As Passed by the Senate

130th General Assembly Regular Session 2013-2014

Sub. H. B. No. 412

Representative Gonzales

Cosponsors: Representatives Bishoff, Terhar, Young, Wachtmann,

Schuring, Brown, Anielski, Baker, Blessing, Carney, Green, Grossman,

Hackett, Huffman, Landis, Perales, Pillich, Rogers, Scherer Speaker Batchelder

Senators Beagle, Brown, Cafaro, Eklund, Gentile, Hite, Hughes, Jones,

Kearney, LaRose, Lehner, Manning, Patton, Sawyer, Schaffer, Schiavoni,

Uecker, Widener

A BILL

То	amend sections 1.64, 2133.211, 2151.3515,	1
	2305.113, 2925.61, 3701.92, 3727.06, 3729.05,	2
	4123.01, 4123.026, 4123.46, 4503.44, 4723.01,	3
	4723.06, 4723.07, 4723.18, 4723.181, 4723.48,	4
	4723.482, 4723.50, 4729.01, 4730.01, 4730.02,	5
	4730.03, 4730.04, 4730.06, 4730.08, 4730.091,	6
	4730.10, 4730.101, 4730.11, 4730.12, 4730.13,	7
	4730.14, 4730.19, 4730.21, 4730.22, 4730.25,	8
	4730.251, 4730.27, 4730.28, 4730.31, 4730.32,	9
	4730.33, 4730.38, 4730.39, 4730.41, 4730.42,	10
	4730.43, 4730.431, 4730.49, 4730.51, 4730.53,	11
	4731.07, 4761.01, 4761.17, 4765.01, 4765.51,	12
	5122.11, 5122.111, and 5123.47; to amend, for the	13
	purpose of adopting new section numbers as	14
	indicated in parentheses, section 4730.091	15
	(4730.201) and 4730.092 (4730.202); to enact new	16
	section 4730.20 and sections 4723.489, 4730.111,	17

and 4730.203; and to repeal sections 4730.081,	18
4730.09, 4730.15, 4730.16, 4730.17, 4730.18,	19
4730.20, 4730.44, 4730.45, 4730.46, 4730.47,	20
4730.48, 4730.50, and 4730.52 of the Revised Code	21
to revise the law governing the practice of	22
physician assistants, the practice of advanced	23
practice registered nurses, eligibility for	24
compensation and benefits under Ohio's Workers'	25
Compensation Law, the proceedings for	26
court-ordered treatment of a mentally ill person,	27
and the licensure of recreational vehicle parks	28
and recreation camps, and to amend the versions of	29
sections 4730.25 and 4730.53 of the Revised Code	30
that are scheduled to take effect April 1, 2015,	31
to continue the provisions of this act on and	32
after that effective date.	33

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

Section 1. That sections 1.64, 2133.211, 2151.3515, 2305.113,	34
2925.61, 3701.92, 3727.06, 3729.05, 4123.01, 4123.026, 4123.46,	35
4503.44, 4723.01, 4723.06, 4723.07, 4723.18, 4723.181, 4723.48,	36
4723.482, 4723.50, 4729.01, 4730.01, 4730.02, 4730.03, 4730.04,	37
4730.06, 4730.08, 4730.091, 4730.10, 4730.101, 4730.11, 4730.12,	38
4730.13, 4730.14, 4730.19, 4730.21, 4730.22, 4730.25, 4730.251,	39
4730.27, 4730.28, 4730.31, 4730.32, 4730.33, 4730.38, 4730.39,	40
4730.41, 4730.42, 4730.43, 4730.431, 4730.49, 4730.51, 4730.53,	41
4731.07, 4761.01, 4761.17, 4765.01, 4765.51, 5122.11, 5122.111,	42
and 5123.47 be amended, sections 4730.091 (4730.201) and 4730.092	43
(4730.202) be amended for the purpose of adopting new section	44
numbers as indicated in parentheses, and new section 4730.20 and	45
sections 4723.489, 4730.111, and 4730.203 of the Revised Code be	46
enacted to read as follows:	47

Sec. 1.64. As used in the Revised Code:

(A) "Certified nurse-midwife" means a registered nurse who
holds a valid certificate of authority issued under Chapter 4723.
of the Revised Code that authorizes the practice of nursing as a
certified nurse-midwife in accordance with section 4723.43 of the
Revised Code and rules adopted by the board of nursing.
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(B) "Certified nurse practitioner" means a registered nurse
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who holds a valid certificate of authority issued under Chapter
4723. of the Revised Code that authorizes the practice of nursing
as a certified nurse practitioner in accordance with section
4723.43 of the Revised Code and rules adopted by the board of
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nursing.

(C) "Clinical nurse specialist" means a registered nurse who holds a valid certificate of authority issued under Chapter 4723. of the Revised Code that authorizes the practice of nursing as a clinical nurse specialist in accordance with section 4723.43 of the Revised Code and rules adopted by the board of nursing.

(D) "Physician assistant" means an individual who holds a
valid certificate to practice issued is licensed under Chapter
4730. of the Revised Code authorizing the individual to provide
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services as a physician assistant to patients under the
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supervision, control, and direction of one or more physicians.

Sec. 2133.211. A person who holds a certificate of authority 70 to practice as a certified nurse practitioner or clinical nurse 71 specialist issued under section 4723.42 Chapter 4723. of the 72 Revised Code may take any action that may be taken by an attending 73 physician under sections 2133.21 to 2133.26 of the Revised Code 74 and has the immunity provided by section 2133.22 of the Revised 75 Code if the action is taken pursuant to a standard care 76 arrangement with a collaborating physician. 77

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A person who holds a certificate <u>license</u> to practice as a	78
physician assistant issued under Chapter 4730. of the Revised Code	79
may take any action that may be taken by an attending physician	80
under sections 2133.21 to 2133.26 of the Revised Code and has the	81
immunity provided by section 2133.22 of the Revised Code if the	82
action is taken pursuant to a physician supervisory plan approved	83
pursuant to supervision agreement entered into under section	84
4730.17 <u>4730.19</u> of the Revised Code or , including, if applicable	85
the policies of a health care facility in which the physician	86
assistant is practicing.	87
Sec. 2151.3515. As used in sections 2151.3515 to 2151.3530 of	88
the Revised Code:	89
(A) "Deserted child" means a child whose parent has	90
voluntarily delivered the child to an emergency medical service	91
worker, peace officer, or hospital employee without expressing an	92
intent to return for the child.	93
(B) "Emergency medical service organization," "emergency	94
medical technician-basic, " "emergency medical	95
technician-intermediate," "first responder," and "paramedic" have	96
the same meanings as in section 4765.01 of the Revised Code.	97
(C) "Emergency medical service worker" means a first	98
responder, emergency medical technician-basic, emergency medical	99
technician-intermediate, or paramedic.	100
(D) "Hospital" has the same meaning as in section 3727.01 of	101
the Revised Code.	102
(E) "Hospital employee" means any of the following persons:	103
(1) A physician who has been granted privileges to practice	104
at the hospital;	105
(2) A nurse, physician assistant, or nursing assistant	106
employed by the hospital;	107

(3) An authorized person employed by the hospital who is 108 acting under the direction of a physician described in division 109 (E)(1) of this section. 110 (F) "Law enforcement agency" means an organization or entity 111 made up of peace officers. 112 (G) "Nurse" means a person who is licensed under Chapter 113 4723. of the Revised Code to practice as a registered nurse or 114 licensed practical nurse. 115 (H) "Nursing assistant" means a person designated by a 116 hospital as a nurse aide or nursing assistant whose job is to aid 117 nurses, physicians, and physician assistants in the performance of 118 their duties. 119 (I) "Peace officer" means a sheriff, deputy sheriff, 120 constable, police officer of a township or joint police district, 121 marshal, deputy marshal, municipal police officer, or a state 122 123 highway patrol trooper. (J) "Physician" and "physician assistant" have the same 124 meanings as in section 4730.01 means an individual authorized 125 under Chapter 4731. of the Revised Code to practice medicine and 126 surgery, osteopathic medicine and surgery, or podiatric medicine 127 and surgery. 128 (K) "Physician assistant" means an individual who holds a 129 current, valid license to practice as a physician assistant issued 130 under Chapter 4730. of the Revised Code. 131 Sec. 2305.113. (A) Except as otherwise provided in this 132 section, an action upon a medical, dental, optometric, or 133

chiropractic claim shall be commenced within one year after the 134 cause of action accrued. 135

(B)(1) If prior to the expiration of the one-year periodspecified in division (A) of this section, a claimant who137

notice is so given. 143 (2) An insurance company shall not consider the existence or 144 nonexistence of a written notice described in division (B)(1) of 145 this section in setting the liability insurance premium rates that 146 the company may charge the company's insured person who is 147 notified by that written notice. 148 (C) Except as to persons within the age of minority or of 149 unsound mind as provided by section 2305.16 of the Revised Code, 150 and except as provided in division (D) of this section, both of 151 152 the following apply: (1) No action upon a medical, dental, optometric, or 153 chiropractic claim shall be commenced more than four years after 154 the occurrence of the act or omission constituting the alleged 155 basis of the medical, dental, optometric, or chiropractic claim. 156 (2) If an action upon a medical, dental, optometric, or 157 chiropractic claim is not commenced within four years after the 158 occurrence of the act or omission constituting the alleged basis 159 of the medical, dental, optometric, or chiropractic claim, then, 160 any action upon that claim is barred. 161 (D)(1) If a person making a medical claim, dental claim, 162 optometric claim, or chiropractic claim, in the exercise of 163 reasonable care and diligence, could not have discovered the 164 injury resulting from the act or omission constituting the alleged 165 basis of the claim within three years after the occurrence of the 166 act or omission, but, in the exercise of reasonable care and 167

diligence, discovers the injury resulting from that act or

allegedly possesses a medical, dental, optometric, or chiropractic

claim gives to the person who is the subject of that claim written

notice that the claimant is considering bringing an action upon

that claim, that action may be commenced against the person

notified at any time within one hundred eighty days after the

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omission before the expiration of the four-year period specified169in division (C)(1) of this section, the person may commence an170action upon the claim not later than one year after the person171discovers the injury resulting from that act or omission.172

(2) If the alleged basis of a medical claim, dental claim, 173 optometric claim, or chiropractic claim is the occurrence of an 174 act or omission that involves a foreign object that is left in the 175 body of the person making the claim, the person may commence an 176 action upon the claim not later than one year after the person 177 discovered the foreign object or not later than one year after the 178 person, with reasonable care and diligence, should have discovered 179 the foreign object. 180

181 (3) A person who commences an action upon a medical claim, dental claim, optometric claim, or chiropractic claim under the 182 circumstances described in division (D)(1) or (2) of this section 183 has the affirmative burden of proving, by clear and convincing 184 evidence, that the person, with reasonable care and diligence, 185 could not have discovered the injury resulting from the act or 186 omission constituting the alleged basis of the claim within the 187 three-year period described in division (D)(1) of this section or 188 within the one-year period described in division (D)(2) of this 189 section, whichever is applicable. 190

(E) As used in this section:

(1) "Hospital" includes any person, corporation, association, 192 board, or authority that is responsible for the operation of any 193 hospital licensed or registered in the state, including, but not 194 limited to, those that are owned or operated by the state, 195 political subdivisions, any person, any corporation, or any 196 combination of the state, political subdivisions, persons, and 197 corporations. "Hospital" also includes any person, corporation, 198 association, board, entity, or authority that is responsible for 199 the operation of any clinic that employs a full-time staff of 200

physicians practicing in more than one recognized medical201specialty and rendering advice, diagnosis, care, and treatment to202individuals. "Hospital" does not include any hospital operated by203the government of the United States or any of its branches.204

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

(3) "Medical claim" means any claim that is asserted in any 210 civil action against a physician, podiatrist, hospital, home, or 211 residential facility, against any employee or agent of a 212 213 physician, podiatrist, hospital, home, or residential facility, or against a licensed practical nurse, registered nurse, advanced 214 practice registered nurse, physical therapist, physician 215 assistant, emergency medical technician-basic, emergency medical 216 technician-intermediate, or emergency medical 217 technician-paramedic, and that arises out of the medical 218 diagnosis, care, or treatment of any person. "Medical claim" 219 includes the following: 220

(a) Derivative claims for relief that arise from the medicaldiagnosis, care, or treatment of a person;222

(b) Claims that arise out of the medical diagnosis, care, or 223treatment of any person and to which either of the following 224applies: 225

(i) The claim results from acts or omissions in providing 226medical care. 227

(ii) The claim results from the hiring, training, 228
supervision, retention, or termination of caregivers providing 229
medical diagnosis, care, or treatment. 230

(c) Claims that arise out of the medical diagnosis, care, or 231

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treatment of any person and that are brought under section 3721.17 232 of the Revised Code. 233

(4) "Podiatrist" means any person who is licensed to practicepodiatric medicine and surgery by the state medical board.235

(5) "Dentist" means any person who is licensed to practicedentistry by the state dental board.237

(6) "Dental claim" means any claim that is asserted in any 238 civil action against a dentist, or against any employee or agent 239 of a dentist, and that arises out of a dental operation or the 240 dental diagnosis, care, or treatment of any person. "Dental claim" 241 includes derivative claims for relief that arise from a dental 242 operation or the dental diagnosis, care, or treatment of a person. 243

(7) "Derivative claims for relief" include, but are not 244 limited to, claims of a parent, guardian, custodian, or spouse of 245 an individual who was the subject of any medical diagnosis, care, 246 or treatment, dental diagnosis, care, or treatment, dental 247 operation, optometric diagnosis, care, or treatment, or 248 chiropractic diagnosis, care, or treatment, that arise from that 249 diagnosis, care, treatment, or operation, and that seek the 250 recovery of damages for any of the following: 251

(a) Loss of society, consortium, companionship, care, 252
assistance, attention, protection, advice, guidance, counsel, 253
instruction, training, or education, or any other intangible loss 254
that was sustained by the parent, guardian, custodian, or spouse; 255

(b) Expenditures of the parent, guardian, custodian, or
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spouse for medical, dental, optometric, or chiropractic care or
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treatment, for rehabilitation services, or for other care,
treatment, services, products, or accommodations provided to the
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individual who was the subject of the medical diagnosis, care, or
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treatment, the dental diagnosis, care, or treatment, the dental
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operation, the optometric diagnosis, care, or treatment, or the

chiropractic diagnosis, care, or treatment.

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

(9) "Chiropractic claim" means any claim that is asserted in 266
any civil action against a chiropractor, or against any employee 267
or agent of a chiropractor, and that arises out of the 268
chiropractic diagnosis, care, or treatment of any person. 269
"Chiropractic claim" includes derivative claims for relief that 270
arise from the chiropractic diagnosis, care, or treatment of a 271
person. 272

(10) "Chiropractor" means any person who is licensed to 273practice chiropractic by the state chiropractic board. 274

(11) "Optometric claim" means any claim that is asserted in 275 any civil action against an optometrist, or against any employee 276 or agent of an optometrist, and that arises out of the optometric 277 diagnosis, care, or treatment of any person. "Optometric claim" 278 includes derivative claims for relief that arise from the 279 optometric diagnosis, care, or treatment of a person. 280

(12) "Optometrist" means any person licensed to practice281optometry by the state board of optometry.282

(13) "Physical therapist" means any person who is licensed to 283practice physical therapy under Chapter 4755. of the Revised Code. 284

(14) "Home" has the same meaning as in section 3721.10 of the 285
Revised Code. 286

(15) "Residential facility" means a facility licensed under 287section 5123.19 of the Revised Code. 288

(16) "Advanced practice registered nurse" means any certified 289
nurse practitioner, clinical nurse specialist, certified 290
registered nurse anesthetist, or certified nurse-midwife who holds 291
a certificate of authority issued by the board of nursing under 292

Chapter 4723. of the Revised Code.

(17) "Licensed practical nurse" means any person who is 294 licensed to practice nursing as a licensed practical nurse by the 295 board of nursing pursuant to Chapter 4723. of the Revised Code. 296

(18) "Physician assistant" means any person who holds a valid 297 certificate to practice issued pursuant to is licensed as a 298 physician assistant under Chapter 4730. of the Revised Code. 299

(19) "Emergency medical technician-basic," "emergency medical 300 technician-intermediate, " and "emergency medical 301 technician-paramedic" means any person who is certified under 302 Chapter 4765. of the Revised Code as an emergency medical 303 technician-basic, emergency medical technician-intermediate, or 304 emergency medical technician-paramedic, whichever is applicable. 305

Sec. 2925.61. (A) As used in this section:

(1) "Administer naloxone" means to give naloxone to a person 307 by either of the following routes: 308

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(a) Using a device manufactured for the intranasal
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administration of liquid drugs;
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(b) Using an autoinjector in a manufactured dosage form. 311

(2) "Law enforcement agency" means a government entity that 312 employs peace officers to perform law enforcement duties. 313

(3) "Licensed health professional" means all of the 314 following: 315

(a) A physician who is authorized under Chapter 4731. of the 316 317 Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery; 318

(b) A physician assistant who is licensed under Chapter 4730. 319 of the Revised Code, holds a certificate to prescribe valid 320 prescriber number issued under Chapter 4730. of the Revised Code 321

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by the state medical board, and has been granted	322
physician-delegated prescriptive authority;	323
(c) A clinical nurse specialist, certified nurse-midwife, or	324
certified nurse practitioner who holds a certificate to prescribe	325
issued under section 4723.48 of the Revised Code.	326
(4) "Peace officer" has the same meaning as in section	327
2921.51 of the Revised Code.	328
(B) A family member, friend, or other individual who is in a	329
position to assist an individual who is apparently experiencing or	330
at risk of experiencing an opioid-related overdose, is not subject	331
to criminal prosecution for a violation of section 4731.41 of the	332
Revised Code or criminal prosecution under this chapter if the	333
individual, acting in good faith, does all of the following:	334
(1) Obtains naloxone from a licensed health professional or a	335
prescription for naloxone from a licensed health professional;	336
(2) Administers that naloxone to an individual who is	337
apparently experiencing an opioid-related overdose;	338
(3) Attempts to summon emergency services either immediately	339
before or immediately after administering the naloxone.	340
(C) Division (B) of this section does not apply to a peace	341
officer or to an emergency medical technician-basic, emergency	342
medical technician-intermediate, or emergency medical	343
technician-paramedic, as defined in section 4765.01 of the Revised	344
Code.	345
(D) A peace officer employed by a law enforcement agency is	346
not subject to administrative action, criminal prosecution for a	347
violation of section 4731.41 of the Revised Code, or criminal	348
prosecution under this chapter if the peace officer, acting in	349
good faith, obtains naloxone from the peace officer's law	350
enforcement agency and administers the naloxone to an individual	351

who is apparently experiencing an opioid-related overdose. 352 Sec. 3701.92. As used in sections 3701.921 to 3701.929 of the 353 Revised Code: 354 (A) "Advanced practice registered nurse" has the same meaning 355 as in section 4723.01 of the Revised Code. 356 (B) "Patient centered medical home education advisory group" 357 means the entity established under section 3701.924 of the Revised 358 Code. 359 (C) "Patient centered medical home education program" means 360 the program established under section 3701.921 of the Revised Code 361 and any pilot projects operated pursuant to that section. 362 (D) "Patient centered medical home education pilot project" 363 means the pilot project established under section 3701.923 of the 364 Revised Code. 365 (E) "Physician assistant" has the same meaning as in section 366 4730.01 means any person who is licensed as a physician assistant 367 under Chapter 4730. of the Revised Code. 368 Sec. 3727.06. (A) As used in this section: 369 (1) "Doctor" means an individual authorized to practice 370 medicine and surgery or osteopathic medicine and surgery. 371 (2) "Podiatrist" means an individual authorized to practice 372 podiatric medicine and surgery. 373 (B)(1) Only the following may admit a patient to a hospital: 374 (a) A doctor who is a member of the hospital's medical staff; 375 (b) A dentist who is a member of the hospital's medical 376 staff; 377 (c) A podiatrist who is a member of the hospital's medical 378 staff; 379

(d) A clinical nurse specialist, certified nurse-midwife, or	380
certified nurse practitioner if all of the following conditions	381
are met:	382
(i) The clinical nurse specialist, certified nurse-midwife,	383
or certified nurse practitioner has a standard care arrangement	384
entered into pursuant to section 4723.431 of the Revised Code with	385
a collaborating doctor or podiatrist who is a member of the	386
medical staff;	387
(ii) The patient will be under the medical supervision of the	388
collaborating doctor or podiatrist;	389
(iii) The hospital has granted the clinical nurse specialist,	390
certified nurse-midwife, or certified nurse practitioner admitting	391
privileges and appropriate credentials.	392
(e) A physician assistant if all of the following conditions	393
are met:	394
(i) The physician assistant is listed on a supervision	395
agreement approved entered into under section 4730.19 of the	396
Revised Code for a doctor or podiatrist who is a member of the	397
hospital's medical staff.	398
(ii) The patient will be under the medical supervision of the	399
supervising doctor or podiatrist.	400
(iii) The hospital has granted the physician assistant	401
admitting privileges and appropriate credentials.	402
(2) Prior to admitting a patient, a clinical nurse	403
specialist, certified nurse-midwife, certified nurse practitioner,	404
or physician assistant shall notify the collaborating or	405
supervising doctor or podiatrist of the planned admission.	406
(C) All hospital patients shall be under the medical	407

supervision of a doctor, except that services that may be rendered408by a licensed dentist pursuant to Chapter 4715. of the Revised409

Code provided to patients admitted solely for the purpose of 410 receiving such services shall be under the supervision of the 411 admitting dentist and that services that may be rendered by a 412 podiatrist pursuant to section 4731.51 of the Revised Code 413 provided to patients admitted solely for the purpose of receiving 414 such services shall be under the supervision of the admitting 415 podiatrist. If treatment not within the scope of Chapter 4715. or 416 section 4731.51 of the Revised Code is required at the time of 417 admission by a dentist or podiatrist, or becomes necessary during 418 the course of hospital treatment by a dentist or podiatrist, such 419 treatment shall be under the supervision of a doctor who is a 420 member of the medical staff. It shall be the responsibility of the 421 admitting dentist or podiatrist to make arrangements with a doctor 422 who is a member of the medical staff to be responsible for the 423 patient's treatment outside the scope of Chapter 4715. or section 424 4731.51 of the Revised Code when necessary during the patient's 425 stay in the hospital. 426

sec. 3729.05. (A)(1) On Except as otherwise provided in this 427 section, on or after the first day of April, but before the first 428 day of May of each year, every person who intends to operate a 429 recreational vehicle park, recreation camp, or combined park-camp 430 shall procure a license to operate the park or camp from the 431 licensor. If the applicable license fee prescribed under section 432 3729.07 of the Revised Code is not received by the licensor by the 433 close of business on the last day of April, the applicant for the 434 license shall pay a penalty equal to twenty-five per cent of the 435 applicable license fee. The penalty shall accompany the license 436 fee. If the last day of April is not a business day, the penalty 437 attaches upon the close of business on the next business day. 438

(2) Every person who intends to operate a temporary park-camp
shall obtain a license to operate the temporary park-camp from the
licensor at any time before the person begins operation of the

temporary park-camp during the calendar year. 442

(3) No recreational vehicle park, recreation camp, combined 443 park-camp, or temporary park-camp shall be maintained or operated 444 in this state without a license. However, no person who neither 445 intends to receive nor receives anything of value arising from the 446 use of, or the sale of goods or services in connection with the 447 use of, a recreational vehicle park, recreation camp, combined 448 park-camp, or temporary park-camp is required to procure a license 449 under this division. If any health hazard exists at such an 450 unlicensed park, camp, or park-camp, the health hazard shall be 451 corrected in a manner consistent with the appropriate rule adopted 452 under division (A) or (B) of section 3729.02 of the Revised Code. 453

(4) No person who has received a license under division 454 (A)(1) of this section, upon the sale or disposition of the 455 recreational vehicle park, recreation camp, or combined park-camp, 456 may have the license transferred to the new operator. A person 457 shall obtain a separate license to operate each recreational 458 vehicle park, recreation camp, or combined park-camp. No license 459 to operate a temporary park-camp shall be transferred. A person 460 shall obtain a separate license for each temporary park-camp that 461 the person intends to operate, and the license shall be valid for 462 a period of not longer than seven consecutive days. A person who 463 operates a temporary park-camp on a tract of land for more than 464 twenty-one days or parts thereof in a calendar year shall obtain a 465 license to operate a recreational vehicle park, recreation camp, 466 or combined park-camp. 467

(B)(1) Before a license is initially issued under division
(A)(1) of this section and annually thereafter, or more often if
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necessary, the licensor shall cause each recreational vehicle
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park, recreation camp, or combined park-camp to be inspected to
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determine compliance with this chapter and rules adopted under it.
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A record shall be made of each inspection on a form prescribed by
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the director of health.

(2) When a license is initially issued under division (A)(2)
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of this section, and more often if necessary, the licensor shall
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cause each temporary park-camp to be inspected to determine
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compliance with this chapter and rules adopted under it during the
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period that the temporary park-camp is in operation. A record
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shall be made of each inspection on a form prescribed by the
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(C) Each person applying for an initial license to operate a 482 recreational vehicle park, recreation camp, combined park-camp, or 483 temporary park-camp shall provide acceptable proof to the 484 director, or to the licensor in the case of a temporary park-camp, 485 that adequate fire protection will be provided and that applicable 486 fire codes will be adhered to in the construction and operation of 487 the park, camp, or park-camp. 488

(D) Any person that operates a county or state fair or any 489 independent agricultural society organized pursuant to section 490 1711.02 of the Revised Code that operates a fair shall not be 491 required to obtain a license under this chapter if recreational 492 vehicles, portable camping units, or any combination of them are 493 parked at the site of the fair only during the time of preparation 494 for, operation of, and dismantling of the fair and if the 495 recreational vehicles, portable camping units, or any combination 496 of them belong to participants in the fair. 497

(E) The following entities that operate a fair and that hold
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a license issued under this chapter are not required to comply
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with the requirements normally imposed on a licensee under this
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chapter and rules adopted under it during the time of preparation
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for, operation of, and dismantling of the fair:

(1) A county agricultural society organized pursuant to 503section 1711.01 of the Revised Code; 504

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(2) An independent agricultural society organized pursuant to	505
section 1711.02 of the Revised Code;	506
(3) The Ohio expositions commission.	507
(F) A motorsports park is exempt from the license	508
requirements established in divisions (A)(1) and (2) of this	509
section if the motorsports park does both of the following:	510
(1) Holds at least one annual event sanctioned by the	511
national association for stock car auto racing or the national hot	512
rod association during a motor sports racing event;	513
(2) Provides parking for recreational vehicles, dependent	514
recreational vehicles, and portable camping units that belong to	515
participants in that event.	516
The exemption established in this division applies to	517
participant-only areas during the time of preparation for and	518
operation of the event.	519
(G) A person subject to this chapter or rules adopted under	520
it may apply to the director for a waiver of or variance from a	521
provision of this chapter or rules adopted under it. The director	522
may grant a waiver or variance if the person demonstrates, to the	523
satisfaction of the director, that the waiver or variance will not	524
result in any adverse effect on the public health and safety. The	525
director shall adopt rules in accordance with Chapter 119. of the	526
Revised Code establishing requirements and procedures governing	527
the application for and granting of a waiver or variance under	528
this division.	529
Sec. 4123.01. As used in this chapter:	530
(A)(1) "Employee" means:	531
(a) Every person in the service of the state, or of any	532

county, municipal corporation, township, or school district 533 therein, including regular members of lawfully constituted police 534 and fire departments of municipal corporations and townships, 535 whether paid or volunteer, and wherever serving within the state 536 or on temporary assignment outside thereof, and executive officers 537 of boards of education, under any appointment or contract of hire, 538 express or implied, oral or written, including any elected 539 official of the state, or of any county, municipal corporation, or 540 township, or members of boards of education. 541

As used in division (A)(1)(a) of this section, the term 542 "employee" includes the following persons when responding to an 543 inherently dangerous situation that calls for an immediate 544 response on the part of the person, regardless of whether the 545 person is within the limits of the jurisdiction of the person's 546 regular employment or voluntary service when responding, on the 547 condition that the person responds to the situation as the person 548 otherwise would if the person were on duty in the person's 549 jurisdiction: 550

(i) Off-duty peace officers. As used in division (A)(1)(a)(i)
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of this section, "peace officer" has the same meaning as in
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section 2935.01 of the Revised Code.*i*553

(ii) Off-duty firefighters, whether paid or volunteer, of a 554
lawfully constituted fire department.; 555

(iii) Off-duty first responders, emergency medical
 technicians basic, emergency medical technicians intermediate, or
 emergency medical technicians paramedic, whether paid or
 volunteer, emergency medical workers of an ambulance service
 organization or emergency medical service organization pursuant to
 Chapter 4765. of the Revised Code.

(b) Every person in the service of any person, firm, or
private corporation, including any public service corporation,
that (i) employs one or more persons regularly in the same
business or in or about the same establishment under any contract
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of hire, express or implied, oral or written, including aliens and 566 minors, household workers who earn one hundred sixty dollars or 567 more in cash in any calendar quarter from a single household and 568 casual workers who earn one hundred sixty dollars or more in cash 569 in any calendar quarter from a single employer, or (ii) is bound 570 by any such contract of hire or by any other written contract, to 571 pay into the state insurance fund the premiums provided by this 572 chapter. 573

(c) Every person who performs labor or provides services 574
pursuant to a construction contract, as defined in section 4123.79 575
of the Revised Code, if at least ten of the following criteria 576
apply: 577

(i) The person is required to comply with instructions from 578
 the other contracting party regarding the manner or method of 579
 performing services; 580

(ii) The person is required by the other contracting party to 581have particular training; 582

(iii) The person's services are integrated into the regularfunctioning of the other contracting party;584

(iv) The person is required to perform the work personally; 585

(v) The person is hired, supervised, or paid by the other586contracting party;587

(vi) A continuing relationship exists between the person and
the other contracting party that contemplates continuing or
recurring work even if the work is not full time;
590

(vii) The person's hours of work are established by the other 591
contracting party; 592

(viii) The person is required to devote full time to the 593 business of the other contracting party; 594

(ix) The person is required to perform the work on the 595

premises of the other contracting party;	596
(x) The person is required to follow the order of work set by	597
the other contracting party;	598
(xi) The person is required to make oral or written reports	599
of progress to the other contracting party;	600
(xii) The person is paid for services on a regular basis such	601
as hourly, weekly, or monthly;	602
(xiii) The person's expenses are paid for by the other	603
contracting party;	604
(xiv) The person's tools and materials are furnished by the	605
other contracting party;	606
(xv) The person is provided with the facilities used to	607
perform services;	608
(xvi) The person does not realize a profit or suffer a loss	609
as a result of the services provided;	610
(xvii) The person is not performing services for a number of	611
employers at the same time;	612
(xviii) The person does not make the same services available	613
to the general public;	614
(xix) The other contracting party has a right to discharge	615
the person;	616
(xx) The person has the right to end the relationship with	617
the other contracting party without incurring liability pursuant	618
to an employment contract or agreement.	619
Every person in the service of any independent contractor or	620
subcontractor who has failed to pay into the state insurance fund	621
the amount of premium determined and fixed by the administrator of	622
workers' compensation for the person's employment or occupation or	623
if a self-insuring employer has failed to pay compensation and	624

benefits directly to the employer's injured and to the dependents 625 of the employer's killed employees as required by section 4123.35 626 of the Revised Code, shall be considered as the employee of the 627 person who has entered into a contract, whether written or verbal, 628 with such independent contractor unless such employees or their 629 legal representatives or beneficiaries elect, after injury or 630 death, to regard such independent contractor as the employer. 631

(2) "Employee" does not mean:

(a) A duly ordained, commissioned, or licensed minister or
 assistant or associate minister of a church in the exercise of
 634
 ministry;
 635

- (b) Any officer of a family farm corporation; 636
- (c) An individual incorporated as a corporation; or

(d) An individual who otherwise is an employee of an employer
but who signs the waiver and affidavit specified in section
4123.15 of the Revised Code on the condition that the
administrator has granted a waiver and exception to the
individual's employer under section 4123.15 of the Revised Code.

