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Sub. H. B. No. 341

Representative Smith

Cosponsors: Representatives Wachtmann, Antonio, Barnes, Boyd, Brown, Johnson, Sears, Adams, R., Amstutz, Anielski, Ashford, Baker, Beck, Bishoff, Blair, Blessing, Boose, Boyce, Buchy, Burkley, Butler, Carney, Celebrezze, Conditt, Curtin, Damschroder, Derickson, DeVitis, Dovilla, Driehaus, Duffey, Fedor, Foley, Gerberry, Green, Grossman, Hackett, Hagan, C., Hall, Hayes, Henne, Hill, Hottinger, Huffman, Landis, Letson, Lundy, Mallory, McClain, McGregor, Patmon, Patterson, Pelanda, Perales, Phillips, Pillich, Ramos, Rogers, Rosenberger, Ruhl, Scherer, Schuring, Slaby, Slesnick, Sprague, Stebelton, Stinziano, Strahorn, Sykes, Terhar, Thompson, Williams, Winburn, Young Speaker Batchelder

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A B I L L

To amend sections 4715.14, 4715.30, 4715.302, 1
4723.28, 4723.486, 4723.487, 4725.092, 4725.16, 2
4725.19, 4729.12, 4729.80, 4729.86, 4730.25, 3
4730.48, 4730.53, 4731.055, 4731.22, and 4731.281 4
and to enact sections 4121.443 and 4729.861 of the 5
Revised Code to establish requirements to be 6
followed by prescribers in reviewing patient 7
information in the State Board of Pharmacy's Ohio 8
Automated Rx Reporting System. 9

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

Section 1. That sections 4715.14, 4715.30, 4715.302, 4723.28, 10

4723.486, 4723.487, 4725.092, 4725.16, 4725.19, 4729.12, 4729.80, 11
4729.86, 4730.25, 4730.48, 4730.53, 4731.055, 4731.22, and 12
4731.281 be amended and sections 4121.443 and 4729.861 of the 13
Revised Code be enacted to read as follows: 14

Sec. 4121.443. Each contract the administrator of workers' 15
compensation enters into with a managed care organization under 16
division (B)(4) of section 4121.44 of the Revised Code shall 17
require the managed care organization to enter into a data 18
security agreement with the state board of pharmacy governing the 19
managed care organization's use of the board's drug database 20
established and maintained under section 4729.75 of the Revised 21
Code. 22

This section does not apply if the board no longer maintains 23
the drug database. 24

Sec. 4715.14. (A)(1) Each person who is licensed to practice 25
dentistry in Ohio shall, on or before the first day of January of 26
each even-numbered year, register with the state dental board. The 27
registration shall be made on a form prescribed by the board and 28
furnished by the secretary, shall include the licensee's name, 29
address, license number, and such other reasonable information as 30
the board may consider necessary, and shall include payment of a 31
biennial registration fee of two hundred forty-five dollars. 32
Except as provided in division (E) of this section, this fee shall 33
be paid to the treasurer of state. Subject to division (C) of this 34
section, a registration shall be in effect for the two-year period 35
beginning on the first day of January of the even-numbered year 36
and ending on the last day of December of the following 37
odd-numbered year, and shall be renewed in accordance with the 38
standard renewal procedure of sections 4745.01 to 4745.03 of the 39
Revised Code. 40

(2)(a) Except as provided in division (A)(2)(b) of this section, with respect to a licensee who prescribes or personally furnishes opioid analgesics or benzodiazepines as part of the licensee's regular practice of dentistry, the registration shall also include evidence that the licensee has been granted access to the drug database established and maintained by the state board of pharmacy pursuant to section 4729.75 of the Revised Code.

(b) The requirement in division (A)(2)(a) of this section does not apply if either of the following is the case:

(i) The state board of pharmacy notifies the state dental board pursuant to section 4729.861 of the Revised Code that the licensee has been restricted from obtaining further information from the drug database.

(ii) The state board of pharmacy no longer maintains the drug database.

(B) A licensed dentist who desires to temporarily retire from practice and who has given the board notice in writing to that effect shall be granted such a retirement, provided only that at that time all previous registration fees and additional costs of reinstatement have been paid.

(C) Not later than the thirty-first day of January of an even-numbered year, the board shall send a notice by certified mail to a dentist who fails to renew a license in accordance with division (A) of this section. The notice shall state all of the following:

(1) That the board has not received the registration form and fee described in that division;

(2) That the license shall remain valid and in good standing until the first day of April following the last day of December of the odd-numbered year in which the dentist was scheduled to renew if the dentist remains in compliance with all other applicable

provisions of this chapter and any rule adopted under it; 72

(3) That the license may be renewed until the first day of 73
April following the last day of December of the odd-numbered year 74
in which the dentist was scheduled to renew by the payment of the 75
biennial registration fee and an additional fee of one hundred 76
dollars to cover the cost of late renewal; 77

(4) That unless the board receives the registration form and 78
fee before the first day of April following the last day of 79
December of the odd-numbered year in which the dentist was 80
scheduled to renew, the board may, on or after the relevant first 81
day of April, initiate disciplinary action against the dentist 82
pursuant to Chapter 119. of the Revised Code; 83

(5) That a dentist whose license has been suspended as a 84
result of disciplinary action initiated pursuant to division 85
(C)(4) of this section may be reinstated by the payment of the 86
biennial registration fee and an additional fee of three hundred 87
dollars to cover the cost of reinstatement. 88

(D) Each dentist licensed to practice, whether a resident or 89
not, shall notify the secretary in writing or electronically of 90
any change in the dentist's office address or employment within 91
ten days after such change has taken place. On the first day of 92
July of every even-numbered year, the secretary shall issue a 93
printed roster of the names and addresses so registered. 94

(E) Twenty dollars of each biennial registration fee shall be 95
paid to the dentist loan repayment fund created under section 96
3702.95 of the Revised Code. 97

Sec. 4715.30. (A) An applicant for or holder of a certificate 98
or license issued under this chapter is subject to disciplinary 99
action by the state dental board for any of the following reasons: 100

101

(1) Employing or cooperating in fraud or material deception	102
in applying for or obtaining a license or certificate;	103
(2) Obtaining or attempting to obtain money or anything of	104
value by intentional misrepresentation or material deception in	105
the course of practice;	106
(3) Advertising services in a false or misleading manner or	107
violating the board's rules governing time, place, and manner of	108
advertising;	109
(4) Commission of an act that constitutes a felony in this	110
state, regardless of the jurisdiction in which the act was	111
committed;	112
(5) Commission of an act in the course of practice that	113
constitutes a misdemeanor in this state, regardless of the	114
jurisdiction in which the act was committed;	115
(6) Conviction of, a plea of guilty to, a judicial finding of	116
guilt of, a judicial finding of guilt resulting from a plea of no	117
contest to, or a judicial finding of eligibility for intervention	118
in lieu of conviction for, any felony or of a misdemeanor	119
committed in the course of practice;	120
(7) Engaging in lewd or immoral conduct in connection with	121
the provision of dental services;	122
(8) Selling, prescribing, giving away, or administering drugs	123
for other than legal and legitimate therapeutic purposes, or	124
conviction of, a plea of guilty to, a judicial finding of guilt	125
of, a judicial finding of guilt resulting from a plea of no	126
contest to, or a judicial finding of eligibility for intervention	127
in lieu of conviction for, a violation of any federal or state law	128
regulating the possession, distribution, or use of any drug;	129
(9) Providing or allowing dental hygienists, expanded	130
function dental auxiliaries, or other practitioners of auxiliary	131

dental occupations working under the certificate or license 132
holder's supervision, or a dentist holding a temporary limited 133
continuing education license under division (C) of section 4715.16 134
of the Revised Code working under the certificate or license 135
holder's direct supervision, to provide dental care that departs 136
from or fails to conform to accepted standards for the profession, 137
whether or not injury to a patient results; 138

(10) Inability to practice under accepted standards of the 139
profession because of physical or mental disability, dependence on 140
alcohol or other drugs, or excessive use of alcohol or other 141
drugs; 142

(11) Violation of any provision of this chapter or any rule 143
adopted thereunder; 144

(12) Failure to use universal blood and body fluid 145
precautions established by rules adopted under section 4715.03 of 146
the Revised Code; 147

(13) Except as provided in division (H) of this section, 148
either of the following: 149

(a) Waiving the payment of all or any part of a deductible or 150
copayment that a patient, pursuant to a health insurance or health 151
care policy, contract, or plan that covers dental services, would 152
otherwise be required to pay if the waiver is used as an 153
enticement to a patient or group of patients to receive health 154
care services from that certificate or license holder; 155

(b) Advertising that the certificate or license holder will 156
waive the payment of all or any part of a deductible or copayment 157
that a patient, pursuant to a health insurance or health care 158
policy, contract, or plan that covers dental services, would 159
otherwise be required to pay. 160

(14) Failure to comply with section 4715.302 or 4729.79 of 161
the Revised Code, unless the state board of pharmacy no longer 162

maintains a drug database pursuant to section 4729.75 of the Revised Code;

(15) Any of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand;

(16) Failure to cooperate in an investigation conducted by the board under division (D) of section 4715.03 of the Revised Code, including failure to comply with a subpoena or order issued by the board or failure to answer truthfully a question presented by the board at a deposition or in written interrogatories, except that failure to cooperate with an investigation shall not constitute grounds for discipline under this section if a court of competent jurisdiction has issued an order that either quashes a subpoena or permits the individual to withhold the testimony or evidence in issue.

(B) A manager, proprietor, operator, or conductor of a dental facility shall be subject to disciplinary action if any dentist, dental hygienist, expanded function dental auxiliary, or qualified personnel providing services in the facility is found to have committed a violation listed in division (A) of this section and the manager, proprietor, operator, or conductor knew of the violation and permitted it to occur on a recurring basis.

(C) Subject to Chapter 119. of the Revised Code, the board may take one or more of the following disciplinary actions if one or more of the grounds for discipline listed in divisions (A) and (B) of this section exist:

(1) Censure the license or certificate holder;	195
(2) Place the license or certificate on probationary status	196
for such period of time the board determines necessary and require	197
the holder to:	198
(a) Report regularly to the board upon the matters which are	199
the basis of probation;	200
(b) Limit practice to those areas specified by the board;	201
(c) Continue or renew professional education until a	202
satisfactory degree of knowledge or clinical competency has been	203
attained in specified areas.	204
(3) Suspend the certificate or license;	205
(4) Revoke the certificate or license.	206
Where the board places a holder of a license or certificate	207
on probationary status pursuant to division (C)(2) of this	208
section, the board may subsequently suspend or revoke the license	209
or certificate if it determines that the holder has not met the	210
requirements of the probation or continues to engage in activities	211
that constitute grounds for discipline pursuant to division (A) or	212
(B) of this section.	213
Any order suspending a license or certificate shall state the	214
conditions under which the license or certificate will be	215
restored, which may include a conditional restoration during which	216
time the holder is in a probationary status pursuant to division	217
(C)(2) of this section. The board shall restore the license or	218
certificate unconditionally when such conditions are met.	219
(D) If the physical or mental condition of an applicant or a	220
license or certificate holder is at issue in a disciplinary	221
proceeding, the board may order the license or certificate holder	222
to submit to reasonable examinations by an individual designated	223
or approved by the board and at the board's expense. The physical	224

examination may be conducted by any individual authorized by the 225
Revised Code to do so, including a physician assistant, a clinical 226
nurse specialist, a certified nurse practitioner, or a certified 227
nurse-midwife. Any written documentation of the physical 228
examination shall be completed by the individual who conducted the 229
examination. 230

Failure to comply with an order for an examination shall be 231
grounds for refusal of a license or certificate or summary 232
suspension of a license or certificate under division (E) of this 233
section. 234

(E) If a license or certificate holder has failed to comply 235
with an order under division (D) of this section, the board may 236
apply to the court of common pleas of the county in which the 237
holder resides for an order temporarily suspending the holder's 238
license or certificate, without a prior hearing being afforded by 239
the board, until the board conducts an adjudication hearing 240
pursuant to Chapter 119. of the Revised Code. If the court 241
temporarily suspends a holder's license or certificate, the board 242
shall give written notice of the suspension personally or by 243
certified mail to the license or certificate holder. Such notice 244
shall inform the license or certificate holder of the right to a 245
hearing pursuant to Chapter 119. of the Revised Code. 246

(F) Any holder of a certificate or license issued under this 247
chapter who has pleaded guilty to, has been convicted of, or has 248
had a judicial finding of eligibility for intervention in lieu of 249
conviction entered against the holder in this state for aggravated 250
murder, murder, voluntary manslaughter, felonious assault, 251
kidnapping, rape, sexual battery, gross sexual imposition, 252
aggravated arson, aggravated robbery, or aggravated burglary, or 253
who has pleaded guilty to, has been convicted of, or has had a 254
judicial finding of eligibility for treatment or intervention in 255
lieu of conviction entered against the holder in another 256

jurisdiction for any substantially equivalent criminal offense, is 257
automatically suspended from practice under this chapter in this 258
state and any certificate or license issued to the holder under 259
this chapter is automatically suspended, as of the date of the 260
guilty plea, conviction, or judicial finding, whether the 261
proceedings are brought in this state or another jurisdiction. 262
Continued practice by an individual after the suspension of the 263
individual's certificate or license under this division shall be 264
considered practicing without a certificate or license. The board 265
shall notify the suspended individual of the suspension of the 266
individual's certificate or license under this division by 267
certified mail or in person in accordance with section 119.07 of 268
the Revised Code. If an individual whose certificate or license is 269
suspended under this division fails to make a timely request for 270
an adjudicatory hearing, the board shall enter a final order 271
revoking the individual's certificate or license. 272

(G) If the supervisory investigative panel determines both of 273
the following, the panel may recommend that the board suspend an 274
individual's certificate or license without a prior hearing: 275

(1) That there is clear and convincing evidence that an 276
individual has violated division (A) of this section; 277

(2) That the individual's continued practice presents a 278
danger of immediate and serious harm to the public. 279

Written allegations shall be prepared for consideration by 280
the board. The board, upon review of those allegations and by an 281
affirmative vote of not fewer than four dentist members of the 282
board and seven of its members in total, excluding any member on 283
the supervisory investigative panel, may suspend a certificate or 284
license without a prior hearing. A telephone conference call may 285
be utilized for reviewing the allegations and taking the vote on 286
the summary suspension. 287

The board shall issue a written order of suspension by 288
certified mail or in person in accordance with section 119.07 of 289
the Revised Code. The order shall not be subject to suspension by 290
the court during pendency or any appeal filed under section 119.12 291
of the Revised Code. If the individual subject to the summary 292
suspension requests an adjudicatory hearing by the board, the date 293
set for the hearing shall be within fifteen days, but not earlier 294
than seven days, after the individual requests the hearing, unless 295
otherwise agreed to by both the board and the individual. 296

Any summary suspension imposed under this division shall 297
remain in effect, unless reversed on appeal, until a final 298
adjudicative order issued by the board pursuant to this section 299
and Chapter 119. of the Revised Code becomes effective. The board 300
shall issue its final adjudicative order within seventy-five days 301
after completion of its hearing. A failure to issue the order 302
within seventy-five days shall result in dissolution of the 303
summary suspension order but shall not invalidate any subsequent, 304
final adjudicative order. 305

(H) Sanctions shall not be imposed under division (A)(13) of 306
this section against any certificate or license holder who waives 307
deductibles and copayments as follows: 308

(1) In compliance with the health benefit plan that expressly 309
allows such a practice. Waiver of the deductibles or copayments 310
shall be made only with the full knowledge and consent of the plan 311
purchaser, payer, and third-party administrator. Documentation of 312
the consent shall be made available to the board upon request. 313

(2) For professional services rendered to any other person 314
who holds a certificate or license issued pursuant to this chapter 315
to the extent allowed by this chapter and the rules of the board. 316

(I) In no event shall the board consider or raise during a 317
hearing required by Chapter 119. of the Revised Code the 318

circumstances of, or the fact that the board has received, one or 319
more complaints about a person unless the one or more complaints 320
are the subject of the hearing or resulted in the board taking an 321
action authorized by this section against the person on a prior 322
occasion. 323

(J) The board may share any information it receives pursuant 324
to an investigation under division (D) of section 4715.03 of the 325
Revised Code, including patient records and patient record 326
information, with law enforcement agencies, other licensing 327
boards, and other governmental agencies that are prosecuting, 328
adjudicating, or investigating alleged violations of statutes or 329
administrative rules. An agency or board that receives the 330
information shall comply with the same requirements regarding 331
confidentiality as those with which the state dental board must 332
comply, notwithstanding any conflicting provision of the Revised 333
Code or procedure of the agency or board that applies when it is 334
dealing with other information in its possession. In a judicial 335
proceeding, the information may be admitted into evidence only in 336
accordance with the Rules of Evidence, but the court shall require 337
that appropriate measures are taken to ensure that confidentiality 338
is maintained with respect to any part of the information that 339
contains names or other identifying information about patients or 340
complainants whose confidentiality was protected by the state 341
dental board when the information was in the board's possession. 342
Measures to ensure confidentiality that may be taken by the court 343
include sealing its records or deleting specific information from 344
its records. 345

Sec. 4715.302. (A) As used in this section, "drug database" 346
means the database established and maintained by the state board 347
of pharmacy pursuant to section 4729.75 of the Revised Code. 348

(B) The Except as provided in divisions (C) and (E) of this 349

section, a dentist shall comply with all of the following as 350
conditions of prescribing a drug that is either an opioid 351
analgesic or a benzodiazepine, or personally furnishing a complete 352
or partial supply of such a drug, as part of a patient's course of 353
treatment for a particular condition: 354

(1) Before initially prescribing or furnishing the drug, the 355
dentist or the dentist's delegate shall request from the drug 356
database a report of information related to the patient that 357
covers at least the twelve months immediately preceding the date 358
of the request. If the dentist practices primarily in a county of 359
this state that adjoins another state, the dentist or delegate 360
also shall request a report of any information available in the 361
drug database that pertains to prescriptions issued or drugs 362
furnished to the patient in the state adjoining that county. 363

(2) If the patient's course of treatment for the condition 364
continues for more than ninety days after the initial report is 365
requested, the dentist or delegate shall make periodic requests 366
for reports of information from the drug database until the course 367
of treatment has ended. The requests shall be made at intervals 368
not exceeding ninety days, determined according to the date the 369
initial request was made. The request shall be made in the same 370
manner provided in division (B)(1) of this section for requesting 371
the initial report of information from the drug database. 372

(3) On receipt of a report under division (B)(1) or (2) of 373
this section, the dentist shall assess the information in the 374
report. The dentist shall document in the patient's record that 375
the report was received and the information was assessed. 376

(C)(1) Division (B) of this section does not apply if a drug 377
database report regarding the patient is not available. In this 378
event, the dentist shall document in the patient's record the 379
reason that the report is not available. 380

(2) Division (B) of this section does not apply if the drug is prescribed or personally furnished in an amount indicated for a period not to exceed seven days.

