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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

Senators Balderson, Burke, Hughes, Manning

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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 41
section, in the case of a licensee seeking registration who 42
prescribes or personally furnishes opioid analgesics or 43
benzodiazepines, the licensee shall certify to the board whether 44
the licensee has been granted access to the drug database 45
established and maintained by the state board of pharmacy pursuant 46
to section 4729.75 of the Revised Code. 47

(b) The requirement in division (A)(2)(a) of this section 48
does not apply if either of the following is the case: 49

(i) The state board of pharmacy notifies the state dental 50
board pursuant to section 4729.861 of the Revised Code that the 51
licensee has been restricted from obtaining further information 52
from the drug database. 53

(ii) The state board of pharmacy no longer maintains the drug 54
database. 55

(3) If a licensee certifies to the state dental board that 56
the licensee has been granted access to the drug database and the 57
board finds through an audit or other means that the licensee has 58
not been granted access, the board may take action under section 59
4715.30 of the Revised Code. 60

(B) A licensed dentist who desires to temporarily retire from 61
practice and who has given the board notice in writing to that 62
effect shall be granted such a retirement, provided only that at 63
that time all previous registration fees and additional costs of 64
reinstatement have been paid. 65

(C) Not later than the thirty-first day of January of an 66
even-numbered year, the board shall send a notice by certified 67
mail to a dentist who fails to renew a license in accordance with 68
division (A) of this section. The notice shall state all of the 69
following: 70

(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;

(3) That the license may be renewed 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 by the payment of the biennial registration fee and an additional fee of one hundred dollars to cover the cost of late renewal;

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

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

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

(E) Twenty dollars of each biennial registration fee shall be paid to the dentist loan repayment fund created under section

3702.95 of the Revised Code.	102
Sec. 4715.30. (A) An applicant for or holder of a certificate	103
or license issued under this chapter is subject to disciplinary	104
action by the state dental board for any of the following reasons:	105
	106
(1) Employing or cooperating in fraud or material deception	107
in applying for or obtaining a license or certificate;	108
(2) Obtaining or attempting to obtain money or anything of	109
value by intentional misrepresentation or material deception in	110
the course of practice;	111
(3) Advertising services in a false or misleading manner or	112
violating the board's rules governing time, place, and manner of	113
advertising;	114
(4) Commission of an act that constitutes a felony in this	115
state, regardless of the jurisdiction in which the act was	116
committed;	117
(5) Commission of an act in the course of practice that	118
constitutes a misdemeanor in this state, regardless of the	119
jurisdiction in which the act was committed;	120
(6) Conviction of, a plea of guilty to, a judicial finding of	121
guilt of, a judicial finding of guilt resulting from a plea of no	122
contest to, or a judicial finding of eligibility for intervention	123
in lieu of conviction for, any felony or of a misdemeanor	124
committed in the course of practice;	125
(7) Engaging in lewd or immoral conduct in connection with	126
the provision of dental services;	127
(8) Selling, prescribing, giving away, or administering drugs	128
for other than legal and legitimate therapeutic purposes, or	129
conviction of, a plea of guilty to, a judicial finding of guilt	130
of, a judicial finding of guilt resulting from a plea of no	131

contest to, or a judicial finding of eligibility for intervention 132
in lieu of conviction for, a violation of any federal or state law 133
regulating the possession, distribution, or use of any drug; 134

(9) Providing or allowing dental hygienists, expanded 135
function dental auxiliaries, or other practitioners of auxiliary 136
dental occupations working under the certificate or license 137
holder's supervision, or a dentist holding a temporary limited 138
continuing education license under division (C) of section 4715.16 139
of the Revised Code working under the certificate or license 140
holder's direct supervision, to provide dental care that departs 141
from or fails to conform to accepted standards for the profession, 142
whether or not injury to a patient results; 143

(10) Inability to practice under accepted standards of the 144
profession because of physical or mental disability, dependence on 145
alcohol or other drugs, or excessive use of alcohol or other 146
drugs; 147

(11) Violation of any provision of this chapter or any rule 148
adopted thereunder; 149

(12) Failure to use universal blood and body fluid 150
precautions established by rules adopted under section 4715.03 of 151
the Revised Code; 152

(13) Except as provided in division (H) of this section, 153
either of the following: 154

(a) Waiving the payment of all or any part of a deductible or 155
copayment that a patient, pursuant to a health insurance or health 156
care policy, contract, or plan that covers dental services, would 157
otherwise be required to pay if the waiver is used as an 158
enticement to a patient or group of patients to receive health 159
care services from that certificate or license holder; 160

(b) Advertising that the certificate or license holder will 161
waive the payment of all or any part of a deductible or copayment 162

that a patient, pursuant to a health insurance or health care 163
policy, contract, or plan that covers dental services, would 164
otherwise be required to pay. 165

(14) Failure to comply with section 4715.302 or 4729.79 of 166
the Revised Code, unless the state board of pharmacy no longer 167
maintains a drug database pursuant to section 4729.75 of the 168
Revised Code; 169

(15) Any of the following actions taken by an agency 170
responsible for authorizing, certifying, or regulating an 171
individual to practice a health care occupation or provide health 172
care services in this state or another jurisdiction, for any 173
reason other than the nonpayment of fees: the limitation, 174
revocation, or suspension of an individual's license to practice; 175
acceptance of an individual's license surrender; denial of a 176
license; refusal to renew or reinstate a license; imposition of 177
probation; or issuance of an order of censure or other reprimand; 178

(16) Failure to cooperate in an investigation conducted by 179
the board under division (D) of section 4715.03 of the Revised 180
Code, including failure to comply with a subpoena or order issued 181
by the board or failure to answer truthfully a question presented 182
by the board at a deposition or in written interrogatories, except 183
that failure to cooperate with an investigation shall not 184
constitute grounds for discipline under this section if a court of 185
competent jurisdiction has issued an order that either quashes a 186
subpoena or permits the individual to withhold the testimony or 187
evidence in issue. 188

(B) A manager, proprietor, operator, or conductor of a dental 189
facility shall be subject to disciplinary action if any dentist, 190
dental hygienist, expanded function dental auxiliary, or qualified 191
personnel providing services in the facility is found to have 192
committed a violation listed in division (A) of this section and 193
the manager, proprietor, operator, or conductor knew of the 194

violation and permitted it to occur on a recurring basis.	195
(C) Subject to Chapter 119. of the Revised Code, the board	196
may take one or more of the following disciplinary actions if one	197
or more of the grounds for discipline listed in divisions (A) and	198
(B) of this section exist:	199
(1) Censure the license or certificate holder;	200
(2) Place the license or certificate on probationary status	201
for such period of time the board determines necessary and require	202
the holder to:	203
(a) Report regularly to the board upon the matters which are	204
the basis of probation;	205
(b) Limit practice to those areas specified by the board;	206
(c) Continue or renew professional education until a	207
satisfactory degree of knowledge or clinical competency has been	208
attained in specified areas.	209
(3) Suspend the certificate or license;	210
(4) Revoke the certificate or license.	211
Where the board places a holder of a license or certificate	212
on probationary status pursuant to division (C)(2) of this	213
section, the board may subsequently suspend or revoke the license	214
or certificate if it determines that the holder has not met the	215
requirements of the probation or continues to engage in activities	216
that constitute grounds for discipline pursuant to division (A) or	217
(B) of this section.	218
Any order suspending a license or certificate shall state the	219
conditions under which the license or certificate will be	220
restored, which may include a conditional restoration during which	221
time the holder is in a probationary status pursuant to division	222
(C)(2) of this section. The board shall restore the license or	223
certificate unconditionally when such conditions are met.	224

(D) If the physical or mental condition of an applicant or a license or certificate holder is at issue in a disciplinary proceeding, the board may order the license or certificate holder to submit to reasonable examinations by an individual designated or approved by the board and at the board's expense. The physical examination may be conducted by any individual authorized by the Revised Code to do so, including a physician assistant, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife. Any written documentation of the physical examination shall be completed by the individual who conducted the examination.

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

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

(F) Any holder of a certificate or license issued under this chapter who has pleaded guilty to, has been convicted of, or has had a judicial finding of eligibility for intervention in lieu of conviction entered against the holder in this state for aggravated murder, murder, voluntary manslaughter, felonious assault,

kidnapping, rape, sexual battery, gross sexual imposition, 257
aggravated arson, aggravated robbery, or aggravated burglary, or 258
who has pleaded guilty to, has been convicted of, or has had a 259
judicial finding of eligibility for treatment or intervention in 260
lieu of conviction entered against the holder in another 261
jurisdiction for any substantially equivalent criminal offense, is 262
automatically suspended from practice under this chapter in this 263
state and any certificate or license issued to the holder under 264
this chapter is automatically suspended, as of the date of the 265
guilty plea, conviction, or judicial finding, whether the 266
proceedings are brought in this state or another jurisdiction. 267
Continued practice by an individual after the suspension of the 268
individual's certificate or license under this division shall be 269
considered practicing without a certificate or license. The board 270
shall notify the suspended individual of the suspension of the 271
individual's certificate or license under this division by 272
certified mail or in person in accordance with section 119.07 of 273
the Revised Code. If an individual whose certificate or license is 274
suspended under this division fails to make a timely request for 275
an adjudicatory hearing, the board shall enter a final order 276
revoking the individual's certificate or license. 277

(G) If the supervisory investigative panel determines both of 278
the following, the panel may recommend that the board suspend an 279
individual's certificate or license without a prior hearing: 280

(1) That there is clear and convincing evidence that an 281
individual has violated division (A) of this section; 282

(2) That the individual's continued practice presents a 283
danger of immediate and serious harm to the public. 284

Written allegations shall be prepared for consideration by 285
the board. The board, upon review of those allegations and by an 286
affirmative vote of not fewer than four dentist members of the 287
board and seven of its members in total, excluding any member on 288

the supervisory investigative panel, may suspend a certificate or 289
license without a prior hearing. A telephone conference call may 290
be utilized for reviewing the allegations and taking the vote on 291
the summary suspension. 292

The board shall issue a written order of suspension by 293
certified mail or in person in accordance with section 119.07 of 294
the Revised Code. The order shall not be subject to suspension by 295
the court during pendency or any appeal filed under section 119.12 296
of the Revised Code. If the individual subject to the summary 297
suspension requests an adjudicatory hearing by the board, the date 298
set for the hearing shall be within fifteen days, but not earlier 299
than seven days, after the individual requests the hearing, unless 300
otherwise agreed to by both the board and the individual. 301

Any summary suspension imposed under this division shall 302
remain in effect, unless reversed on appeal, until a final 303
adjudicative order issued by the board pursuant to this section 304
and Chapter 119. of the Revised Code becomes effective. The board 305
shall issue its final adjudicative order within seventy-five days 306
after completion of its hearing. A failure to issue the order 307
within seventy-five days shall result in dissolution of the 308
summary suspension order but shall not invalidate any subsequent, 309
final adjudicative order. 310

(H) Sanctions shall not be imposed under division (A)(13) of 311
this section against any certificate or license holder who waives 312
deductibles and copayments as follows: 313

(1) In compliance with the health benefit plan that expressly 314
allows such a practice. Waiver of the deductibles or copayments 315
shall be made only with the full knowledge and consent of the plan 316
purchaser, payer, and third-party administrator. Documentation of 317
the consent shall be made available to the board upon request. 318

(2) For professional services rendered to any other person 319

who holds a certificate or license issued pursuant to this chapter 320
to the extent allowed by this chapter and the rules of the board. 321

(I) In no event shall the board consider or raise during a 322
hearing required by Chapter 119. of the Revised Code the 323
circumstances of, or the fact that the board has received, one or 324
more complaints about a person unless the one or more complaints 325
are the subject of the hearing or resulted in the board taking an 326
action authorized by this section against the person on a prior 327
occasion. 328

(J) The board may share any information it receives pursuant 329
to an investigation under division (D) of section 4715.03 of the 330
Revised Code, including patient records and patient record 331
information, with law enforcement agencies, other licensing 332
boards, and other governmental agencies that are prosecuting, 333
adjudicating, or investigating alleged violations of statutes or 334
administrative rules. An agency or board that receives the 335
information shall comply with the same requirements regarding 336
confidentiality as those with which the state dental board must 337
comply, notwithstanding any conflicting provision of the Revised 338
Code or procedure of the agency or board that applies when it is 339
dealing with other information in its possession. In a judicial 340
proceeding, the information may be admitted into evidence only in 341
accordance with the Rules of Evidence, but the court shall require 342
that appropriate measures are taken to ensure that confidentiality 343
is maintained with respect to any part of the information that 344
contains names or other identifying information about patients or 345
complainants whose confidentiality was protected by the state 346
dental board when the information was in the board's possession. 347
Measures to ensure confidentiality that may be taken by the court 348
include sealing its records or deleting specific information from 349
its records. 350

Sec. 4715.302. (A) As used in this section, "drug database" 351
means the database established and maintained by the state board 352
of pharmacy pursuant to section 4729.75 of the Revised Code. 353

(B) The Except as provided in divisions (C) and (E) of this 354
section, a dentist shall comply with all of the following as 355
conditions of prescribing a drug that is either an opioid 356
analgesic or a benzodiazepine, or personally furnishing a complete 357
or partial supply of such a drug, as part of a patient's course of 358
treatment for a particular condition: 359

(1) Before initially prescribing or furnishing the drug, the 360
dentist or the dentist's delegate shall request from the drug 361
database a report of information related to the patient that 362
covers at least the twelve months immediately preceding the date 363
of the request. If the dentist practices primarily in a county of 364
this state that adjoins another state, the dentist or delegate 365
also shall request a report of any information available in the 366
drug database that pertains to prescriptions issued or drugs 367
furnished to the patient in the state adjoining that county. 368

(2) If the patient's course of treatment for the condition 369
continues for more than ninety days after the initial report is 370
requested, the dentist or delegate shall make periodic requests 371
for reports of information from the drug database until the course 372
of treatment has ended. The requests shall be made at intervals 373
not exceeding ninety days, determined according to the date the 374
initial request was made. The request shall be made in the same 375
manner provided in division (B)(1) of this section for requesting 376
the initial report of information from the drug database. 377

(3) On receipt of a report under division (B)(1) or (2) of 378
this section, the dentist shall assess the information in the 379
report. The dentist shall document in the patient's record that 380
the report was received and the information was assessed. 381

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

(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 413
certificate; or impose a fine of not more than five hundred 414
dollars per violation. 415

(B) The board of nursing, by a vote of a quorum, may impose 416
one or more of the following sanctions: deny, revoke, suspend, or 417
place restrictions on any nursing license, certificate of 418
authority, or dialysis technician certificate issued by the board; 419
reprimand or otherwise discipline a holder of a nursing license, 420
certificate of authority, or dialysis technician certificate; or 421
impose a fine of not more than five hundred dollars per violation. 422
The sanctions may be imposed for any of the following: 423

(1) Denial, revocation, suspension, or restriction of 424
authority to engage in a licensed profession or practice a health 425
care occupation, including nursing or practice as a dialysis 426
technician, for any reason other than a failure to renew, in Ohio 427
or another state or jurisdiction; 428

(2) Engaging in the practice of nursing or engaging in 429
practice as a dialysis technician, having failed to renew a 430
nursing license or dialysis technician certificate issued under 431
this chapter, or while a nursing license or dialysis technician 432
certificate is under suspension; 433

(3) 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, a misdemeanor committed in the course of practice; 438

(4) Conviction of, a plea of guilty to, a judicial finding of 439
guilt of, a judicial finding of guilt resulting from a plea of no 440
contest to, or a judicial finding of eligibility for a pretrial 441
diversion or similar program or for intervention in lieu of 442
conviction for, any felony or of any crime involving gross 443

immorality or moral turpitude; 444

(5) Selling, giving away, or administering drugs or 445
therapeutic devices for other than legal and legitimate 446
therapeutic purposes; or conviction of, a plea of guilty to, a 447
judicial finding of guilt of, a judicial finding of guilt 448
resulting from a plea of no contest to, or a judicial finding of 449
eligibility for a pretrial diversion or similar program or for 450
intervention in lieu of conviction for, violating any municipal, 451
state, county, or federal drug law; 452

