

**As Introduced**

**133rd General Assembly**

**Regular Session**

**2019-2020**

**H. B. No. 492**

**Representatives Wiggam, Miller, J.**

**Cosponsors: Representatives Manning, D., Lepore-Hagan, Lang, Crossman,  
Baldrige, Galonski**

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**A BILL**

To amend sections 1.64, 2108.61, 2133.211, 1  
3701.351, 3727.06, 4730.02, 4730.03, 4730.04, 2  
4730.05, 4730.06, 4730.07, 4730.08, 4730.11, 3  
4730.14, 4730.19, 4730.20, 4730.201, 4730.203, 4  
4730.21, 4730.22, 4730.25, 4730.26, 4730.32, 5  
4730.41, 4730.411, 4730.42, 4731.22, 4761.17, 6  
4773.02, 5122.01, and 5122.10; to enact section 7  
4730.204; and to repeal sections 4730.111 and 8  
4730.44 of the Revised Code to modify the laws 9  
regarding physician assistants. 10

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

**Section 1.** That sections 1.64, 2108.61, 2133.211, 11  
3701.351, 3727.06, 4730.02, 4730.03, 4730.04, 4730.05, 4730.06, 12  
4730.07, 4730.08, 4730.11, 4730.14, 4730.19, 4730.20, 4730.201, 13  
4730.203, 4730.21, 4730.22, 4730.25, 4730.26, 4730.32, 4730.41, 14  
4730.411, 4730.42, 4731.22, 4761.17, 4773.02, 5122.01, and 15  
5122.10 be amended and section 4730.204 of the Revised Code be 16  
enacted to read as follows: 17

**Sec. 1.64.** As used in the Revised Code: 18

(A) "Certified nurse-midwife" means an advanced practice  
registered nurse who holds a current, valid license issued under  
Chapter 4723. of the Revised Code and is designated as a  
certified nurse-midwife in accordance with section 4723.42 of  
the Revised Code and rules adopted by the board of nursing.

(B) "Certified nurse practitioner" means an advanced  
practice registered nurse who holds a current, valid license  
issued under Chapter 4723. of the Revised Code and is designated  
as a certified nurse practitioner in accordance with section  
4723.42 of the Revised Code and rules adopted by the board of  
nursing.

(C) "Clinical nurse specialist" means an advanced practice  
registered nurse who holds a current, valid license issued under  
Chapter 4723. of the Revised Code and is designated as a  
clinical nurse specialist in accordance with section 4723.42 of  
the Revised Code and rules adopted by the board of nursing.

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

**Sec. 2108.61.** (A) As used in this section and sections  
2108.62 and 2108.63 of the Revised Code:

(1) "Health care institution" means a hospital registered  
as such under section 3701.07 of the Revised Code or a  
freestanding birthing center.

(2) "Health care professional" means a physician  
authorized under Chapter 4731. of the Revised Code to practice  
medicine and surgery or osteopathic medicine and surgery; a

registered nurse, including a certified nurse-midwife, 48  
authorized to practice under Chapter 4723. of the Revised Code; 49  
or a physician assistant authorized to practice under Chapter 50  
~~4130.~~4730. of the Revised Code. 51

(3) "Umbilical cord blood" means the blood that remains in 52  
the umbilical cord and placenta after the birth of a newborn 53  
child. 54

(B) The department of health shall encourage health care 55  
professionals who provide health care services that are directly 56  
related to a woman's pregnancy to provide a woman before her 57  
third trimester of pregnancy with the publications described in 58  
section 2108.62 of the Revised Code. 59

**Sec. 2133.211.** A person who holds a current, valid license 60  
issued under Chapter 4723. of the Revised Code to practice as an 61  
advanced practice registered nurse may take any action that may 62  
be taken by an attending physician under sections 2133.21 to 63  
2133.26 of the Revised Code and has the immunity provided by 64  
section 2133.22 of the Revised Code if the action is taken 65  
pursuant to a standard care arrangement with a collaborating 66  
physician. 67

A person who holds a license to practice as a physician 68  
assistant issued under Chapter 4730. of the Revised Code may 69  
take any action that may be taken by an attending physician 70  
under sections 2133.21 to 2133.26 of the Revised Code and has 71  
the immunity provided by section 2133.22 of the Revised Code if 72  
the action is taken pursuant to a ~~supervision~~collaboration 73  
agreement entered into under section 4730.19 of the Revised 74  
Code, including, if applicable, the policies of a health care 75  
facility in which the physician assistant is practicing. 76

**Sec. 3701.351.** (A) The governing body of every hospital 77  
shall set standards and procedures to be applied by the hospital 78  
and its medical staff in considering and acting upon 79  
applications for staff membership or professional privileges. 80  
These standards and procedures shall be available for public 81  
inspection. 82

(B) The governing body of any hospital, in considering and 83  
acting upon applications for staff membership or professional 84  
privileges within the scope of the applicants' respective 85  
licensures, shall not discriminate against a qualified person 86  
solely on the basis of whether that person is licensed to 87  
practice medicine, osteopathic medicine, or podiatry, is 88  
licensed to practice as a physician assistant, is licensed to 89  
practice dentistry or psychology, or is licensed to practice 90  
nursing as an advanced practice registered nurse. Staff 91  
membership or professional privileges shall be considered and 92  
acted on in accordance with standards and procedures established 93  
under division (A) of this section. This section does not permit 94  
a psychologist to admit a patient to a hospital in violation of 95  
section 3727.06 of the Revised Code. 96

(C) The governing body of any hospital that is licensed to 97  
provide maternity services, in considering and acting upon 98  
applications for clinical privileges, shall not discriminate 99  
against a qualified person solely on the basis that the person 100  
is authorized to practice nurse-midwifery. An application from a 101  
certified nurse-midwife who is not employed by the hospital 102  
shall contain the name of a physician member of the hospital's 103  
medical staff who holds clinical privileges in obstetrics at 104  
that hospital and who has agreed to be the collaborating 105  
physician for the applicant in accordance with section 4723.43 106  
of the Revised Code. 107

(D) Any person may apply to the court of common pleas for 108  
temporary or permanent injunctions restraining a violation of 109  
division (A), (B), or (C) of this section. This action is an 110  
additional remedy not dependent on the adequacy of the remedy at 111  
law. 112

(E) (1) If a hospital does not provide or permit the 113  
provision of any diagnostic or treatment service for mental or 114  
emotional disorders or any other service that may be legally 115  
performed by a psychologist licensed under Chapter 4732. of the 116  
Revised Code, this section does not require the hospital to 117  
provide or permit the provision of any such service and the 118  
hospital shall be exempt from requirements of this section 119  
pertaining to psychologists. 120

(2) This section does not impair the right of a hospital 121  
to enter into an employment, personal service, or any other kind 122  
of contract with a licensed psychologist, upon any such terms as 123  
the parties may mutually agree, for the provision of any service 124  
that may be legally performed by a licensed psychologist. 125

**Sec. 3727.06.** (A) As used in this section: 126

(1) "Doctor" means an individual authorized to practice 127  
medicine and surgery or osteopathic medicine and surgery. 128

(2) "Podiatrist" means an individual authorized to 129  
practice podiatric medicine and surgery. 130

(B) (1) Only the following may admit a patient to a 131  
hospital: 132

(a) A doctor who is a member of the hospital's medical 133  
staff; 134

(b) A dentist who is a member of the hospital's medical 135

staff; 136

(c) A podiatrist who is a member of the hospital's medical 137  
staff; 138

(d) A clinical nurse specialist, certified nurse-midwife, 139  
or certified nurse practitioner if all of the following 140  
conditions are met: 141

(i) The clinical nurse specialist, certified nurse- 142  
midwife, or certified nurse practitioner has a standard care 143  
arrangement entered into pursuant to section 4723.431 of the 144  
Revised Code with a collaborating doctor or podiatrist who is a 145  
member of the medical staff; 146

(ii) The patient will be under the medical supervision of 147  
the collaborating doctor or podiatrist; 148

(iii) The hospital has granted the clinical nurse 149  
specialist, certified nurse-midwife, or certified nurse 150  
practitioner admitting privileges and appropriate credentials. 151

(e) A physician assistant if all of the following 152  
conditions are met: 153

(i) The physician assistant is listed on a ~~supervision-~~ 154  
collaboration agreement entered into under section 4730.19 of 155  
the Revised Code for a doctor or podiatrist who is a member of 156  
the hospital's medical staff. 157

(ii) The patient will be under the medical supervision of 158  
the ~~supervising-~~collaborating doctor or podiatrist. 159

(iii) The hospital has granted the physician assistant 160  
admitting privileges and appropriate credentials. 161

(2) Prior to admitting a patient, a clinical nurse 162

specialist, certified nurse-midwife, certified nurse 163  
practitioner, or physician assistant shall notify the 164  
collaborating ~~or supervising~~ doctor or podiatrist of the planned 165  
admission. 166

(C) All hospital patients shall be under the medical 167  
supervision of a doctor, except that services that may be 168  
rendered by a licensed dentist pursuant to Chapter 4715. of the 169  
Revised Code provided to patients admitted solely for the 170  
purpose of receiving such services shall be under the 171  
supervision of the admitting dentist and that services that may 172  
be rendered by a podiatrist pursuant to section 4731.51 of the 173  
Revised Code provided to patients admitted solely for the 174  
purpose of receiving such services shall be under the 175  
supervision of the admitting podiatrist. If treatment not within 176  
the scope of Chapter 4715. or section 4731.51 of the Revised 177  
Code is required at the time of admission by a dentist or 178  
podiatrist, or becomes necessary during the course of hospital 179  
treatment by a dentist or podiatrist, such treatment shall be 180  
under the supervision of a doctor who is a member of the medical 181  
staff. It shall be the responsibility of the admitting dentist 182  
or podiatrist to make arrangements with a doctor who is a member 183  
of the medical staff to be responsible for the patient's 184  
treatment outside the scope of Chapter 4715. or section 4731.51 185  
of the Revised Code when necessary during the patient's stay in 186  
the hospital. 187

**Sec. 4730.02.** (A) No person shall hold that person out as 188  
being able to function as a physician assistant, or use any 189  
words or letters indicating or implying that the person is a 190  
physician assistant, without a current, valid license to 191  
practice as a physician assistant issued pursuant to this 192  
chapter. 193