(D) With respect to prescribing or personally furnishing any drug that is not an opioid analgesic or a benzodiazepine but is included in the drug database pursuant to rules adopted under section 4729.84 of the Revised Code, the state dental board shall adopt rules in accordance with Chapter 119. of the Revised Code that establish standards and procedures to be followed by a dentist regarding the review of patient information available through the drug database under division (A)(5) of section 4729.80 of the Revised Code. The rules shall be adopted in accordance with Chapter 119. of the Revised Code.

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

Sec. 4723.28. (A) The board of nursing, by a vote of a quorum, may impose one or more of the following sanctions if it finds that a person committed fraud in passing an examination required to obtain a license, certificate of authority, or dialysis technician certificate issued by the board or to have committed fraud, misrepresentation, or deception in applying for or securing any nursing license, certificate of authority, or dialysis technician certificate issued by the board: deny, revoke, suspend, or place restrictions on any nursing license, certificate of authority, or dialysis technician certificate issued by the board; reprimand or otherwise discipline a holder of a nursing license, certificate of authority, or dialysis technician certificate; or impose a fine of not more than five hundred dollars per violation.

(B) The board of nursing, by a vote of a quorum, may impose

one or more of the following sanctions: deny, revoke, suspend, or 412
place restrictions on any nursing license, certificate of 413
authority, or dialysis technician certificate issued by the board; 414
reprimand or otherwise discipline a holder of a nursing license, 415
certificate of authority, or dialysis technician certificate; or 416
impose a fine of not more than five hundred dollars per violation. 417
The sanctions may be imposed for any of the following: 418

(1) Denial, revocation, suspension, or restriction of 419
authority to engage in a licensed profession or practice a health 420
care occupation, including nursing or practice as a dialysis 421
technician, for any reason other than a failure to renew, in Ohio 422
or another state or jurisdiction; 423

(2) Engaging in the practice of nursing or engaging in 424
practice as a dialysis technician, having failed to renew a 425
nursing license or dialysis technician certificate issued under 426
this chapter, or while a nursing license or dialysis technician 427
certificate is under suspension; 428

(3) Conviction of, a plea of guilty to, a judicial finding of 429
guilt of, a judicial finding of guilt resulting from a plea of no 430
contest to, or a judicial finding of eligibility for a pretrial 431
diversion or similar program or for intervention in lieu of 432
conviction for, a misdemeanor committed in the course of practice; 433

(4) Conviction of, a plea of guilty to, a judicial finding of 434
guilt of, a judicial finding of guilt resulting from a plea of no 435
contest to, or a judicial finding of eligibility for a pretrial 436
diversion or similar program or for intervention in lieu of 437
conviction for, any felony or of any crime involving gross 438
immorality or moral turpitude; 439

(5) Selling, giving away, or administering drugs or 440
therapeutic devices for other than legal and legitimate 441
therapeutic purposes; or conviction of, a plea of guilty to, a 442

judicial finding of guilt of, a judicial finding of guilt 443
resulting from a plea of no contest to, or a judicial finding of 444
eligibility for a pretrial diversion or similar program or for 445
intervention in lieu of conviction for, violating any municipal, 446
state, county, or federal drug law; 447

(6) Conviction of, a plea of guilty to, a judicial finding of 448
guilt of, a judicial finding of guilt resulting from a plea of no 449
contest to, or a judicial finding of eligibility for a pretrial 450
diversion or similar program or for intervention in lieu of 451
conviction for, an act in another jurisdiction that would 452
constitute a felony or a crime of moral turpitude in Ohio; 453

(7) Conviction of, a plea of guilty to, a judicial finding of 454
guilt of, a judicial finding of guilt resulting from a plea of no 455
contest to, or a judicial finding of eligibility for a pretrial 456
diversion or similar program or for intervention in lieu of 457
conviction for, an act in the course of practice in another 458
jurisdiction that would constitute a misdemeanor in Ohio; 459

(8) Self-administering or otherwise taking into the body any 460
dangerous drug, as defined in section 4729.01 of the Revised Code, 461
in any way that is not in accordance with a legal, valid 462
prescription issued for that individual, or self-administering or 463
otherwise taking into the body any drug that is a schedule I 464
controlled substance; 465

(9) Habitual or excessive use of controlled substances, other 466
habit-forming drugs, or alcohol or other chemical substances to an 467
extent that impairs the individual's ability to provide safe 468
nursing care or safe dialysis care; 469

(10) Impairment of the ability to practice according to 470
acceptable and prevailing standards of safe nursing care or safe 471
dialysis care because of the use of drugs, alcohol, or other 472
chemical substances; 473

(11) Impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care or safe dialysis care because of a physical or mental disability;	474 475 476
(12) Assaulting or causing harm to a patient or depriving a patient of the means to summon assistance;	477 478
(13) Misappropriation or attempted misappropriation of money or anything of value in the course of practice;	479 480
(14) Adjudication by a probate court of being mentally ill or mentally incompetent. The board may reinstate the person's nursing license or dialysis technician certificate upon adjudication by a probate court of the person's restoration to competency or upon submission to the board of other proof of competency.	481 482 483 484 485
(15) The suspension or termination of employment by the department of defense or the veterans administration of the United States for any act that violates or would violate this chapter;	486 487 488
(16) Violation of this chapter or any rules adopted under it;	489
(17) Violation of any restrictions placed by the board on a nursing license or dialysis technician certificate;	490 491
(18) Failure to use universal and standard precautions established by rules adopted under section 4723.07 of the Revised Code;	492 493 494
(19) Failure to practice in accordance with acceptable and prevailing standards of safe nursing care or safe dialysis care;	495 496
(20) In the case of a registered nurse, engaging in activities that exceed the practice of nursing as a registered nurse;	497 498 499
(21) In the case of a licensed practical nurse, engaging in activities that exceed the practice of nursing as a licensed practical nurse;	500 501 502
(22) In the case of a dialysis technician, engaging in	503

activities that exceed those permitted under section 4723.72 of 504
the Revised Code; 505

(23) Aiding and abetting a person in that person's practice 506
of nursing without a license or practice as a dialysis technician 507
without a certificate issued under this chapter; 508

(24) In the case of a certified registered nurse anesthetist, 509
clinical nurse specialist, certified nurse-midwife, or certified 510
nurse practitioner, except as provided in division (M) of this 511
section, either of the following: 512

(a) Waiving the payment of all or any part of a deductible or 513
copayment that a patient, pursuant to a health insurance or health 514
care policy, contract, or plan that covers such nursing services, 515
would otherwise be required to pay if the waiver is used as an 516
enticement to a patient or group of patients to receive health 517
care services from that provider; 518

(b) Advertising that the nurse will waive the payment of all 519
or any part of a deductible or copayment that a patient, pursuant 520
to a health insurance or health care policy, contract, or plan 521
that covers such nursing services, would otherwise be required to 522
pay. 523

(25) Failure to comply with the terms and conditions of 524
participation in the chemical dependency monitoring program 525
established under section 4723.35 of the Revised Code; 526

(26) Failure to comply with the terms and conditions required 527
under the practice intervention and improvement program 528
established under section 4723.282 of the Revised Code; 529

(27) In the case of a certified registered nurse anesthetist, 530
clinical nurse specialist, certified nurse-midwife, or certified 531
nurse practitioner: 532

(a) Engaging in activities that exceed those permitted for 533

the nurse's nursing specialty under section 4723.43 of the Revised Code;	534 535
(b) Failure to meet the quality assurance standards established under section 4723.07 of the Revised Code.	536 537
(28) In the case of a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, failure to maintain a standard care arrangement in accordance with section 4723.431 of the Revised Code or to practice in accordance with the standard care arrangement;	538 539 540 541 542
(29) In the case of a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who holds a certificate to prescribe issued under section 4723.48 of the Revised Code, failure to prescribe drugs and therapeutic devices in accordance with section 4723.481 of the Revised Code;	543 544 545 546 547
(30) Prescribing any drug or device to perform or induce an abortion, or otherwise performing or inducing an abortion;	548 549
(31) Failure to establish and maintain professional boundaries with a patient, as specified in rules adopted under section 4723.07 of the Revised Code;	550 551 552
(32) Regardless of whether the contact or verbal behavior is consensual, engaging with a patient other than the spouse of the registered nurse, licensed practical nurse, or dialysis technician in any of the following:	553 554 555 556
(a) Sexual contact, as defined in section 2907.01 of the Revised Code;	557 558
(b) Verbal behavior that is sexually demeaning to the patient or may be reasonably interpreted by the patient as sexually demeaning.	559 560 561
(33) Assisting suicide as defined in section 3795.01 of the Revised Code;	562 563

(34) Failure to comply with section 4723.487 of the Revised Code, unless the state board of pharmacy no longer maintains a drug database pursuant to section 4729.75 of the Revised Code. 564
565
566

(C) Disciplinary actions taken by the board under divisions 567
(A) and (B) of this section shall be taken pursuant to an 568
adjudication conducted under Chapter 119. of the Revised Code, 569
except that in lieu of a hearing, the board may enter into a 570
consent agreement with an individual to resolve an allegation of a 571
violation of this chapter or any rule adopted under it. A consent 572
agreement, when ratified by a vote of a quorum, shall constitute 573
the findings and order of the board with respect to the matter 574
addressed in the agreement. If the board refuses to ratify a 575
consent agreement, the admissions and findings contained in the 576
agreement shall be of no effect. 577

(D) The hearings of the board shall be conducted in 578
accordance with Chapter 119. of the Revised Code, the board may 579
appoint a hearing examiner, as provided in section 119.09 of the 580
Revised Code, to conduct any hearing the board is authorized to 581
hold under Chapter 119. of the Revised Code. 582

In any instance in which the board is required under Chapter 583
119. of the Revised Code to give notice of an opportunity for a 584
hearing and the applicant, licensee, or certificate holder does 585
not make a timely request for a hearing in accordance with section 586
119.07 of the Revised Code, the board is not required to hold a 587
hearing, but may adopt, by a vote of a quorum, a final order that 588
contains the board's findings. In the final order, the board may 589
order any of the sanctions listed in division (A) or (B) of this 590
section. 591

(E) If a criminal action is brought against a registered 592
nurse, licensed practical nurse, or dialysis technician for an act 593
or crime described in divisions (B)(3) to (7) of this section and 594
the action is dismissed by the trial court other than on the 595

merits, the board shall conduct an adjudication to determine 596
whether the registered nurse, licensed practical nurse, or 597
dialysis technician committed the act on which the action was 598
based. If the board determines on the basis of the adjudication 599
that the registered nurse, licensed practical nurse, or dialysis 600
technician committed the act, or if the registered nurse, licensed 601
practical nurse, or dialysis technician fails to participate in 602
the adjudication, the board may take action as though the 603
registered nurse, licensed practical nurse, or dialysis technician 604
had been convicted of the act. 605

If the board takes action on the basis of a conviction, plea, 606
or a judicial finding as described in divisions (B)(3) to (7) of 607
this section that is overturned on appeal, the registered nurse, 608
licensed practical nurse, or dialysis technician may, on 609
exhaustion of the appeal process, petition the board for 610
reconsideration of its action. On receipt of the petition and 611
supporting court documents, the board shall temporarily rescind 612
its action. If the board determines that the decision on appeal 613
was a decision on the merits, it shall permanently rescind its 614
action. If the board determines that the decision on appeal was 615
not a decision on the merits, it shall conduct an adjudication to 616
determine whether the registered nurse, licensed practical nurse, 617
or dialysis technician committed the act on which the original 618
conviction, plea, or judicial finding was based. If the board 619
determines on the basis of the adjudication that the registered 620
nurse, licensed practical nurse, or dialysis technician committed 621
such act, or if the registered nurse, licensed practical nurse, or 622
dialysis technician does not request an adjudication, the board 623
shall reinstate its action; otherwise, the board shall permanently 624
rescind its action. 625

Notwithstanding the provision of division (C)(2) of section 626
2953.32 of the Revised Code specifying that if records pertaining 627

to a criminal case are sealed under that section the proceedings 628
in the case shall be deemed not to have occurred, sealing of the 629
following records on which the board has based an action under 630
this section shall have no effect on the board's action or any 631
sanction imposed by the board under this section: records of any 632
conviction, guilty plea, judicial finding of guilt resulting from 633
a plea of no contest, or a judicial finding of eligibility for a 634
pretrial diversion program or intervention in lieu of conviction. 635

The board shall not be required to seal, destroy, redact, or 636
otherwise modify its records to reflect the court's sealing of 637
conviction records. 638

(F) The board may investigate an individual's criminal 639
background in performing its duties under this section. As part of 640
such investigation, the board may order the individual to submit, 641
at the individual's expense, a request to the bureau of criminal 642
identification and investigation for a criminal records check and 643
check of federal bureau of investigation records in accordance 644
with the procedure described in section 4723.091 of the Revised 645
Code. 646

(G) During the course of an investigation conducted under 647
this section, the board may compel any registered nurse, licensed 648
practical nurse, or dialysis technician or applicant under this 649
chapter to submit to a mental or physical examination, or both, as 650
required by the board and at the expense of the individual, if the 651
board finds reason to believe that the individual under 652
investigation may have a physical or mental impairment that may 653
affect the individual's ability to provide safe nursing care. 654
Failure of any individual to submit to a mental or physical 655
examination when directed constitutes an admission of the 656
allegations, unless the failure is due to circumstances beyond the 657
individual's control, and a default and final order may be entered 658
without the taking of testimony or presentation of evidence. 659

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

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

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

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

(1) Information received by the board pursuant to a complaint or an investigation is confidential and not subject to discovery in any civil action, except that the board may disclose information to law enforcement officers and government entities for purposes of an investigation of either a licensed health care

professional, including a registered nurse, licensed practical 692
nurse, or dialysis technician, or a person who may have engaged in 693
the unauthorized practice of nursing or dialysis care. No law 694
enforcement officer or government entity with knowledge of any 695
information disclosed by the board pursuant to this division shall 696
divulge the information to any other person or government entity 697
except for the purpose of a government investigation, a 698
prosecution, or an adjudication by a court or government entity. 699

(2) If an investigation requires a review of patient records, 700
the investigation and proceeding shall be conducted in such a 701
manner as to protect patient confidentiality. 702

(3) All adjudications and investigations of the board shall 703
be considered civil actions for the purposes of section 2305.252 704
of the Revised Code. 705

(4) Any board activity that involves continued monitoring of 706
an individual as part of or following any disciplinary action 707
taken under this section shall be conducted in a manner that 708
maintains the individual's confidentiality. Information received 709
or maintained by the board with respect to the board's monitoring 710
activities is not subject to discovery in any civil action and is 711
confidential, except that the board may disclose information to 712
law enforcement officers and government entities for purposes of 713
an investigation of a licensee or certificate holder. 714

(J) Any action taken by the board under this section 715
resulting in a suspension from practice shall be accompanied by a 716
written statement of the conditions under which the person may be 717
reinstated to practice. 718

(K) When the board refuses to grant a license or certificate 719
to an applicant, revokes a license or certificate, or refuses to 720
reinstate a license or certificate, the board may specify that its 721
action is permanent. An individual subject to permanent action 722

taken by the board is forever ineligible to hold a license or 723
certificate of the type that was refused or revoked and the board 724
shall not accept from the individual an application for 725
reinstatement of the license or certificate or for a new license 726
or certificate. 727

(L) No unilateral surrender of a nursing license, certificate 728
of authority, or dialysis technician certificate issued under this 729
chapter shall be effective unless accepted by majority vote of the 730
board. No application for a nursing license, certificate of 731
authority, or dialysis technician certificate issued under this 732
chapter may be withdrawn without a majority vote of the board. The 733
board's jurisdiction to take disciplinary action under this 734
section is not removed or limited when an individual has a license 735
or certificate classified as inactive or fails to renew a license 736
or certificate. 737

