

As Introduced

**130th General Assembly
Regular Session
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H. B. No. 588

Representatives Huffman, Wachtmann

Cosponsors: Representatives Adams, R., Grossman, Ruhl, Thompson, Hill

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A B I L L

To amend sections 2133.02, 2133.21, 2133.211,	1
2133.23, 2133.24, 2133.25, 2133.26, 3795.03, and	2
4730.09; to amend, for the purpose of adopting new	3
section numbers as indicated in parentheses,	4
sections 2133.211 (2133.23), 2133.23 (2133.24),	5
2133.24 (2133.25), 2133.25 (2133.26), and 2133.26	6
(2133.27); to enact new section 2133.22 and	7
sections 2133.28 to 2133.47; and to repeal section	8
2133.22 of the Revised Code to establish	9
procedures for the use of medical orders for	10
life-sustaining treatment and to make changes to	11
the laws governing DNR identification and orders.	12

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

Section 1. That sections 2133.02, 2133.21, 2133.211, 2133.23,	13
2133.24, 2133.25, 2133.26, 3795.03, and 4730.09 be amended;	14
sections 2133.211 (2133.23), 2133.23 (2133.24), 2133.24 (2133.25),	15
2133.25 (2133.26), and 2133.26 (2133.27) be amended for the	16
purpose of adopting new section numbers as indicated in	17
parentheses; and new section 2133.22 and sections 2133.28,	18
2133.29, 2133.30, 2133.31, 2133.32, 2133.33, 2133.34, 2133.35,	19
2133.36, 2133.37, 2133.38, 2133.39, 2133.40, 2133.41, 2133.42,	20

2133.43, 2133.44, 2133.45, 2133.46, and 2133.47 of the Revised 21
Code be enacted to read as follows: 22

Sec. 2133.02. (A)(1) An adult who is of sound mind 23
voluntarily may execute at any time a declaration governing the 24
use or continuation, or the withholding or withdrawal, of 25
life-sustaining treatment. The declaration shall be signed at the 26
end by the declarant or by another individual at the direction of 27
the declarant, state the date of its execution, and either be 28
witnessed as described in division (B)(1) of this section or be 29
acknowledged by the declarant in accordance with division (B)(2) 30
of this section. The declaration may include a designation by the 31
declarant of one or more persons who are to be notified by the 32
declarant's attending physician at any time that life-sustaining 33
treatment would be withheld or withdrawn pursuant to the 34
declaration. The declaration may include a specific authorization 35
for the use or continuation or the withholding or withdrawal of 36
CPR, but the failure to include a specific authorization for the 37
withholding or withdrawal of CPR does not preclude the withholding 38
or withdrawal of CPR in accordance with sections 2133.01 to 39
2133.15 or sections 2133.21 to ~~2133.26~~ 2133.29 of the Revised 40
Code. 41

(2) Depending upon whether the declarant intends the 42
declaration to apply when the declarant is in a terminal 43
condition, in a permanently unconscious state, or in either a 44
terminal condition or a permanently unconscious state, the 45
declarant's declaration shall use either or both of the terms 46
"terminal condition" and "permanently unconscious state" and shall 47
define or otherwise explain those terms in a manner that is 48
substantially consistent with the provisions of section 2133.01 of 49
the Revised Code. 50

(3)(a) If a declarant who has authorized the withholding or 51

withdrawal of life-sustaining treatment intends that the 52
declarant's attending physician withhold or withdraw nutrition or 53
hydration when the declarant is in a permanently unconscious state 54
and when the nutrition and hydration will not or no longer will 55
serve to provide comfort to the declarant or alleviate the 56
declarant's pain, then the declarant shall authorize the 57
declarant's attending physician to withhold or withdraw nutrition 58
or hydration when the declarant is in the permanently unconscious 59
state by doing both of the following in the declaration: 60

(i) Including a statement in capital letters or other 61
conspicuous type, including, but not limited to, a different font, 62
bigger type, or boldface type, that the declarant's attending 63
physician may withhold or withdraw nutrition and hydration if the 64
declarant is in a permanently unconscious state and if the 65
declarant's attending physician and at least one other physician 66
who has examined the declarant determine, to a reasonable degree 67
of medical certainty and in accordance with reasonable medical 68
standards, that nutrition or hydration will not or no longer will 69
serve to provide comfort to the declarant or alleviate the 70
declarant's pain, or checking or otherwise marking a box or line 71
that is adjacent to a similar statement on a printed form of a 72
declaration; 73

(ii) Placing the declarant's initials or signature underneath 74
or adjacent to the statement, check, or other mark described in 75
division (A)(3)(a)(i) of this section. 76

(b) Division (A)(3)(a) of this section does not apply to the 77
extent that a declaration authorizes the withholding or withdrawal 78
of life-sustaining treatment when a declarant is in a terminal 79
condition. The provisions of division (E) of section 2133.12 of 80
the Revised Code pertaining to comfort care shall apply to a 81
declarant in a terminal condition. 82

(B)(1) If witnessed for purposes of division (A) of this 83

section, a declaration shall be witnessed by two individuals as 84
described in this division in whose presence the declarant, or 85
another individual at the direction of the declarant, signed the 86
declaration. The witnesses to a declaration shall be adults who 87
are not related to the declarant by blood, marriage, or adoption, 88
who are not the attending physician of the declarant, and who are 89
not the administrator of any nursing home in which the declarant 90
is receiving care. Each witness shall subscribe the witness' 91
signature after the signature of the declarant or other individual 92
at the direction of the declarant and, by doing so, attest to the 93
witness' belief that the declarant appears to be of sound mind and 94
not under or subject to duress, fraud, or undue influence. The 95
signatures of the declarant or other individual at the direction 96
of the declarant under division (A) of this section and of the 97
witnesses under this division are not required to appear on the 98
same page of the declaration. 99

(2) If acknowledged for purposes of division (A) of this 100
section, a declaration shall be acknowledged before a notary 101
public, who shall make the certification described in section 102
147.53 of the Revised Code and also shall attest that the 103
declarant appears to be of sound mind and not under or subject to 104
duress, fraud, or undue influence. 105

(C) An attending physician, or other health care personnel 106
acting under the direction of an attending physician, who is 107
furnished a copy of a declaration shall make it a part of the 108
declarant's medical record and, when section 2133.05 of the 109
Revised Code is applicable, also shall comply with that section. 110

(D)(1) Subject to division (D)(2) of this section, an 111
attending physician of a declarant or a health care facility in 112
which a declarant is confined may refuse to comply or allow 113
compliance with the declarant's declaration on the basis of a 114
matter of conscience or on another basis. An employee or agent of 115

an attending physician of a declarant or of a health care facility 116
in which a declarant is confined may refuse to comply with the 117
declarant's declaration on the basis of a matter of conscience. 118

