962  
facility, the capital cost basis was adjusted most recently under 5963  
division (F)(4) of this section or actual, allowable cost of 5964  
ownership was determined most recently under division (G)(9) of 5965  
this section. 5966

(G) As used in this division: 5967

"Imputed interest" means the lesser of the prime rate plus 5968  
two per cent or ten per cent. 5969

"Lease expense" means lease payments in the case of an 5970  
operating lease and depreciation expense and interest expense in 5971  
the case of a capital lease. 5972

"New lease" means a lease, to a different lessee, of a nursing facility that previously was operated under a lease.

(1) Subject to division (B) of this section, for a lease of a facility that was effective on May 27, 1992, the entire lease expense is an actual, allowable capital cost during the term of the existing lease. The entire lease expense also is an actual, allowable capital cost if a lease in existence on May 27, 1992, is renewed under either of the following circumstances:

(a) The renewal is pursuant to a renewal option that was in existence on May 27, 1992;

(b) The renewal is for the same lease payment amount and between the same parties as the lease in existence on May 27, 1992.

(2) Subject to division (B) of this section, for a lease of a facility that was in existence but not operated under a lease on May 27, 1992, actual, allowable capital costs shall include the lesser of the annual lease expense or the annual depreciation expense and imputed interest expense that would be calculated at the inception of the lease using the lessor's entire historical capital asset cost basis, adjusted by one-half of the change in the consumer price index for all items for all urban consumers, as published by the United States bureau of labor statistics, during the time the lessor held each asset until the beginning of the lease.

(3) Subject to division (B) of this section, for a lease of a facility with a date of licensure on or after May 27, 1992, that is initially operated under a lease, actual, allowable capital costs shall include the annual lease expense if there was a substantial commitment of money for construction of the facility after December 22, 1992, and before July 1, 1993. If there was not a substantial commitment of money after December 22, 1992, and

before July 1, 1993, actual, allowable capital costs shall include 6004  
the lesser of the annual lease expense or the sum of the 6005  
following: 6006

(a) The annual depreciation expense that would be calculated 6007  
at the inception of the lease using the lessor's entire historical 6008  
capital asset cost basis; 6009

(b) The greater of the lessor's actual annual amortization of 6010  
financing costs and interest expense at the inception of the lease 6011  
or the imputed interest expense calculated at the inception of the 6012  
lease using seventy per cent of the lessor's historical capital 6013  
asset cost basis. 6014

(4) Subject to division (B) of this section, for a lease of a 6015  
facility with a date of licensure on or after May 27, 1992, that 6016  
was not initially operated under a lease and has been in existence 6017  
for ten years, actual, allowable capital costs shall include the 6018  
lesser of the annual lease expense or the annual depreciation 6019  
expense and imputed interest expense that would be calculated at 6020  
the inception of the lease using the entire historical capital 6021  
asset cost basis of one-half of the change in the consumer price 6022  
index for all items for all urban consumers, as published by the 6023  
United States bureau of labor statistics, during the time the 6024  
lessor held each asset until the beginning of the lease. 6025

(5) Subject to division (B) of this section, for a new lease 6026  
of a facility that was operated under a lease on May 27, 1992, 6027  
actual, allowable capital costs shall include the lesser of the 6028  
annual new lease expense or the annual old lease payment. If the 6029  
old lease was in effect for ten years or longer, the old lease 6030  
payment from the beginning of the old lease shall be adjusted by 6031  
one-half of the change in the consumer price index for all items 6032  
for all urban consumers, as published by the United States bureau 6033  
of labor statistics, from the beginning of the old lease to the 6034  
beginning of the new lease. 6035

(6) Subject to division (B) of this section, for a new lease of a facility that was not in existence or that was in existence but not operated under a lease on May 27, 1992, actual, allowable capital costs shall include the lesser of annual new lease expense or the annual amount calculated for the old lease under division (G)(2), (3), (4), or (6) of this section, as applicable. If the old lease was in effect for ten years or longer, the lessor's historical capital asset cost basis shall be, for purposes of calculating the annual amount under division (G)(2), (3), (4), or (6) of this section, adjusted by one-half of the change in the consumer price index for all items for all urban consumers, as published by the United States bureau of labor statistics, from the beginning of the old lease to the beginning of the new lease.