(6) Conviction of, a plea of guilty to, a judicial finding of 453
guilt of, a judicial finding of guilt resulting from a plea of no 454
contest to, or a judicial finding of eligibility for a pretrial 455
diversion or similar program or for intervention in lieu of 456
conviction for, an act in another jurisdiction that would 457
constitute a felony or a crime of moral turpitude in Ohio; 458

(7) Conviction of, a plea of guilty to, a judicial finding of 459
guilt of, a judicial finding of guilt resulting from a plea of no 460
contest to, or a judicial finding of eligibility for a pretrial 461
diversion or similar program or for intervention in lieu of 462
conviction for, an act in the course of practice in another 463
jurisdiction that would constitute a misdemeanor in Ohio; 464

(8) Self-administering or otherwise taking into the body any 465
dangerous drug, as defined in section 4729.01 of the Revised Code, 466
in any way that is not in accordance with a legal, valid 467
prescription issued for that individual, or self-administering or 468
otherwise taking into the body any drug that is a schedule I 469
controlled substance; 470

(9) Habitual or excessive use of controlled substances, other 471
habit-forming drugs, or alcohol or other chemical substances to an 472
extent that impairs the individual's ability to provide safe 473
nursing care or safe dialysis care; 474

(10) Impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care or safe dialysis care because of the use of drugs, alcohol, or other chemical substances;	475 476 477 478
(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;	479 480 481
(12) Assaulting or causing harm to a patient or depriving a patient of the means to summon assistance;	482 483
(13) Misappropriation or attempted misappropriation of money or anything of value in the course of practice;	484 485
(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.	486 487 488 489 490
(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;	491 492 493
(16) Violation of this chapter or any rules adopted under it;	494
(17) Violation of any restrictions placed by the board on a nursing license or dialysis technician certificate;	495 496
(18) Failure to use universal and standard precautions established by rules adopted under section 4723.07 of the Revised Code;	497 498 499
(19) Failure to practice in accordance with acceptable and prevailing standards of safe nursing care or safe dialysis care;	500 501
(20) In the case of a registered nurse, engaging in activities that exceed the practice of nursing as a registered nurse;	502 503 504

(21) In the case of a licensed practical nurse, engaging in 505
activities that exceed the practice of nursing as a licensed 506
practical nurse; 507

(22) In the case of a dialysis technician, engaging in 508
activities that exceed those permitted under section 4723.72 of 509
the Revised Code; 510

(23) Aiding and abetting a person in that person's practice 511
of nursing without a license or practice as a dialysis technician 512
without a certificate issued under this chapter; 513

(24) In the case of a certified registered nurse anesthetist, 514
clinical nurse specialist, certified nurse-midwife, or certified 515
nurse practitioner, except as provided in division (M) of this 516
section, either of the following: 517

(a) Waiving the payment of all or any part of a deductible or 518
copayment that a patient, pursuant to a health insurance or health 519
care policy, contract, or plan that covers such nursing services, 520
would otherwise be required to pay if the waiver is used as an 521
enticement to a patient or group of patients to receive health 522
care services from that provider; 523

(b) Advertising that the nurse will waive the payment of all 524
or any part of a deductible or copayment that a patient, pursuant 525
to a health insurance or health care policy, contract, or plan 526
that covers such nursing services, would otherwise be required to 527
pay. 528

(25) Failure to comply with the terms and conditions of 529
participation in the chemical dependency monitoring program 530
established under section 4723.35 of the Revised Code; 531

(26) Failure to comply with the terms and conditions required 532
under the practice intervention and improvement program 533
established under section 4723.282 of the Revised Code; 534

(27) In the case of a certified registered nurse anesthetist, 535
clinical nurse specialist, certified nurse-midwife, or certified 536
nurse practitioner: 537

(a) Engaging in activities that exceed those permitted for 538
the nurse's nursing specialty under section 4723.43 of the Revised 539
Code; 540

(b) Failure to meet the quality assurance standards 541
established under section 4723.07 of the Revised Code. 542

(28) In the case of a clinical nurse specialist, certified 543
nurse-midwife, or certified nurse practitioner, failure to 544
maintain a standard care arrangement in accordance with section 545
4723.431 of the Revised Code or to practice in accordance with the 546
standard care arrangement; 547

(29) In the case of a clinical nurse specialist, certified 548
nurse-midwife, or certified nurse practitioner who holds a 549
certificate to prescribe issued under section 4723.48 of the 550
Revised Code, failure to prescribe drugs and therapeutic devices 551
in accordance with section 4723.481 of the Revised Code; 552

(30) Prescribing any drug or device to perform or induce an 553
abortion, or otherwise performing or inducing an abortion; 554

(31) Failure to establish and maintain professional 555
boundaries with a patient, as specified in rules adopted under 556
section 4723.07 of the Revised Code; 557

(32) Regardless of whether the contact or verbal behavior is 558
consensual, engaging with a patient other than the spouse of the 559
registered nurse, licensed practical nurse, or dialysis technician 560
in any of the following: 561

(a) Sexual contact, as defined in section 2907.01 of the 562
Revised Code; 563

(b) Verbal behavior that is sexually demeaning to the patient 564

or may be reasonably interpreted by the patient as sexually 565
demeaning. 566

(33) Assisting suicide as defined in section 3795.01 of the 567
Revised Code; 568

(34) Failure to comply with section 4723.487 of the Revised 569
Code, unless the state board of pharmacy no longer maintains a 570
drug database pursuant to section 4729.75 of the Revised Code. 571

(C) Disciplinary actions taken by the board under divisions 572
(A) and (B) of this section shall be taken pursuant to an 573
adjudication conducted under Chapter 119. of the Revised Code, 574
except that in lieu of a hearing, the board may enter into a 575
consent agreement with an individual to resolve an allegation of a 576
violation of this chapter or any rule adopted under it. A consent 577
agreement, when ratified by a vote of a quorum, shall constitute 578
the findings and order of the board with respect to the matter 579
addressed in the agreement. If the board refuses to ratify a 580
consent agreement, the admissions and findings contained in the 581
agreement shall be of no effect. 582

(D) The hearings of the board shall be conducted in 583
accordance with Chapter 119. of the Revised Code, the board may 584
appoint a hearing examiner, as provided in section 119.09 of the 585
Revised Code, to conduct any hearing the board is authorized to 586
hold under Chapter 119. of the Revised Code. 587

In any instance in which the board is required under Chapter 588
119. of the Revised Code to give notice of an opportunity for a 589
hearing and the applicant, licensee, or certificate holder does 590
not make a timely request for a hearing in accordance with section 591
119.07 of the Revised Code, the board is not required to hold a 592
hearing, but may adopt, by a vote of a quorum, a final order that 593
contains the board's findings. In the final order, the board may 594
order any of the sanctions listed in division (A) or (B) of this 595

section. 596

(E) If a criminal action is brought against a registered 597
nurse, licensed practical nurse, or dialysis technician for an act 598
or crime described in divisions (B)(3) to (7) of this section and 599
the action is dismissed by the trial court other than on the 600
merits, the board shall conduct an adjudication to determine 601
whether the registered nurse, licensed practical nurse, or 602
dialysis technician committed the act on which the action was 603
based. If the board determines on the basis of the adjudication 604
that the registered nurse, licensed practical nurse, or dialysis 605
technician committed the act, or if the registered nurse, licensed 606
practical nurse, or dialysis technician fails to participate in 607
the adjudication, the board may take action as though the 608
registered nurse, licensed practical nurse, or dialysis technician 609
had been convicted of the act. 610

If the board takes action on the basis of a conviction, plea, 611
or a judicial finding as described in divisions (B)(3) to (7) of 612
this section that is overturned on appeal, the registered nurse, 613
licensed practical nurse, or dialysis technician may, on 614
exhaustion of the appeal process, petition the board for 615
reconsideration of its action. On receipt of the petition and 616
supporting court documents, the board shall temporarily rescind 617
its action. If the board determines that the decision on appeal 618
was a decision on the merits, it shall permanently rescind its 619
action. If the board determines that the decision on appeal was 620
not a decision on the merits, it shall conduct an adjudication to 621
determine whether the registered nurse, licensed practical nurse, 622
or dialysis technician committed the act on which the original 623
conviction, plea, or judicial finding was based. If the board 624
determines on the basis of the adjudication that the registered 625
nurse, licensed practical nurse, or dialysis technician committed 626
such act, or if the registered nurse, licensed practical nurse, or 627

dialysis technician does not request an adjudication, the board 628
shall reinstate its action; otherwise, the board shall permanently 629
rescind its action. 630

Notwithstanding the provision of division (C)(2) of section 631
2953.32 of the Revised Code specifying that if records pertaining 632
to a criminal case are sealed under that section the proceedings 633
in the case shall be deemed not to have occurred, sealing of the 634
following records on which the board has based an action under 635
this section shall have no effect on the board's action or any 636
sanction imposed by the board under this section: records of any 637
conviction, guilty plea, judicial finding of guilt resulting from 638
a plea of no contest, or a judicial finding of eligibility for a 639
pretrial diversion program or intervention in lieu of conviction. 640

The board shall not be required to seal, destroy, redact, or 641
otherwise modify its records to reflect the court's sealing of 642
conviction records. 643

(F) The board may investigate an individual's criminal 644
background in performing its duties under this section. As part of 645
such investigation, the board may order the individual to submit, 646
at the individual's expense, a request to the bureau of criminal 647
identification and investigation for a criminal records check and 648
check of federal bureau of investigation records in accordance 649
with the procedure described in section 4723.091 of the Revised 650
Code. 651

(G) During the course of an investigation conducted under 652
this section, the board may compel any registered nurse, licensed 653
practical nurse, or dialysis technician or applicant under this 654
chapter to submit to a mental or physical examination, or both, as 655
required by the board and at the expense of the individual, if the 656
board finds reason to believe that the individual under 657
investigation may have a physical or mental impairment that may 658
affect the individual's ability to provide safe nursing care. 659

Failure of any individual to submit to a mental or physical 660
examination when directed constitutes an admission of the 661
allegations, unless the failure is due to circumstances beyond the 662
individual's control, and a default and final order may be entered 663
without the taking of testimony or presentation of evidence. 664

If the board finds that an individual is impaired, the board 665
shall require the individual to submit to care, counseling, or 666
treatment approved or designated by the board, as a condition for 667
initial, continued, reinstated, or renewed authority to practice. 668
The individual shall be afforded an opportunity to demonstrate to 669
the board that the individual can begin or resume the individual's 670
occupation in compliance with acceptable and prevailing standards 671
of care under the provisions of the individual's authority to 672
practice. 673

For purposes of this division, any registered nurse, licensed 674
practical nurse, or dialysis technician or applicant under this 675
chapter shall be deemed to have given consent to submit to a 676
mental or physical examination when directed to do so in writing 677
by the board, and to have waived all objections to the 678
admissibility of testimony or examination reports that constitute 679
a privileged communication. 680

(H) The board shall investigate evidence that appears to show 681
that any person has violated any provision of this chapter or any 682
rule of the board. Any person may report to the board any 683
information the person may have that appears to show a violation 684
of any provision of this chapter or rule of the board. In the 685
absence of bad faith, any person who reports such information or 686
who testifies before the board in any adjudication conducted under 687
Chapter 119. of the Revised Code shall not be liable for civil 688
damages as a result of the report or testimony. 689

(I) All of the following apply under this chapter with 690
respect to the confidentiality of information: 691

(1) Information received by the board pursuant to a complaint 692
or an investigation is confidential and not subject to discovery 693
in any civil action, except that the board may disclose 694
information to law enforcement officers and government entities 695
for purposes of an investigation of either a licensed health care 696
professional, including a registered nurse, licensed practical 697
nurse, or dialysis technician, or a person who may have engaged in 698
the unauthorized practice of nursing or dialysis care. No law 699
enforcement officer or government entity with knowledge of any 700
information disclosed by the board pursuant to this division shall 701
divulge the information to any other person or government entity 702
except for the purpose of a government investigation, a 703
prosecution, or an adjudication by a court or government entity. 704

(2) If an investigation requires a review of patient records, 705
the investigation and proceeding shall be conducted in such a 706
manner as to protect patient confidentiality. 707

(3) All adjudications and investigations of the board shall 708
be considered civil actions for the purposes of section 2305.252 709
of the Revised Code. 710

(4) Any board activity that involves continued monitoring of 711
an individual as part of or following any disciplinary action 712
taken under this section shall be conducted in a manner that 713
maintains the individual's confidentiality. Information received 714
or maintained by the board with respect to the board's monitoring 715
activities is not subject to discovery in any civil action and is 716
confidential, except that the board may disclose information to 717
law enforcement officers and government entities for purposes of 718
an investigation of a licensee or certificate holder. 719

(J) Any action taken by the board under this section 720
resulting in a suspension from practice shall be accompanied by a 721
written statement of the conditions under which the person may be 722
reinstated to practice. 723

(K) When the board refuses to grant a license or certificate 724
to an applicant, revokes a license or certificate, or refuses to 725
reinstate a license or certificate, the board may specify that its 726
action is permanent. An individual subject to permanent action 727
taken by the board is forever ineligible to hold a license or 728
certificate of the type that was refused or revoked and the board 729
shall not accept from the individual an application for 730
reinstatement of the license or certificate or for a new license 731
or certificate. 732

(L) No unilateral surrender of a nursing license, certificate 733
of authority, or dialysis technician certificate issued under this 734
chapter shall be effective unless accepted by majority vote of the 735
board. No application for a nursing license, certificate of 736
authority, or dialysis technician certificate issued under this 737
chapter may be withdrawn without a majority vote of the board. The 738
board's jurisdiction to take disciplinary action under this 739
section is not removed or limited when an individual has a license 740
or certificate classified as inactive or fails to renew a license 741
or certificate. 742

(M) Sanctions shall not be imposed under division (B)(24) of 743
this section against any licensee who waives deductibles and 744
copayments as follows: 745

(1) In compliance with the health benefit plan that expressly 746
allows such a practice. Waiver of the deductibles or copayments 747
shall be made only with the full knowledge and consent of the plan 748
purchaser, payer, and third-party administrator. Documentation of 749
the consent shall be made available to the board upon request. 750

(2) For professional services rendered to any other person 751
licensed pursuant to this chapter to the extent allowed by this 752
chapter and the rules of the board. 753

Sec. 4723.486. (A) A certificate to prescribe issued under 754

section 4723.48 of the Revised Code that is not issued as an 755
externship certificate is valid for two years, unless otherwise 756
provided in rules adopted under section 4723.50 of the Revised 757
Code or earlier suspended or revoked by the board. The board of 758
nursing shall renew certificates to prescribe according to 759
procedures and a renewal schedule established in rules adopted 760
under section 4723.50 of the Revised Code. 761

(B) The Except as provided in division (C) of this section, 762
the board may renew a certificate to prescribe if the holder 763
submits to the board all of the following: 764

(1) Evidence of having completed during the previous two 765
years at least twelve hours of continuing education in advanced 766
pharmacology, or, if the certificate has been held for less than a 767
full renewal period, the number of hours required by the board in 768
rules adopted under section 4723.50 of the Revised Code; 769

(2) The fee required under section 4723.08 of the Revised 770
Code for renewal of a certificate to prescribe; 771

(3) Any additional information the board requires pursuant to 772
rules adopted under section 4723.50 of the Revised Code. 773

(C)(1) Except as provided in division (C)(2) of this section, 774
in the case of a certificate holder seeking renewal who prescribes 775
opioid analgesics or benzodiazepines, the holder shall certify to 776
the board whether the holder has been granted access to the drug 777
database established and maintained by the state board of pharmacy 778
pursuant to section 4729.75 of the Revised Code. 779

(2) The requirement in division (C)(1) of this section does 780
not apply if either of the following is the case: 781

(a) The state board of pharmacy notifies the board of nursing 782
pursuant to section 4729.861 of the Revised Code that the 783
certificate holder has been restricted from obtaining further 784
information from the drug database. 785