(B) No person shall practice as a physician assistant 194  
without the ~~supervision, control, collaboration~~ and direction of 195  
a physician. 196

(C) No person shall practice as a physician assistant 197  
without having entered into a ~~supervision~~ collaboration 198  
agreement with a ~~supervising~~ collaborating physician under 199  
section 4730.19 of the Revised Code. 200

(D) No person acting as the ~~supervising~~ collaborating 201  
physician of a physician assistant shall authorize the physician 202  
assistant to perform services if either of the following is the 203  
case: 204

(1) The services are not within the physician's normal 205  
course of practice and expertise; 206

(2) The services are inconsistent with the ~~supervision~~ 207  
collaboration agreement under which the physician assistant is 208  
~~being supervised~~ practicing, including, if applicable, the 209  
policies of the health care facility in which the physician and 210  
physician assistant are practicing. 211

(E) No person practicing as a physician assistant shall 212  
prescribe any drug or device to perform or induce an abortion, 213  
or otherwise perform or induce an abortion. 214

~~(F) No person shall advertise to provide services as a~~ 215  
~~physician assistant, except for the purpose of seeking~~ 216  
~~employment.~~ 217

~~(G)~~ No person practicing as a physician assistant shall 218  
fail to wear at all times when on duty a placard, plate, or 219  
other device identifying that person as a "physician assistant." 220

~~(H)~~ (G) Division (A) of this section does not apply to a 221

person who meets all of the following conditions: 222

(1) The person holds in good standing a valid license or 223  
other form of authority to practice as a physician assistant 224  
issued by another state. 225

(2) The person is practicing as a volunteer without 226  
remuneration during a charitable event that lasts not more than 227  
seven days. 228

(3) The medical care provided by the person will be 229  
supervised by the medical director of the charitable event or by 230  
another physician. 231

When a person meets the conditions of this division, the 232  
person shall be deemed to hold, during the course of the 233  
charitable event, a license to practice as a physician assistant 234  
from the state medical board and shall be subject to the 235  
provisions of this chapter authorizing the board to take 236  
disciplinary action against a license holder. Not less than 237  
seven calendar days before the first day of the charitable 238  
event, the person or the event's organizer shall notify the 239  
board of the person's intent to practice as a physician 240  
assistant at the event. During the course of the charitable 241  
event, the person's scope of practice is limited to the 242  
procedures that a physician assistant licensed under this 243  
chapter is authorized to perform unless the person's scope of 244  
practice in the other state is more restrictive than in this 245  
state. If the latter is the case, the person's scope of practice 246  
is limited to the procedures that a physician assistant in the 247  
other state may perform. 248

**Sec. 4730.03.** Nothing in this chapter shall: 249

(A) Be construed to affect or interfere with the 250

performance of duties of any medical personnel who are either of 251  
the following: 252

(1) In active service in the army, navy, coast guard, 253  
marine corps, air force, public health service, or marine 254  
hospital service of the United States while so serving; 255

(2) Employed by the veterans administration of the United 256  
States while so employed. 257

(B) Prevent any person from performing any of the services 258  
a physician assistant may be authorized to perform, if the 259  
person's professional scope of practice established under any 260  
other chapter of the Revised Code authorizes the person to 261  
perform the services; 262

(C) Prohibit a physician from delegating responsibilities 263  
to any nurse or other qualified person who does not hold a 264  
license to practice as a physician assistant, provided that the 265  
individual does not hold the individual out to be a physician 266  
assistant; 267

(D) Be construed as authorizing a physician assistant 268  
independently to order or direct the execution of procedures or 269  
techniques by a registered nurse or licensed practical nurse in 270  
the care and treatment of a person in any setting, except to the 271  
extent that the physician assistant is authorized to do so by a 272  
physician who is responsible for ~~supervising~~ collaborating with 273  
the physician assistant and, if applicable, the policies of the 274  
health care facility in which the physician assistant is 275  
practicing; 276

(E) Authorize a physician assistant to engage in the 277  
practice of optometry, except to the extent that the physician 278  
~~assistant is authorized by a supervising assistant's~~ 279

collaborating physician, acting in accordance with this chapter, has authorized the physician assistant to perform routine visual screening, provide medical care prior to or following eye surgery, or assist in the care of diseases of the eye;

(F) Be construed as authorizing a physician assistant to prescribe any drug or device to perform or induce an abortion, or as otherwise authorizing a physician assistant to perform or induce an abortion.

**Sec. 4730.04.** (A) As used in this section:

(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 imminent threat to the health or life of a human.

(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:

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

(2) An individual licensed or authorized to practice as a physician assistant in another state;

(3) An individual credentialed or employed as a physician assistant by an agency, office, or other instrumentality of the federal government.

(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-~~ 308  
collaboration requirement of this chapter to the contrary: 309

(1) The physician who ~~supervises~~ collaborates with the 310  
physician assistant pursuant to a ~~supervision~~ collaboration 311  
agreement entered into under section 4730.19 of the Revised Code 312  
is not required to meet the ~~supervision~~ collaboration 313  
requirements established under this chapter. 314

(2) The physician designated as the medical director of 315  
the disaster or emergency may ~~supervise~~ collaborate with the 316  
~~medical care provided by the physician assistant~~ when the 317  
physician assistant is providing the medical care. 318

**Sec. 4730.05.** (A) There is hereby created the physician 319  
assistant policy committee of the state medical board. The 320  
president of the board shall appoint the members of the 321  
committee. The committee shall consist of the seven members 322  
specified in divisions (A)(1) to (3) of this section. When the 323  
committee is developing or revising policy and procedures for 324  
physician-delegated prescriptive authority for physician 325  
assistants, the committee shall include the additional member 326  
specified in division (A)(4) of this section. 327

(1) Three members of the committee shall be physicians. Of 328  
the physician members, one shall be a member of the state 329  
medical board, one shall be appointed from a list of five 330  
physicians recommended by the Ohio state medical association, 331  
and one shall be appointed from a list of five physicians 332  
recommended by the Ohio osteopathic association. At all times, 333  
the physician membership of the committee shall include at least 334  
one physician who is a ~~supervising~~ collaborating physician of a 335  
physician assistant~~7~~. Beginning two years after the effective 336  
date of this amendment, each collaborating physician member 337

preferably ~~with~~ shall have at least two years' experience as a 338  
~~supervising~~ collaborating physician. 339

(2) Three members shall be physician assistants appointed 340  
from a list of five individuals recommended by the Ohio 341  
association of physician assistants. 342

(3) One member, who is not affiliated with any health care 343  
profession, shall be appointed to represent the interests of 344  
consumers. 345

(4) One additional member, appointed to serve only when 346  
the committee is developing or revising policy and procedures 347  
for physician-delegated prescriptive authority for physician 348  
assistants, shall be a pharmacist. The member shall be appointed 349  
from a list of five clinical pharmacists recommended by the Ohio 350  
pharmacists association or appointed from the pharmacist members 351  
of the state board of pharmacy, preferably from among the 352  
members who are clinical pharmacists. 353

The pharmacist member shall have voting privileges only 354  
for purposes of developing or revising policy and procedures for 355  
physician-delegated prescriptive authority for physician 356  
assistants. Presence of the pharmacist member shall not be 357  
required for the transaction of any other business. 358

(B) Terms of office shall be for two years, with each term 359  
ending on the same day of the same month as did the term that it 360  
succeeds. Each member shall hold office from the date of being 361  
appointed until the end of the term for which the member was 362  
appointed. Members may be reappointed, except that a member may 363  
not be appointed to serve more than three consecutive terms. As 364  
vacancies occur, a successor shall be appointed who has the 365  
qualifications the vacancy requires. A member appointed to fill 366

a vacancy occurring prior to the expiration of the term for 367  
which a predecessor was appointed shall hold office as a member 368  
for the remainder of that term. A member shall continue in 369  
office subsequent to the expiration date of the member's term 370  
until a successor takes office or until a period of sixty days 371  
has elapsed, whichever occurs first. 372

(C) Each member of the committee shall receive the 373  
member's necessary and actual expenses incurred in the 374  
performance of official duties as a member. 375

(D) The committee members specified in divisions (A) (1) to 376  
(3) of this section by a majority vote shall elect a chairperson 377  
from among those members. The members may elect a new 378  
chairperson at any time. 379

(E) The state medical board may appoint assistants, 380  
clerical staff, or other employees as necessary for the 381  
committee to perform its duties adequately. 382

(F) The committee shall meet as necessary to carry out its 383  
responsibilities. 384

(G) The board may permit meetings of the physician 385  
assistant policy committee to include the use of interactive 386  
videoconferencing, teleconferencing, or both if all of the 387  
following requirements are met: 388

(1) The meeting location is open and accessible to the 389  
public. 390

(2) Each committee member is permitted to choose whether 391  
the member attends in person or through the use of the meeting's 392  
videoconferencing or teleconferencing; 393

(3) Any meeting-related materials available before the 394

meeting are sent to each committee member by electronic mail, 395  
facsimile, or United States mail, or are hand delivered. 396

(4) If interactive videoconferencing is used, there is a 397  
clear video and audio connection that enables all participants 398  
at the meeting location to see and hear each committee member. 399

(5) If teleconferencing is used, there is a clear audio 400  
connection that enables all participants at the meeting location 401  
to hear each committee member. 402

(6) A roll call vote is recorded for each vote taken. 403

(7) The meeting minutes specify for each member whether 404  
the member attended by videoconference, teleconference, or in 405  
person. 406

**Sec. 4730.06.** (A) The physician assistant policy committee 407  
of the state medical board shall review, and shall submit to the 408  
board recommendations concerning, all of the following: 409

(1) Requirements for issuing a license to practice as a 410  
physician assistant, including the educational requirements that 411  
must be met to receive the license; 412

(2) Existing and proposed rules pertaining to the practice 413  
of physician assistants, the ~~supervisory~~ collaborative 414  
relationship between physician assistants and ~~supervising~~ 415  
collaborating physicians, and the administration and enforcement 416  
of this chapter; 417

(3) In accordance with section 4730.38 of the Revised 418  
Code, physician-delegated prescriptive authority for physician 419  
assistants; 420

(4) Application procedures and forms for a license to 421  
practice as a physician assistant; 422

(5) Fees required by this chapter for issuance and renewal 423  
of a license to practice as a physician assistant; 424