(M) Sanctions shall not be imposed under division (B)(24) of 738
this section against any licensee who waives deductibles and 739
copayments as follows: 740

(1) In compliance with the health benefit plan that expressly 741
allows such a practice. Waiver of the deductibles or copayments 742
shall be made only with the full knowledge and consent of the plan 743
purchaser, payer, and third-party administrator. Documentation of 744
the consent shall be made available to the board upon request. 745

(2) For professional services rendered to any other person 746
licensed pursuant to this chapter to the extent allowed by this 747
chapter and the rules of the board. 748

Sec. 4723.486. (A) A certificate to prescribe issued under 749
section 4723.48 of the Revised Code that is not issued as an 750
externship certificate is valid for two years, unless otherwise 751
provided in rules adopted under section 4723.50 of the Revised 752
Code or earlier suspended or revoked by the board. The board of 753

nursing shall renew certificates to prescribe according to 754
procedures and a renewal schedule established in rules adopted 755
under section 4723.50 of the Revised Code. 756

(B) The Except as provided in division (C) of this section, 757
the board may renew a certificate to prescribe if the holder 758
submits to the board all of the following: 759

(1) Evidence of having completed during the previous two 760
years at least twelve hours of continuing education in advanced 761
pharmacology, or, if the certificate has been held for less than a 762
full renewal period, the number of hours required by the board in 763
rules adopted under section 4723.50 of the Revised Code; 764

(2) The fee required under section 4723.08 of the Revised 765
Code for renewal of a certificate to prescribe; 766

(3) Any additional information the board requires pursuant to 767
rules adopted under section 4723.50 of the Revised Code. 768

(C)(1) Except as provided in division (C)(2) of this section, 769
with respect to a certificate holder who prescribes opioid 770
analgesics or benzodiazepines as part of the holder's regular 771
practice of nursing, the holder shall also submit to the board 772
evidence of having been granted access to the drug database 773
established and maintained by the state board of pharmacy pursuant 774
to section 4729.75 of the Revised Code. 775

(2) The requirement in division (C)(1) of this section does 776
not apply if either of the following is the case: 777

(a) The state board of pharmacy notifies the board of nursing 778
pursuant to section 4729.861 of the Revised Code that the 779
certificate holder has been restricted from obtaining further 780
information from the drug database. 781

(b) The state board of pharmacy no longer maintains the drug 782
database. 783

(D) The continuing education in pharmacology required under 784
division (B)(1) of this section must be received from an 785
accredited institution recognized by the board. The hours of 786
continuing education required are in addition to any other 787
continuing education requirement that must be completed pursuant 788
to this chapter. 789

Sec. 4723.487. (A) As used in this section, "drug database" 790
means the database established and maintained by the state board 791
of pharmacy pursuant to section 4729.75 of the Revised Code. 792

(B) The Except as provided in divisions (C) and (E) of this 793
section, an advanced practice registered nurse holding a 794
certificate to prescribe issued under this chapter shall comply 795
with all of the following as conditions of prescribing a drug that 796
is either an opioid analgesic or a benzodiazepine as part of a 797
patient's course of treatment for a particular condition: 798

(1) Before initially prescribing the drug, the nurse or the 799
nurse's delegate shall request from the drug database a report of 800
information related to the patient that covers at least the twelve 801
months immediately preceding the date of the request. If the nurse 802
practices primarily in a county of this state that adjoins another 803
state, the nurse or delegate also shall request a report of any 804
information available in the drug database that pertains to 805
prescriptions issued or drugs furnished to the patient in the 806
state adjoining that county. 807

(2) If the patient's course of treatment for the condition 808
continues for more than ninety days after the initial report is 809
requested, the nurse or delegate shall make periodic requests for 810
reports of information from the drug database until the course of 811
treatment has ended. The requests shall be made at intervals not 812
exceeding ninety days, determined according to the date the 813
initial request was made. The request shall be made in the same 814

manner provided in division (B)(1) of this section for requesting 815
the initial report of information from the drug database. 816

(3) On receipt of a report under division (B)(1) or (2) of 817
this section, the nurse shall assess the information in the 818
report. The nurse shall document in the patient's record that the 819
report was received and the information was assessed. 820

(C) Division (B) of this section does not apply if in any of 821
the following circumstances: 822

(1) A drug database report regarding the patient is not 823
available, in which case the nurse shall document in the patient's 824
record the reason that the report is not available. 825

(2) The drug is prescribed in an amount indicated for a 826
period not to exceed seven days. 827

(3) The drug is prescribed for the treatment of cancer or 828
another condition associated with cancer. 829

(4) The drug is prescribed to a hospice patient in a hospice 830
care program, as those terms are defined in section 3712.01 of the 831
Revised Code, or any other patient diagnosed as terminally ill. 832

(5) The drug is prescribed for administration in a hospital, 833
nursing home, or residential care facility. 834

(D) With respect to prescribing any drug that is not an 835
opioid analgesic or a benzodiazepine but is included in the drug 836
database pursuant to rules adopted under section 4729.84 of the 837
Revised Code, the board of nursing shall adopt rules ~~in accordance~~ 838
with Chapter 119. of the Revised Code that establish standards and 839
procedures to be followed by an advanced practice registered nurse 840
with a certificate to prescribe issued under section 4723.48 of 841
the Revised Code regarding the review of patient information 842
available through the drug database under division (A)(5) of 843
section 4729.80 of the Revised Code. The rules shall be adopted in 844

accordance with Chapter 119. of the Revised Code. 845

~~(C)~~(E) This section and the rules adopted under it do not 846
apply if the state board of pharmacy no longer maintains the drug 847
database. 848

Sec. 4725.092. (A) As used in this section, "drug database" 849
means the database established and maintained by the state board 850
of pharmacy pursuant to section 4729.75 of the Revised Code. 851

(B) The Except as provided in divisions (C) and (E) of this 852
section, an optometrist holding a therapeutic pharmaceutical 853
agents certificate shall comply with all of the following as 854
conditions of prescribing a drug that is either an opioid 855
analgesic or a benzodiazepine, or personally furnishing a complete 856
or partial supply of such a drug, as part of a patient's course of 857
treatment for a particular condition: 858

(1) Before initially prescribing or furnishing the drug, the 859
optometrist or the optometrist's delegate shall request from the 860
drug database a report of information related to the patient that 861
covers at least the twelve months immediately preceding the date 862
of the request. If the optometrist practices primarily in a county 863
of this state that adjoins another state, the optometrist or 864
delegate also shall request a report of any information available 865
in the drug database that pertains to prescriptions issued or 866
drugs furnished to the patient in the state adjoining that county. 867

(2) If the patient's course of treatment for the condition 868
continues for more than ninety days after the initial report is 869
requested, the optometrist or delegate shall make periodic 870
requests for reports of information from the drug database until 871
the course of treatment has ended. The requests shall be made at 872
intervals not exceeding ninety days, determined according to the 873
date the initial request was made. The request shall be made in 874
the same manner provided in division (B)(1) of this section for 875

requesting the initial report of information from the drug 876
database. 877

(3) On receipt of a report under division (B)(1) or (2) of 878
this section, the optometrist shall assess the information in the 879
report. The optometrist shall document in the patient's record 880
that the report was received and the information was assessed. 881

(C)(1) Division (B) of this section does not apply if a drug 882
database report regarding the patient is not available. In this 883
event, the optometrist shall document in the patient's record the 884
reason that the report is not available. 885

(2) Division (B) of this section does not apply if the drug 886
is prescribed or personally furnished in an amount indicated for a 887
period not to exceed seven days. 888

(D) With respect to prescribing or personally furnishing any 889
drug that is not an opioid analgesic or a benzodiazepine but is 890
included in the drug database pursuant to rules adopted under 891
section 4729.84 of the Revised Code, the state board of optometry 892
shall adopt rules in accordance with Chapter 119. of the Revised 893
Code that establish standards and procedures to be followed by an 894
optometrist who holds a therapeutic pharmaceutical agents 895
certificate regarding the review of patient information available 896
through the drug database under division (A)(5) of section 4729.80 897
of the Revised Code. The rules shall be adopted in accordance with 898
Chapter 119. of the Revised Code. 899

~~(C)~~(E) This section and the rules adopted under it do not 900
apply if the state board of pharmacy no longer maintains the drug 901
database. 902

Sec. 4725.16. (A)(1) Each certificate of licensure, topical 903
ocular pharmaceutical agents certificate, and therapeutic 904
pharmaceutical agents certificate issued by the state board of 905

optometry shall expire annually on the last day of December, and 906
may be renewed in accordance with this section and the standard 907
renewal procedure established under Chapter 4745. of the Revised 908
Code. 909

(2) An optometrist seeking to continue to practice optometry 910
shall file with the board an application for license renewal. The 911
application shall be in such form and require such pertinent 912
professional biographical data as the board may require. 913

(3)(a) Except as provided in division (A)(3)(b) of this 914
section, in the case of an optometrist who holds a topical ocular 915
pharmaceutical agents certificate and who prescribes or personally 916
furnishes opioid analgesics or benzodiazepines as part of the 917
holder's regular practice of optometry, the application shall also 918
include evidence that the optometrist has been granted access to 919
the drug database established and maintained by the state board of 920
pharmacy pursuant to section 4729.75 of the Revised Code. 921

(b) The requirement in division (A)(3)(a) of this section 922
does not apply if either of the following is the case: 923

(i) The state board of pharmacy notifies the state board of 924
optometry pursuant to section 4729.861 of the Revised Code that 925
the certificate holder has been restricted from obtaining further 926
information from the drug database. 927

(ii) The state board of pharmacy no longer maintains the drug 928
database. 929

(B) All licensed optometrists shall annually complete 930
continuing education in subjects relating to the practice of 931
optometry, to the end that the utilization and application of new 932
techniques, scientific and clinical advances, and the achievements 933
of research will assure comprehensive care to the public. The 934
board shall prescribe by rule the continuing optometric education 935
that licensed optometrists must complete. The length of study 936

shall be twenty-five clock hours each year, including ten clock 937
hours of instruction in pharmacology to be completed by all 938
licensed optometrists. 939

Unless the continuing education required under this division 940
is waived or deferred under division (D) of this section, the 941
continuing education must be completed during the twelve-month 942
period beginning on the first day of October and ending on the 943
last day of September. If the board receives notice from a 944
continuing education program indicating that an optometrist 945
completed the program after the last day of September, and the 946
optometrist wants to use the continuing education completed after 947
that day to renew the license that expires on the last day of 948
December of that year, the optometrist shall pay the penalty 949
specified under section 4725.34 of the Revised Code for late 950
completion of continuing education. 951

At least once annually, the board shall post on its web site 952
and shall mail, or send by electronic mail, to each licensed 953
optometrist a list of courses approved in accordance with 954
standards prescribed by board rule. Upon the request of a licensed 955
optometrist, the executive director of the board shall supply a 956
list of additional courses that the board has approved subsequent 957
to the most recent web site posting, electronic mail transmission, 958
or mailing of the list of approved courses. 959

(C)(1) Annually, not later than the first day of November, 960
the board shall mail or send by electronic mail a notice regarding 961
license renewal to each licensed optometrist who may be eligible 962
for renewal. The notice shall be sent to the optometrist's most 963
recent electronic mail or mailing address shown in the board's 964
records. If the board knows that the optometrist has completed the 965
required continuing optometric education for the year, the board 966
may include with the notice an application for license renewal. 967

(2) Filing a license renewal application with the board shall 968

serve as notice by the optometrist that the continuing optometric 969
education requirement has been successfully completed. If the 970
board finds that an optometrist has not completed the required 971
continuing optometric education, the board shall disapprove the 972
optometrist's application. The board's disapproval of renewal is 973
effective without a hearing, unless a hearing is requested 974
pursuant to Chapter 119. of the Revised Code. 975

(3) The board shall refuse to accept an application for 976
renewal from any applicant whose license is not in good standing 977
or who is under disciplinary review pursuant to section 4725.19 of 978
the Revised Code. 979

(4) Notice of an applicant's failure to qualify for renewal 980
shall be served upon the applicant by mail. The notice shall be 981
sent not later than the fifteenth day of November to the 982
applicant's last address shown in the board's records. 983

(D) In cases of certified illness or undue hardship, the 984
board may waive or defer for up to twelve months the requirement 985
of continuing optometric education, except that in such cases the 986
board may not waive or defer the continuing education in 987
pharmacology required to be completed by optometrists who hold 988
topical ocular pharmaceutical agents certificates or therapeutic 989
pharmaceutical agents certificates. The board shall waive the 990
requirement of continuing optometric education for any optometrist 991
who is serving on active duty in the armed forces of the United 992
States or a reserve component of the armed forces of the United 993
States, including the Ohio national guard or the national guard of 994
any other state or who has received an initial certificate of 995
licensure during the nine-month period which ended on the last day 996
of September. 997

(E) An optometrist whose renewal application has been 998
approved may renew each certificate held by paying to the 999
treasurer of state the fees for renewal specified under section 1000

4725.34 of the Revised Code. On payment of all applicable fees, 1001
the board shall issue a renewal of the optometrist's certificate 1002
of licensure, topical ocular pharmaceutical agents certificate, 1003
and therapeutic pharmaceutical agents certificate, as appropriate. 1004

(F) Not later than the fifteenth day of December, the board 1005
shall mail or send by electronic mail a second notice regarding 1006
license renewal to each licensed optometrist who may be eligible 1007
for renewal but did not respond to the notice sent under division 1008
(C)(1) of this section. The notice shall be sent to the 1009
optometrist's most recent electronic mail or mailing address shown 1010
in the board's records. If an optometrist fails to file a renewal 1011
application after the second notice is sent, the board shall send 1012
a third notice regarding license renewal prior to any action under 1013
division (I) of this section to classify the optometrist's 1014
certificates as delinquent. 1015

(G) The failure of an optometrist to apply for license 1016
renewal or the failure to pay the applicable annual renewal fees 1017
on or before the date of expiration, shall automatically work a 1018
forfeiture of the optometrist's authority to practice optometry in 1019
this state. 1020

(H) The board shall accept renewal applications and renewal 1021
fees that are submitted from the first day of January to the last 1022
day of April of the year next succeeding the date of expiration. 1023
An individual who submits such a late renewal application or fee 1024
shall pay the late renewal fee specified in section 4725.34 of the 1025
Revised Code. 1026

(I)(1) If the certificates issued by the board to an 1027
individual have expired and the individual has not filed a 1028
complete application during the late renewal period, the 1029
individual's certificates shall be classified in the board's 1030
records as delinquent. 1031

(2) Any optometrist subject to delinquent classification may submit a written application to the board for reinstatement. For reinstatement to occur, the applicant must meet all of the following conditions:

(a) Submit to the board evidence of compliance with board rules requiring continuing optometric education in a sufficient number of hours to make up for any delinquent compliance;

(b) Pay the renewal fees for the year in which application for reinstatement is made and the reinstatement fee specified under division (A)(8) of section 4725.34 of the Revised Code;

(c) Pass all or part of the licensing examination accepted by the board under section 4725.11 of the Revised Code as the board considers appropriate to determine whether the application for reinstatement should be approved;

(d) If the applicant has been practicing optometry in another state or country, submit evidence that the applicant's license to practice optometry in the other state or country is in good standing.

(3) The board shall approve an application for reinstatement if the conditions specified in division (I)(2) of this section are met. An optometrist who receives reinstatement is subject to the continuing education requirements specified under division (B) of this section for the year in which reinstatement occurs.