(b) The state board of pharmacy no longer maintains the drug database. 786
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(3) If a certificate holder certifies to the board of nursing that the holder has been granted access to the drug database and the board finds through an audit or other means that the holder has not been granted access, the board may take action under section 4723.28 of the Revised Code. 788
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(D) The continuing education in pharmacology required under division (B)(1) of this section must be received from an accredited institution recognized by the board. The hours of continuing education required are in addition to any other continuing education requirement that must be completed pursuant to this chapter. 793
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Sec. 4723.487. (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. 799
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(B) The Except as provided in divisions (C) and (E) of this section, an advanced practice registered nurse 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: 802
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(1) Before initially prescribing the drug, the nurse or the nurse's delegate shall request from the drug database a report of information related to the patient that covers at least the twelve months immediately preceding the date of the request. If the nurse practices primarily in a county of this state that adjoins another state, the nurse or delegate also shall request a report of any information available in the drug database that pertains to prescriptions issued or drugs furnished to the patient in the state adjoining that county. 808
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(2) If the patient's course of treatment for the condition continues for more than ninety days after the initial report is requested, the nurse or delegate shall make periodic requests for reports of information from the drug database until the course of treatment has ended. The requests shall be made at intervals not exceeding ninety days, determined according to the date the initial request was made. The request shall be made in the same manner provided in division (B)(1) of this section for requesting the initial report of information from the drug database. 817
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(3) On receipt of a report under division (B)(1) or (2) of this section, the nurse shall assess the information in the report. The nurse shall document in the patient's record that the report was received and the information was assessed. 826
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(C) Division (B) of this section does not apply if in any of the following circumstances: 830
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(1) A drug database report regarding the patient is not available, in which case the nurse shall document in the patient's record the reason that the report is not available. 832
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(2) The drug is prescribed in an amount indicated for a period not to exceed seven days. 835
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(3) The drug is prescribed for the treatment of cancer or another condition associated with cancer. 837
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(4) The drug is prescribed to a hospice patient in a hospice care program, as those terms are defined in section 3712.01 of the Revised Code, or any other patient diagnosed as terminally ill. 839
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(5) The drug is prescribed for administration in a hospital, nursing home, or residential care facility. 842
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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 844
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Revised Code, the board of nursing shall adopt rules in accordance 847
with Chapter 119. of the Revised Code that establish standards and 848
procedures to be followed by an advanced practice registered nurse 849
with a certificate to prescribe issued under section 4723.48 of 850
the Revised Code regarding the review of patient information 851
available through the drug database under division (A)(5) of 852
section 4729.80 of the Revised Code. The rules shall be adopted in 853
accordance with Chapter 119. of the Revised Code. 854

~~(C)~~(E) This section and the rules adopted under it do not 855
apply if the state board of pharmacy no longer maintains the drug 856
database. 857

Sec. 4725.092. (A) As used in this section, "drug database" 858
means the database established and maintained by the state board 859
of pharmacy pursuant to section 4729.75 of the Revised Code. 860

(B) The Except as provided in divisions (C) and (E) of this 861
section, an optometrist holding a therapeutic pharmaceutical 862
agents certificate shall comply with all of the following as 863
conditions of prescribing a drug that is either an opioid 864
analgesic or a benzodiazepine, or personally furnishing a complete 865
or partial supply of such a drug, as part of a patient's course of 866
treatment for a particular condition: 867

(1) Before initially prescribing or furnishing the drug, the 868
optometrist or the optometrist's delegate shall request from the 869
drug database a report of information related to the patient that 870
covers at least the twelve months immediately preceding the date 871
of the request. If the optometrist practices primarily in a county 872
of this state that adjoins another state, the optometrist or 873
delegate also shall request a report of any information available 874
in the drug database that pertains to prescriptions issued or 875
drugs furnished to the patient in the state adjoining that county. 876

(2) If the patient's course of treatment for the condition 877

continues for more than ninety days after the initial report is 878
requested, the optometrist or delegate shall make periodic 879
requests for reports of information from the drug database until 880
the course of treatment has ended. The requests shall be made at 881
intervals not exceeding ninety days, determined according to the 882
date the initial request was made. The request shall be made in 883
the same manner provided in division (B)(1) of this section for 884
requesting the initial report of information from the drug 885
database. 886

(3) On receipt of a report under division (B)(1) or (2) of 887
this section, the optometrist shall assess the information in the 888
report. The optometrist shall document in the patient's record 889
that the report was received and the information was assessed. 890

(C)(1) Division (B) of this section does not apply if a drug 891
database report regarding the patient is not available. In this 892
event, the optometrist shall document in the patient's record the 893
reason that the report is not available. 894

(2) Division (B) of this section does not apply if the drug 895
is prescribed or personally furnished in an amount indicated for a 896
period not to exceed seven days. 897

(D) With respect to prescribing or personally furnishing any 898
drug that is not an opioid analgesic or a benzodiazepine but is 899
included in the drug database pursuant to rules adopted under 900
section 4729.84 of the Revised Code, the state board of optometry 901
shall adopt rules ~~in accordance with Chapter 119. of the Revised~~ 902
~~Code~~ that establish standards and procedures to be followed by an 903
optometrist who holds a therapeutic pharmaceutical agents 904
certificate regarding the review of patient information available 905
through the drug database under division (A)(5) of section 4729.80 906
of the Revised Code. The rules shall be adopted in accordance with 907
Chapter 119. of the Revised Code. 908

~~(C)~~(E) This section and the rules adopted under it do not 909
apply if the state board of pharmacy no longer maintains the drug 910
database. 911

Sec. 4725.16. (A)(1) Each certificate of licensure, topical 912
ocular pharmaceutical agents certificate, and therapeutic 913
pharmaceutical agents certificate issued by the state board of 914
optometry shall expire annually on the last day of December, and 915
may be renewed in accordance with this section and the standard 916
renewal procedure established under Chapter 4745. of the Revised 917
Code. 918

(2) An optometrist seeking to continue to practice optometry 919
shall file with the board an application for license renewal. The 920
application shall be in such form and require such pertinent 921
professional biographical data as the board may require. 922

(3)(a) Except as provided in division (A)(3)(b) of this 923
section, in the case of an optometrist seeking renewal who holds a 924
topical ocular pharmaceutical agents certificate and who 925
prescribes or personally furnishes opioid analgesics or 926
benzodiazepines, the optometrist shall certify to the board 927
whether the optometrist has been granted access to the drug 928
database established and maintained by the state board of pharmacy 929
pursuant to section 4729.75 of the Revised Code. 930

(b) The requirement in division (A)(3)(a) of this section 931
does not apply if either of the following is the case: 932

(i) The state board of pharmacy notifies the state board of 933
optometry pursuant to section 4729.861 of the Revised Code that 934
the certificate holder has been restricted from obtaining further 935
information from the drug database. 936

(ii) The state board of pharmacy no longer maintains the drug 937
database. 938

(c) If an optometrist certifies to the state board of optometry that the optometrist has been granted access to the drug database and the board finds through an audit or other means that the optometrist has not been granted access, the board may take action under section 4725.19 of the Revised Code.

(B) All licensed optometrists shall annually complete continuing education in subjects relating to the practice of optometry, to the end that the utilization and application of new techniques, scientific and clinical advances, and the achievements of research will assure comprehensive care to the public. The board shall prescribe by rule the continuing optometric education that licensed optometrists must complete. The length of study shall be twenty-five clock hours each year, including ten clock hours of instruction in pharmacology to be completed by all licensed optometrists.

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

At least once annually, the board shall post on its web site and shall mail, or send by electronic mail, to each licensed optometrist a list of courses approved in accordance with standards prescribed by board rule. Upon the request of a licensed optometrist, the executive director of the board shall supply a

list of additional courses that the board has approved subsequent 971
to the most recent web site posting, electronic mail transmission, 972
or mailing of the list of approved courses. 973

(C)(1) Annually, not later than the first day of November, 974
the board shall mail or send by electronic mail a notice regarding 975
license renewal to each licensed optometrist who may be eligible 976
for renewal. The notice shall be sent to the optometrist's most 977
recent electronic mail or mailing address shown in the board's 978
records. If the board knows that the optometrist has completed the 979
required continuing optometric education for the year, the board 980
may include with the notice an application for license renewal. 981

(2) Filing a license renewal application with the board shall 982
serve as notice by the optometrist that the continuing optometric 983
education requirement has been successfully completed. If the 984
board finds that an optometrist has not completed the required 985
continuing optometric education, the board shall disapprove the 986
optometrist's application. The board's disapproval of renewal is 987
effective without a hearing, unless a hearing is requested 988
pursuant to Chapter 119. of the Revised Code. 989

(3) The board shall refuse to accept an application for 990
renewal from any applicant whose license is not in good standing 991
or who is under disciplinary review pursuant to section 4725.19 of 992
the Revised Code. 993

(4) Notice of an applicant's failure to qualify for renewal 994
shall be served upon the applicant by mail. The notice shall be 995
sent not later than the fifteenth day of November to the 996
applicant's last address shown in the board's records. 997

(D) In cases of certified illness or undue hardship, the 998
board may waive or defer for up to twelve months the requirement 999
of continuing optometric education, except that in such cases the 1000
board may not waive or defer the continuing education in 1001

pharmacology required to be completed by optometrists who hold 1002
topical ocular pharmaceutical agents certificates or therapeutic 1003
pharmaceutical agents certificates. The board shall waive the 1004
requirement of continuing optometric education for any optometrist 1005
who is serving on active duty in the armed forces of the United 1006
States or a reserve component of the armed forces of the United 1007
States, including the Ohio national guard or the national guard of 1008
any other state or who has received an initial certificate of 1009
licensure during the nine-month period which ended on the last day 1010
of September. 1011

(E) An optometrist whose renewal application has been 1012
approved may renew each certificate held by paying to the 1013
treasurer of state the fees for renewal specified under section 1014
4725.34 of the Revised Code. On payment of all applicable fees, 1015
the board shall issue a renewal of the optometrist's certificate 1016
of licensure, topical ocular pharmaceutical agents certificate, 1017
and therapeutic pharmaceutical agents certificate, as appropriate. 1018

(F) Not later than the fifteenth day of December, the board 1019
shall mail or send by electronic mail a second notice regarding 1020
license renewal to each licensed optometrist who may be eligible 1021
for renewal but did not respond to the notice sent under division 1022
(C)(1) of this section. The notice shall be sent to the 1023
optometrist's most recent electronic mail or mailing address shown 1024
in the board's records. If an optometrist fails to file a renewal 1025
application after the second notice is sent, the board shall send 1026
a third notice regarding license renewal prior to any action under 1027
division (I) of this section to classify the optometrist's 1028
certificates as delinquent. 1029

(G) The failure of an optometrist to apply for license 1030
renewal or the failure to pay the applicable annual renewal fees 1031
on or before the date of expiration, shall automatically work a 1032
forfeiture of the optometrist's authority to practice optometry in 1033

this state. 1034

(H) The board shall accept renewal applications and renewal 1035
fees that are submitted from the first day of January to the last 1036
day of April of the year next succeeding the date of expiration. 1037
An individual who submits such a late renewal application or fee 1038
shall pay the late renewal fee specified in section 4725.34 of the 1039
Revised Code. 1040

(I)(1) If the certificates issued by the board to an 1041
individual have expired and the individual has not filed a 1042
complete application during the late renewal period, the 1043
individual's certificates shall be classified in the board's 1044
records as delinquent. 1045

(2) Any optometrist subject to delinquent classification may 1046
submit a written application to the board for reinstatement. For 1047
reinstatement to occur, the applicant must meet all of the 1048
following conditions: 1049

(a) Submit to the board evidence of compliance with board 1050
rules requiring continuing optometric education in a sufficient 1051
number of hours to make up for any delinquent compliance; 1052

(b) Pay the renewal fees for the year in which application 1053
for reinstatement is made and the reinstatement fee specified 1054
under division (A)(8) of section 4725.34 of the Revised Code; 1055

(c) Pass all or part of the licensing examination accepted by 1056
the board under section 4725.11 of the Revised Code as the board 1057
considers appropriate to determine whether the application for 1058
reinstatement should be approved; 1059

(d) If the applicant has been practicing optometry in another 1060
state or country, submit evidence that the applicant's license to 1061
practice optometry in the other state or country is in good 1062
standing. 1063

(3) The board shall approve an application for reinstatement 1064
if the conditions specified in division (I)(2) of this section are 1065
met. An optometrist who receives reinstatement is subject to the 1066
continuing education requirements specified under division (B) of 1067
this section for the year in which reinstatement occurs. 1068

Sec. 4725.19. (A) In accordance with Chapter 119. of the 1069
Revised Code and by an affirmative vote of a majority of its 1070
members, the state board of optometry, for any of the reasons 1071
specified in division (B) of this section, shall refuse to grant a 1072
certificate of licensure to an applicant and may, with respect to 1073
a licensed optometrist, do one or more of the following: 1074

(1) Suspend the operation of any certificate of licensure, 1075
topical ocular pharmaceutical agents certificate, or therapeutic 1076
pharmaceutical agents certificate, or all certificates granted by 1077
it to the optometrist; 1078

(2) Permanently revoke any or all of the certificates; 1079

(3) Limit or otherwise place restrictions on any or all of 1080
the certificates; 1081

(4) Reprimand the optometrist; 1082

(5) Impose a monetary penalty. If the reason for which the 1083
board is imposing the penalty involves a criminal offense that 1084
carries a fine under the Revised Code, the penalty shall not 1085
exceed the maximum fine that may be imposed for the criminal 1086
offense. In any other case, the penalty imposed by the board shall 1087
not exceed five hundred dollars. 1088

(6) Require the optometrist to take corrective action 1089
courses. 1090

The amount and content of corrective action courses shall be 1091
established by the board in rules adopted under section 4725.09 of 1092
the Revised Code. 1093

(B) The sanctions specified in division (A) of this section	1094
may be taken by the board for any of the following reasons:	1095
(1) Committing fraud in passing the licensing examination or	1096
making false or purposely misleading statements in an application	1097
for a certificate of licensure;	1098
(2) Being at any time guilty of immorality, regardless of the	1099
jurisdiction in which the act was committed;	1100
(3) Being guilty of dishonesty or unprofessional conduct in	1101
the practice of optometry;	1102
(4) Being at any time guilty of a felony, regardless of the	1103
jurisdiction in which the act was committed;	1104
(5) Being at any time guilty of a misdemeanor committed in	1105
the course of practice, regardless of the jurisdiction in which	1106
the act was committed;	1107
(6) Violating the conditions of any limitation or other	1108
restriction placed by the board on any certificate issued by the	1109
board;	1110
(7) Engaging in the practice of optometry as provided in	1111
division (A)(1), (2), or (3) of section 4725.01 of the Revised	1112
Code when the certificate authorizing that practice is under	1113
suspension, in which case the board shall permanently revoke the	1114
certificate;	1115
(8) Being denied a license to practice optometry in another	1116
state or country or being subject to any other sanction by the	1117
optometric licensing authority of another state or country, other	1118
than sanctions imposed for the nonpayment of fees;	1119
(9) Departing from or failing to conform to acceptable and	1120
prevailing standards of care in the practice of optometry as	1121
followed by similar practitioners under the same or similar	1122
circumstances, regardless of whether actual injury to a patient is	1123

established;	1124
(10) Failing to maintain comprehensive patient records;	1125
(11) Advertising a price of optical accessories, eye examinations, or other products or services by any means that would deceive or mislead the public;	1126 1127 1128
(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;	1129 1130 1131 1132 1133
(13) Engaging in the practice of optometry as provided in division (A)(2) or (3) of section 4725.01 of the Revised Code without authority to do so or, if authorized, in a manner inconsistent with the authority granted;	1134 1135 1136 1137
(14) Failing to make a report to the board as required by division (A) of section 4725.21 or section 4725.31 of the Revised Code;	1138 1139 1140
(15) Soliciting patients from door to door or establishing temporary offices, in which case the board shall suspend all certificates held by the optometrist;	1141 1142 1143
(16) <u>Failing to comply with section 4725.092 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;</u>	1144 1145 1146
(17) Except as provided in division (D) of this section:	1147
(a) Waiving the payment of all or any part of a deductible or copayment that a patient, pursuant to a health insurance or health care policy, contract, or plan that covers optometric services, would otherwise be required to pay if the waiver is used as an enticement to a patient or group of patients to receive health care services from that optometrist.	1148 1149 1150 1151 1152 1153