(2) If an attending physician of a declarant or a health care 119
facility in which a declarant is confined is not willing or not 120
able to comply or allow compliance with the declarant's 121
declaration, the physician or facility promptly shall so advise 122
the declarant and comply with the provisions of section 2133.10 of 123
the Revised Code, or, if the declaration has become operative as 124
described in division (A) of section 2133.03 of the Revised Code, 125
shall comply with the provisions of section 2133.10 of the Revised 126
Code. 127

(E) As used in this section, "CPR" has the same meaning as in 128
section 2133.21 of the Revised Code. 129

Sec. 2133.21. As used in this section and sections ~~2133.21~~ 130
~~2133.211~~ to ~~2133.26~~ 2133.29 of the Revised Code, unless the 131
context clearly requires otherwise: 132

(A) "Attending physician" means the physician to whom a 133
person, or the family of a person, has assigned primary 134
responsibility for the treatment or care of the person or, if the 135
person or the person's family has not assigned that 136
responsibility, the physician who has accepted that 137
responsibility. 138

(B) "CPR" means cardiopulmonary resuscitation or a component 139
of cardiopulmonary resuscitation, but it does not include clearing 140
a person's airway for a purpose other than as a component of CPR. 141

~~(C) "Declaration," "health care facility," "life-sustaining~~ 142
~~treatment," "physician," "professional disciplinary action," and~~ 143
~~"tort action" have the same meanings as in section 2133.01 of the~~ 144
~~Revised Code~~ means a document executed in accordance with section 145

2133.02 of the Revised Code. 146

~~(C)~~(D) "DNR identification" means a standardized 147
identification card, form, necklace, or bracelet that is of 148
uniform size and design, that has been approved by the department 149
of health pursuant to former section 2133.25 of the Revised Code, 150
and that signifies ~~either~~ at least one of the following: 151

(1) That the person who is named on and possesses the card, 152
form, necklace, or bracelet has executed a declaration ~~that~~ 153
~~authorizes the withholding or withdrawal of CPR and~~ that has not 154
been revoked pursuant to section 2133.04 of the Revised Code; 155

(2) That the attending physician of the person who is named 156
on and possesses the card, form, necklace, or bracelet has issued 157
a current do-not-resuscitate order, ~~in accordance with the~~ 158
~~do-not-resuscitate protocol adopted by the department of health~~ 159
~~pursuant to section 2133.25 of the Revised Code,~~ for that person 160
and has documented the grounds for the order in that person's 161
medical record; 162

(3) That an issuing practitioner has completed a MOLST form 163
that has not been revoked as described in section 2133.38 of the 164
Revised Code. 165

~~(D)~~(E) "Do-not-resuscitate order" means a written directive 166
issued by a physician prior to or not later than six months after 167
the effective date of this amendment in accordance with the 168
do-not-resuscitate protocol that identifies a person and specifies 169
that CPR should not be administered to the person so identified. 170

~~(E)~~(F) "Do-not-resuscitate protocol" means the standardized 171
method of procedure for the withholding of CPR by physicians, 172
emergency medical ~~service~~ services personnel, and health care 173
facilities that ~~is~~ was adopted in the rules of the department of 174
health pursuant to former section 2133.25 of the Revised Code. 175

~~(F)~~(G) "Emergency medical services personnel" means paid or 176

volunteer firefighters,i law enforcement officers,i medical 177
technicians; any of the following, as defined in section 4765.01 178
of the Revised Code: first responders, emergency medical 179
technicians-basic, emergency medical technicians-intermediate, or 180
emergency medical technicians-paramedic, ~~medical technicians,~~i or 181
other emergency services personnel acting within the ordinary 182
course of their profession. 183

~~(G) "CPR" means cardiopulmonary resuscitation or a component~~ 184
~~of cardiopulmonary resuscitation, but it does not include clearing~~ 185
~~a person's airway for a purpose other than as a component of CPR.~~ 186

(H) "Health care facility," "life-sustaining treatment," 187
"physician," "professional disciplinary action," and "tort action" 188
have the same meanings as in section 2133.01 of the Revised Code. 189

(I) "Issuing practitioner" has the same meaning as in section 190
2133.30 of the Revised Code. 191

(J) "MOLST form" means the form specified in section 2133.31 192
of the Revised Code. 193

Sec. 2133.22. Nothing in sections 2133.23 to 2133.29 of the 194
Revised Code condones, authorizes, or approves of mercy killing, 195
assisted suicide, or euthanasia. 196

Sec. 2133.211 2133.23. ~~A person who holds a certificate of~~ 197
~~authority to practice as a certified nurse practitioner or,~~ 198
~~clinical nurse specialist issued under section 4723.42 of the~~ 199
~~Revised Code, or physician assistant~~ may take any action that may 200
be taken by an attending physician under sections 2133.21 2133.22 201
to 2133.26 2133.29 of the Revised Code and has the immunity 202
provided by section 2133.22 2133.29 of the Revised Code if, as 203
applicable, the action is taken pursuant to a standard care 204
arrangement with a collaborating physician, a physician 205
supervisory plan approved under section 4730.17 of the Revised 206

Code, or the policies of the health care facility in which the 207
physician assistant is practicing. 208

Sec. ~~2133.23~~ 2133.24. (A) If emergency medical services 209
personnel, ~~other than physicians,~~ are presented with DNR 210
identification possessed by a person or are presented with a 211
~~written~~ do-not-resuscitate order for a person ~~or if a physician~~ 212
~~directly issues to emergency medical services personnel, other~~ 213
~~than physicians, an oral do not resuscitate order for a person,~~ 214
the emergency medical services personnel shall comply with the 215
~~do not resuscitate protocol for the person. If an oral~~ 216
~~do not resuscitate order is issued by a physician who is not~~ 217
~~present at the scene, the emergency medical services personnel~~ 218
~~shall verify the physician's identity~~ instructions signified by 219
the DNR identification or in the do-not-resuscitate order. 220

(B) If a person possesses DNR identification and if the 221
person's attending physician or the health care facility in which 222
the person is located is unwilling or unable to comply with the 223
~~do not resuscitate protocol for the person~~ instructions signified 224
by the person's DNR identification or in the do-not-resuscitate 225
order, the attending physician or the health care facility shall 226
not prevent or attempt to prevent, or unreasonably delay or 227
attempt to delay, the transfer of the person to a different 228
physician who will follow the ~~protocol~~ instructions or to a 229
different health care facility in which the ~~protocol~~ instructions 230
will be followed. 231