Sec. 4725.19. (A) In accordance with Chapter 119. of the Revised Code and by an affirmative vote of a majority of its members, the state board of optometry, for any of the reasons specified in division (B) of this section, shall refuse to grant a certificate of licensure to an applicant and may, with respect to a licensed optometrist, do one or more of the following:

(1) Suspend the operation of any certificate of licensure,

topical ocular pharmaceutical agents certificate, or therapeutic	1062
pharmaceutical agents certificate, or all certificates granted by	1063
it to the optometrist;	1064
(2) Permanently revoke any or all of the certificates;	1065
(3) Limit or otherwise place restrictions on any or all of	1066
the certificates;	1067
(4) Reprimand the optometrist;	1068
(5) Impose a monetary penalty. If the reason for which the	1069
board is imposing the penalty involves a criminal offense that	1070
carries a fine under the Revised Code, the penalty shall not	1071
exceed the maximum fine that may be imposed for the criminal	1072
offense. In any other case, the penalty imposed by the board shall	1073
not exceed five hundred dollars.	1074
(6) Require the optometrist to take corrective action	1075
courses.	1076
The amount and content of corrective action courses shall be	1077
established by the board in rules adopted under section 4725.09 of	1078
the Revised Code.	1079
(B) The sanctions specified in division (A) of this section	1080
may be taken by the board for any of the following reasons:	1081
(1) Committing fraud in passing the licensing examination or	1082
making false or purposely misleading statements in an application	1083
for a certificate of licensure;	1084
(2) Being at any time guilty of immorality, regardless of the	1085
jurisdiction in which the act was committed;	1086
(3) Being guilty of dishonesty or unprofessional conduct in	1087
the practice of optometry;	1088
(4) Being at any time guilty of a felony, regardless of the	1089
jurisdiction in which the act was committed;	1090

- (5) Being at any time guilty of a misdemeanor committed in the course of practice, regardless of the jurisdiction in which the act was committed; 1091
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- (6) Violating the conditions of any limitation or other restriction placed by the board on any certificate issued by the board; 1094
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- (7) Engaging in the practice of optometry as provided in division (A)(1), (2), or (3) of section 4725.01 of the Revised Code when the certificate authorizing that practice is under suspension, in which case the board shall permanently revoke the certificate; 1097
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- (8) Being denied a license to practice optometry in another state or country or being subject to any other sanction by the optometric licensing authority of another state or country, other than sanctions imposed for the nonpayment of fees; 1102
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- (9) Departing from or failing to conform to acceptable and prevailing standards of care in the practice of optometry as followed by similar practitioners under the same or similar circumstances, regardless of whether actual injury to a patient is established; 1106
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- (10) Failing to maintain comprehensive patient records; 1111
- (11) Advertising a price of optical accessories, eye examinations, or other products or services by any means that would deceive or mislead the public; 1112
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- (12) Being addicted to the use of alcohol, stimulants, narcotics, or any other substance which impairs the intellect and judgment to such an extent as to hinder or diminish the performance of the duties included in the person's practice of optometry; 1115
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- (13) Engaging in the practice of optometry as provided in 1120

division (A)(2) or (3) of section 4725.01 of the Revised Code 1121
without authority to do so or, if authorized, in a manner 1122
inconsistent with the authority granted; 1123

(14) Failing to make a report to the board as required by 1124
division (A) of section 4725.21 or section 4725.31 of the Revised 1125
Code; 1126

(15) Soliciting patients from door to door or establishing 1127
temporary offices, in which case the board shall suspend all 1128
certificates held by the optometrist; 1129

(16) Failing to comply with section 4725.092 of the Revised 1130
Code, unless the state board of pharmacy no longer maintains a 1131
drug database pursuant to section 4729.75 of the Revised Code; 1132

(17) Except as provided in division (D) of this section: 1133

(a) Waiving the payment of all or any part of a deductible or 1134
copayment that a patient, pursuant to a health insurance or health 1135
care policy, contract, or plan that covers optometric services, 1136
would otherwise be required to pay if the waiver is used as an 1137
enticement to a patient or group of patients to receive health 1138
care services from that optometrist. 1139

(b) Advertising that the optometrist will waive the payment 1140
of all or any part of a deductible or copayment that a patient, 1141
pursuant to a health insurance or health care policy, contract, or 1142
plan that covers optometric services, would otherwise be required 1143
to pay. 1144

(C) Any person who is the holder of a certificate of 1145
licensure, or who is an applicant for a certificate of licensure 1146
against whom is preferred any charges, shall be furnished by the 1147
board with a copy of the complaint and shall have a hearing before 1148
the board in accordance with Chapter 119. of the Revised Code. 1149

(D) Sanctions shall not be imposed under division (B)~~(16)~~(17) 1150

of this section against any optometrist who waives deductibles and 1151
copayments: 1152

(1) In compliance with the health benefit plan that expressly 1153
allows such a practice. Waiver of the deductibles or copayments 1154
shall be made only with the full knowledge and consent of the plan 1155
purchaser, payer, and third-party administrator. Documentation of 1156
the consent shall be made available to the board upon request. 1157

(2) For professional services rendered to any other 1158
optometrist licensed by the board, to the extent allowed by 1159
sections 4725.01 to 4725.34 of the Revised Code and the rules of 1160
the board. 1161

Sec. 4729.12. An identification card issued by the state 1162
board of pharmacy under section 4729.08 of the Revised Code 1163
entitles the individual to whom it is issued to practice as a 1164
pharmacist or as a pharmacy intern in this state until the next 1165
annual renewal date. 1166

Identification cards shall be renewed annually on the 1167
fifteenth day of September, according to the standard renewal 1168
procedure of Chapter 4745. of the Revised Code. 1169

Each pharmacist and pharmacy intern shall carry the 1170
identification card or renewal identification card while engaged 1171
in the practice of pharmacy. The license shall be conspicuously 1172
exposed at the principal place where the pharmacist or pharmacy 1173
intern practices pharmacy. 1174

A pharmacist or pharmacy intern who desires to continue in 1175
the practice of pharmacy shall file with the board an application 1176
in such form and containing such data as the board may require for 1177
renewal of an identification card. An application filed under this 1178
section may not be withdrawn without the approval of the board. If 1179
the board finds that the applicant's card has not been revoked or 1180

placed under suspension and that the applicant has paid the 1181
renewal fee, has continued pharmacy education in accordance with 1182
the rules of the board, has been granted access to the drug 1183
database established and maintained by the board pursuant to 1184
section 4729.75 of the Revised Code (unless the board has 1185
restricted the applicant from obtaining any further information 1186
from the database or the board no longer maintains the database), 1187
and is entitled to continue in the practice of pharmacy, the board 1188
shall issue a renewal identification card to the applicant. 1189

When an identification card has lapsed for more than sixty 1190
days but application is made within three years after the 1191
expiration of the card, the applicant shall be issued a renewal 1192
identification card without further examination if the applicant 1193
meets the requirements of this section and pays the fee designated 1194
under division (E) of section 4729.15 of the Revised Code. 1195

Sec. 4729.80. (A) If the state board of pharmacy establishes 1196
and maintains a drug database pursuant to section 4729.75 of the 1197
Revised Code, the board is authorized or required to provide 1198
information from the database in accordance with the following: 1199

(1) On receipt of a request from a designated representative 1200
of a government entity responsible for the licensure, regulation, 1201
or discipline of health care professionals with authority to 1202
prescribe, administer, or dispense drugs, the board may provide to 1203
the representative information from the database relating to the 1204
professional who is the subject of an active investigation being 1205
conducted by the government entity. 1206

(2) On receipt of a request from a federal officer, or a 1207
state or local officer of this or any other state, whose duties 1208
include enforcing laws relating to drugs, the board shall provide 1209
to the officer information from the database relating to the 1210
person who is the subject of an active investigation of a drug 1211

abuse offense, as defined in section 2925.01 of the Revised Code, 1212
being conducted by the officer's employing government entity. 1213

(3) Pursuant to a subpoena issued by a grand jury, the board 1214
shall provide to the grand jury information from the database 1215
relating to the person who is the subject of an investigation 1216
being conducted by the grand jury. 1217

(4) Pursuant to a subpoena, search warrant, or court order in 1218
connection with the investigation or prosecution of a possible or 1219
alleged criminal offense, the board shall provide information from 1220
the database as necessary to comply with the subpoena, search 1221
warrant, or court order. 1222

(5) On receipt of a request from a prescriber or the 1223
prescriber's delegate approved by the board, the board ~~may~~ shall 1224
provide to the prescriber a report of information from the 1225
database relating to a patient who is either ~~of the following~~ a 1226
current patient of the prescriber or a potential patient of the 1227
prescriber based on a referral of the patient to the prescriber, 1228
if ~~the prescriber certifies in a form specified by the board that~~ 1229
~~it is for the purpose of providing medical treatment to the~~ 1230
~~patient who is the subject of the request~~ all of the following 1231
conditions are met: 1232

(a) ~~A current patient of the prescriber~~ The prescriber 1233
certifies in a form specified by the board that it is for the 1234
purpose of providing medical treatment to the patient who is the 1235
subject of the request; 1236

(b) ~~A potential patient of the prescriber based on a referral~~ 1237
~~of the patient to the prescriber~~ The prescriber has not been 1238
denied access to the database by the board. 1239

(6) On receipt of a request from a pharmacist or the 1240
pharmacist's delegate approved by the board, the board ~~may~~ shall 1241
provide to the pharmacist information from the database relating 1242

to a current patient of the pharmacist, if the pharmacist 1243
certifies in a form specified by the board that it is for the 1244
purpose of the pharmacist's practice of pharmacy involving the 1245
patient who is the subject of the request and the pharmacist has 1246
not been denied access to the database by the board. 1247

(7) On receipt of a request from an individual seeking the 1248
individual's own database information in accordance with the 1249
procedure established in rules adopted under section 4729.84 of 1250
the Revised Code, the board may provide to the individual the 1251
individual's own database information. 1252

(8) On receipt of a request from the medical director of a 1253
managed care organization that has entered into a contract with 1254
the department of medicaid under section 5167.10 of the Revised 1255
Code and a data security agreement with the board required by 1256
section 5167.14 of the Revised Code, the board shall provide to 1257
the medical director information from the database relating to a 1258
medicaid recipient enrolled in the managed care organization, 1259
including information in the database related to prescriptions for 1260
the recipient that were not covered or reimbursed under a program 1261
administered by the department of medicaid, if the medicaid 1262
director confirms, upon request from the board, that the medicaid 1263
recipient is enrolled in the managed care organization. 1264

(9) On receipt of a request from the medicaid director, the 1265
board shall provide to the director information from the database 1266
relating to a recipient of a program administered by the 1267
department of medicaid, including information in the database 1268
related to prescriptions for the recipient that were not covered 1269
or paid by a program administered by the department. 1270

(10) On receipt of a request from the medical director of a 1271
managed care organization that has entered into a contract with 1272
the administrator of workers' compensation under division (B)(4) 1273
of section 4121.44 of the Revised Code and a data security 1274

agreement with the board required by section 4121.443 of the 1275
Revised Code, the board shall provide to the medical director 1276
information from the database relating to a claimant under Chapter 1277
4121., 4123., 4127., or 4131. of the Revised Code assigned to the 1278
managed care organization, including information in the database 1279
related to prescriptions for the claimant that were not covered or 1280
reimbursed under Chapter 4121., 4123., 4127., or 4131. of the 1281
Revised Code, if the administrator of workers' compensation 1282
confirms, upon request from the board, that the claimant is 1283
assigned to the managed care organization. 1284

(11) On receipt of a request from the administrator of 1285
workers' compensation, the board ~~may~~ shall provide to the 1286
administrator information from the database relating to a claimant 1287
under Chapter 4121., 4123., 4127., or 4131. of the Revised Code, 1288
including information in the database related to prescriptions for 1289
the claimant that were not covered or reimbursed under Chapter 1290
4121., 4123., 4127., or 4131. of the Revised Code. 1291

~~(11)~~(12) On receipt of a request from a prescriber or the 1292
prescriber's delegate approved by the board, the board shall 1293
provide to the prescriber information from the database relating 1294
to a patient's mother, if the prescriber certifies in a form 1295
specified by the board that it is for the purpose of providing 1296
medical treatment to a newborn or infant patient diagnosed as 1297
opioid dependent and the prescriber has not been denied access to 1298
the database by the board. 1299

(13) On receipt of a request from a requestor described in 1300
division (A)(1), (2), (5), or (6) of this section who is from or 1301
participating with another state's prescription monitoring 1302
program, the board may provide to the requestor information from 1303
the database, but only if there is a written agreement under which 1304
the information is to be used and disseminated according to the 1305
laws of this state. 1306

(B) The state board of pharmacy shall maintain a record of 1307
each individual or entity that requests information from the 1308
database pursuant to this section. In accordance with rules 1309
adopted under section 4729.84 of the Revised Code, the board may 1310
use the records to document and report statistics and law 1311
enforcement outcomes. 1312

The board may provide records of an individual's requests for 1313
database information to the following: 1314

(1) A designated representative of a government entity that 1315
is responsible for the licensure, regulation, or discipline of 1316
health care professionals with authority to prescribe, administer, 1317
or dispense drugs who is involved in an active investigation being 1318
conducted by the government entity of the individual who submitted 1319
the requests for database information; 1320

(2) A federal officer, or a state or local officer of this or 1321
any other state, whose duties include enforcing laws relating to 1322
drugs and who is involved in an active investigation being 1323
conducted by the officer's employing government entity of the 1324
individual who submitted the requests for database information. 1325

(C) Information contained in the database and any information 1326
obtained from it is not a public record. Information contained in 1327
the records of requests for information from the database is not a 1328
public record. Information that does not identify a person may be 1329
released in summary, statistical, or aggregate form. 1330

(D) A pharmacist or prescriber shall not be held liable in 1331
damages to any person in any civil action for injury, death, or 1332
loss to person or property on the basis that the pharmacist or 1333
prescriber did or did not seek or obtain information from the 1334
database. 1335

Sec. 4729.86. If the state board of pharmacy establishes and 1336

maintains a drug database pursuant to section 4729.75 of the Revised Code, all of the following apply:

(A)(1) No person identified in divisions (A)(1) to ~~(10)~~(12) or (B) of section 4729.80 of the Revised Code shall disseminate any written or electronic information the person receives from the drug database or otherwise provide another person access to the information that the person receives from the database, except as follows:

(a) When necessary in the investigation or prosecution of a possible or alleged criminal offense;

(b) When a person provides the information to the prescriber or pharmacist for whom the person is approved by the board to serve as a delegate of the prescriber or pharmacist for purposes of requesting and receiving information from the drug database under division (A)(5) or (6) of section 4729.80 of the Revised Code;

(c) When a prescriber or pharmacist provides the information to a person who is approved by the board to serve as such a delegate of the prescriber or pharmacist.

(2) No person shall provide false information to the state board of pharmacy with the intent to obtain or alter information contained in the drug database.

(3) No person shall obtain drug database information by any means except as provided under section 4729.80 or 4729.81 of the Revised Code.

(B) A person shall not use information obtained pursuant to division (A) of section 4729.80 of the Revised Code as evidence in any civil or administrative proceeding.

(C)(1) The Except as provided in division (C)(2) of this section, after providing notice and affording an opportunity for a

hearing in accordance with Chapter 119. of the Revised Code, the 1367
board may restrict a person from obtaining further information 1368
from the drug database if any of the following is the case: 1369

(a) The person violates division (A)(1), (2), or (3) of this 1370
section; 1371

(b) The person is a requestor identified in division 1372
(A)~~(11)~~(13) of section 4729.80 of the Revised Code and the board 1373
determines that the person's actions in another state would have 1374
constituted a violation of division (A)(1), (2), or (3) of this 1375
section; 1376

(c) The person fails to comply with division (B) of this 1377
section, regardless of the jurisdiction in which the failure to 1378
comply occurred; 1379

(d) The person creates, by clear and convincing evidence, a 1380
threat to the security of information contained in the database. 1381

(2) If the board determines that allegations regarding a 1382
person's actions warrant restricting the person from obtaining 1383
further information from the drug database without a prior 1384
hearing, the board may summarily impose the restriction. A 1385
telephone conference call may be used for reviewing the 1386
allegations and taking a vote on the summary restriction. The 1387
summary restriction shall remain in effect, unless removed by the 1388
board, until the board's final adjudication order becomes 1389
effective. 1390

(3) The board shall determine the extent to which the person 1391
is restricted from obtaining further information from the 1392
database. 1393

Sec. 4729.861. If the state board of pharmacy establishes and 1394
maintains a drug database pursuant to section 4729.75 of the 1395
Revised Code and if the board restricts a prescriber from 1396

obtaining further information from the database pursuant to 1397
division (C) of section 4729.86 of the Revised Code, the board 1398
shall notify the government entity responsible for licensing the 1399
prescriber. 1400

Sec. 4730.25. (A) The state medical board, by an affirmative 1401
vote of not fewer than six members, may revoke or may refuse to 1402
grant a certificate to practice as a physician assistant or a 1403
certificate to prescribe to a person found by the board to have 1404
committed fraud, misrepresentation, or deception in applying for 1405
or securing the certificate. 1406

(B) The board, by an affirmative vote of not fewer than six 1407
members, shall, to the extent permitted by law, limit, revoke, or 1408
suspend an individual's certificate to practice as a physician 1409
assistant or certificate to prescribe, refuse to issue a 1410
certificate to an applicant, refuse to reinstate a certificate, or 1411
reprimand or place on probation the holder of a certificate for 1412
any of the following reasons: 1413

(1) Failure to practice in accordance with the conditions 1414
under which the supervising physician's supervision agreement with 1415
the physician assistant was approved, including the requirement 1416
that when practicing under a particular supervising physician, the 1417
physician assistant must practice only according to the physician 1418
supervisory plan the board approved for that physician or the 1419
policies of the health care facility in which the supervising 1420
physician and physician assistant are practicing; 1421

(2) Failure to comply with the requirements of this chapter, 1422
Chapter 4731. of the Revised Code, or any rules adopted by the 1423
board; 1424