(b) Advertising that the optometrist will waive the payment 1154
of all or any part of a deductible or copayment that a patient, 1155
pursuant to a health insurance or health care policy, contract, or 1156
plan that covers optometric services, would otherwise be required 1157
to pay. 1158

(C) Any person who is the holder of a certificate of 1159
licensure, or who is an applicant for a certificate of licensure 1160
against whom is preferred any charges, shall be furnished by the 1161
board with a copy of the complaint and shall have a hearing before 1162
the board in accordance with Chapter 119. of the Revised Code. 1163

(D) Sanctions shall not be imposed under division (B)~~(16)~~(17) 1164
of this section against any optometrist who waives deductibles and 1165
copayments: 1166

(1) In compliance with the health benefit plan that expressly 1167
allows such a practice. Waiver of the deductibles or copayments 1168
shall be made only with the full knowledge and consent of the plan 1169
purchaser, payer, and third-party administrator. Documentation of 1170
the consent shall be made available to the board upon request. 1171

(2) For professional services rendered to any other 1172
optometrist licensed by the board, to the extent allowed by 1173
sections 4725.01 to 4725.34 of the Revised Code and the rules of 1174
the board. 1175

Sec. 4729.12. An identification card issued by the state 1176
board of pharmacy under section 4729.08 of the Revised Code 1177
entitles the individual to whom it is issued to practice as a 1178
pharmacist or as a pharmacy intern in this state until the next 1179
annual renewal date. 1180

Identification cards shall be renewed annually on the 1181
fifteenth day of September, according to the standard renewal 1182
procedure of Chapter 4745. of the Revised Code. 1183

Each pharmacist and pharmacy intern shall carry the 1184
identification card or renewal identification card while engaged 1185
in the practice of pharmacy. The license shall be conspicuously 1186
exposed at the principal place where the pharmacist or pharmacy 1187
intern practices pharmacy. 1188

A pharmacist or pharmacy intern who desires to continue in 1189
the practice of pharmacy shall file with the board an application 1190
in such form and containing such data as the board may require for 1191
renewal of an identification card. An application filed under this 1192
section may not be withdrawn without the approval of the board. If 1193
the board finds that the applicant's card has not been revoked or 1194
placed under suspension and that the applicant has paid the 1195
renewal fee, has continued pharmacy education in accordance with 1196
the rules of the board, has been granted access to the drug 1197
database established and maintained by the board pursuant to 1198
section 4729.75 of the Revised Code (unless the board has 1199
restricted the applicant from obtaining any further information 1200
from the database or the board no longer maintains the database), 1201
and is entitled to continue in the practice of pharmacy, the board 1202
shall issue a renewal identification card to the applicant. 1203

When an identification card has lapsed for more than sixty 1204
days but application is made within three years after the 1205
expiration of the card, the applicant shall be issued a renewal 1206
identification card without further examination if the applicant 1207
meets the requirements of this section and pays the fee designated 1208
under division (E) of section 4729.15 of the Revised Code. 1209

Sec. 4729.80. (A) If the state board of pharmacy establishes 1210
and maintains a drug database pursuant to section 4729.75 of the 1211
Revised Code, the board is authorized or required to provide 1212
information from the database in accordance with the following: 1213

(1) On receipt of a request from a designated representative 1214

of a government entity responsible for the licensure, regulation, 1215
or discipline of health care professionals with authority to 1216
prescribe, administer, or dispense drugs, the board may provide to 1217
the representative information from the database relating to the 1218
professional who is the subject of an active investigation being 1219
conducted by the government entity. 1220

(2) On receipt of a request from a federal officer, or a 1221
state or local officer of this or any other state, whose duties 1222
include enforcing laws relating to drugs, the board shall provide 1223
to the officer information from the database relating to the 1224
person who is the subject of an active investigation of a drug 1225
abuse offense, as defined in section 2925.01 of the Revised Code, 1226
being conducted by the officer's employing government entity. 1227

(3) Pursuant to a subpoena issued by a grand jury, the board 1228
shall provide to the grand jury information from the database 1229
relating to the person who is the subject of an investigation 1230
being conducted by the grand jury. 1231

(4) Pursuant to a subpoena, search warrant, or court order in 1232
connection with the investigation or prosecution of a possible or 1233
alleged criminal offense, the board shall provide information from 1234
the database as necessary to comply with the subpoena, search 1235
warrant, or court order. 1236

(5) On receipt of a request from a prescriber or the 1237
prescriber's delegate approved by the board, the board ~~may~~ shall 1238
provide to the prescriber a report of information from the 1239
database relating to a patient who is either ~~of the following~~ a 1240
current patient of the prescriber or a potential patient of the 1241
prescriber based on a referral of the patient to the prescriber, 1242
if ~~the prescriber certifies in a form specified by the board that~~ 1243
~~it is for the purpose of providing medical treatment to the~~ 1244
~~patient who is the subject of the request~~ all of the following 1245
conditions are met: 1246

(a) ~~A current patient of the prescriber~~ The prescriber 1247
certifies in a form specified by the board that it is for the 1248
purpose of providing medical treatment to the patient who is the 1249
subject of the request; 1250

(b) ~~A potential patient of the prescriber based on a referral~~ 1251
~~of the patient to the prescriber~~ The prescriber has not been 1252
denied access to the database by the board. 1253

(6) On receipt of a request from a pharmacist or the 1254
pharmacist's delegate approved by the board, the board ~~may~~ shall 1255
provide to the pharmacist information from the database relating 1256
to a current patient of the pharmacist, if the pharmacist 1257
certifies in a form specified by the board that it is for the 1258
purpose of the pharmacist's practice of pharmacy involving the 1259
patient who is the subject of the request and the pharmacist has 1260
not been denied access to the database by the board. 1261

(7) On receipt of a request from an individual seeking the 1262
individual's own database information in accordance with the 1263
procedure established in rules adopted under section 4729.84 of 1264
the Revised Code, the board may provide to the individual the 1265
individual's own database information. 1266

(8) On receipt of a request from the medical director of a 1267
managed care organization that has entered into a contract with 1268
the department of medicaid under section 5167.10 of the Revised 1269
Code and a data security agreement with the board required by 1270
section 5167.14 of the Revised Code, the board shall provide to 1271
the medical director information from the database relating to a 1272
medicaid recipient enrolled in the managed care organization, 1273
including information in the database related to prescriptions for 1274
the recipient that were not covered or reimbursed under a program 1275
administered by the department of medicaid. 1276

(9) On receipt of a request from the medicaid director, the 1277

board shall provide to the director information from the database 1278
relating to a recipient of a program administered by the 1279
department of medicaid, including information in the database 1280
related to prescriptions for the recipient that were not covered 1281
or paid by a program administered by the department. 1282

(10) On receipt of a request from the medical director of a 1283
managed care organization that has entered into a contract with 1284
the administrator of workers' compensation under division (B)(4) 1285
of section 4121.44 of the Revised Code and a data security 1286
agreement with the board required by section 4121.443 of the 1287
Revised Code, the board shall provide to the medical director 1288
information from the database relating to a claimant under Chapter 1289
4121., 4123., 4127., or 4131. of the Revised Code assigned to the 1290
managed care organization, including information in the database 1291
related to prescriptions for the claimant that were not covered or 1292
reimbursed under Chapter 4121., 4123., 4127., or 4131. of the 1293
Revised Code, if the administrator of workers' compensation 1294
confirms, upon request from the board, that the claimant is 1295
assigned to the managed care organization. 1296

(11) On receipt of a request from the administrator of 1297
workers' compensation, the board may shall provide to the 1298
administrator information from the database relating to a claimant 1299
under Chapter 4121., 4123., 4127., or 4131. of the Revised Code, 1300
including information in the database related to prescriptions for 1301
the claimant that were not covered or reimbursed under Chapter 1302
4121., 4123., 4127., or 4131. of the Revised Code. 1303

~~(11)~~(12) On receipt of a request from a prescriber or the 1304
prescriber's delegate approved by the board, the board shall 1305
provide to the prescriber information from the database relating 1306
to a patient's mother, if the prescriber certifies in a form 1307
specified by the board that it is for the purpose of providing 1308
medical treatment to a newborn or infant patient diagnosed as 1309

opioid dependent and the prescriber has not been denied access to 1310
the database by the board. 1311

(13) On receipt of a request from a requestor described in 1312
division (A)(1), (2), (5), or (6) of this section who is from or 1313
participating with another state's prescription monitoring 1314
program, the board may provide to the requestor information from 1315
the database, but only if there is a written agreement under which 1316
the information is to be used and disseminated according to the 1317
laws of this state. 1318

(B) The state board of pharmacy shall maintain a record of 1319
each individual or entity that requests information from the 1320
database pursuant to this section. In accordance with rules 1321
adopted under section 4729.84 of the Revised Code, the board may 1322
use the records to document and report statistics and law 1323
enforcement outcomes. 1324

The board may provide records of an individual's requests for 1325
database information to the following: 1326

(1) A designated representative of a government entity that 1327
is responsible for the licensure, regulation, or discipline of 1328
health care professionals with authority to prescribe, administer, 1329
or dispense drugs who is involved in an active investigation being 1330
conducted by the government entity of the individual who submitted 1331
the requests for database information; 1332

(2) A federal officer, or a state or local officer of this or 1333
any other state, whose duties include enforcing laws relating to 1334
drugs and who is involved in an active investigation being 1335
conducted by the officer's employing government entity of the 1336
individual who submitted the requests for database information. 1337

(C) Information contained in the database and any information 1338
obtained from it is not a public record. Information contained in 1339
the records of requests for information from the database is not a 1340

public record. Information that does not identify a person may be 1341
released in summary, statistical, or aggregate form. 1342

(D) A pharmacist or prescriber shall not be held liable in 1343
damages to any person in any civil action for injury, death, or 1344
loss to person or property on the basis that the pharmacist or 1345
prescriber did or did not seek or obtain information from the 1346
database. 1347

Sec. 4729.86. If the state board of pharmacy establishes and 1348
maintains a drug database pursuant to section 4729.75 of the 1349
Revised Code, all of the following apply: 1350

(A)(1) No person identified in divisions (A)(1) to ~~(10)~~(12) 1351
or (B) of section 4729.80 of the Revised Code shall disseminate 1352
any written or electronic information the person receives from the 1353
drug database or otherwise provide another person access to the 1354
information that the person receives from the database, except as 1355
follows: 1356

(a) When necessary in the investigation or prosecution of a 1357
possible or alleged criminal offense; 1358

(b) When a person provides the information to the prescriber 1359
or pharmacist for whom the person is approved by the board to 1360
serve as a delegate of the prescriber or pharmacist for purposes 1361
of requesting and receiving information from the drug database 1362
under division (A)(5) or (6) of section 4729.80 of the Revised 1363
Code; 1364

(c) When a prescriber or pharmacist provides the information 1365
to a person who is approved by the board to serve as such a 1366
delegate of the prescriber or pharmacist. 1367

(2) No person shall provide false information to the state 1368
board of pharmacy with the intent to obtain or alter information 1369
contained in the drug database. 1370

(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 board may restrict a person from obtaining further information from the drug database if any of the following is the case:

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

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

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

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

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

effective. 1402

(3) The board shall determine the extent to which the person 1403
is restricted from obtaining further information from the 1404
database. 1405

Sec. 4729.861. If the state board of pharmacy establishes and 1406
maintains a drug database pursuant to section 4729.75 of the 1407
Revised Code and if the board restricts a prescriber from 1408
obtaining further information from the database pursuant to 1409
division (C) of section 4729.86 of the Revised Code, the board 1410
shall notify the government entity responsible for licensing the 1411
prescriber. 1412

Sec. 4730.25. (A) The state medical board, by an affirmative 1413
vote of not fewer than six members, may revoke or may refuse to 1414
grant a certificate to practice as a physician assistant or a 1415
certificate to prescribe to a person found by the board to have 1416
committed fraud, misrepresentation, or deception in applying for 1417
or securing the certificate. 1418

(B) The board, by an affirmative vote of not fewer than six 1419
members, shall, to the extent permitted by law, limit, revoke, or 1420
suspend an individual's certificate to practice as a physician 1421
assistant or certificate to prescribe, refuse to issue a 1422
certificate to an applicant, refuse to reinstate a certificate, or 1423
reprimand or place on probation the holder of a certificate for 1424
any of the following reasons: 1425

(1) Failure to practice in accordance with the conditions 1426
under which the supervising physician's supervision agreement with 1427
the physician assistant was approved, including the requirement 1428
that when practicing under a particular supervising physician, the 1429
physician assistant must practice only according to the physician 1430
supervisory plan the board approved for that physician or the 1431

policies of the health care facility in which the supervising	1432
physician and physician assistant are practicing;	1433
(2) Failure to comply with the requirements of this chapter,	1434
Chapter 4731. of the Revised Code, or any rules adopted by the	1435
board;	1436
(3) Violating or attempting to violate, directly or	1437
indirectly, or assisting in or abetting the violation of, or	1438
conspiring to violate, any provision of this chapter, Chapter	1439
4731. of the Revised Code, or the rules adopted by the board;	1440
(4) Inability to practice according to acceptable and	1441
prevailing standards of care by reason of mental illness or	1442
physical illness, including physical deterioration that adversely	1443
affects cognitive, motor, or perceptive skills;	1444
(5) Impairment of ability to practice according to acceptable	1445
and prevailing standards of care because of habitual or excessive	1446
use or abuse of drugs, alcohol, or other substances that impair	1447
ability to practice;	1448
(6) Administering drugs for purposes other than those	1449
authorized under this chapter;	1450
(7) Willfully betraying a professional confidence;	1451
(8) Making a false, fraudulent, deceptive, or misleading	1452
statement in soliciting or advertising for employment as a	1453
physician assistant; in connection with any solicitation or	1454
advertisement for patients; in relation to the practice of	1455
medicine as it pertains to physician assistants; or in securing or	1456
attempting to secure a certificate to practice as a physician	1457
assistant, a certificate to prescribe, or approval of a	1458
supervision agreement.	1459
As used in this division, "false, fraudulent, deceptive, or	1460
misleading statement" means a statement that includes a	1461

misrepresentation of fact, is likely to mislead or deceive because 1462
of a failure to disclose material facts, is intended or is likely 1463
to create false or unjustified expectations of favorable results, 1464
or includes representations or implications that in reasonable 1465
probability will cause an ordinarily prudent person to 1466
misunderstand or be deceived. 1467

(9) Representing, with the purpose of obtaining compensation 1468
or other advantage personally or for any other person, that an 1469
incurable disease or injury, or other incurable condition, can be 1470
permanently cured; 1471

(10) The obtaining of, or attempting to obtain, money or 1472
anything of value by fraudulent misrepresentations in the course 1473
of practice; 1474

(11) A plea of guilty to, a judicial finding of guilt of, or 1475
a judicial finding of eligibility for intervention in lieu of 1476
conviction for, a felony; 1477

(12) Commission of an act that constitutes a felony in this 1478
state, regardless of the jurisdiction in which the act was 1479
committed; 1480

(13) 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, a misdemeanor committed in the course of practice; 1483

(14) A plea of guilty to, a judicial finding of guilt of, or 1484
a judicial finding of eligibility for intervention in lieu of 1485
conviction for, a misdemeanor involving moral turpitude; 1486

(15) Commission of an act in the course of practice that 1487
constitutes a misdemeanor in this state, regardless of the 1488
jurisdiction in which the act was committed; 1489

(16) Commission of an act involving moral turpitude that 1490
constitutes a misdemeanor in this state, regardless of the 1491

jurisdiction in which the act was committed;	1492
(17) A plea of guilty to, a judicial finding of guilt of, or	1493
a judicial finding of eligibility for intervention in lieu of	1494
conviction for violating any state or federal law regulating the	1495
possession, distribution, or use of any drug, including	1496
trafficking in drugs;	1497
(18) Any of the following actions taken by the state agency	1498
responsible for regulating the practice of physician assistants in	1499
another state, for any reason other than the nonpayment of fees:	1500
the limitation, revocation, or suspension of an individual's	1501
license to practice; acceptance of an individual's license	1502
surrender; denial of a license; refusal to renew or reinstate a	1503
license; imposition of probation; or issuance of an order of	1504
censure or other reprimand;	1505
(19) A departure from, or failure to conform to, minimal	1506
standards of care of similar physician assistants under the same	1507
or similar circumstances, regardless of whether actual injury to a	1508
patient is established;	1509
(20) Violation of the conditions placed by the board on a	1510
certificate to practice as a physician assistant, a certificate to	1511
prescribe, a physician supervisory plan, or supervision agreement;	1512
(21) Failure to use universal blood and body fluid	1513
precautions established by rules adopted under section 4731.051 of	1514
the Revised Code;	1515
(22) Failure to cooperate in an investigation conducted by	1516
the board under section 4730.26 of the Revised Code, including	1517
failure to comply with a subpoena or order issued by the board or	1518
failure to answer truthfully a question presented by the board at	1519
a deposition or in written interrogatories, except that failure to	1520
cooperate with an investigation shall not constitute grounds for	1521
discipline under this section if a court of competent jurisdiction	1522

has issued an order that either quashes a subpoena or permits the individual to withhold the testimony or evidence in issue;

(23) Assisting suicide as defined in section 3795.01 of the Revised Code;

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

(25) Failure to comply with section 4730.53 of the Revised Code, unless the board no longer maintains a drug database pursuant to section 4729.75 of the Revised Code.