Any employer may elect to include as an "employee" within 643 this chapter, any person excluded from the definition of 644 "employee" pursuant to division (A)(2) of this section. If an 645 employer is a partnership, sole proprietorship, individual 646 incorporated as a corporation, or family farm corporation, such 647 employer may elect to include as an "employee" within this 648 chapter, any member of such partnership, the owner of the sole 649 proprietorship, the individual incorporated as a corporation, or 650 the officers of the family farm corporation. In the event of an 651 election, the employer shall serve upon the bureau of workers' 652 compensation written notice naming the persons to be covered, 653 include such employee's remuneration for premium purposes in all 654 future payroll reports, and no person excluded from the definition 655

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of "employee" pursuant to division (A)(2) of this section,656proprietor, individual incorporated as a corporation, or partner657shall be deemed an employee within this division until the658employer has served such notice.659

For informational purposes only, the bureau shall prescribe 660 such language as it considers appropriate, on such of its forms as 661 it considers appropriate, to advise employers of their right to 662 elect to include as an "employee" within this chapter a sole 663 proprietor, any member of a partnership, an individual 664 incorporated as a corporation, the officers of a family farm 665 corporation, or a person excluded from the definition of 666 "employee" under division (A)(2) of this section, that they should 667 check any health and disability insurance policy, or other form of 668 health and disability plan or contract, presently covering them, 669 or the purchase of which they may be considering, to determine 670 whether such policy, plan, or contract excludes benefits for 671 illness or injury that they might have elected to have covered by 672 workers' compensation. 673

(B) "Employer" means:

(1) The state, including state hospitals, each county,
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municipal corporation, township, school district, and hospital
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owned by a political subdivision or subdivisions other than the
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state;
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(2) Every person, firm, professional employer organization, 679 and private corporation, including any public service corporation, 680 that (a) has in service one or more employees or shared employees 681 regularly in the same business or in or about the same 682 establishment under any contract of hire, express or implied, oral 683 or written, or (b) is bound by any such contract of hire or by any 684 other written contract, to pay into the insurance fund the 685 premiums provided by this chapter. 686

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All such employers are subject to this chapter. Any member of 687 a firm or association, who regularly performs manual labor in or 688 about a mine, factory, or other establishment, including a 689 household establishment, shall be considered an employee in 690 determining whether such person, firm, or private corporation, or 691 public service corporation, has in its service, one or more 692 employees and the employer shall report the income derived from 693 such labor to the bureau as part of the payroll of such employer, 694 and such member shall thereupon be entitled to all the benefits of 695 an employee. 696 (C) "Injury" includes any injury, whether caused by external 697 accidental means or accidental in character and result, received 698 in the course of, and arising out of, the injured employee's 699 employment. "Injury" does not include: 700 (1) Psychiatric conditions except where as follows: 701 (a) Where the claimant's psychiatric conditions have arisen 702 from an injury or occupational disease sustained by that claimant 703 or where; 704 (b) Where the claimant's psychiatric conditions have arisen 705 from sexual conduct in which the claimant was forced by threat of 706 physical harm to engage or participate; 707 (c) Where the claimant is a peace officer, firefighter, or 708 emergency medical worker and is diagnosed with post-traumatic 709 stress disorder that has been received in the course of, and has 710 arisen out of, the claimant's employment as a peace officer, 711 firefighter, or emergency medical worker. 712 (2) Injury or disability caused primarily by the natural 713 deterioration of tissue, an organ, or part of the body; 714

(3) Injury or disability incurred in voluntary participation
 in an employer-sponsored recreation or fitness activity if the
 employee signs a waiver of the employee's right to compensation or
 717

benefits under this chapter prior to engaging in the recreation or 718 fitness activity; 719 (4) A condition that pre-existed an injury unless that 720 pre-existing condition is substantially aggravated by the injury. 721 Such a substantial aggravation must be documented by objective 722 diagnostic findings, objective clinical findings, or objective 723 test results. Subjective complaints may be evidence of such a 724 substantial aggravation. However, subjective complaints without 725 objective diagnostic findings, objective clinical findings, or 726 objective test results are insufficient to substantiate a 727 substantial aggravation. 728

(D) "Child" includes a posthumous child and a child legally 729 adopted prior to the injury. 730

(E) "Family farm corporation" means a corporation founded for 731 the purpose of farming agricultural land in which the majority of 732 the voting stock is held by and the majority of the stockholders 733 are persons or the spouse of persons related to each other within 734 the fourth degree of kinship, according to the rules of the civil 735 law, and at least one of the related persons is residing on or 736 actively operating the farm, and none of whose stockholders are a 737 corporation. A family farm corporation does not cease to qualify 738 under this division where, by reason of any devise, bequest, or 739 the operation of the laws of descent or distribution, the 740 ownership of shares of voting stock is transferred to another 741 person, as long as that person is within the degree of kinship 742 stipulated in this division. 743

(F) "Occupational disease" means a disease contracted in the 744 course of employment, which by its causes and the characteristics 745 of its manifestation or the condition of the employment results in 746 a hazard which distinguishes the employment in character from 747 employment generally, and the employment creates a risk of 748 contracting the disease in greater degree and in a different 749

manner from the public in general.

(G) "Self-insuring employer" means an employer who is granted 751 the privilege of paying compensation and benefits directly under 752 section 4123.35 of the Revised Code, including a board of county 753 commissioners for the sole purpose of constructing a sports 754 facility as defined in section 307.696 of the Revised Code, 755 provided that the electors of the county in which the sports 756 facility is to be built have approved construction of a sports 757 facility by ballot election no later than November 6, 1997. 758

(H) "Private employer" means an employer as defined indivision (B)(2) of this section.760

(I) "Professional employer organization" has the same meaningas in section 4125.01 of the Revised Code.762

(J) "Public employer" means an employer as defined indivision (B)(1) of this section.764

(K) "Sexual conduct" means vaginal intercourse between a male 765 and female; anal intercourse, fellatio, and cunnilingus between 766 persons regardless of gender; and, without privilege to do so, the 767 insertion, however slight, of any part of the body or any 768 instrument, apparatus, or other object into the vaginal or anal 769 cavity of another. Penetration, however slight, is sufficient to 770 complete vaginal or anal intercourse. 771

(L) "Other-states' insurer" means an insurance company that
 is authorized to provide workers' compensation insurance coverage
 in any of the states that permit employers to obtain insurance for
 774
 workers' compensation claims through insurance companies.
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(M) "Other-states' coverage" means both of the following: 776

(1) Insurance coverage secured by an eligible employer for
 workers' compensation claims of employees who are in employment
 relationships localized in a state other than this state or those
 779

employees' dependents;

(2) Insurance coverage secured by an eligible employer for 781 workers' compensation claims that arise in a state other than this 782 state where an employer elects to obtain coverage through either 783 the administrator or an other-states' insurer. 784

(N) "Limited other-states coverage" means insurance coverage 785 provided by the administrator to an eligible employer for workers' 786 compensation claims of employees who are in an employment 787 relationship localized in this state but are temporarily working 788 in a state other than this state, or those employees' dependents. 789

(0) "Peace officer" has the same meaning as in section 790 2935.01 of the Revised Code. 791

(P) "Firefighter" means a firefighter, whether paid or 792 volunteer, of a lawfully constituted fire department. 793

(0) "Emergency medical worker" means a first responder, 794 emergency medical technician-basic, emergency medical 795 technician-intermediate, or emergency medical 796 technician-paramedic, certified under Chapter 4765. of the Revised 797 Code, whether paid or volunteer. 798

Sec. 4123.026. (A) The administrator of workers' 799 compensation, or a self-insuring public employer for the peace 800 officers, firefighters, and emergency medical workers employed by 801 or volunteering for that self-insuring public employer, shall pay 802 the costs of conducting post-exposure medical diagnostic services, 803 consistent with the standards of medical care existing at the time 804 of the exposure, to investigate whether an injury or occupational 805 disease was sustained by a peace officer, firefighter, or 806 emergency medical worker when coming into contact with the blood 807 or other body fluid of another person in the course of and arising 808 out of the peace officer's, firefighter's, or emergency medical 809

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worker's employment, or when responding to an inherently dangerous	810
situation in the manner described in, and in accordance with the	811
conditions specified under, division (A)(1)(a) of section 4123.01	812
of the Revised Code, through any of the following means:	813
(1)(A) Splash or spatter in the eye or mouth, including when	814
received in the course of conducting mouth-to-mouth resuscitation;	815
(2)(B) A puncture in the skin;	816
(3)(C) A cut in the skin or another opening in the skin such	817
as an open sore, wound, lesion, abrasion, or ulcer.	818
(B) As used in this section:	819
(1) "Peace officer" has the same meaning as in section	820
2935.01 of the Revised Code.	821
(2) "Firefighter" means a firefighter, whether paid or	822
volunteer, of a lawfully constituted fire department.	823
(3) "Emergency medical worker" means a first responder,	824
emergency medical technician basic, emergency medical	825
technician-intermediate, or emergency medical	826
technician paramedic, certified under Chapter 4765. of the Revised	827
Code, whether paid or volunteer.	828

Sec. 4123.46. (A)(1) Except as provided in division (A)(2) of 829 this section, the bureau of workers' compensation shall disburse 830 the state insurance fund to employees of employers who have paid 831 into the fund the premiums applicable to the classes to which they 832 belong when the employees have been injured in the course of their 833 employment, wherever the injuries have occurred, and provided the 834 injuries have not been purposely self-inflicted, or to the 835 dependents of the employees in case death has ensued. 836

(2) As long as injuries have not been purposely
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self-inflicted, the bureau shall disburse the surplus fund created
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under section 4123.34 of the Revised Code to off-duty peace
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officers, firefighters, and emergency medical technicians, and 840 first responders workers, or to their dependents if death ensues, 841 who are injured while responding to inherently dangerous 842 situations that call for an immediate response on the part of the 843 person, regardless of whether the person was within the limits of 844 the person's jurisdiction when responding, on the condition that 845 the person responds to the situation as the person otherwise would 846 if the person were on duty in the person's jurisdiction. 847

As used in division (A)(2) of this section, "peace officer," 848 "firefighter," and "emergency medical technician," "first 849 responder worker," and "jurisdiction" have the same meanings as in 850 section 4123.01 of the Revised Code. 851

(B) All self-insuring employers, in compliance with this 852 chapter, shall pay the compensation to injured employees, or to 853 the dependents of employees who have been killed in the course of 854 their employment, unless the injury or death of the employee was 855 purposely self-inflicted, and shall furnish the medical, surgical, 856 nurse, and hospital care and attention or funeral expenses as 857 would have been paid and furnished by virtue of this chapter under 858 a similar state of facts by the bureau out of the state insurance 859 fund if the employer had paid the premium into the fund. 860

If any rule or regulation of a self-insuring employer 861 provides for or authorizes the payment of greater compensation or 862 more complete or extended medical care, nursing, surgical, and 863 hospital attention, or funeral expenses to the injured employees, 864 or to the dependents of the employees as may be killed, the 865 employer shall pay to the employees, or to the dependents of 866 employees killed, the amount of compensation and furnish the 867 medical care, nursing, surgical, and hospital attention or funeral 868 expenses provided by the self-insuring employer's rules and 869 regulations. 870

(C) Payment to injured employees, or to their dependents in 871

case death has ensued, is in lieu of any and all rights of action 872 against the employer of the injured or killed employees. 873 sec. 4503.44. (A) As used in this section and in section 874 4511.69 of the Revised Code: 875 (1) "Person with a disability that limits or impairs the 876 ability to walk" means any person who, as determined by a health 877 care provider, meets any of the following criteria: 878 (a) Cannot walk two hundred feet without stopping to rest; 879 (b) Cannot walk without the use of, or assistance from, a 880 brace, cane, crutch, another person, prosthetic device, 881 wheelchair, or other assistive device; 882 (c) Is restricted by a lung disease to such an extent that 883 the person's forced (respiratory) expiratory volume for one 884 second, when measured by spirometry, is less than one liter, or 885 the arterial oxygen tension is less than sixty millimeters of 886 mercury on room air at rest; 887 (d) Uses portable oxygen; 888 (e) Has a cardiac condition to the extent that the person's 889 functional limitations are classified in severity as class III or 890 class IV according to standards set by the American heart 891 association; 892 (f) Is severely limited in the ability to walk due to an 893 arthritic, neurological, or orthopedic condition; 894 (g) Is blind, legally blind, or severely visually impaired. 895

(2) "Organization" means any private organization or
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corporation, or any governmental board, agency, department,
division, or office, that, as part of its business or program,
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transports persons with disabilities that limit or impair the
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ability to walk on a regular basis in a motor vehicle that has not
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been altered for the purpose of providing it with special901equipment for use by persons with disabilities. This definition902does not apply to division (I) of this section.903

(3) "Health care provider" means a physician, physician
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assistant, advanced practice registered nurse, optometrist, or
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chiropractor as defined in this section except that an optometrist
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shall only make determinations as to division (A)(1)(g) of this
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section.

(4) "Physician" means a person licensed to practice medicine
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or surgery or osteopathic medicine and surgery under Chapter 4731.
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of the Revised Code.
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(5) "Chiropractor" means a person licensed to practice912chiropractic under Chapter 4734. of the Revised Code.913

(6) "Advanced practice registered nurse" means a certified
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nurse practitioner, clinical nurse specialist, certified
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registered nurse anesthetist, or certified nurse-midwife who holds
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a certificate of authority issued by the board of nursing under
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Chapter 4723. of the Revised Code.
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(7) "Physician assistant" means a person who holds a
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certificate to practice as a physician assistant issued is
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licensed as a physician assistant under Chapter 4730. of the
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Revised Code.

(8) "Optometrist" means a person licensed to engage in the923practice of optometry under Chapter 4725. of the Revised Code.924

(B)(1) An organization, or a person with a disability that
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limits or impairs the ability to walk, may apply for the
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registration of any motor vehicle the organization or person owns
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or leases. When a motor vehicle has been altered for the purpose
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of providing it with special equipment for a person with a
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disability that limits or impairs the ability to walk, but is
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owned or leased by someone other than such a person, the owner or
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lessee may apply to the registrar or a deputy registrar for 932 registration under this section. The application for registration 933 of a motor vehicle owned or leased by a person with a disability 934 that limits or impairs the ability to walk shall be accompanied by 935 a signed statement from the applicant's health care provider 936 certifying that the applicant meets at least one of the criteria 937 contained in division (A)(1) of this section and that the 938 disability is expected to continue for more than six consecutive 939 months. The application for registration of a motor vehicle that 940 has been altered for the purpose of providing it with special 941 equipment for a person with a disability that limits or impairs 942 the ability to walk but is owned by someone other than such a 943 person shall be accompanied by such documentary evidence of 944 vehicle alterations as the registrar may require by rule. 945

(2) When an organization, a person with a disability that 946 limits or impairs the ability to walk, or a person who does not 947 have a disability that limits or impairs the ability to walk but 948 owns a motor vehicle that has been altered for the purpose of 949 providing it with special equipment for a person with a disability 950 that limits or impairs the ability to walk first submits an 951 application for registration of a motor vehicle under this section 952 and every fifth year thereafter, the organization or person shall 953 submit a signed statement from the applicant's health care 954 provider, a completed application, and any required documentary 955 evidence of vehicle alterations as provided in division (B)(1) of 956 this section, and also a power of attorney from the owner of the 957 motor vehicle if the applicant leases the vehicle. Upon submission 958 of these items, the registrar or deputy registrar shall issue to 959 the applicant appropriate vehicle registration and a set of 960 license plates and validation stickers, or validation stickers 961 alone when required by section 4503.191 of the Revised Code. In 962 addition to the letters and numbers ordinarily inscribed thereon, 963 the license plates shall be imprinted with the international 964 symbol of access. The license plates and validation stickers shall 965 be issued upon payment of the regular license fee as prescribed 966 under section 4503.04 of the Revised Code and any motor vehicle 967 tax levied under Chapter 4504. of the Revised Code, and the 968 payment of a service fee equal to the amount specified in division 969 (D) or (G) of section 4503.10 of the Revised Code. 970

(C)(1) A person with a disability that limits or impairs the 971 ability to walk may apply to the registrar of motor vehicles for a 972 removable windshield placard by completing and signing an 973 application provided by the registrar. The person shall include 974 with the application a prescription from the person's health care 975 provider prescribing such a placard for the person based upon a 976 determination that the person meets at least one of the criteria 977 contained in division (A)(1) of this section. The health care 978 provider shall state on the prescription the length of time the 979 health care provider expects the applicant to have the disability 980 that limits or impairs the person's ability to walk. 981

In addition to one placard or one or more sets of license 982 plates, a person with a disability that limits or impairs the 983 ability to walk is entitled to one additional placard, but only if 984 the person applies separately for the additional placard, states 985 the reasons why the additional placard is needed, and the 986 registrar, in the registrar's discretion determines that good and 987 justifiable cause exists to approve the request for the additional 988 placard. 989

(2) An organization may apply to the registrar of motor
vehicles for a removable windshield placard by completing and
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signing an application provided by the registrar. The organization
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shall comply with any procedures the registrar establishes by
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rule. The organization shall include with the application
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documentary evidence that the registrar requires by rule showing
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that the organization regularly transports persons with

disabilities that limit or impair the ability to walk. 997

(3) Upon receipt of a completed and signed application for a 998 removable windshield placard, the accompanying documents required 999 under division (C)(1) or (2) of this section, and payment of a 1000 service fee equal to the amount specified in division (D) or (G) 1001 of section 4503.10 of the Revised Code, the registrar or deputy 1002 registrar shall issue to the applicant a removable windshield 1003 placard, which shall bear the date of expiration on both sides of 1004 the placard and shall be valid until expired, revoked, or 1005 surrendered. Every removable windshield placard expires as 1006 described in division (C)(4) of this section, but in no case shall 1007 a removable windshield placard be valid for a period of less than 1008 sixty days. Removable windshield placards shall be renewable upon 1009 application as provided in division (C)(1) or (2) of this section 1010 and upon payment of a service fee equal to the amount specified in 1011 division (D) or (G) of section 4503.10 of the Revised Code for the 1012 renewal of a removable windshield placard. The registrar shall 1013 provide the application form and shall determine the information 1014 to be included thereon. The registrar also shall determine the 1015 form and size of the removable windshield placard, the material of 1016 which it is to be made, and any other information to be included 1017 thereon, and shall adopt rules relating to the issuance, 1018 expiration, revocation, surrender, and proper display of such 1019 placards. Any placard issued after October 14, 1999, shall be 1020 manufactured in a manner that allows the expiration date of the 1021 placard to be indicated on it through the punching, drilling, 1022 boring, or creation by any other means of holes in the placard. 1023

(4) At the time a removable windshield placard is issued to a 1024 person with a disability that limits or impairs the ability to 1025 walk, the registrar or deputy registrar shall enter into the 1026 records of the bureau of motor vehicles the last date on which the 1027 person will have that disability, as indicated on the accompanying 1028

prescription. Not less than thirty days prior to that date and all 1029 removable windshield placard renewal dates, the bureau shall send 1030 a renewal notice to that person at the person's last known address 1031 as shown in the records of the bureau, informing the person that 1032 the person's removable windshield placard will expire on the 1033 indicated date not to exceed five years from the date of issuance, 1034 and that the person is required to renew the placard by submitting 1035 to the registrar or a deputy registrar another prescription, as 1036 described in division (C)(1) or (2) of this section, and by 1037 complying with the renewal provisions prescribed in division 1038 (C)(3) of this section. If such a prescription is not received by 1039 the registrar or a deputy registrar by that date, the placard 1040 issued to that person expires and no longer is valid, and this 1041 fact shall be recorded in the records of the bureau. 1042

(5) At least once every year, on a date determined by the 1043 registrar, the bureau shall examine the records of the office of 1044 vital statistics, located within the department of health, that 1045 pertain to deceased persons, and also the bureau's records of all 1046 persons who have been issued removable windshield placards and 1047 temporary removable windshield placards. If the records of the 1048 office of vital statistics indicate that a person to whom a 1049 removable windshield placard or temporary removable windshield 1050 placard has been issued is deceased, the bureau shall cancel that 1051 placard, and note the cancellation in its records. 1052

The office of vital statistics shall make available to the1053bureau all information necessary to enable the bureau to comply1054with division (C)(5) of this section.1055

(6) Nothing in this section shall be construed to require a 1056 person or organization to apply for a removable windshield placard 1057 or special license plates if the special license plates issued to 1058 the person or organization under prior law have not expired or 1059 been surrendered or revoked. 1060

(D)(1)(a) A person with a disability that limits or impairs 1061 the ability to walk may apply to the registrar or a deputy 1062 registrar for a temporary removable windshield placard. The 1063 application for a temporary removable windshield placard shall be 1064 accompanied by a prescription from the applicant's health care 1065 provider prescribing such a placard for the applicant, provided 1066 that the applicant meets at least one of the criteria contained in 1067 division (A)(1) of this section and that the disability is 1068 expected to continue for six consecutive months or less. The 1069 health care provider shall state on the prescription the length of 1070 time the health care provider expects the applicant to have the 1071 disability that limits or impairs the applicant's ability to walk, 1072 which cannot exceed six months from the date of the prescription. 1073 Upon receipt of an application for a temporary removable 1074 windshield placard, presentation of the prescription from the 1075 applicant's health care provider, and payment of a service fee 1076 equal to the amount specified in division (D) or (G) of section 1077 4503.10 of the Revised Code, the registrar or deputy registrar 1078 shall issue to the applicant a temporary removable windshield 1079 placard. 1080

(b) Any active-duty member of the armed forces of the United 1081 States, including the reserve components of the armed forces and 1082 the national guard, who has an illness or injury that limits or 1083 impairs the ability to walk may apply to the registrar or a deputy 1084 registrar for a temporary removable windshield placard. With the 1085 application, the person shall present evidence of the person's 1086 active-duty status and the illness or injury. Evidence of the 1087 illness or injury may include a current department of defense 1088 convalescent leave statement, any department of defense document 1089 indicating that the person currently has an ill or injured 1090 casualty status or has limited duties, or a prescription from any 1091 health care provider prescribing the placard for the applicant. 1092 Upon receipt of the application and the necessary evidence, the 1093 registrar or deputy registrar shall issue the applicant the 1094 temporary removable windshield placard without the payment of any 1095 service fee. 1096

(2) The temporary removable windshield placard shall be of 1097 the same size and form as the removable windshield placard, shall 1098 be printed in white on a red-colored background, and shall bear 1099 the word "temporary" in letters of such size as the registrar 1100 shall prescribe. A temporary removable windshield placard also 1101 shall bear the date of expiration on the front and back of the 1102 placard, and shall be valid until expired, surrendered, or 1103 revoked, but in no case shall such a placard be valid for a period 1104 of less than sixty days. The registrar shall provide the 1105 application form and shall determine the information to be 1106 included on it, provided that the registrar shall not require a 1107 health care provider's prescription or certification for a person 1108 applying under division (D)(1)(b) of this section. The registrar 1109 also shall determine the material of which the temporary removable 1110 windshield placard is to be made and any other information to be 1111 included on the placard and shall adopt rules relating to the 1112 issuance, expiration, surrender, revocation, and proper display of 1113 those placards. Any temporary removable windshield placard issued 1114 after October 14, 1999, shall be manufactured in a manner that 1115 allows for the expiration date of the placard to be indicated on 1116 it through the punching, drilling, boring, or creation by any 1117 other means of holes in the placard. 1118

(E) If an applicant for a removable windshield placard is a 1119 veteran of the armed forces of the United States whose disability, 1120 as defined in division (A)(1) of this section, is 1121 service-connected, the registrar or deputy registrar, upon receipt 1122 of the application, presentation of a signed statement from the 1123 applicant's health care provider certifying the applicant's 1124 disability, and presentation of such documentary evidence from the 1125

department of veterans affairs that the disability of the1126applicant meets at least one of the criteria identified in1127division (A)(1) of this section and is service-connected as the1128registrar may require by rule, but without the payment of any1129service fee, shall issue the applicant a removable windshield1130placard that is valid until expired, surrendered, or revoked.1131

(F) Upon a conviction of a violation of division (H) or (I) 1132 of this section, the court shall report the conviction, and send 1133 the placard, if available, to the registrar, who thereupon shall 1134 revoke the privilege of using the placard and send notice in 1135 writing to the placardholder at that holder's last known address 1136 as shown in the records of the bureau, and the placardholder shall 1137 return the placard if not previously surrendered to the court, to 1138 the registrar within ten days following mailing of the notice. 1139

Whenever a person to whom a removable windshield placard has 1140 been issued moves to another state, the person shall surrender the 1141 placard to the registrar; and whenever an organization to which a 1142 placard has been issued changes its place of operation to another 1143 state, the organization shall surrender the placard to the 1144 registrar. 1145

(G) Subject to division (F) of section 4511.69 of the Revised 1146 Code, the operator of a motor vehicle displaying a removable 1147 windshield placard, temporary removable windshield placard, or the 1148 special license plates authorized by this section is entitled to 1149 park the motor vehicle in any special parking location reserved 1150 for persons with disabilities that limit or impair the ability to 1151 walk, also known as handicapped parking spaces or disability 1152 parking spaces. 1153

(H) No person or organization that is not eligible for the
 issuance of license plates or any placard under this section shall
 willfully and falsely represent that the person or organization is
 so eligible.