(3) Violating or attempting to violate, directly or 1425
indirectly, or assisting in or abetting the violation of, or 1426

conspiring to violate, any provision of this chapter, Chapter	1427
4731. of the Revised Code, or the rules adopted by the board;	1428
(4) Inability to practice according to acceptable and	1429
prevaling standards of care by reason of mental illness or	1430
physical illness, including physical deterioration that adversely	1431
affects cognitive, motor, or perceptive skills;	1432
(5) Impairment of ability to practice according to acceptable	1433
and prevailing standards of care because of habitual or excessive	1434
use or abuse of drugs, alcohol, or other substances that impair	1435
ability to practice;	1436
(6) Administering drugs for purposes other than those	1437
authorized under this chapter;	1438
(7) Willfully betraying a professional confidence;	1439
(8) Making a false, fraudulent, deceptive, or misleading	1440
statement in soliciting or advertising for employment as a	1441
physician assistant; in connection with any solicitation or	1442
advertisement for patients; in relation to the practice of	1443
medicine as it pertains to physician assistants; or in securing or	1444
attempting to secure a certificate to practice as a physician	1445
assistant, a certificate to prescribe, or approval of a	1446
supervision agreement.	1447
As used in this division, "false, fraudulent, deceptive, or	1448
misleading statement" means a statement that includes a	1449
misrepresentation of fact, is likely to mislead or deceive because	1450
of a failure to disclose material facts, is intended or is likely	1451
to create false or unjustified expectations of favorable results,	1452
or includes representations or implications that in reasonable	1453
probability will cause an ordinarily prudent person to	1454
misunderstand or be deceived.	1455
(9) Representing, with the purpose of obtaining compensation	1456
or other advantage personally or for any other person, that an	1457

incurable disease or injury, or other incurable condition, can be 1458
permanently cured; 1459

(10) The obtaining of, or attempting to obtain, money or 1460
anything of value by fraudulent misrepresentations in the course 1461
of practice; 1462

(11) A plea of guilty to, a judicial finding of guilt of, or 1463
a judicial finding of eligibility for intervention in lieu of 1464
conviction for, a felony; 1465

(12) Commission of an act that constitutes a felony in this 1466
state, regardless of the jurisdiction in which the act was 1467
committed; 1468

(13) A plea of guilty to, a judicial finding of guilt of, or 1469
a judicial finding of eligibility for intervention in lieu of 1470
conviction for, a misdemeanor committed in the course of practice; 1471

(14) A plea of guilty to, a judicial finding of guilt of, or 1472
a judicial finding of eligibility for intervention in lieu of 1473
conviction for, a misdemeanor involving moral turpitude; 1474

(15) Commission of an act in the course of practice that 1475
constitutes a misdemeanor in this state, regardless of the 1476
jurisdiction in which the act was committed; 1477

(16) Commission of an act involving moral turpitude that 1478
constitutes a misdemeanor in this state, regardless of the 1479
jurisdiction in which the act was committed; 1480

(17) A plea of guilty to, a judicial finding of guilt of, or 1481
a judicial finding of eligibility for intervention in lieu of 1482
conviction for violating any state or federal law regulating the 1483
possession, distribution, or use of any drug, including 1484
trafficking in drugs; 1485

(18) Any of the following actions taken by the state agency 1486
responsible for regulating the practice of physician assistants in 1487

another state, for any reason other than the nonpayment of fees:	1488
the limitation, revocation, or suspension of an individual's	1489
license to practice; acceptance of an individual's license	1490
surrender; denial of a license; refusal to renew or reinstate a	1491
license; imposition of probation; or issuance of an order of	1492
censure or other reprimand;	1493
(19) A departure from, or failure to conform to, minimal	1494
standards of care of similar physician assistants under the same	1495
or similar circumstances, regardless of whether actual injury to a	1496
patient is established;	1497
(20) Violation of the conditions placed by the board on a	1498
certificate to practice as a physician assistant, a certificate to	1499
prescribe, a physician supervisory plan, or supervision agreement;	1500
(21) Failure to use universal blood and body fluid	1501
precautions established by rules adopted under section 4731.051 of	1502
the Revised Code;	1503
(22) Failure to cooperate in an investigation conducted by	1504
the board under section 4730.26 of the Revised Code, including	1505
failure to comply with a subpoena or order issued by the board or	1506
failure to answer truthfully a question presented by the board at	1507
a deposition or in written interrogatories, except that failure to	1508
cooperate with an investigation shall not constitute grounds for	1509
discipline under this section if a court of competent jurisdiction	1510
has issued an order that either quashes a subpoena or permits the	1511
individual to withhold the testimony or evidence in issue;	1512
(23) Assisting suicide as defined in section 3795.01 of the	1513
Revised Code;	1514
(24) Prescribing any drug or device to perform or induce an	1515
abortion, or otherwise performing or inducing an abortion;	1516
<u>(25) Failure to comply with section 4730.53 of the Revised</u>	1517
<u>Code, unless the board no longer maintains a drug database</u>	1518

pursuant to section 4729.75 of the Revised Code. 1519

(C) Disciplinary actions taken by the board under divisions 1520
(A) and (B) of this section shall be taken pursuant to an 1521
adjudication under Chapter 119. of the Revised Code, except that 1522
in lieu of an adjudication, the board may enter into a consent 1523
agreement with a physician assistant or applicant to resolve an 1524
allegation of a violation of this chapter or any rule adopted 1525
under it. A consent agreement, when ratified by an affirmative 1526
vote of not fewer than six members of the board, shall constitute 1527
the findings and order of the board with respect to the matter 1528
addressed in the agreement. If the board refuses to ratify a 1529
consent agreement, the admissions and findings contained in the 1530
consent agreement shall be of no force or effect. 1531

(D) For purposes of divisions (B)(12), (15), and (16) of this 1532
section, the commission of the act may be established by a finding 1533
by the board, pursuant to an adjudication under Chapter 119. of 1534
the Revised Code, that the applicant or certificate holder 1535
committed the act in question. The board shall have no 1536
jurisdiction under these divisions in cases where the trial court 1537
renders a final judgment in the certificate holder's favor and 1538
that judgment is based upon an adjudication on the merits. The 1539
board shall have jurisdiction under these divisions in cases where 1540
the trial court issues an order of dismissal upon technical or 1541
procedural grounds. 1542

(E) The sealing of conviction records by any court shall have 1543
no effect upon a prior board order entered under the provisions of 1544
this section or upon the board's jurisdiction to take action under 1545
the provisions of this section if, based upon a plea of guilty, a 1546
judicial finding of guilt, or a judicial finding of eligibility 1547
for intervention in lieu of conviction, the board issued a notice 1548
of opportunity for a hearing prior to the court's order to seal 1549
the records. The board shall not be required to seal, destroy, 1550

redact, or otherwise modify its records to reflect the court's 1551
sealing of conviction records. 1552

(F) For purposes of this division, any individual who holds a 1553
certificate issued under this chapter, or applies for a 1554
certificate issued under this chapter, shall be deemed to have 1555
given consent to submit to a mental or physical examination when 1556
directed to do so in writing by the board and to have waived all 1557
objections to the admissibility of testimony or examination 1558
reports that constitute a privileged communication. 1559

(1) In enforcing division (B)(4) of this section, the board, 1560
upon a showing of a possible violation, may compel any individual 1561
who holds a certificate issued under this chapter or who has 1562
applied for a certificate pursuant to this chapter to submit to a 1563
mental examination, physical examination, including an HIV test, 1564
or both a mental and physical examination. The expense of the 1565
examination is the responsibility of the individual compelled to 1566
be examined. Failure to submit to a mental or physical examination 1567
or consent to an HIV test ordered by the board constitutes an 1568
admission of the allegations against the individual unless the 1569
failure is due to circumstances beyond the individual's control, 1570
and a default and final order may be entered without the taking of 1571
testimony or presentation of evidence. If the board finds a 1572
physician assistant unable to practice because of the reasons set 1573
forth in division (B)(4) of this section, the board shall require 1574
the physician assistant to submit to care, counseling, or 1575
treatment by physicians approved or designated by the board, as a 1576
condition for an initial, continued, reinstated, or renewed 1577
certificate. An individual affected under this division shall be 1578
afforded an opportunity to demonstrate to the board the ability to 1579
resume practicing in compliance with acceptable and prevailing 1580
standards of care. 1581

(2) For purposes of division (B)(5) of this section, if the 1582

board has reason to believe that any individual who holds a 1583
certificate issued under this chapter or any applicant for a 1584
certificate suffers such impairment, the board may compel the 1585
individual to submit to a mental or physical examination, or both. 1586
The expense of the examination is the responsibility of the 1587
individual compelled to be examined. Any mental or physical 1588
examination required under this division shall be undertaken by a 1589
treatment provider or physician qualified to conduct such 1590
examination and chosen by the board. 1591

Failure to submit to a mental or physical examination ordered 1592
by the board constitutes an admission of the allegations against 1593
the individual unless the failure is due to circumstances beyond 1594
the individual's control, and a default and final order may be 1595
entered without the taking of testimony or presentation of 1596
evidence. If the board determines that the individual's ability to 1597
practice is impaired, the board shall suspend the individual's 1598
certificate or deny the individual's application and shall require 1599
the individual, as a condition for initial, continued, reinstated, 1600
or renewed certification to practice or prescribe, to submit to 1601
treatment. 1602

Before being eligible to apply for reinstatement of a 1603
certificate suspended under this division, the physician assistant 1604
shall demonstrate to the board the ability to resume practice or 1605
prescribing in compliance with acceptable and prevailing standards 1606
of care. The demonstration shall include the following: 1607

(a) Certification from a treatment provider approved under 1608
section 4731.25 of the Revised Code that the individual has 1609
successfully completed any required inpatient treatment; 1610

(b) Evidence of continuing full compliance with an aftercare 1611
contract or consent agreement; 1612

(c) Two written reports indicating that the individual's 1613

ability to practice has been assessed and that the individual has 1614
been found capable of practicing according to acceptable and 1615
prevailing standards of care. The reports shall be made by 1616
individuals or providers approved by the board for making such 1617
assessments and shall describe the basis for their determination. 1618

The board may reinstate a certificate suspended under this 1619
division after such demonstration and after the individual has 1620
entered into a written consent agreement. 1621

When the impaired physician assistant resumes practice or 1622
prescribing, the board shall require continued monitoring of the 1623
physician assistant. The monitoring shall include compliance with 1624
the written consent agreement entered into before reinstatement or 1625
with conditions imposed by board order after a hearing, and, upon 1626
termination of the consent agreement, submission to the board for 1627
at least two years of annual written progress reports made under 1628
penalty of falsification stating whether the physician assistant 1629
has maintained sobriety. 1630

(G) If the secretary and supervising member determine that 1631
there is clear and convincing evidence that a physician assistant 1632
has violated division (B) of this section and that the 1633
individual's continued practice or prescribing presents a danger 1634
of immediate and serious harm to the public, they may recommend 1635
that the board suspend the individual's certificate to practice or 1636
prescribe without a prior hearing. Written allegations shall be 1637
prepared for consideration by the board. 1638

The board, upon review of those allegations and by an 1639
affirmative vote of not fewer than six of its members, excluding 1640
the secretary and supervising member, may suspend a certificate 1641
without a prior hearing. A telephone conference call may be 1642
utilized for reviewing the allegations and taking the vote on the 1643
summary suspension. 1644

The board shall issue a written order of suspension by 1645
certified mail or in person in accordance with section 119.07 of 1646
the Revised Code. The order shall not be subject to suspension by 1647
the court during pendency of any appeal filed under section 119.12 1648
of the Revised Code. If the physician assistant requests an 1649
adjudicatory hearing by the board, the date set for the hearing 1650
shall be within fifteen days, but not earlier than seven days, 1651
after the physician assistant requests the hearing, unless 1652
otherwise agreed to by both the board and the certificate holder. 1653

A summary suspension imposed under this division shall remain 1654
in effect, unless reversed on appeal, until a final adjudicative 1655
order issued by the board pursuant to this section and Chapter 1656
119. of the Revised Code becomes effective. The board shall issue 1657
its final adjudicative order within sixty days after completion of 1658
its hearing. Failure to issue the order within sixty days shall 1659
result in dissolution of the summary suspension order, but shall 1660
not invalidate any subsequent, final adjudicative order. 1661

(H) If the board takes action under division (B)(11), (13), 1662
or (14) of this section, and the judicial finding of guilt, guilty 1663
plea, or judicial finding of eligibility for intervention in lieu 1664
of conviction is overturned on appeal, upon exhaustion of the 1665
criminal appeal, a petition for reconsideration of the order may 1666
be filed with the board along with appropriate court documents. 1667
Upon receipt of a petition and supporting court documents, the 1668
board shall reinstate the certificate to practice or prescribe. 1669
The board may then hold an adjudication under Chapter 119. of the 1670
Revised Code to determine whether the individual committed the act 1671
in question. Notice of opportunity for hearing shall be given in 1672
accordance with Chapter 119. of the Revised Code. If the board 1673
finds, pursuant to an adjudication held under this division, that 1674
the individual committed the act, or if no hearing is requested, 1675
it may order any of the sanctions identified under division (B) of 1676

this section. 1677

(I) The certificate to practice issued to a physician 1678
assistant and the physician assistant's practice in this state are 1679
automatically suspended as of the date the physician assistant 1680
pleads guilty to, is found by a judge or jury to be guilty of, or 1681
is subject to a judicial finding of eligibility for intervention 1682
in lieu of conviction in this state or treatment or intervention 1683
in lieu of conviction in another state for any of the following 1684
criminal offenses in this state or a substantially equivalent 1685
criminal offense in another jurisdiction: aggravated murder, 1686
murder, voluntary manslaughter, felonious assault, kidnapping, 1687
rape, sexual battery, gross sexual imposition, aggravated arson, 1688
aggravated robbery, or aggravated burglary. Continued practice 1689
after the suspension shall be considered practicing without a 1690
certificate. 1691

The board shall notify the individual subject to the 1692
suspension by certified mail or in person in accordance with 1693
section 119.07 of the Revised Code. If an individual whose 1694
certificate is suspended under this division fails to make a 1695
timely request for an adjudication under Chapter 119. of the 1696
Revised Code, the board shall enter a final order permanently 1697
revoking the individual's certificate to practice. 1698

(J) In any instance in which the board is required by Chapter 1699
119. of the Revised Code to give notice of opportunity for hearing 1700
and the individual subject to the notice does not timely request a 1701
hearing in accordance with section 119.07 of the Revised Code, the 1702
board is not required to hold a hearing, but may adopt, by an 1703
affirmative vote of not fewer than six of its members, a final 1704
order that contains the board's findings. In that final order, the 1705
board may order any of the sanctions identified under division (A) 1706
or (B) of this section. 1707

(K) Any action taken by the board under division (B) of this 1708

section resulting in a suspension shall be accompanied by a 1709
written statement of the conditions under which the physician 1710
assistant's certificate may be reinstated. The board shall adopt 1711
rules in accordance with Chapter 119. of the Revised Code 1712
governing conditions to be imposed for reinstatement. 1713
Reinstatement of a certificate suspended pursuant to division (B) 1714
of this section requires an affirmative vote of not fewer than six 1715
members of the board. 1716

(L) When the board refuses to grant to an applicant a 1717
certificate to practice as a physician assistant or a certificate 1718
to prescribe, revokes an individual's certificate, refuses to 1719
issue a certificate, or refuses to reinstate an individual's 1720
certificate, the board may specify that its action is permanent. 1721
An individual subject to a permanent action taken by the board is 1722
forever thereafter ineligible to hold the certificate and the 1723
board shall not accept an application for reinstatement of the 1724
certificate or for issuance of a new certificate. 1725

(M) Notwithstanding any other provision of the Revised Code, 1726
all of the following apply: 1727

(1) The surrender of a certificate issued under this chapter 1728
is not effective unless or until accepted by the board. 1729
Reinstatement of a certificate surrendered to the board requires 1730
an affirmative vote of not fewer than six members of the board. 1731

(2) An application made under this chapter for a certificate, 1732
approval of a physician supervisory plan, or approval of a 1733
supervision agreement may not be withdrawn without approval of the 1734
board. 1735

(3) Failure by an individual to renew a certificate in 1736
accordance with section 4730.14 or section 4730.48 of the Revised 1737
Code shall not remove or limit the board's jurisdiction to take 1738
disciplinary action under this section against the individual. 1739

Sec. 4730.48. (A)(1) Except in the case of a provisional 1740
certificate to prescribe, a physician assistant's certificate to 1741
prescribe expires on the same date as the physician assistant's 1742
certificate to practice as a physician assistant, as provided in 1743
section 4730.14 of the Revised Code. The certificate to prescribe 1744
may be renewed in accordance with this section. 1745

(2) A person seeking to renew a certificate to prescribe 1746
shall, on or before the thirty-first day of January of each 1747
even-numbered year, apply for renewal of the certificate. The 1748
state medical board shall send renewal notices at least one month 1749
prior to the expiration date. The notice may be sent as part of 1750
the notice sent for renewal of the certificate to practice. 1751

(3) Applications for renewal shall be submitted to the board 1752
on forms the board shall prescribe and furnish. An application for 1753
renewal of a certificate to prescribe may be submitted in 1754
conjunction with an application for renewal of a certificate to 1755
practice. 1756

(4)(a) Except as provided in division (A)(4)(b) of this 1757
section, with respect to an applicant who holds a certificate to 1758
prescribe and prescribes opioid analgesics or benzodiazepines as 1759
part of the applicant's regular practice as a physician assistant, 1760
the application for renewal of a certificate to prescribe shall 1761
include evidence that the applicant has been granted access to the 1762
drug database established and maintained by the state board of 1763
pharmacy pursuant to section 4729.75 of the Revised Code. 1764

(b) The requirement in division (A)(4)(a) of this section 1765
does not apply if either of the following is the case: 1766

(i) The state board of pharmacy notifies the state medical 1767
board pursuant to section 4729.861 of the Revised Code that the 1768
applicant has been restricted from obtaining further information 1769
from the drug database. 1770