In the case of a lease under division (G)(3) of this section of a facility for which a substantial commitment of money was made after December 22, 1992, and before July 1, 1993, the old lease payment shall be adjusted for the purpose of determining the annual amount.

(7) For any revision of a lease described in division (G)(1), (2), (3), (4), (5), or (6) of this section, or for any subsequent lease of a facility operated under such a lease, other than execution of a new lease, the portion of actual, allowable capital costs attributable to the lease shall be the same as before the revision or subsequent lease.

(8) Except as provided in division (G)(9) of this section, if a provider leases an interest in a facility to another provider who is a related party or previously operated the facility, the related party's or previous operator's actual, allowable capital costs shall include the lesser of the annual lease expense or the reasonable cost to the lessor.

(9) If a provider leases an interest in a facility to another provider who is a related party, regardless of the date of the

lease, the related party's actual, allowable capital costs shall 6068  
include the annual lease expense, subject to the limitations 6069  
specified in divisions (G)(1) to (7) of this section, if all of 6070  
the following conditions are met: 6071

(a) The related party is a relative of owner; 6072

(b) If the lessor retains an ownership interest, it is, 6073  
except as provided in division (G)(9)(c)(ii) of this section, in 6074  
only the real property and any improvements on the real property; 6075

(c) The department of job and family services determines that 6076  
the lease is an arm's length transaction pursuant to rules adopted 6077  
under section 5111.02 of the Revised Code. The rules shall provide 6078  
that a lease is an arm's length transaction if all of the 6079  
following apply: 6080

(i) Once the lease goes into effect, the lessor has no direct 6081  
or indirect interest in the lessee or, except as provided in 6082  
division (G)(9)(b) of this section, the facility itself, including 6083  
interest as an owner, officer, director, employee, independent 6084  
contractor, or consultant, but excluding interest as a lessor. 6085

(ii) The lessor does not reacquire an interest in the 6086  
facility except through the exercise of a lessor's rights in the 6087  
event of a default. If the lessor reacquires an interest in the 6088  
facility in this manner, the department shall treat the facility 6089  
as if the lease never occurred when the department calculates its 6090  
reimbursement rates for capital costs. 6091

(iii) The lease satisfies any other criteria specified in the 6092  
rules. 6093

(d) Except in the case of hardship caused by a catastrophic 6094  
event, as determined by the department, or in the case of a lessor 6095  
who is at least sixty-five years of age, not less than twenty 6096  
years have elapsed since, for the same facility, the capital cost 6097  
basis was adjusted most recently under division (F)(4) of this 6098

section or actual, allowable capital costs were determined most 6099  
recently under division (G)(9) of this section. 6100

(10) This division does not apply to leases of specific items 6101  
of equipment. 6102

**Sec. 5111.88.** (A) As used in sections 5111.88 to 5111.8811 of 6103  
the Revised Code: 6104

(1) "Adult" means an individual at least eighteen years of 6105  
age. 6106

(2) "Authorized representative" means the following: 6107

(a) In the case of a consumer who is a minor, the consumer's 6108  
parent, custodian, or guardian; 6109

(b) In the case of a consumer who is an adult, an individual 6110  
selected by the consumer pursuant to section 5111.8810 of the 6111  
Revised Code to act on the consumer's behalf for purposes 6112  
regarding home care attendant services. 6113

(3) "Authorizing health care professional" means a health 6114  
care professional who, pursuant to section 5111.887 of the Revised 6115  
Code, authorizes a home care attendant to assist a consumer with 6116  
self-administration of medication, nursing tasks, or both. 6117

(4) "Consumer" means an individual to whom all of the 6118  
following apply: 6119

(a) The individual is enrolled in a participating medicaid 6120  
waiver component. 6121

(b) The individual has a medically determinable physical 6122  
impairment to which both of the following apply: 6123

(i) It is expected to last for a continuous period of not 6124  
less than twelve months. 6125

(ii) It causes the individual to require assistance with 6126  
activities of daily living, self-care, and mobility, including 6127

either assistance with self-administration of medication or the performance of nursing tasks, or both.