(6) Any issue the board asks the committee to consider. 425

(B) In addition to the matters that are required to be 426  
reviewed under division (A) of this section, the committee may 427  
review, and may submit to the board recommendations concerning 428  
quality assurance activities to be performed by a ~~supervising-~~ 429  
collaborating physician and physician assistant under a quality 430  
assurance system established pursuant to division (F) of section 431  
4730.21 of the Revised Code. 432

(C) The board shall take into consideration all 433  
recommendations submitted by the committee. Not later than 434  
ninety days after receiving a recommendation from the committee, 435  
the board shall approve or disapprove the recommendation and 436  
notify the committee of its decision. If a recommendation is 437  
disapproved, the board shall inform the committee of its reasons 438  
for making that decision. The committee may resubmit the 439  
recommendation after addressing the concerns expressed by the 440  
board and modifying the disapproved recommendation accordingly. 441  
Not later than ninety days after receiving a resubmitted 442  
recommendation, the board shall approve or disapprove the 443  
recommendation. There is no limit on the number of times the 444  
committee may resubmit a recommendation for consideration by the 445  
board. 446

(D) (1) Except as provided in division (D) (2) of this 447  
section, the board may not take action regarding a matter that 448  
is subject to the committee's review under division (A) or (B) 449  
of this section unless the committee has made a recommendation 450  
to the board concerning the matter. 451

(2) If the board submits to the committee a request for a recommendation regarding a matter that is subject to the committee's review under division (A) or (B) of this section, and the committee does not provide a recommendation before the sixty-first day after the request is submitted, the board may take action regarding the matter without a recommendation.

**Sec. 4730.07.** In addition to rules that are specifically required or authorized by this chapter to be adopted, the state medical board may, subject to division (D) of section 4730.06 of the Revised Code, adopt any other rules necessary to govern the practice of physician assistants, the ~~supervisory~~ collaborative relationship between physician assistants and ~~supervising~~ collaborating physicians, and the administration and enforcement of this chapter. Rules adopted under this section shall be adopted in accordance with Chapter 119. of the Revised Code.

**Sec. 4730.08.** (A) A license to practice as a physician assistant issued under this chapter authorizes the holder to practice as a physician assistant as follows:

(1) The physician assistant shall practice only ~~under with~~ the ~~supervision, control, collaboration~~ and direction of a physician with whom the physician assistant has entered into a ~~supervision~~ collaboration agreement under section 4730.19 of the Revised Code.

(2) The physician assistant shall practice in accordance with the ~~supervision~~ collaboration agreement entered into with the physician who is responsible for ~~supervising~~ collaborating with the physician assistant, including, if applicable, the policies of the health care facility in which the physician assistant is practicing.

(B) The state medical board may, subject to division (D) 481  
of section 4730.06 of the Revised Code, adopt rules designating 482  
facilities to be included as health care facilities that are in 483  
addition to the facilities specified in divisions (B) (1) and (2) 484  
of section 4730.01 of the Revised Code. Any rules adopted shall 485  
be adopted in accordance with Chapter 119. of the Revised Code. 486

**Sec. 4730.11.** (A) To be eligible to receive a license to 487  
practice as a physician assistant, all of the following apply to 488  
an applicant: 489

(1) The applicant shall be at least eighteen years of age. 490

(2) The applicant shall be of good moral character. 491

(3) ~~The~~ On the date of application, the applicant shall 492  
hold current certification by the national commission on 493  
certification of physician assistants or a successor 494  
organization that is recognized by the state medical board. 495

(4) The applicant shall meet either of the following 496  
requirements: 497

(a) The educational requirements specified in division (B) 498  
(1) or (2) of this section; 499

(b) The educational or other applicable requirements 500  
specified in division (C) (1), (2), or (3) of this section. 501

(B) For purposes of division (A) (4) (a) of this section, an 502  
applicant shall meet either of the following educational 503  
requirements: 504

(1) The applicant shall hold a master's or higher degree 505  
obtained from a program accredited by the accreditation review 506  
commission on education for the physician assistant or a 507  
predecessor or successor organization recognized by the board. 508

(2) The applicant shall hold both of the following 509  
degrees: 510

(a) A degree other than a master's or higher degree 511  
obtained from a program accredited by the accreditation review 512  
commission on education for the physician assistant or a 513  
predecessor or successor organization recognized by the board; 514

(b) A master's or higher degree in a course of study with 515  
clinical relevance to the practice of physician assistants and 516  
obtained from a program accredited by a regional or specialized 517  
and professional accrediting agency recognized by the council 518  
for higher education accreditation. 519

(C) For purposes of division (A) (4) (b) of this section, an 520  
applicant shall present evidence satisfactory to the board of 521  
meeting one of the following requirements in lieu of meeting the 522  
educational requirements specified in division (B) (1) or (2) of 523  
this section: 524

(1) The applicant shall hold a current, valid license or 525  
other form of authority to practice as a physician assistant 526  
issued by another jurisdiction and either have been in active 527  
practice in any jurisdiction throughout the two-year period 528  
immediately preceding the date of application or have met one or 529  
more of the following requirements as specified by the board: 530

(a) Passed an oral or written examination or assessment, 531  
or both types of examination or assessment, that determined the 532  
applicant's present fitness to resume practice; 533

(b) Obtained additional training and passed an examination 534  
or assessment on completion of the training; 535

(c) Agreed to limitations on the applicant's extent, 536  
scope, or type of practice. 537

(2) The applicant shall hold a degree obtained as a result 538  
of being enrolled on January 1, 2008, in a program in this state 539  
that was accredited by the accreditation review commission on 540  
education for the physician assistant but did not grant a 541  
master's or higher degree to individuals enrolled in the program 542  
on that date, and completing the program on or before December 543  
31, 2009. 544

(3) The applicant shall hold a degree obtained from a 545  
program accredited by the accreditation review commission on 546  
education for the physician assistant and meet either of the 547  
following experience requirements: 548

(a) Either have experience practicing as a physician 549  
assistant for at least two consecutive years immediately 550  
preceding the date of application while on active duty, with 551  
evidence of service under honorable conditions, in any of the 552  
armed forces of the United States or the national guard of any 553  
state, including any experience attained while practicing as a 554  
physician assistant at a health care facility or clinic operated 555  
by the United States department of veterans affairs or have met 556  
one or more of the following requirements as specified by the 557  
board: 558

(i) Passed an oral or written examination or assessment, 559  
or both types of examination or assessment, that determined the 560  
applicant's present fitness to resume practice; 561

(ii) Obtained additional training and passed an 562  
examination or assessment on completion of the training; 563

(iii) Agreed to limitations on the applicant's extent, 564  
scope, or type of practice; 565

(b) Either have experience practicing as a physician 566

assistant for at least two consecutive years immediately 567  
preceding the date of application while on active duty in the 568  
United States public health service commissioned corps or have 569  
met one or more of the following requirements as specified by 570  
the board: 571

(i) Passed an oral or written examination or assessment, 572  
or both types of examination or assessment, that determined the 573  
applicant's present fitness to resume practice; 574

(ii) Obtained additional training and passed an 575  
examination or assessment on completion of the training; 576

(iii) Agreed to limitations on the applicant's extent, 577  
scope, or type of practice. 578

(D) This section does not require an individual to obtain 579  
a master's or higher degree as a condition of retaining or 580  
renewing a license to practice as a physician assistant if the 581  
individual received the license without holding a master's or 582  
higher degree as provided in either of the following: 583

(1) Before the educational requirements specified in 584  
division (B)(1) or (2) of this section became effective January 585  
1, 2008; 586

(2) By meeting the educational or other applicable 587  
requirements specified in division (C)(1), (2), or (3) of this 588  
section. 589

**Sec. 4730.14.** (A) A license to practice as a physician 590  
assistant shall be valid for a two-year period unless revoked or 591  
suspended, shall expire on the date that is two years after the 592  
date of issuance, and may be renewed for additional two-year 593  
periods in accordance with this section. A person seeking to 594  
renew a license shall apply to the state medical board for 595

renewal prior to the license's expiration date. The board shall 596  
provide renewal notices to license holders at least one month 597  
prior to the expiration date. 598

Applications shall be submitted to the board in a manner 599  
prescribed by the board. Each application shall be accompanied 600  
by a biennial renewal fee of two hundred dollars. The board 601  
shall deposit the fees in accordance with section 4731.24 of the 602  
Revised Code. 603

The applicant shall report any criminal offense that 604  
constitutes grounds for refusing to issue a license to practice 605  
under section 4730.25 of the Revised Code to which the applicant 606  
has pleaded guilty, of which the applicant has been found 607  
guilty, or for which the applicant has been found eligible for 608  
intervention in lieu of conviction, since last signing an 609  
application for a license to practice as a physician assistant. 610

(B) To be eligible for renewal of a license, an applicant 611  
is subject to all of the following: 612

~~(1) The applicant must certify to the board that the 613  
applicant has maintained certification by the national 614  
commission on certification of physician assistants or a 615  
successor organization that is recognized by the board by 616  
meeting the standards to hold current certification from the 617  
commission or its successor, including passing periodic 618  
recertification examinations; 619~~

~~(2) Except as provided in section 5903.12 of the Revised 620  
Code, the applicant must certify to the board that the applicant 621  
is in compliance with the board's continuing medical education 622  
requirements ~~necessary to hold current certification from the 623  
commission or its successor~~ for physician assistants. 624~~

~~(3)~~ (2) The applicant must comply with the renewal 625  
eligibility requirements established under section 4730.49 of 626  
the Revised Code that pertain to the applicant. 627

(C) If an applicant submits a complete renewal application 628  
and qualifies for renewal pursuant to division (B) of this 629  
section, the board shall issue to the applicant a renewed 630  
license to practice as a physician assistant. 631

(D) The board may require a random sample of physician 632  
assistants to submit materials documenting ~~both of the~~ 633  
~~following:~~ 634

~~(1) Certification by the national commission on~~ 635  
~~certification of physician assistants or a successor~~ 636  
~~organization that is recognized by the board;~~ 637

~~(2) Completion~~ completion of the continuing medical 638  
education required ~~to hold current certification from the~~ 639  
~~commission or its successor~~ by the board for physician 640  
assistants. 641

~~Division (D) of this section~~ This division does not limit 642  
the board's authority to conduct investigations pursuant to 643  
section 4730.25 of the Revised Code. 644