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

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

procedural grounds. 1554

(E) The sealing of conviction records by any court shall have 1555
no effect upon a prior board order entered under the provisions of 1556
this section or upon the board's jurisdiction to take action under 1557
the provisions of this section if, based upon a plea of guilty, a 1558
judicial finding of guilt, or a judicial finding of eligibility 1559
for intervention in lieu of conviction, the board issued a notice 1560
of opportunity for a hearing prior to the court's order to seal 1561
the records. The board shall not be required to seal, destroy, 1562
redact, or otherwise modify its records to reflect the court's 1563
sealing of conviction records. 1564

(F) For purposes of this division, any individual who holds a 1565
certificate issued under this chapter, or applies for a 1566
certificate issued under this chapter, shall be deemed to have 1567
given consent to submit to a mental or physical examination when 1568
directed to do so in writing by the board and to have waived all 1569
objections to the admissibility of testimony or examination 1570
reports that constitute a privileged communication. 1571

(1) In enforcing division (B)(4) of this section, the board, 1572
upon a showing of a possible violation, may compel any individual 1573
who holds a certificate issued under this chapter or who has 1574
applied for a certificate pursuant to this chapter to submit to a 1575
mental examination, physical examination, including an HIV test, 1576
or both a mental and physical examination. The expense of the 1577
examination is the responsibility of the individual compelled to 1578
be examined. Failure to submit to a mental or physical examination 1579
or consent to an HIV test ordered by the board constitutes an 1580
admission of the allegations against the individual unless the 1581
failure is due to circumstances beyond the individual's control, 1582
and a default and final order may be entered without the taking of 1583
testimony or presentation of evidence. If the board finds a 1584
physician assistant unable to practice because of the reasons set 1585

forth in division (B)(4) of this section, the board shall require 1586
the physician assistant to submit to care, counseling, or 1587
treatment by physicians approved or designated by the board, as a 1588
condition for an initial, continued, reinstated, or renewed 1589
certificate. An individual affected under this division shall be 1590
afforded an opportunity to demonstrate to the board the ability to 1591
resume practicing in compliance with acceptable and prevailing 1592
standards of care. 1593

(2) For purposes of division (B)(5) of this section, if the 1594
board has reason to believe that any individual who holds a 1595
certificate issued under this chapter or any applicant for a 1596
certificate suffers such impairment, the board may compel the 1597
individual to submit to a mental or physical examination, or both. 1598
The expense of the examination is the responsibility of the 1599
individual compelled to be examined. Any mental or physical 1600
examination required under this division shall be undertaken by a 1601
treatment provider or physician qualified to conduct such 1602
examination and chosen by the board. 1603

Failure to submit to a mental or physical examination ordered 1604
by the board constitutes an admission of the allegations against 1605
the individual unless the failure is due to circumstances beyond 1606
the individual's control, and a default and final order may be 1607
entered without the taking of testimony or presentation of 1608
evidence. If the board determines that the individual's ability to 1609
practice is impaired, the board shall suspend the individual's 1610
certificate or deny the individual's application and shall require 1611
the individual, as a condition for initial, continued, reinstated, 1612
or renewed certification to practice or prescribe, to submit to 1613
treatment. 1614

Before being eligible to apply for reinstatement of a 1615
certificate suspended under this division, the physician assistant 1616
shall demonstrate to the board the ability to resume practice or 1617

prescribing in compliance with acceptable and prevailing standards 1618
of care. The demonstration shall include the following: 1619

(a) Certification from a treatment provider approved under 1620
section 4731.25 of the Revised Code that the individual has 1621
successfully completed any required inpatient treatment; 1622

(b) Evidence of continuing full compliance with an aftercare 1623
contract or consent agreement; 1624

(c) Two written reports indicating that the individual's 1625
ability to practice has been assessed and that the individual has 1626
been found capable of practicing according to acceptable and 1627
prevailing standards of care. The reports shall be made by 1628
individuals or providers approved by the board for making such 1629
assessments and shall describe the basis for their determination. 1630

The board may reinstate a certificate suspended under this 1631
division after such demonstration and after the individual has 1632
entered into a written consent agreement. 1633

When the impaired physician assistant resumes practice or 1634
prescribing, the board shall require continued monitoring of the 1635
physician assistant. The monitoring shall include compliance with 1636
the written consent agreement entered into before reinstatement or 1637
with conditions imposed by board order after a hearing, and, upon 1638
termination of the consent agreement, submission to the board for 1639
at least two years of annual written progress reports made under 1640
penalty of falsification stating whether the physician assistant 1641
has maintained sobriety. 1642

(G) If the secretary and supervising member determine that 1643
there is clear and convincing evidence that a physician assistant 1644
has violated division (B) of this section and that the 1645
individual's continued practice or prescribing presents a danger 1646
of immediate and serious harm to the public, they may recommend 1647
that the board suspend the individual's certificate to practice or 1648

prescribe without a prior hearing. Written allegations shall be 1649
prepared for consideration by the board. 1650

The board, upon review of those allegations and by an 1651
affirmative vote of not fewer than six of its members, excluding 1652
the secretary and supervising member, may suspend a certificate 1653
without a prior hearing. A telephone conference call may be 1654
utilized for reviewing the allegations and taking the vote on the 1655
summary suspension. 1656

The board shall issue a written order of suspension by 1657
certified mail or in person in accordance with section 119.07 of 1658
the Revised Code. The order shall not be subject to suspension by 1659
the court during pendency of any appeal filed under section 119.12 1660
of the Revised Code. If the physician assistant requests an 1661
adjudicatory hearing by the board, the date set for the hearing 1662
shall be within fifteen days, but not earlier than seven days, 1663
after the physician assistant requests the hearing, unless 1664
otherwise agreed to by both the board and the certificate holder. 1665

A summary suspension imposed under this division shall remain 1666
in effect, unless reversed on appeal, until a final adjudicative 1667
order issued by the board pursuant to this section and Chapter 1668
119. of the Revised Code becomes effective. The board shall issue 1669
its final adjudicative order within sixty days after completion of 1670
its hearing. Failure to issue the order within sixty days shall 1671
result in dissolution of the summary suspension order, but shall 1672
not invalidate any subsequent, final adjudicative order. 1673

(H) If the board takes action under division (B)(11), (13), 1674
or (14) of this section, and the judicial finding of guilt, guilty 1675
plea, or judicial finding of eligibility for intervention in lieu 1676
of conviction is overturned on appeal, upon exhaustion of the 1677
criminal appeal, a petition for reconsideration of the order may 1678
be filed with the board along with appropriate court documents. 1679
Upon receipt of a petition and supporting court documents, the 1680

board shall reinstate the certificate to practice or prescribe. 1681
The board may then hold an adjudication under Chapter 119. of the 1682
Revised Code to determine whether the individual committed the act 1683
in question. Notice of opportunity for hearing shall be given in 1684
accordance with Chapter 119. of the Revised Code. If the board 1685
finds, pursuant to an adjudication held under this division, that 1686
the individual committed the act, or if no hearing is requested, 1687
it may order any of the sanctions identified under division (B) of 1688
this section. 1689

(I) The certificate to practice issued to a physician 1690
assistant and the physician assistant's practice in this state are 1691
automatically suspended as of the date the physician assistant 1692
pleads guilty to, is found by a judge or jury to be guilty of, or 1693
is subject to a judicial finding of eligibility for intervention 1694
in lieu of conviction in this state or treatment or intervention 1695
in lieu of conviction in another state for any of the following 1696
criminal offenses in this state or a substantially equivalent 1697
criminal offense in another jurisdiction: aggravated murder, 1698
murder, voluntary manslaughter, felonious assault, kidnapping, 1699
rape, sexual battery, gross sexual imposition, aggravated arson, 1700
aggravated robbery, or aggravated burglary. Continued practice 1701
after the suspension shall be considered practicing without a 1702
certificate. 1703

The board shall notify the individual subject to the 1704
suspension by certified mail or in person in accordance with 1705
section 119.07 of the Revised Code. If an individual whose 1706
certificate is suspended under this division fails to make a 1707
timely request for an adjudication under Chapter 119. of the 1708
Revised Code, the board shall enter a final order permanently 1709
revoking the individual's certificate to practice. 1710

(J) In any instance in which the board is required by Chapter 1711
119. of the Revised Code to give notice of opportunity for hearing 1712

and the individual subject to the notice does not timely request a 1713
hearing in accordance with section 119.07 of the Revised Code, the 1714
board is not required to hold a hearing, but may adopt, by an 1715
affirmative vote of not fewer than six of its members, a final 1716
order that contains the board's findings. In that final order, the 1717
board may order any of the sanctions identified under division (A) 1718
or (B) of this section. 1719

(K) Any action taken by the board under division (B) of this 1720
section resulting in a suspension shall be accompanied by a 1721
written statement of the conditions under which the physician 1722
assistant's certificate may be reinstated. The board shall adopt 1723
rules in accordance with Chapter 119. of the Revised Code 1724
governing conditions to be imposed for reinstatement. 1725
Reinstatement of a certificate suspended pursuant to division (B) 1726
of this section requires an affirmative vote of not fewer than six 1727
members of the board. 1728

(L) When the board refuses to grant to an applicant a 1729
certificate to practice as a physician assistant or a certificate 1730
to prescribe, revokes an individual's certificate, refuses to 1731
issue a certificate, or refuses to reinstate an individual's 1732
certificate, the board may specify that its action is permanent. 1733
An individual subject to a permanent action taken by the board is 1734
forever thereafter ineligible to hold the certificate and the 1735
board shall not accept an application for reinstatement of the 1736
certificate or for issuance of a new certificate. 1737

(M) Notwithstanding any other provision of the Revised Code, 1738
all of the following apply: 1739

(1) The surrender of a certificate issued under this chapter 1740
is not effective unless or until accepted by the board. 1741
Reinstatement of a certificate surrendered to the board requires 1742
an affirmative vote of not fewer than six members of the board. 1743

(2) An application made under this chapter for a certificate, 1744
approval of a physician supervisory plan, or approval of a 1745
supervision agreement may not be withdrawn without approval of the 1746
board. 1747

(3) Failure by an individual to renew a certificate in 1748
accordance with section 4730.14 or section 4730.48 of the Revised 1749
Code shall not remove or limit the board's jurisdiction to take 1750
disciplinary action under this section against the individual. 1751

Sec. 4730.48. (A)(1) Except in the case of a provisional 1752
certificate to prescribe, a physician assistant's certificate to 1753
prescribe expires on the same date as the physician assistant's 1754
certificate to practice as a physician assistant, as provided in 1755
section 4730.14 of the Revised Code. The certificate to prescribe 1756
may be renewed in accordance with this section. 1757

(2) A person seeking to renew a certificate to prescribe 1758
shall, on or before the thirty-first day of January of each 1759
even-numbered year, apply for renewal of the certificate. The 1760
state medical board shall send renewal notices at least one month 1761
prior to the expiration date. The notice may be sent as part of 1762
the notice sent for renewal of the certificate to practice. 1763

(3) Applications for renewal shall be submitted to the board 1764
on forms the board shall prescribe and furnish. An application for 1765
renewal of a certificate to prescribe may be submitted in 1766
conjunction with an application for renewal of a certificate to 1767
practice. 1768

(4)(a) Except as provided in division (A)(4)(b) of this 1769
section, in the case of an applicant who prescribes opioid 1770
analgesics or benzodiazepines, the applicant shall certify to the 1771
board whether the applicant has been granted access to the drug 1772
database established and maintained by the state board of pharmacy 1773
pursuant to section 4729.75 of the Revised Code. 1774

(b) The requirement in division (A)(4)(a) of this section 1775
does not apply if either of the following is the case: 1776

(i) The state board of pharmacy notifies the state medical 1777
board pursuant to section 4729.861 of the Revised Code that the 1778
applicant has been restricted from obtaining further information 1779
from the drug database. 1780

(ii) The state board of pharmacy no longer maintains the drug 1781
database. 1782

(c) If an applicant certifies to the state medical board that 1783
the applicant has been granted access to the drug database and the 1784
board finds through an audit or other means that the applicant has 1785
not been granted access, the board may take action under section 1786
4730.25 of the Revised Code. 1787

(5) Each application for renewal of a certificate to 1788
prescribe shall be accompanied by a biennial renewal fee of fifty 1789
dollars. The board shall deposit the fees in accordance with 1790
section 4731.24 of the Revised Code. 1791

(6) The applicant shall report any criminal offense that 1792
constitutes grounds under section 4730.25 of the Revised Code for 1793
refusing to issue a certificate to prescribe to which the 1794
applicant has pleaded guilty, of which the applicant has been 1795
found guilty, or for which the applicant has been found eligible 1796
for intervention in lieu of conviction, since last signing an 1797
application for a certificate to prescribe. 1798

(B) The board shall review all renewal applications received. 1799
If an applicant submits a complete renewal application and meets 1800
the requirements for renewal specified in section 4730.49 of the 1801
Revised Code, the board shall issue to the applicant a renewed 1802
certificate to prescribe. 1803

Sec. 4730.53. (A) As used in this section, "drug database" 1804

means the database established and maintained by the state board of pharmacy pursuant to section 4729.75 of the Revised Code.

(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:

(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 that covers at least the twelve months immediately preceding the date of the request. If the physician assistant practices primarily in a county of this state that adjoins another state, the physician assistant or delegate also shall request a report of any information available in the drug database that pertains to prescriptions issued or drugs furnished to the patient in the state adjoining that county.