(c) In the case of an individual who is an adult, the individual is mentally alert and is, or has an authorized representative who is, capable of selecting, directing the actions of, and dismissing a home care attendant.

(d) In the case of an individual who is a minor, the individual has an authorized representative who is capable of selecting, directing the actions of, and dismissing a home care attendant.

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

(6) "Custodian" has the same meaning as in section 2151.011 of the Revised Code.

(7) "Gastrostomy tube" means a percutaneously inserted catheter that terminates in the stomach.

(8) "Guardian" has the same meaning as in section 2111.01 of the Revised Code.

(9) "Health care professional" means a physician or registered nurse.

(10) "Home care attendant" means an individual holding a valid medicaid provider agreement in accordance with section 5111.881 of the Revised Code that authorizes the individual to provide home care attendant services to consumers.

(11) "Home care attendant services" means all of the following as provided by a home care attendant:

(a) Personal care aide services;

(b) Assistance with the self-administration of medication;

(c) Assistance with nursing tasks.

|                                                                                                                                                                                                                                                                                                                                                                                            |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| (12) "Jejunostomy tube" means a percutaneously inserted catheter that terminates in the jejunum.                                                                                                                                                                                                                                                                                           | 6157<br>6158                                 |
| (13) "Medicaid waiver component" has the same meaning as in section 5111.85 of the Revised Code.                                                                                                                                                                                                                                                                                           | 6159<br>6160                                 |
| (14) "Medication" means a drug as defined in section 4729.01 of the Revised Code.                                                                                                                                                                                                                                                                                                          | 6161<br>6162                                 |
| (15) "Minor" means an individual under eighteen years of age.                                                                                                                                                                                                                                                                                                                              | 6163                                         |
| (16) "Participating medicaid waiver component" means both of the following:                                                                                                                                                                                                                                                                                                                | 6164<br>6165                                 |
| (a) The Ohio home care program created under section 5111.861 of the Revised Code;                                                                                                                                                                                                                                                                                                         | 6166<br>6167                                 |
| (b) The Ohio transitions II aging carve-out program created under section 5111.863 of the Revised Code.                                                                                                                                                                                                                                                                                    | 6168<br>6169                                 |
| (17) "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.                                                                                                                                                                                                                              | 6170<br>6171<br>6172                         |
| (18) "Practice of nursing as a registered nurse," "practice of nursing as a licensed practical nurse," and "registered nurse" have the same meanings as in section 4723.01 of the Revised Code. "Registered nurse" includes an advanced practice <u>registered</u> nurse, as defined in section 4723.01 of the Revised Code.                                                               | 6173<br>6174<br>6175<br>6176<br>6177         |
| (19) "Schedule II," "schedule III," "schedule IV," and "schedule V" have the same meanings as in section 3719.01 of the Revised Code.                                                                                                                                                                                                                                                      | 6178<br>6179<br>6180                         |
| (B) The director of job and family services may submit requests to the United States secretary of health and human services to amend the federal medicaid waivers authorizing the participating medicaid waiver components to have those components cover home care attendant services in accordance with sections 5111.88 to 5111.8810 <u>of the Revised Code</u> and rules adopted under | 6181<br>6182<br>6183<br>6184<br>6185<br>6186 |

section 5111.8811 of the Revised Code. Notwithstanding sections 6187  
5111.881 to 5111.8811 of the Revised Code, those sections shall be 6188  
implemented regarding a participating medicaid waiver component 6189  
only if the secretary approves a waiver amendment for the 6190  
component. 6191

**Sec. 5111.981.** (A) As used in this section and section 6192  
5111.982 of the Revised Code: 6193

"Dual eligible individual" has the same meaning as in ~~section~~ 6194  
~~1915(h)(2)(B) of the "Social Security Act," 124 Stat. 315 (2010)~~ 6195  
section 1915(h)(2)(B), 42 U.S.C. 1396n(h)(2)(B). 6196