(E) A license to practice that is not renewed on or before 645  
its expiration date is automatically suspended on its expiration 646  
date. Continued practice after suspension of the license shall 647  
be considered as practicing in violation of division (A) of 648  
section 4730.02 of the Revised Code. 649

(F) If a license has been suspended pursuant to division 650  
(E) of this section for two years or less, it may be reinstated. 651  
The board shall reinstate a license suspended for failure to 652  
renew upon an applicant's submission of a renewal application, 653

the biennial renewal fee, and any applicable monetary penalty. 654

If a license has been suspended pursuant to division (E) 655  
of this section for more than two years, it may be restored. In 656  
accordance with section 4730.28 of the Revised Code, the board 657  
may restore a license suspended for failure to renew upon an 658  
applicant's submission of a restoration application, the 659  
biennial renewal fee, and any applicable monetary penalty and 660  
compliance with sections 4776.01 to 4776.04 of the Revised Code. 661  
The board shall not restore to an applicant a license to 662  
practice as a physician assistant unless the board, in its 663  
discretion, decides that the results of the criminal records 664  
check do not make the applicant ineligible for a license issued 665  
pursuant to section 4730.12 of the Revised Code. 666

The penalty for reinstatement shall be fifty dollars and 667  
the penalty for restoration shall be one hundred dollars. The 668  
board shall deposit penalties in accordance with section 4731.24 669  
of the Revised Code. 670

(G) (1) If, through a random sample conducted under 671  
division (D) of this section or any other means, the board finds 672  
that an individual who certified completion of the continuing 673  
medical education required to renew, reinstate, or restore a 674  
license to practice did not complete the requisite continuing 675  
medical education, the board may do either of the following: 676

(a) Take disciplinary action against the individual under 677  
section 4730.25 of the Revised Code, impose a civil penalty, or 678  
both; 679

(b) Permit the individual to agree in writing to complete 680  
the continuing medical education and pay a civil penalty. 681

(2) The board's finding in any disciplinary action taken 682

under division (G)(1)(a) of this section shall be made pursuant 683  
to an adjudication under Chapter 119. of the Revised Code and by 684  
an affirmative vote of not fewer than six of its members. 685

(3) A civil penalty imposed under division (G)(1)(a) of 686  
this section or paid under division (G)(1)(b) of this section 687  
shall be in an amount specified by the board of not more than 688  
five thousand dollars. The board shall deposit civil penalties 689  
in accordance with section 4731.24 of the Revised Code. 690

**Sec. 4730.19.** (A) Before initiating ~~supervision of~~ 691  
collaboration with one or more physician assistants licensed 692  
under this chapter, a physician shall enter into a ~~supervision-~~ 693  
collaboration agreement with each physician assistant ~~who will~~ 694  
~~be supervised~~ with whom the physician will collaborate. A 695  
~~supervision-~~ collaboration agreement may apply to one or more 696  
physician assistants, but, except as provided in division (B)(2) 697  
(e) of this section, may apply to not more than one physician. 698  
~~The supervision-~~ 699

The collaboration agreement shall specify that the 700  
physician agrees to ~~supervise~~ collaborate with the physician 701  
assistant and the physician assistant agrees to practice ~~under~~ 702  
with that physician's ~~supervision~~ collaboration. 703

~~The agreement shall clearly state that the supervising-~~ 704  
~~physician is legally responsible and assumes legal liability for-~~ 705  
~~the services provided by the physician assistant. The~~ 706  
collaboration agreement shall be signed by the physician and the 707  
physician assistant. 708

(B) A ~~supervision-~~ collaboration agreement shall include 709  
either or both of the following: 710

(1) If a physician assistant will practice within a health 711

care facility, the agreement shall include terms that require 712  
the physician assistant to practice in accordance with the 713  
policies of the health care facility. 714

(2) If a physician assistant will practice outside a 715  
health care facility, the agreement shall include terms that 716  
specify all of the following: 717

(a) The responsibilities to be fulfilled by the physician 718  
in ~~supervising~~ collaborating with the physician assistant; 719

(b) The responsibilities to be fulfilled by the physician 720  
assistant when performing services ~~under~~ with the physician's 721  
~~supervision~~ collaboration; 722

(c) Any limitations on the responsibilities to be 723  
fulfilled by the physician assistant; 724

(d) The circumstances under which the physician assistant 725  
is required to refer a patient to the ~~supervising~~ collaborating 726  
physician; 727

(e) If the ~~supervising~~ collaborating physician chooses to 728  
designate physicians to act as alternate ~~supervising~~ 729  
collaborating physicians, the names, business addresses, and 730  
business telephone numbers of the physicians who have agreed to 731  
act in that capacity. 732

(C) A ~~supervision~~ collaboration agreement may be amended 733  
to modify the responsibilities of one or more physician 734  
assistants or to include one or more additional physician 735  
assistants. 736

(D) The ~~supervising~~ collaborating physician who entered 737  
into a ~~supervision~~ collaboration agreement shall retain a copy 738  
of the agreement in the records maintained by the ~~supervising~~ 739

collaborating physician. Each physician assistant who entered 740  
into the ~~supervision~~-collaboration agreement shall retain a copy 741  
of the agreement in the records maintained by the physician 742  
assistant. 743

(E) (1) If the state medical board finds, through a review 744  
conducted under this section or through any other means, any of 745  
the following, the board may take disciplinary action against 746  
the individual under section 4730.25 or 4731.22 of the Revised 747  
Code, impose a civil penalty, or both: 748

(a) That a physician assistant has practiced in a manner 749  
that departs from, or fails to conform to, the terms of a 750  
~~supervision~~-collaboration agreement entered into under this 751  
section; 752

(b) That a physician has ~~supervised~~-collaborated with a 753  
physician assistant in a manner that departs from, or fails to 754  
conform to, the terms of a ~~supervision~~-collaboration agreement 755  
entered into under this section; 756

(c) That a physician or physician assistant failed to 757  
comply with division (A) or (B) of this section. 758

(2) If the board finds, through a review conducted under 759  
this section or through any other means, that a physician or 760  
physician assistant failed to comply with division (D) of this 761  
section, the board may do either of the following: 762

(a) Take disciplinary action against the individual under 763  
section 4730.25 or 4731.22 of the Revised Code, impose a civil 764  
penalty, or both; 765

(b) Permit the individual to agree in writing to update 766  
the records to comply with division (D) of this section and pay 767  
a civil penalty. 768

(3) The board's finding in any disciplinary action taken 769  
under division (E) (1) or (2) of this section shall be made 770  
pursuant to an adjudication conducted under Chapter 119. of the 771  
Revised Code. 772

(4) A civil penalty imposed under division (E) (1) or (2) 773  
(a) of this section or paid under division (E) (2) (b) of this 774  
section shall be in an amount specified by the board of not more 775  
than five thousand dollars and shall be deposited in accordance 776  
with section 4731.24 of the Revised Code. 777

**Sec. 4730.20.** (A) A physician assistant licensed under 778  
this chapter may ~~perform~~ provide any of the following services 779  
authorized by the ~~supervising physician assistant's~~ 780  
collaborating physician that are part of the ~~supervising~~ 781  
collaborating physician's normal course of practice and 782  
expertise: 783

(1) Ordering diagnostic, therapeutic, and other medical 784  
services; 785

(2) Prescribing physical therapy or referring a patient to 786  
a physical therapist for physical therapy; 787

(3) Ordering occupational therapy or referring a patient 788  
to an occupational therapist for occupational therapy; 789

(4) Taking any action that may be taken by an attending 790  
physician under sections 2133.21 to 2133.26 of the Revised Code, 791  
as specified in section 2133.211 of the Revised Code; 792

(5) Determining and pronouncing death in accordance with 793  
section 4730.202 of the Revised Code; 794

(6) Assisting in surgery; 795

(7) If the physician assistant holds a valid prescriber 796

number issued by the state medical board and has been granted 797  
physician-delegated prescriptive authority, ordering, 798  
prescribing, personally furnishing, and administering drugs and 799  
medical devices; 800

(8) Any Performing fluoroscopic procedures to the extent 801  
authorized by section 4730.204 of the Revised Code; 802

(9) Serving as a qualified health professional, as defined 803  
in section 5119.90 of the Revised Code, by conducting 804  
examinations for purposes of drug and alcohol addiction 805  
assessments and diagnoses and by issuing certifications that the 806  
criteria specified in section 5119.92 of the Revised Code have 807  
been met; 808

(10) Taking the actions described in section 5122.10 of 809  
the Revised Code when there is reason to believe that a person 810  
is a mentally ill person subject to court order and represents a 811  
substantial risk of physical harm to self or others if allowed 812  
to remain at liberty pending examination; 813

(11) Performing any other services that are part of the 814  
supervising-collaborating physician's normal course of practice 815  
and expertise. 816

(B) The services a physician assistant may provide under 817  
the policies of a health care facility are limited to the 818  
services the facility authorizes the physician assistant to 819  
provide for the facility. A facility shall not authorize a 820  
physician assistant to perform a service that is prohibited 821  
under this chapter. A physician who is ~~supervising-collaborating~~ 822  
with a physician assistant within a health care facility may 823  
impose limitations on the physician assistant's practice that 824  
are in addition to any limitations applicable under the policies 825

of the facility.

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

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~~(B) A physician assistant may administer, monitor, or~~  
~~maintain local anesthesia, with the exception of general~~  
~~anesthesia, as a component of a procedure the physician~~  
~~assistant is performing or as a separate service when the~~  
~~procedure requiring local anesthesia is to be performed by the~~  
~~physician assistant's supervising collaborating physician or~~  
~~another person. A physician assistant shall not administer,~~  
~~monitor, or maintain any other form of anesthesia, including~~  
~~regional anesthesia or any systemic sedation.~~

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**Sec. 4730.203.** (A) Acting pursuant to a ~~supervision~~  
~~collaboration~~ agreement, a physician assistant may delegate  
performance of a task to implement a patient's plan of care or,  
if the conditions in division (C) of this section are met, may  
delegate administration of a drug. Subject to division (D) of  
section 4730.03 of the Revised Code, delegation may be to any  
person. The physician assistant must be physically present at  
the location where the task is performed or the drug  
administered.