No person or organization shall display license plates issued 1158 under this section unless the license plates have been issued for 1159 the vehicle on which they are displayed and are valid. 1160

(I) No person or organization to which a removable windshield 1161
 placard or temporary removable windshield placard is issued shall 1162
 do either of the following: 1163

(1) Display or permit the display of the placard on any motor 1164 vehicle when having reasonable cause to believe the motor vehicle 1165 is being used in connection with an activity that does not include 1166 providing transportation for persons with disabilities that limit 1167 or impair the ability to walk; 1168

(2) Refuse to return or surrender the placard, when required. 1169

(J) If a removable windshield placard, temporary removable
windshield placard, or parking card is lost, destroyed, or
mutilated, the placardholder or cardholder may obtain a duplicate
by doing both of the following:

(1) Furnishing suitable proof of the loss, destruction, or 1174mutilation to the registrar; 1175

(2) Paying a service fee equal to the amount specified in 1176division (D) or (G) of section 4503.10 of the Revised Code. 1177

Any placardholder or cardholder who loses a placard or card 1178 and, after obtaining a duplicate, finds the original, immediately 1179 shall surrender the original placard or card to the registrar. 1180

(K)(1) The registrar shall pay all fees received under this 1181 section for the issuance of removable windshield placards or 1182 temporary removable windshield placards or duplicate removable 1183 windshield placards or cards into the state treasury to the credit 1184 of the state bureau of motor vehicles fund created in section 1185 4501.25 of the Revised Code. 1186

(2) In addition to the fees collected under this section, the 1187

registrar or deputy registrar shall ask each person applying for a 1188 removable windshield placard or temporary removable windshield 1189 placard or duplicate removable windshield placard or license plate 1190 issued under this section, whether the person wishes to make a 1191 two-dollar voluntary contribution to support rehabilitation 1192 employment services. The registrar shall transmit the 1193 contributions received under this division to the treasurer of 1194 state for deposit into the rehabilitation employment fund, which 1195 is hereby created in the state treasury. A deputy registrar shall 1196 transmit the contributions received under this division to the 1197 registrar in the time and manner prescribed by the registrar. The 1198 contributions in the fund shall be used by the opportunities for 1199 Ohioans with disabilities agency to purchase services related to 1200 vocational evaluation, work adjustment, personal adjustment, job 1201 placement, job coaching, and community-based assessment from 1202 accredited community rehabilitation program facilities. 1203

(L) For purposes of enforcing this section, every peace 1204 officer is deemed to be an agent of the registrar. Any peace 1205 officer or any authorized employee of the bureau of motor vehicles 1206 who, in the performance of duties authorized by law, becomes aware 1207 of a person whose placard or parking card has been revoked 1208 pursuant to this section, may confiscate that placard or parking 1209 card and return it to the registrar. The registrar shall prescribe 1210 any forms used by law enforcement agencies in administering this 1211 section. 1212

No peace officer, law enforcement agency employing a peace 1213 officer, or political subdivision or governmental agency employing 1214 a peace officer, and no employee of the bureau is liable in a 1215 civil action for damages or loss to persons arising out of the 1216 performance of any duty required or authorized by this section. As 1217 used in this division, "peace officer" has the same meaning as in 1218 division (B) of section 2935.01 of the Revised Code. 1219

(M) All applications for registration of motor vehicles, 1220 removable windshield placards, and temporary removable windshield 1221 placards issued under this section, all renewal notices for such 1222 items, and all other publications issued by the bureau that relate 1223 to this section shall set forth the criminal penalties that may be 1224 imposed upon a person who violates any provision relating to 1225 special license plates issued under this section, the parking of 1226 vehicles displaying such license plates, and the issuance, 1227 procurement, use, and display of removable windshield placards and 1228 temporary removable windshield placards issued under this section. 1229

(N) Whoever violates this section is guilty of a misdemeanorof the fourth degree.1231

Sec. 4723.01. As used in this chapter: 1232

(A) "Registered nurse" means an individual who holds a 1233
 current, valid license issued under this chapter that authorizes 1234
 the practice of nursing as a registered nurse. 1235

(B) "Practice of nursing as a registered nurse" means
providing to individuals and groups nursing care requiring
specialized knowledge, judgment, and skill derived from the
principles of biological, physical, behavioral, social, and
nursing sciences. Such nursing care includes:

(1) Identifying patterns of human responses to actual orpotential health problems amenable to a nursing regimen;1242

(2) Executing a nursing regimen through the selection, 1243performance, management, and evaluation of nursing actions; 1244

(3) Assessing health status for the purpose of providing 1245nursing care; 1246

(4) Providing health counseling and health teaching; 1247

(5) Administering medications, treatments, and executing1248regimens authorized by an individual who is authorized to practice1249

in this state and is acting within the course of the individual's 1250 professional practice; 1251 (6) Teaching, administering, supervising, delegating, and 1252 evaluating nursing practice. 1253 (C) "Nursing regimen" may include preventative, restorative, 1254 and health-promotion activities. 1255 (D) "Assessing health status" means the collection of data 1256 through nursing assessment techniques, which may include 1257 interviews, observation, and physical evaluations for the purpose 1258 of providing nursing care. 1259 (E) "Licensed practical nurse" means an individual who holds 1260 a current, valid license issued under this chapter that authorizes 1261 the practice of nursing as a licensed practical nurse. 1262 (F) "The practice of nursing as a licensed practical nurse" 1263 means providing to individuals and groups nursing care requiring 1264 the application of basic knowledge of the biological, physical, 1265 behavioral, social, and nursing sciences at the direction of any 1266 of the following who is authorized to practice in this state: a 1267 licensed physician, physician assistant, dentist, podiatrist, 1268 optometrist, chiropractor, or registered nurse. Such nursing care 1269 includes: 1270 (1) Observation, patient teaching, and care in a diversity of 1271 health care settings; 1272 (2) Contributions to the planning, implementation, and 1273 evaluation of nursing; 1274 (3) Administration of medications and treatments authorized 1275 by an individual who is authorized to practice in this state and 1276 is acting within the course of the individual's professional 1277

practice on the condition that the licensed practical nurse is 1278 authorized under section 4723.17 of the Revised Code to administer 1279

medications;	
(4) Administration to an adult of intravenous therapy	
authorized by an individual who is authorized to practice in this	
state and is acting within the course of the individual's	
professional practice, on the condition that the licensed	
practical nurse is authorized under section 4723.18 or 4723.181 of	
the Revised Code to perform intravenous therapy and performs	

(5) Delegation of nursing tasks as directed by a registered 1288 1289 nurse;

intravenous therapy only in accordance with those sections;

(6) Teaching nursing tasks to licensed practical nurses and 1290 individuals to whom the licensed practical nurse is authorized to 1291 delegate nursing tasks as directed by a registered nurse. 1292

(G) "Certified registered nurse anesthetist" means a 1293 registered nurse who holds a valid certificate of authority issued 1294 under this chapter that authorizes the practice of nursing as a 1295 certified registered nurse anesthetist in accordance with section 1296 4723.43 of the Revised Code and rules adopted by the board of 1297 nursing. 1298

(H) "Clinical nurse specialist" means a registered nurse who 1299 holds a valid certificate of authority issued under this chapter 1300 that authorizes the practice of nursing as a clinical nurse 1301 specialist in accordance with section 4723.43 of the Revised Code 1302 and rules adopted by the board of nursing. 1303

(I) "Certified nurse-midwife" means a registered nurse who 1304 holds a valid certificate of authority issued under this chapter 1305 that authorizes the practice of nursing as a certified 1306 nurse-midwife in accordance with section 4723.43 of the Revised 1307 Code and rules adopted by the board of nursing. 1308

(J) "Certified nurse practitioner" means a registered nurse 1309 who holds a valid certificate of authority issued under this 1310

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chapter that authorizes the practice of nursing as a certified1311nurse practitioner in accordance with section 4723.43 of the1312Revised Code and rules adopted by the board of nursing.1313

(K) "Physician" means an individual authorized under Chapter 1314
4731. of the Revised Code to practice medicine and surgery or 1315
osteopathic medicine and surgery. 1316

(L) "Collaboration" or "collaborating" means the following: 1317

(1) In the case of a clinical nurse specialist, except as 1318 provided in division (L)(3) of this section, or a certified nurse 1319 practitioner, that one or more podiatrists acting within the scope 1320 of practice of podiatry in accordance with section 4731.51 of the 1321 Revised Code and with whom the nurse has entered into a standard 1322 care arrangement or one or more physicians with whom the nurse has 1323 entered into a standard care arrangement are continuously 1324 available to communicate with the clinical nurse specialist or 1325 certified nurse practitioner either in person or by radio, 1326 telephone, or other form of telecommunication; 1327

(2) In the case of a certified nurse-midwife, that one or
more physicians with whom the certified nurse-midwife has entered
into a standard care arrangement are continuously available to
communicate with the certified nurse-midwife either in person or
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by radio, telephone, or other form of telecommunication;
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(3) In the case of a clinical nurse specialist who practices
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the nursing specialty of mental health or psychiatric mental
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health without being authorized to prescribe drugs and therapeutic
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devices, that one or more physicians are continuously available to
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communicate with the nurse either in person or by radio,
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telephone, or other form of telecommunication.

(M) "Supervision," as it pertains to a certified registered 1339
 nurse anesthetist, means that the certified registered nurse 1340
 anesthetist is under the direction of a podiatrist acting within 1341

the podiatrist's scope of practice in accordance with section 1342 4731.51 of the Revised Code, a dentist acting within the dentist's 1343 scope of practice in accordance with Chapter 4715. of the Revised 1344 Code, or a physician, and, when administering anesthesia, the 1345 certified registered nurse anesthetist is in the immediate 1346 presence of the podiatrist, dentist, or physician. 1347

(N) "Standard care arrangement" means a written, formal guide 1348
for planning and evaluating a patient's health care that is 1349
developed by one or more collaborating physicians or podiatrists 1350
and a clinical nurse specialist, certified nurse-midwife, or 1351
certified nurse practitioner and meets the requirements of section 1352
4723.431 of the Revised Code. 1353

(0) "Advanced practice registered nurse" means a certified
 registered nurse anesthetist, clinical nurse specialist, certified
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 nurse-midwife, or certified nurse practitioner.
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(P) "Dialysis care" means the care and procedures that a
 dialysis technician or dialysis technician intern is authorized to
 provide and perform, as specified in section 4723.72 of the
 Revised Code.

(Q) "Dialysis technician" means an individual who holds a 1361
current, valid certificate to practice as a dialysis technician 1362
issued under section 4723.75 of the Revised Code. 1363

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

(S) "Certified community health worker" means an individual 1368
who holds a current, valid certificate as a community health 1369
worker issued under section 4723.85 of the Revised Code. 1370

(T) "Medication aide" means an individual who holds a 1371current, valid certificate issued under this chapter that 1372

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authorizes the individual to administer medication in accordance 1373 with section 4723.67 of the Revised Code. 1374

Sec. 4723.06. (A) The board of nursing shall: 1375

(1) Administer and enforce the provisions of this chapter, 1376
including the taking of disciplinary action for violations of 1377
section 4723.28 of the Revised Code, any other provisions of this 1378
chapter, or rules adopted under this chapter; 1379

(2) Develop criteria that an applicant must meet to be
eligible to sit for the examination for licensure to practice as a
registered nurse or as a licensed practical nurse;
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(3) Issue and renew nursing licenses, dialysis technician
 certificates, and community health worker certificates, as
 provided in this chapter;
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(4) Define the minimum standards for educational programs of 1386
 the schools of registered nursing and schools of practical nursing 1387
 in this state; 1388

(5) Survey, inspect, and grant full approval to prelicensure 1389 nursing education programs in this state that meet the standards 1390 established by rules adopted under section 4723.07 of the Revised 1391 Code. Prelicensure nursing education programs include, but are not 1392 limited to, diploma, associate degree, baccalaureate degree, 1393 master's degree, and doctor of nursing programs leading to initial 1394 licensure to practice nursing as a registered nurse and practical 1395 nurse programs leading to initial licensure to practice nursing as 1396 a licensed practical nurse. 1397

(6) Grant conditional approval, by a vote of a quorum of the 1398 board, to a new prelicensure nursing education program or a 1399 program that is being reestablished after having ceased to 1400 operate, if the program meets and maintains the minimum standards 1401 of the board established by rules adopted under section 4723.07 of 1402

the Revised Code. If the board does not grant conditional 1403 approval, it shall hold an adjudication under Chapter 119. of the 1404 Revised Code to consider conditional approval of the program. If 1405 the board grants conditional approval, at the first meeting 1406 following completion of the survey process required by division 1407 (A)(5) of this section, the board shall determine whether to grant 1408 full approval to the program. If the board does not grant full 1409 approval or if it appears that the program has failed to meet and 1410 maintain standards established by rules adopted under section 1411 4723.07 of the Revised Code, the board shall hold an adjudication 1412 under Chapter 119. of the Revised Code to consider the program. 1413 Based on results of the adjudication, the board may continue or 1414 withdraw conditional approval, or grant full approval. 1415

(7) Place on provisional approval, for a period of time 1416 specified by the board, a program that has ceased to meet and 1417 maintain the minimum standards of the board established by rules 1418 adopted under section 4723.07 of the Revised Code. Prior to or at 1419 the end of the period, the board shall reconsider whether the 1420 program meets the standards and shall grant full approval if it 1421 does. If it does not, the board may withdraw approval, pursuant to 1422 an adjudication under Chapter 119. of the Revised Code. 1423

(8) Approve continuing education programs and courses under
standards established in rules adopted under sections 4723.07,
4723.69, 4723.79, and 4723.88 of the Revised Code;
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(9) Establish a program for monitoring chemical dependency in 1427accordance with section 4723.35 of the Revised Code; 1428

(10) Establish the practice intervention and improvementprogram in accordance with section 4723.282 of the Revised Code;1430

(11) Issue and renew certificates of authority to practice
nursing as a certified registered nurse anesthetist, clinical
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nurse specialist, certified nurse-midwife, or certified nurse
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practitioner;	1434
(12) Approve under section 4723.46 of the Revised Code	1435
national certifying organizations for examination and	1436
certification of certified registered nurse anesthetists, clinical	1437
nurse specialists, certified nurse-midwives, or certified nurse	1438
practitioners;	1439
(13) Issue and renew certificates to prescribe in accordance	1440
with sections 4723.48 and 4723.486 of the Revised Code;	1441
(14) Grant approval to the planned classroom and clinical	1442
course of study in advanced pharmacology and related topics	1443
required by section 4723.482 of the Revised Code to be eligible	1444
for a certificate to prescribe;	1445
(15) Make an annual edition of the formulary established in	1446
rules adopted under section 4723.50 of the Revised Code available	1447
to the public either in printed form or by electronic means and,	1448
as soon as possible after any revision of the formulary becomes	1449
effective, make the revision available to the public in printed	1450
form or by electronic means;	1451
(16) Provide guidance and make recommendations to the general	1452
assembly, the governor, state agencies, and the federal government	1453
with respect to the regulation of the practice of nursing and the	1454
enforcement of this chapter;	1455
(17) Make an annual report to the governor, which shall be	1456
open for public inspection;	1457
(18) Maintain and have open for public inspection the	1458
following records:	1459
(a) A record of all its meetings and proceedings;	1460
(b) A record of all applicants for, and holders of, licenses	1461
and certificates issued by the board under this chapter or in	1462
accordance with rules adopted under this chapter. The record shall	1463

be maintained in a format determined by the board. 1464

(c) A list of education and training programs approved by the 1465 board. 1466

(19) Deny approval to a person who submits or causes to be 1467 submitted false, misleading, or deceptive statements, information, 1468 or documentation to the board in the process of applying for 1469 approval of a new education or training program. If the board 1470 proposes to deny approval of a new education or training program, 1471 it shall do so pursuant to an adjudication conducted under Chapter 1472 119. of the Revised Code. 1473

(B) The board may fulfill the requirement of division (A)(8) 1474 of this section by authorizing persons who meet the standards 1475 established in rules adopted under section 4723.07 of the Revised 1476 Code to approve continuing education programs and courses. Persons 1477 so authorized shall approve continuing education programs and 1478 courses in accordance with standards established in rules adopted 1479 under section 4723.07 of the Revised Code. 1480

Persons seeking authorization to approve continuing education 1481 programs and courses shall apply to the board and pay the 1482 appropriate fee established under section 4723.08 of the Revised 1483 Code. Authorizations to approve continuing education programs and 1484 courses shall expire, and may be renewed according to the schedule 1485 established in rules adopted under section 4723.07 of the Revised 1486 Code. 1487

In addition to approving continuing education programs under 1488 division (A)(8) of this section, the board may sponsor continuing 1489 education activities that are directly related to the statutes and 1490 rules the board enforces. 1491

Sec. 4723.07. In accordance with Chapter 119. of the Revised 1492 Code, the board of nursing shall adopt and may amend and rescind 1493

rules that establish all of the following:	1494
(A) Provisions for the board's government and control of its	1495
actions and business affairs;	1496
(B) Minimum standards for nursing education programs that	1497
prepare graduates to be licensed under this chapter and procedures	1498
for granting, renewing, and withdrawing approval of those	1499
programs;	1500
(C) Criteria that applicants for licensure must meet to be	1501
eligible to take examinations for licensure;	1502
(D) Standards and procedures for renewal of the licenses and	1503
certificates issued by the board;	1504
(E) Standards for approval of continuing nursing education	1505
programs and courses for registered nurses, licensed practical	1506
nurses, certified registered nurse anesthetists, clinical nurse	1507
specialists, certified nurse-midwives, and certified nurse	1508
practitioners. The standards may provide for approval of	1509
continuing nursing education programs and courses that have been	1510
approved by other state boards of nursing or by national	1511
accreditation systems for nursing, including, but not limited to,	1512
the American nurses' credentialing center and the national	1513
association for practical nurse education and service.	1514
(F) Standards that persons must meet to be authorized by the	1515
board to approve continuing education programs and courses and a	1516
schedule by which that authorization expires and may be renewed;	1517
(G) Requirements, including continuing education	1518
requirements, for reactivating inactive licenses or certificates,	1519
and for reinstating licenses or certificates that have lapsed;	1520
(H) Conditions that may be imposed for reinstatement of a	1521
license or certificate following action taken under section	1522
3123.47, 4723.28, 4723.281, 4723.652, or 4723.86 of the Revised	1523

Code resulting in a license or certificate suspension;	1524
(I) Requirements for board approval of courses in medication	1525
administration by licensed practical nurses;	1526
(J) Criteria for evaluating the qualifications of an	1527
applicant for a license to practice nursing as a registered nurse,	1528
a license to practice nursing as a licensed practical nurse, or a	1529
certificate of authority issued under division (B) of section	1530
4723.41 of the Revised Code for the purpose of issuing the license	1531
or certificate by the board's endorsement of the applicant's	1532
authority to practice issued by the licensing agency of another	1533
state;	1534
(K) Universal and standard precautions that shall be used by	1535
each licensee or certificate holder. The rules shall define and	1536
establish requirements for universal and standard precautions that	1537
include the following:	1538
(1) Appropriate use of hand washing;	1539
(1) Appropriate use of hand washing;(2) Disinfection and sterilization of equipment;	1539 1540
(2) Disinfection and sterilization of equipment;	1540
(2) Disinfection and sterilization of equipment;(3) Handling and disposal of needles and other sharp	1540 1541
(2) Disinfection and sterilization of equipment;(3) Handling and disposal of needles and other sharp instruments;	1540 1541 1542
 (2) Disinfection and sterilization of equipment; (3) Handling and disposal of needles and other sharp instruments; (4) Wearing and disposal of gloves and other protective 	1540 1541 1542 1543
 (2) Disinfection and sterilization of equipment; (3) Handling and disposal of needles and other sharp instruments; (4) Wearing and disposal of gloves and other protective garments and devices. 	1540 1541 1542 1543 1544
 (2) Disinfection and sterilization of equipment; (3) Handling and disposal of needles and other sharp instruments; (4) Wearing and disposal of gloves and other protective garments and devices. (L) Standards and procedures for approving certificates of authority to practice nursing as a certified registered nurse 	1540 1541 1542 1543 1544 1545
 (2) Disinfection and sterilization of equipment; (3) Handling and disposal of needles and other sharp instruments; (4) Wearing and disposal of gloves and other protective garments and devices. (L) Standards and procedures for approving certificates of authority to practice nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, 	1540 1541 1542 1543 1544 1545 1546
 (2) Disinfection and sterilization of equipment; (3) Handling and disposal of needles and other sharp instruments; (4) Wearing and disposal of gloves and other protective garments and devices. (L) Standards and procedures for approving certificates of authority to practice nursing as a certified registered nurse 	1540 1541 1542 1543 1544 1545 1546 1547
 (2) Disinfection and sterilization of equipment; (3) Handling and disposal of needles and other sharp instruments; (4) Wearing and disposal of gloves and other protective garments and devices. (L) Standards and procedures for approving certificates of authority to practice nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, and for renewal of those 	1540 1541 1542 1543 1544 1545 1546 1547 1548
 (2) Disinfection and sterilization of equipment; (3) Handling and disposal of needles and other sharp instruments; (4) Wearing and disposal of gloves and other protective garments and devices. (L) Standards and procedures for approving certificates of authority to practice nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, and for renewal of those certificates; 	1540 1541 1542 1543 1544 1545 1546 1547 1548 1549
 (2) Disinfection and sterilization of equipment; (3) Handling and disposal of needles and other sharp instruments; (4) Wearing and disposal of gloves and other protective garments and devices. (L) Standards and procedures for approving certificates of authority to practice nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, and for renewal of those certificates; (M) Quality assurance standards for certified registered 	1540 1541 1542 1543 1544 1545 1546 1547 1548 1549 1550

(N) Additional criteria for the standard care arrangement 1553

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required by section 4723.431 of the Revised Code entered into by a 1554 clinical nurse specialist, certified nurse-midwife, or certified 1555 nurse practitioner and the nurse's collaborating physician or 1556 podiatrist; 1557 (0) Continuing education standards for clinical nurse 1558 specialists who were issued a certificate of authority to practice 1559 as a clinical nurse specialist under division (C) of section 1560 4723.41 of the Revised Code as that division existed at any time 1561 before the effective date of this amendment March 20, 2013; 1562 (P) For purposes of division (B)(31) of section 4723.28 of 1563 the Revised Code, the actions, omissions, or other circumstances 1564 that constitute failure to establish and maintain professional 1565 boundaries with a patient; 1566 (0) Standards and procedures for delegation under division 1567 (C) of section 4723.48 of the Revised Code of the authority to 1568

<u>administer drugs</u>.

The board may adopt other rules necessary to carry out the1570provisions of this chapter. The rules shall be adopted in1571accordance with Chapter 119. of the Revised Code.1572

sec. 4723.18. (A) The board of nursing shall authorize a 1573 licensed practical nurse to administer to an adult intravenous 1574 therapy if the nurse supplies evidence satisfactory to the board 1575 that all of the following are the case: 1576

(1) The nurse holds a current, valid license issued under 1577this chapter to practice nursing as a licensed practical nurse. 1578

(2) The nurse has been authorized under section 4723.1815794723.17 of the Revised Code to administer medications.1580

(3) The nurse successfully completed a course of study in the
safe performance of intravenous therapy approved by the board
pursuant to section 4723.19 of the Revised Code or by an agency in
1583

another jurisdiction that regulates the practice of nursing and 1584 has requirements for intravenous therapy course approval that are 1585 substantially similar to the requirements in division (B) of 1586 section 4723.19 of the Revised Code, as determined by the board. 1587 (4) The nurse has successfully completed a minimum of forty 1588 hours of training that includes all of the following: 1589 (a) The curriculum established by rules adopted by the board; 1590 (b) Training in the anatomy and physiology of the 1591 cardiovascular system, signs and symptoms of local and systemic 1592 complications in the administration of fluids and antibiotic 1593 additives, and guidelines for management of these complications; 1594 (c) Any other training or instruction the board considers 1595 appropriate; 1596 (d) A testing component that requires the nurse to perform a 1597 successful demonstration of the intravenous procedures, including 1598 all skills needed to perform them safely. 1599 (B) Except as provided in section 4723.181 of the Revised 1600 Code and subject to the restrictions in division (D) of this 1601 section, a licensed practical nurse may perform intravenous 1602 therapy on an adult patient only if authorized by the board 1603 pursuant to division (A) of this section and only at the direction 1604 of one of the following: 1605 (1) A licensed physician, physician assistant, dentist, 1606 optometrist, or podiatrist who is authorized to practice in this 1607 state and, except as provided in division (C)(2) of this section, 1608 is present and readily available at the facility where the 1609 intravenous therapy procedure is performed; 1610

(2) A registered nurse in accordance with division (C) of 1611this section.

(C)(1) Except as provided in division (C)(2) of this section 1613

and section 4723.181 of the Revised Code, when a licensed 1614 practical nurse authorized by the board to perform intravenous 1615 therapy performs an intravenous therapy procedure at the direction 1616 of a registered nurse, the registered nurse or another registered 1617 nurse shall be readily available at the site where the intravenous 1618 therapy is performed, and before the licensed practical nurse 1619 initiates the intravenous therapy, the registered nurse shall 1620 personally perform an on-site assessment of the adult patient who 1621 is to receive the intravenous therapy. 1622

(2) When a licensed practical nurse authorized by the board 1623 to perform intravenous therapy performs an intravenous therapy 1624 procedure in a home as defined in section 3721.10 of the Revised 1625 Code, or in an intermediate care facility for individuals with 1626 intellectual disabilities as defined in section 5124.01 of the 1627 Revised Code, at the direction of a registered nurse or licensed 1628 physician, physician assistant, dentist, optometrist, or 1629 podiatrist who is authorized to practice in this state, a 1630 registered nurse shall be on the premises of the home or facility 1631 or accessible by some form of telecommunication. 1632

(D) No licensed practical nurse shall perform any of thefollowing intravenous therapy procedures:1634

(1) Initiating or maintaining any of the following: 1635

- (a) Blood or blood components;
- (b) Solutions for total parenteral nutrition; 1637

(c) Any cancer therapeutic medication including, but not1638limited to, cancer chemotherapy or an anti-neoplastic agent;1639

(d) Solutions administered through any central venous line or 1640
arterial line or any other line that does not terminate in a 1641
peripheral vein, except that a licensed practical nurse authorized 1642
by the board to perform intravenous therapy may maintain the 1643
solutions specified in division (D)(6)(a) of this section that are 1644

being administered through a central venous line or peripherally	1645
inserted central catheter;	1646
(e) Any investigational or experimental medication.	1647
(2) Initiating intravenous therapy in any vein, except that a	1648
licensed practical nurse authorized by the board to perform	1649
intravenous therapy may initiate intravenous therapy in accordance	1650
with this section in a vein of the hand, forearm, or antecubital	1651
fossa;	1652
(3) Discontinuing a central venous, arterial, or any other	1653
line that does not terminate in a peripheral vein;	1654
(4) Initiating or discontinuing a peripherally inserted	1655
central catheter;	1656
(5) Mixing, preparing, or reconstituting any medication for	1657
intravenous therapy, except that a licensed practical nurse	1658
authorized by the board to perform intravenous therapy may prepare	1659
or reconstitute an antibiotic additive;	1660
(6) Administering medication via the intravenous route,	1661
including all of the following activities:	1662
(a) Adding medication to an intravenous solution or to an	1663
existing infusion, except that a licensed practical nurse	1664
authorized by the board to perform intravenous therapy may do any	1665
of the following:	1666
(i) Initiate an intravenous infusion containing one or more	1667
of the following elements: dextrose 5%, normal saline, lactated	1668
ringers, sodium chloride .45%, sodium chloride 0.2%, sterile	1669
water;	1670
(ii) Hang subsequent containers of the intravenous solutions	1671
specified in division (D)(6)(a)(i) of this section that contain	1672
vitamins or electrolytes, if a registered nurse initiated the	1673
infusion of that same intravenous solution;	1674

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1704

(iii) Initiate or maintain an intravenous infusion containing 1675 an antibiotic additive. 1676 (b) Injecting medication via a direct intravenous route, 1677 except that a licensed practical nurse authorized by the board to 1678 perform intravenous therapy may inject heparin or normal saline to 1679 flush an intermittent infusion device or heparin lock including, 1680 but not limited to, bolus or push. 1681 (7) Changing tubing on any line including, but not limited 1682 to, an arterial line or a central venous line, except that a 1683 licensed practical nurse authorized by the board to perform 1684 intravenous therapy may change tubing on an intravenous line that 1685 terminates in a peripheral vein; 1686 (8) Programming or setting any function of a patient 1687 controlled infusion pump. 1688 (E) Notwithstanding divisions (A) and (D) of this section, at 1689 the direction of a physician or a registered nurse, a licensed 1690 practical nurse authorized by the board to perform intravenous 1691 therapy may perform the following activities for the purpose of 1692 performing dialysis: 1693 (1) The routine administration and regulation of saline 1694 solution for the purpose of maintaining an established fluid plan; 1695 (2) The administration of a heparin dose intravenously; 1696 (3) The administration of a heparin dose peripherally via a 1697 fistula needle; 1698 (4) The loading and activation of a constant infusion pump; 1699 (5) The intermittent injection of a dose of medication that 1700 is administered via the hemodialysis blood circuit and through the 1701 patient's venous access. 1702 (F) No person shall employ or direct a licensed practical 1703

nurse to perform an intravenous therapy procedure without first

verifying that the licensed practical nurse is authorized by the 1705 board to perform intravenous therapy. 1706

Sec. 4723.181. (A) A licensed practical nurse may perform on 1707 any person any of the intravenous therapy procedures specified in 1708 division (B) of this section without receiving authorization to 1709 perform intravenous therapy from the board of nursing under 1710 section 4723.18 of the Revised Code, if both of the following 1711 apply: 1712

(1) The licensed practical nurse acts at the direction of a 1713 registered nurse or a licensed physician, physician assistant, 1714 dentist, optometrist, or podiatrist who is authorized to practice 1715 in this state and the registered nurse, physician, physician 1716 assistant, dentist, optometrist, or podiatrist is on the premises 1717 where the procedure is to be performed or accessible by some form 1718 of telecommunication. 1719

(2) The licensed practical nurse can demonstrate the 1720knowledge, skills, and ability to perform the procedure safely. 1721

(B) The intravenous therapy procedures that a licensedpractical nurse may perform pursuant to division (A) of thissection are limited to the following:1724

(1) Verification of the type of peripheral intravenous 1725solution being administered; 1726

(2) Examination of a peripheral infusion site and the 1727extremity for possible infiltration; 1728

(3) Regulation of a peripheral intravenous infusion according 1729to the prescribed flow rate; 1730

(4) Discontinuation of a peripheral intravenous device at the 1731appropriate time; 1732

(5) Performance of routine dressing changes at the insertion 1733site of a peripheral venous or arterial infusion, peripherally 1734

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inserted central catheter infusion, or central venous pressure 1735 subclavian infusion. 1736

Sec. 4723.48. (A) A clinical nurse specialist, certified 1737 nurse-midwife, or certified nurse practitioner seeking authority 1738 to prescribe drugs and therapeutic devices shall file with the 1739 board of nursing a written application for a certificate to 1740 prescribe. The board of nursing shall issue a certificate to 1741 prescribe to each applicant who meets the requirements specified 1742 in section 4723.482 or 4723.485 of the Revised Code. 1743

Except as provided in division (B) of this section, the 1744 initial certificate to prescribe that the board issues to an 1745 applicant shall be issued as an externship certificate. Under an 1746 externship certificate, the nurse may obtain experience in 1747 prescribing drugs and therapeutic devices by participating in an 1748 externship that evaluates the nurse's competence, knowledge, and 1749 skill in pharmacokinetic principles and their clinical application 1750 to the specialty being practiced. During the externship, the nurse 1751 may prescribe drugs and therapeutic devices only when one or more 1752 physicians are providing supervision in accordance with rules 1753 adopted under section 4723.50 of the Revised Code. 1754

After completing the externship, the holder of an externship 1755 certificate may apply for a new certificate to prescribe. On 1756 receipt of the new certificate, the nurse may prescribe drugs and 1757 therapeutic devices in collaboration with one or more physicians 1758 or podiatrists. 1759

(B) In the case of an applicant who meets the requirements of 1760 division (C) of section 4723.482 of the Revised Code, the initial 1761 certificate to prescribe that the board issues to the applicant 1762 under this section shall not be an externship certificate. The 1763 applicant shall be issued a certificate to prescribe that permits 1764 the recipient to prescribe drugs and therapeutic devices in 1765

collaboration with one or more physicians or podiatrists.	1766
(C)(1) The holder of a certificate issued under this section	1767
may delegate to a person not otherwise authorized to administer	1768
drugs the authority to administer a drug, other than a controlled	1769
substance, listed in the formulary established under division	1770
(B)(1) of section 4723.50 of the Revised Code to a specified	1771
patient. The delegation shall be in accordance with division	1772
(C)(2) of this section and standards and procedures established in	1773
rules adopted under division (0) of section 4723.07 of the Revised	1774
Code.	1775
(2) Prior to delegating authority, the certificate holder	1776
shall do both of the following:	1777
(a) Assess the patient and determine that the drug is	1778
appropriate for the patient;	1779
(b) Determine that the person to whom the authority will be	1780
delegated has met the conditions specified in division (D) of	1781
section 4723.489 of the Revised Code.	1782
Sec. 4723.482. (A) Except as provided in divisions (C) and	1783
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(D) of this section, an applicant shall include with the 1784
 application submitted under section 4723.48 of the Revised Code 1785
 all of the following: 1786

(1) Evidence of holding a current, valid certificate of
 1787
 authority to practice as a clinical nurse specialist, certified
 1788
 nurse-midwife, or certified nurse practitioner that was issued by
 1789
 meeting the requirements of division (A) of section 4723.41 of the
 1790
 Revised Code;

(2) Evidence of successfully completing the course of study
 in advanced pharmacology and related topics in accordance with the
 requirements specified in division (B) of this section;
 1792

(3) The fee required by section 4723.08 of the Revised Code 1795

Code.

for a certificate to prescribe; (4) Any additional information the board of nursing requires 1797 pursuant to rules adopted under section 4723.50 of the Revised 1798 1799 (B) With respect to the course of study in advanced 1800 pharmacology and related topics that must be successfully 1801 completed to obtain a certificate to prescribe, all of the 1802 following requirements apply: 1803 (1) The course of study shall be completed not longer than 1804 three years before the application for the certificate to 1805 prescribe is filed. 1806 (2) Except as provided in division (E) of this section, the 1807 course of study shall consist of planned classroom and clinical 1808 instruction. The total length of the course of study shall be not 1809 less than forty-five contact hours. 1810

(3) The course of study shall meet the requirements to be 1811 approved by the board in accordance with standards established in 1812 rules adopted under section 4723.50 of the Revised Code. 1813

(4) The content of the course of study shall be specific to 1814 the applicant's nursing specialty. 1815

(5) The instruction provided in the course of study shall 1816 include all of the following: 1817

(a) A minimum of thirty-six contact hours of instruction in 1818 advanced pharmacology that includes pharmacokinetic principles and 1819 clinical application and the use of drugs and therapeutic devices 1820 in the prevention of illness and maintenance of health; 1821

(b) Instruction in the fiscal and ethical implications of 1822 prescribing drugs and therapeutic devices; 1823

(c) Instruction in the state and federal laws that apply to 1824 the authority to prescribe; 1825

(d) Instruction that is specific to schedule II controlled 1826 substances, including instruction in all of the following: 1827

(i) Indications for the use of schedule II controlled1828substances in drug therapies;1829

(ii) The most recent guidelines for pain management
therapies, as established by state and national organizations such
as the Ohio pain initiative and the American pain society;
1832

(iii) Fiscal and ethical implications of prescribing schedule 1833
II controlled substances; 1834

(iv) State and federal laws that apply to the authority to1835prescribe schedule II controlled substances;1836

(v) Prevention of abuse and diversion of schedule II
 1837
 controlled substances, including identification of the risk of
 abuse and diversion, recognition of abuse and diversion, types of
 1839
 assistance available for prevention of abuse and diversion, and
 1840
 methods of establishing safeguards against abuse and diversion.