"Medicare ~~program~~" means the program created ~~under Title~~ 6197  
~~XVIII of in~~ the "Social Security Act," ~~79 Stat. 286 (1965)~~ Title 6198  
XVIII, 42 U.S.C. 1395 et seq., as amended. 6199

(B) Subject to division (C) of this section, the medical 6200  
assistance director of job and family services may implement a 6201  
demonstration project called the integrated care delivery system 6202  
to test and evaluate the integration of the care that dual 6203  
eligible individuals receive under ~~the~~ medicare and medicaid 6204  
~~programs~~. No provision of Title LI of the Revised Code applies to 6205  
the ~~demonstration project~~ integrated care delivery system if that 6206  
provision implements or incorporates a provision of federal law 6207  
governing ~~the medicaid program~~ and that provision of federal law 6208  
does not apply to the ~~demonstration project~~ system. 6209

(C) Before implementing the ~~demonstration project~~ integrated 6210  
care delivery system under division (B) of this section, the 6211  
director shall obtain the approval of the United States secretary 6212  
of health and human services in the form of a federal medicaid 6213  
waiver, medicaid state plan amendment, or demonstration grant. The 6214  
director is required to seek the federal approval only if the 6215  
director seeks to implement the ~~demonstration project~~ integrated 6216  
care delivery system. The director shall implement the 6217

~~demonstration project~~ integrated care delivery system in 6218  
accordance with the terms of the federal approval, including the 6219  
terms regarding the duration of the ~~demonstration project~~ system. 6220

Sec. 5111.982. (A) As used in this section: 6221

"Covered skilled nursing facility services" has the same 6222  
meaning as in the "Social Security Act," section 1888(e)(2)(A), 42 6223  
U.S.C. 1395yy(e)(2)(A). 6224

"Current medicare fee-for-service rate" means the 6225  
fee-for-service rate in effect for a covered skilled nursing 6226  
facility service under medicare at the time the service is 6227  
provided. 6228

"Skilled nursing facility" has the same meaning as in the 6229  
"Social Security Act," section 1819(a), 42 U.S.C. 1395i-3(a). 6230

(B) Except as provided in division (C) of this section, a 6231  
managed care organization shall pay a skilled nursing facility at 6232  
least the current medicare fee-for-service rate, without deduction 6233  
for any coinsurance, for covered skilled nursing facility services 6234  
that the skilled nursing facility provides to a dual eligible 6235  
individual if the managed care organization is responsible for the 6236  
payment under the terms of a contract that the managed care 6237  
organization, medical assistance director, and United States 6238  
secretary of health and human services jointly enter into under 6239  
the integrated care delivery system authorized by section 5111.981 6240  
of the Revised Code. 6241

(C) A managed care organization is required to pay the rate 6242  
specified in division (B) of this section for covered skilled 6243  
nursing facility services only if all of the following apply: 6244

(1) The United States secretary agrees to the payment rate as 6245  
part of the contract that the managed care organization, medical 6246  
assistance director, and United States secretary jointly enter 6247

into under the integrated care delivery system; 6248

(2) The managed care organization receives a federal 6249  
capitation payment that is an actuarially sufficient amount for 6250  
the costs that the managed care organization incurs in paying the 6251  
rate; 6252

(3) No state funds are used for any part of the costs that 6253  
the managed care organization incurs in paying the rate; 6254

(4) The integrated care delivery system provides for dual 6255  
eligible individuals to receive the covered skilled nursing 6256  
facility services as part of the system. 6257

**Sec. 5120.55.** (A) As used in this section, "licensed health 6258  
professional" means any or all of the following: 6259

(1) A dentist who holds a current, valid license issued under 6260  
Chapter 4715. of the Revised Code to practice dentistry; 6261

(2) A licensed practical nurse who holds a current, valid 6262  
license issued under Chapter 4723. of the Revised Code that 6263  
authorizes the practice of nursing as a licensed practical nurse; 6264

(3) An optometrist who holds a current, valid certificate of 6265  
licensure issued under Chapter 4725. of the Revised Code that 6266  
authorizes the holder to engage in the practice of optometry; 6267