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

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

(1) The physician assistant has been granted physician-delegated prescriptive authority and is authorized to prescribe the drug.

(2) The drug is not a controlled substance.

(3) The drug will not be administered intravenously.

(4) The drug will not be administered in a hospital inpatient care unit, as defined in section 3727.50 of the Revised Code; a hospital emergency department; a freestanding emergency department; or an ambulatory surgical facility licensed under section 3702.30 of the Revised Code.

(D) A person not otherwise authorized to administer a drug or perform a specific task may do so in accordance with a physician assistant's delegation under this section.

**Sec. 4730.204.** (A) A physician assistant may perform fluoroscopic procedures for imaging guidance during diagnostic and therapeutic procedures, but only if the physician assistant has successfully completed a fluoroscopy course approved under division (B) of this section.

(B) The state medical board shall approve fluoroscopy courses for purposes of division (A) of this section. To be eligible for approval, a course must consist of all of the following:

(1) Forty hours of training in the following topics as they relate to fluoroscopy: radiation physics, radiation biology, radiation safety, radiation management, and any other topics the board considers appropriate;

(2) Forty hours of clinical practice in the performance of 884  
fluoroscopic procedures, to be completed in collaboration with a 885  
collaborating physician; 886

(3) Any other requirements the board considers necessary 887  
to receive its approval. 888

**Sec. 4730.21.** (A) The ~~supervising~~ collaborating physician 889  
of a physician assistant exercises ~~supervision, control, and~~ 890  
direction of the physician assistant. A physician assistant may 891  
practice in any setting within which the ~~supervising~~ 892  
collaborating physician practices and has ~~supervision, control,~~ 893  
~~and~~ direction of the physician assistant. 894

In ~~supervising~~ collaborating with a physician assistant, 895  
all of the following apply: 896

(1) The ~~supervising~~ collaborating physician shall be 897  
continuously available for direct communication with the 898  
physician assistant by either of the following means: 899

(a) Being physically present at the location where the 900  
physician assistant is practicing; 901

(b) Being readily available to the physician assistant 902  
through some means of telecommunication and being in a location 903  
that is a distance from the location where the physician 904  
assistant is practicing that reasonably allows the physician to 905  
assure proper care of patients. 906

(2) The ~~supervising~~ collaborating physician shall 907  
personally and actively review the physician assistant's 908  
professional activities. 909

(3) The ~~supervising~~ collaborating physician shall ensure 910  
that the quality assurance system established pursuant to 911

division (F) of this section is implemented and maintained. 912

(4) The ~~supervising-collaborating~~ physician shall 913  
regularly perform any other reviews of the physician assistant 914  
that the ~~supervising-collaborating~~ physician considers 915  
necessary. 916

(B) A physician may enter into ~~supervision-collaboration~~ 917  
agreements with any number of physician assistants, but the 918  
physician may not ~~supervise-collaborate with~~ more than five 919  
physician assistants at any one time. A physician assistant may 920  
enter into ~~supervision-collaboration~~ agreements with any number 921  
of ~~supervising-collaborating~~ physicians. 922

(C) A ~~supervising-collaborating~~ physician may authorize a 923  
physician assistant to perform a service only if the physician 924  
is satisfied that the physician assistant is capable of 925  
competently performing the service. A ~~supervising-collaborating~~ 926  
physician shall not authorize a physician assistant to perform 927  
any service that is beyond the physician's or the physician 928  
assistant's normal course of practice and expertise. 929

(D) In the case of a health care facility with an 930  
emergency department, if the ~~supervising-collaborating~~ physician 931  
routinely practices in the facility's emergency department, the 932  
~~supervising-collaborating~~ physician shall provide on-site 933  
~~supervision-of-collaboration with~~ the physician assistant when 934  
the physician assistant practices in the emergency department. 935  
If the ~~supervising-collaborating~~ physician does not routinely 936  
practice in the facility's emergency department, the ~~supervising-~~ 937  
~~collaborating~~ physician may, on occasion, send the physician 938  
assistant to the facility's emergency department to assess and 939  
manage a patient. ~~In-supervising-During~~ the physician 940  
assistant's assessment and management of the patient, the 941

~~supervising collaborating~~ physician shall determine the 942  
appropriate level of ~~supervision collaboration~~ in compliance 943  
with the requirements of divisions (A) to (C) of this section, 944  
except that the ~~supervising collaborating~~ physician must be 945  
available to go to the emergency department to personally 946  
evaluate the patient and, at the request of an emergency 947  
department physician, the ~~supervising collaborating~~ physician 948  
shall go to the emergency department to personally evaluate the 949  
patient. 950

(E) Each time a physician assistant writes a medical 951  
order, including prescriptions written in the exercise of 952  
physician-delegated prescriptive authority, the physician 953  
assistant shall sign the form on which the order is written and 954  
record on the form the time and date that the order is written. 955

(F) (1) The ~~supervising collaborating~~ physician of a 956  
physician assistant shall establish a quality assurance system 957  
to be used in ~~supervising collaborating with~~ the physician 958  
assistant. All or part of the system may be applied to other 959  
physician assistants ~~who are supervised by~~ with whom the 960  
~~supervising collaborating physician is collaborating~~. The system 961  
shall be developed in consultation with each physician assistant 962  
~~to be supervised by who collaborates with~~ the physician. 963

(2) In establishing the quality assurance system, the 964  
~~supervising collaborating~~ physician shall describe a process to 965  
be used for all of the following: 966

(a) Routine review by the physician of selected patient 967  
record entries made by the physician assistant and selected 968  
medical orders issued by the physician assistant; 969

(b) Discussion of complex cases; 970

(c) Discussion of new medical developments relevant to the 971  
practice of the physician and physician assistant; 972

(d) Performance of any quality assurance activities 973  
required in rules adopted by state medical board pursuant to any 974  
recommendations made by the physician assistant policy committee 975  
under section 4730.06 of the Revised Code; 976

(e) Performance of any other quality assurance activities 977  
that the ~~supervising~~ collaborating physician considers to be 978  
appropriate. 979

(3) The ~~supervising~~ collaborating physician and physician 980  
assistant shall keep records of their quality assurance 981  
activities. On request, the records shall be made available to 982  
the board. 983

**Sec. 4730.22.** ~~(A) When performing authorized services, a~~ 984  
~~physician assistant acts as the agent of the physician~~ 985  
~~assistant's supervising physician. The supervising physician is~~ 986  
~~legally responsible and assumes legal liability for the services~~ 987  
~~provided by the physician assistant.~~ 988

~~The physician is not responsible or liable for any~~ 989  
~~services provided by the physician assistant after their~~ 990  
~~supervision agreement expires or is terminated.~~ 991

~~(B)~~ When a health care facility permits physician 992  
assistants to practice within that facility or any other health 993  
care facility under its control, the health care facility shall 994  
make reasonable efforts to explain to each individual who may 995  
work with a particular physician assistant the scope of that 996  
physician assistant's practice within the facility. The 997  
appropriate credentialing body within the health care facility 998  
shall provide, on request of an individual practicing in the 999

facility with a physician assistant, a copy of the facility's 1000  
policies on the practice of physician assistants within the 1001  
facility and a copy of each ~~supervision~~-collaboration agreement 1002  
applicable to the physician assistant. 1003

An individual who follows the orders of a physician 1004  
assistant practicing in a health care facility is not subject to 1005  
disciplinary action by any administrative agency that governs 1006  
that individual's conduct and is not liable in damages in a 1007  
civil action for injury, death, or loss to person or property 1008  
resulting from the individual's acts or omissions in the 1009  
performance of any procedure, treatment, or other health care 1010  
service if the individual reasonably believed that the physician 1011  
assistant was acting within the proper scope of practice or was 1012  
relaying medical orders from a ~~supervising~~-collaborating 1013  
physician, unless the act or omission constitutes willful or 1014  
wanton misconduct. 1015

**Sec. 4730.25.** (A) The state medical board, by an 1016  
affirmative vote of not fewer than six members, may revoke or 1017  
may refuse to grant a license to practice as a physician 1018  
assistant to a person found by the board to have committed 1019  
fraud, misrepresentation, or deception in applying for or 1020  
securing the license. 1021

(B) The board, by an affirmative vote of not fewer than 1022  
six members, shall, to the extent permitted by law, limit, 1023  
revoke, or suspend an individual's license to practice as a 1024  
physician assistant or prescriber number, refuse to issue a 1025  
license to an applicant, refuse to renew a license, refuse to 1026  
reinstate a license, or reprimand or place on probation the 1027  
holder of a license for any of the following reasons: 1028

(1) Failure to practice in accordance with the ~~supervising~~- 1029

collaborating physician's ~~supervision~~-collaboration agreement 1030  
with the physician assistant, including, if applicable, the 1031  
policies of the health care facility in which the ~~supervising~~ 1032  
collaborating physician and physician assistant are practicing; 1033

(2) Failure to comply with the requirements of this 1034  
chapter, Chapter 4731. of the Revised Code, or any rules adopted 1035  
by the board; 1036

(3) Violating or attempting to violate, directly or 1037  
indirectly, or assisting in or abetting the violation of, or 1038  
conspiring to violate, any provision of this chapter, Chapter 1039  
4731. of the Revised Code, or the rules adopted by the board; 1040

(4) Inability to practice according to acceptable and 1041  
prevailing standards of care by reason of mental illness or 1042  
physical illness, including physical deterioration that 1043  
adversely affects cognitive, motor, or perceptive skills; 1044

(5) Impairment of ability to practice according to 1045  
acceptable and prevailing standards of care because of habitual 1046  
or excessive use or abuse of drugs, alcohol, or other substances 1047  
that impair ability to practice; 1048

(6) Administering drugs for purposes other than those 1049  
authorized under this chapter; 1050

(7) Willfully betraying a professional confidence; 1051

(8) Making a false, fraudulent, deceptive, or misleading 1052  
statement in soliciting or advertising for employment as a 1053  
physician assistant; in connection with any solicitation or 1054  
advertisement for patients; in relation to the practice of 1055  
medicine as it pertains to physician assistants; or in securing 1056  
or attempting to secure a license to practice as a physician 1057  
assistant. 1058

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

(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  
anything of value by fraudulent misrepresentations in the course  
of practice;

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

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

(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;

(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;

(15) Commission of an act in the course of practice that

constitutes a misdemeanor in this state, regardless of the 1088  
jurisdiction in which the act was committed; 1089