(ii) The state board of pharmacy no longer maintains the drug database. 1771
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(5) Each application for renewal of a certificate to prescribe shall be accompanied by a biennial renewal fee of fifty dollars. The board shall deposit the fees in accordance with section 4731.24 of the Revised Code. 1773
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(6) The applicant shall report any criminal offense that constitutes grounds under section 4730.25 of the Revised Code for refusing to issue a certificate to prescribe to which the applicant has pleaded guilty, of which the applicant has been found guilty, or for which the applicant has been found eligible for intervention in lieu of conviction, since last signing an application for a certificate to prescribe. 1777
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(B) The board shall review all renewal applications received. If an applicant submits a complete renewal application and meets the requirements for renewal specified in section 4730.49 of the Revised Code, the board shall issue to the applicant a renewed certificate to prescribe. 1784
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Sec. 4730.53. (A) As used in this section, "drug database" means the database established and maintained by the state board of pharmacy pursuant to section 4729.75 of the Revised Code. 1789
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(B) The Except as provided in divisions (C) and (E) of this section, a physician assistant holding a certificate to prescribe issued under this chapter shall comply with all of the following as conditions of prescribing a drug that is either an opioid analgesic or a benzodiazepine as part of a patient's course of treatment for a particular condition: 1792
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(1) Before initially prescribing the drug, the physician assistant or the physician assistant's delegate shall request from the drug database a report of information related to the patient 1798
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that covers at least the twelve months immediately preceding the 1801
date of the request. If the physician assistant practices 1802
primarily in a county of this state that adjoins another state, 1803
the physician assistant or delegate also shall request a report of 1804
any information available in the drug database that pertains to 1805
prescriptions issued or drugs furnished to the patient in the 1806
state adjoining that county. 1807

(2) If the patient's course of treatment for the condition 1808
continues for more than ninety days after the initial report is 1809
requested, the physician assistant or delegate shall make periodic 1810
requests for reports of information from the drug database until 1811
the course of treatment has ended. The requests shall be made at 1812
intervals not exceeding ninety days, determined according to the 1813
date the initial request was made. The request shall be made in 1814
the same manner provided in division (B)(1) of this section for 1815
requesting the initial report of information from the drug 1816
database. 1817

(3) On receipt of a report under division (B)(1) or (2) of 1818
this section, the physician assistant shall assess the information 1819
in the report. The physician assistant shall document in the 1820
patient's record that the report was received and the information 1821
was assessed. 1822

(C) Division (B) of this section does not apply in any of the 1823
following circumstances: 1824

(1) A drug database report regarding the patient is not 1825
available, in which case the physician assistant shall document in 1826
the patient's record the reason that the report is not available. 1827

(2) The drug is prescribed in an amount indicated for a 1828
period not to exceed seven days. 1829

(3) The drug is prescribed for the treatment of cancer or 1830
another condition associated with cancer. 1831

(4) The drug is prescribed to a hospice patient in a hospice care program, as those terms are defined in section 3712.01 of the Revised Code, or any other patient diagnosed as terminally ill. 1832
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(5) The drug is prescribed for administration in a hospital, nursing home, or residential care facility. 1835
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(D) With respect to prescribing any drug that is not an opioid analgesic or a benzodiazepine but is included in the drug database pursuant to rules adopted under section 4729.84 of the Revised Code, the state medical board shall adopt rules in accordance with Chapter 119. of the Revised Code that establish standards and procedures to be followed by a physician assistant who holds a certificate to prescribe issued under this chapter regarding the review of patient information available through the drug database under division (A)(5) of section 4729.80 of the Revised Code. The rules shall be adopted in accordance with Chapter 119. of the Revised Code. 1837
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~~(C)~~(E) This section and the rules adopted under it do not apply if the state board of pharmacy no longer maintains the drug database. 1848
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Sec. 4731.055. (A) As used in this section: 1851

(1) "Drug database" means the database established and maintained by the state board of pharmacy pursuant to section 4729.75 of the Revised Code. 1852
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(2) "Physician" means an individual authorized under this chapter to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery. 1855
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(B) The Except as provided in divisions (C) and (E) of this section, a physician shall comply with all of the following as conditions of prescribing a drug that is either an opioid analgesic or a benzodiazepine, or personally furnishing a complete 1858
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or partial supply of such a drug, as part of a patient's course of 1862
treatment for a particular condition: 1863

(1) Before initially prescribing or furnishing the drug, the 1864
physician or the physician's delegate shall request from the drug 1865
database a report of information related to the patient that 1866
covers at least the twelve months immediately preceding the date 1867
of the request. If the physician practices primarily in a county 1868
of this state that adjoins another state, the physician or 1869
delegate also shall request a report of any information available 1870
in the drug database that pertains to prescriptions issued or 1871
drugs furnished to the patient in the state adjoining that county. 1872

(2) If the patient's course of treatment for the condition 1873
continues for more than ninety days after the initial report is 1874
requested, the physician or delegate shall make periodic requests 1875
for reports of information from the drug database until the course 1876
of treatment has ended. The requests shall be made at intervals 1877
not exceeding ninety days, determined according to the date the 1878
initial request was made. The request shall be made in the same 1879
manner provided in division (B)(1) of this section for requesting 1880
the initial report of information from the drug database. 1881

(3) On receipt of a report under division (B)(1) or (2) of 1882
this section, the physician shall assess the information in the 1883
report. The physician shall document in the patient's record that 1884
the report was received and the information was assessed. 1885

(C) Division (B) of this section does not apply in any of the 1886
following circumstances: 1887

(1) A drug database report regarding the patient is not 1888
available, in which case the physician shall document in the 1889
patient's record the reason that the report is not available. 1890

(2) The drug is prescribed or personally furnished in an 1891
amount indicated for a period not to exceed seven days. 1892

(3) The drug is prescribed or personally furnished for the treatment of cancer or another condition associated with cancer. 1893
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(4) The drug is prescribed or personally furnished to a hospice patient in a hospice care program, as those terms are defined in section 3712.01 of the Revised Code, or any other patient diagnosed as terminally ill. 1895
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(5) The drug is prescribed or personally furnished for administration in a hospital, nursing home, or residential care facility. 1899
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(6) The drug is prescribed or personally furnished to treat acute pain resulting from a surgical or other invasive procedure or a delivery. 1902
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(D) With respect to prescribing or personally furnishing any drug that is not an opioid analgesic or a benzodiazepine but is included in the drug database pursuant to rules adopted under section 4729.84 of the Revised Code, the state medical board shall adopt rules in accordance with Chapter 119. of the Revised Code that establish standards and procedures to be followed by a physician regarding the review of patient information available through the drug database under division (A)(5) of section 4729.80 of the Revised Code. The rules shall be adopted in accordance with Chapter 119. of the Revised Code. 1905
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~~(C)~~(E) This section and the rules adopted under it do not apply if the state board of pharmacy no longer maintains the drug database. 1915
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Sec. 4731.22. (A) The state medical board, by an affirmative vote of not fewer than six of its members, may limit, revoke, or suspend an individual's certificate to practice, refuse to grant a certificate to an individual, refuse to register an individual, refuse to reinstate a certificate, or reprimand or place on 1918
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probation the holder of a certificate if the individual or 1923
certificate holder is found by the board to have committed fraud 1924
during the administration of the examination for a certificate to 1925
practice or to have committed fraud, misrepresentation, or 1926
deception in applying for or securing any certificate to practice 1927
or certificate of registration issued by the board. 1928

(B) The board, by an affirmative vote of not fewer than six 1929
members, shall, to the extent permitted by law, limit, revoke, or 1930
suspend an individual's certificate to practice, refuse to 1931
register an individual, refuse to reinstate a certificate, or 1932
reprimand or place on probation the holder of a certificate for 1933
one or more of the following reasons: 1934

(1) Permitting one's name or one's certificate to practice or 1935
certificate of registration to be used by a person, group, or 1936
corporation when the individual concerned is not actually 1937
directing the treatment given; 1938

(2) Failure to maintain minimal standards applicable to the 1939
selection or administration of drugs, or failure to employ 1940
acceptable scientific methods in the selection of drugs or other 1941
modalities for treatment of disease; 1942

(3) Selling, giving away, personally furnishing, prescribing, 1943
or administering drugs for other than legal and legitimate 1944
therapeutic purposes or a plea of guilty to, a judicial finding of 1945
guilt of, or a judicial finding of eligibility for intervention in 1946
lieu of conviction of, a violation of any federal or state law 1947
regulating the possession, distribution, or use of any drug; 1948

(4) Willfully betraying a professional confidence. 1949

For purposes of this division, "willfully betraying a 1950
professional confidence" does not include providing any 1951
information, documents, or reports to a child fatality review 1952
board under sections 307.621 to 307.629 of the Revised Code and 1953

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

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

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

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

(7) Representing, with the purpose of obtaining compensation or other advantage as personal gain or for any other person, that an incurable disease or injury, or other incurable condition, can

be permanently cured;	1986
(8) The obtaining of, or attempting to obtain, money or anything of value by fraudulent misrepresentations in the course of practice;	1987 1988 1989
(9) A plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for, a felony;	1990 1991 1992
(10) Commission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed;	1993 1994 1995
(11) A plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for, a misdemeanor committed in the course of practice;	1996 1997 1998
(12) Commission of an act in the course of practice that constitutes a misdemeanor in this state, regardless of the jurisdiction in which the act was committed;	1999 2000 2001
(13) A plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for, a misdemeanor involving moral turpitude;	2002 2003 2004
(14) Commission of an act involving moral turpitude that constitutes a misdemeanor in this state, regardless of the jurisdiction in which the act was committed;	2005 2006 2007
(15) Violation of the conditions of limitation placed by the board upon a certificate to practice;	2008 2009
(16) Failure to pay license renewal fees specified in this chapter;	2010 2011
(17) Except as authorized in section 4731.31 of the Revised Code, engaging in the division of fees for referral of patients, or the receiving of a thing of value in return for a specific referral of a patient to utilize a particular service or business;	2012 2013 2014 2015

(18) Subject to section 4731.226 of the Revised Code, 2016
violation of any provision of a code of ethics of the American 2017
medical association, the American osteopathic association, the 2018
American podiatric medical association, or any other national 2019
professional organizations that the board specifies by rule. The 2020
state medical board shall obtain and keep on file current copies 2021
of the codes of ethics of the various national professional 2022
organizations. The individual whose certificate is being suspended 2023
or revoked shall not be found to have violated any provision of a 2024
code of ethics of an organization not appropriate to the 2025
individual's profession. 2026

For purposes of this division, a "provision of a code of 2027
ethics of a national professional organization" does not include 2028
any provision that would preclude the making of a report by a 2029
physician of an employee's use of a drug of abuse, or of a 2030
condition of an employee other than one involving the use of a 2031
drug of abuse, to the employer of the employee as described in 2032
division (B) of section 2305.33 of the Revised Code. Nothing in 2033
this division affects the immunity from civil liability conferred 2034
by that section upon a physician who makes either type of report 2035
in accordance with division (B) of that section. As used in this 2036
division, "employee," "employer," and "physician" have the same 2037
meanings as in section 2305.33 of the Revised Code. 2038

(19) Inability to practice according to acceptable and 2039
prevailing standards of care by reason of mental illness or 2040
physical illness, including, but not limited to, physical 2041
deterioration that adversely affects cognitive, motor, or 2042
perceptive skills. 2043

In enforcing this division, the board, upon a showing of a 2044
possible violation, may compel any individual authorized to 2045
practice by this chapter or who has submitted an application 2046
pursuant to this chapter to submit to a mental examination, 2047

physical examination, including an HIV test, or both a mental and 2048
a physical examination. The expense of the examination is the 2049
responsibility of the individual compelled to be examined. Failure 2050
to submit to a mental or physical examination or consent to an HIV 2051
test ordered by the board constitutes an admission of the 2052
allegations against the individual unless the failure is due to 2053
circumstances beyond the individual's control, and a default and 2054
final order may be entered without the taking of testimony or 2055
presentation of evidence. If the board finds an individual unable 2056
to practice because of the reasons set forth in this division, the 2057
board shall require the individual to submit to care, counseling, 2058
or treatment by physicians approved or designated by the board, as 2059
a condition for initial, continued, reinstated, or renewed 2060
authority to practice. An individual affected under this division 2061
shall be afforded an opportunity to demonstrate to the board the 2062
ability to resume practice in compliance with acceptable and 2063
prevailing standards under the provisions of the individual's 2064
certificate. For the purpose of this division, any individual who 2065
applies for or receives a certificate to practice under this 2066
chapter accepts the privilege of practicing in this state and, by 2067
so doing, shall be deemed to have given consent to submit to a 2068
mental or physical examination when directed to do so in writing 2069
by the board, and to have waived all objections to the 2070
admissibility of testimony or examination reports that constitute 2071
a privileged communication. 2072

(20) Except when civil penalties are imposed under section 2073
4731.225 or 4731.281 of the Revised Code, and subject to section 2074
4731.226 of the Revised Code, violating or attempting to violate, 2075
directly or indirectly, or assisting in or abetting the violation 2076
of, or conspiring to violate, any provisions of this chapter or 2077
any rule promulgated by the board. 2078

This division does not apply to a violation or attempted 2079

violation of, assisting in or abetting the violation of, or a 2080
conspiracy to violate, any provision of this chapter or any rule 2081
adopted by the board that would preclude the making of a report by 2082
a physician of an employee's use of a drug of abuse, or of a 2083
condition of an employee other than one involving the use of a 2084
drug of abuse, to the employer of the employee as described in 2085
division (B) of section 2305.33 of the Revised Code. Nothing in 2086
this division affects the immunity from civil liability conferred 2087
by that section upon a physician who makes either type of report 2088
in accordance with division (B) of that section. As used in this 2089
division, "employee," "employer," and "physician" have the same 2090
meanings as in section 2305.33 of the Revised Code. 2091

(21) The violation of section 3701.79 of the Revised Code or 2092
of any abortion rule adopted by the public health council pursuant 2093
to section 3701.341 of the Revised Code; 2094

(22) Any of the following actions taken by an agency 2095
responsible for authorizing, certifying, or regulating an 2096
individual to practice a health care occupation or provide health 2097
care services in this state or another jurisdiction, for any 2098
reason other than the nonpayment of fees: the limitation, 2099
revocation, or suspension of an individual's license to practice; 2100
acceptance of an individual's license surrender; denial of a 2101
license; refusal to renew or reinstate a license; imposition of 2102
probation; or issuance of an order of censure or other reprimand; 2103

(23) The violation of section 2919.12 of the Revised Code or 2104
the performance or inducement of an abortion upon a pregnant woman 2105
with actual knowledge that the conditions specified in division 2106
(B) of section 2317.56 of the Revised Code have not been satisfied 2107
or with a heedless indifference as to whether those conditions 2108
have been satisfied, unless an affirmative defense as specified in 2109
division (H)(2) of that section would apply in a civil action 2110
authorized by division (H)(1) of that section; 2111

(24) The revocation, suspension, restriction, reduction, or 2112
termination of clinical privileges by the United States department 2113
of defense or department of veterans affairs or the termination or 2114
suspension of a certificate of registration to prescribe drugs by 2115
the drug enforcement administration of the United States 2116
department of justice; 2117

(25) Termination or suspension from participation in the 2118
medicare or medicaid programs by the department of health and 2119
human services or other responsible agency for any act or acts 2120
that also would constitute a violation of division (B)(2), (3), 2121
(6), (8), or (19) of this section; 2122

(26) Impairment of ability to practice according to 2123
acceptable and prevailing standards of care because of habitual or 2124
excessive use or abuse of drugs, alcohol, or other substances that 2125
impair ability to practice. 2126

For the purposes of this division, any individual authorized 2127
to practice by this chapter accepts the privilege of practicing in 2128
this state subject to supervision by the board. By filing an 2129
application for or holding a certificate to practice under this 2130
chapter, an individual shall be deemed to have given consent to 2131
submit to a mental or physical examination when ordered to do so 2132
by the board in writing, and to have waived all objections to the 2133
admissibility of testimony or examination reports that constitute 2134
privileged communications. 2135

If it has reason to believe that any individual authorized to 2136
practice by this chapter or any applicant for certification to 2137
practice suffers such impairment, the board may compel the 2138
individual to submit to a mental or physical examination, or both. 2139
The expense of the examination is the responsibility of the 2140
individual compelled to be examined. Any mental or physical 2141
examination required under this division shall be undertaken by a 2142
treatment provider or physician who is qualified to conduct the 2143

examination and who is chosen by the board. 2144

Failure to submit to a mental or physical examination ordered 2145
by the board constitutes an admission of the allegations against 2146
the individual unless the failure is due to circumstances beyond 2147
the individual's control, and a default and final order may be 2148
entered without the taking of testimony or presentation of 2149
evidence. If the board determines that the individual's ability to 2150
practice is impaired, the board shall suspend the individual's 2151
certificate or deny the individual's application and shall require 2152
the individual, as a condition for initial, continued, reinstated, 2153
or renewed certification to practice, to submit to treatment. 2154

Before being eligible to apply for reinstatement of a 2155
certificate suspended under this division, the impaired 2156
practitioner shall demonstrate to the board the ability to resume 2157
practice in compliance with acceptable and prevailing standards of 2158
care under the provisions of the practitioner's certificate. The 2159
demonstration shall include, but shall not be limited to, the 2160
following: 2161