(4) A physician who is authorized under Chapter 4731. of the 6268  
Revised Code to practice medicine and surgery, osteopathic 6269  
medicine and surgery, or ~~pediatry~~ podiatric medicine and surgery; 6270

(5) A psychologist who holds a current, valid license issued 6271  
under Chapter 4732. of the Revised Code that authorizes the 6272  
practice of psychology as a licensed psychologist; 6273

(6) A registered nurse who holds a current, valid license 6274  
issued under Chapter 4723. of the Revised Code that authorizes the 6275  
practice of nursing as a registered nurse ~~regardless of whether~~ 6276

~~the, including such a nurse who is also~~ authorized to practice as 6277  
an advanced practice registered nurse as defined in section 6278  
4723.01 of the Revised Code. 6279

(B)(1) The department of rehabilitation and correction may 6280  
establish a recruitment program under which the department, by 6281  
means of a contract entered into under division (C) of this 6282  
section, agrees to repay all or part of the principal and interest 6283  
of a government or other educational loan incurred by a licensed 6284  
health professional who agrees to provide services to inmates of 6285  
correctional institutions under the department's administration. 6286

(2)(a) For a physician to be eligible to participate in the 6287  
program, the physician must have attended a school that was, 6288  
during the time of attendance, a medical school or osteopathic 6289  
medical school in this country accredited by the liaison committee 6290  
on medical education or the American osteopathic association, a 6291  
college of podiatry in this country recognized as being in good 6292  
standing under section 4731.53 of the Revised Code, or a medical 6293  
school, osteopathic medical school, or college of podiatry located 6294  
outside this country that was acknowledged by the world health 6295  
organization and verified by a member state of that organization 6296  
as operating within that state's jurisdiction. 6297

(b) For a nurse to be eligible to participate in the program, 6298  
the nurse must have attended a school that was, during the time of 6299  
attendance, a nursing school in this country accredited by the 6300  
commission on collegiate nursing education or the national league 6301  
for nursing accrediting commission or a nursing school located 6302  
outside this country that was acknowledged by the world health 6303  
organization and verified by a member state of that organization 6304  
as operating within that state's jurisdiction. 6305

(c) For a dentist to be eligible to participate in the 6306  
program, the dentist must have attended a school that was, during 6307  
the time of attendance, a dental college that enabled the dentist 6308

to meet the requirements specified in section 4715.10 of the Revised Code to be granted a license to practice dentistry.

(d) For an optometrist to be eligible to participate in the program, the optometrist must have attended a school of optometry that was, during the time of attendance, approved by the state board of optometry.

(e) For a psychologist to be eligible to participate in the program, the psychologist must have attended an educational institution that, during the time of attendance, maintained a specific degree program recognized by the state board of psychology as acceptable for fulfilling the requirement of division (B)(4) of section 4732.10 of the Revised Code.

(C) The department shall enter into a contract with each licensed health professional it recruits under this section. Each contract shall include at least the following terms:

(1) The licensed health professional agrees to provide a specified scope of medical, osteopathic medical, podiatric, optometric, psychological, nursing, or dental services to inmates of one or more specified state correctional institutions for a specified number of hours per week for a specified number of years.

(2) The department agrees to repay all or a specified portion of the principal and interest of a government or other educational loan taken by the licensed health professional for the following expenses to attend, for up to a maximum of four years, a school that qualifies the licensed health professional to participate in the program:

(a) Tuition;

(b) Other educational expenses for specific purposes, including fees, books, and laboratory expenses, in amounts determined to be reasonable in accordance with rules adopted under

division (D) of this section; 6340

(c) Room and board, in an amount determined to be reasonable 6341  
in accordance with rules adopted under division (D) of this 6342  
section. 6343

(3) The licensed health professional agrees to pay the 6344  
department a specified amount, which shall be no less than the 6345  
amount already paid by the department pursuant to its agreement, 6346  
as damages if the licensed health professional fails to complete 6347  
the service obligation agreed to or fails to comply with other 6348  
specified terms of the contract. The contract may vary the amount 6349  
of damages based on the portion of the service obligation that 6350  
remains uncompleted. 6351