(16) Commission of an act involving moral turpitude that 1090  
constitutes a misdemeanor in this state, regardless of the 1091  
jurisdiction in which the act was committed; 1092

(17) A plea of guilty to, a judicial finding of guilt of, 1093  
or a judicial finding of eligibility for intervention in lieu of 1094  
conviction for violating any state or federal law regulating the 1095  
possession, distribution, or use of any drug, including 1096  
trafficking in drugs; 1097

(18) Any of the following actions taken by the state 1098  
agency responsible for regulating the practice of physician 1099  
assistants in another state, for any reason other than the 1100  
nonpayment of fees: the limitation, revocation, or suspension of 1101  
an individual's license to practice; acceptance of an 1102  
individual's license surrender; denial of a license; refusal to 1103  
renew or reinstate a license; imposition of probation; or 1104  
issuance of an order of censure or other reprimand; 1105

(19) A departure from, or failure to conform to, minimal 1106  
standards of care of similar physician assistants under the same 1107  
or similar circumstances, regardless of whether actual injury to 1108  
a patient is established; 1109

(20) Violation of the conditions placed by the board on a 1110  
license to practice as a physician assistant; 1111

(21) Failure to use universal blood and body fluid 1112  
precautions established by rules adopted under section 4731.051 1113  
of the Revised Code; 1114

(22) Failure to cooperate in an investigation conducted by 1115  
the board under section 4730.26 of the Revised Code, including 1116

failure to comply with a subpoena or order issued by the board 1117  
or failure to answer truthfully a question presented by the 1118  
board at a deposition or in written interrogatories, except that 1119  
failure to cooperate with an investigation shall not constitute 1120  
grounds for discipline under this section if a court of 1121  
competent jurisdiction has issued an order that either quashes a 1122  
subpoena or permits the individual to withhold the testimony or 1123  
evidence in issue; 1124

(23) Assisting suicide, as defined in section 3795.01 of 1125  
the Revised Code; 1126

(24) Prescribing any drug or device to perform or induce 1127  
an abortion, or otherwise performing or inducing an abortion; 1128

(25) Failure to comply with section 4730.53 of the Revised 1129  
Code, unless the board no longer maintains a drug database 1130  
pursuant to section 4729.75 of the Revised Code; 1131

(26) Failure to comply with the requirements in section 1132  
3719.061 of the Revised Code before issuing for a minor a 1133  
prescription for an opioid analgesic, as defined in section 1134  
3719.01 of the Revised Code; 1135

~~(27) Having certification by the national commission on 1136  
certification of physician assistants or a successor 1137  
organization expire, lapse, or be suspended or revoked; 1138~~

~~(28) The revocation, suspension, restriction, reduction, 1139  
or termination of clinical privileges by the United States 1140  
department of defense or department of veterans affairs or the 1141  
termination or suspension of a certificate of registration to 1142  
prescribe drugs by the drug enforcement administration of the 1143  
United States department of justice. 1144~~

(C) Disciplinary actions taken by the board under 1145

divisions (A) and (B) of this section shall be taken pursuant to 1146  
an adjudication under Chapter 119. of the Revised Code, except 1147  
that in lieu of an adjudication, the board may enter into a 1148  
consent agreement with a physician assistant or applicant to 1149  
resolve an allegation of a violation of this chapter or any rule 1150  
adopted under it. A consent agreement, when ratified by an 1151  
affirmative vote of not fewer than six members of the board, 1152  
shall constitute the findings and order of the board with 1153  
respect to the matter addressed in the agreement. If the board 1154  
refuses to ratify a consent agreement, the admissions and 1155  
findings contained in the consent agreement shall be of no force 1156  
or effect. 1157

(D) For purposes of divisions (B) (12), (15), and (16) of 1158  
this section, the commission of the act may be established by a 1159  
finding by the board, pursuant to an adjudication under Chapter 1160  
119. of the Revised Code, that the applicant or license holder 1161  
committed the act in question. The board shall have no 1162  
jurisdiction under these divisions in cases where the trial 1163  
court renders a final judgment in the license holder's favor and 1164  
that judgment is based upon an adjudication on the merits. The 1165  
board shall have jurisdiction under these divisions in cases 1166  
where the trial court issues an order of dismissal upon 1167  
technical or procedural grounds. 1168

(E) The sealing of conviction records by any court shall 1169  
have no effect upon a prior board order entered under the 1170  
provisions of this section or upon the board's jurisdiction to 1171  
take action under the provisions of this section if, based upon 1172  
a plea of guilty, a judicial finding of guilt, or a judicial 1173  
finding of eligibility for intervention in lieu of conviction, 1174  
the board issued a notice of opportunity for a hearing prior to 1175  
the court's order to seal the records. The board shall not be 1176

required to seal, destroy, redact, or otherwise modify its 1177  
records to reflect the court's sealing of conviction records. 1178

(F) For purposes of this division, any individual who 1179  
holds a license issued under this chapter, or applies for a 1180  
license issued under this chapter, shall be deemed to have given 1181  
consent to submit to a mental or physical examination when 1182  
directed to do so in writing by the board and to have waived all 1183  
objections to the admissibility of testimony or examination 1184  
reports that constitute a privileged communication. 1185

(1) In enforcing division (B)(4) of this section, the 1186  
board, upon a showing of a possible violation, may compel any 1187  
individual who holds a license issued under this chapter or who 1188  
has applied for a license pursuant to this chapter to submit to 1189  
a mental examination, physical examination, including an HIV 1190  
test, or both a mental and physical examination. The expense of 1191  
the examination is the responsibility of the individual 1192  
compelled to be examined. Failure to submit to a mental or 1193  
physical examination or consent to an HIV test ordered by the 1194  
board constitutes an admission of the allegations against the 1195  
individual unless the failure is due to circumstances beyond the 1196  
individual's control, and a default and final order may be 1197  
entered without the taking of testimony or presentation of 1198  
evidence. If the board finds a physician assistant unable to 1199  
practice because of the reasons set forth in division (B)(4) of 1200  
this section, the board shall require the physician assistant to 1201  
submit to care, counseling, or treatment by physicians approved 1202  
or designated by the board, as a condition for an initial, 1203  
continued, reinstated, or renewed license. An individual 1204  
affected under this division shall be afforded an opportunity to 1205  
demonstrate to the board the ability to resume practicing in 1206  
compliance with acceptable and prevailing standards of care. 1207

(2) For purposes of division (B)(5) of this section, if 1208  
the board has reason to believe that any individual who holds a 1209  
license issued under this chapter or any applicant for a license 1210  
suffers such impairment, the board may compel the individual to 1211  
submit to a mental or physical examination, or both. The expense 1212  
of the examination is the responsibility of the individual 1213  
compelled to be examined. Any mental or physical examination 1214  
required under this division shall be undertaken by a treatment 1215  
provider or physician qualified to conduct such examination and 1216  
chosen by the board. 1217

Failure to submit to a mental or physical examination 1218  
ordered by the board constitutes an admission of the allegations 1219  
against the individual unless the failure is due to 1220  
circumstances beyond the individual's control, and a default and 1221  
final order may be entered without the taking of testimony or 1222  
presentation of evidence. If the board determines that the 1223  
individual's ability to practice is impaired, the board shall 1224  
suspend the individual's license or deny the individual's 1225  
application and shall require the individual, as a condition for 1226  
initial, continued, reinstated, or renewed licensure, to submit 1227  
to treatment. 1228

Before being eligible to apply for reinstatement of a 1229  
license suspended under this division, the physician assistant 1230  
shall demonstrate to the board the ability to resume practice or 1231  
prescribing in compliance with acceptable and prevailing 1232  
standards of care. The demonstration shall include the 1233  
following: 1234

(a) Certification from a treatment provider approved under 1235  
section 4731.25 of the Revised Code that the individual has 1236  
successfully completed any required inpatient treatment; 1237

(b) Evidence of continuing full compliance with an 1238  
aftercare contract or consent agreement; 1239

(c) Two written reports indicating that the individual's 1240  
ability to practice has been assessed and that the individual 1241  
has been found capable of practicing according to acceptable and 1242  
prevailing standards of care. The reports shall be made by 1243  
individuals or providers approved by the board for making such 1244  
assessments and shall describe the basis for their 1245  
determination. 1246

The board may reinstate a license suspended under this 1247  
division after such demonstration and after the individual has 1248  
entered into a written consent agreement. 1249

When the impaired physician assistant resumes practice or 1250  
prescribing, the board shall require continued monitoring of the 1251  
physician assistant. The monitoring shall include compliance 1252  
with the written consent agreement entered into before 1253  
reinstatement or with conditions imposed by board order after a 1254  
hearing, and, upon termination of the consent agreement, 1255  
submission to the board for at least two years of annual written 1256  
progress reports made under penalty of falsification stating 1257  
whether the physician assistant has maintained sobriety. 1258

(G) If the secretary and the supervising member elected by 1259  
the board under section 4731.02 of the Revised Code determine 1260  
that there is clear and convincing evidence that a physician 1261  
assistant has violated division (B) of this section and that the 1262  
individual's continued practice or prescribing presents a danger 1263  
of immediate and serious harm to the public, they may recommend 1264  
that the board suspend the individual's license without a prior 1265  
hearing. Written allegations shall be prepared for consideration 1266  
by the board. 1267

The board, upon review of those allegations and by an 1268  
affirmative vote of not fewer than six of its members, excluding 1269  
the secretary and supervising member, may suspend a license 1270  
without a prior hearing. A telephone conference call may be 1271  
utilized for reviewing the allegations and taking the vote on 1272  
the summary suspension. 1273

The board shall issue a written order of suspension by 1274  
certified mail or in person in accordance with section 119.07 of 1275  
the Revised Code. The order shall not be subject to suspension 1276  
by the court during pendency of any appeal filed under section 1277  
119.12 of the Revised Code. If the physician assistant requests 1278  
an adjudicatory hearing by the board, the date set for the 1279  
hearing shall be within fifteen days, but not earlier than seven 1280  
days, after the physician assistant requests the hearing, unless 1281  
otherwise agreed to by both the board and the license holder. 1282