(e) Any additional instruction required pursuant to rulesadopted under section 4723.50 of the Revised Code.1843

(C) An applicant who practiced or is practicing as a clinical 1844 nurse specialist, certified nurse-midwife, or certified nurse 1845 practitioner in another jurisdiction or as an employee of the 1846 United States government, and is not seeking authority to 1847 prescribe drugs and therapeutic devices by meeting the 1848 requirements of division (A) or (D) of this section, shall include 1849 with the application submitted under section 4723.48 of the 1850 Revised Code all of the following: 1851

(1) Evidence of holding a current, valid certificate of
 authority issued under this chapter to practice as a clinical
 nurse specialist, certified nurse-midwife, or certified nurse
 1854
 practitioner;

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1858

(2) The fee required by section 4723.08 of the Revised Code 1856for a certificate to prescribe; 1857

(3) Either of the following:

(a) Evidence of having held, for a continuous period of at 1859
least one year during the three years immediately preceding the 1860
date of application, valid authority issued by another 1861
jurisdiction to prescribe therapeutic devices and drugs, including 1862
at least some controlled substances; 1863

(b) Evidence of having been employed by the United States 1864 government and authorized, for a continuous period of at least one 1865 year during the three years immediately preceding the date of 1866 application, to prescribe therapeutic devices and drugs, including 1867 at least some controlled substances, in conjunction with that 1868 employment. 1869

(4) Evidence of having completed a two-hour course of
instruction approved by the board in the laws of this state that
govern drugs and prescriptive authority;

(5) Any additional information the board requires pursuant to1873rules adopted under section 4723.50 of the Revised Code.1874

(D) An applicant who practiced or is practicing as a clinical 1875 nurse specialist, certified nurse-midwife, or certified nurse 1876 practitioner in another jurisdiction or as an employee of the 1877 United States government, and is not seeking authority to 1878 prescribe drugs and therapeutic devices by meeting the 1879 requirements of division (A) or (C) of this section, shall include 1880 with the application submitted under section 4723.48 of the 1881 Revised Code all of the following: 1882

(1) Evidence of holding a current, valid certificate of
 authority issued under this chapter to practice as a clinical
 1884
 nurse specialist, certified nurse-midwife, or certified nurse
 1885
 practitioner;

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1889

(2) The fee required by section 4723.08 of the Revised Code 1887for a certificate to prescribe; 1888

(3) Either of the following:

(a) Evidence of having held, for a continuous period of at 1890
least one year during the three years immediately preceding the 1891
date of application, valid authority issued by another 1892
jurisdiction to prescribe therapeutic devices and drugs, excluding 1893
controlled substances; 1894

(b) Evidence of having been employed by the United States
government and authorized, for a continuous period of at least one
year during the three years immediately preceding the date of
application, to prescribe therapeutic devices and drugs, excluding
1898
controlled substances, in conjunction with that employment.

(4) Any additional information the board requires pursuant to 1900rules adopted under section 4723.50 of the Revised Code. 1901

(E) In the case of an applicant who meets the requirements of 1902 division (C) or (D) of this section other than the requirements of 1903 division (C)(3) or (D)(3) of this section and is seeking authority 1904 to prescribe drugs and therapeutic devices by meeting the 1905 requirements of division (A) of this section, the applicant may 1906 complete the instruction that is specific to schedule II 1907 controlled substances, as required by division (B)(5)(d) of this 1908 section, through an internet based course of study in lieu of 1909 completing the instruction through a course of study consisting of 1910 planned classroom and clinical instruction. 1911

Sec.	<u>4723.489.</u>	<u>person not</u>	<u>t otherwise authorized to</u>	1912
<u>administer</u>	drugs may	administer	a drug to a specified patient if	1913
<u>all of the</u>	following	conditions	<u>are met:</u>	1914

(A) The authority to administer the drug is delegated to the 1915 person by an advanced practice registered nurse who is a clinical 1916

nurse specialist, certified nurse-midwife, or certified nurse	1917
practitioner and holds a certificate to prescribe issued under	1918
section 4723.48 of the Revised Code.	1919
(B) The drug is listed in the formulary established under	1920
division (B) of section 4723.50 of the Revised Code but is not a	1921
controlled substance and is not to be administered intravenously.	1922
(C) The drug is to be administered at a location other than a	1923
hospital inpatient care unit, as defined in section 3727.50 of the	1924
Revised Code; a hospital emergency department or a freestanding	1925
emergency department; or an ambulatory surgical facility, as	1926
defined in section 3702.30 of the Revised Code.	1927
(D) The person has successfully completed education based on	1928
a recognized body of knowledge concerning drug administration and	1929
demonstrates to the person's employer the knowledge, skills, and	1930
ability to administer the drug safely.	1931
(E) The person's employer has given the advanced practice	1932
registered nurse access to documentation, in written or electronic	1933
form, showing that the person has met the conditions specified in	1934
division (D) of this section.	1935
(F) The advanced practice registered nurse is physically	1936
present at the location where the drug is administered.	1937
Sec. 4723.50. (A) In accordance with Chapter 119. of the	1938
Revised Code, the board of nursing shall adopt rules as necessary	1939

to implement the provisions of this chapter pertaining to the 1940 authority of clinical nurse specialists, certified nurse-midwives, 1941 and certified nurse practitioners to prescribe drugs and 1942 therapeutic devices and the issuance and renewal of certificates 1943 to prescribe. 1944

The board shall adopt rules that are consistent with the 1945 recommendations the board receives from the committee on 1946

prescriptive governance pursuant to section 4723.492 of the1947Revised Code. After reviewing a recommendation submitted by the1948committee, the board may either adopt the recommendation as a rule1949or ask the committee to reconsider and resubmit the1950recommendation. The board shall not adopt any rule that does not1951conform to a recommendation made by the committee.1952

(B) The board shall adopt rules under this section that do 1953 all of the following: 1954

(1) Establish a formulary listing the types of drugs and
(1) Establish a formulary listing the types of drugs and
(1) Establish a formulary may be prescribed by a clinical nurse
(1) Issue that may be prescribed by a clinical nurse
(1) Issue that may be prescribed by a clinical nurse
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(2) Establish safety standards to be followed by a clinical 1962 nurse specialist, certified nurse-midwife, or certified nurse 1963 practitioner when personally furnishing to patients complete or 1964 partial supplies of antibiotics, antifungals, scabicides, 1965 contraceptives, prenatal vitamins, antihypertensives, drugs and 1966 devices used in the treatment of diabetes, drugs and devices used 1967 in the treatment of asthma, and drugs used in the treatment of 1968 dyslipidemia; 1969

(3) Establish criteria for the components of the standard
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(4) Establish criteria for the section 4723.431 of the Revised
(5) Establish criteria for the section 4723.431 of the standard
(6) Establish criteria for the section 4723.431 of the following:
(7) Establish criteria for the following:

(a) Quality assurance standards; 1976

(b) Standards for periodic review by a collaborating 1977

clinical nurse specialist, certified nurse-midwife, or certified 1979 nurse practitioner; 1980 (c) Acceptable travel time between the location at which the 1981 clinical nurse specialist, certified nurse-midwife, or certified 1982 nurse practitioner is engaging in the prescribing components of 1983 the nurse's practice and the location of the nurse's collaborating 1984 physician or podiatrist; 1985 (d) Any other criteria recommended by the committee on 1986 1987 prescriptive governance. (4) Establish standards and procedures for issuance and 1988 renewal of a certificate to prescribe, including specification of 1989 any additional information the board may require under division 1990 (A)(4), (C)(5), or (D)(5)(4) of section 4723.482 or, division 1991 (B)(3) of section 4723.485, or division (B)(3) of section 4723.486 1992 of the Revised Code; 1993 (5) Establish standards for board approval of the course of 1994 study in advanced pharmacology and related topics required by 1995 section 4723.482 of the Revised Code; 1996

physician or podiatrist of the records of patients treated by the

(6) Establish requirements for board approval of the two-hour
course of instruction in the laws of this state as required under
division (C)(4) of section 4723.482 of the Revised Code and
division (B)(2) of section 4723.484 of the Revised Code;

(7) Establish standards and procedures for the appropriate
 2001
 conduct of an externship as described in section 4723.484 of the
 2002
 Revised Code, including the following:
 2003

(a) Standards and procedures to be used in evaluating an2004individual's participation in an externship;2005

(b) Standards and procedures for the supervision that a 2006 physician must provide during an externship, including supervision 2007

provided by working with the participant and supervision provided 2008 by making timely reviews of the records of patients treated by the 2009 participant. The manner in which supervision must be provided may 2010 vary according to the location where the participant is practicing 2011 and with the participant's level of experience. 2012

Sec. 4729.01. As used in this chapter: 2013

(A) "Pharmacy," except when used in a context that refers to 2014 the practice of pharmacy, means any area, room, rooms, place of 2015 business, department, or portion of any of the foregoing where the 2016 practice of pharmacy is conducted. 2017

(B) "Practice of pharmacy" means providing pharmacist care 2018 requiring specialized knowledge, judgment, and skill derived from the principles of biological, chemical, behavioral, social, 2020 pharmaceutical, and clinical sciences. As used in this division, 2021 "pharmacist care" includes the following: 2022

(1) Interpreting prescriptions;

(2) Dispensing drugs and drug therapy related devices; 2024

(3) Compounding drugs;

(4) Counseling individuals with regard to their drug therapy, 2026 recommending drug therapy related devices, and assisting in the 2027 selection of drugs and appliances for treatment of common diseases 2028 and injuries and providing instruction in the proper use of the 2029 drugs and appliances; 2030

(5) Performing drug regimen reviews with individuals by 2031 discussing all of the drugs that the individual is taking and 2032 explaining the interactions of the drugs; 2033

(6) Performing drug utilization reviews with licensed health 2034 professionals authorized to prescribe drugs when the pharmacist 2035 determines that an individual with a prescription has a drug 2036 regimen that warrants additional discussion with the prescriber; 2037

2019

2023

(7) Advising an individual and the health care professionals	2038
treating an individual with regard to the individual's drug	2039
therapy;	2040
(8) Acting pursuant to a consult agreement with a physician	2041
authorized under Chapter 4731. of the Revised Code to practice	2042
medicine and surgery or osteopathic medicine and surgery, if an	2043
agreement has been established with the physician;	2044
(9) Engaging in the administration of immunizations to the	2045
extent authorized by section 4729.41 of the Revised Code.	2046
(C) "Compounding" means the preparation, mixing, assembling,	2047
packaging, and labeling of one or more drugs in any of the	2048
following circumstances:	2049
(1) Pursuant to a prescription issued by a licensed health	2050
professional authorized to prescribe drugs;	2051
(2) Pursuant to the modification of a prescription made in	2052
accordance with a consult agreement;	2053
(3) As an incident to research, teaching activities, or	2054
chemical analysis;	2055
(4) In anticipation of orders for drugs pursuant to	2056
prescriptions, based on routine, regularly observed dispensing	2057
patterns;	2058
(5) Pursuant to a request made by a licensed health	2059
professional authorized to prescribe drugs for a drug that is to	2060
be used by the professional for the purpose of direct	2061
administration to patients in the course of the professional's	2062
practice, if all of the following apply:	2063
(a) At the time the request is made, the drug is not	2064
commercially available regardless of the reason that the drug is	2065
not available, including the absence of a manufacturer for the	2066

drug or the lack of a readily available supply of the drug from a

manufacturer.	2068
(b) A limited quantity of the drug is compounded and provided	2069
to the professional.	2070
(c) The drug is compounded and provided to the professional	2071
as an occasional exception to the normal practice of dispensing	2072
drugs pursuant to patient-specific prescriptions.	2073
(D) "Consult agreement" means an agreement to manage an	2074
individual's drug therapy that has been entered into by a	2075
pharmacist and a physician authorized under Chapter 4731. of the	2076
Revised Code to practice medicine and surgery or osteopathic	2077
medicine and surgery.	2078
(E) "Drug" means:	2079
(1) Any article recognized in the United States pharmacopoeia	2080
and national formulary, or any supplement to them, intended for	2081
use in the diagnosis, cure, mitigation, treatment, or prevention	2082
of disease in humans or animals;	2083
(2) Any other article intended for use in the diagnosis,	2084
cure, mitigation, treatment, or prevention of disease in humans or	2085
animals;	2086
(3) Any article, other than food, intended to affect the	2087
structure or any function of the body of humans or animals;	2088
(4) Any article intended for use as a component of any	2089
article specified in division (E)(1), (2), or (3) of this section;	2090
but does not include devices or their components, parts, or	2091
accessories.	2092
(F) "Dangerous drug" means any of the following:	2093
(1) Any drug to which either of the following applies:	2094
(a) Under the "Federal Food, Drug, and Cosmetic Act," 52	2095
Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, the drug is	2096
required to bear a label containing the legend "Caution: Federal	2097

law prohibits dispensing without prescription" or "Caution: 2098
Federal law restricts this drug to use by or on the order of a 2099
licensed veterinarian" or any similar restrictive statement, or 2100
the drug may be dispensed only upon a prescription; 2101

(b) Under Chapter 3715. or 3719. of the Revised Code, the 2102 drug may be dispensed only upon a prescription. 2103

(2) Any drug that contains a schedule V controlled substance
and that is exempt from Chapter 3719. of the Revised Code or to
which that chapter does not apply;
2106

(3) Any drug intended for administration by injection into(3) Any drug intended for administration by injection into(3) 2107(3) Any drug intended for administration by injection into(3) 2107(3) Any drug intended for administration by injection into(3) 2107(3) Any drug intended for administration by injection into(3) Any drug intended for administration by injection by injection into(3) Any drug intended for administration by injection by injectio

(G) "Federal drug abuse control laws" has the same meaning as 2110 in section 3719.01 of the Revised Code. 2111

(H) "Prescription" means a written, electronic, or oral order 2112
for drugs or combinations or mixtures of drugs to be used by a 2113
particular individual or for treating a particular animal, issued 2114
by a licensed health professional authorized to prescribe drugs. 2115

(I) "Licensed health professional authorized to prescribe 2116
drugs" or "prescriber" means an individual who is authorized by 2117
law to prescribe drugs or dangerous drugs or drug therapy related 2118
devices in the course of the individual's professional practice, 2119
including only the following: 2120

(1) A dentist licensed under Chapter 4715. of the Revised 2121Code; 2122

(2) A clinical nurse specialist, certified nurse-midwife, or
 certified nurse practitioner who holds a certificate to prescribe
 2123
 issued under section 4723.48 of the Revised Code;
 2125

(3) An optometrist licensed under Chapter 4725. of the 2126Revised Code to practice optometry under a therapeutic 2127

pharmaceutical agents certificate;	2128
(4) A physician authorized under Chapter 4731. of the Revised	2129
Code to practice medicine and surgery, osteopathic medicine and	2130
surgery, or podiatric medicine and surgery;	2131
(5) A physician assistant who holds a certificate to	2132
prescribe valid prescriber number issued under Chapter 4730. of	2133
the Revised Code by the state medical board and has been granted	2134
physician-delegated prescriptive authority;	2135
(6) A veterinarian licensed under Chapter 4741. of the	2136
Revised Code.	2137
(J) "Sale" and "sell" include delivery, transfer, barter,	2138
exchange, or gift, or offer therefor, and each such transaction	2139
made by any person, whether as principal proprietor, agent, or	2140
employee.	2141
(K) "Wholesale sale" and "sale at wholesale" mean any sale in	2142
which the purpose of the purchaser is to resell the article	2143
purchased or received by the purchaser.	2144
(L) "Retail sale" and "sale at retail" mean any sale other	2145
than a wholesale sale or sale at wholesale.	2146
(M) "Retail seller" means any person that sells any dangerous	2147
drug to consumers without assuming control over and responsibility	2148
for its administration. Mere advice or instructions regarding	2149
administration do not constitute control or establish	2150
responsibility.	2151
(N) "Price information" means the price charged for a	2152
prescription for a particular drug product and, in an easily	2153
understandable manner, all of the following:	2154
(1) The proprietary name of the drug product;	2155
(2) The established (generic) name of the drug product;	2156
(3) The strength of the drug product if the product contains	2157

a single active ingredient or if the drug product contains more 2158 than one active ingredient and a relevant strength can be 2159 associated with the product without indicating each active 2160 ingredient. The established name and quantity of each active 2161 ingredient are required if such a relevant strength cannot be so 2162 associated with a drug product containing more than one 2163 ingredient. 2164

(4) The dosage form;

(5) The price charged for a specific quantity of the drug 2166 product. The stated price shall include all charges to the 2167 consumer, including, but not limited to, the cost of the drug 2168 product, professional fees, handling fees, if any, and a statement 2169 identifying professional services routinely furnished by the 2170 pharmacy. Any mailing fees and delivery fees may be stated 2171 separately without repetition. The information shall not be false 2172 or misleading. 2173

(0) "Wholesale distributor of dangerous drugs" means a person
 2174
 engaged in the sale of dangerous drugs at wholesale and includes
 2175
 any agent or employee of such a person authorized by the person to
 2176
 engage in the sale of dangerous drugs at wholesale.
 2177

(P) "Manufacturer of dangerous drugs" means a person, other 2178
than a pharmacist, who manufactures dangerous drugs and who is 2179
engaged in the sale of those dangerous drugs within this state. 2180

(Q) "Terminal distributor of dangerous drugs" means a person 2181 who is engaged in the sale of dangerous drugs at retail, or any 2182 person, other than a wholesale distributor or a pharmacist, who 2183 has possession, custody, or control of dangerous drugs for any 2184 purpose other than for that person's own use and consumption, and 2185 includes pharmacies, hospitals, nursing homes, and laboratories 2186 and all other persons who procure dangerous drugs for sale or 2187 other distribution by or under the supervision of a pharmacist or 2188

licensed health professional authorized to prescribe drugs. 2189 (R) "Promote to the public" means disseminating a 2190 representation to the public in any manner or by any means, other 2191 than by labeling, for the purpose of inducing, or that is likely 2192 to induce, directly or indirectly, the purchase of a dangerous 2193 drug at retail. 2194 (S) "Person" includes any individual, partnership, 2195 association, limited liability company, or corporation, the state, 2196 any political subdivision of the state, and any district, 2197 department, or agency of the state or its political subdivisions. 2198 (T) "Finished dosage form" has the same meaning as in section 2199 3715.01 of the Revised Code. 2200 (U) "Generically equivalent drug" has the same meaning as in 2201 section 3715.01 of the Revised Code. 2202 (V) "Animal shelter" means a facility operated by a humane 2203 society or any society organized under Chapter 1717. of the 2204 Revised Code or a dog pound operated pursuant to Chapter 955. of 2205 the Revised Code. 2206 (W) "Food" has the same meaning as in section 3715.01 of the 2207 Revised Code. 2208 (X) "Pain management clinic" has the same meaning as in 2209 section 4731.054 of the Revised Code. 2210 Sec. 4730.01. As used in this chapter: 2211 (A) "Physician assistant" means a skilled person qualified by 2212 academic and clinical training to provide services to patients as 2213 a physician assistant under the supervision, control, and 2214 direction of one or more physicians who are responsible for the 2215 physician assistant's performance. 2216

(B) "Physician" means an individual who is authorized under 2217

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Chapter 4731. of the Revised Code to practice medicine and	2218
surgery, osteopathic medicine and surgery, or podiatric medicine	2219
and surgery.	2220
(C)(B) "Health care facility" means any of the following:	2221
(1) A hospital registered with the department of health under	2222
section 3701.07 of the Revised Code;	2223
(2) A health care facility licensed by the department of	2224
health under section 3702.30 of the Revised Code;	2225
(3) Any other facility designated by the state medical board	2226
in rules adopted pursuant to division (B) (2) of section 4730.08 of	2227
the Revised Code.	2228
(D) "Special services" means the health care services that a	2229
physician assistant may be authorized to provide under the special	2230
services portion of a physician supervisory plan approved under	2231
section 4730.17 of the Revised Code (C) "Service" means a medical	2232
activity that requires training in the diagnosis, treatment, or	2233
prevention of disease.	2234

Sec. 4730.02. (A) No person shall hold that person out as 2235 being able to function as a physician assistant, or use any words 2236 or letters indicating or implying that the person is a physician 2237 assistant, without a current, valid certificate license to 2238 practice as a physician assistant issued pursuant to this chapter. 2239

(B) No person shall practice as a physician assistant without 2240the supervision, control, and direction of a physician. 2241

(C) No person shall act as the supervising physician of a 2242
 physician assistant without having received the state medical 2243
 board's approval of a supervision agreement entered into with the 2244
 physician assistant. 2245

(D) No person shall practice as a physician assistant without 2246 having entered into a supervision agreement that has been approved 2247

by the state medical board with a supervising physician under	2248
section 4730.19 of the Revised Code.	2249
(E)(D) No person acting as the supervising physician of a	2250
physician assistant shall authorize the physician assistant to	2251
perform services if either of the following is the case:	2252
(1) The services are not within the physician's normal course	2253
of practice and expertise;	2254
(2) The services are inconsistent with the physician	2255
supervisory plan approved by the state medical board for the	2256
supervising physician or supervision agreement under which the	2257
physician assistant is being supervised, including, if applicable,	2258
the policies of the health care facility in which the physician	2259
and physician assistant are practicing.	2260
(F) No person shall practice as a physician assistant in a	2261
manner that is inconsistent with the physician supervisory plan	2262
approved for the physician who is responsible for supervising the	2263
physician assistant or the policies of the health care facility in	2264
which the physician assistant is practicing.	2265
(G)(E) No person practicing as a physician assistant shall	2266
prescribe any drug or device to perform or induce an abortion, or	2267
otherwise perform or induce an abortion.	2268
(H)(F) No person shall advertise to provide services as a	2269
physician assistant, except for the purpose of seeking employment.	2270
(I)<u>(G)</u> No person practicing as a physician assistant shall	2271
fail to wear at all times when on duty a placard, plate, or other	2272
device identifying that person as a "physician assistant."	2273
Sec. 4730.03. Nothing in this chapter shall:	2274
	22/1
(A) Be construed to affect or interfere with the performance	2275
of duties of any medical personnel who are either of the	2276
following:	2277

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(1) In active service in the army, navy, coast guard, marine
corps, air force, public health service, or marine hospital
service of the United States while so serving;
2280

(2) Employed by the veterans administration of the United
 States while so employed +.
 2282

(B) Prevent any person from performing any of the services a 2283
 physician assistant may be authorized to perform, if the person's 2284
 professional scope of practice established under any other chapter 2285
 of the Revised Code authorizes the person to perform the services; 2286

(C) Prohibit a physician from delegating responsibilities to 2287 any nurse or other qualified person who does not hold a 2288 certificate license to practice as a physician assistant, provided 2289 that the individual does not hold the individual out to be a 2290 physician assistant; 2291

(D) Be construed as authorizing a physician assistant 2292 independently to order or direct the execution of procedures or 2293 techniques by a registered nurse or licensed practical nurse in 2294 the care and treatment of a person in any setting, except to the 2295 extent that the physician assistant is authorized to do so by the 2296 physician supervisory plan approved under section 4730.17 of the 2297 Revised Code for the a physician who is responsible for 2298 supervising the physician assistant Θr and, if applicable, the 2299 policies of the health care facility in which the physician 2300 assistant is practicing; 2301

(E) Authorize a physician assistant to engage in the practice 2302 of optometry, except to the extent that the physician assistant is 2303 authorized by a supervising physician acting in accordance with 2304 this chapter to perform routine visual screening, provide medical 2305 care prior to or following eye surgery, or assist in the care of 2306 diseases of the eye; 2307

(F) Be construed as authorizing a physician assistant to 2308

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prescribe any drug or device to perform or induce an abortion, or 2309 as otherwise authorizing a physician assistant to perform or 2310 induce an abortion. 2311

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Sec. 4730.04. (A) As used in this section: 2312
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(1) "Disaster" means any imminent threat or actual occurrence
of widespread or severe damage to or loss of property, personal
hardship or injury, or loss of life that results from any natural
phenomenon or act of a human.

(2) "Emergency" means an occurrence or event that poses an(2) imminent threat to the health or life of a human.2318

(B) Nothing in this chapter prohibits any of the following
individuals from providing medical care, to the extent the
individual is able, in response to a need for medical care
precipitated by a disaster or emergency:
2319

(1) An individual who holds a certificate license to practice 2323
 as a physician assistant issued under this chapter; 2324

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(2) An individual licensed or authorized to practice as a 2325physician assistant in another state; 2326
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(3) An individual credentialed or employed as a physician
 2327
 assistant by an agency, office, or other instrumentality of the
 2328
 federal government.
 2329

(C) For purposes of the medical care provided by a physician
assistant pursuant to division (B)(1) of this section, both of the
following apply notwithstanding any supervision requirement of
2332
this chapter to the contrary:

(1) The physician who supervises the physician assistant
 2334
 pursuant to a physician supervisory plan approved by the state
 2335
 medical board under section 4730.17 of the Revised Code
 supervision agreement entered into under section 4730.19 of the
 Revised Code is not required to meet the supervision requirements
 2334

established under this chapter.

(2) The physician designated as the medical director of thedisaster or emergency may supervise the medical care provided by2341the physician assistant.2342

sec. 4730.06. (A) The physician assistant policy committee of 2343
the state medical board shall review, and shall submit to the 2344
board recommendations concerning, all of the following: 2345

(1) Requirements for issuance of certificates issuing a
2346
<u>license</u> to practice as a physician assistant, including the
2347
educational requirements that must be met to receive a certificate
2348
<u>license</u> to practice;
2349

(2) Existing and proposed rules pertaining to the practice of
 2350
 physician assistants, the supervisory relationship between
 2351
 physician assistants and supervising physicians, and the
 2352
 administration and enforcement of this chapter;
 2353

(3) In accordance with section 4730.38 of the Revised Code, 2354
physician-delegated prescriptive authority for physician 2355
assistants and proposed changes to the physician assistant 2356
formulary the board adopts pursuant to division (A)(1) of section 2357
4730.39 of the Revised Code; 2358

(4) Application procedures and forms for certificates <u>a</u>
<u>license</u> to practice as a physician assistant, physician
<u>supervisory plans, and supervision agreements</u>;
2361

(5) Fees required by this chapter for issuance and renewal of 2362
 certificates a license to practice as a physician assistant; 2363

(6) Criteria to be included in applications submitted to the
board for approval of physician supervisory plans, including
criteria to be included in applications for approval to delegate
construction assistants the performance of special services;
2364

(7) Criteria to be included in supervision agreements 2368

submitted to the board for approval and renewal of the board's	2369
approval;	2370
(8) Any issue the board asks the committee to consider.	2371
(B) In addition to the matters that are required to be	2372
reviewed under division (A) of this section, the committee may	2373
review, and may submit to the board recommendations concerning,	2374
either or both of the following:	2375
(1) Quality quality assurance activities to be performed by a	2376
supervising physician and physician assistant under a quality	2377
assurance system established pursuant to division (F) of section	2378
4730.21 of the Revised Code \div	2379
(2) The development and approval of one or more model	2380
physician supervisory plans and one or more models for a special	2381
services portion of the one or more model physician supervisory	2382
plans. The committee may submit recommendations for model plans	2383
that reflect various medical specialties.	2384
(C) The board shall take into consideration all	2385
recommendations submitted by the committee. Not later than ninety	2386
days after receiving a recommendation from the committee, the	2387
board shall approve or disapprove the recommendation and notify	2388
the committee of its decision. If a recommendation is disapproved,	2389
the board shall inform the committee of its reasons for making	2390
that decision. The committee may resubmit the recommendation after	2391
addressing the concerns expressed by the board and modifying the	2392
disapproved recommendation accordingly. Not later than ninety days	2393
after receiving a resubmitted recommendation, the board shall	2394
approve or disapprove the recommendation. There is no limit on the	2395
number of times the committee may resubmit a recommendation for	2396
consideration by the board.	2397
	2371

(D)(1) Except as provided in division (D)(2) of this section, 2398the board may not take action regarding a matter that is subject 2399

to the committee's review under division (A) or (B) of this 2400 section unless the committee has made a recommendation to the 2401 board concerning the matter. 2402 (2) If the board submits to the committee a request for a 2403 recommendation regarding a matter that is subject to the 2404 committee's review under division (A) or (B) of this section, and 2405 the committee does not provide a recommendation before the 2406 sixty-first day after the request is submitted, the board may take 2407 action regarding the matter without a recommendation. 2408 Sec. 4730.08. (A) A certificate <u>license</u> to practice as a 2409 physician assistant issued under this chapter authorizes the 2410 holder to practice as a physician assistant, subject to all of the 2411 following as follows: 2412 (1) The physician assistant shall practice only under the 2413 supervision, control, and direction of a physician with whom the 2414 physician assistant has entered into a supervision agreement 2415 approved by the state medical board under section 4730.17 4730.19 2416 of the Revised Code. 2417 (2) When the physician assistant practices outside a health 2418 care facility, the The physician assistant shall practice in 2419

care facility, the The physician assistant shall practice in2419accordance with the physician supervisory plan approved under2420section 4730.17 of the Revised Code for supervision agreement2421entered into with the physician who is responsible for supervising2422the physician assistant.2423

(3) When the physician assistant practices within a health2424care facility, the physician assistant shall practice in2425accordance with, including, if applicable, the policies of the2426health care facility in which the physician assistant is2427practicing.2428

(B) For purposes of division (A) of this section and all 2429

other provisions of this chapter pertaining to the practice of a	2430
physician assistant under the policies of a health care facility,	2431
both of the following apply:	2432

(1) A physician who is supervising a physician assistant 2433 within a health care facility may impose limitations on the 2434 physician assistant's practice that are in addition to any 2435 limitations applicable under the policies of the facility. 2436

(2) The state medical board may, subject to division (D) of 2437 section 4730.06 of the Revised Code, adopt rules designating 2438 facilities to be included as health care facilities that are in 2439 addition to the facilities specified in divisions (C)(B)(1) and 2440 (2) of section 4730.01 of the Revised Code. The Any rules adopted 2441 shall be adopted in accordance with Chapter 119. of the Revised 2442 Code. 2443

sec. 4730.10. (A) An individual seeking a certificate license 2444
to practice as a physician assistant shall file with the state 2445
medical board a written application on a form prescribed and 2446
supplied by the board. The application shall include all of the 2447
following: 2448

(1) The applicant's name, residential address, business2449address, if any, and social security number;2450

(2) Satisfactory proof that the applicant meets the age and
moral character requirements specified in divisions (A)(1) and (2)
of section 4730.11 of the Revised Code;
2453

(3) Satisfactory proof that the applicant meets either the 2454 educational requirements specified in division (B)(1) or (2) of 2455 section 4730.11 of the Revised Code or the educational or other 2456 applicable requirements specified in division (C)(1), (2), or (3) 2457 of that section; 2458

(4) Any other information the board requires. 2459

(B) At the time of making application for a certificate 2460
<u>license</u> to practice, the applicant shall pay the board a fee of 2461
two five hundred dollars, no part of which shall be returned. The 2462
fees shall be deposited in accordance with section 4731.24 of the 2463
Revised Code. 2464

Sec. 4730.101. In addition to any other eligibility 2465 requirement set forth in this chapter, each applicant for a 2466 certificate license to practice as a physician assistant shall 2467 comply with sections 4776.01 to 4776.04 of the Revised Code. The 2468 state medical board shall not grant to an applicant a certificate 2469 license to practice as a physician assistant unless the board, in 2470 its discretion, decides that the results of the criminal records 2471 check do not make the applicant ineligible for a certificate 2472 license issued pursuant to section 4730.12 of the Revised Code. 2473

Sec. 4730.11. (A) To be eligible to receive a certificate2474license to practice as a physician assistant, all of the following2475apply to an applicant:2476

(1) The applicant shall be at least eighteen years of age. 2477

(2) The applicant shall be of good moral character.