(C) If a person ~~who~~ being transferred from one health care 232
facility to another possesses DNR identification ~~or for whom a~~ 233
~~current,~~ has executed a declaration, or is the subject of a 234
do-not-resuscitate order that has been issued ~~is being transferred~~ 235
~~from one health care facility to another, before or at the time of~~ 236
~~the transfer,~~ the transferring health care facility shall notify 237

the receiving health care facility and the persons transporting 238
the person of the existence of the DNR identification ~~or the~~ 239
~~order, declaration, or do-not-resuscitate order. The notice shall~~ 240
~~be given before or at the time of the transfer. If a current~~ 241
~~do not resuscitate order was issued orally, it shall be reduced to~~ 242
~~writing before the time of the transfer.~~ The DNR identification ~~or~~ 243
~~the order, declaration, or do-not-resuscitate order~~ shall 244
accompany the person to the receiving health care facility and 245
shall remain in effect unless it is revoked or unless, in the case 246
of a do-not-resuscitate order, the order no longer is current. 247

(D) If emergency medical services personnel, a physician, or 248
a health care facility is aware that a person's DNR identification 249
signifies that the person is the subject of a MOLST form, the 250
emergency medical services personnel, physician, or health care 251
facility shall comply with sections 2133.30 to 2133.47 of the 252
Revised Code. 253

Sec. ~~2133.24~~ 2133.25. (A) The death of a person resulting 254
from the withholding or withdrawal of CPR ~~for~~ from the person 255
pursuant to ~~the do not resuscitate protocol and in the~~ 256
~~circumstances described in section 2133.22 of the Revised Code or~~ 257
~~in accordance with division (A) of section 2133.23 of the Revised~~ 258
~~Code~~ instructions in a declaration executed by the person, a 259
do-not-resuscitate order that has been issued for the person, or 260
pursuant to instructions that form the basis of the person's DNR 261
identification does not constitute for any purpose a suicide, 262
aggravated murder, murder, or any other homicide. 263

(B)(1) If a person has executed a declaration, a 264
do-not-resuscitate order has been issued for the person, or the 265
person possesses DNR identification ~~or if a current~~ 266
~~do not resuscitate order has been issued for a person, the~~ 267
existence of the declaration, do-not-resuscitate order, or the 268

possession ~~or order~~ of the DNR identification shall not do either 269
of the following: 270

(a) Affect in any manner the sale, procurement, issuance, or 271
renewal of a policy of life insurance or annuity, notwithstanding 272
any term of a policy or annuity to the contrary; 273

(b) Be deemed to modify in any manner or invalidate the terms 274
of any policy of life insurance or annuity that is in effect on 275
the effective date of this section. 276

(2) Notwithstanding any term of a policy of life insurance or 277
annuity to the contrary, the withholding or withdrawal of CPR from 278
a person who is insured or covered under the policy or annuity and 279
who possesses DNR identification ~~or for whom a current~~ 280
~~do-not-resuscitate order has been issued, in accordance with~~ 281
~~sections 2133.21 to 2133.26 of the Revised Code, who has executed~~ 282
a declaration, or for whom a do-not-resuscitate order has been 283
issued shall not impair or invalidate any policy of life insurance 284
or annuity. 285

(3) Notwithstanding any term of a policy or plan to the 286
contrary, neither of the following shall impair or invalidate any 287
policy of health insurance or other health care benefit plan: 288

(a) The withholding or withdrawal in accordance with sections 289
2133.21 to ~~2133.26~~ 2133.29 of the Revised Code of CPR from a 290
person who is insured or covered under the policy or plan and who 291
possesses DNR identification ~~or for whom a current~~ 292
~~do-not-resuscitate order has been issued, who has executed a~~ 293
declaration, or for whom a do-not-resuscitate order has been 294
issued; 295

(b) The provision in accordance with sections 2133.21 to 296
~~2133.26~~ 2133.29 of the Revised Code of CPR to a person of the 297
nature described in division (B)(3)(a) of this section. 298

(4) No physician, health care facility, other health care 299

provider, person authorized to engage in the business of insurance 300
in this state under Title XXXIX of the Revised Code, health 301
insuring corporation, other health care benefit plan, legal entity 302
that is self-insured and provides benefits to its employees or 303
members, or other person shall require an individual to possess 304
DNR identification, execute a declaration, or have a 305
do-not-resuscitate order issued, or shall require an individual to 306
revoke or refrain from possessing DNR identification, as a 307
condition of being insured or of receiving health care benefits or 308
services. 309

(C)(1) Sections 2133.21 to ~~2133.26~~ 2133.29 of the Revised 310
Code do not create any presumption concerning the intent of an 311
individual who does not possess DNR identification with respect to 312
the use, continuation, withholding, or withdrawal of CPR. 313

(2) Sections 2133.21 to ~~2133.26~~ 2133.29 of the Revised Code 314
do not affect the right of a person to make informed decisions 315
regarding the use, continuation, withholding, or withdrawal of CPR 316
for the person as long as the person is able to make those 317
decisions. 318

(3) Sections 2133.21 to ~~2133.26~~ 2133.29 of the Revised Code 319
are in addition to and independent of, and do not limit, impair, 320
or supersede, any right or responsibility that a person has to 321
effect the withholding or withdrawal of life-sustaining treatment 322
to another pursuant to sections 2133.01 to 2133.15 or sections 323
2133.30 to 2133.47 of the Revised Code or in any other lawful 324
manner. 325

~~(D) Nothing in sections 2133.21 to 2133.26 of the Revised~~ 326
~~Code condones, authorizes, or approves of mercy killing, assisted~~ 327
~~suicide, or euthanasia.~~ 328

Sec. ~~2133.25~~ 2133.26. (A) The department of health, by rule 329
adopted pursuant to Chapter 119. of the Revised Code, ~~shall adopt~~ 330

~~a standardized method of procedure for the withholding of CPR by
physicians, emergency medical services personnel, and health care
facilities in accordance with sections 2133.21 to 2133.26 of the
Revised Code. The standardized method shall specify criteria for
determining when a do not resuscitate order issued by a physician
is current. The standardized method so adopted shall be the
"do not resuscitate protocol" for purposes of sections 2133.21 to
2133.26 of the Revised Code. The department also shall approve one
or more standard forms of DNR identification to be used throughout
this state and shall specify one or more procedures for revoking
the forms of identification.~~

~~(B) The department of health shall adopt rules in accordance
with Chapter 119. of the Revised Code for the administration of
sections 2133.21 to 2133.26 of the Revised Code The
do-not-resuscitate protocol adopted by the department in rules
adopted under former section 2133.25 of the Revised Code are
effective only for do-not-resuscitate orders issued on a date that
is not later than six months after the effective date of this
amendment. The criteria for determining when a do-not-resuscitate
order is current apply only to orders issued before that date.~~

~~(C) The department of health shall appoint an advisory
committee to advise the department in the development of rules
under this section. The advisory committee shall include, but
shall not be limited to, representatives of each of the following
organizations:~~