A summary suspension imposed under this division shall 1283  
remain in effect, unless reversed on appeal, until a final 1284  
adjudicative order issued by the board pursuant to this section 1285  
and Chapter 119. of the Revised Code becomes effective. The 1286  
board shall issue its final adjudicative order within sixty days 1287  
after completion of its hearing. Failure to issue the order 1288  
within sixty days shall result in dissolution of the summary 1289  
suspension order, but shall not invalidate any subsequent, final 1290  
adjudicative order. 1291

(H) If the board takes action under division (B) (11), 1292  
(13), or (14) of this section, and the judicial finding of 1293  
guilt, guilty plea, or judicial finding of eligibility for 1294  
intervention in lieu of conviction is overturned on appeal, upon 1295  
exhaustion of the criminal appeal, a petition for 1296  
reconsideration of the order may be filed with the board along 1297

with appropriate court documents. Upon receipt of a petition and 1298  
supporting court documents, the board shall reinstate the 1299  
individual's license. The board may then hold an adjudication 1300  
under Chapter 119. of the Revised Code to determine whether the 1301  
individual committed the act in question. Notice of opportunity 1302  
for hearing shall be given in accordance with Chapter 119. of 1303  
the Revised Code. If the board finds, pursuant to an 1304  
adjudication held under this division, that the individual 1305  
committed the act, or if no hearing is requested, it may order 1306  
any of the sanctions identified under division (B) of this 1307  
section. 1308

(I) The license to practice issued to a physician 1309  
assistant and the physician assistant's practice in this state 1310  
are automatically suspended as of the date the physician 1311  
assistant pleads guilty to, is found by a judge or jury to be 1312  
guilty of, or is subject to a judicial finding of eligibility 1313  
for intervention in lieu of conviction in this state or 1314  
treatment or intervention in lieu of conviction in another state 1315  
for any of the following criminal offenses in this state or a 1316  
substantially equivalent criminal offense in another 1317  
jurisdiction: aggravated murder, murder, voluntary manslaughter, 1318  
felonious assault, kidnapping, rape, sexual battery, gross 1319  
sexual imposition, aggravated arson, aggravated robbery, or 1320  
aggravated burglary. Continued practice after the suspension 1321  
shall be considered practicing without a license. 1322

The board shall notify the individual subject to the 1323  
suspension by certified mail or in person in accordance with 1324  
section 119.07 of the Revised Code. If an individual whose 1325  
license is suspended under this division fails to make a timely 1326  
request for an adjudication under Chapter 119. of the Revised 1327  
Code, the board shall enter a final order permanently revoking 1328

the individual's license to practice. 1329

(J) In any instance in which the board is required by 1330  
Chapter 119. of the Revised Code to give notice of opportunity 1331  
for hearing and the individual subject to the notice does not 1332  
timely request a hearing in accordance with section 119.07 of 1333  
the Revised Code, the board is not required to hold a hearing, 1334  
but may adopt, by an affirmative vote of not fewer than six of 1335  
its members, a final order that contains the board's findings. 1336  
In that final order, the board may order any of the sanctions 1337  
identified under division (A) or (B) of this section. 1338

(K) Any action taken by the board under division (B) of 1339  
this section resulting in a suspension shall be accompanied by a 1340  
written statement of the conditions under which the physician 1341  
assistant's license may be reinstated. The board shall adopt 1342  
rules in accordance with Chapter 119. of the Revised Code 1343  
governing conditions to be imposed for reinstatement. 1344  
Reinstatement of a license suspended pursuant to division (B) of 1345  
this section requires an affirmative vote of not fewer than six 1346  
members of the board. 1347

(L) When the board refuses to grant or issue to an 1348  
applicant a license to practice as a physician assistant, 1349  
revokes an individual's license, refuses to renew an 1350  
individual's license, or refuses to reinstate an individual's 1351  
license, the board may specify that its action is permanent. An 1352  
individual subject to a permanent action taken by the board is 1353  
forever thereafter ineligible to hold the license and the board 1354  
shall not accept an application for reinstatement of the license 1355  
or for issuance of a new license. 1356

(M) Notwithstanding any other provision of the Revised 1357  
Code, all of the following apply: 1358

(1) The surrender of a license issued under this chapter 1359  
is not effective unless or until accepted by the board. 1360  
Reinstatement of a license surrendered to the board requires an 1361  
affirmative vote of not fewer than six members of the board. 1362

(2) An application made under this chapter for a license 1363  
may not be withdrawn without approval of the board. 1364

(3) Failure by an individual to renew a license in 1365  
accordance with section 4730.14 of the Revised Code shall not 1366  
remove or limit the board's jurisdiction to take disciplinary 1367  
action under this section against the individual. 1368

**Sec. 4730.26.** (A) The state medical board shall 1369  
investigate evidence that appears to show that any person has 1370  
violated this chapter or a rule adopted under it. In an 1371  
investigation involving the practice of or ~~supervision of~~ 1372  
collaboration with a physician assistant pursuant to the 1373  
policies of a health care facility, the board may require that 1374  
the health care facility provide any information the board 1375  
considers necessary to identify either or both of the following: 1376

(1) The facility's policies for the practice of physician 1377  
assistants within the facility; 1378

(2) The services that the facility has authorized a 1379  
particular physician assistant to provide for the facility. 1380

(B) Any person may report to the board in a signed writing 1381  
any information the person has that appears to show a violation 1382  
of any provision of this chapter or rule adopted under it. In 1383  
the absence of bad faith, a person who reports such information 1384  
or testifies before the board in an adjudication conducted under 1385  
Chapter 119. of the Revised Code shall not be liable for civil 1386  
damages as a result of reporting the information or providing 1387

testimony. Each complaint or allegation of a violation received 1388  
by the board shall be assigned a case number and be recorded by 1389  
the board. 1390

(C) Investigations of alleged violations of this chapter 1391  
or rules adopted under it shall be supervised by the supervising 1392  
member elected by the board in accordance with section 4731.02 1393  
of the Revised Code and by the secretary as provided in section 1394  
4730.33 of the Revised Code. The president may designate another 1395  
member of the board to supervise the investigation in place of 1396  
the supervising member. A member of the board who supervises the 1397  
investigation of a case shall not participate in further 1398  
adjudication of the case. 1399

(D) In investigating a possible violation of this chapter 1400  
or a rule adopted under it, the board may administer oaths, 1401  
order the taking of depositions, issue subpoenas, and compel the 1402  
attendance of witnesses and production of books, accounts, 1403  
papers, records, documents, and testimony, except that a 1404  
subpoena for patient record information shall not be issued 1405  
without consultation with the attorney general's office and 1406  
approval of the secretary and supervising member of the board. 1407  
Before issuance of a subpoena for patient record information, 1408  
the secretary and supervising member shall determine whether 1409  
there is probable cause to believe that the complaint filed 1410  
alleges a violation of this chapter or a rule adopted under it 1411  
and that the records sought are relevant to the alleged 1412  
violation and material to the investigation. The subpoena may 1413  
apply only to records that cover a reasonable period of time 1414  
surrounding the alleged violation. 1415

On failure to comply with any subpoena issued by the board 1416  
and after reasonable notice to the person being subpoenaed, the 1417

board may move for an order compelling the production of persons 1418  
or records pursuant to the Rules of Civil Procedure. 1419

A subpoena issued by the board may be served by a sheriff, 1420  
the sheriff's deputy, or a board employee designated by the 1421  
board. Service of a subpoena issued by the board may be made by 1422  
delivering a copy of the subpoena to the person named therein, 1423  
reading it to the person, or leaving it at the person's usual 1424  
place of residence. When the person being served is a physician 1425  
assistant, service of the subpoena may be made by certified 1426  
mail, restricted delivery, return receipt requested, and the 1427  
subpoena shall be deemed served on the date delivery is made or 1428  
the date the person refuses to accept delivery. 1429

A sheriff's deputy who serves a subpoena shall receive the 1430  
same fees as a sheriff. Each witness who appears before the 1431  
board in obedience to a subpoena shall receive the fees and 1432  
mileage provided for under section 119.094 of the Revised Code. 1433

(E) All hearings and investigations of the board shall be 1434  
considered civil actions for the purposes of section 2305.252 of 1435  
the Revised Code. 1436

(F) Information received by the board pursuant to an 1437  
investigation is confidential and not subject to discovery in 1438  
any civil action. 1439

The board shall conduct all investigations and proceedings 1440  
in a manner that protects the confidentiality of patients and 1441  
persons who file complaints with the board. The board shall not 1442  
make public the names or any other identifying information about 1443  
patients or complainants unless proper consent is given or, in 1444  
the case of a patient, a waiver of the patient privilege exists 1445  
under division (B) of section 2317.02 of the Revised Code, 1446

except that consent or a waiver is not required if the board 1447  
possesses reliable and substantial evidence that no bona fide 1448  
physician-patient relationship exists. 1449

The board may share any information it receives pursuant 1450  
to an investigation, including patient records and patient 1451  
record information, with law enforcement agencies, other 1452  
licensing boards, and other governmental agencies that are 1453  
prosecuting, adjudicating, or investigating alleged violations 1454  
of statutes or administrative rules. An agency or board that 1455  
receives the information shall comply with the same requirements 1456  
regarding confidentiality as those with which the state medical 1457  
board must comply, notwithstanding any conflicting provision of 1458  
the Revised Code or procedure of the agency or board that 1459  
applies when it is dealing with other information in its 1460  
possession. In a judicial proceeding, the information may be 1461  
admitted into evidence only in accordance with the Rules of 1462  
Evidence, but the court shall require that appropriate measures 1463  
are taken to ensure that confidentiality is maintained with 1464  
respect to any part of the information that contains names or 1465  
other identifying information about patients or complainants 1466  
whose confidentiality was protected by the state medical board 1467  
when the information was in the board's possession. Measures to 1468  
ensure confidentiality that may be taken by the court include 1469  
sealing its records or deleting specific information from its 1470  
records. 1471

(G) The state medical board shall develop requirements for 1472  
and provide appropriate initial and continuing training for 1473  
investigators employed by the board to carry out its duties 1474  
under this chapter. The training and continuing education may 1475  
include enrollment in courses operated or approved by the Ohio 1476  
peace officer training commission that the board considers 1477

appropriate under conditions set forth in section 109.79 of the 1478  
Revised Code. 1479

(H) On a quarterly basis, the board shall prepare a report 1480  
that documents the disposition of all cases during the preceding 1481  
three months. The report shall contain the following information 1482  
for each case with which the board has completed its activities: 1483