(3) The applicant shall hold current certification by the 2479
 national commission on certification of physician assistants or a 2480
 successor organization that is recognized by the state medical 2481
 board. 2482

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(4) The applicant shall meet either of the following 2483requirements: 2484
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(a) The educational requirements specified in division (B)(1) 2485or (2) of this section; 2486

(b) The educational or other applicable requirements 2487 specified in division (C)(1), (2), or (3) of this section. 2488

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(B) Effective January 1, 2008, for purposes of division 2489
(A)(4)(a) of this section, an applicant shall meet either of the 2490
following educational requirements: 2491

(1) The applicant shall hold a master's or higher degree
2492
obtained from a program accredited by the accreditation review
2493
commission on education for the physician assistant or a
2494
predecessor or successor organization recognized by the board.
2495

(2) The applicant shall hold both of the following degrees: 2496

(a) A degree other than a master's or higher degree obtained
from a program accredited by the accreditation review commission
on education for the physician assistant or a predecessor or
successor organization recognized by the board;
2497

(b) A master's or higher degree in a course of study with
 2501
 clinical relevance to the practice of physician assistants and
 2502
 obtained from a program accredited by a regional or specialized
 and professional accrediting agency recognized by the council for
 2504
 higher education accreditation.

(C) For purposes of division (A)(4)(b) of this section, an 2506 applicant shall present evidence satisfactory to the board of 2507 meeting one of the following requirements in lieu of meeting the 2508 educational requirements specified in division (B)(1) or (2) of 2509 this section: 2510

(1) The applicant shall hold a current, valid license or
other form of authority to practice as a physician assistant
issued by another jurisdiction prior to January 1, 2008 and have
been in active practice in any jurisdiction throughout the
2514
three-year period immediately preceding the date of application.

(2) The applicant shall hold a degree obtained as a result of 2516 being enrolled on January 1, 2008, in a program in this state that 2517 was accredited by the accreditation review commission on education 2518 for the physician assistant but did not grant a master's or higher 2519 degree to individuals enrolled in the program on that date, and2520completing the program on or before December 31, 2009.2521(3) The applicant shall meet both of the following2522educational and military experience requirements:2523

(a) Hold hold a degree obtained from a program accredited by2524the accreditation review commission on education for the physician2525assistant+ and meet either of the following experience2526requirements:2527

(b)(a) Have experience practicing as a physician assistant 2528 for at least three consecutive years while on active duty, with 2529 evidence of service under honorable conditions, in any of the 2530 armed forces of the United States or the national guard of any 2531 state, including any experience attained while practicing as a 2532 physician assistant at a health care facility or clinic operated 2533 by the United States department of veterans affairs. 2534

(b) Have experience practicing as a physician assistant for2535at least three consecutive years while on active duty in the2536United States public health service commissioned corps.2537

(D) Unless the applicant had prescriptive authority while
 practicing as a physician assistant in another jurisdiction, in
 2539
 the military, or in the public health service, the license issued
 to an applicant who does not hold a master's or higher degree
 2541
 described in division (B) of this section does not authorize the
 2542
 holder to exercise physician-delegated prescriptive authority and
 the state medical board shall not issue a prescriber number.

(E)(1) This section does not require an individual to obtain 2545 a master's or higher degree as a condition of retaining or 2546 renewing a certificate license to practice as a physician 2547 assistant if the individual received the certificate license 2548 without holding a master's or higher degree as provided in either 2549 of the following: 2550

(1)(a) Before the educational requirements specified in	2551
division (B)(1) or (2) of this section became effective January 1,	2552
2008;	2553
(2) (b) By meeting the educational or other applicable	2554
requirements specified in division (C)(1), (2), or (3) of this	2555
section.	2556
(2) A license described in division (E)(1) of this section	2557
authorizes the license holder to exercise physician-delegated	2558
prescriptive authority if, on the effective date of this	2559
amendment, the license holder held a valid certificate to	2560
prescribe issued under former section 4730.44 of the Revised Code,	2561
as it existed immediately prior to the effective date of this	2562
amendment.	2563
(3) On application of an individual who received a license	2564
without having first obtained a master's or higher degree and is	2565
not authorized under division (E)(2) of this section to exercise	2566
physician-delegated prescriptive authority, the board shall grant	2567
the individual the authority to exercise physician-delegated	2568
prescriptive authority if the individual provides evidence	2569
satisfactory to the board of having obtained a master's or higher	2570
degree from either of the following:	2571
(a) A program accredited by the accreditation review	2572
commission on education for the physician assistant or a	2573
predecessor or successor organization recognized by the board;	2574
(b) A program accredited by a regional or specialized and	2575
professional accrediting agency recognized by the council for	2576
higher education accreditation, if the degree is in a course of	2577
study with clinical relevance to the practice of physician	2578
assistants.	2579

Sec. 4730.111. A physician assistant whose certification by 2580

the national commission on certification of physician assistants 2581 or a successor organization recognized by the state medical board 2582 is suspended or revoked shall give notice of that occurrence to 2583 the board not later than fourteen days after the physician 2584 assistant receives notice of the change in certification status. A 2585 physician assistant who fails to renew the certification shall 2586 notify the board not later than fourteen days after the 2587 certification expires. 2588

sec. 4730.12. (A) The state medical board shall review all 2589 applications each application received under section 4730.10 of 2590 the Revised Code for certificates <u>a license</u> to practice as a 2591 physician assistant. Not later than sixty days after receiving a 2592 complete application, the board shall determine whether an 2593 applicant meets the requirements to receive a certificate license 2594 to practice, as specified in section 4730.11 of the Revised Code. 2595 An affirmative vote of not fewer than six members of the board is 2596 required to determine that an applicant meets the requirements to 2597 receive a certificate license to practice as a physician 2598 assistant. 2599

(B) If the board determines that an applicant meets the 2600 requirements to receive the certificate license, the secretary of 2601 the board shall register the applicant as a physician assistant 2602 and issue to the applicant a certificate license to practice as a 2603 physician assistant.

(C)(1) During the first five hundred hours of the first one2605thousand hours of a physician assistant's exercise of2606physician-delegated prescriptive authority, the physician2607assistant shall exercise that authority only under the on-site2608supervision of a supervising physician.2609

(2) A physician assistant shall be excused from the2610requirement established in division (C)(1) of this section if2611

prior to application the physician assistant held a prescriber	2612
number, or the equivalent, from another jurisdiction and practiced	2613
with prescriptive authority in that jurisdiction for not less than	2614
one thousand hours.	2615
(3) A record of a physician assistant's completion of the	2616
hours required by division (C)(1) of this section or issuance of a	2617
prescriber number or equivalent by another jurisdiction shall be	2618
kept on file by a supervising physician of the physician	2619
assistant. The record shall be made available for inspection by	2620
the board.	2621

Sec. 4730.13. Upon application by the holder of a certificate 2622 <u>license</u> to practice as a physician assistant, the state medical 2623 board shall issue a duplicate certificate license to replace one 2624 that is missing or damaged, to reflect a name change, or for any 2625 other reasonable cause. The fee for a duplicate certificate 2626 license shall be thirty-five dollars. All fees collected under 2627 this section shall be deposited in accordance with section 4731.24 2628 of the Revised Code. 2629

Sec. 4730.14. (A) A certificate license to practice as a 2630 physician assistant shall expire biennially and may be renewed in 2631 accordance with this section. A person seeking to renew a 2632 certificate license to practice as a physician assistant shall, on 2633 or before the thirty-first day of January of each even-numbered 2634 year, apply for renewal of the certificate <u>license</u>. The state 2635 medical board shall send renewal notices at least one month prior 2636 to the expiration date. 2637

Applications shall be submitted to the board on forms the2638board shall prescribe and furnish. Each application shall be2639accompanied by a biennial renewal fee of one two hundred dollars.2640The board shall deposit the fees in accordance with section2641

4731.24 of the Revised Code.

The applicant shall report any criminal offense that 2643 constitutes grounds for refusing to issue a certificate license to 2644 practice under section 4730.25 of the Revised Code to which the 2645 applicant has pleaded guilty, of which the applicant has been 2646 found guilty, or for which the applicant has been found eligible 2647 for intervention in lieu of conviction, since last signing an 2648 application for a certificate <u>license</u> to practice as a physician 2649 assistant. 2650

(B) To be eligible for renewal of a license, a physician 2651 assistant shall certify to the board both an applicant is subject 2652 to all of the following: 2653

(1) That the physician assistant The applicant shall certify 2654 to the board that the applicant has maintained certification by 2655 the national commission on certification of physician assistants 2656 or a successor organization that is recognized by the board by 2657 meeting the standards to hold current certification from the 2658 commission or its successor, including completion of continuing 2659 medical education requirements and passing periodic 2660 recertification examinations +. 2661

(2) Except as provided in division (F) of this section and 2662 section 5903.12 of the Revised Code, the applicant shall certify 2663 to the board that the physician assistant applicant has completed 2664 during the current certification <u>licensure</u> period not less than 2665 one hundred hours of continuing medical education acceptable to 2666 the board. 2667

(3) The applicant shall comply with the renewal eligibility 2668 requirements established under section 4730.49 of the Revised Code 2669 that pertain to the applicant. 2670

(C) The board shall adopt rules in accordance with Chapter 2671 119. of the Revised Code specifying the types of continuing 2672

medical education that must be completed to fulfill the board's 2673 requirements under division (B)(2) of this section. Except when 2674 additional continuing medical education is required to renew a 2675 certificate to prescribe, as specified in section 4730.49 of the 2676 Revised Code, the board shall not adopt rules that require a 2677 physician assistant to complete in any *certification* licensure 2678 period more than one hundred hours of continuing medical education 2679 acceptable to the board. In fulfilling the board's requirements, a 2680 physician assistant may use continuing medical education courses 2681 or programs completed to maintain certification by the national 2682 commission on certification of physician assistants or a successor 2683 organization that is recognized by the board if the standards for 2684 acceptable courses and programs of the commission or its successor 2685 are at least equivalent to the standards established by the board. 2686

(D) If an applicant submits a complete renewal application
 and qualifies for renewal pursuant to division (B) of this
 section, the board shall issue to the applicant a renewed
 2689
 certificate license to practice as a physician assistant.

(E) The board may require a random sample of physician 2691 assistants to submit materials documenting certification by the 2692 national commission on certification of physician assistants or a 2693 successor organization that is recognized by the board and 2694 completion of the required number of hours of continuing medical 2695 education. 2696

(F) The board shall provide for pro rata reductions by month
of the number of hours of continuing education that must be
completed for individuals who are in their first certification
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<u>licensure</u> period, who have been disabled due to illness or
accident, or who have been absent from the country. The board
shall adopt rules, in accordance with Chapter 119. of the Revised
2703

(G)(1) A certificate license to practice that is not renewed 2704

on or before its expiration date is automatically suspended on its 2705 expiration date. Continued practice after suspension of the 2706 certificate license shall be considered as practicing in violation 2707 of division (A) of section 4730.02 of the Revised Code. 2708

(2) If a certificate license has been suspended pursuant to 2709 division (G)(1) of this section for two years or less, it may be 2710 reinstated. The board shall reinstate a certificate license 2711 suspended for failure to renew upon an applicant's submission of a 2712 renewal application, the biennial renewal fee, and any applicable 2713 monetary penalty. 2714

If a certificate license has been suspended pursuant to 2715 division (G)(1) of this division section for more than two years, 2716 it may be restored. In accordance with section 4730.28 of the 2717 Revised Code, the board may restore a certificate license 2718 suspended for failure to renew upon an applicant's submission of a 2719 restoration application, the biennial renewal fee, and any 2720 applicable monetary penalty and compliance with sections 4776.01 2721 to 4776.04 of the Revised Code. The board shall not restore to an 2722 applicant a certificate <u>license</u> to practice as a physician 2723 assistant unless the board, in its discretion, decides that the 2724 results of the criminal records check do not make the applicant 2725 ineligible for a certificate <u>license</u> issued pursuant to section 2726 4730.12 of the Revised Code. 2727

The penalty for reinstatement shall be fifty dollars and the 2728 penalty for restoration shall be one hundred dollars. The board 2729 shall deposit penalties in accordance with section 4731.24 of the 2730 Revised Code. 2731

(H) If an individual certifies that the individual has 2732
completed the number of hours and type of continuing medical 2733
education required for renewal or reinstatement of a certificate 2734
<u>license</u> to practice as a physician assistant, and the board finds 2735
through a random sample conducted under division (E) of this 2736

section or through any other means that the individual did not 2737 complete the requisite continuing medical education, the board may 2738 impose a civil penalty of not more than five thousand dollars. The 2739 board's finding shall be made pursuant to an adjudication under 2740 Chapter 119. of the Revised Code and by an affirmative vote of not 2741 fewer than six members. 2742

A civil penalty imposed under this division may be in 2743 addition to or in lieu of any other action the board may take 2744 under section 4730.25 of the Revised Code. The board shall deposit 2745 civil penalties in accordance with section 4731.24 of the Revised 2746 Code. 2747

Sec. 4730.19.	(A) For a supervision agreement to be approved	2748
by the board, all	of the following apply:	2749

(1) Before initiating supervision of one or more physician 2750 assistants licensed under this chapter, a physician shall enter 2751 into a supervision agreement with each physician assistant who 2752 will be supervised. A supervision agreement may apply to one or 2753 more physician assistants, but, except as provided in division 2754 (B)(2)(e) of this section, may apply to not more than one 2755 physician. The supervision agreement shall specify that the 2756 physician agrees to supervise the physician assistant and the 2757 physician assistant agrees to practice in accordance with the 2758 conditions specified in the physician supervisory plan approved 2759 for that physician or the policies of the health care facility in 2760 which the supervising physician and physician assistant are 2761 practicing under that physician's supervision. 2762

(2) The agreement shall clearly state that the supervising
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 physician is legally responsible and assumes legal liability for
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 the services provided by the physician assistant. The agreement
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 shall be signed by the physician and the physician assistant.

(3) The physician assistant shall hold a current certificate 2767

to practice as a physician assistant. 2768 (4) If a physician supervisory plan applies to the physician 2769 assistant's practice, the physician shall hold an approved 2770 physician supervisory plan. 2771 (5) If the physician intends to grant physician delegated 2772 prescriptive authority to a physician assistant, the physician 2773 assistant shall hold a certificate to prescribe issued under this 2774 chapter. 2775 (6) If the physician holds approval of more than one 2776 physician supervisory plan, the agreement shall specify the plan 2777 under which the physician assistant will practice. 2778 (B) The board shall review each application received. If the 2779 2780 board finds that the requirements specified in division (A) of this section have been met and the applicant has paid the fee 2781 specified in section 4730.18 of the Revised Code, the board shall 2782 approve the supervision agreement and notify the supervising 2783 physician of the board's approval. If physician-delegated 2784 prescriptive authority will be granted to more than one physician 2785 assistant under the supervision agreement, the board shall specify 2786 in the notice that its approval is specific to each physician 2787 assistant. The board shall provide notice of its approval of a 2788 supervision agreement not later than thirty days after the board 2789 receives a complete application for approval. A supervision 2790 agreement shall include either or both of the following: 2791 (1) If a physician assistant will practice within a health 2792 care facility, the agreement shall include terms that require the 2793 physician assistant to practice in accordance with the policies of 2794 the health care facility. 2795 (2) If a physician assistant will practice outside a health 2796

<u>care facility, the agreement shall include terms that specify all</u> 2797 of the following: 2798

(a) The responsibilities to be fulfilled by the physician in	2799
supervising the physician assistant;	2800
(b) The responsibilities to be fulfilled by the physician	2801
assistant when performing services under the physician's	2802
supervision;	2803
(c) Any limitations on the responsibilities to be fulfilled	2804
by the physician assistant;	2805
(d) The circumstances under which the physician assistant is	2806
required to refer a patient to the supervising physician;	2807
(e) If the supervising physician chooses to designate	2808
physicians to act as alternate supervising physicians, the names,	2809
business addresses, and business telephone numbers of the	2810
physicians who have agreed to act in that capacity.	2811
(C) After a supervision agreement is approved, a physician	2812
may apply to the board for approval to initiate supervision of a	2813
physician assistant who is not listed on the agreement. There is	2814
no fee for applying for the addition of a physician assistant to a	2815
supervision agreement.	2816
To receive the board's approval of the addition to the	2817
supervision agreement, the physician assistant shall hold a	2818
current certificate to practice as a physician assistant. If the	2819
physician intends to grant physician-delegated prescriptive	2820
authority to the physician assistant, the physician assistant	2821
shall hold a current certificate to prescribe. If these	2822
requirements are met, the board shall notify the physician of its	2823
approval of the addition to the supervision agreement. The board	2824
shall provide notice of its approval not later than thirty days	2825
after the board receives a complete application for approval (1)	2826
The supervising physician shall submit a copy of each supervision	2827
agreement to the board. The board may review the supervision	2828
agreement at any time for compliance with this section and for	2829

verification of licensure of the supervising physician and the	2830
physician assistant. All of the following apply to the submission	2831
and review process:	2832
(a) If the board reviews a supervision agreement, the board	2833
shall notify the supervising physician of any way that the	2834
agreement fails to comply with this section.	2835
(b) A supervision agreement becomes effective at the end of	2836
the fifth business day after the day the board receives the	2837
agreement unless the board notifies the supervising physician that	2838
the agreement fails to comply with this section.	2839
A supervision agreement expires two years after the day it	2840
takes effect. The agreement may be renewed by submitting a copy of	2841
it to the board.	2842
(c) If a physician receives a notice under division (C)(1)(a)	2843
of this section, the physician may revise the supervision	2844
agreement and resubmit the agreement to the board. The board may	2845
review the agreement as provided in division (C)(1) of this	2846
section.	2847
(d) Until July 1, 2015, each initial or renewed agreement	2848
submitted under division (C)(1) of this section shall be	2849
accompanied by a fee of twenty-five dollars. No fee is required	2850
for submitting a revised agreement under division (C)(1)(c) of	2851
this section or for submitting an amendment under division (C)(2)	2852
of this section. Fees shall be deposited in accordance with	2853
section 4731.24 of the Revised Code.	2854
(2) Before expiration, a supervision agreement may be amended	2855
<u>by including one or more additional physician assistants. An</u>	2856
amendment to a supervision agreement shall be submitted to the	2857
board for review in the manner provided for review of an initial	2858
agreement under division (C)(1) of this section. The amendment	2859
does not alter the agreement's expiration date.	2860

(D) A supervision agreement shall be kept in the records	2861
maintained by the supervising physician who entered into the	2862
agreement.	2863
(E) The board may impose a civil penalty of not more than one	2864
thousand dollars if it finds through a review conducted under this	2865
section or through any other means either of the following:	2866
(1) A physician assistant has practiced pursuant to a	2867
supervision agreement that fails to comply with this section;	2868
(2) That a physician has acted as the supervising physician	2869
of a physician assistant pursuant to a supervision agreement that	2870
fails to comply with this section.	2871
The board's finding shall be made pursuant to an adjudication	2872
conducted under Chapter 119. of the Revised Code. A civil penalty	2873
imposed under this division may be in addition to or in lieu of	2874
any other action the board may take under section 4730.25 of the	2875
Revised Code.	2876
Sec. 4730.20. (A) A physician assistant licensed under this	2877
chapter may perform any of the following services authorized by	2878
the supervising physician that are part of the supervising	2879
physician's normal course of practice and expertise:	2880
(1) Ordering diagnostic, therapeutic, and other medical	2881
services;	2882
(2) Prescribing physical therapy or referring a patient to a	2883
physical therapist for physical therapy;	2884
(3) Ordering occupational therapy or referring a patient to	2885
an occupational therapist for occupational therapy;	2886
(4) Taking any action that may be taken by an attending	2887
physician under sections 2133.21 to 2133.26 of the Revised Code,	2888
as specified in section 2133.211 of the Revised Code;	2889

(5) Determining and pronouncing death in accordance with	2890
section 4730.202 of the Revised Code;	2891
(6) Assisting in surgery;	2892
(7) If the physician assistant holds a valid prescriber	2893
number issued by the state medical board and has been granted	2894
physician-delegated prescriptive authority, ordering, prescribing,	2895
personally furnishing, and administering drugs and medical	2896
<u>devices;</u>	2897
(8) Any other services that are part of the supervising	2898
physician's normal course of practice and expertise.	2899
(B) The services a physician assistant may provide under the	2900
policies of a health care facility are limited to the services the	2901
facility authorizes the physician assistant to provide for the	2902
facility. A facility shall not authorize a physician assistant to	2903
perform a service that is prohibited under this chapter. A	2904
physician who is supervising a physician assistant within a health	2905
care facility may impose limitations on the physician assistant's	2906
practice that are in addition to any limitations applicable under	2907
the policies of the facility.	2908

Sec. 4730.091 4730.201. (A) As used in this section, "local 2909 anesthesia" means the injection of a drug or combination of drugs 2910 to stop or prevent a painful sensation in a circumscribed area of 2911 the body where a painful procedure is to be performed. "Local 2912 anesthesia" includes only local infiltration anesthesia, digital 2913 blocks, and pudendal blocks. 2914

(B) A physician assistant may administer, monitor, or
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maintain local anesthesia as a component of a procedure the
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physician assistant is performing or as a separate service when
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the procedure requiring local anesthesia is to be performed by the
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physician assistant's supervising physician or another person. A
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physician assistant shall not administer, monitor, or maintain any 2920 other form of anesthesia, including regional anesthesia or any 2921 systemic sedation, reqardless of whether the physician assistant 2922 is practicing under a physician supervisory plan or the policies 2923 of a health care facility. 2924 Sec. 4730.092 4730.202. (A) A physician assistant may 2925 determine and pronounce an individual's death, but only if the 2926 individual's respiratory and circulatory functions are not being 2927 artificially sustained and, at the time the determination and 2928 pronouncement of death is made, either or both of the following 2929 apply: 2930 (1) The individual was receiving care in one of the 2931 following: 2932 (a) A nursing home licensed under section 3721.02 of the 2933 Revised Code or by a political subdivision under section 3721.09 2934 of the Revised Code; 2935 (b) A residential care facility or home for the aging 2936 licensed under Chapter 3721. of the Revised Code; 2937 (c) A county home or district home operated pursuant to 2938 Chapter 5155. of the Revised Code; 2939 (d) A residential facility licensed under section 5123.19 of 2940 the Revised Code. 2941 (2) The physician assistant is providing or supervising the 2942 individual's care through a hospice care program licensed under 2943 Chapter 3712. of the Revised Code or any other entity that 2944 provides palliative care. 2945

(B) If a physician assistant determines and pronounces an 2946 individual's death, the physician assistant shall comply with both 2947 of the following: 2948

(1) The physician assistant shall not complete any portion of 2949

the individual's death certificate.

(2) The physician assistant shall notify the individual's 2951 attending physician of the determination and pronouncement of 2952 death in order for the physician to fulfill the physician's duties 2953 under section 3705.16 of the Revised Code. The physician assistant 2954 shall provide the notification within a period of time that is 2955 reasonable but not later than twenty-four hours following the 2956 determination and pronouncement of the individual's death. 2957

Sec. 4730.203. (A) Acting pursuant to a supervision 2958 agreement, a physician assistant may delegate performance of a 2959 task to implement a patient's plan of care or, if the conditions 2960 in division (C) of this section are met, may delegate 2961 administration of a drug. Delegation may be to a person who has 2962 successfully completed a training and competency evaluation 2963 program approved by the director of health under section 3721.31 2964 of the Revised Code or, subject to division (D) of section 4730.03 2965 of the Revised Code, any other person. The physician assistant 2966 must be physically present at the location where the task is 2967 performed or the drug administered. 2968

(B) Prior to delegating a task or administration of a drug, a 2969
physician assistant shall determine that the task or drug is 2970
appropriate for the patient and the person to whom the delegation 2971
is to be made may safely perform the task or administer the drug. 2972

(C) A physician assistant may delegate administration of a2973drug only if all of the following conditions are met:2974

(1) The physician assistant has physician-delegated2975prescriptive authority.2976

(2) The drug is included in the formulary established under2977division (A) of section 4730.39 of the Revised Code.2978

(3) The drug is not a controlled substance. 2979

(4) The drug will not be administered intravenously.	2980
(5) The drug will not be administered in a hospital inpatient	2981
care unit, as defined in section 3727.50 of the Revised Code; a	2982
hospital emergency department; a freestanding emergency	2983
department; or an ambulatory surgical facility licensed under	2984
section 3702.30 of the Revised Code.	2985
(D) A person not otherwise authorized to administer a drug or	2986
perform a specific task may do so in accordance with a physician	2987
assistant's delegation under this section.	2988
Sec. 4730.21. (A) The supervising physician of a physician	2989
assistant exercises supervision, control, and direction of the	2990
physician assistant. In <u>A physician assistant may practice in any</u>	2991
setting within which the supervising physician has supervision,	2992
control, and direction of the physician assistant.	2993
In supervising a physician assistant, all of the following	2994
apply:	2995
(1) Except when the on-site supervision requirements	2996
specified in section 4730.45 of the Revised Code are applicable,	2997
the The supervising physician shall be continuously available for	2998
direct communication with the physician assistant by either of the	2999
following means:	3000
(a) Being physically present at the location where the	3001
physician assistant is practicing;	3002
(b) Being readily available to the physician assistant	3003
through some means of telecommunication and being in a location	3004
that under normal conditions is not more than sixty minutes travel	3005
time away a distance from the location where the physician	3006
assistant is practicing that reasonably allows the physician to	3007
assure proper care of patients.	3008
(2) The supervising physician shall personally and actively	3009

review the physician assistant's professional activities. 3010

(3) The supervising physician shall regularly review the
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 condition of the patients treated by the physician assistant.
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(4) The supervising physician shall ensure that the quality
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 assurance system established pursuant to division (F) of this
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 section is implemented and maintained.
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(5)(4)The supervising physician shall regularly perform any3016other reviews of the physician assistant that the supervising3017physician considers necessary.3018

(B) A physician may enter into supervision agreements with 3019 any number of physician assistants, but the physician may not 3020 supervise more than two three physician assistants at any one 3021 time. A physician assistant may enter into supervision agreements 3022 with any number of supervising physicians, but when practicing 3023 under the supervision of a particular physician, the physician 3024 assistant's scope of practice is subject to the limitations of the 3025 physician supervisory plan that has been approved under section 3026 4730.17 of the Revised Code for that physician or the policies of 3027 the health care facility in which the physician and physician 3028 3029 assistant are practicing.

(C) A supervising physician may authorize a physician 3030 assistant to perform a service only if the service is authorized 3031 under the physician supervisory plan approved for that physician 3032 or the policies of the health care facility in which the physician 3033 and physician assistant are practicing. A supervising physician 3034 may authorize a physician assistant to perform a service only if 3035 the physician is satisfied that the physician assistant is capable 3036 of competently performing the service. A supervising physician 3037 shall not authorize a physician assistant to perform any service 3038 that is beyond the physician's or the physician assistant's normal 3039 course of practice and expertise. 3040

(D) (1) A supervising physician may authorize a physician	3041
assistant to practice in any setting within which the supervising	3042
physician routinely practices.	3043

(2) In the case of a health care facility with an emergency 3044 department, if the supervising physician routinely practices in 3045 the facility's emergency department, the supervising physician 3046 shall provide on-site supervision of the physician assistant when 3047 the physician assistant practices in the emergency department. If 3048 the supervising physician does not routinely practice in the 3049 facility's emergency department, the supervising physician may, on 3050 occasion, send the physician assistant to the facility's emergency 3051 department to assess and manage a patient. In supervising the 3052 physician assistant's assessment and management of the patient, 3053 the supervising physician shall determine the appropriate level of 3054 supervision in compliance with the requirements of divisions (A) 3055 to (C) of this section, except that the supervising physician must 3056 be available to go to the emergency department to personally 3057 evaluate the patient and, at the request of an emergency 3058 department physician, the supervising physician shall go to the 3059 emergency department to personally evaluate the patient. 3060

(E) Each time a physician assistant writes a medical order, 3061 including prescriptions written in the exercise of 3062 physician-delegated prescriptive authority, the physician 3063 assistant shall sign the form on which the order is written and 3064 record on the form the time and date that the order is written. 3065 When writing a medical order, the physician assistant shall 3066 clearly identify the physician under whose supervision the 3067 physician assistant is authorized to write the order. 3068

(F)(1) The supervising physician of a physician assistant
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shall establish a quality assurance system to be used in
supervising the physician assistant. All or part of the system may
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be applied to other physician assistants who are supervised by the
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supervising physician. The system shall be developed in	3073
consultation with each physician assistant to be supervised by the	3074
physician.	3075
(2) In establishing the quality assurance system, the	3076
supervising physician shall describe a process to be used for all	3077
of the following:	3078
(a) Routine review by the physician of selected patient	3079
record entries made by the physician assistant and selected	3080
medical orders issued by the physician assistant;	3081
(b) Discussion of complex cases;	3082
(c) Discussion of new medical developments relevant to the	3083
practice of the physician and physician assistant;	3084
(d) Performance of any quality assurance activities required	3085
in rules adopted by state medical board pursuant to any	3086
recommendations made by the physician assistant policy committee	3087
under section 4730.06 of the Revised Code;	3088
(e) Performance of any other quality assurance activities	3089
that the supervising physician considers to be appropriate.	3090
(3) The supervising physician and physician assistant shall	3091
keep records of their quality assurance activities. On request,	3092
the records shall be made available to the board and any health	3093
care professional working with the supervising physician and	3094
physician assistant.	3095
Sec. 4730.22. (A) A When performing authorized services, a	3096
physician assistant acts as the agent of the physician assistant's	3097
supervising physician. The supervising physician is legally	3098
<u>responsible and</u> assumes legal liability for the services provided	3099
by the physician assistant.	3100
The physician is not <u>responsible or</u> liable for any services	3101

provided by the physician assistant after their supervision 3102

agreement expires or is terminated.