(4) Other terms agreed upon by the parties. 6352

The licensed health professional's lending institution or the 6353  
Ohio board of regents, may be a party to the contract. The 6354  
contract may include an assignment to the department of the 6355  
licensed health professional's duty to repay the principal and 6356  
interest of the loan. 6357

(D) If the department elects to implement the recruitment 6358  
program, it shall adopt rules in accordance with Chapter 119. of 6359  
the Revised Code that establish all of the following: 6360

(1) Criteria for designating institutions for which licensed 6361  
health professionals will be recruited; 6362

(2) Criteria for selecting licensed health professionals for 6363  
participation in the program; 6364

(3) Criteria for determining the portion of a loan which the 6365  
department will agree to repay; 6366

(4) Criteria for determining reasonable amounts of the 6367  
expenses described in divisions (C)(2)(b) and (c) of this section; 6368

(5) Procedures for monitoring compliance by a licensed health 6369

professional with the terms of the contract the licensed health 6370  
professional enters into under this section; 6371

(6) Any other criteria or procedures necessary to implement 6372  
the program. 6373

**Section 2.** That existing sections 2305.113, 2305.234, 6374  
2711.22, 3701.92, 3701.923, 3701.924, 3701.925, 3701.926, 6375  
3701.927, 3701.928, 3701.929, 3793.11, 3963.01, 4503.44, 4723.01, 6376  
4723.03, 4723.06, 4723.063, 4723.07, 4723.08, 4723.09, 4723.17, 6377  
4723.171, 4723.24, 4723.271, 4723.28, 4723.32, 4723.34, 4723.35, 6378  
4723.41, 4723.42, 4723.43, 4723.431, 4723.44, 4723.48, 4723.482, 6379  
4723.485, 4723.487, 4723.50, 4723.61, 4723.64, 4723.65, 4723.651, 6380  
4723.652, 4723.66, 4723.67, 4723.68, 4723.69, 4723.71, 4723.72, 6381  
4723.73, 4723.74, 4723.75, 4723.751, 4723.76, 4723.77, 4723.79, 6382  
4723.83, 4723.84, 4723.87, 4723.88, 4723.99, 4759.01, 4759.03, 6383  
4759.05, 4759.06, 4759.10, 5111.222, 5111.231, 5111.24, 5111.242, 6384  
5111.246, 5111.25, 5111.88, 5111.981, and 5120.55 and sections 6385  
4723.483, 4723.62, 4723.621, 4723.63, and 4723.78 of the Revised 6386  
Code are hereby repealed. 6387

**Section 3.** That Section 3.19 of Am. Sub. H.B. 95 of the 125th 6388  
General Assembly be amended to read as follows: 6389

**Sec. 3.19.** Section 4723.063 of the Revised Code is hereby 6390  
repealed, effective December 31, ~~2013~~ 2023. 6391

**Section 4.** That existing Section 3.19 of Am. Sub. H.B. 95 of 6392  
the 125th General Assembly is hereby repealed. 6393

**Section 5.** Sections 1 to 4 of this act take effect ninety 6394  
days after the effective date of this act, except as follows: 6395

(A) Section 3793.11 of the Revised Code, as amended by this 6396  
act, takes effect at the earliest time permitted by law; 6397

(B) Sections 5111.22, 5111.231, 5111.24, 5111.242, 5111.246, 6398  
and 5111.25 of the Revised Code, as amended by this act, take 6399  
effect July 1, 2013. 6400

**Section 6.** In the case of an application pending on the 6401  
effective date of this section for a license to maintain methadone 6402  
treatment, the requirement of division (C)(6) of section 3793.11 6403  
of the Revised Code, as amended by this act, shall be applied by 6404  
the Department of Alcohol and Drug Addiction Services in 6405  
determining whether to issue the license. The Department may waive 6406  
the requirement pursuant to division (D) of section 3793.11 of the 6407  
Revised Code, as amended by this act. 6408