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

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

was assessed. 1837

(C) Division (B) of this section does not apply in any of the 1838
following circumstances: 1839

(1) A drug database report regarding the patient is not 1840
available, in which case the physician assistant shall document in 1841
the patient's record the reason that the report is not available. 1842

(2) The drug is prescribed in an amount indicated for a 1843
period not to exceed seven days. 1844

(3) The drug is prescribed for the treatment of cancer or 1845
another condition associated with cancer. 1846

(4) The drug is prescribed to a hospice patient in a hospice 1847
care program, as those terms are defined in section 3712.01 of the 1848
Revised Code, or any other patient diagnosed as terminally ill. 1849

(5) The drug is prescribed for administration in a hospital, 1850
nursing home, or residential care facility. 1851

(D) With respect to prescribing any drug that is not an 1852
opioid analgesic or a benzodiazepine but is included in the drug 1853
database pursuant to rules adopted under section 4729.84 of the 1854
Revised Code, the state medical board shall adopt rules in 1855
accordance with Chapter 119. of the Revised Code that establish 1856
standards and procedures to be followed by a physician assistant 1857
who holds a certificate to prescribe issued under this chapter 1858
regarding the review of patient information available through the 1859
drug database under division (A)(5) of section 4729.80 of the 1860
Revised Code. The rules shall be adopted in accordance with 1861
Chapter 119. of the Revised Code. 1862

~~(C)~~(E) This section and the rules adopted under it do not 1863
apply if the state board of pharmacy no longer maintains the drug 1864
database. 1865

Sec. 4731.055. (A) As used in this section: 1866

(1) "Drug database" means the database established and maintained by the state board of pharmacy pursuant to section 4729.75 of the Revised Code.

(2) "Physician" means an individual authorized under this chapter to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery.

(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 or partial supply of such a drug, as part of a patient's course of treatment for a particular condition:

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

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

(3) On receipt of a report under division (B)(1) or (2) of

this section, the physician shall assess the information in the 1898
report. The physician shall document in the patient's record that 1899
the report was received and the information was assessed. 1900

(C) Division (B) of this section does not apply in any of the 1901
following circumstances: 1902

(1) A drug database report regarding the patient is not 1903
available, in which case the physician shall document in the 1904
patient's record the reason that the report is not available. 1905

(2) The drug is prescribed or personally furnished in an 1906
amount indicated for a period not to exceed seven days. 1907

(3) The drug is prescribed or personally furnished for the 1908
treatment of cancer or another condition associated with cancer. 1909

(4) The drug is prescribed or personally furnished to a 1910
hospice patient in a hospice care program, as those terms are 1911
defined in section 3712.01 of the Revised Code, or any other 1912
patient diagnosed as terminally ill. 1913

(5) The drug is prescribed or personally furnished for 1914
administration in a hospital, nursing home, or residential care 1915
facility. 1916

(6) The drug is prescribed or personally furnished to treat 1917
acute pain resulting from a surgical or other invasive procedure 1918
or a delivery. 1919

(D) With respect to prescribing or personally furnishing any 1920
drug that is not an opioid analgesic or a benzodiazepine but is 1921
included in the drug database pursuant to rules adopted under 1922
section 4729.84 of the Revised Code, the state medical board shall 1923
adopt rules in accordance with Chapter 119. of the Revised Code 1924
that establish standards and procedures to be followed by a 1925
physician regarding the review of patient information available 1926
through the drug database under division (A)(5) of section 4729.80 1927

of the Revised Code. The rules shall be adopted in accordance with 1928
Chapter 119. of the Revised Code. 1929

~~(C)~~(E) This section and the rules adopted under it do not 1930
apply if the state board of pharmacy no longer maintains the drug 1931
database. 1932

Sec. 4731.22. (A) The state medical board, by an affirmative 1933
vote of not fewer than six of its members, may limit, revoke, or 1934
suspend an individual's certificate to practice, refuse to grant a 1935
certificate to an individual, refuse to register an individual, 1936
refuse to reinstate a certificate, or reprimand or place on 1937
probation the holder of a certificate if the individual or 1938
certificate holder is found by the board to have committed fraud 1939
during the administration of the examination for a certificate to 1940
practice or to have committed fraud, misrepresentation, or 1941
deception in applying for or securing any certificate to practice 1942
or certificate of registration issued by the board. 1943

(B) The board, by an affirmative vote of not fewer than six 1944
members, shall, to the extent permitted by law, limit, revoke, or 1945
suspend an individual's certificate to practice, refuse to 1946
register an individual, refuse to reinstate a certificate, or 1947
reprimand or place on probation the holder of a certificate for 1948
one or more of the following reasons: 1949

(1) Permitting one's name or one's certificate to practice or 1950
certificate of registration to be used by a person, group, or 1951
corporation when the individual concerned is not actually 1952
directing the treatment given; 1953

(2) Failure to maintain minimal standards applicable to the 1954
selection or administration of drugs, or failure to employ 1955
acceptable scientific methods in the selection of drugs or other 1956
modalities for treatment of disease; 1957

(3) Selling, giving away, personally furnishing, prescribing, 1958
or administering drugs for other than legal and legitimate 1959
therapeutic purposes or a plea of guilty to, a judicial finding of 1960
guilt of, or a judicial finding of eligibility for intervention in 1961
lieu of conviction of, a violation of any federal or state law 1962
regulating the possession, distribution, or use of any drug; 1963

(4) Willfully betraying a professional confidence. 1964

For purposes of this division, "willfully betraying a 1965
professional confidence" does not include providing any 1966
information, documents, or reports to a child fatality review 1967
board under sections 307.621 to 307.629 of the Revised Code and 1968
does not include the making of a report of an employee's use of a 1969
drug of abuse, or a report of a condition of an employee other 1970
than one involving the use of a drug of abuse, to the employer of 1971
the employee as described in division (B) of section 2305.33 of 1972
the Revised Code. Nothing in this division affects the immunity 1973
from civil liability conferred by that section upon a physician 1974
who makes either type of report in accordance with division (B) of 1975
that section. As used in this division, "employee," "employer," 1976
and "physician" have the same meanings as in section 2305.33 of 1977
the Revised Code. 1978

(5) Making a false, fraudulent, deceptive, or misleading 1979
statement in the solicitation of or advertising for patients; in 1980
relation to the practice of medicine and surgery, osteopathic 1981
medicine and surgery, podiatric medicine and surgery, or a limited 1982
branch of medicine; or in securing or attempting to secure any 1983
certificate to practice or certificate of registration issued by 1984
the board. 1985

As used in this division, "false, fraudulent, deceptive, or 1986
misleading statement" means a statement that includes a 1987
misrepresentation of fact, is likely to mislead or deceive because 1988
of a failure to disclose material facts, is intended or is likely 1989

to create false or unjustified expectations of favorable results, 1990
or includes representations or implications that in reasonable 1991
probability will cause an ordinarily prudent person to 1992
misunderstand or be deceived. 1993

(6) A departure from, or the failure to conform to, minimal 1994
standards of care of similar practitioners under the same or 1995
similar circumstances, whether or not actual injury to a patient 1996
is established; 1997

(7) Representing, with the purpose of obtaining compensation 1998
or other advantage as personal gain or for any other person, that 1999
an incurable disease or injury, or other incurable condition, can 2000
be permanently cured; 2001

(8) The obtaining of, or attempting to obtain, money or 2002
anything of value by fraudulent misrepresentations in the course 2003
of practice; 2004

(9) A plea of guilty to, a judicial finding of guilt of, or a 2005
judicial finding of eligibility for intervention in lieu of 2006
conviction for, a felony; 2007

(10) Commission of an act that constitutes a felony in this 2008
state, regardless of the jurisdiction in which the act was 2009
committed; 2010

(11) A plea of guilty to, a judicial finding of guilt of, or 2011
a judicial finding of eligibility for intervention in lieu of 2012
conviction for, a misdemeanor committed in the course of practice; 2013

(12) Commission of an act in the course of practice that 2014
constitutes a misdemeanor in this state, regardless of the 2015
jurisdiction in which the act was committed; 2016

(13) A plea of guilty to, a judicial finding of guilt of, or 2017
a judicial finding of eligibility for intervention in lieu of 2018
conviction for, a misdemeanor involving moral turpitude; 2019

(14) Commission of an act involving moral turpitude that 2020
constitutes a misdemeanor in this state, regardless of the 2021
jurisdiction in which the act was committed; 2022

(15) Violation of the conditions of limitation placed by the 2023
board upon a certificate to practice; 2024

(16) Failure to pay license renewal fees specified in this 2025
chapter; 2026

(17) Except as authorized in section 4731.31 of the Revised 2027
Code, engaging in the division of fees for referral of patients, 2028
or the receiving of a thing of value in return for a specific 2029
referral of a patient to utilize a particular service or business; 2030

(18) Subject to section 4731.226 of the Revised Code, 2031
violation of any provision of a code of ethics of the American 2032
medical association, the American osteopathic association, the 2033
American podiatric medical association, or any other national 2034
professional organizations that the board specifies by rule. The 2035
state medical board shall obtain and keep on file current copies 2036
of the codes of ethics of the various national professional 2037
organizations. The individual whose certificate is being suspended 2038
or revoked shall not be found to have violated any provision of a 2039
code of ethics of an organization not appropriate to the 2040
individual's profession. 2041

For purposes of this division, a "provision of a code of 2042
ethics of a national professional organization" does not include 2043
any provision that would preclude the making of a report by a 2044
physician of an employee's use of a drug of abuse, or of a 2045
condition of an employee other than one involving the use of a 2046
drug of abuse, to the employer of the employee as described in 2047
division (B) of section 2305.33 of the Revised Code. Nothing in 2048
this division affects the immunity from civil liability conferred 2049
by that section upon a physician who makes either type of report 2050

in accordance with division (B) of that section. As used in this 2051
division, "employee," "employer," and "physician" have the same 2052
meanings as in section 2305.33 of the Revised Code. 2053

(19) Inability to practice according to acceptable and 2054
prevailing standards of care by reason of mental illness or 2055
physical illness, including, but not limited to, physical 2056
deterioration that adversely affects cognitive, motor, or 2057
perceptive skills. 2058

In enforcing this division, the board, upon a showing of a 2059
possible violation, may compel any individual authorized to 2060
practice by this chapter or who has submitted an application 2061
pursuant to this chapter to submit to a mental examination, 2062
physical examination, including an HIV test, or both a mental and 2063
a physical examination. The expense of the examination is the 2064
responsibility of the individual compelled to be examined. Failure 2065
to submit to a mental or physical examination or consent to an HIV 2066
test ordered by the board constitutes an admission of the 2067
allegations against the individual unless the failure is due to 2068
circumstances beyond the individual's control, and a default and 2069
final order may be entered without the taking of testimony or 2070
presentation of evidence. If the board finds an individual unable 2071
to practice because of the reasons set forth in this division, the 2072
board shall require the individual to submit to care, counseling, 2073
or treatment by physicians approved or designated by the board, as 2074
a condition for initial, continued, reinstated, or renewed 2075
authority to practice. An individual affected under this division 2076
shall be afforded an opportunity to demonstrate to the board the 2077
ability to resume practice in compliance with acceptable and 2078
prevailing standards under the provisions of the individual's 2079
certificate. For the purpose of this division, any individual who 2080
applies for or receives a certificate to practice under this 2081
chapter accepts the privilege of practicing in this state and, by 2082

so doing, shall be deemed to have given consent to submit to a 2083
mental or physical examination when directed to do so in writing 2084
by the board, and to have waived all objections to the 2085
admissibility of testimony or examination reports that constitute 2086
a privileged communication. 2087

(20) Except when civil penalties are imposed under section 2088
4731.225 or 4731.281 of the Revised Code, and subject to section 2089
4731.226 of the Revised Code, violating or attempting to violate, 2090
directly or indirectly, or assisting in or abetting the violation 2091
of, or conspiring to violate, any provisions of this chapter or 2092
any rule promulgated by the board. 2093

This division does not apply to a violation or attempted 2094
violation of, assisting in or abetting the violation of, or a 2095
conspiracy to violate, any provision of this chapter or any rule 2096
adopted by the board that would preclude the making of a report by 2097
a physician of an employee's use of a drug of abuse, or of a 2098
condition of an employee other than one involving the use of a 2099
drug of abuse, to the employer of the employee as described in 2100
division (B) of section 2305.33 of the Revised Code. Nothing in 2101
this division affects the immunity from civil liability conferred 2102
by that section upon a physician who makes either type of report 2103
in accordance with division (B) of that section. As used in this 2104
division, "employee," "employer," and "physician" have the same 2105
meanings as in section 2305.33 of the Revised Code. 2106

(21) The violation of section 3701.79 of the Revised Code or 2107
of any abortion rule adopted by the public health council pursuant 2108
to section 3701.341 of the Revised Code; 2109

(22) Any of the following actions taken by an agency 2110
responsible for authorizing, certifying, or regulating an 2111
individual to practice a health care occupation or provide health 2112
care services in this state or another jurisdiction, for any 2113
reason other than the nonpayment of fees: the limitation, 2114

revocation, or suspension of an individual's license to practice; 2115
acceptance of an individual's license surrender; denial of a 2116
license; refusal to renew or reinstate a license; imposition of 2117
probation; or issuance of an order of censure or other reprimand; 2118

(23) The violation of section 2919.12 of the Revised Code or 2119
the performance or inducement of an abortion upon a pregnant woman 2120
with actual knowledge that the conditions specified in division 2121
(B) of section 2317.56 of the Revised Code have not been satisfied 2122
or with a heedless indifference as to whether those conditions 2123
have been satisfied, unless an affirmative defense as specified in 2124
division (H)(2) of that section would apply in a civil action 2125
authorized by division (H)(1) of that section; 2126

(24) The revocation, suspension, restriction, reduction, or 2127
termination of clinical privileges by the United States department 2128
of defense or department of veterans affairs or the termination or 2129
suspension of a certificate of registration to prescribe drugs by 2130
the drug enforcement administration of the United States 2131
department of justice; 2132

(25) Termination or suspension from participation in the 2133
medicare or medicaid programs by the department of health and 2134
human services or other responsible agency for any act or acts 2135
that also would constitute a violation of division (B)(2), (3), 2136
(6), (8), or (19) of this section; 2137

(26) Impairment of ability to practice according to 2138
acceptable and prevailing standards of care because of habitual or 2139
excessive use or abuse of drugs, alcohol, or other substances that 2140
impair ability to practice. 2141

For the purposes of this division, any individual authorized 2142
to practice by this chapter accepts the privilege of practicing in 2143
this state subject to supervision by the board. By filing an 2144
application for or holding a certificate to practice under this 2145

chapter, an individual shall be deemed to have given consent to 2146
submit to a mental or physical examination when ordered to do so 2147
by the board in writing, and to have waived all objections to the 2148
admissibility of testimony or examination reports that constitute 2149
privileged communications. 2150

If it has reason to believe that any individual authorized to 2151
practice by this chapter or any applicant for certification to 2152
practice suffers such impairment, the board may compel the 2153
individual to submit to a mental or physical examination, or both. 2154
The expense of the examination is the responsibility of the 2155
individual compelled to be examined. Any mental or physical 2156
examination required under this division shall be undertaken by a 2157
treatment provider or physician who is qualified to conduct the 2158
examination and who is chosen by the board. 2159

Failure to submit to a mental or physical examination ordered 2160
by the board constitutes an admission of the allegations against 2161
the individual unless the failure is due to circumstances beyond 2162
the individual's control, and a default and final order may be 2163
entered without the taking of testimony or presentation of 2164
evidence. If the board determines that the individual's ability to 2165
practice is impaired, the board shall suspend the individual's 2166
certificate or deny the individual's application and shall require 2167
the individual, as a condition for initial, continued, reinstated, 2168
or renewed certification to practice, to submit to treatment. 2169

Before being eligible to apply for reinstatement of a 2170
certificate suspended under this division, the impaired 2171
practitioner shall demonstrate to the board the ability to resume 2172
practice in compliance with acceptable and prevailing standards of 2173
care under the provisions of the practitioner's certificate. The 2174
demonstration shall include, but shall not be limited to, the 2175
following: 2176

(a) Certification from a treatment provider approved under 2177

section 4731.25 of the Revised Code that the individual has 2178
successfully completed any required inpatient treatment; 2179

(b) Evidence of continuing full compliance with an aftercare 2180
contract or consent agreement; 2181

(c) Two written reports indicating that the individual's 2182
ability to practice has been assessed and that the individual has 2183
been found capable of practicing according to acceptable and 2184
prevailing standards of care. The reports shall be made by 2185
individuals or providers approved by the board for making the 2186
assessments and shall describe the basis for their determination. 2187

The board may reinstate a certificate suspended under this 2188
division after that demonstration and after the individual has 2189
entered into a written consent agreement. 2190