- ~~(1) The association for hospitals and health systems (OHA);~~
- ~~(2) The Ohio state medical association;~~
- ~~(3) The Ohio chapter of the American college of emergency
physicians;~~
- ~~(4) The Ohio hospice organization;~~
- ~~(5) The Ohio council for home care;~~

(6) The Ohio health care association;	362
(7) The Ohio ambulance association;	363
(8) The Ohio medical directors association;	364
(9) The Ohio association of emergency medical services;	365
(10) The bioethics network of Ohio;	366
(11) The Ohio nurses association;	367
(12) The Ohio academy of nursing homes;	368
(13) The Ohio association of professional firefighters;	369
(14) The department of developmental disabilities;	370
(15) The Ohio osteopathic association;	371
(16) The association of Ohio philanthropic homes, housing and services for the aging;	372 373
(17) The catholic conference of Ohio;	374
(18) The department of aging;	375
(19) The department of mental health and addiction services;	376
(20) The Ohio private residential association;	377
(21) The northern Ohio fire fighters association.	378
 Sec. 2133.26 <u>2133.27</u>. (A)(1) No physician shall purposely	379
prevent or attempt to prevent, or delay or unreasonably attempt to	380
delay, the transfer of a patient in violation of division (B) of	381
section 2133.23 <u>2133.24</u> of the Revised Code.	382
 (2) No person shall purposely conceal, cancel, deface, or	383
obliterate the DNR identification of another person without the	384
consent of the other person.	385
 (3) No person shall purposely falsify or forge a revocation	386
of a declaration that is the basis of the DNR identification of	387
another person or purposely falsify or forge an order of a	388

physician that purports to supersede a do-not-resuscitate order 389
issued for another person. 390

(4) No person shall purposely falsify or forge the DNR 391
identification of another person with the intent to cause the use, 392
withholding, or withdrawal of CPR for the other person. 393

~~(5) No person who has personal knowledge that another person~~ 394
~~has revoked a declaration that is the basis of the other person's~~ 395
~~DNR identification or personal knowledge that a physician has~~ 396
~~issued an order that supersedes a do not resuscitate order that~~ 397
~~the physician issued for another person~~ Neither of the following 398
shall purposely conceal or withhold ~~that~~ personal knowledge with 399
the intent to cause the use, withholding, or withdrawal of CPR for 400
the other person: 401

(a) A person who has personal knowledge that another person 402
has revoked a declaration that is the basis of the other person's 403
DNR identification; 404

(b) A person who has personal knowledge that a physician has 405
issued an order that supersedes a do-not-resuscitate order that 406
the physician issued for another person. 407

(B)(1) Whoever violates division (A)(1) or (5) of this 408
section is guilty of a misdemeanor of the third degree. 409

(2) Whoever violates division (A)(2), (3), or (4) of this 410
section is guilty of a misdemeanor of the first degree. 411

Sec. 2133.28. (A) None of the following shall be subject to 412
criminal prosecution, liability in damages in a tort or other 413
civil action for injury, death, or loss to person or property, or 414
professional disciplinary action arising out of or relating to the 415
withholding or withdrawal of CPR from a person after DNR 416
identification is discovered in the person's possession and 417
reasonable efforts have been made to determine that the person in 418

possession of the DNR identification is the person named on the 419
identification, if the withholding or withdrawal is in accordance 420
with the instructions signified by the DNR identification: 421

(1) The health care facility in which the person is present, 422
the administrator of that facility, and any person who works for 423
the facility as an employee or contractor, or who volunteers at 424
the health care facility, and who participates under the direction 425
of or with the authorization of a physician in the withholding or 426
withdrawal of CPR from the person possessing the DNR 427
identification; 428

(2) A physician who causes the withholding or withdrawal of 429
CPR from a person who possesses DNR identification; 430

(3) Any emergency medical services personnel who cause or 431
participate in the withholding or withdrawal of CPR from the 432
person possessing the DNR identification. 433

(B) If, after DNR identification is discovered in the 434
possession of a person, the person makes an oral or written 435
request to receive CPR, any person who provides CPR pursuant to 436
the request, any health care facility in which CPR is provided, 437
and the administrator of any health care facility in which CPR is 438
provided are not subject to criminal prosecution as a result of 439
the provision of CPR, are not liable in damages in tort or other 440
civil action for injury, death, or loss to person or property that 441
arises out of or is related to the provision of CPR, and are not 442
subject to professional disciplinary action as a result of the 443
provision of CPR. 444

Sec. 2133.29. (A) In an emergency situation, emergency 445
medical services personnel are not required to search a person to 446
determine if the person possesses DNR identification. If emergency 447
medical services personnel or emergency department personnel 448
provide CPR to a person in possession of DNR identification in an 449

emergency situation, and if, at that time, the personnel do not 450
know and do not have reasonable cause to believe that the person 451
possesses DNR identification, the emergency medical services 452
personnel and emergency department personnel are not subject to 453
criminal prosecution as a result of the provision of the CPR, are 454
not liable in damages in tort or other civil action for injury, 455
death, or loss to person or property that arises out of or is 456
related to the provision of CPR, and are not subject to 457
professional disciplinary action as a result of the provision of 458
CPR. 459

(B) Nothing in this section or sections 2133.21 to 2133.29 of 460
the Revised Code grants immunity to a physician for issuing a 461
do-not-resuscitate order that is contrary to reasonable medical 462
standards or that the physician knows or has reason to know is 463
contrary to the wishes of the patient or of a person who is 464
authorized to make informed medical decisions on the patient's 465
behalf. 466

Sec. 2133.30. As used in this section and sections 2133.31 to 467
2133.47 of the Revised Code: 468

(A) "Attending physician" means the physician to whom a 469
patient or patient's family has assigned primary responsibility 470
for the medical treatment or care of the patient or, if the 471
responsibility has not been assigned, the physician who has 472
accepted that responsibility. 473

(B) "Certified nurse practitioner" and "clinical nurse 474
specialist" have the same meanings as in section 4723.01 of the 475
Revised Code. 476

(C) "Comfort care" means any of the following: 477

(1) Nutrition when administered to diminish pain or 478
discomfort, but not to postpone death; 479

(2) Hydration when administered to diminish pain or 480
discomfort, but not to postpone death; 481

(3) Any other medical or nursing procedure, treatment, 482
intervention, or other measure that is taken to diminish pain or 483
discomfort, but not to postpone death. 484

(D) "CPR" has the same meaning as in section 2133.21 of the 485
Revised Code. 486

(E) "Declaration" means a document executed in accordance 487
with section 2133.02 of the Revised Code. 488

(F) "DNR identification" and "do-not-resuscitate order" have 489
the same meanings as in section 2133.21 of the Revised Code. 490