(B) When a health care facility permits physician assistants 3104 to practice within that facility or any other health care facility 3105 under its control, the health care facility shall make reasonable 3106 efforts to explain to each individual who may work with a 3107 particular physician assistant the scope of that physician 3108 assistant's practice within the facility. The appropriate 3109 credentialing body within the health care facility shall provide, 3110 on request of an individual practicing in the facility with a 3111 physician assistant, a copy of the facility's policies on the 3112 practice of physician assistants within the facility and a copy of 3113 each physician supervisory plan and supervision agreement 3114 applicable to the physician assistant. 3115

An individual who follows the orders of a physician assistant 3116 practicing in a health care facility is not subject to 3117 disciplinary action by any administrative agency that governs that 3118 individual's conduct and is not liable in damages in a civil 3119 action for injury, death, or loss to person or property resulting 3120 from the individual's acts or omissions in the performance of any 3121 procedure, treatment, or other health care service if the 3122 individual reasonably believed that the physician assistant was 3123 acting within the proper scope of practice or was relaying medical 3124 orders from a supervising physician, unless the act or omission 3125 constitutes willful or wanton misconduct. 3126

Sec. 4730.25. (A) The state medical board, by an affirmative 3127 vote of not fewer than six members, may revoke or may refuse to 3128 grant a certificate license to practice as a physician assistant 3129 or a certificate to prescribe to a person found by the board to 3130 have committed fraud, misrepresentation, or deception in applying 3131 for or securing the certificate license. 3127

(B) The board, by an affirmative vote of not fewer than six 3133

members, shall, to the extent permitted by law, limit, revoke, or 3134
suspend an individual's certificate license to practice as a 3135
physician assistant or certificate to prescribe prescriber number, 3136
refuse to issue a certificate license to an applicant, refuse to 3137
reinstate a certificate license, or reprimand or place on 3138
probation the holder of a certificate license for any of the 3139
following reasons: 3140

(1) Failure to practice in accordance with the conditions 3141 under which the supervising physician's supervision agreement with 3142 the physician assistant was approved, including the requirement 3143 that when practicing under a particular supervising physician, the 3144 physician assistant must practice only according to the physician 3145 supervisory plan the board approved for that physician or, 3146 including, if applicable, the policies of the health care facility 3147 in which the supervising physician and physician assistant are 3148 practicing; 3149

(2) Failure to comply with the requirements of this chapter, 3150Chapter 4731. of the Revised Code, or any rules adopted by the 3151board; 3152

(3) Violating or attempting to violate, directly or
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indirectly, or assisting in or abetting the violation of, or
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conspiring to violate, any provision of this chapter, Chapter
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4731. of the Revised Code, or the rules adopted by the board;
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(4) Inability to practice according to acceptable and
prevailing standards of care by reason of mental illness or
physical illness, including physical deterioration that adversely
affects cognitive, motor, or perceptive skills;
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(5) Impairment of ability to practice according to acceptable
and prevailing standards of care because of habitual or excessive
use or abuse of drugs, alcohol, or other substances that impair
ability to practice;

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(6) Administering drugs for purposes other than thoseauthorized under this chapter;3165

(7) Willfully betraying a professional confidence; 3167

(8) Making a false, fraudulent, deceptive, or misleading 3168 statement in soliciting or advertising for employment as a 3169 physician assistant; in connection with any solicitation or 3170 advertisement for patients; in relation to the practice of 3171 medicine as it pertains to physician assistants; or in securing or 3172 attempting to secure a certificate license to practice as a 3173 physician assistant, a certificate to prescribe, or approval of a 3174 supervision agreement. 3175

As used in this division, "false, fraudulent, deceptive, or 3176 misleading statement" means a statement that includes a 3177 misrepresentation of fact, is likely to mislead or deceive because 3178 of a failure to disclose material facts, is intended or is likely 3179 to create false or unjustified expectations of favorable results, 3180 or includes representations or implications that in reasonable 3181 probability will cause an ordinarily prudent person to 3182 misunderstand or be deceived. 3183

(9) Representing, with the purpose of obtaining compensation
 or other advantage personally or for any other person, that an
 incurable disease or injury, or other incurable condition, can be
 permanently cured;
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(10) The obtaining of, or attempting to obtain, money or 3188
anything of value by fraudulent misrepresentations in the course 3189
of practice; 3190

(11) A plea of guilty to, a judicial finding of guilt of, or 3191
a judicial finding of eligibility for intervention in lieu of 3192
conviction for, a felony; 3193

(12) Commission of an act that constitutes a felony in thisstate, regardless of the jurisdiction in which the act was3195

committed;

(13) A plea of guilty to, a judicial finding of guilt of, or 3197
a judicial finding of eligibility for intervention in lieu of 3198
conviction for, a misdemeanor committed in the course of practice; 3199

(14) A plea of guilty to, a judicial finding of guilt of, or 3200
a judicial finding of eligibility for intervention in lieu of 3201
conviction for, a misdemeanor involving moral turpitude; 3202

(15) Commission of an act in the course of practice that
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constitutes a misdemeanor in this state, regardless of the
jurisdiction in which the act was committed;
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(16) Commission of an act involving moral turpitude that
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constitutes a misdemeanor in this state, regardless of the
jurisdiction in which the act was committed;
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(17) A plea of guilty to, a judicial finding of guilt of, or 3209 a judicial finding of eligibility for intervention in lieu of 3210 conviction for violating any state or federal law regulating the 3211 possession, distribution, or use of any drug, including 3212 trafficking in drugs; 3213

(18) Any of the following actions taken by the state agency 3214 responsible for regulating the practice of physician assistants in 3215 another state, for any reason other than the nonpayment of fees: 3216 the limitation, revocation, or suspension of an individual's 3217 license to practice; acceptance of an individual's license 3218 surrender; denial of a license; refusal to renew or reinstate a 3219 license; imposition of probation; or issuance of an order of 3220 censure or other reprimand; 3221

(19) A departure from, or failure to conform to, minimal 3222 standards of care of similar physician assistants under the same 3223 or similar circumstances, regardless of whether actual injury to a 3224 patient is established; 3225

(20) Violation of the conditions placed by the board on a	3226
certificate <u>license</u> to practice as a physician assistant , a	3227
certificate to prescribe, a physician supervisory plan, or	3228
supervision agreement;	3229
(21) Failure to use universal blood and body fluid	3230
precautions established by rules adopted under section 4731.051 of	3231
the Revised Code;	3232
(22) Failure to cooperate in an investigation conducted by	3233
the board under section 4730.26 of the Revised Code, including	3234
failure to comply with a subpoena or order issued by the board or	3235
failure to answer truthfully a question presented by the board at	3236
a deposition or in written interrogatories, except that failure to	3237
cooperate with an investigation shall not constitute grounds for	3238
discipline under this section if a court of competent jurisdiction	3239
has issued an order that either quashes a subpoena or permits the	3240
individual to withhold the testimony or evidence in issue;	3241
(23) Assisting suicide, as defined in section 3795.01 of the	3242
Revised Code;	3243
(24) Prescribing any drug or device to perform or induce an	3244
abortion, or otherwise performing or inducing an abortion;	3245
(25) Failure to comply with the requirements in section	3246
3719.061 of the Revised Code before issuing to <u>for</u> a minor a	3247
prescription for a controlled substance containing an opioid <u>;</u>	3248
(26) Having certification by the national commission on	3249
certification of physician assistants or a successor organization	3250
expire, lapse, or be suspended or revoked.	3251
(C) Disciplinary actions taken by the board under divisions	3252
(A) and (B) of this section shall be taken pursuant to an	3253
adjudication under Chapter 119. of the Revised Code, except that	3254
in lieu of an adjudication, the board may enter into a consent	3255
agreement with a physician assistant or applicant to resolve an	3256

allegation of a violation of this chapter or any rule adopted 3257 under it. A consent agreement, when ratified by an affirmative 3258 vote of not fewer than six members of the board, shall constitute 3259 the findings and order of the board with respect to the matter 3260 addressed in the agreement. If the board refuses to ratify a 3261 consent agreement, the admissions and findings contained in the 3262 consent agreement shall be of no force or effect. 3263

(D) For purposes of divisions (B)(12), (15), and (16) of this 3264 section, the commission of the act may be established by a finding 3265 by the board, pursuant to an adjudication under Chapter 119. of 3266 the Revised Code, that the applicant or certificate license holder 3267 committed the act in question. The board shall have no 3268 jurisdiction under these divisions in cases where the trial court 3269 renders a final judgment in the certificate license holder's favor 3270 and that judgment is based upon an adjudication on the merits. The 3271 board shall have jurisdiction under these divisions in cases where 3272 the trial court issues an order of dismissal upon technical or 3273 procedural grounds. 3274

(E) The sealing of conviction records by any court shall have 3275 no effect upon a prior board order entered under the provisions of 3276 this section or upon the board's jurisdiction to take action under 3277 the provisions of this section if, based upon a plea of guilty, a 3278 judicial finding of guilt, or a judicial finding of eligibility 3279 for intervention in lieu of conviction, the board issued a notice 3280 of opportunity for a hearing prior to the court's order to seal 3281 the records. The board shall not be required to seal, destroy, 3282 redact, or otherwise modify its records to reflect the court's 3283 sealing of conviction records. 3284

(F) For purposes of this division, any individual who holds a 3285
 certificate license issued under this chapter, or applies for a 3286
 certificate license issued under this chapter, shall be deemed to 3287
 have given consent to submit to a mental or physical examination 3288

when directed to do so in writing by the board and to have waived 3289 all objections to the admissibility of testimony or examination 3290 reports that constitute a privileged communication. 3291

(1) In enforcing division (B)(4) of this section, the board, 3292 upon a showing of a possible violation, may compel any individual 3293 who holds a certificate license issued under this chapter or who 3294 has applied for a certificate <u>license</u> pursuant to this chapter to 3295 submit to a mental examination, physical examination, including an 3296 HIV test, or both a mental and physical examination. The expense 3297 of the examination is the responsibility of the individual 3298 compelled to be examined. Failure to submit to a mental or 3299 physical examination or consent to an HIV test ordered by the 3300 board constitutes an admission of the allegations against the 3301 individual unless the failure is due to circumstances beyond the 3302 individual's control, and a default and final order may be entered 3303 without the taking of testimony or presentation of evidence. If 3304 the board finds a physician assistant unable to practice because 3305 of the reasons set forth in division (B)(4) of this section, the 3306 board shall require the physician assistant to submit to care, 3307 counseling, or treatment by physicians approved or designated by 3308 the board, as a condition for an initial, continued, reinstated, 3309 or renewed certificate license. An individual affected under this 3310 division shall be afforded an opportunity to demonstrate to the 3311 board the ability to resume practicing in compliance with 3312 acceptable and prevailing standards of care. 3313

(2) For purposes of division (B)(5) of this section, if the 3314
board has reason to believe that any individual who holds a 3315
certificate license issued under this chapter or any applicant for 3316
a certificate license suffers such impairment, the board may 3317
compel the individual to submit to a mental or physical 3318
examination, or both. The expense of the examination is the 3319
responsibility of the individual compelled to be examined. Any 3320

conduct such examination and chosen by the board.

Failure to submit to a mental or physical examination ordered 3324 by the board constitutes an admission of the allegations against 3325 the individual unless the failure is due to circumstances beyond 3326 the individual's control, and a default and final order may be 3327 entered without the taking of testimony or presentation of 3328 evidence. If the board determines that the individual's ability to 3329 practice is impaired, the board shall suspend the individual's 3330 certificate license or deny the individual's application and shall 3331 require the individual, as a condition for initial, continued, 3332 reinstated, or renewed certification <u>licensure</u> to practice or 3333 authority to prescribe, to submit to treatment. 3334

Before being eligible to apply for reinstatement of a 3335 certificate license suspended under this division, the physician 3336 assistant shall demonstrate to the board the ability to resume 3337 practice or prescribing in compliance with acceptable and 3338 prevailing standards of care. The demonstration shall include the 3339 following: 3340

(a) Certification from a treatment provider approved under 3341 section 4731.25 of the Revised Code that the individual has 3342 successfully completed any required inpatient treatment; 3343

(b) Evidence of continuing full compliance with an aftercare 3344 contract or consent agreement; 3345

(c) Two written reports indicating that the individual's 3346 ability to practice has been assessed and that the individual has 3347 been found capable of practicing according to acceptable and 3348 prevailing standards of care. The reports shall be made by 3349 individuals or providers approved by the board for making such 3350 assessments and shall describe the basis for their determination. 3351

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The board may reinstate a certificate <u>license</u> suspended under 3352 this division after such demonstration and after the individual 3353 has entered into a written consent agreement. 3354

When the impaired physician assistant resumes practice or 3355 prescribing, the board shall require continued monitoring of the 3356 physician assistant. The monitoring shall include compliance with 3357 the written consent agreement entered into before reinstatement or 3358 with conditions imposed by board order after a hearing, and, upon 3359 termination of the consent agreement, submission to the board for 3360 at least two years of annual written progress reports made under 3361 penalty of falsification stating whether the physician assistant 3362 has maintained sobriety. 3363

(G) If the secretary and supervising member determine that 3364 there is clear and convincing evidence that a physician assistant 3365 has violated division (B) of this section and that the 3366 individual's continued practice or prescribing presents a danger 3367 of immediate and serious harm to the public, they may recommend 3368 that the board suspend the individual's certificate license to 3369 practice or <u>authority to</u> prescribe without a prior hearing. 3370 Written allegations shall be prepared for consideration by the 3371 board. 3372

The board, upon review of those allegations and by an3373affirmative vote of not fewer than six of its members, excluding3374the secretary and supervising member, may suspend a certificate3375license without a prior hearing. A telephone conference call may3376be utilized for reviewing the allegations and taking the vote on3377the summary suspension.3378

The board shall issue a written order of suspension by 3379 certified mail or in person in accordance with section 119.07 of 3380 the Revised Code. The order shall not be subject to suspension by 3381 the court during pendency of any appeal filed under section 119.12 3382 of the Revised Code. If the physician assistant requests an 3383 adjudicatory hearing by the board, the date set for the hearing 3384 shall be within fifteen days, but not earlier than seven days, 3385 after the physician assistant requests the hearing, unless 3386 otherwise agreed to by both the board and the <u>certificate license</u> 3387 holder. 3388

A summary suspension imposed under this division shall remain 3389 in effect, unless reversed on appeal, until a final adjudicative 3390 order issued by the board pursuant to this section and Chapter 3391 119. of the Revised Code becomes effective. The board shall issue 3392 its final adjudicative order within sixty days after completion of 3393 its hearing. Failure to issue the order within sixty days shall 3394 result in dissolution of the summary suspension order, but shall 3395 not invalidate any subsequent, final adjudicative order. 3396

(H) If the board takes action under division (B)(11), (13), 3397 or (14) of this section, and the judicial finding of guilt, guilty 3398 plea, or judicial finding of eligibility for intervention in lieu 3399 of conviction is overturned on appeal, upon exhaustion of the 3400 criminal appeal, a petition for reconsideration of the order may 3401 be filed with the board along with appropriate court documents. 3402 Upon receipt of a petition and supporting court documents, the 3403 board shall reinstate the certificate license to practice or 3404 prescribe. The board may then hold an adjudication under Chapter 3405 119. of the Revised Code to determine whether the individual 3406 committed the act in question. Notice of opportunity for hearing 3407 shall be given in accordance with Chapter 119. of the Revised 3408 Code. If the board finds, pursuant to an adjudication held under 3409 this division, that the individual committed the act, or if no 3410 3411 hearing is requested, it may order any of the sanctions identified under division (B) of this section. 3412

(I) The certificate license to practice issued to a physician 3413
 assistant and the physician assistant's practice in this state are 3414
 automatically suspended as of the date the physician assistant 3415

pleads guilty to, is found by a judge or jury to be guilty of, or 3416 is subject to a judicial finding of eligibility for intervention 3417 in lieu of conviction in this state or treatment or intervention 3418 in lieu of conviction in another state for any of the following 3419 criminal offenses in this state or a substantially equivalent 3420 criminal offense in another jurisdiction: aggravated murder, 3421 murder, voluntary manslaughter, felonious assault, kidnapping, 3422 rape, sexual battery, gross sexual imposition, aggravated arson, 3423 aggravated robbery, or aggravated burglary. Continued practice 3424 after the suspension shall be considered practicing without a 3425 certificate license. 3426

The board shall notify the individual subject to the3427suspension by certified mail or in person in accordance with3428section 119.07 of the Revised Code. If an individual whose3429certificate license is suspended under this division fails to make3430a timely request for an adjudication under Chapter 119. of the3431Revised Code, the board shall enter a final order permanently3432revoking the individual's certificate license to practice.3433

(J) In any instance in which the board is required by Chapter 3434 119. of the Revised Code to give notice of opportunity for hearing 3435 and the individual subject to the notice does not timely request a 3436 hearing in accordance with section 119.07 of the Revised Code, the 3437 board is not required to hold a hearing, but may adopt, by an 3438 affirmative vote of not fewer than six of its members, a final 3439 order that contains the board's findings. In that final order, the 3440 board may order any of the sanctions identified under division (A) 3441 or (B) of this section. 3442

(K) Any action taken by the board under division (B) of this
section resulting in a suspension shall be accompanied by a
written statement of the conditions under which the physician
assistant's certificate license may be reinstated. The board shall
adopt rules in accordance with Chapter 119. of the Revised Code
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governing conditions to be imposed for reinstatement.3448Reinstatement of a certificate license suspended pursuant to3449division (B) of this section requires an affirmative vote of not3450fewer than six members of the board.3451

(L) When the board refuses to grant to an applicant a 3452 certificate license to practice as a physician assistant or a 3453 certificate to prescribe, revokes an individual's certificate 3454 license, refuses to issue a certificate license, or refuses to 3455 reinstate an individual's certificate <u>license</u>, the board may 3456 specify that its action is permanent. An individual subject to a 3457 permanent action taken by the board is forever thereafter 3458 ineligible to hold the certificate license and the board shall not 3459 accept an application for reinstatement of the certificate license 3460 or for issuance of a new certificate license. 3461

(M) Notwithstanding any other provision of the Revised Code, 3462all of the following apply: 3463

(1) The surrender of a certificate <u>license</u> issued under this 3464
 chapter is not effective unless or until accepted by the board. 3465
 Reinstatement of a certificate <u>license</u> surrendered to the board 3466
 requires an affirmative vote of not fewer than six members of the 3467
 board. 3468

(2) An application made under this chapter for a certificate, 3469
 approval of a physician supervisory plan, or approval of a 3470
 supervision agreement license may not be withdrawn without 3471
 approval of the board. 3472

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

Sec. 4730.251. On receipt of a notice pursuant to section 3478 3123.43 of the Revised Code, the state medical board shall comply 3479 with sections 3123.41 to 3123.50 of the Revised Code and any 3480 applicable rules adopted under section 3123.63 of the Revised Code 3481 with respect to a certificate license to practice as a physician 3482 assistant issued pursuant to this chapter. 3483

Sec. 4730.27. If the state medical board has reason to 3484 believe that any person who has been granted a certificate license 3485 under this chapter to practice as a physician assistant is 3486 mentally ill or mentally incompetent, it may file in the probate 3487 court of the county in which such person has a legal residence an 3488 affidavit in the form prescribed in section 5122.11 of the Revised 3489 Code and signed by the board secretary or a member of the 3490 secretary's staff, whereupon the same proceedings shall be had as 3491 provided in Chapter 5122. of the Revised Code. The attorney 3492 general may represent the board in any proceeding commenced under 3493 this section. 3494

If a physician assistant is adjudged by a probate court to be 3495 mentally ill or mentally incompetent, the individual's certificate 3496 license shall be automatically suspended until the individual has 3497 filed with the board a certified copy of an adjudication by a 3498 probate court of being restored to competency or has submitted to 3499 the board proof, satisfactory to the board, of having been 3500 discharged as being restored to competency in the manner and form 3501 provided in section 5122.38 of the Revised Code. The judge of the 3502 court shall immediately notify the board of an adjudication of 3503 incompetence and note any suspension of a certificate license in 3504 the margin of the court's record of the certificate license. 3505

sec. 4730.28. (A) An individual whose certificate license to 3506 practice as a physician assistant issued under this chapter has 3507

been suspended or is in an inactive state for any cause for more 3508 than two years may apply to the state medical board to have the 3509 certificate license restored. 3510

(B)(1) The board shall not restore a certificate license
under this section unless the applicant complies with sections
4776.01 to 4776.04 of the Revised Code. The board shall determine
the applicant's present fitness to resume practice. The board
shall consider the moral background and the activities of the
applicant during the period of suspension or inactivity.

(2) When restoring a certificate <u>license</u>, the board may3517impose terms and conditions, including the following:3518

(a) Requiring the applicant to obtain additional training and 3519pass an examination upon completion of the training; 3520

(b) Restricting or limiting the extent, scope, or type of 3521practice as a physician assistant that the individual may resume. 3522

sec. 4730.31. (A) As used in this section, "prosecutor" has 3523 the same meaning as in section 2935.01 of the Revised Code. 3524

(B) Whenever any person holding a valid certificate license 3525 to practice as a physician assistant issued pursuant to this 3526 chapter pleads guilty to, is subject to a judicial finding of 3527 guilt of, or is subject to a judicial finding of eligibility for 3528 intervention in lieu of conviction for a violation of Chapter 3529 2907., 2925., or 3719. of the Revised Code or of any substantively 3530 comparable ordinance of a municipal corporation in connection with 3531 practicing as a physician assistant, the prosecutor in the case 3532 shall, on forms prescribed and provided by the state medical 3533 board, promptly notify the board of the conviction. Within thirty 3534 days of receipt of such information, the board shall initiate 3535 action in accordance with Chapter 119. of the Revised Code to 3536 determine whether to suspend or revoke the certificate license 3537

3538

under section 4730.25 of the Revised Code.

(C) The prosecutor in any case against any person holding a 3539
 valid certificate license issued pursuant to this chapter shall, 3540
 on forms prescribed and provided by the state medical board, 3541
 notify the board of any of the following: 3542

(1) A plea of guilty to, a judicial finding of guilt of, or 3543 judicial finding of eligibility for intervention in lieu of 3544 conviction for a felony, or a case where the trial court issues an 3545 order of dismissal upon technical or procedural grounds of a 3546 felony charge; 3547

(2) A plea of guilty to, a judicial finding of guilt of, or 3548 judicial finding or eligibility for intervention in lieu of 3549 conviction for a misdemeanor committed in the course of practice, 3550 or a case where the trial court issues an order of dismissal upon 3551 technical or procedural grounds of a charge of a misdemeanor, if 3552 the alleged act was committed in the course of practice; 3553

(3) A plea of guilty to, a judicial finding of guilt of, or
judicial finding of eligibility for intervention in lieu of
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conviction for a misdemeanor involving moral turpitude, or a case
where the trial court issues an order of dismissal upon technical
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or procedural grounds of a charge of a misdemeanor involving moral
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turpitude.

The report shall include the name and address of the 3560 certificate license holder, the nature of the offense for which 3561 the action was taken, and the certified court documents recording 3562 the action. 3563

sec. 4730.32. (A) Within sixty days after the imposition of 3564
any formal disciplinary action taken by a health care facility 3565
against any individual holding a valid certificate license to 3566
practice as a physician assistant issued under this chapter, the 3567

chief administrator or executive officer of the facility shall 3568 report to the state medical board the name of the individual, the 3569 action taken by the facility, and a summary of the underlying 3570 facts leading to the action taken. Upon request, the board shall 3571 be provided certified copies of the patient records that were the 3572 basis for the facility's action. Prior to release to the board, 3573 the summary shall be approved by the peer review committee that 3574 reviewed the case or by the governing board of the facility. 3575

The filing of a report with the board or decision not to file 3576 a report, investigation by the board, or any disciplinary action 3577 taken by the board, does not preclude a health care facility from 3578 taking disciplinary action against a physician assistant. 3579

In the absence of fraud or bad faith, no individual or entity 3580 that provides patient records to the board shall be liable in 3581 damages to any person as a result of providing the records. 3582

(B) A physician assistant, professional association or 3583 society of physician assistants, physician, or professional 3584 association or society of physicians that believes a violation of 3585 any provision of this chapter, Chapter 4731. of the Revised Code, 3586 or rule of the board has occurred shall report to the board the 3587 information upon which the belief is based. This division does not 3588 require any treatment provider approved by the board under section 3589 4731.25 of the Revised Code or any employee, agent, or 3590 representative of such a provider to make reports with respect to 3591 a physician assistant participating in treatment or aftercare for 3592 substance abuse as long as the physician assistant maintains 3593 participation in accordance with the requirements of section 3594 4731.25 of the Revised Code and the treatment provider or 3595 employee, agent, or representative of the provider has no reason 3596 to believe that the physician assistant has violated any provision 3597 of this chapter or rule adopted under it, other than being 3598 impaired by alcohol, drugs, or other substances. This division 3599

does not require reporting by any member of an impaired 3600 practitioner committee established by a health care facility or by 3601 any representative or agent of a committee or program sponsored by 3602 a professional association or society of physician assistants to 3603 provide peer assistance to physician assistants with substance 3604 abuse problems with respect to a physician assistant who has been 3605 referred for examination to a treatment program approved by the 3606 board under section 4731.25 of the Revised Code if the physician 3607 assistant cooperates with the referral for examination and with 3608 any determination that the physician assistant should enter 3609 treatment and as long as the committee member, representative, or 3610 agent has no reason to believe that the physician assistant has 3611 ceased to participate in the treatment program in accordance with 3612 section 4731.25 of the Revised Code or has violated any provision 3613 of this chapter or rule adopted under it, other than being 3614 impaired by alcohol, drugs, or other substances. 3615

(C) Any professional association or society composed 3616 primarily of physician assistants that suspends or revokes an 3617 individual's membership for violations of professional ethics, or 3618 for reasons of professional incompetence or professional 3619 malpractice, within sixty days after a final decision, shall 3620 report to the board, on forms prescribed and provided by the 3621 board, the name of the individual, the action taken by the 3622 professional organization, and a summary of the underlying facts 3623 leading to the action taken. 3624

The filing or nonfiling of a report with the board,3625investigation by the board, or any disciplinary action taken by3626the board, shall not preclude a professional organization from3627taking disciplinary action against a physician assistant.3628

(D) Any insurer providing professional liability insurance to 3629
 any person holding a valid certificate license to practice as a 3630
 physician assistant issued under this chapter or any other entity 3631

that seeks to indemnify the professional liability of a physician 3632 assistant shall notify the board within thirty days after the 3633 final disposition of any written claim for damages where such 3634 disposition results in a payment exceeding twenty-five thousand 3635 dollars. The notice shall contain the following information: 3636 (1) The name and address of the person submitting the 3637 notification; 3638 (2) The name and address of the insured who is the subject of 3639 the claim; 3640 (3) The name of the person filing the written claim; 3641 (4) The date of final disposition; 3642 (5) If applicable, the identity of the court in which the 3643 final disposition of the claim took place. 3644 (E) The board may investigate possible violations of this 3645 chapter or the rules adopted under it that are brought to its 3646 attention as a result of the reporting requirements of this 3647 section, except that the board shall conduct an investigation if a 3648 possible violation involves repeated malpractice. As used in this 3649 division, "repeated malpractice" means three or more claims for 3650 malpractice within the previous five-year period, each resulting 3651 in a judgment or settlement in excess of twenty-five thousand 3652 dollars in favor of the claimant, and each involving negligent 3653 conduct by the physician assistant. 3654 (F) All summaries, reports, and records received and 3655 maintained by the board pursuant to this section shall be held in 3656 confidence and shall not be subject to discovery or introduction 3657 in evidence in any federal or state civil action involving a 3658 physician assistant, supervising physician, or health care 3659 facility arising out of matters that are the subject of the 3660 reporting required by this section. The board may use the 3661

information obtained only as the basis for an investigation, as

evidence in a disciplinary hearing against a physician assistant 3663 or supervising physician, or in any subsequent trial or appeal of 3664 a board action or order. 3665

The board may disclose the summaries and reports it receives 3666 under this section only to health care facility committees within 3667 or outside this state that are involved in credentialing or 3668 recredentialing a physician assistant or supervising physician or 3669 reviewing their privilege to practice within a particular 3670 facility. The board shall indicate whether or not the information 3671 has been verified. Information transmitted by the board shall be 3672 subject to the same confidentiality provisions as when maintained 3673 by the board. 3674

(G) Except for reports filed by an individual pursuant to 3675 division (B) of this section, the board shall send a copy of any 3676 reports or summaries it receives pursuant to this section to the 3677 physician assistant. The physician assistant shall have the right 3678 to file a statement with the board concerning the correctness or 3679 relevance of the information. The statement shall at all times 3680 accompany that part of the record in contention. 3681

(H) An individual or entity that reports to the board or 3682 refers an impaired physician assistant to a treatment provider 3683 approved by the board under section 4731.25 of the Revised Code 3684 shall not be subject to suit for civil damages as a result of the 3685 report, referral, or provision of the information. 3686

(I) In the absence of fraud or bad faith, a professional 3687 association or society of physician assistants that sponsors a 3688 committee or program to provide peer assistance to a physician 3689 assistant with substance abuse problems, a representative or agent 3690 of such a committee or program, and a member of the state medical 3691 board shall not be held liable in damages to any person by reason 3692 of actions taken to refer a physician assistant to a treatment 3693 provider approved under section 4731.25 of the Revised Code for 3694

examination or treatment.

sec. 4730.33. The secretary of the state medical board shall 3696 enforce the laws relating to the practice of physician assistants. 3697 If the secretary has knowledge or notice of a violation of this 3698 chapter or the rules adopted under it, the secretary shall 3699 investigate the matter, and, upon probable cause appearing, file a 3700 complaint and prosecute the offender. When requested by the 3701 secretary, the prosecuting attorney of the proper county shall 3702 take charge of and conduct such prosecution. 3703

In the prosecution of any person for violation of division 3704 (A) of section 4730.02 of the Revised Code it shall not be 3705 necessary to allege or prove want of a valid certificate license 3706 to practice as a physician assistant, but such matters shall be a 3707 matter of defense to be established by the accused. 3708

Sec. 4730.38. (A) Except as provided in division (B) of this 3709 section, the physician assistant policy committee of the state 3710 medical board shall, at such times the committee determines to be 3711 necessary, submit to the board recommendations regarding 3712 physician-delegated prescriptive authority for physician 3713 assistants. The committee's recommendations shall address both of 3714 the following: 3715

(1) Policy and procedures regarding physician-delegated 3716
 prescriptive authority, including the issuance of certificates to 3717
 prescribe under this chapter; 3718

(2) Any issue the committee considers necessary to assist the 3719
board in fulfilling its duty to adopt rules governing 3720
physician-delegated prescriptive authority, including the issuance 3721
of certificates to prescribe. 3722

(B) Not less than every six months beginning on the first day 3723
 of June following the effective date of this amendment March 22, 3724

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2013, the committee shall review the physician assistant formulary 3725 the board adopts pursuant to division (A)(1) of section 4730.39 of 3726 the Revised Code and, to the extent it determines to be necessary, 3727 submit recommendations proposing changes to the formulary. 3728

(C) Recommendations submitted under this section are subject 3729
 to the procedures and time frames specified in division (C) of 3730
 section 4730.06 of the Revised Code. 3731

sec. 4730.39. (A) The state medical board shall do both all 3732
of the following: 3733

(1) Adopt a formulary listing the drugs and therapeutic
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devices by class and specific generic nomenclature that a
physician may include in the physician-delegated prescriptive
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authority granted to a physician assistant who holds a certificate
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to prescribe under this chapter valid prescriber number issued by
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the state medical board;

(2) Adopt rules governing physician-delegated prescriptive 3740
 authority for physician assistants, including the issuance of 3741
 certificates to prescribe under this chapter; 3742

(3) Establish standards and procedures for delegation under3743division (A) of section 4730.203 of the Revised Code of the3744authority to administer drugs.3745

(B) The board's rules governing physician-delegated
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prescriptive authority adopted pursuant to division (A)(2) of this
section shall be adopted in accordance with Chapter 119. of the
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Revised Code and shall establish all of the following:
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(1) Requirements regarding the pharmacology courses that a 3750
 physician assistant is required to complete to receive a 3751
 certificate to prescribe; 3752

(2) Standards and procedures for the issuance and renewal of
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 certificates to prescribe to physician assistants;
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(3) Standards and procedures for the appropriate conduct of 3755 the provisional period that a physician assistant is required to 3756 complete pursuant to section 4730.45 of the Revised Code and for 3757 determining whether a physician assistant has successfully 3758 completed the provisional period; 3759 (4) A specific prohibition against prescribing any drug or 3760 device to perform or induce an abortion; 3761 (5)(3) Standards and procedures to be followed by a physician 3762 assistant in personally furnishing samples of drugs or complete or 3763 partial supplies of drugs to patients under section 4730.43 of the 3764 Revised Code; 3765 $\frac{(6)}{(4)}$ Any other requirements the board considers necessary 3766 to implement the provisions of this chapter regarding 3767 physician-delegated prescriptive authority and the issuance of 3768 certificates to prescribe. 3769 (C)(1) After considering recommendations submitted by the 3770 physician assistant policy committee pursuant to sections 4730.06 3771 and 4730.38 of the Revised Code, the board shall review either or 3772 both of the following, as appropriate according to the submitted 3773 recommendations: 3774 (a) The formulary the board adopts under division (A)(1) of 3775 this section; 3776 (b) The rules the board adopts under division (A)(2) of this 3777 section regarding physician-delegated prescriptive authority. 3778 (2) Based on its review, the board shall make any necessary 3779 modifications to the formulary or rules. 3780 Sec. 4730.41. (A) A certificate to prescribe issued under 3781 this chapter authorizes a physician assistant who holds a valid 3782

prescriber number issued by the state medical board is authorized 3783 to prescribe and personally furnish drugs and therapeutic devices 3784 in the exercise of physician-delegated prescriptive authority. 3785

(B) In exercising physician-delegated prescriptive authority, 3786a physician assistant is subject to all of the following: 3787

(1) The physician assistant shall exercise 3788
 physician-delegated prescriptive authority only to the extent that 3789
 the physician supervising the physician assistant has granted that 3790
 authority. 3791

(2) The physician assistant shall comply with all conditions 3792
 placed on the physician-delegated prescriptive authority, as 3793
 specified by the supervising physician who is supervising the 3794
 physician assistant in the exercise of physician-delegated 3795
 prescriptive authority. 3796

(3) If the physician assistant possesses physician-delegated 3797
 prescriptive authority for controlled substances, the physician 3798
 assistant shall register with the federal drug enforcement 3799
 administration. 3800

(4) If the physician assistant possesses physician-delegated
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 prescriptive authority for schedule II controlled substances, the
 physician assistant shall comply with section 4730.411 of the
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 Revised Code.