When the impaired practitioner resumes practice, the board 2191
shall require continued monitoring of the individual. The 2192
monitoring shall include, but not be limited to, compliance with 2193
the written consent agreement entered into before reinstatement or 2194
with conditions imposed by board order after a hearing, and, upon 2195
termination of the consent agreement, submission to the board for 2196
at least two years of annual written progress reports made under 2197
penalty of perjury stating whether the individual has maintained 2198
sobriety. 2199

(27) A second or subsequent violation of section 4731.66 or 2200
4731.69 of the Revised Code; 2201

(28) Except as provided in division (N) of this section: 2202

(a) Waiving the payment of all or any part of a deductible or 2203
copayment that a patient, pursuant to a health insurance or health 2204
care policy, contract, or plan that covers the individual's 2205
services, otherwise would be required to pay if the waiver is used 2206
as an enticement to a patient or group of patients to receive 2207
health care services from that individual; 2208

(b) Advertising that the individual will waive the payment of 2209
all or any part of a deductible or copayment that a patient, 2210
pursuant to a health insurance or health care policy, contract, or 2211
plan that covers the individual's services, otherwise would be 2212
required to pay. 2213

(29) Failure to use universal blood and body fluid 2214
precautions established by rules adopted under section 4731.051 of 2215
the Revised Code; 2216

(30) Failure to provide notice to, and receive acknowledgment 2217
of the notice from, a patient when required by section 4731.143 of 2218
the Revised Code prior to providing nonemergency professional 2219
services, or failure to maintain that notice in the patient's 2220
file; 2221

(31) Failure of a physician supervising a physician assistant 2222
to maintain supervision in accordance with the requirements of 2223
Chapter 4730. of the Revised Code and the rules adopted under that 2224
chapter; 2225

(32) Failure of a physician or podiatrist to enter into a 2226
standard care arrangement with a clinical nurse specialist, 2227
certified nurse-midwife, or certified nurse practitioner with whom 2228
the physician or podiatrist is in collaboration pursuant to 2229
section 4731.27 of the Revised Code or failure to fulfill the 2230
responsibilities of collaboration after entering into a standard 2231
care arrangement; 2232

(33) Failure to comply with the terms of a consult agreement 2233
entered into with a pharmacist pursuant to section 4729.39 of the 2234
Revised Code; 2235

(34) Failure to cooperate in an investigation conducted by 2236
the board under division (F) of this section, including failure to 2237
comply with a subpoena or order issued by the board or failure to 2238
answer truthfully a question presented by the board in an 2239

investigative interview, an investigative office conference, at a 2240
deposition, or in written interrogatories, except that failure to 2241
cooperate with an investigation shall not constitute grounds for 2242
discipline under this section if a court of competent jurisdiction 2243
has issued an order that either quashes a subpoena or permits the 2244
individual to withhold the testimony or evidence in issue; 2245

(35) Failure to supervise an oriental medicine practitioner 2246
or acupuncturist in accordance with Chapter 4762. of the Revised 2247
Code and the board's rules for providing that supervision; 2248

(36) Failure to supervise an anesthesiologist assistant in 2249
accordance with Chapter 4760. of the Revised Code and the board's 2250
rules for supervision of an anesthesiologist assistant; 2251

(37) Assisting suicide as defined in section 3795.01 of the 2252
Revised Code; 2253

(38) Failure to comply with the requirements of section 2254
2317.561 of the Revised Code; 2255

(39) Failure to supervise a radiologist assistant in 2256
accordance with Chapter 4774. of the Revised Code and the board's 2257
rules for supervision of radiologist assistants; 2258

(40) Performing or inducing an abortion at an office or 2259
facility with knowledge that the office or facility fails to post 2260
the notice required under section 3701.791 of the Revised Code; 2261

(41) Failure to comply with the standards and procedures 2262
established in rules under section 4731.054 of the Revised Code 2263
for the operation of or the provision of care at a pain management 2264
clinic; 2265

(42) Failure to comply with the standards and procedures 2266
established in rules under section 4731.054 of the Revised Code 2267
for providing supervision, direction, and control of individuals 2268
at a pain management clinic; 2269

(43) Failure to comply with the requirements of section 2270
4729.79 or 4731.055 of the Revised Code, unless the state board of 2271
pharmacy no longer maintains a drug database pursuant to section 2272
4729.75 of the Revised Code; 2273

(44) Failure to comply with the requirements of section 2274
2919.171 of the Revised Code or failure to submit to the 2275
department of health in accordance with a court order a complete 2276
report as described in section 2919.171 of the Revised Code; 2277

(45) Practicing at a facility that is subject to licensure as 2278
a category III terminal distributor of dangerous drugs with a pain 2279
management clinic classification unless the person operating the 2280
facility has obtained and maintains the license with the 2281
classification; 2282

(46) Owning a facility that is subject to licensure as a 2283
category III terminal distributor of dangerous drugs with a pain 2284
management clinic classification unless the facility is licensed 2285
with the classification; 2286

(47) Failure to comply with the requirement regarding 2287
maintaining notes described in division (B) of section 2919.191 of 2288
the Revised Code or failure to satisfy the requirements of section 2289
2919.191 of the Revised Code prior to performing or inducing an 2290
abortion upon a pregnant woman. 2291

(C) Disciplinary actions taken by the board under divisions 2292
(A) and (B) of this section shall be taken pursuant to an 2293
adjudication under Chapter 119. of the Revised Code, except that 2294
in lieu of an adjudication, the board may enter into a consent 2295
agreement with an individual to resolve an allegation of a 2296
violation of this chapter or any rule adopted under it. A consent 2297
agreement, when ratified by an affirmative vote of not fewer than 2298
six members of the board, shall constitute the findings and order 2299
of the board with respect to the matter addressed in the 2300

agreement. If the board refuses to ratify a consent agreement, the 2301
admissions and findings contained in the consent agreement shall 2302
be of no force or effect. 2303

A telephone conference call may be utilized for ratification 2304
of a consent agreement that revokes or suspends an individual's 2305
certificate to practice. The telephone conference call shall be 2306
considered a special meeting under division (F) of section 121.22 2307
of the Revised Code. 2308

If the board takes disciplinary action against an individual 2309
under division (B) of this section for a second or subsequent plea 2310
of guilty to, or judicial finding of guilt of, a violation of 2311
section 2919.123 of the Revised Code, the disciplinary action 2312
shall consist of a suspension of the individual's certificate to 2313
practice for a period of at least one year or, if determined 2314
appropriate by the board, a more serious sanction involving the 2315
individual's certificate to practice. Any consent agreement 2316
entered into under this division with an individual that pertains 2317
to a second or subsequent plea of guilty to, or judicial finding 2318
of guilt of, a violation of that section shall provide for a 2319
suspension of the individual's certificate to practice for a 2320
period of at least one year or, if determined appropriate by the 2321
board, a more serious sanction involving the individual's 2322
certificate to practice. 2323

(D) For purposes of divisions (B)(10), (12), and (14) of this 2324
section, the commission of the act may be established by a finding 2325
by the board, pursuant to an adjudication under Chapter 119. of 2326
the Revised Code, that the individual committed the act. The board 2327
does not have jurisdiction under those divisions if the trial 2328
court renders a final judgment in the individual's favor and that 2329
judgment is based upon an adjudication on the merits. The board 2330
has jurisdiction under those divisions if the trial court issues 2331
an order of dismissal upon technical or procedural grounds. 2332

(E) The sealing of conviction records by any court shall have 2333
no effect upon a prior board order entered under this section or 2334
upon the board's jurisdiction to take action under this section 2335
if, based upon a plea of guilty, a judicial finding of guilt, or a 2336
judicial finding of eligibility for intervention in lieu of 2337
conviction, the board issued a notice of opportunity for a hearing 2338
prior to the court's order to seal the records. The board shall 2339
not be required to seal, destroy, redact, or otherwise modify its 2340
records to reflect the court's sealing of conviction records. 2341

(F)(1) The board shall investigate evidence that appears to 2342
show that a person has violated any provision of this chapter or 2343
any rule adopted under it. Any person may report to the board in a 2344
signed writing any information that the person may have that 2345
appears to show a violation of any provision of this chapter or 2346
any rule adopted under it. In the absence of bad faith, any person 2347
who reports information of that nature or who testifies before the 2348
board in any adjudication conducted under Chapter 119. of the 2349
Revised Code shall not be liable in damages in a civil action as a 2350
result of the report or testimony. Each complaint or allegation of 2351
a violation received by the board shall be assigned a case number 2352
and shall be recorded by the board. 2353

(2) Investigations of alleged violations of this chapter or 2354
any rule adopted under it shall be supervised by the supervising 2355
member elected by the board in accordance with section 4731.02 of 2356
the Revised Code and by the secretary as provided in section 2357
4731.39 of the Revised Code. The president may designate another 2358
member of the board to supervise the investigation in place of the 2359
supervising member. No member of the board who supervises the 2360
investigation of a case shall participate in further adjudication 2361
of the case. 2362

(3) In investigating a possible violation of this chapter or 2363
any rule adopted under this chapter, or in conducting an 2364

inspection under division (E) of section 4731.054 of the Revised Code, the board may question witnesses, conduct interviews, administer oaths, order the taking of depositions, inspect and copy any books, accounts, papers, records, or documents, issue subpoenas, and compel the attendance of witnesses and production of books, accounts, papers, records, documents, and testimony, except that a subpoena for patient record information shall not be issued without consultation with the attorney general's office and approval of the secretary and supervising member of the board.

(a) Before issuance of a subpoena for patient record information, the secretary and supervising member shall determine whether there is probable cause to believe that the complaint filed alleges a violation of this chapter or any rule adopted under it and that the records sought are relevant to the alleged violation and material to the investigation. The subpoena may apply only to records that cover a reasonable period of time surrounding the alleged violation.

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

(c) A subpoena issued by the board may be served by a sheriff, the sheriff's deputy, or a board employee designated by the board. Service of a subpoena issued by the board may be made by delivering a copy of the subpoena to the person named therein, reading it to the person, or leaving it at the person's usual place of residence, usual place of business, or address on file with the board. When serving a subpoena to an applicant for or the holder of a certificate issued under this chapter, service of the subpoena may be made by certified mail, return receipt requested, and the subpoena shall be deemed served on the date delivery is made or the date the person refuses to accept delivery. If the

person being served refuses to accept the subpoena or is not 2397
located, service may be made to an attorney who notifies the board 2398
that the attorney is representing the person. 2399

(d) A sheriff's deputy who serves a subpoena shall receive 2400
the same fees as a sheriff. Each witness who appears before the 2401
board in obedience to a subpoena shall receive the fees and 2402
mileage provided for under section 119.094 of the Revised Code. 2403

(4) All hearings, investigations, and inspections of the 2404
board shall be considered civil actions for the purposes of 2405
section 2305.252 of the Revised Code. 2406

(5) A report required to be submitted to the board under this 2407
chapter, a complaint, or information received by the board 2408
pursuant to an investigation or pursuant to an inspection under 2409
division (E) of section 4731.054 of the Revised Code is 2410
confidential and not subject to discovery in any civil action. 2411

The board shall conduct all investigations or inspections and 2412
proceedings in a manner that protects the confidentiality of 2413
patients and persons who file complaints with the board. The board 2414
shall not make public the names or any other identifying 2415
information about patients or complainants unless proper consent 2416
is given or, in the case of a patient, a waiver of the patient 2417
privilege exists under division (B) of section 2317.02 of the 2418
Revised Code, except that consent or a waiver of that nature is 2419
not required if the board possesses reliable and substantial 2420
evidence that no bona fide physician-patient relationship exists. 2421

The board may share any information it receives pursuant to 2422
an investigation or inspection, including patient records and 2423
patient record information, with law enforcement agencies, other 2424
licensing boards, and other governmental agencies that are 2425
prosecuting, adjudicating, or investigating alleged violations of 2426
statutes or administrative rules. An agency or board that receives 2427

the information shall comply with the same requirements regarding 2428
confidentiality as those with which the state medical board must 2429
comply, notwithstanding any conflicting provision of the Revised 2430
Code or procedure of the agency or board that applies when it is 2431
dealing with other information in its possession. In a judicial 2432
proceeding, the information may be admitted into evidence only in 2433
accordance with the Rules of Evidence, but the court shall require 2434
that appropriate measures are taken to ensure that confidentiality 2435
is maintained with respect to any part of the information that 2436
contains names or other identifying information about patients or 2437
complainants whose confidentiality was protected by the state 2438
medical board when the information was in the board's possession. 2439
Measures to ensure confidentiality that may be taken by the court 2440
include sealing its records or deleting specific information from 2441
its records. 2442

(6) On a quarterly basis, the board shall prepare a report 2443
that documents the disposition of all cases during the preceding 2444
three months. The report shall contain the following information 2445
for each case with which the board has completed its activities: 2446

(a) The case number assigned to the complaint or alleged 2447
violation; 2448

(b) The type of certificate to practice, if any, held by the 2449
individual against whom the complaint is directed; 2450

(c) A description of the allegations contained in the 2451
complaint; 2452

(d) The disposition of the case. 2453

The report shall state how many cases are still pending and 2454
shall be prepared in a manner that protects the identity of each 2455
person involved in each case. The report shall be a public record 2456
under section 149.43 of the Revised Code. 2457

(G) If the secretary and supervising member determine both of 2458

the following, they may recommend that the board suspend an 2459
individual's certificate to practice without a prior hearing: 2460

(1) That there is clear and convincing evidence that an 2461
individual has violated division (B) of this section; 2462

(2) That the individual's continued practice presents a 2463
danger of immediate and serious harm to the public. 2464

Written allegations shall be prepared for consideration by 2465
the board. The board, upon review of those allegations and by an 2466
affirmative vote of not fewer than six of its members, excluding 2467
the secretary and supervising member, may suspend a certificate 2468
without a prior hearing. A telephone conference call may be 2469
utilized for reviewing the allegations and taking the vote on the 2470
summary suspension. 2471

The board shall issue a written order of suspension by 2472
certified mail or in person in accordance with section 119.07 of 2473
the Revised Code. The order shall not be subject to suspension by 2474
the court during pendency of any appeal filed under section 119.12 2475
of the Revised Code. If the individual subject to the summary 2476
suspension requests an adjudicatory hearing by the board, the date 2477
set for the hearing shall be within fifteen days, but not earlier 2478
than seven days, after the individual requests the hearing, unless 2479
otherwise agreed to by both the board and the individual. 2480

Any summary suspension imposed under this division shall 2481
remain in effect, unless reversed on appeal, until a final 2482
adjudicative order issued by the board pursuant to this section 2483
and Chapter 119. of the Revised Code becomes effective. The board 2484
shall issue its final adjudicative order within seventy-five days 2485
after completion of its hearing. A failure to issue the order 2486
within seventy-five days shall result in dissolution of the 2487
summary suspension order but shall not invalidate any subsequent, 2488
final adjudicative order. 2489

(H) If the board takes action under division (B)(9), (11), or 2490
(13) of this section and the judicial finding of guilt, guilty 2491
plea, or judicial finding of eligibility for intervention in lieu 2492
of conviction is overturned on appeal, upon exhaustion of the 2493
criminal appeal, a petition for reconsideration of the order may 2494
be filed with the board along with appropriate court documents. 2495
Upon receipt of a petition of that nature and supporting court 2496
documents, the board shall reinstate the individual's certificate 2497
to practice. The board may then hold an adjudication under Chapter 2498
119. of the Revised Code to determine whether the individual 2499
committed the act in question. Notice of an opportunity for a 2500
hearing shall be given in accordance with Chapter 119. of the 2501
Revised Code. If the board finds, pursuant to an adjudication held 2502
under this division, that the individual committed the act or if 2503
no hearing is requested, the board may order any of the sanctions 2504
identified under division (B) of this section. 2505