(G) "Durable power of attorney for health care" means a 491
document created pursuant to sections 1337.11 to 1337.17 of the 492
Revised Code. 493

(H) "Emergency medical services person" is the singular of 494
"emergency medical services personnel," as defined in section 495
2133.21 of the Revised Code. 496

(I) "Form preparer" means the issuing practitioner who 497
completes and signs a medical orders for life-sustaining treatment 498
form or the individual who completes the form pursuant to the 499
practitioner's delegation and for the practitioner's signature. 500

(J) "Guardian" has the same meaning as in section 2133.01 of 501
the Revised Code. 502

(K) "Health care facility" means any of the following: 503

(1) A health care facility, as defined in section 1337.11 of 504
the Revised Code; 505

(2) An ambulatory surgical facility, as defined in section 506
3702.30 of the Revised Code; 507

(3) A residential care facility, as defined in section 508

<u>3721.01 of the Revised Code;</u>	509
<u>(4) A freestanding dialysis center.</u>	510
<u>(L) "Issuing practitioner" means a physician, physician</u>	511
<u>assistant, certified nurse practitioner, or clinical nurse</u>	512
<u>specialist who issues medical orders for life-sustaining treatment</u>	513
<u>for a patient by signing as the issuing practitioner the medical</u>	514
<u>orders for life-sustaining treatment form for the patient.</u>	515
<u>(M) "Life-sustaining treatment" means any medical procedure,</u>	516
<u>treatment, intervention, or other measure that, when administered</u>	517
<u>to a patient, is intended to serve principally to prolong the</u>	518
<u>process of dying.</u>	519
<u>(N) "Medical orders for life-sustaining treatment" means</u>	520
<u>instructions, issued by a physician, physician assistant,</u>	521
<u>certified nurse practitioner, or clinical nurse specialist,</u>	522
<u>regarding how a patient should be treated with respect to</u>	523
<u>hospitalization, administration or withdrawal of life-sustaining</u>	524
<u>treatment and comfort care, administration of CPR, and other</u>	525
<u>treatment prescribed by the Revised Code.</u>	526
<u>(O) "Medical orders for life-sustaining treatment form,"</u>	527
<u>"MOLST form," or "form" means the form specified in section</u>	528
<u>2133.31 of the Revised Code.</u>	529
<u>(P) "Medically administered hydration" means fluids that are</u>	530
<u>technologically administered.</u>	531
<u>(O) "Medically administered nutrition" means sustenance that</u>	532
<u>is technologically administered.</u>	533
<u>(R) "Physician" means an individual authorized under Chapter</u>	534
<u>4731. of the Revised Code to practice medicine and surgery or</u>	535
<u>osteopathic medicine and surgery.</u>	536
<u>(S) "Physician assistant" means an individual who holds a</u>	537
<u>valid certificate to practice as a physician assistant issued</u>	538

under Chapter 4730. of the Revised Code. 539

Sec. 2133.31. A medical orders for life-sustaining treatment 540
form shall be substantially in the following form. It is 541
recommended that the patient's name and date of birth, as shown 542
below with the form's title, appear on a page separate from the 543
remaining pages of the form. 544

MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT FORM 545
("MOLST FORM") 546

Patient's Name (printed): 547

Patient's Date of Birth: 548

There is no requirement that a patient or the patient's parent, 549
guardian, legal custodian, or representative execute a medical 550
orders for life-sustaining treatment form (MOLST form). 551

These medical orders are based on the patient's medical condition 552
and advance directives or preferences at the time the orders were 553
issued. An incomplete section does not invalidate the form and 554
implies full treatment for that section. 555

Each patient shall be treated with dignity and respect and 556
attention shall be given to the patient's needs. The duty of 557
medicine is to care for the patient even when the patient cannot 558

be cured. Moral judgments about the use of technology to maintain 559
life shall reflect the inherent dignity of human life and the duty 560
of medical care. 561

The instructions in this form shall be followed in accordance with 562
Ohio law, including restrictions in Ohio Revised Code section 563
2133.09 governing the removal of life-sustaining treatment from an 564
adult who currently is, and for at least the immediately preceding 565
twelve months has been, in a permanently unconscious state. 566

This form may be revoked at any time and in any manner that 567
communicates the intent to revoke. 568

When signed, this form supersedes all previously signed MOLST 569
forms. 570

A. CARDIOPULMONARY RESUSCITATION (CPR): Individual has no pulse 571
and is not breathing. Check only one: 572

[] Attempt resuscitation/CPR. With full treatment and 573
intervention including intubation, advanced airway interventions, 574
mechanical ventilation, defibrillation, and cardioversion as 575
indicated. Transfer to intensive care if indicated. 576

[] Do NOT attempt resuscitation/DNR (no CPR). 577

When patient is not in cardiopulmonary arrest, follow the orders 578
in sections B, C, and D. 579

B. MEDICAL INTERVENTIONS: Patient has a pulse, is breathing, or 580
both. Check only one: 581

[] Full intervention. Includes all care described in this 582
subsection. Use intubation, advanced airway interventions, 583
mechanical ventilation, and cardioversion as indicated. Transfer 584
to intensive care if indicated. 585

Additional order/instructions: 586
..... 587

[] Limited additional interventions. Includes all care described 588
in this subsection. Use medical treatment, intravenous fluids, and 589
cardiac monitor as indicated. Do not use intubation, advanced 590
airway interventions, or mechanical ventilation. May consider 591
airway support (e.g., CPAP, BiPAP). Avoid intensive care. 592

Additional order/instructions: 593
..... 594

[] **Comfort measures only.** Use medication by any route, 595
positioning, wound care, and other measures to relieve pain and 596
suffering. Use oxygen, suction, and manual treatment of airway 597
obstruction as needed for comfort. Do not transfer to higher level 598
of care for life-sustaining treatment. 599

Additional order/instructions: 600
..... 601

C. ANTIBIOTICS. Check only one: 602

[] Use antibiotics if medically indicated. 603
[] Determine use or limitation of antibiotics when infection 604
occurs. 605
[] Do not use antibiotics. Use other measures to relieve 606
symptoms. 607

Additional order/instructions: 608
..... 609

D. MEDICALLY ADMINISTERED NUTRITION/HYDRATION 610

The administration of nutrition or hydration, or both, whether 611
orally or by invasive means, shall occur except in the event that 612
another condition arises which is life-limiting or irreversible in 613

which the nutrition or hydration becomes a greater burden than 614
benefit to the patient. 615

Always offer by mouth, if feasible. Check only one in each column: 616

☐ Long-term medically ☐ Long-term IV fluids, if 617
administered nutrition by tube indicated

☐ Medically administered ☐ IV fluids for a defined 618
nutrition by tube for a defined trial period
trial period