(5) If the physician assistant possesses physician-delegated
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prescriptive authority to prescribe for a minor, as defined in
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section 3719.061 of the Revised Code, a compound that is a
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controlled substance containing an opioid, the physician assistant
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shall comply with section 3719.061 of the Revised Code.
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sec. 4730.42. (A) In granting physician-delegated3810prescriptive authority to a particular physician assistant who3811holds a certificate to prescribe valid prescriber number issued3812under this chapter by the state medical board, the supervising3813physician is subject to all of the following:3814

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(1) The supervising physician shall not grant 3815 physician-delegated prescriptive authority for any drug or 3816 therapeutic device that is not listed on the physician assistant 3817 formulary adopted under section 4730.39 of the Revised Code as a 3818 drug or therapeutic device that may be included in the 3819 physician-delegated prescriptive authority granted to a physician 3820 assistant. 3821

(2) The supervising physician shall not grant
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 physician-delegated prescriptive authority for any drug or device
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 that may be used to perform or induce an abortion.
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(3) The supervising physician shall not grant
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physician-delegated prescriptive authority in a manner that
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exceeds the supervising physician's prescriptive authority,
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including the physician's authority to treat chronic pain with
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controlled substances and products containing tramadol as
a829
described in section 4731.052 of the Revised Code.

(4) The supervising physician shall supervise the physician 3831assistant in accordance with all both of the following: 3832

(a) The supervision requirements specified in section 4730.21 3833
of the Revised Code and, in the case of supervision provided 3834
during a provisional period of physician delegated prescriptive 3835
authority, the supervision requirements specified in section 3836
4730.45 of the Revised Code; 3837

(b) The physician supervisory plan approved for the
 3838
 supervising physician or supervision agreement entered into with
 3839
 the physician assistant under section 4730.19 of the Revised Code,
 3840
 including, if applicable, the policies of the health care facility
 3841
 in which the physician and physician assistant are practicing;
 3842

(c) The supervision agreement approved under section 4730.193843of the Revised Code that applies to the supervising physician and
the physician assistant.3844

(B)(1) The supervising physician of a physician assistant may 3846 place conditions on the physician-delegated prescriptive authority 3847 granted to the physician assistant. If conditions are placed on 3848 that authority, the supervising physician shall maintain a written 3849 record of the conditions and make the record available to the 3850 state medical board on request. 3851 (2) The conditions that a supervising physician may place on 3852 the physician-delegated prescriptive authority granted to a 3853 physician assistant include the following: 3854 (a) Identification by class and specific generic nomenclature 3855 of drugs and therapeutic devices that the physician chooses not to 3856 permit the physician assistant to prescribe; 3857 (b) Limitations on the dosage units or refills that the 3858 physician assistant is authorized to prescribe; 3859 (c) Specification of circumstances under which the physician 3860 assistant is required to refer patients to the supervising 3861 physician or another physician when exercising physician-delegated 3862 prescriptive authority; 3863 (d) Responsibilities to be fulfilled by the physician in 3864 supervising the physician assistant that are not otherwise 3865 specified in the physician supervisory plan supervision agreement 3866 or otherwise required by this chapter. 3867

Sec. 4730.43. (A) A physician assistant who holds a 3868 certificate to prescribe valid prescriber number issued under this 3869 chapter by the state medical board and has been granted 3870 physician-delegated prescriptive authority by a supervising 3871 physician may personally furnish to a patient samples of drugs and 3872 therapeutic devices that are included in the physician assistant's 3873 physician-delegated prescriptive authority, subject to all of the 3874 following: 3875

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(1) The amount of the sample furnished shall not exceed a 3876
seventy-two_hour supply, except when the minimum available 3877
quantity of the sample is packaged in an amount that is greater 3878
than a seventy-two_hour supply, in which case the physician 3879
assistant may furnish the sample in the package amount. 3880

(2) No charge may be imposed for the sample or for furnishing 3881it. 3882

(3) Samples of controlled substances may not be personallyfurnished.3883

(B) A physician assistant who holds a certificate to 3885 prescribe valid prescriber number issued under this chapter by the 3886 board and has been granted physician-delegated prescriptive 3887 authority by a supervising physician may personally furnish to a 3888 patient a complete or partial supply of the drugs and therapeutic 3889 devices that are included in the physician assistant's 3890 physician-delegated prescriptive authority, subject to all of the 3891 following: 3892

(1) The physician assistant shall personally furnish only
antibiotics, antifungals, scabicides, contraceptives, prenatal
3893
vitamins, antihypertensives, drugs and devices used in the
3895
treatment of diabetes, drugs and devices used in the treatment of
asthma, and drugs used in the treatment of dyslipidemia.

(2) The physician assistant shall not furnish the drugs and 3898 devices in locations other than a health department operated by 3899 the board of health of a city or general health district or the 3900 authority having the duties of a board of health under section 3901 3709.05 of the Revised Code, a federally funded comprehensive 3902 primary care clinic, or a nonprofit health care clinic or program. 3903

(3) The physician assistant shall comply with all standards
and procedures for personally furnishing supplies of drugs and
devices, as established in rules adopted under section 4730.39 of
3906

the Revised Code.

Sec. 4730.431. (A) Notwithstanding any provision of this 3908 chapter or rule adopted by the state medical board, a physician 3909 assistant who holds a certificate to prescribe valid prescriber 3910 <u>number</u> issued under this chapter by the board may personally 3911 furnish a supply of naloxone, or issue a prescription for 3912 naloxone, without having examined the individual to whom it may be 3913 administered if all of the following conditions are met: 3914

(1) The naloxone supply is furnished to, or the prescription 3915 is issued to and in the name of, a family member, friend, or other 3916 individual in a position to assist an individual who there is 3917 reason to believe is at risk of experiencing an opioid-related 3918 overdose. 3919

(2) The physician assistant instructs the individual
 3920
 receiving the naloxone supply or prescription to summon emergency
 3921
 services either immediately before or immediately after
 3922
 administering naloxone to an individual apparently experiencing an
 3923
 opioid-related overdose.
 3924

(3) The naloxone is personally furnished or prescribed in
 3925
 such a manner that it may be administered by only either of the
 3926
 following routes:

(a) Using a device manufactured for the intranasal3928administration of liquid drugs;3929

(b) Using an autoinjector in a manufactured dosage form. 3930

(B) A physician assistant who under division (A) of this 3931 section in good faith furnishes a supply of naloxone or issues a 3932 prescription for naloxone is not liable for or subject to any of 3933 the following for any action or omission of the individual to whom 3934 the naloxone is furnished or the prescription is issued: damages 3935 in any civil action, prosecution in any criminal proceeding, or 3936

professional disciplinary action.

sec. 4730.49. (A) To be eliqible for renewal of a certificate 3938 to prescribe license to practice as a physician assistant, an 3939 applicant who has been granted physician-delegated prescriptive 3940 authority is subject to both of the following: 3941 (1) The applicant shall complete every two years at least 3942 twelve hours of continuing education in pharmacology from an 3943 accredited institution recognized by the state medical board. 3944 Except as provided in division (B) of this section and in section 3945 5903.12 of the Revised Code, the continuing education shall be 3946 completed not later than the thirty-first day of January of each 3947 even-numbered year. 3948 (2)(a) Except as provided in division (A)(2)(b) of this 3949 section, in the case of an applicant who prescribes opioid 3950 analgesics or benzodiazepines, the applicant shall certify to the 3951 board whether the applicant has been granted access to the drug 3952 database established and maintained by the state board of pharmacy 3953 pursuant to section 4729.75 of the Revised Code. 3954 (b) The requirement in division (A)(2)(a) of this section 3955 does not apply if either of the following is the case: 3956 (i) The state board of pharmacy notifies the state medical 3957 board pursuant to section 4729.861 of the Revised Code that the 3958 applicant has been restricted from obtaining further information 3959 from the drug database. 3960 (ii) The state board of pharmacy no longer maintains the drug 3961 database. 3962 (c) If an applicant certifies to the state medical board that 3963 the applicant has been granted access to the drug database and the 3964

board finds through an audit or other means that the applicant has 3965 not been granted access, the board may take action under section 3966

4730.25 of the Revised Code.

(B) The state medical board shall provide for pro rata 3968 reductions by month of the number of hours of continuing education 3969 in pharmacology that is required to be completed for physician 3970 assistants who are in their first certification licensure period 3971 after completing the provisional period of supervision required 3972 under section 4730.45 4730.12 of the Revised Code, who have been 3973 disabled due to illness or accident, or who have been absent from 3974 the country. The board shall adopt rules, in accordance with 3975 Chapter 119. of the Revised Code, as necessary to implement this 3976 division. 3977

(C) The continuing education required by this section is in 3978
addition to the continuing education required under section 3979
4730.14 of the Revised Code. 3980

sec. 4730.51. In the information the board maintains on the 3981
its internet web site, the state medical board shall include the 3982
following: 3983

(A) The name of each physician assistant who holds a 3984
 certificate to prescribe license under this chapter; 3985

(B) For each physician assistant who holds a certificate to 3986
 prescribe valid prescriber number issued by the state medical 3987
 board, the name of each supervising physician who has authority to 3988
 grant physician-delegated prescriptive authority to the physician 3989
 assistant. 3990

sec. 4730.53. (A) As used in this section, "drug database" 3991
means the database established and maintained by the state board 3992
of pharmacy pursuant to section 4729.75 of the Revised Code. 3993

(B) The state medical board shall adopt rules in accordance 3994
 with Chapter 119. of the Revised Code that establish standards and 3995
 procedures to be followed by a physician assistant who holds a 3996

certificate to prescribe issued <u>licensed</u> under this chapter <u>who</u>	3997
has been granted physician-delegated prescriptive authority	
regarding the review of patient information available through the	3999
drug database under division (A)(5) of section 4729.80 of the	4000
Revised Code.	
(C) This section and the rules adopted under it do not apply	4002
if the state board of pharmacy no longer maintains the drug	4003
database.	4004

sec. 4731.07. (A) The state medical board shall keep a record 4005
of its proceedings. The minutes of a meeting of the board shall, 4006
on approval by the board, constitute an official record of its 4007
proceedings. 4008

(B) The board shall keep a register of applicants for 4009 certificates of registration and certificates to practice issued 4010 under this chapter and Chapters 4730., 4760., 4762., and 4774. of 4011 the Revised Code and licenses issued under Chapter Chapters 4730. 4012 and 4778. of the Revised Code. The register shall show the name of 4013 the applicant and whether the applicant was granted or refused a 4014 certificate or license. With respect to applicants to practice 4015 medicine and surgery or osteopathic medicine and surgery, the 4016 register shall show the name of the institution that granted the 4017 applicant the degree of doctor of medicine or osteopathic 4018 medicine. The books and records of the board shall be prima-facie 4019 evidence of matters therein contained. 4020

Sec. 4761.01. As used in this chapter: 4021

(A) "Respiratory care" means rendering or offering to render
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to individuals, groups, organizations, or the public any service
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involving the evaluation of cardiopulmonary function, the
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treatment of cardiopulmonary impairment, the assessment of
4025
treatment effectiveness, and the care of patients with

nursing as a registered nurse.

deficiencies and abnormalities associated with the cardiopulmonary 4027 system. The practice of respiratory care includes: 4028 (1) Obtaining, analyzing, testing, measuring, and monitoring 4029 blood and gas samples in the determination of cardiopulmonary 4030 parameters and related physiologic data, including flows, 4031 pressures, and volumes, and the use of equipment employed for this 4032 purpose; 4033 (2) Administering, monitoring, recording the results of, and 4034 instructing in the use of medical gases, aerosols, and 4035 bronchopulmonary hygiene techniques, including drainage, 4036 aspiration, and sampling, and applying, maintaining, and 4037 instructing in the use of artificial airways, ventilators, and 4038 other life support equipment employed in the treatment of 4039 cardiopulmonary impairment and provided in collaboration with 4040 other licensed health care professionals responsible for providing 4041 care; 4042 (3) Performing cardiopulmonary resuscitation and respiratory 4043 rehabilitation techniques; 4044 (4) Administering medications for the testing or treatment of 4045 cardiopulmonary impairment. 4046 (B) "Respiratory care professional" means a person who is 4047 licensed under this chapter to practice the full range of 4048 respiratory care services as defined in division (A) of this 4049 section. 4050 (C) "Physician" means an individual authorized under Chapter 4051 4731. of the Revised Code to practice medicine and surgery or 4052 osteopathic medicine and surgery. 4053 (D) "Registered nurse" means an individual licensed under 4054 Chapter 4723. of the Revised Code to engage in the practice of 4055

(E) "Hospital" means a facility that meets the operating 4057standards of section 3727.02 of the Revised Code. 4058

(F) "Nursing facility" has the same meaning as in section 40595165.01 of the Revised Code. 4060

(G) "Certified hyperbaric technologist" means a person who
4061
administers hyperbaric oxygen therapy and is certified as a
4062
hyperbaric technologist by the national board of diving and
4063
hyperbaric medical technology or its successor organization.

(H) "Hyperbaric oxygen therapy" means the administration of 4065pure oxygen in a pressurized room or chamber, except that it does 4066not include ventilator management. 4067

(I) "Advanced practice registered nurse" has the same meaning 4068as in section 4723.01 of the Revised Code. 4069

(J) "Physician assistant" means an individual who holds a 4070
valid certificate license to practice issued under Chapter 4730. 4071
of the Revised Code authorizing the individual to provide services 4072
as a physician assistant to patients under the supervision, 4073
control, and direction of one or more physicians. 4074

sec. 4761.17. All of the following apply to the practice of 4075
respiratory care by a person who holds a license or limited permit 4076
issued under this chapter: 4077

(A) The person shall practice only pursuant to a prescription 4078
 or other order for respiratory care issued by a <u>any of the</u> 4079
 <u>following:</u> 4080

<u>(1) A</u> physician or by a*i* 4081

(2) A registered nurse who holds a certificate of authority 4082 issued under Chapter 4723. of the Revised Code to practice as a 4083 certified nurse practitioner or clinical nurse specialist and has 4084 entered into a standard care arrangement with a physician that 4085 allows the nurse to prescribe or order respiratory care services; 4086

(3) A physician assistant who has been granted	4087	
physician-delegated prescriptive authority that allows the	4088	
physician assistant to prescribe or order respiratory care	4089	
services.	4090	
(B) The person shall practice only under the supervision of $\frac{1}{2}$	4091	
any of the following:	4092	
(1) A physician or under the supervision of a ;	4093	
(2) A certified nurse practitioner or clinical nurse	4094	
specialist who is authorized to prescribe or order respiratory	4095	
care services as provided in division (A)(2) of this section;	4096	
(3) A physician assistant who is authorized to prescribe or	4097	
order respiratory care services as provided in division (A)(3) of	4098	
this section.	4099	
(C) When practicing under the prescription or order of a	4100	
certified nurse practitioner or clinical nurse specialist or under	4101	
the supervision of such a nurse, the person's administration of		
medication that requires a prescription is limited to the drugs	4103	
that the nurse is authorized to prescribe pursuant to the nurse's	4104	
certificate to prescribe issued under section 4723.48 of the		
Revised Code.	4106	
(D) When practicing under the prescription or order of a	4107	
physician assistant or under the supervision of a physician	4108	
assistant, the person's administration of medication that requires	4109	
a prescription is limited to the drugs that the physician	4110	
assistant is authorized to prescribe pursuant to the physician	4111	
assistant's physician-delegated prescriptive authority.	4112	
Sec. 4765.01. As used in this chapter:	4113	
	1110	
(A) "First responder" means an individual who holds a	4114	
current, valid certificate issued under section 4765.30 of the	4115	

Revised Code to practice as a first responder. 4116

(B) "Emergency medical technician-basic" or "EMT-basic" means
an individual who holds a current, valid certificate issued under
section 4765.30 of the Revised Code to practice as an emergency
medical technician-basic.

(C) "Emergency medical technician-intermediate" or "EMT-I"
 4121
 means an individual who holds a current, valid certificate issued
 4122
 under section 4765.30 of the Revised Code to practice as an
 4123
 emergency medical technician-intermediate.
 4124

(D) "Emergency medical technician-paramedic" or "paramedic" 4125
 means an individual who holds a current, valid certificate issued 4126
 under section 4765.30 of the Revised Code to practice as an 4127
 emergency medical technician-paramedic. 4128

(E) "Ambulance" means any motor vehicle that is used, or is 4129
intended to be used, for the purpose of responding to emergency 4130
medical situations, transporting emergency patients, and 4131
administering emergency medical service to patients before, 4132
during, or after transportation. 4133

(F) "Cardiac monitoring" means a procedure used for the
purpose of observing and documenting the rate and rhythm of a
patient's heart by attaching electrical leads from an
electrocardiograph monitor to certain points on the patient's body
surface.

(G) "Emergency medical service" means any of the services 4139 described in sections 4765.35, 4765.37, 4765.38, and 4765.39 of 4140 the Revised Code that are performed by first responders, emergency 4141 medical technicians-basic, emergency medical 4142 technicians-intermediate, and paramedics. "Emergency medical 4143 service" includes such services performed before or during any 4144 transport of a patient, including transports between hospitals and 4145 transports to and from helicopters. 4146

(H) "Emergency medical service organization" means a public 4147

or private organization using first responders, EMTs-basic, 4148 EMTs-I, or paramedics, or a combination of first responders, 4149 EMTs-basic, EMTs-I, and paramedics, to provide emergency medical 4150 services. 4151

(I) "Physician" means an individual who holds a current, 4152 valid certificate issued under Chapter 4731. of the Revised Code 4153 authorizing the practice of medicine and surgery or osteopathic 4154 medicine and surgery. 4155

(J) "Registered nurse" means an individual who holds a 4156 current, valid license issued under Chapter 4723. of the Revised 4157 Code authorizing the practice of nursing as a registered nurse. 4158

(K) "Volunteer" means a person who provides services either 4159 for no compensation or for compensation that does not exceed the 4160 actual expenses incurred in providing the services or in training 4161 to provide the services. 4162

(L) "Emergency medical service personnel" means first 4163 responders, emergency medical service technicians-basic, emergency 4164 medical service technicians-intermediate, emergency medical 4165 service technicians-paramedic, and persons who provide medical 4166 direction to such persons. 4167

(M) "Hospital" has the same meaning as in section 3727.01 of 4168 the Revised Code. 4169

(N) "Trauma" or "traumatic injury" means severe damage to or 4170 destruction of tissue that satisfies both of the following 4171 conditions: 4172

(1) It creates a significant risk of any of the following: 4173

(a) Loss of life; 4174

(b) Loss of a limb; 4175

(c) Significant, permanent disfigurement;

(d) Significant, permanent disability. 4177

(2) It is caused by any of the following:	4178
(a) Blunt or penetrating injury;	4179
(b) Exposure to electromagnetic, chemical, or radioactive	4180
energy;	4181
(c) Drowning, suffocation, or strangulation;	4182
(d) A deficit or excess of heat.	4183
(0) "Trauma victim" or "trauma patient" means a person who	4184
has sustained a traumatic injury.	4185
(P) "Trauma care" means the assessment, diagnosis,	4186
transportation, treatment, or rehabilitation of a trauma victim by	4187
emergency medical service personnel or by a physician, nurse,	4188
physician assistant, respiratory therapist, physical therapist,	4189
chiropractor, occupational therapist, speech-language pathologist,	4190
audiologist, or psychologist licensed to practice as such in this	4191
state or another jurisdiction.	4192
(Q) "Trauma center" means all of the following:	4193
(1) Any hospital that is verified by the American college of	4194
surgeons as an adult or pediatric trauma center;	4195
(2) Any hospital that is operating as an adult or pediatric	4196
trauma center under provisional status pursuant to section	4197
3727.101 of the Revised Code;	4198
(3) Until December 31, 2004, any hospital in this state that	4199
is designated by the director of health as a level II pediatric	4200
trauma center under section 3727.081 of the Revised Code;	4201
(4) Any hospital in another state that is licensed or	4202
designated under the laws of that state as capable of providing	4203
specialized trauma care appropriate to the medical needs of the	4204
trauma patient.	4205
(R) "Pediatric" means involving a patient who is less than	4206

sixteen years of age.	4207
(S) "Adult" means involving a patient who is not a pediatric	4208
patient.	4209
(T) "Geriatric" means involving a patient who is at least	4210
seventy years old or exhibits significant anatomical or	4211
physiological characteristics associated with advanced aging.	4212
(U) "Air medical organization" means an organization that	4213
provides emergency medical services, or transports emergency	4214
victims, by means of fixed or rotary wing aircraft.	4215
(V) "Emergency care" and "emergency facility" have the same	4216
meanings as in section 3727.01 of the Revised Code.	4217
(W) "Stabilize," except as it is used in division (B) of	4218
section 4765.35 of the Revised Code with respect to the manual	4219
stabilization of fractures, has the same meaning as in section	4220
1753.28 of the Revised Code.	4221
(X) "Transfer" has the same meaning as in section 1753.28 of	4222
the Revised Code.	4223
(Y) "Firefighter" means any member of a fire department as	4224
defined in section 742.01 of the Revised Code.	4225
(Z) "Volunteer firefighter" has the same meaning as in	4226
section 146.01 of the Revised Code.	4227
(AA) "Part-time paid firefighter" means a person who provides	4228
firefighting services on less than a full-time basis, is routinely	4229
scheduled to be present on site at a fire station or other	4230
designated location for purposes of responding to a fire or other	4231
emergency, and receives more than nominal compensation for the	4232
provision of firefighting services.	4233
(BB) "Physician assistant" means an individual who holds a	4234
<u>current</u> , valid certificate <u>license</u> to practice as a physician	4235

assistant issued under Chapter 4730. of the Revised Code. 4236

sec. 4765.51. Nothing in this chapter prevents or restricts 4237
the practice, services, or activities of any registered nurse 4238
practicing within the scope of the registered nurse's practice. 4239

Nothing in this chapter prevents or restricts the practice, 4240 services, or activities of any physician assistant practicing in 4241 accordance with a physician supervisory plan approved <u>supervision</u> 4242 <u>agreement entered into</u> under section 4730.17 <u>4730.19</u> of the 4243 Revised Code or, including, if applicable, the policies of the 4244 health care facility in which the physician assistant is 4245 practicing. 4246

Sec. 5122.11. Proceedings for a mentally ill person subject 4247 to court order pursuant to sections 5122.11 to 5122.15 of the 4248 Revised Code shall be commenced by the filing of an affidavit in 4249 the manner prescribed by the department of mental health and 4250 4251 addiction services and in a form prescribed in section 5122.111 of the Revised Code, by any person or persons with the probate court 4252 in the county where the mentally ill person subject to court order 4253 resides, either on reliable information or actual knowledge, 4254 whichever is determined to be proper by the court. This section 4255 does not apply to the hospitalization of a person pursuant to 4256 section 2945.39, 2945.40, 2945.401, or 2945.402 of the Revised 4257 Code. 4258

The affidavit shall contain an allegation setting forth the 4259 specific category or categories under division (B) of section 4260 5122.01 of the Revised Code upon which the jurisdiction of the 4261 court is based and a statement of alleged facts sufficient to 4262 indicate probable cause to believe that the person is a mentally 4263 ill person subject to court order. The affidavit may be 4264 accompanied, or the court may require that the affidavit be 4265 accompanied, by a certificate of a psychiatrist, or a certificate 4266 signed by a licensed clinical psychologist and a certificate 4267 signed by a licensed physician stating that the person who issued 4268 the certificate has examined the person and is of the opinion that 4269 the person is a mentally ill person subject to court order, or 4270 shall be accompanied by a written statement by the applicant, 4271 under oath, that the person has refused to submit to an 4272 examination by a psychiatrist, or by a licensed clinical 4273 psychologist and licensed physician. 4274

Upon receipt of the affidavit, if a judge of the court or a 4275 referee who is an attorney at law appointed by the court has 4276 probable cause to believe that the person named in the affidavit 4277 is a mentally ill person subject to court order, the judge or 4278 referee may issue a temporary order of detention ordering any 4279 health or police officer or sheriff to take into custody and 4280 transport the person to a hospital or other place designated in 4281 section 5122.17 of the Revised Code, or may set the matter for 4282 further hearing. If a temporary order of detention is issued and 4283 the person is transported to a hospital or other designated place, 4284 the court that issued the order shall retain jurisdiction over the 4285 case as it relates to the person's outpatient treatment, 4286 notwithstanding that the hospital or other designated place to 4287 which the person is transported is outside the territorial 4288 jurisdiction of the court. 4289

The person may be observed and treated until the hearing 4290 provided for in section 5122.141 of the Revised Code. If no such 4291 hearing is held, the person may be observed and treated until the 4292 hearing provided for in section 5122.15 of the Revised Code. 4293

sec. 5122.111. To initiate proceedings for court-ordered 4294
treatment of a person under section 5122.11 of the Revised Code, a 4295
person or persons shall file an affidavit with the probate court 4296
that is identical in form and content to the following: 4297

AFFIDAVIT OF MENTAL ILLNESS

	300 301 302 303 304 305 305 306 307
	302 303 304 305 306
the undersigned, residing at 4	303 304 305 306
the undersigned, residing at 4	304 305 306 307
	305 306 307
	306
	307
says, that he/she has information to believe or has actual 4 knowledge that	
	308
(Please specify specific category(ies) below with an X.) 4	
[] Represents a substantial risk of physical harm to self as 4	309
manifested by evidence of threats of, or attempts at, suicide or 4	310
serious self-inflicted bodily harm; 4	311
[] Represents a substantial risk of physical harm to others as 4	312
manifested by evidence of recent homicidal or other violent 4	313
behavior or evidence of recent threats that place another in 4	314
reasonable fear of violent behavior and serious physical harm or 4	315
other evidence of present dangerousness; 4	316
[] Represents a substantial and immediate risk of serious 4	317
physical impairment or injury to self as manifested by evidence of 4	318
being unable to provide for and of not providing for basic 4	319
physical needs because of mental illness and that appropriate 4	320
provision for such needs cannot be made immediately available in 4	321
the community; 4	322
[] Would benefit from treatment for mental illness and is in need 4	323
of such treatment as manifested by evidence of behavior that 4	324
creates a grave and imminent risk to substantial rights of others 4	325
or the person; or 4	326
[] Would benefit from treatment as manifested by evidence of 4	327
behavior that indicates all of the following: 4	328