(a) Certification from a treatment provider approved under 2162
section 4731.25 of the Revised Code that the individual has 2163
successfully completed any required inpatient treatment; 2164

(b) Evidence of continuing full compliance with an aftercare 2165
contract or consent agreement; 2166

(c) Two written reports indicating that the individual's 2167
ability to practice has been assessed and that the individual has 2168
been found capable of practicing according to acceptable and 2169
prevailing standards of care. The reports shall be made by 2170
individuals or providers approved by the board for making the 2171
assessments and shall describe the basis for their determination. 2172

The board may reinstate a certificate suspended under this 2173
division after that demonstration and after the individual has 2174

entered into a written consent agreement. 2175

When the impaired practitioner resumes practice, the board 2176
shall require continued monitoring of the individual. The 2177
monitoring shall include, but not be limited to, compliance with 2178
the written consent agreement entered into before reinstatement or 2179
with conditions imposed by board order after a hearing, and, upon 2180
termination of the consent agreement, submission to the board for 2181
at least two years of annual written progress reports made under 2182
penalty of perjury stating whether the individual has maintained 2183
sobriety. 2184

(27) A second or subsequent violation of section 4731.66 or 2185
4731.69 of the Revised Code; 2186

(28) Except as provided in division (N) of this section: 2187

(a) Waiving the payment of all or any part of a deductible or 2188
copayment that a patient, pursuant to a health insurance or health 2189
care policy, contract, or plan that covers the individual's 2190
services, otherwise would be required to pay if the waiver is used 2191
as an enticement to a patient or group of patients to receive 2192
health care services from that individual; 2193

(b) Advertising that the individual will waive the payment of 2194
all or any part of a deductible or copayment that a patient, 2195
pursuant to a health insurance or health care policy, contract, or 2196
plan that covers the individual's services, otherwise would be 2197
required to pay. 2198

(29) Failure to use universal blood and body fluid 2199
precautions established by rules adopted under section 4731.051 of 2200
the Revised Code; 2201

(30) Failure to provide notice to, and receive acknowledgment 2202
of the notice from, a patient when required by section 4731.143 of 2203
the Revised Code prior to providing nonemergency professional 2204
services, or failure to maintain that notice in the patient's 2205

file;	2206
(31) Failure of a physician supervising a physician assistant to maintain supervision in accordance with the requirements of Chapter 4730. of the Revised Code and the rules adopted under that chapter;	2207 2208 2209 2210
(32) Failure of a physician or podiatrist to enter into a standard care arrangement with a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner with whom the physician or podiatrist is in collaboration pursuant to section 4731.27 of the Revised Code or failure to fulfill the responsibilities of collaboration after entering into a standard care arrangement;	2211 2212 2213 2214 2215 2216 2217
(33) Failure to comply with the terms of a consult agreement entered into with a pharmacist pursuant to section 4729.39 of the Revised Code;	2218 2219 2220
(34) Failure to cooperate in an investigation conducted by the board under division (F) of this section, including failure to comply with a subpoena or order issued by the board or failure to answer truthfully a question presented by the board in an investigative interview, an investigative office conference, at a deposition, or in written interrogatories, except that failure to cooperate with an investigation shall not constitute grounds for discipline under this section if a court of competent jurisdiction has issued an order that either quashes a subpoena or permits the individual to withhold the testimony or evidence in issue;	2221 2222 2223 2224 2225 2226 2227 2228 2229 2230
(35) Failure to supervise an oriental medicine practitioner or acupuncturist in accordance with Chapter 4762. of the Revised Code and the board's rules for providing that supervision;	2231 2232 2233
(36) Failure to supervise an anesthesiologist assistant in accordance with Chapter 4760. of the Revised Code and the board's rules for supervision of an anesthesiologist assistant;	2234 2235 2236

(37) Assisting suicide as defined in section 3795.01 of the Revised Code;	2237 2238
(38) Failure to comply with the requirements of section 2317.561 of the Revised Code;	2239 2240
(39) Failure to supervise a radiologist assistant in accordance with Chapter 4774. of the Revised Code and the board's rules for supervision of radiologist assistants;	2241 2242 2243
(40) Performing or inducing an abortion at an office or facility with knowledge that the office or facility fails to post the notice required under section 3701.791 of the Revised Code;	2244 2245 2246
(41) Failure to comply with the standards and procedures established in rules under section 4731.054 of the Revised Code for the operation of or the provision of care at a pain management clinic;	2247 2248 2249 2250
(42) Failure to comply with the standards and procedures established in rules under section 4731.054 of the Revised Code for providing supervision, direction, and control of individuals at a pain management clinic;	2251 2252 2253 2254
(43) Failure to comply with the requirements of section 4729.79 <u>or 4731.055</u> of the Revised Code, unless the state board of pharmacy no longer maintains a drug database pursuant to section 4729.75 of the Revised Code;	2255 2256 2257 2258
(44) Failure to comply with the requirements of section 2919.171 of the Revised Code or failure to submit to the department of health in accordance with a court order a complete report as described in section 2919.171 of the Revised Code;	2259 2260 2261 2262
(45) Practicing at a facility that is subject to licensure as a category III terminal distributor of dangerous drugs with a pain management clinic classification unless the person operating the facility has obtained and maintains the license with the	2263 2264 2265 2266

classification; 2267

(46) Owning a facility that is subject to licensure as a 2268
category III terminal distributor of dangerous drugs with a pain 2269
management clinic classification unless the facility is licensed 2270
with the classification; 2271

(47) Failure to comply with the requirement regarding 2272
maintaining notes described in division (B) of section 2919.191 of 2273
the Revised Code or failure to satisfy the requirements of section 2274
2919.191 of the Revised Code prior to performing or inducing an 2275
abortion upon a pregnant woman. 2276

(C) Disciplinary actions taken by the board under divisions 2277
(A) and (B) of this section shall be taken pursuant to an 2278
adjudication under Chapter 119. of the Revised Code, except that 2279
in lieu of an adjudication, the board may enter into a consent 2280
agreement with an individual to resolve an allegation of a 2281
violation of this chapter or any rule adopted under it. A consent 2282
agreement, when ratified by an affirmative vote of not fewer than 2283
six members of the board, shall constitute the findings and order 2284
of the board with respect to the matter addressed in the 2285
agreement. If the board refuses to ratify a consent agreement, the 2286
admissions and findings contained in the consent agreement shall 2287
be of no force or effect. 2288

A telephone conference call may be utilized for ratification 2289
of a consent agreement that revokes or suspends an individual's 2290
certificate to practice. The telephone conference call shall be 2291
considered a special meeting under division (F) of section 121.22 2292
of the Revised Code. 2293

If the board takes disciplinary action against an individual 2294
under division (B) of this section for a second or subsequent plea 2295
of guilty to, or judicial finding of guilt of, a violation of 2296
section 2919.123 of the Revised Code, the disciplinary action 2297

shall consist of a suspension of the individual's certificate to 2298
practice for a period of at least one year or, if determined 2299
appropriate by the board, a more serious sanction involving the 2300
individual's certificate to practice. Any consent agreement 2301
entered into under this division with an individual that pertains 2302
to a second or subsequent plea of guilty to, or judicial finding 2303
of guilt of, a violation of that section shall provide for a 2304
suspension of the individual's certificate to practice for a 2305
period of at least one year or, if determined appropriate by the 2306
board, a more serious sanction involving the individual's 2307
certificate to practice. 2308

(D) For purposes of divisions (B)(10), (12), and (14) of this 2309
section, the commission of the act may be established by a finding 2310
by the board, pursuant to an adjudication under Chapter 119. of 2311
the Revised Code, that the individual committed the act. The board 2312
does not have jurisdiction under those divisions if the trial 2313
court renders a final judgment in the individual's favor and that 2314
judgment is based upon an adjudication on the merits. The board 2315
has jurisdiction under those divisions if the trial court issues 2316
an order of dismissal upon technical or procedural grounds. 2317

(E) The sealing of conviction records by any court shall have 2318
no effect upon a prior board order entered under this section or 2319
upon the board's jurisdiction to take action under this section 2320
if, based upon a plea of guilty, a judicial finding of guilt, or a 2321
judicial finding of eligibility for intervention in lieu of 2322
conviction, the board issued a notice of opportunity for a hearing 2323
prior to the court's order to seal the records. The board shall 2324
not be required to seal, destroy, redact, or otherwise modify its 2325
records to reflect the court's sealing of conviction records. 2326

(F)(1) The board shall investigate evidence that appears to 2327
show that a person has violated any provision of this chapter or 2328
any rule adopted under it. Any person may report to the board in a 2329

signed writing any information that the person may have that 2330
appears to show a violation of any provision of this chapter or 2331
any rule adopted under it. In the absence of bad faith, any person 2332
who reports information of that nature or who testifies before the 2333
board in any adjudication conducted under Chapter 119. of the 2334
Revised Code shall not be liable in damages in a civil action as a 2335
result of the report or testimony. Each complaint or allegation of 2336
a violation received by the board shall be assigned a case number 2337
and shall be recorded by the board. 2338

(2) Investigations of alleged violations of this chapter or 2339
any rule adopted under it shall be supervised by the supervising 2340
member elected by the board in accordance with section 4731.02 of 2341
the Revised Code and by the secretary as provided in section 2342
4731.39 of the Revised Code. The president may designate another 2343
member of the board to supervise the investigation in place of the 2344
supervising member. No member of the board who supervises the 2345
investigation of a case shall participate in further adjudication 2346
of the case. 2347

(3) In investigating a possible violation of this chapter or 2348
any rule adopted under this chapter, or in conducting an 2349
inspection under division (E) of section 4731.054 of the Revised 2350
Code, the board may question witnesses, conduct interviews, 2351
administer oaths, order the taking of depositions, inspect and 2352
copy any books, accounts, papers, records, or documents, issue 2353
subpoenas, and compel the attendance of witnesses and production 2354
of books, accounts, papers, records, documents, and testimony, 2355
except that a subpoena for patient record information shall not be 2356
issued without consultation with the attorney general's office and 2357
approval of the secretary and supervising member of the board. 2358

(a) Before issuance of a subpoena for patient record 2359
information, the secretary and supervising member shall determine 2360
whether there is probable cause to believe that the complaint 2361

filed alleges a violation of this chapter or any rule adopted 2362
under it and that the records sought are relevant to the alleged 2363
violation and material to the investigation. The subpoena may 2364
apply only to records that cover a reasonable period of time 2365
surrounding the alleged violation. 2366

(b) On failure to comply with any subpoena issued by the 2367
board and after reasonable notice to the person being subpoenaed, 2368
the board may move for an order compelling the production of 2369
persons or records pursuant to the Rules of Civil Procedure. 2370

(c) A subpoena issued by the board may be served by a 2371
sheriff, the sheriff's deputy, or a board employee designated by 2372
the board. Service of a subpoena issued by the board may be made 2373
by delivering a copy of the subpoena to the person named therein, 2374
reading it to the person, or leaving it at the person's usual 2375
place of residence, usual place of business, or address on file 2376
with the board. When serving a subpoena to an applicant for or the 2377
holder of a certificate issued under this chapter, service of the 2378
subpoena may be made by certified mail, return receipt requested, 2379
and the subpoena shall be deemed served on the date delivery is 2380
made or the date the person refuses to accept delivery. If the 2381
person being served refuses to accept the subpoena or is not 2382
located, service may be made to an attorney who notifies the board 2383
that the attorney is representing the person. 2384

(d) A sheriff's deputy who serves a subpoena shall receive 2385
the same fees as a sheriff. Each witness who appears before the 2386
board in obedience to a subpoena shall receive the fees and 2387
mileage provided for under section 119.094 of the Revised Code. 2388

(4) All hearings, investigations, and inspections of the 2389
board shall be considered civil actions for the purposes of 2390
section 2305.252 of the Revised Code. 2391

(5) A report required to be submitted to the board under this 2392

chapter, a complaint, or information received by the board 2393
pursuant to an investigation or pursuant to an inspection under 2394
division (E) of section 4731.054 of the Revised Code is 2395
confidential and not subject to discovery in any civil action. 2396

The board shall conduct all investigations or inspections and 2397
proceedings in a manner that protects the confidentiality of 2398
patients and persons who file complaints with the board. The board 2399
shall not make public the names or any other identifying 2400
information about patients or complainants unless proper consent 2401
is given or, in the case of a patient, a waiver of the patient 2402
privilege exists under division (B) of section 2317.02 of the 2403
Revised Code, except that consent or a waiver of that nature is 2404
not required if the board possesses reliable and substantial 2405
evidence that no bona fide physician-patient relationship exists. 2406

The board may share any information it receives pursuant to 2407
an investigation or inspection, including patient records and 2408
patient record information, with law enforcement agencies, other 2409
licensing boards, and other governmental agencies that are 2410
prosecuting, adjudicating, or investigating alleged violations of 2411
statutes or administrative rules. An agency or board that receives 2412
the information shall comply with the same requirements regarding 2413
confidentiality as those with which the state medical board must 2414
comply, notwithstanding any conflicting provision of the Revised 2415
Code or procedure of the agency or board that applies when it is 2416
dealing with other information in its possession. In a judicial 2417
proceeding, the information may be admitted into evidence only in 2418
accordance with the Rules of Evidence, but the court shall require 2419
that appropriate measures are taken to ensure that confidentiality 2420
is maintained with respect to any part of the information that 2421
contains names or other identifying information about patients or 2422
complainants whose confidentiality was protected by the state 2423
medical board when the information was in the board's possession. 2424

Measures to ensure confidentiality that may be taken by the court 2425
include sealing its records or deleting specific information from 2426
its records. 2427

(6) On a quarterly basis, the board shall prepare a report 2428
that documents the disposition of all cases during the preceding 2429
three months. The report shall contain the following information 2430
for each case with which the board has completed its activities: 2431

(a) The case number assigned to the complaint or alleged 2432
violation; 2433

(b) The type of certificate to practice, if any, held by the 2434
individual against whom the complaint is directed; 2435

(c) A description of the allegations contained in the 2436
complaint; 2437

(d) The disposition of the case. 2438

The report shall state how many cases are still pending and 2439
shall be prepared in a manner that protects the identity of each 2440
person involved in each case. The report shall be a public record 2441
under section 149.43 of the Revised Code. 2442

(G) If the secretary and supervising member determine both of 2443
the following, they may recommend that the board suspend an 2444
individual's certificate to practice without a prior hearing: 2445

(1) That there is clear and convincing evidence that an 2446
individual has violated division (B) of this section; 2447

(2) That the individual's continued practice presents a 2448
danger of immediate and serious harm to the public. 2449

Written allegations shall be prepared for consideration by 2450
the board. The board, upon review of those allegations and by an 2451
affirmative vote of not fewer than six of its members, excluding 2452
the secretary and supervising member, may suspend a certificate 2453
without a prior hearing. A telephone conference call may be 2454

utilized for reviewing the allegations and taking the vote on the 2455
summary suspension. 2456

The board shall issue a written order of suspension by 2457
certified mail or in person in accordance with section 119.07 of 2458
the Revised Code. The order shall not be subject to suspension by 2459
the court during pendency of any appeal filed under section 119.12 2460
of the Revised Code. If the individual subject to the summary 2461
suspension requests an adjudicatory hearing by the board, the date 2462
set for the hearing shall be within fifteen days, but not earlier 2463
than seven days, after the individual requests the hearing, unless 2464
otherwise agreed to by both the board and the individual. 2465

Any summary suspension imposed under this division shall 2466
remain in effect, unless reversed on appeal, until a final 2467
adjudicative order issued by the board pursuant to this section 2468
and Chapter 119. of the Revised Code becomes effective. The board 2469
shall issue its final adjudicative order within seventy-five days 2470
after completion of its hearing. A failure to issue the order 2471
within seventy-five days shall result in dissolution of the 2472
summary suspension order but shall not invalidate any subsequent, 2473
final adjudicative order. 2474

(H) If the board takes action under division (B)(9), (11), or 2475
(13) of this section and the judicial finding of guilt, guilty 2476
plea, or judicial finding of eligibility for intervention in lieu 2477
of conviction is overturned on appeal, upon exhaustion of the 2478
criminal appeal, a petition for reconsideration of the order may 2479
be filed with the board along with appropriate court documents. 2480
Upon receipt of a petition of that nature and supporting court 2481
documents, the board shall reinstate the individual's certificate 2482
to practice. The board may then hold an adjudication under Chapter 2483
119. of the Revised Code to determine whether the individual 2484
committed the act in question. Notice of an opportunity for a 2485
hearing shall be given in accordance with Chapter 119. of the 2486

Revised Code. If the board finds, pursuant to an adjudication held 2487
under this division, that the individual committed the act or if 2488
no hearing is requested, the board may order any of the sanctions 2489
identified under division (B) of this section. 2490

(I) The certificate to practice issued to an individual under 2491
this chapter and the individual's practice in this state are 2492
automatically suspended as of the date of the individual's second 2493
or subsequent plea of guilty to, or judicial finding of guilt of, 2494
a violation of section 2919.123 of the Revised Code, or the date 2495
the individual pleads guilty to, is found by a judge or jury to be 2496
guilty of, or is subject to a judicial finding of eligibility for 2497
intervention in lieu of conviction in this state or treatment or 2498
intervention in lieu of conviction in another jurisdiction for any 2499
of the following criminal offenses in this state or a 2500
substantially equivalent criminal offense in another jurisdiction: 2501
aggravated murder, murder, voluntary manslaughter, felonious 2502
assault, kidnapping, rape, sexual battery, gross sexual 2503
imposition, aggravated arson, aggravated robbery, or aggravated 2504
burglary. Continued practice after suspension shall be considered 2505
practicing without a certificate. 2506