☐ No medically administered ☐ No IV fluids 619
nutrition by tube

Additional order/instructions: 620

..... 621

E. AUTHORIZATION BY PATIENT OR DECISION MAKER 622

Patient possesses the following prior to execution of this form: 623

☐ Declaration (living will) - Attach copy if available 624

☐ Durable power of attorney for health care - Attach copy if 625
available 626

Authorization name and signature belongs to (**check only one**): 627

☐ Patient 628

☐ Guardian appointed by a probate court pursuant to Ohio Revised 629
Code Chapter 2111. 630

☐ Attorney in fact under patient's durable power of attorney for 631

<u>health care</u>	632
<u>[] Next of kin as specified in Ohio Revised Code section</u>	633
<u>2133.08(B)(2) - (6)</u>	634
<u>[] Parent, guardian, or legal custodian of a minor</u>	635
<u>[] Other representative (print name and relationship to patient):</u>	636
<u>.....</u>	637
<u>Name (printed):</u>	638
<u>Phone Contact:</u>	639
<u>Signature (mandatory):</u>	640
<u>Date Signed:</u>	641
<u>F. SIGNATURE OF PRACTITIONER</u>	642
<u>My signature in this section indicates, to the best of my</u>	643
<u>knowledge, that these orders are consistent with the patient's</u>	644
<u>current medical condition and preferences as indicated by the</u>	645
<u>patient's advance directive, previous discussions with the person</u>	646
<u>identified in Section E, above, or both.</u>	647
<u>Name of Physician, Physician Assistant, Certified Nurse</u>	648
<u>Practitioner, or Clinical Nurse Specialist:</u>	649

..... 650

Signature of Physician, Physician Assistant, Certified Nurse 651

Practitioner, or Clinical Nurse Specialist (mandatory): 652

..... 653

Date Signed: 654

G. REVIEW OF MOLST FORM 655

This form should be reviewed periodically, such as when the 656
patient is transferred from one care setting or care level to 657
another or there is a substantial change in the patient's health 658
status. A new MOLST form should be completed if the patient wishes 659
to make a substantive change to his or her treatment goal (e.g., 660
reversal of a prior directive). When completing a new form, the 661
old form must be properly revoked and retained in the medical 662
chart. 663

To revoke the MOLST form, draw a line through the heading of this 664
form, **MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT FORM ("MOLST** 665
FORM") and write "VOID" next to it in large letters. The "VOID" 666
designation should be signed and dated. 667

Review of This MOLST Form 668

<u>Review date</u>	<u>Reviewer's</u>	<u>Location of</u>	<u>Review Outcome</u>
<u>and time</u>	<u>name</u>	<u>review</u>	

 669

(printed)

[] No change 670
[] Form revoked 671
and new form
completed
[] No change 672
[] Form revoked 673
and new form
completed
[] No change 674
[] Form revoked 675
and new form
completed
[] No change 676
[] Form revoked 677
and new form
completed
[] No change 678
[] Form revoked 679
and new form
completed

SEND FORM WITH PATIENT WHENEVER PATIENT IS TRANSFERRED OR 680

DISCHARGED 681

Use of original form is strongly encouraged. Photocopies and faxes 682

of signed MOLST forms are legal and valid. 683

Sec. 2133.32. The department of health shall make a version 684

of the MOLST form available on the department's internet web site. 685

The form shall be made available in a format that can be 686

downloaded free of charge and reproduced. 687

Sec. 2133.33. A physician, physician assistant, certified nurse practitioner, or clinical nurse specialist may at any time issue medical orders for life-sustaining treatment for a patient by completing a MOLST form. Patients for whom medical orders for life-sustaining treatment are suggested, but not required, include those who are suffering from an illness that is in its advanced stages.

Once completed and signed in accordance with sections 2133.34 and 2133.35 of the Revised Code, a MOLST form is valid and the instructions in it become operative and govern how the patient who is the subject of the form is to be treated with respect to hospitalization, administration or withdrawal of life-sustaining treatment and comfort care, administration of CPR, and any other medical treatment specified on the form.

At all times, the issuance of medical orders for life-sustaining treatment shall be guided by prudent medical practice and standards.

Sec. 2133.34. (A) Both of the following persons shall participate in completion of a MOLST form:

(1) The issuing practitioner, who shall sign and date the form in the space designated for the practitioner's signature and who may complete the form or delegate to another person the responsibility of the form's completion other than signing the form;

(2) The patient, who shall sign and date the form in the space designated for the patient's signature, unless either of the following is the case:

(a) A circumstance described in division (B) applies;

(b) The patient, in a separate written document, has authorized a representative, including an attorney in fact under

the patient's durable power of attorney for health care, to revoke 718
a MOLST form and complete a new form on the patient's behalf. 719

(B)(1) If the patient is at least eighteen years of age, 720
incapacitated, has a legally effective durable power of attorney 721
for health care, and is not already the subject of a valid MOLST 722
form, the patient's attorney in fact under the patient's durable 723
power of attorney for health care shall sign and date the form in 724
the space designated for such signature and indicate the person's 725
status as the patient's attorney in fact. 726

(2) If the patient is at least eighteen years of age, 727
incapacitated, does not have a legally effective durable power of 728
attorney for health care, and is not the subject of a valid MOLST 729
form, the individual or class of individuals specified in the 730
descending order of priority in division (B) of section 2133.08 of 731
the Revised Code, subject to division (C) of that section, shall 732
sign and date the form in the space designated for such signature 733
or signatures and indicate the relationship to the patient. 734

(3) If the patient is under eighteen years of age, the 735
parent, guardian, or legal custodian of the patient shall sign and 736
date the form in the space designated for such signature and 737
indicate the relationship to the patient. 738

Sec. 2133.35. (A) When completing a MOLST form, the form 739
preparer shall discuss the instructions in the form with the 740
patient or the individual or class of individuals who participate 741
in the form's completion on the patient's behalf in accordance 742
with division (A)(2) or (B) of section 2133.34 of the Revised 743
Code. The instructions the form preparer lists on the form shall 744
be consistent with the desires of that person or persons, except 745
that if the patient is under eighteen years of age, the patient's 746
parent, guardian, or legal custodian may not indicate instructions 747
that would result in the withholding of medically indicated 748

treatment, as defined in section 14 of the "Child Abuse 749
Prevention, Adoption, and Family Services Act of 1988," 102 Stat. 750
117 (1988), 42 U.S.C. 5106g, as amended. 751

(B) A declaration or durable power of attorney for health 752
care, or both, if a copy of one or both documents is furnished to 753
the form preparer, may guide the discussion between the form 754
preparer and the patient or other person or persons who 755
participate in the form's completion. 756