(I) The certificate to practice issued to an individual under 2506
this chapter and the individual's practice in this state are 2507
automatically suspended as of the date of the individual's second 2508
or subsequent plea of guilty to, or judicial finding of guilt of, 2509
a violation of section 2919.123 of the Revised Code, or the date 2510
the individual pleads guilty to, is found by a judge or jury to be 2511
guilty of, or is subject to a judicial finding of eligibility for 2512
intervention in lieu of conviction in this state or treatment or 2513
intervention in lieu of conviction in another jurisdiction for any 2514
of the following criminal offenses in this state or a 2515
substantially equivalent criminal offense in another jurisdiction: 2516
aggravated murder, murder, voluntary manslaughter, felonious 2517
assault, kidnapping, rape, sexual battery, gross sexual 2518
imposition, aggravated arson, aggravated robbery, or aggravated 2519
burglary. Continued practice after suspension shall be considered 2520
practicing without a certificate. 2521

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

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

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

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

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

to division (B) of this section requires an affirmative vote of 2554
not fewer than six members of the board. 2555

(L) When the board refuses to grant a certificate to an 2556
applicant, revokes an individual's certificate to practice, 2557
refuses to register an applicant, or refuses to reinstate an 2558
individual's certificate to practice, the board may specify that 2559
its action is permanent. An individual subject to a permanent 2560
action taken by the board is forever thereafter ineligible to hold 2561
a certificate to practice and the board shall not accept an 2562
application for reinstatement of the certificate or for issuance 2563
of a new certificate. 2564

(M) Notwithstanding any other provision of the Revised Code, 2565
all of the following apply: 2566

(1) The surrender of a certificate issued under this chapter 2567
shall not be effective unless or until accepted by the board. A 2568
telephone conference call may be utilized for acceptance of the 2569
surrender of an individual's certificate to practice. The 2570
telephone conference call shall be considered a special meeting 2571
under division (F) of section 121.22 of the Revised Code. 2572
Reinstatement of a certificate surrendered to the board requires 2573
an affirmative vote of not fewer than six members of the board. 2574

(2) An application for a certificate made under the 2575
provisions of this chapter may not be withdrawn without approval 2576
of the board. 2577

(3) Failure by an individual to renew a certificate of 2578
registration in accordance with this chapter shall not remove or 2579
limit the board's jurisdiction to take any disciplinary action 2580
under this section against the individual. 2581

(4) At the request of the board, a certificate holder shall 2582
immediately surrender to the board a certificate that the board 2583
has suspended, revoked, or permanently revoked. 2584

(N) Sanctions shall not be imposed under division (B)(28) of 2585
this section against any person who waives deductibles and 2586
copayments as follows: 2587

(1) In compliance with the health benefit plan that expressly 2588
allows such a practice. Waiver of the deductibles or copayments 2589
shall be made only with the full knowledge and consent of the plan 2590
purchaser, payer, and third-party administrator. Documentation of 2591
the consent shall be made available to the board upon request. 2592

(2) For professional services rendered to any other person 2593
authorized to practice pursuant to this chapter, to the extent 2594
allowed by this chapter and rules adopted by the board. 2595

(O) Under the board's investigative duties described in this 2596
section and subject to division (F) of this section, the board 2597
shall develop and implement a quality intervention program 2598
designed to improve through remedial education the clinical and 2599
communication skills of individuals authorized under this chapter 2600
to practice medicine and surgery, osteopathic medicine and 2601
surgery, and podiatric medicine and surgery. In developing and 2602
implementing the quality intervention program, the board may do 2603
all of the following: 2604

(1) Offer in appropriate cases as determined by the board an 2605
educational and assessment program pursuant to an investigation 2606
the board conducts under this section; 2607

(2) Select providers of educational and assessment services, 2608
including a quality intervention program panel of case reviewers; 2609

(3) Make referrals to educational and assessment service 2610
providers and approve individual educational programs recommended 2611
by those providers. The board shall monitor the progress of each 2612
individual undertaking a recommended individual educational 2613
program. 2614

(4) Determine what constitutes successful completion of an 2615

individual educational program and require further monitoring of 2616
the individual who completed the program or other action that the 2617
board determines to be appropriate; 2618

(5) Adopt rules in accordance with Chapter 119. of the 2619
Revised Code to further implement the quality intervention 2620
program. 2621

An individual who participates in an individual educational 2622
program pursuant to this division shall pay the financial 2623
obligations arising from that educational program. 2624

Sec. 4731.281. (A) On or before the deadline established 2625
under division (B) of this section for applying for renewal of a 2626
certificate of registration, each person holding a certificate 2627
under this chapter to practice medicine and surgery, osteopathic 2628
medicine and surgery, or podiatric medicine and surgery shall 2629
certify to the state medical board that in the preceding two years 2630
the person has completed one hundred hours of continuing medical 2631
education. The certification shall be made upon the application 2632
for biennial registration submitted pursuant to division (B) of 2633
this section. The board shall adopt rules providing for pro rata 2634
reductions by month of the number of hours of continuing education 2635
required for persons who are in their first registration period, 2636
who have been disabled due to illness or accident, or who have 2637
been absent from the country. 2638

In determining whether a course, program, or activity 2639
qualifies for credit as continuing medical education, the board 2640
shall approve all continuing medical education taken by persons 2641
holding a certificate to practice medicine and surgery that is 2642
certified by the Ohio state medical association, all continuing 2643
medical education taken by persons holding a certificate to 2644
practice osteopathic medicine and surgery that is certified by the 2645
Ohio osteopathic association, and all continuing medical education 2646

taken by persons holding a certificate to practice podiatric 2647
medicine and surgery that is certified by the Ohio podiatric 2648
medical association. Each person holding a certificate to practice 2649
under this chapter shall be given sufficient choice of continuing 2650
education programs to ensure that the person has had a reasonable 2651
opportunity to participate in continuing education programs that 2652
are relevant to the person's medical practice in terms of subject 2653
matter and level. 2654

The board may require a random sample of persons holding a 2655
certificate to practice under this chapter to submit materials 2656
documenting completion of the continuing medical education 2657
requirement during the preceding registration period, but this 2658
provision shall not limit the board's authority to investigate 2659
pursuant to section 4731.22 of the Revised Code. 2660

(B)(1) Every person holding a certificate under this chapter 2661
to practice medicine and surgery, osteopathic medicine and 2662
surgery, or podiatric medicine and surgery wishing to renew that 2663
certificate shall apply to the board for a certificate of 2664
registration upon an application furnished by the board, and pay 2665
to the board at the time of application a fee of three hundred 2666
five dollars, according to the following schedule: 2667

(a) Persons whose last name begins with the letters "A" 2668
through "B," on or before April 1, 2001, and the first day of 2669
April of every odd-numbered year thereafter; 2670

(b) Persons whose last name begins with the letters "C" 2671
through "D," on or before January 1, 2001, and the first day of 2672
January of every odd-numbered year thereafter; 2673

(c) Persons whose last name begins with the letters "E" 2674
through "G," on or before October 1, 2000, and the first day of 2675
October of every even-numbered year thereafter; 2676

(d) Persons whose last name begins with the letters "H" 2677

through "K," on or before July 1, 2000, and the first day of July	2678
of every even-numbered year thereafter;	2679
(e) Persons whose last name begins with the letters "L"	2680
through "M," on or before April 1, 2000, and the first day of	2681
April of every even-numbered year thereafter;	2682
(f) Persons whose last name begins with the letters "N"	2683
through "R," on or before January 1, 2000, and the first day of	2684
January of every even-numbered year thereafter;	2685
(g) Persons whose last name begins with the letter "S," on or	2686
before October 1, 1999, and the first day of October of every	2687
odd-numbered year thereafter;	2688
(h) Persons whose last name begins with the letters "T"	2689
through "Z," on or before July 1, 1999, and the first day of July	2690
of every odd-numbered year thereafter.	2691
The board shall deposit the fee in accordance with section	2692
4731.24 of the Revised Code, except that the board shall deposit	2693
twenty dollars of the fee into the state treasury to the credit of	2694
the physician loan repayment fund created by section 3702.78 of	2695
the Revised Code.	2696
(2) The board shall mail or cause to be mailed to every	2697
person registered to practice medicine and surgery, osteopathic	2698
medicine and surgery, or podiatric medicine and surgery, a notice	2699
of registration renewal addressed to the person's last known	2700
address or may cause the notice to be sent to the person through	2701
the secretary of any recognized medical, osteopathic, or podiatric	2702
society, according to the following schedule:	2703
(a) To persons whose last name begins with the letters "A"	2704
through "B," on or before January 1, 2001, and the first day of	2705
January of every odd-numbered year thereafter;	2706
(b) To persons whose last name begins with the letters "C"	2707

through "D," on or before October 1, 2000, and the first day of 2708
October of every even-numbered year thereafter; 2709

(c) To persons whose last name begins with the letters "E" 2710
through "G," on or before July 1, 2000, and the first day of July 2711
of every even-numbered year thereafter; 2712

(d) To persons whose last name begins with the letters "H" 2713
through "K," on or before April 1, 2000, and the first day of 2714
April of every even-numbered year thereafter; 2715

(e) To persons whose last name begins with the letters "L" 2716
through "M," on or before January 1, 2000, and the first day of 2717
January of every even-numbered year thereafter; 2718

(f) To persons whose last name begins with the letters "N" 2719
through "R," on or before October 1, 1999, and the first day of 2720
October of every odd-numbered year thereafter; 2721

(g) To persons whose last name begins with the letter "S," on 2722
or before July 1, 1999, and the first day of July of every 2723
odd-numbered year thereafter; 2724

(h) To persons whose last name begins with the letters "T" 2725
through "Z," on or before April 1, 1999, and the first day of 2726
April of every odd-numbered year thereafter. 2727

(3) Failure of any person to receive a notice of renewal from 2728
the board shall not excuse the person from the requirements 2729
contained in this section. 2730

(4) The board's notice shall inform the applicant of the 2731
renewal procedure. The board shall provide the application for 2732
registration renewal in a form determined by the board. ~~The~~ 2733

(5) ~~The~~ applicant shall provide in the application the 2734
applicant's full name, principal practice address and residence 2735
address, the number of the applicant's certificate to practice, 2736
and any other information required by the board. ~~The~~ 2737

(6)(a) 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, the applicant shall certify to the board whether 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. 2738
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(b) The requirement in division (B)(6)(a) of this section does not apply if either of the following is the case: 2745
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(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. 2747
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(ii) The state board of pharmacy no longer maintains the drug database. 2751
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(c) If an applicant certifies to the state medical board that the applicant has been granted access to the drug database and the board finds through an audit or other means that the applicant has not been granted access, the board may take action under section 4731.22 of the Revised Code. 2753
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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. 2758
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(8) The applicant shall report any criminal offense to which 2768

the applicant has pleaded guilty, of which the applicant has been 2769
found guilty, or for which the applicant has been found eligible 2770
for intervention in lieu of conviction, since last filing an 2771
application for a certificate of registration. 2772

(9) The applicant shall execute and deliver the application 2773
to the board in a manner prescribed by the board. 2774

(C) The board shall issue to any person holding a certificate 2775
under this chapter to practice medicine and surgery, osteopathic 2776
medicine and surgery, or podiatric medicine and surgery, upon 2777
application and qualification therefor in accordance with this 2778
section, a certificate of registration under the seal of the 2779
board. A certificate of registration shall be valid for a two-year 2780
period. 2781

(D) Failure of any certificate holder to register and comply 2782
with this section shall operate automatically to suspend the 2783
holder's certificate to practice. Continued practice after the 2784
suspension of the certificate to practice shall be considered as 2785
practicing in violation of section 4731.41, 4731.43, or 4731.60 of 2786
the Revised Code. If the certificate has been suspended pursuant 2787
to this division for two years or less, it may be reinstated. The 2788
board shall reinstate a certificate to practice suspended for 2789
failure to register upon an applicant's submission of a renewal 2790
application, the biennial registration fee, and the applicable 2791
monetary penalty. The penalty for reinstatement shall be fifty 2792
dollars. If the certificate has been suspended pursuant to this 2793
division for more than two years, it may be restored. Subject to 2794
section 4731.222 of the Revised Code, the board may restore a 2795
certificate to practice suspended for failure to register upon an 2796
applicant's submission of a restoration application, the biennial 2797
registration fee, and the applicable monetary penalty and 2798
compliance with sections 4776.01 to 4776.04 of the Revised Code. 2799
The board shall not restore to an applicant a certificate to 2800

practice unless the board, in its discretion, decides that the 2801
results of the criminal records check do not make the applicant 2802
ineligible for a certificate issued pursuant to section 4731.14, 2803
4731.56, or 4731.57 of the Revised Code. The penalty for 2804
restoration shall be one hundred dollars. The board shall deposit 2805
the penalties in accordance with section 4731.24 of the Revised 2806
Code. 2807

(E) If an individual certifies completion of the number of 2808
hours and type of continuing medical education required to receive 2809
a certificate of registration or reinstatement of a certificate to 2810
practice, and the board finds through the random samples it 2811
conducts under this section or through any other means that the 2812
individual did not complete the requisite continuing medical 2813
education, the board may impose a civil penalty of not more than 2814
five thousand dollars. The board's finding shall be made pursuant 2815
to an adjudication under Chapter 119. of the Revised Code and by 2816
an affirmative vote of not fewer than six members. 2817

A civil penalty imposed under this division may be in 2818
addition to or in lieu of any other action the board may take 2819
under section 4731.22 of the Revised Code. The board shall deposit 2820
civil penalties in accordance with section 4731.24 of the Revised 2821
Code. 2822

(F) The state medical board may obtain information not 2823
protected by statutory or common law privilege from courts and 2824
other sources concerning malpractice claims against any person 2825
holding a certificate to practice under this chapter or practicing 2826
as provided in section 4731.36 of the Revised Code. 2827

(G) Each mailing sent by the board under division (B)(2) of 2828
this section to a person registered to practice medicine and 2829
surgery or osteopathic medicine and surgery shall inform the 2830
applicant of the reporting requirement established by division (H) 2831
of section 3701.79 of the Revised Code. At the discretion of the 2832

board, the information may be included on the application for 2833
registration or on an accompanying page. 2834

Section 2. That existing sections 4715.14, 4715.30, 4715.302, 2835
4723.28, 4723.486, 4723.487, 4725.092, 4725.16, 4725.19, 4729.12, 2836
4729.80, 4729.86, 4730.25, 4730.48, 4730.53, 4731.055, 4731.22, 2837
and 4731.281 of the Revised Code are hereby repealed. 2838

Section 3. Sections 4715.14, 4723.486, 4725.16, 4729.12, 2839
4730.48, and 4731.281 of the Revised Code, as amended by this act, 2840
and section 4729.861, as enacted by this act, shall take effect 2841
January 1, 2015. 2842

Section 4. Sections 4715.30, 4715.302, 4723.28, 4723.487, 2843
4725.092, 4725.19, 4730.25, 4730.53, 4731.055, and 4731.22 of the 2844
Revised Code, as amended by this act, shall take effect April 1, 2845
2015. 2846

Section 5. As used in this section, "licensed health 2847
professional authorized to prescribe drugs" means an individual 2848
who is authorized by law to prescribe drugs, dangerous drugs, or 2849
drug therapy-related devices in the course of the individual's 2850
professional practice, including only the following: a dentist 2851
licensed under Chapter 4715. of the Revised Code, an advanced 2852
practice registered nurse who holds a certificate to prescribe 2853
issued under Chapter 4723. of the Revised Code, an optometrist 2854
licensed under Chapter 4725. of the Revised Code to practice 2855
optometry under a therapeutic pharmaceutical agents certificate, a 2856
physician assistant who holds a certificate to prescribe issued 2857
under Chapter 4730. of the Revised Code, and a physician 2858
authorized under Chapter 4731. of the Revised Code to practice 2859
medicine and surgery, osteopathic medicine and surgery, or 2860
podiatric medicine and surgery. 2861

Not later than January 1, 2015, each licensed health professional authorized to prescribe drugs who prescribes opioid analgesics or benzodiazepines 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 simultaneous operation, finds that the following sections, presented in this act as composites of the sections as amended by the acts indicated, are the resulting versions of the sections in effect prior to the effective date of the sections as presented in this act:

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

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

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