The board shall notify the individual subject to the 2507
suspension by certified mail or in person in accordance with 2508
section 119.07 of the Revised Code. If an individual whose 2509
certificate is automatically suspended under this division fails 2510
to make a timely request for an adjudication under Chapter 119. of 2511
the Revised Code, the board shall do whichever of the following is 2512
applicable: 2513

(1) If the automatic suspension under this division is for a 2514
second or subsequent plea of guilty to, or judicial finding of 2515
guilt of, a violation of section 2919.123 of the Revised Code, the 2516
board shall enter an order suspending the individual's certificate 2517
to practice for a period of at least one year or, if determined 2518

appropriate by the board, imposing a more serious sanction 2519
involving the individual's certificate to practice. 2520

(2) In all circumstances in which division (I)(1) of this 2521
section does not apply, enter a final order permanently revoking 2522
the individual's certificate to practice. 2523

(J) If the board is required by Chapter 119. of the Revised 2524
Code to give notice of an opportunity for a hearing and if the 2525
individual subject to the notice does not timely request a hearing 2526
in accordance with section 119.07 of the Revised Code, the board 2527
is not required to hold a hearing, but may adopt, by an 2528
affirmative vote of not fewer than six of its members, a final 2529
order that contains the board's findings. In that final order, the 2530
board may order any of the sanctions identified under division (A) 2531
or (B) of this section. 2532

(K) Any action taken by the board under division (B) of this 2533
section resulting in a suspension from practice shall be 2534
accompanied by a written statement of the conditions under which 2535
the individual's certificate to practice may be reinstated. The 2536
board shall adopt rules governing conditions to be imposed for 2537
reinstatement. Reinstatement of a certificate suspended pursuant 2538
to division (B) of this section requires an affirmative vote of 2539
not fewer than six members of the board. 2540

(L) When the board refuses to grant a certificate to an 2541
applicant, revokes an individual's certificate to practice, 2542
refuses to register an applicant, or refuses to reinstate an 2543
individual's certificate to practice, the board may specify that 2544
its action is permanent. An individual subject to a permanent 2545
action taken by the board is forever thereafter ineligible to hold 2546
a certificate to practice and the board shall not accept an 2547
application for reinstatement of the certificate or for issuance 2548
of a new certificate. 2549

(M) Notwithstanding any other provision of the Revised Code, 2550
all of the following apply: 2551

(1) The surrender of a certificate issued under this chapter 2552
shall not be effective unless or until accepted by the board. A 2553
telephone conference call may be utilized for acceptance of the 2554
surrender of an individual's certificate to practice. The 2555
telephone conference call shall be considered a special meeting 2556
under division (F) of section 121.22 of the Revised Code. 2557
Reinstatement of a certificate surrendered to the board requires 2558
an affirmative vote of not fewer than six members of the board. 2559

(2) An application for a certificate made under the 2560
provisions of this chapter may not be withdrawn without approval 2561
of the board. 2562

(3) Failure by an individual to renew a certificate of 2563
registration in accordance with this chapter shall not remove or 2564
limit the board's jurisdiction to take any disciplinary action 2565
under this section against the individual. 2566

(4) At the request of the board, a certificate holder shall 2567
immediately surrender to the board a certificate that the board 2568
has suspended, revoked, or permanently revoked. 2569

(N) Sanctions shall not be imposed under division (B)(28) of 2570
this section against any person who waives deductibles and 2571
copayments as follows: 2572

(1) In compliance with the health benefit plan that expressly 2573
allows such a practice. Waiver of the deductibles or copayments 2574
shall be made only with the full knowledge and consent of the plan 2575
purchaser, payer, and third-party administrator. Documentation of 2576
the consent shall be made available to the board upon request. 2577

(2) For professional services rendered to any other person 2578
authorized to practice pursuant to this chapter, to the extent 2579
allowed by this chapter and rules adopted by the board. 2580

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

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

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

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

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

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

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

Sec. 4731.281. (A) On or before the deadline established

under division (B) of this section for applying for renewal of a 2611
certificate of registration, each person holding a certificate 2612
under this chapter to practice medicine and surgery, osteopathic 2613
medicine and surgery, or podiatric medicine and surgery shall 2614
certify to the state medical board that in the preceding two years 2615
the person has completed one hundred hours of continuing medical 2616
education. The certification shall be made upon the application 2617
for biennial registration submitted pursuant to division (B) of 2618
this section. The board shall adopt rules providing for pro rata 2619
reductions by month of the number of hours of continuing education 2620
required for persons who are in their first registration period, 2621
who have been disabled due to illness or accident, or who have 2622
been absent from the country. 2623

In determining whether a course, program, or activity 2624
qualifies for credit as continuing medical education, the board 2625
shall approve all continuing medical education taken by persons 2626
holding a certificate to practice medicine and surgery that is 2627
certified by the Ohio state medical association, all continuing 2628
medical education taken by persons holding a certificate to 2629
practice osteopathic medicine and surgery that is certified by the 2630
Ohio osteopathic association, and all continuing medical education 2631
taken by persons holding a certificate to practice podiatric 2632
medicine and surgery that is certified by the Ohio podiatric 2633
medical association. Each person holding a certificate to practice 2634
under this chapter shall be given sufficient choice of continuing 2635
education programs to ensure that the person has had a reasonable 2636
opportunity to participate in continuing education programs that 2637
are relevant to the person's medical practice in terms of subject 2638
matter and level. 2639

The board may require a random sample of persons holding a 2640
certificate to practice under this chapter to submit materials 2641
documenting completion of the continuing medical education 2642

requirement during the preceding registration period, but this 2643
provision shall not limit the board's authority to investigate 2644
pursuant to section 4731.22 of the Revised Code. 2645

(B)(1) Every person holding a certificate under this chapter 2646
to practice medicine and surgery, osteopathic medicine and 2647
surgery, or podiatric medicine and surgery wishing to renew that 2648
certificate shall apply to the board for a certificate of 2649
registration upon an application furnished by the board, and pay 2650
to the board at the time of application a fee of three hundred 2651
five dollars, according to the following schedule: 2652

(a) Persons whose last name begins with the letters "A" 2653
through "B," on or before April 1, 2001, and the first day of 2654
April of every odd-numbered year thereafter; 2655

(b) Persons whose last name begins with the letters "C" 2656
through "D," on or before January 1, 2001, and the first day of 2657
January of every odd-numbered year thereafter; 2658

(c) Persons whose last name begins with the letters "E" 2659
through "G," on or before October 1, 2000, and the first day of 2660
October of every even-numbered year thereafter; 2661

(d) Persons whose last name begins with the letters "H" 2662
through "K," on or before July 1, 2000, and the first day of July 2663
of every even-numbered year thereafter; 2664

(e) Persons whose last name begins with the letters "L" 2665
through "M," on or before April 1, 2000, and the first day of 2666
April of every even-numbered year thereafter; 2667

(f) Persons whose last name begins with the letters "N" 2668
through "R," on or before January 1, 2000, and the first day of 2669
January of every even-numbered year thereafter; 2670

(g) Persons whose last name begins with the letter "S," on or 2671
before October 1, 1999, and the first day of October of every 2672

odd-numbered year thereafter; 2673

(h) Persons whose last name begins with the letters "T" 2674
through "Z," on or before July 1, 1999, and the first day of July 2675
of every odd-numbered year thereafter. 2676

The board shall deposit the fee in accordance with section 2677
4731.24 of the Revised Code, except that the board shall deposit 2678
twenty dollars of the fee into the state treasury to the credit of 2679
the physician loan repayment fund created by section 3702.78 of 2680
the Revised Code. 2681

(2) The board shall mail or cause to be mailed to every 2682
person registered to practice medicine and surgery, osteopathic 2683
medicine and surgery, or podiatric medicine and surgery, a notice 2684
of registration renewal addressed to the person's last known 2685
address or may cause the notice to be sent to the person through 2686
the secretary of any recognized medical, osteopathic, or podiatric 2687
society, according to the following schedule: 2688

(a) To persons whose last name begins with the letters "A" 2689
through "B," on or before January 1, 2001, and the first day of 2690
January of every odd-numbered year thereafter; 2691

(b) To persons whose last name begins with the letters "C" 2692
through "D," on or before October 1, 2000, and the first day of 2693
October of every even-numbered year thereafter; 2694

(c) To persons whose last name begins with the letters "E" 2695
through "G," on or before July 1, 2000, and the first day of July 2696
of every even-numbered year thereafter; 2697

(d) To persons whose last name begins with the letters "H" 2698
through "K," on or before April 1, 2000, and the first day of 2699
April of every even-numbered year thereafter; 2700

(e) To persons whose last name begins with the letters "L" 2701
through "M," on or before January 1, 2000, and the first day of 2702

January of every even-numbered year thereafter;	2703
(f) To persons whose last name begins with the letters "N" through "R," on or before October 1, 1999, and the first day of October of every odd-numbered year thereafter;	2704 2705 2706
(g) To persons whose last name begins with the letter "S," on or before July 1, 1999, and the first day of July of every odd-numbered year thereafter;	2707 2708 2709
(h) To persons whose last name begins with the letters "T" through "Z," on or before April 1, 1999, and the first day of April of every odd-numbered year thereafter.	2710 2711 2712
(3) Failure of any person to receive a notice of renewal from the board shall not excuse the person from the requirements contained in this section.	2713 2714 2715
(4) The <u>board's</u> notice shall inform the applicant of the renewal procedure. The board shall provide the application for registration renewal in a form determined by the board. The	2716 2717 2718
(5) <u>The</u> applicant shall provide in the application the applicant's full name, principal practice address and residence address, the number of the applicant's certificate to practice, and any other information required by the board. The	2719 2720 2721 2722
(6)(a) <u>Except as provided in division (B)(6)(b) of this section, in the case of an applicant who prescribes or personally furnishes opioid analgesics or benzodiazepines as part of the applicant's regular practice of medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery, the application shall also include evidence that the applicant has been granted access to the drug database established and maintained by the state board of pharmacy pursuant to section 4729.75 of the Revised Code.</u>	2723 2724 2725 2726 2727 2728 2729 2730 2731
(b) <u>The requirement in division (B)(6)(a) of this section</u>	2732

does not apply if either of the following is the case: 2733

(i) The state board of pharmacy notifies the state medical board pursuant to section 4729.861 of the Revised Code that the applicant has been restricted from obtaining further information from the drug database. 2734
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(ii) The state board of pharmacy no longer maintains the drug database. 2738
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(7) The applicant shall include with the application a list of the names and addresses of any clinical nurse specialists, certified nurse-midwives, or certified nurse practitioners with whom the applicant is currently collaborating, as defined in section 4723.01 of the Revised Code. ~~The applicant shall execute and deliver the application to the board in a manner prescribed by the board.~~ Every person registered under this section shall give written notice to the state medical board of any change of principal practice address or residence address or in the list within thirty days of the change. 2740
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(8) The applicant shall report any criminal offense to which the applicant has pleaded guilty, of which the applicant has been found guilty, or for which the applicant has been found eligible for intervention in lieu of conviction, since last filing an application for a certificate of registration. 2750
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(9) The applicant shall execute and deliver the application to the board in a manner prescribed by the board. 2755
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(C) The board shall issue to any person holding a certificate under this chapter to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery, upon application and qualification therefor in accordance with this section, a certificate of registration under the seal of the board. A certificate of registration shall be valid for a two-year period. 2757
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(D) Failure of any certificate holder to register and comply 2764
with this section shall operate automatically to suspend the 2765
holder's certificate to practice. Continued practice after the 2766
suspension of the certificate to practice shall be considered as 2767
practicing in violation of section 4731.41, 4731.43, or 4731.60 of 2768
the Revised Code. If the certificate has been suspended pursuant 2769
to this division for two years or less, it may be reinstated. The 2770
board shall reinstate a certificate to practice suspended for 2771
failure to register upon an applicant's submission of a renewal 2772
application, the biennial registration fee, and the applicable 2773
monetary penalty. The penalty for reinstatement shall be fifty 2774
dollars. If the certificate has been suspended pursuant to this 2775
division for more than two years, it may be restored. Subject to 2776
section 4731.222 of the Revised Code, the board may restore a 2777
certificate to practice suspended for failure to register upon an 2778
applicant's submission of a restoration application, the biennial 2779
registration fee, and the applicable monetary penalty and 2780
compliance with sections 4776.01 to 4776.04 of the Revised Code. 2781
The board shall not restore to an applicant a certificate to 2782
practice unless the board, in its discretion, decides that the 2783
results of the criminal records check do not make the applicant 2784
ineligible for a certificate issued pursuant to section 4731.14, 2785
4731.56, or 4731.57 of the Revised Code. The penalty for 2786
restoration shall be one hundred dollars. The board shall deposit 2787
the penalties in accordance with section 4731.24 of the Revised 2788
Code. 2789

(E) If an individual certifies completion of the number of 2790
hours and type of continuing medical education required to receive 2791
a certificate of registration or reinstatement of a certificate to 2792
practice, and the board finds through the random samples it 2793
conducts under this section or through any other means that the 2794
individual did not complete the requisite continuing medical 2795
education, the board may impose a civil penalty of not more than 2796

five thousand dollars. The board's finding shall be made pursuant 2797
to an adjudication under Chapter 119. of the Revised Code and by 2798
an affirmative vote of not fewer than six members. 2799

A civil penalty imposed under this division may be in 2800
addition to or in lieu of any other action the board may take 2801
under section 4731.22 of the Revised Code. The board shall deposit 2802
civil penalties in accordance with section 4731.24 of the Revised 2803
Code. 2804

(F) The state medical board may obtain information not 2805
protected by statutory or common law privilege from courts and 2806
other sources concerning malpractice claims against any person 2807
holding a certificate to practice under this chapter or practicing 2808
as provided in section 4731.36 of the Revised Code. 2809

(G) Each mailing sent by the board under division (B)(2) of 2810
this section to a person registered to practice medicine and 2811
surgery or osteopathic medicine and surgery shall inform the 2812
applicant of the reporting requirement established by division (H) 2813
of section 3701.79 of the Revised Code. At the discretion of the 2814
board, the information may be included on the application for 2815
registration or on an accompanying page. 2816

Section 2. That existing sections 4715.14, 4715.30, 4715.302, 2817
4723.28, 4723.486, 4723.487, 4725.092, 4725.16, 4725.19, 4729.12, 2818
4729.80, 4729.86, 4730.25, 4730.48, 4730.53, 4731.055, 4731.22, 2819
and 4731.281 of the Revised Code are hereby repealed. 2820

Section 3. Sections 4715.14, 4723.486, 4725.16, 4729.12, 2821
4730.48, and 4731.281 of the Revised Code, as amended by this act, 2822
and section 4729.861, as enacted by this act, shall take effect 2823
January 1, 2015. 2824

Section 4. Sections 4715.30, 4715.302, 4723.28, 4723.487, 2825

4725.092, 4725.19, 4730.25, 4730.53, 4731.055, and 4731.22 of the Revised Code, as amended by this act, shall take effect April 1, 2015.

Section 5. As used in this section, "licensed health professional authorized to prescribe drugs" means an individual who is authorized by law to prescribe drugs, dangerous drugs, or drug therapy-related devices in the course of the individual's professional practice, including only the following: a dentist licensed under Chapter 4715. of the Revised Code, an advanced practice registered nurse who holds a certificate to prescribe issued under Chapter 4723. of the Revised Code, an optometrist licensed under Chapter 4725. of the Revised Code to practice optometry under a therapeutic pharmaceutical agents certificate, a physician assistant who holds a certificate to prescribe issued under Chapter 4730. of the Revised Code, and a physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery.

Not later than January 1, 2015, each licensed health professional authorized to prescribe drugs who prescribes opioid analgesics or benzodiazepines as part of the professional's regular practice and each pharmacist licensed under Chapter 4729. of the Revised Code shall obtain access to the drug database established and maintained by the State Board of Pharmacy pursuant to section 4729.75 of the Revised Code, unless the Board has restricted the professional or pharmacist from obtaining information from the database or the Board no longer maintains the database. Failure to comply with this section constitutes grounds for certificate or license suspension.

Section 6. The General Assembly, applying the principle stated in division (B) of section 1.52 of the Revised Code that

amendments are to be harmonized if reasonably capable of 2857
simultaneous operation, finds that the following sections, 2858
presented in this act as composites of the sections as amended by 2859
the acts indicated, are the resulting versions of the sections in 2860
effect prior to the effective date of the sections as presented in 2861
this act: 2862

Section 4715.14 of the Revised Code as amended by both Sub. 2863
H.B. 190 and Sub. H.B. 215 of the 128th General Assembly. 2864

Section 4723.487 of the Revised Code as amended by both Sub. 2865
H.B. 303 and Sub. S.B. 301 of the 129th General Assembly. 2866

Section 4725.16 of the Revised Code as amended by both Am. 2867
Sub. H.B. 59 and Am. Sub. H.B. 98 of the 130th General Assembly. 2868