**Section 7.** (A) Notwithstanding the provisions of section 6409  
4723.482 of the Revised Code specifying that the course of study 6410  
in advanced pharmacology and related topics that must be completed 6411  
as a condition of eligibility to receive a certificate to 6412  
prescribe from the Board of Nursing is to consist of planned 6413  
classroom and clinical instruction, the Board may accept 6414  
instruction completed in another form, including instruction 6415  
obtained through an internet-based program, as fulfillment of all 6416  
or part of the requirement of division (B)(5)(d) of that section 6417  
to complete instruction specific to schedule II controlled 6418  
substances. To be accepted by the Board, the instruction obtained 6419  
in another form shall meet all other standards established in 6420  
rules adopted under section 4723.50 of the Revised Code regarding 6421  
the required instruction specific to schedule II controlled 6422  
substances. 6423

(B) Division (A) of this section applies only in the case of 6424  
an applicant who completed the required course of study prior to 6425  
the effective date of this section and does not alter the 6426  
requirement of division (B)(1) of section 4723.482 of the Revised 6427  
Code that the course of study be completed not longer than three 6428

years before an application for a certificate to prescribe is 6429  
filed. 6430

**Section 8.** (A) As used in this section, "intermediate care 6431  
facility for individuals with intellectual disabilities" and 6432  
"ICF/IID" mean an intermediate care facility for the mentally 6433  
retarded as defined in the "Social Security Act," section 1905(d), 6434  
42 U.S.C. 1396d(d). 6435

(B) The Department of Developmental Disabilities may conduct 6436  
or contract with another entity to conduct, for the first quarter 6437  
of calendar year 2013, assessments of all residents of each 6438  
ICF/IID, regardless of payment source, who are in the ICF/IID, or 6439  
on hospital or therapeutic leave from the ICF/IID, on the day or 6440  
days that the assessments are conducted at the ICF/IID. 6441

(C) If assessments are conducted under division (B) of this 6442  
section, the Department shall do all of the following: 6443

(1) In conducting the assessments, provide for both of the 6444  
following: 6445

(a) The resident assessment instrument prescribed in rules 6446  
authorized by division (B) of section 5111.232 of the Revised Code 6447  
to be used in accordance with an inter-rater reliable process; 6448

(b) The assessments to be performed by individuals who meet 6449  
the requirements to be qualified intellectual disability 6450  
professionals, as specified in 42 C.F.R. 483.430(a). 6451

(2) Use the data obtained from the assessments to determine 6452  
each ICF/IID's case-mix score for the first quarter of calendar 6453  
year 2013; 6454

(3) For the purpose of determining each ICF/IID's fiscal year 6455  
2014 Medicaid rates for direct care costs and subject to divisions 6456  
(C)(8) and (E) of this section, do both of the following: 6457

(a) In determining costs per case-mix units and maximum costs 6458

per case-mix units for the purpose of division (B) of section 6459  
5111.23 of the Revised Code, use each ICF/IID's case-mix score 6460  
determined under division (C)(2) of this section in place of the 6461  
ICF/IID's average case-mix score for calendar year 2012; 6462

(b) Instead of determining quarterly Medicaid rates for the 6463  
direct care costs of each ICF/IID pursuant to division (D) of 6464  
section 5111.23 of the Revised Code, determine, as follows, one 6465  
Medicaid rate for the direct care costs of each ICF/IID to be paid 6466  
for all of fiscal year 2014: 6467

(i) Multiply the ICF/IID's case-mix score determined under 6468  
division (C)(2) of this section by the lesser of the cost per 6469  
case-mix unit determined for the ICF/IID pursuant to division 6470  
(C)(3)(a) of this section or the maximum cost per case-mix unit 6471  
determined for the ICF/IID's peer group pursuant to division 6472  
(C)(3)(a) of this section; 6473

(ii) Adjust the product determined under division 6474  
(C)(3)(b)(i) of this section by the inflation rate estimated in 6475  
accordance with division (B)(3) of section 5111.23 of the Revised 6476  
Code. 6477