(a) The person is unlikely to survive safely in the community 4329 without supervision, based on a clinical determination. 4330 (b) The person has a history of lack of compliance with treatment 4331 for mental illness and one of the following applies: 4332 (i) At least twice within the thirty-six months prior to the 4333 filing of an affidavit seeking court-ordered treatment of the 4334 person under section 5122.111 of the Revised Code, the lack of 4335 compliance has been a significant factor in necessitating 4336 hospitalization in a hospital or receipt of services in a forensic 4337 or other mental health unit of a correctional facility, provided 4338 that the thirty-six-month period shall be extended by the length 4339 of any hospitalization or incarceration of the person that 4340 occurred within the thirty-six-month period. 4341 (ii) Within the forty-eight months prior to the filing of an 4342 affidavit seeking court-ordered treatment of the person under 4343 section 5122.111 of the Revised Code, the lack of compliance 4344 resulted in one or more acts of serious violent behavior toward 4345 self or others or threats of, or attempts at, serious physical 4346 harm to self or others, provided that the forty-eight-month period 4347 shall be extended by the length of any hospitalization or 4348 incarceration of the person that occurred within the 4349 forty-eight-month period. 4350 (c) The person, as a result of mental illness, is unlikely to 4351 voluntarily participate in necessary treatment. 4352 (d) In view of the person's treatment history and current 4353 behavior, the person is in need of treatment in order to prevent a 4354 relapse or deterioration that would be likely to result in 4355 substantial risk of serious harm to the person or others. 4356 4357 (Name of the party filing the affidavit) further says that the 4358 facts supporting this belief are as follows:

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These facts being sufficient to indicate probable cause that the	4365
above said person is a mentally ill person subject to	4366
court order.	4367

Name of Patient's Last Physician or Licensed Clinical Psychologist	4368
	4369
Address of Patient's Last Physician or Licensed Clinical	4370
Psychologist	
	4371
	4372

The name and address of respondent's legal guardian, spouse, and	4373
adult next of kin are:	4374

Name	Kinship	Address	4375
			4376
	Legal Guardian		4377
			4378
			4379
	Spouse		4380
			4381
			4382
	Adult Next of Kin		4383
			4384

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			4385
 Adult Next	of	Kin	 4386
			 4387

The fo	ollowing	constitutes	additional in	formation that may be	4388
necess	sary for	the purpose	of determining	g residence:	4389
					4390
					4391
					4392
					4393
					4394
Dated	this		lay of	, 20	4395

	4396
Signature of the party filing the	4397
affidavit	

Sworn to before a	ne and s	signed in	my	presence	on	the	day	and	year	4398
above dated.										4399

Signature of Probate Judge 4401

Signature of, Deputy Clerk, or 4403

<u>Notary Public</u>

I, the undersigned party filing the affidavit hereby waive the 4405 issuing and service of notice of the hearing on said affidavit, 4406 and voluntarily enter my appearance herein. 4407

Signature	of	the	party	filing	the	4410
affidavit						

Sec. 5123.47. (A) As used in this section: 4411

(1) "In-home care" means the supportive services provided 4412 within the home of an individual with mental retardation or a 4413 developmental disability who receives funding for the services 4414 through a county board of developmental disabilities, including 4415 any recipient of residential services funded as home and 4416 community-based services, family support services provided under 4417 section 5126.11 of the Revised Code, or supported living provided 4418 in accordance with sections 5126.41 to 5126.47 of the Revised 4419 Code. "In-home care" includes care that is provided outside an 4420 individual's home in places incidental to the home, and while 4421 traveling to places incidental to the home, except that "in-home 4422 care does not include care provided in the facilities of a county 4423 board of developmental disabilities or care provided in schools. 4424

(2) "Parent" means either parent of a child, including an4425adoptive parent but not a foster parent.4426

(3) "Unlicensed in-home care worker" means an individual whoprovides in-home care but is not a health care professional.4428

(4) "Family member" means a parent, sibling, spouse, son, 4429

daughter, grandparent, aunt, uncle, cousin, or guardian of the	4430
individual with mental retardation or a developmental disability	4431
if the individual with mental retardation or developmental	4432
disabilities lives with the person and is dependent on the person	4433
to the extent that, if the supports were withdrawn, another living	4434
arrangement would have to be found.	4435
(5) "Health care professional" means any of the following:	4436
(a) A dentist who holds a valid license issued under Chapter	4437
4715. of the Revised Code;	4438
(b) A registered or licensed practical nurse who holds a	4439
valid license issued under Chapter 4723. of the Revised Code;	4440
(c) An optometrist who holds a valid license issued under	4441
Chapter 4725. of the Revised Code;	4442
(d) A pharmacist who holds a valid license issued under	4443
Chapter 4729. of the Revised Code;	4444
(e) A person who holds a valid certificate issued under	4445
Chapter 4731. of the Revised Code to practice medicine and	4446
surgery, osteopathic medicine and surgery, podiatric medicine and	4447
surgery, or a limited brand of medicine;	4448
(f) A physician assistant who holds a valid certificate	4449
license issued under Chapter 4730. of the Revised Code;	4450
(g) An occupational therapist or occupational therapy	4451
assistant or a physical therapist or physical therapist assistant	4452
who holds a valid license issued under Chapter 4755. of the	4453
Revised Code;	4454
(h) A respiratory care professional who holds a valid license	4455
issued under Chapter 4761. of the Revised Code.	4456
(6) "Health care task" means a task that is prescribed,	4457

ordered, delegated, or otherwise directed by a health care 4458 professional acting within the scope of the professional's 4459 practice.

(B) Except as provided in division (E) of this section, a
family member of an individual with mental retardation or a
developmental disability may authorize an unlicensed in-home care
worker to administer oral and topical prescribed medications or
4464
perform other health care tasks as part of the in-home care the
worker provides to the individual, if all of the following apply:

(1) The family member is the primary supervisor of the care. 4467

(2) The unlicensed in-home care worker has been selected by
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 the family member or the individual receiving care and is under
 4469
 the direct supervision of the family member.

(3) The unlicensed in-home care worker is providing the care 4471 through an employment or other arrangement entered into directly 4472 with the family member and is not otherwise employed by or under 4473 contract with a person or government entity to provide services to 4474 individuals with mental retardation and developmental 4475 disabilities. 4476

(C) A family member shall obtain a prescription, if 4477 applicable, and written instructions from a health care 4478 professional for the care to be provided to the individual. The 4479 family member shall authorize the unlicensed in-home care worker 4480 to provide the care by preparing a written document granting the 4481 authority. The family member shall provide the unlicensed in-home 4482 care worker with appropriate training and written instructions in 4483 accordance with the instructions obtained from the health care 4484 professional. 4485

(D) A family member who authorizes an unlicensed in-home care 4486 worker to administer oral and topical prescribed medications or 4487 perform other health care tasks retains full responsibility for 4488 the health and safety of the individual receiving the care and for 4489 ensuring that the worker provides the care appropriately and 4490

4460

safely. No entity that funds or monitors the provision of in-home 4491 care may be held liable for the results of the care provided under 4492 this section by an unlicensed in-home care worker, including such 4493 entities as the county board of developmental disabilities and the 4494 department of developmental disabilities. 4495

An unlicensed in-home care worker who is authorized under 4496 this section by a family member to provide care to an individual 4497 may not be held liable for any injury caused in providing the 4498 care, unless the worker provides the care in a manner that is not 4499 in accordance with the training and instructions received or the 4500 worker acts in a manner that constitutes wanton or reckless 4501 misconduct. 4502

(E) A county board of developmental disabilities may evaluate 4503 the authority granted by a family member under this section to an 4504 unlicensed in-home care worker at any time it considers necessary 4505 and shall evaluate the authority on receipt of a complaint. If the 4506 board determines that a family member has acted in a manner that 4507 is inappropriate for the health and safety of the individual 4508 receiving the care, the authorization granted by the family member 4509 to an unlicensed in-home care worker is void, and the family 4510 member may not authorize other unlicensed in-home care workers to 4511 provide the care. In making such a determination, the board shall 4512 use appropriately licensed health care professionals and shall 4513 provide the family member an opportunity to file a complaint under 4514 section 5126.06 of the Revised Code. 4515

Section 2. That existing sections 1.64, 2133.211, 2151.3515 4516 2305.113, 2925.61, 3701.92, 3727.06, 3729.05, 4123.01, 4123.026, 4517 4123.46, 4503.44, 4723.01, 4723.06, 4723.07, 4723.18, 4723.181, 4518 4723.48, 4723.482, 4723.50, 4729.01, 4730.01, 4730.02, 4730.03, 4519 4730.04, 4730.06, 4730.08, 4730.091, 4730.10, 4730.101, 4730.11, 4520 4730.12, 4730.13, 4730.14, 4730.19, 4730.21, 4730.22, 4730.25, 4521

4730.251, 4730.27, 4730.28, 4730.31, 4730.32, 4730.33, 4730.38,45224730.39, 4730.41, 4730.42, 4730.43, 4730.431, 4730.49, 4730.51,45234730.53, 4731.07, 4761.01, 4761.17, 4765.01, 4765.51, 5122.11,45245122.111, and 5123.47 and sections 4730.081, 4730.09, 4730.15,45254730.16, 4730.17, 4730.18, 4730.20, 4730.44, 4730.45, 4730.46,45264730.47, 4730.48, 4730.50, and 4730.52 of the Revised Code are4527hereby repealed.4528

Section 3. That the versions of sections 4730.25 and 4730.534529of the Revised Code that are scheduled to take effect April 1,45302015, be amended to read as follows:4531

Sec. 4730.25. (A) The state medical board, by an affirmative 4532 vote of not fewer than six members, may revoke or may refuse to 4533 grant a certificate license to practice as a physician assistant 4534 or a certificate to prescribe to a person found by the board to 4535 have committed fraud, misrepresentation, or deception in applying 4536 for or securing the certificate license. 4537

(B) The board, by an affirmative vote of not fewer than six 4538 members, shall, to the extent permitted by law, limit, revoke, or 4539 suspend an individual's certificate <u>license</u> to practice as a 4540 physician assistant or certificate to prescribe prescriber number, 4541 refuse to issue a certificate license to an applicant, refuse to 4542 reinstate a certificate license, or reprimand or place on 4543 probation the holder of a certificate license for any of the 4544 following reasons: 4545

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

including, if applicable, the policies of the health care facility	4552
in which the supervising physician and physician assistant are	4553
practicing;	4554
(2) Failure to comply with the requirements of this chapter,	4555
Chapter 4731. of the Revised Code, or any rules adopted by the	4556
board;	4557
(3) Violating or attempting to violate, directly or	4558
indirectly, or assisting in or abetting the violation of, or	4559
conspiring to violate, any provision of this chapter, Chapter	4560
4731. of the Revised Code, or the rules adopted by the board;	4561
(4) Inability to practice according to acceptable and	4562
prevailing standards of care by reason of mental illness or	4563
physical illness, including physical deterioration that adversely	4564
affects cognitive, motor, or perceptive skills;	4565
(5) Impairment of ability to practice according to acceptable	4566
and prevailing standards of care because of habitual or excessive	4567
use or abuse of drugs, alcohol, or other substances that impair	4568
ability to practice;	4569
(6) Administering drugs for purposes other than those	4570
authorized under this chapter;	4571
(7) Willfully betraying a professional confidence;	4572
(8) Making a false, fraudulent, deceptive, or misleading	4573
statement in soliciting or advertising for employment as a	4574
physician assistant; in connection with any solicitation or	4575
advertisement for patients; in relation to the practice of	4576
medicine as it pertains to physician assistants; or in securing or	4577
attempting to secure a certificate <u>license</u> to practice as a	4578
physician assistant, a certificate to prescribe, or approval of a	4579
supervision agreement.	4580

As used in this division, "false, fraudulent, deceptive, or 4581

misleading statement" means a statement that includes a 4582 misrepresentation of fact, is likely to mislead or deceive because 4583 of a failure to disclose material facts, is intended or is likely 4584 to create false or unjustified expectations of favorable results, 4585 or includes representations or implications that in reasonable 4586 probability will cause an ordinarily prudent person to 4587 misunderstand or be deceived. 4588

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

(10) The obtaining of, or attempting to obtain, money or
 4593
 anything of value by fraudulent misrepresentations in the course
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 of practice;

(11) A plea of guilty to, a judicial finding of guilt of, or 4596
 a judicial finding of eligibility for intervention in lieu of 4597
 conviction for, a felony; 4598

(12) Commission of an act that constitutes a felony in this 4599
state, regardless of the jurisdiction in which the act was 4600
committed; 4601

(13) A plea of guilty to, a judicial finding of guilt of, or
a judicial finding of eligibility for intervention in lieu of
conviction for, a misdemeanor committed in the course of practice;
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(14) A plea of guilty to, a judicial finding of guilt of, or
a judicial finding of eligibility for intervention in lieu of
conviction for, a misdemeanor involving moral turpitude;
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(15) Commission of an act in the course of practice that
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constitutes a misdemeanor in this state, regardless of the
jurisdiction in which the act was committed;
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(16) Commission of an act involving moral turpitude that 4611

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constitutes a misdemeanor in this state, regardless of the4612jurisdiction in which the act was committed;4613

(17) A plea of guilty to, a judicial finding of guilt of, or 4614 a judicial finding of eligibility for intervention in lieu of 4615 conviction for violating any state or federal law regulating the 4616 possession, distribution, or use of any drug, including 4617 trafficking in drugs; 4618

(18) Any of the following actions taken by the state agency 4619 responsible for regulating the practice of physician assistants in 4620 another state, for any reason other than the nonpayment of fees: 4621 the limitation, revocation, or suspension of an individual's 4622 license to practice; acceptance of an individual's license 4623 surrender; denial of a license; refusal to renew or reinstate a 4624 license; imposition of probation; or issuance of an order of 4625 censure or other reprimand; 4626

(19) A departure from, or failure to conform to, minimal 4627 standards of care of similar physician assistants under the same 4628 or similar circumstances, regardless of whether actual injury to a 4629 patient is established; 4630

(20) Violation of the conditions placed by the board on a 4631
certificate license to practice as a physician assistant, a 4632
certificate to prescribe, a physician supervisory plan, or 4633
supervision agreement; 4634

(21) Failure to use universal blood and body fluid 4635
precautions established by rules adopted under section 4731.051 of 4636
the Revised Code; 4637

(22) Failure to cooperate in an investigation conducted by 4638 the board under section 4730.26 of the Revised Code, including 4639 failure to comply with a subpoena or order issued by the board or 4640 failure to answer truthfully a question presented by the board at 4641 a deposition or in written interrogatories, except that failure to 4642 cooperate with an investigation shall not constitute grounds for4643discipline under this section if a court of competent jurisdiction4644has issued an order that either quashes a subpoena or permits the4645individual to withhold the testimony or evidence in issue;4646

(23) Assisting suicide, as defined in section 3795.01 of the 4647
Revised Code; 4648

(24) Prescribing any drug or device to perform or induce anabortion, or otherwise performing or inducing an abortion;4650

(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;
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(25)(26)Failure to comply with the requirements in section46543719.061 of the Revised Code before issuing to for a minor a4655prescription for a controlled substance containing an opioid;4656

(27) Having certification by the national commission on4657certification of physician assistants or a successor organization4658expire, lapse, or be suspended or revoked.4659

(C) Disciplinary actions taken by the board under divisions 4660 (A) and (B) of this section shall be taken pursuant to an 4661 adjudication under Chapter 119. of the Revised Code, except that 4662 in lieu of an adjudication, the board may enter into a consent 4663 agreement with a physician assistant or applicant to resolve an 4664 allegation of a violation of this chapter or any rule adopted 4665 under it. A consent agreement, when ratified by an affirmative 4666 vote of not fewer than six members of the board, shall constitute 4667 the findings and order of the board with respect to the matter 4668 addressed in the agreement. If the board refuses to ratify a 4669 consent agreement, the admissions and findings contained in the 4670 consent agreement shall be of no force or effect. 4671

(D) For purposes of divisions (B)(12), (15), and (16) of this 4672 section, the commission of the act may be established by a finding 4673

by the board, pursuant to an adjudication under Chapter 119. of 4674 the Revised Code, that the applicant or certificate license holder 4675 committed the act in question. The board shall have no 4676 jurisdiction under these divisions in cases where the trial court 4677 renders a final judgment in the certificate license holder's favor 4678 and that judgment is based upon an adjudication on the merits. The 4679 board shall have jurisdiction under these divisions in cases where 4680 the trial court issues an order of dismissal upon technical or 4681 procedural grounds. 4682

(E) The sealing of conviction records by any court shall have 4683 no effect upon a prior board order entered under the provisions of 4684 this section or upon the board's jurisdiction to take action under 4685 the provisions of this section if, based upon a plea of guilty, a 4686 judicial finding of guilt, or a judicial finding of eligibility 4687 for intervention in lieu of conviction, the board issued a notice 4688 of opportunity for a hearing prior to the court's order to seal 4689 the records. The board shall not be required to seal, destroy, 4690 redact, or otherwise modify its records to reflect the court's 4691 sealing of conviction records. 4692

(F) For purposes of this division, any individual who holds a 4693 certificate license issued under this chapter, or applies for a 4694 certificate license issued under this chapter, shall be deemed to 4695 have given consent to submit to a mental or physical examination 4696 when directed to do so in writing by the board and to have waived 4697 all objections to the admissibility of testimony or examination 4698 reports that constitute a privileged communication. 4699

(1) In enforcing division (B)(4) of this section, the board, 4700 upon a showing of a possible violation, may compel any individual 4701 who holds a certificate license issued under this chapter or who 4702 has applied for a certificate license pursuant to this chapter to 4703 submit to a mental examination, physical examination, including an 4704 HIV test, or both a mental and physical examination. The expense 4705

of the examination is the responsibility of the individual 4706 compelled to be examined. Failure to submit to a mental or 4707 physical examination or consent to an HIV test ordered by the 4708 board constitutes an admission of the allegations against the 4709 individual unless the failure is due to circumstances beyond the 4710 individual's control, and a default and final order may be entered 4711 without the taking of testimony or presentation of evidence. If 4712 the board finds a physician assistant unable to practice because 4713 of the reasons set forth in division (B)(4) of this section, the 4714 board shall require the physician assistant to submit to care, 4715 counseling, or treatment by physicians approved or designated by 4716 the board, as a condition for an initial, continued, reinstated, 4717 or renewed certificate license. An individual affected under this 4718 division shall be afforded an opportunity to demonstrate to the 4719 board the ability to resume practicing in compliance with 4720 acceptable and prevailing standards of care. 4721

(2) For purposes of division (B)(5) of this section, if the 4722 board has reason to believe that any individual who holds a 4723 certificate license issued under this chapter or any applicant for 4724 a certificate <u>license</u> suffers such impairment, the board may 4725 compel the individual to submit to a mental or physical 4726 examination, or both. The expense of the examination is the 4727 responsibility of the individual compelled to be examined. Any 4728 mental or physical examination required under this division shall 4729 be undertaken by a treatment provider or physician qualified to 4730 conduct such examination and chosen by the board. 4731

Failure to submit to a mental or physical examination ordered4732by the board constitutes an admission of the allegations against4733the individual unless the failure is due to circumstances beyond4734the individual's control, and a default and final order may be4735entered without the taking of testimony or presentation of4736evidence. If the board determines that the individual's ability to4737

practice is impaired, the board shall suspend the individual's4738certificate license or deny the individual's application and shall4739require the individual, as a condition for initial, continued,4740reinstated, or renewed certification licensure to practice or4741authority to prescribe, to submit to treatment.4742

Before being eligible to apply for reinstatement of a4743certificate license suspended under this division, the physician4744assistant shall demonstrate to the board the ability to resume4745practice or prescribing in compliance with acceptable and4746prevailing standards of care. The demonstration shall include the4747following:4748

(a) Certification from a treatment provider approved under 4749
section 4731.25 of the Revised Code that the individual has 4750
successfully completed any required inpatient treatment; 4751

(b) Evidence of continuing full compliance with an aftercare 4752contract or consent agreement; 4753

(c) Two written reports indicating that the individual's 4754 ability to practice has been assessed and that the individual has 4755 been found capable of practicing according to acceptable and 4756 prevailing standards of care. The reports shall be made by 4757 individuals or providers approved by the board for making such 4758 assessments and shall describe the basis for their determination. 4759

The board may reinstate a certificate <u>license</u> suspended under 4760 this division after such demonstration and after the individual 4761 has entered into a written consent agreement. 4762

When the impaired physician assistant resumes practice or4763prescribing, the board shall require continued monitoring of the4764physician assistant. The monitoring shall include compliance with4765the written consent agreement entered into before reinstatement or4766with conditions imposed by board order after a hearing, and, upon4767termination of the consent agreement, submission to the board for4768

at least two years of annual written progress reports made under4769penalty of falsification stating whether the physician assistant4770has maintained sobriety.4771

(G) If the secretary and supervising member determine that 4772 there is clear and convincing evidence that a physician assistant 4773 has violated division (B) of this section and that the 4774 individual's continued practice or prescribing presents a danger 4775 of immediate and serious harm to the public, they may recommend 4776 that the board suspend the individual's certificate license to 4777 practice or <u>authority to</u> prescribe without a prior hearing. 4778 Written allegations shall be prepared for consideration by the 4779 board. 4780

The board, upon review of those allegations and by an4781affirmative vote of not fewer than six of its members, excluding4782the secretary and supervising member, may suspend a certificate4783license without a prior hearing. A telephone conference call may4784be utilized for reviewing the allegations and taking the vote on4785the summary suspension.4786

The board shall issue a written order of suspension by 4787 certified mail or in person in accordance with section 119.07 of 4788 the Revised Code. The order shall not be subject to suspension by 4789 the court during pendency of any appeal filed under section 119.12 4790 of the Revised Code. If the physician assistant requests an 4791 adjudicatory hearing by the board, the date set for the hearing 4792 shall be within fifteen days, but not earlier than seven days, 4793 after the physician assistant requests the hearing, unless 4794 otherwise agreed to by both the board and the certificate license 4795 holder. 4796

A summary suspension imposed under this division shall remain 4797 in effect, unless reversed on appeal, until a final adjudicative 4798 order issued by the board pursuant to this section and Chapter 4799 119. of the Revised Code becomes effective. The board shall issue 4800

its final adjudicative order within sixty days after completion of 4801 its hearing. Failure to issue the order within sixty days shall 4802 result in dissolution of the summary suspension order, but shall 4803 not invalidate any subsequent, final adjudicative order. 4804

(H) If the board takes action under division (B)(11), (13), 4805 or (14) of this section, and the judicial finding of guilt, guilty 4806 plea, or judicial finding of eligibility for intervention in lieu 4807 of conviction is overturned on appeal, upon exhaustion of the 4808 criminal appeal, a petition for reconsideration of the order may 4809 be filed with the board along with appropriate court documents. 4810 Upon receipt of a petition and supporting court documents, the 4811 board shall reinstate the certificate license to practice or 4812 prescribe. The board may then hold an adjudication under Chapter 4813 119. of the Revised Code to determine whether the individual 4814 committed the act in question. Notice of opportunity for hearing 4815 shall be given in accordance with Chapter 119. of the Revised 4816 Code. If the board finds, pursuant to an adjudication held under 4817 this division, that the individual committed the act, or if no 4818 hearing is requested, it may order any of the sanctions identified 4819 under division (B) of this section. 4820

(I) The certificate license to practice issued to a physician 4821 assistant and the physician assistant's practice in this state are 4822 automatically suspended as of the date the physician assistant 4823 pleads guilty to, is found by a judge or jury to be guilty of, or 4824 is subject to a judicial finding of eligibility for intervention 4825 in lieu of conviction in this state or treatment or intervention 4826 in lieu of conviction in another state for any of the following 4827 criminal offenses in this state or a substantially equivalent 4828 criminal offense in another jurisdiction: aggravated murder, 4829 murder, voluntary manslaughter, felonious assault, kidnapping, 4830 rape, sexual battery, gross sexual imposition, aggravated arson, 4831 aggravated robbery, or aggravated burglary. Continued practice 4832

after the suspension shall be considered practicing without a	4833
certificate license.	4834
The board shall notify the individual subject to the	4835
suspension by certified mail or in person in accordance with	4836
section 119.07 of the Revised Code. If an individual whose	4837
certificate <u>license</u> is suspended under this division fails to make	4838
a timely request for an adjudication under Chapter 119. of the	4839
Revised Code, the board shall enter a final order permanently	4840
revoking the individual's certificate <u>license</u> to practice.	4841

(J) In any instance in which the board is required by Chapter 4842 119. of the Revised Code to give notice of opportunity for hearing 4843 and the individual subject to the notice does not timely request a 4844 hearing in accordance with section 119.07 of the Revised Code, the 4845 board is not required to hold a hearing, but may adopt, by an 4846 affirmative vote of not fewer than six of its members, a final 4847 order that contains the board's findings. In that final order, the 4848 board may order any of the sanctions identified under division (A) 4849 or (B) of this section. 4850

(K) Any action taken by the board under division (B) of this 4851 section resulting in a suspension shall be accompanied by a 4852 written statement of the conditions under which the physician 4853 assistant's certificate license may be reinstated. The board shall 4854 adopt rules in accordance with Chapter 119. of the Revised Code 4855 governing conditions to be imposed for reinstatement. 4856 Reinstatement of a certificate license suspended pursuant to 4857 division (B) of this section requires an affirmative vote of not 4858 fewer than six members of the board. 4859

(L) When the board refuses to grant to an applicant a
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certificate license to practice as a physician assistant or a
certificate to prescribe, revokes an individual's certificate
license, refuses to issue a certificate license, or refuses to
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reinstate an individual's certificate license, the board may
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specify that its action is permanent. An individual subject to a 4865 permanent action taken by the board is forever thereafter 4866 ineligible to hold the certificate license and the board shall not 4867 accept an application for reinstatement of the certificate license 4868 or for issuance of a new certificate license. 4869

(M) Notwithstanding any other provision of the Revised Code, 4870 all of the following apply: 4871

(1) The surrender of a certificate license issued under this 4872 chapter is not effective unless or until accepted by the board. 4873 Reinstatement of a certificate license surrendered to the board 4874 requires an affirmative vote of not fewer than six members of the 4875 board. 4876

(2) An application made under this chapter for a certificate, 4877 approval of a physician supervisory plan, or approval of a 4878 supervision agreement <u>license</u> may not be withdrawn without 4879 approval of the board. 4880

(3) Failure by an individual to renew a certificate license 4881 in accordance with section 4730.14 or section 4730.48 of the 4882 Revised Code shall not remove or limit the board's jurisdiction to 4883 take disciplinary action under this section against the 4884 individual. 4885

Sec. 4730.53. (A) As used in this section, "drug database" 4886 means the database established and maintained by the state board 4887 of pharmacy pursuant to section 4729.75 of the Revised Code. 4888

(B) Except as provided in divisions (C) and (E) of this 4889 section, a physician assistant holding a certificate to prescribe 4890 issued licensed under this chapter who has been granted 4891 physician-delegated prescriptive authority shall comply with all 4892 of the following as conditions of prescribing a drug that is 4893 either an opioid analgesic or a benzodiazepine as part of a 4894

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patient's course of treatment for a particular condition:

(1) Before initially prescribing the drug, the physician 4896 assistant or the physician assistant's delegate shall request from 4897 the drug database a report of information related to the patient 4898 that covers at least the twelve months immediately preceding the 4899 date of the request. If the physician assistant practices 4900 primarily in a county of this state that adjoins another state, 4901 the physician assistant or delegate also shall request a report of 4902 any information available in the drug database that pertains to 4903 prescriptions issued or drugs furnished to the patient in the 4904 state adjoining that county. 4905

(2) If the patient's course of treatment for the condition 4906 4907 continues for more than ninety days after the initial report is requested, the physician assistant or delegate shall make periodic 4908 requests for reports of information from the drug database until 4909 the course of treatment has ended. The requests shall be made at 4910 intervals not exceeding ninety days, determined according to the 4911 date the initial request was made. The request shall be made in 4912 the same manner provided in division (B)(1) of this section for 4913 requesting the initial report of information from the drug 4914 database. 4915

(3) On receipt of a report under division (B)(1) or (2) of 4916 this section, the physician assistant shall assess the information 4917 in the report. The physician assistant shall document in the 4918 patient's record that the report was received and the information 4919 was assessed. 4920

(C) Division (B) of this section does not apply in any of the 4921following circumstances: 4922

(1) A drug database report regarding the patient is not
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 available, in which case the physician assistant shall document in
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 the patient's record the reason that the report is not available.
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(2) The drug is prescribed in an amount indicated for a 4926 period not to exceed seven days. 4927

(3) The drug is prescribed for the treatment of cancer or 4928 another condition associated with cancer. 4929

(4) The drug is prescribed to a hospice patient in a hospice 4930 care program, as those terms are defined in section 3712.01 of the 4931 Revised Code, or any other patient diagnosed as terminally ill. 4932

(5) The drug is prescribed for administration in a hospital, nursing home, or residential care facility. 4934

(D) With respect to prescribing any drug that is not an 4935 opioid analgesic or a benzodiazepine but is included in the drug 4936 database pursuant to rules adopted under section 4729.84 of the 4937 Revised Code, the state medical board shall adopt rules that 4938 establish standards and procedures to be followed by a physician 4939 assistant who holds a certificate to prescribe issued licensed 4940 under this chapter who has been granted physician-delegated 4941 prescriptive authority regarding the review of patient information 4942 available through the drug database under division (A)(5) of 4943 section 4729.80 of the Revised Code. The rules shall be adopted in 4944 accordance with Chapter 119. of the Revised Code. 4945

(E) This section and the rules adopted under it do not apply 4946 if the state board of pharmacy no longer maintains the drug 4947 database. 4948

section 4. That the existing versions of sections 4730.25 and 4949 4730.53 of the Revised Code that are scheduled to take effect 4950 April 1, 2015, are hereby repealed. 4951

section 5. Sections 3 and 4 of this act shall take effect 4952 April 1, 2015. 4953

Section 6. (A) The State Medical Board may continue to issue 4954

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certificates to practice and certificates to prescribe pursuant to 4955 Chapter 4730. of the Revised Code for not longer than ninety days 4956 after the effective date of this act. Thereafter, the Board shall 4957 issue physician assistant licenses in compliance with this act. 4958

(B) Certificates to practice and certificates to prescribe
issued pursuant to division (A) of this section or Chapter 4730.
of the Revised Code, as it existed immediately prior to the
effective date of this act, shall satisfy the requirements for
physician assistant licenses, as created by this act, until the
thirty-first day of January of the first even-numbered year
4963
following the effective date of this act.

Section 7. Section 4730.25 of the Revised Code is presented 4966 in Section 4 of this act as a composite of the section as amended 4967 by Sub. H.B. 314, Am. Sub. H.B. 341, and Am. Sub. H.B. 483, all of 4968 the 130th General Assembly. The General Assembly, applying the 4969 principle stated in division (B) of section 1.52 of the Revised 4970 Code that amendments are to be harmonized if reasonably capable of 4971 simultaneous operation, finds that the composite is the resulting 4972 version of the section in effect prior to the effective date of 4973 the section as presented in this act. 4974

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