Sec. 2133.36. A completed MOLST form shall be placed in the 757
paper or electronic medical record of the patient to whom it 758
pertains. Whether maintained as part of a paper or electronic 759
medical record, the form shall be readily available and 760
retrievable. 761

Sec. 2133.37. (A) If a patient with a MOLST form is 762
transferred from one health care facility to another health care 763
facility, the health care facility initiating the transfer shall 764
communicate the existence of, and send a copy of, the form to the 765
receiving facility prior to the transfer. The copy may be sent by 766
regular mail or by facsimile or other electronic means. A copy of 767
the form is the same as the original. 768

(B) Consistent with section 2133.36 of the Revised Code, the 769
copy of the MOLST form shall be placed in the patient's medical 770
record immediately on receipt by the receiving facility. After 771
admission, the attending physician shall review the MOLST form. 772

Sec. 2133.38. The patient, the patient's authorized 773
representative described in division (A)(2) or (B) of section 774
2133.34 of the Revised Code, or, if the patient is under eighteen 775
years of age, the patient's parent, guardian, or legal custodian, 776
may revoke a MOLST form at any time and in any manner that 777

communicates the intent to revoke. A revoked MOLST form shall be 778
retained in the patient's medical record. 779

Sec. 2133.39. Unless revoked in accordance with section 780
2133.38 of the Revised Code, a MOLST form does not expire. 781

Sec. 2133.40. If an emergency medical services person 782
determines in an emergency situation that either of the following 783
applies, the emergency medical services person shall proceed to 784
treat the patient as directed, verbally or in writing, by a 785
physician, or, if applicable, the cooperating physician advisory 786
board of the emergency medical service organization with which the 787
emergency medical services person is affiliated: 788

(A) An instruction in the patient's MOLST form is 789
inconsistent with an instruction in any of the following: 790

(1) A do-not-resuscitate order that applies to the patient; 791

(2) A general consent to treatment form signed by or on 792
behalf of the patient; 793

(3) A declaration executed by the patient; 794

(4) A durable power of attorney for health care executed by 795
the patient. 796

(B) The section of the MOLST form that relates to the 797
patient's treatment in that emergency situation has not been 798
completed. 799

Sec. 2133.41. (A) Subject to division (B) of this section, no 800
health care facility, health care professional, emergency medical 801
services person, or other individual who works for or volunteers 802
at a health care facility as an employee, contractor, or volunteer 803
and who is or who works or volunteers under the direction of or 804
with the authorization of a physician, physician assistant, 805

certified nurse practitioner, or clinical nurse specialist shall 806
be subject to criminal prosecution, liable in damages in tort or 807
other civil action, or subject to professional disciplinary action 808
for acting in good faith and in accordance with, or otherwise 809
being in compliance with, a valid MOLST form or sections 2133.31 810
to 2133.47 of the Revised Code. 811

(B) Division (A) of this section does not grant immunity from 812
criminal or civil liability or from professional disciplinary 813
action to a health care professional or emergency medical service 814
person for actions that are outside the professional's or person's 815
scope of authority. 816

Sec. 2133.42. The death of an individual that occurs as a 817
result of actions taken consistent with instructions in a MOLST 818
form does not constitute for any purpose a suicide, aggravated 819
murder, murder, or any other homicide. 820

Sec. 2133.43. The issuance or non-issuance of a MOLST form 821
shall not do any of the following: 822

(A) Affect in any manner the sale, procurement, issuance, or 823
renewal of a policy of life insurance or annuity, notwithstanding 824
any term of a policy or annuity to the contrary; 825

(B) Modify in any manner or invalidate the terms of a policy 826
of life insurance or annuity that is in effect on the effective 827
date of this section; 828

(C) Impair or invalidate a policy of life insurance or 829
annuity or any health benefit plan. 830

Sec. 2133.44. No physician, health care facility, other 831
health care provider, person authorized to engage in the business 832
of insurance in this state under Title XXXIX of the Revised Code, 833

health insuring corporation, other health care benefit plan, legal 834
entity that is self-insured and provides benefits to its employees 835
or members, governmental entity, or other person shall require 836
that an individual be the subject of a MOLST form, or require an 837
individual to revoke or refrain from being the subject of a MOLST 838
form, as a condition of being insured or of receiving health care 839
benefits or services. 840

Sec. 2133.45. (A) Subject to divisions (B) and (C) of this 841
section, an attending physician of a patient or a health care 842
facility in which a patient is located may refuse to comply or 843
allow compliance with one or more instructions in a MOLST form on 844
the basis of conscience or on another basis. An employee of an 845
attending physician or of a health care facility in which a 846
patient is located may refuse to comply with one or more 847
instructions in a MOLST form on the basis of a matter of 848
conscience. 849

(B) An attending physician of a patient who, or a health care 850
facility in which a patient is confined that, is not willing or 851
not able to comply or allow compliance with one or more 852
instructions in a MOLST form shall immediately notify the patient 853
or person who has signed the MOLST form on the patient's behalf 854
under section 2133.34 of the Revised Code, and shall not prevent 855
or attempt to prevent, or unreasonably delay or attempt to 856
unreasonably delay, the transfer of the patient to the care of a 857
physician who, or a health care facility that, is willing and able 858
to so comply or allow compliance. 859

Sec. 2133.46. In the absence of actual knowledge to the 860
contrary and if acting in good faith, an attending physician, 861
other health care professional, emergency medical services person, 862
or health care facility may assume that a MOLST form complies with 863

sections 2133.31 to 2133.45 of the Revised Code and is valid. 864

Sec. 2133.47. Not later than sixty months after the effective 865
date of this section, the director of health shall appoint a MOLST 866
task force to perform a five-year review of medical orders for 867
life-sustaining treatment and the MOLST form. Task force members 868
shall be, or represent, persons or government entities that have 869
experience with medical orders for life-sustaining treatment or 870
the MOLST form. Not later than seventy-two months after the 871
effective date of this section, the task force shall submit a 872
report of its findings to the general assembly in accordance with 873
section 101.68 of the Revised Code. 874

Members of the task force shall serve without compensation, 875
but may be reimbursed for necessary expenses. 876

Sec. 3795.03. Nothing in section 3795.01 or 3795.02 of the 877
Revised Code shall do any of the following: 878

(A) Prohibit or preclude a physician, certified nurse 879
practitioner, certified nurse-midwife, or clinical nurse 880
specialist who carries out the responsibility to provide comfort 881
care to a patient in good faith and while acting within the scope 882
of the physician's or nurse's authority from prescribing, 883
dispensing, administering, or causing to be administered any 884
particular medical procedure, treatment, intervention, or other 885
measure to the patient, including, but not limited to, 886
prescribing, personally furnishing, administering, or causing to 887
be administered by judicious titration or in another manner any 888
form of medication, for the purpose of diminishing the patient's 889
pain or discomfort and not for the purpose of postponing or 890
causing the patient's death, even though the medical procedure, 891
treatment, intervention, or other measure may appear to hasten or 892
increase the risk of the patient's death; 893