(4) For the purpose of determining each ICF/IID's fiscal year 6478  
2015 Medicaid rates for direct care costs and subject to division 6479  
(C)(8) of this section, use the following when determining, 6480  
pursuant to the second paragraph of division (C) of section 6481  
5111.232 of the Revised Code, each ICF/IID's annual average 6482  
case-mix score for calendar year 2013: 6483

(a) For the first quarter of calendar year 2013, the 6484  
ICF/IID's case-mix score determined under division (C)(2) of this 6485  
section; 6486

(b) For the last three quarters of calendar year 2013 and 6487  
except as provided in division (D) of section 5111.232 of the 6488  
Revised Code, the ICF/IID's case-mix scores determined by using 6489

the data the ICF/IID provider compiles in accordance with the 6490  
first paragraph of division (C) of section 5111.232 of the Revised 6491  
Code. 6492

(5) Notify each ICF/IID provider that the provider is 6493  
permitted but not required to compile assessment data for the 6494  
first quarter of calendar year 2013 pursuant to the first 6495  
paragraph of division (C) of section 5111.232 of the Revised Code; 6496

(6) After the assessments of all of an ICF/IID's residents 6497  
are completed but not later than April 30, 2013, provide, or have 6498  
the entity (if any) with which the Department contracts pursuant 6499  
to division (B) of this section provide, the results of the 6500  
assessments to the ICF/IID provider; 6501

(7) Conduct, in accordance with division (C)(8) of this 6502  
section, a reconsideration for any ICF/IID provider who does both 6503  
of the following: 6504

(a) Submits a written request for the reconsideration to the 6505  
Department not later than fifteen days after the provider receives 6506  
the assessments' results pursuant to division (C)(6) of this 6507  
section; 6508

(b) Includes in the request all of the following: 6509

(i) A detailed explanation of the items in the assessments' 6510  
results that the provider disputes; 6511

(ii) Copies of relevant supporting documentation from 6512  
specific resident records; 6513

(iii) The provider's proposed resolution of the disputes. 6514

(8) When conducting a reconsideration required by division 6515  
(C)(7) of this section, do both of the following: 6516

(a) Consider all of the following: 6517

(i) The historic results of the resident assessments 6518  
performed pursuant to the first paragraph of division (C) of 6519

section 5111.232 of the Revised Code by the ICF/IID provider who requested the reconsideration;

(ii) All of the materials the provider includes in the reconsideration request;

(iii) All other matters the Department determines necessary for consideration.

(b) Issue a written decision regarding the reconsideration not later than the sooner of the following:

(i) Thirty days after the Department receives the reconsideration request;

(ii) June 1, 2013.

(D) The Department's decision regarding a reconsideration required by division (C)(7) of this section is final and not subject to further appeal.

(E) Regardless of what an ICF/IID's case-mix score is determined to be under division (C)(2) of this section or pursuant to a reconsideration required by division (C)(7) of this section, no such case-mix score shall cause an ICF/IID's fiscal year 2014 Medicaid rate for direct care costs to be less than ninety per cent of its June 30, 2013, Medicaid rate for direct care costs.

(F) No ICF/IID provider shall be treated as having failed, for the first quarter of calendar year 2013, to timely submit data necessary to determine the ICF/IID's case-mix score for that quarter if the assessment is to be conducted under division (B) of this section.

(G) The Department may provide for assessments to be conducted under division (B) of this section and, if it so provides, shall comply with the other divisions of this section notwithstanding anything to the contrary in sections 5111.20, 5111.23, and 5111.232 of the Revised Code.

**Section 9.** This act is hereby declared to be an emergency 6550  
measure necessary for the immediate preservation of the public 6551  
peace, health, and safety. The reason for such necessity is that 6552  
the certain reforms included in the provisions of this act are 6553  
immediately needed to ensure the efficient regulation of nursing 6554  
services in this state, to create a safe environment for the youth 6555  
of this state while also fulfilling the need to deliver effective 6556  
addiction services to others, and to establish appropriate systems 6557  
for conducting assessments of residents of facilities providing 6558  
needed care to individuals in this state with intellectual 6559  
disabilities. Therefore, this act shall go into immediate effect. 6560