(B) Prohibit or preclude health care personnel acting under 894
the direction of a person authorized to prescribe a patient's 895
treatment and who carry out the responsibility to provide comfort 896
care to the patient in good faith and while acting within the 897
scope of their authority from dispensing, administering, or 898
causing to be administered any particular medical procedure, 899
treatment, intervention, or other measure to the patient, 900
including, but not limited to, personally furnishing, 901
administering, or causing to be administered by judicious 902
titration or in another manner any form of medication, for the 903
purpose of diminishing the patient's pain or discomfort and not 904
for the purpose of postponing or causing the patient's death, even 905
though the medical procedure, treatment, intervention, or other 906
measure may appear to hasten or increase the risk of the patient's 907
death; 908

(C) Prohibit or affect the use or continuation, or the 909
withholding or withdrawal, of life-sustaining treatment, CPR, or 910
comfort care under Chapter 2133. of the Revised Code; 911

(D) Prohibit or affect the provision or withholding of health 912
care, life-sustaining treatment, or comfort care to a principal 913
under a durable power of attorney for health care or any other 914
health care decision made by an attorney in fact under sections 915
1337.11 to 1337.17 of the Revised Code; 916

(E) Affect or limit the authority of a physician, a health 917
care facility, a person employed by or under contract with a 918
health care facility, or emergency ~~service~~ medical services 919
personnel to provide or withhold health care to a person in 920
accordance with reasonable medical standards applicable in an 921
emergency situation; 922

(F) Affect or limit the authority of a person to refuse to 923
give informed consent to health care, including through the 924
execution of a durable power of attorney for health care under 925

sections 1337.11 to 1337.17 of the Revised Code, the execution of 926
a declaration under sections 2133.01 to 2133.15 of the Revised 927
Code, the completion of a MOLST form under sections 2133.30 to 928
2133.47 of the Revised Code, or authorizing the withholding or 929
withdrawal of CPR under sections 2133.21 to ~~2133.26~~ 2133.29 of the 930
Revised Code. 931

Sec. 4730.09. (A) Under a physician supervisory plan approved 932
under section 4730.17 of the Revised Code, a physician assistant 933
may provide any or all of the following services without approval 934
by the state medical board as special services: 935

(1) Obtaining comprehensive patient histories; 936

(2) Performing physical examinations, including audiometry 937
screening, routine visual screening, and pelvic, rectal, and 938
genital-urinary examinations, when indicated; 939

(3) Ordering, performing, or ordering and performing routine 940
diagnostic procedures, as indicated; 941

(4) Identifying normal and abnormal findings on histories, 942
physical examinations, and commonly performed diagnostic studies; 943

(5) Assessing patients and developing and implementing 944
treatment plans for patients; 945

(6) Monitoring the effectiveness of therapeutic 946
interventions; 947

(7) Exercising physician-delegated prescriptive authority 948
pursuant to a certificate to prescribe issued under this chapter; 949

(8) Carrying out or relaying the supervising physician's 950
orders for the administration of medication, to the extent 951
permitted by law; 952

(9) Providing patient education; 953

(10) Instituting and changing orders on patient charts; 954

(11) Performing developmental screening examinations on children with regard to neurological, motor, and mental functions;	955 956
(12) Performing wound care management, suturing minor lacerations and removing the sutures, and incision and drainage of uncomplicated superficial abscesses;	957 958 959
(13) Removing superficial foreign bodies;	960
(14) Administering intravenous fluids;	961
(15) Inserting a foley or cudae catheter into the urinary bladder and removing the catheter;	962 963
(16) Performing biopsies of superficial lesions;	964
(17) Making appropriate referrals as directed by the supervising physician;	965 966
(18) Performing penile duplex ultrasound;	967
(19) Changing of a tracheostomy;	968
(20) Performing bone marrow aspirations from the posterior iliac crest;	969 970
(21) Performing bone marrow biopsies from the posterior iliac crest;	971 972
(22) Performing cystograms;	973
(23) Performing nephrostograms after physician placement of nephrostomy tubes;	974 975
(24) Fitting, inserting, or removing birth control devices;	976
(25) Removing cervical polyps;	977
(26) Performing nerve conduction testing;	978
(27) Performing endometrial biopsies;	979
(28) Inserting filiform and follower catheters;	980
(29) Performing arthrocentesis of the knee;	981

(30) Performing knee joint injections;	982
(31) Performing endotracheal intubation with successful	983
completion of an advanced cardiac life support course;	984
(32) Performing lumbar punctures;	985
(33) In accordance with rules adopted by the board, using	986
light-based medical devices for the purpose of hair removal;	987
(34) Administering, monitoring, or maintaining local	988
anesthesia, as defined in section 4730.091 of the Revised Code;	989
(35) Applying or removing a cast or splint;	990
(36) Inserting or removing chest tubes;	991
(37) Prescribing physical therapy or referring a patient to a	992
physical therapist for the purpose of receiving physical therapy;	993
(38) Ordering occupational therapy or referring a patient to	994
an occupational therapist for the purpose of receiving	995
occupational therapy;	996
(39) Taking any action that may be taken by an attending	997
physician under sections 2133.21 to 2133.26 <u>2133.29</u> of the Revised	998
Code, as specified in section 2133.211 <u>2133.23</u> of the Revised	999
Code;	1000
(40) Determining and pronouncing death in accordance with	1001
section 4730.092 of the Revised Code;	1002
(41) Admitting patients to hospitals in accordance with	1003
section 3727.06 of the Revised Code;	1004
(42) Performing other services that are within the	1005
supervising physician's normal course of practice and expertise,	1006
if the services are included in any model physician supervisory	1007
plan approved under section 4730.06 of the Revised Code or the	1008
services are designated by the board by rule or other means as	1009
services that are not subject to approval as special services.	1010

(B) Under the policies of a health care facility, the 1011
services a physician assistant may provide are limited to the 1012
services the facility has authorized the physician assistant to 1013
provide for the facility. The services a health care facility may 1014
authorize a physician assistant to provide for the facility 1015
include the following: 1016

(1) Any or all of the services specified in division (A) of 1017
this section; 1018

(2) Assisting in surgery in the health care facility; 1019

(3) Any other services permitted by the policies of the 1020
health care facility, except that the facility may not authorize a 1021
physician assistant to perform a service that is prohibited by 1022
this chapter. 1023

Section 2. That existing sections 2133.02, 2133.21, 2133.211, 1024
2133.23, 2133.24, 2133.25, 2133.26, 3795.03, and 4730.09 and 1025
section 2133.22 of the Revised Code are hereby repealed. 1026