(1) The case number assigned to the complaint or alleged 1484  
violation; 1485

(2) The type of license, if any, held by the individual 1486  
against whom the complaint is directed; 1487

(3) A description of the allegations contained in the 1488  
complaint; 1489

(4) The disposition of the case. 1490

The report shall state how many cases are still pending, 1491  
and shall be prepared in a manner that protects the identity of 1492  
each person involved in each case. The report shall be submitted 1493  
to the physician assistant policy committee of the board and is 1494  
a public record for purposes of section 149.43 of the Revised 1495  
Code. 1496

**Sec. 4730.32.** (A) Within sixty days after the imposition 1497  
of any formal disciplinary action taken by a health care 1498  
facility against any individual holding a valid license to 1499  
practice as a physician assistant issued under this chapter, the 1500  
chief administrator or executive officer of the facility shall 1501  
report to the state medical board the name of the individual, 1502  
the action taken by the facility, and a summary of the 1503  
underlying facts leading to the action taken. Upon request, the 1504  
board shall be provided certified copies of the patient records 1505  
that were the basis for the facility's action. Prior to release 1506

to the board, the summary shall be approved by the peer review 1507  
committee that reviewed the case or by the governing board of 1508  
the facility. 1509

The filing of a report with the board or decision not to 1510  
file a report, investigation by the board, or any disciplinary 1511  
action taken by the board, does not preclude a health care 1512  
facility from taking disciplinary action against a physician 1513  
assistant. 1514

In the absence of fraud or bad faith, no individual or 1515  
entity that provides patient records to the board shall be 1516  
liable in damages to any person as a result of providing the 1517  
records. 1518

(B) (1) Except as provided in division (B) (2) of this 1519  
section, a physician assistant, professional association or 1520  
society of physician assistants, physician, or professional 1521  
association or society of physicians that believes a violation 1522  
of any provision of this chapter, Chapter 4731. of the Revised 1523  
Code, or rule of the board has occurred shall report to the 1524  
board the information upon which the belief is based. 1525

(2) A physician assistant, professional association or 1526  
society of physician assistants, physician, or professional 1527  
association or society of physicians that believes that a 1528  
violation of division (B) (5) of section 4730.25 of the Revised 1529  
Code has occurred shall report the information upon which the 1530  
belief is based to the monitoring organization conducting the 1531  
program established by the board under section 4731.251 of the 1532  
Revised Code. If any such report is made to the board, it shall 1533  
be referred to the monitoring organization unless the board is 1534  
aware that the individual who is the subject of the report does 1535  
not meet the program eligibility requirements of section 1536

4731.252 of the Revised Code. 1537

(C) Any professional association or society composed 1538  
primarily of physician assistants that suspends or revokes an 1539  
individual's membership for violations of professional ethics, 1540  
or for reasons of professional incompetence or professional 1541  
malpractice, within sixty days after a final decision, shall 1542  
report to the board, on forms prescribed and provided by the 1543  
board, the name of the individual, the action taken by the 1544  
professional organization, and a summary of the underlying facts 1545  
leading to the action taken. 1546

The filing or nonfiling of a report with the board, 1547  
investigation by the board, or any disciplinary action taken by 1548  
the board, shall not preclude a professional organization from 1549  
taking disciplinary action against a physician assistant. 1550

(D) Any insurer providing professional liability insurance 1551  
to any person holding a valid license to practice as a physician 1552  
assistant issued under this chapter or any other entity that 1553  
seeks to indemnify the professional liability of a physician 1554  
assistant shall notify the board within thirty days after the 1555  
final disposition of any written claim for damages where such 1556  
disposition results in a payment exceeding twenty-five thousand 1557  
dollars. The notice shall contain the following information: 1558

(1) The name and address of the person submitting the 1559  
notification; 1560

(2) The name and address of the insured who is the subject 1561  
of the claim; 1562

(3) The name of the person filing the written claim; 1563

(4) The date of final disposition; 1564

(5) If applicable, the identity of the court in which the 1565  
final disposition of the claim took place. 1566

(E) The board may investigate possible violations of this 1567  
chapter or the rules adopted under it that are brought to its 1568  
attention as a result of the reporting requirements of this 1569  
section, except that the board shall conduct an investigation if 1570  
a possible violation involves repeated malpractice. As used in 1571  
this division, "repeated malpractice" means three or more claims 1572  
for malpractice within the previous five-year period, each 1573  
resulting in a judgment or settlement in excess of twenty-five 1574  
thousand dollars in favor of the claimant, and each involving 1575  
negligent conduct by the physician assistant. 1576

(F) All summaries, reports, and records received and 1577  
maintained by the board pursuant to this section shall be held 1578  
in confidence and shall not be subject to discovery or 1579  
introduction in evidence in any federal or state civil action 1580  
involving a physician assistant, ~~supervising-collaborating~~ 1581  
physician, or health care facility arising out of matters that 1582  
are the subject of the reporting required by this section. The 1583  
board may use the information obtained only as the basis for an 1584  
investigation, as evidence in a disciplinary hearing against a 1585  
physician assistant or ~~supervising-collaborating~~ physician, or 1586  
in any subsequent trial or appeal of a board action or order. 1587

The board may disclose the summaries and reports it 1588  
receives under this section only to health care facility 1589  
committees within or outside this state that are involved in 1590  
credentialing or recredentialing a physician assistant or 1591  
~~supervising-collaborating~~ physician or reviewing their privilege 1592  
to practice within a particular facility. The board shall 1593  
indicate whether or not the information has been verified. 1594

Information transmitted by the board shall be subject to the 1595  
same confidentiality provisions as when maintained by the board. 1596

(G) Except for reports filed by an individual pursuant to 1597  
division (B) of this section, the board shall send a copy of any 1598  
reports or summaries it receives pursuant to this section to the 1599  
physician assistant. The physician assistant shall have the 1600  
right to file a statement with the board concerning the 1601  
correctness or relevance of the information. The statement shall 1602  
at all times accompany that part of the record in contention. 1603

(H) An individual or entity that reports to the board, 1604  
reports to the monitoring organization described in section 1605  
4731.251 of the Revised Code, or refers an impaired physician 1606  
assistant to a treatment provider approved by the board under 1607  
section 4731.25 of the Revised Code shall not be subject to suit 1608  
for civil damages as a result of the report, referral, or 1609  
provision of the information. 1610

(I) In the absence of fraud or bad faith, a professional 1611  
association or society of physician assistants that sponsors a 1612  
committee or program to provide peer assistance to a physician 1613  
assistant with substance abuse problems, a representative or 1614  
agent of such a committee or program, a representative or agent 1615  
of the monitoring organization described in section 4731.251 of 1616  
the Revised Code, and a member of the state medical board shall 1617  
not be held liable in damages to any person by reason of actions 1618  
taken to refer a physician assistant to a treatment provider 1619  
approved under section 4731.25 of the Revised Code for 1620  
examination or treatment. 1621

**Sec. 4730.41.** (A) A physician assistant who holds a valid 1622  
prescriber number issued by the state medical board is 1623  
authorized to prescribe and personally furnish drugs and 1624

therapeutic devices in the exercise of physician-delegated 1625  
prescriptive authority. 1626

(B) In exercising physician-delegated prescriptive 1627  
authority, a physician assistant is subject to all of the 1628  
following: 1629

(1) The physician assistant shall exercise physician- 1630  
delegated prescriptive authority only to the extent that the 1631  
physician ~~supervising~~ collaborating with the physician assistant 1632  
has granted that authority. 1633

(2) The physician assistant shall comply with all 1634  
conditions placed on the physician-delegated prescriptive 1635  
authority, as specified by the ~~supervising~~ collaborating 1636  
physician who is ~~supervising~~ collaborating with the physician 1637  
assistant in the exercise of physician-delegated prescriptive 1638  
authority. 1639

(3) If the physician assistant possesses physician- 1640  
delegated prescriptive authority for controlled substances, the 1641  
physician assistant shall register with the federal drug 1642  
enforcement administration. 1643

(4) If the physician assistant possesses physician- 1644  
delegated prescriptive authority for schedule II controlled 1645  
substances, the physician assistant shall comply with section 1646  
4730.411 of the Revised Code. 1647

(5) If the physician assistant possesses physician- 1648  
delegated prescriptive authority to prescribe for a minor an 1649  
opioid analgesic, as those terms are defined in sections 1650  
3719.061 and 3719.01 of the Revised Code, respectively, the 1651  
physician assistant shall comply with section 3719.061 of the 1652  
Revised Code. 1653

~~(6) The physician assistant shall comply with the~~ 1654  
~~requirements of section 4730.44 of the Revised Code.~~ 1655

(C) A physician assistant shall not prescribe any drug in 1656  
violation of state or federal law. 1657

**Sec. 4730.411.** (A) Except as provided in division (B) or 1658  
(C) of this section, a physician assistant may prescribe to a 1659  
patient a schedule II controlled substance only if all of the 1660  
following are the case: 1661

(1) The patient is in a terminal condition, as defined in 1662  
section 2133.01 of the Revised Code. 1663

(2) The physician assistant's ~~supervising~~ collaborating 1664  
physician initially prescribed the substance for the patient. 1665

(3) The prescription is for an amount that does not exceed 1666  
the amount necessary for the patient's use in a single, ~~twenty-~~ 1667  
~~four-hour~~ seventy-two-hour period. 1668

(B) The restrictions on prescriptive authority in division 1669  
(A) of this section do not apply if a physician assistant issues 1670  
the prescription to the patient from any of the following 1671  
locations: 1672

(1) A hospital registered under section 3701.07 of the 1673  
Revised Code; 1674

(2) An entity owned or controlled, in whole or in part, by 1675  
a hospital or by an entity that owns or controls, in whole or in 1676  
part, one or more hospitals; 1677

(3) A health care facility operated by the department of 1678  
mental health and addiction services or the department of 1679  
developmental disabilities; 1680

(4) A nursing home licensed under section 3721.02 of the Revised Code or by a political subdivision certified under section 3721.09 of the Revised Code;

(5) A county home or district home operated under Chapter 5155. of the Revised Code that is certified under the medicare or medicaid program;

(6) A hospice care program, as defined in section 3712.01 of the Revised Code;

(7) A community mental health services provider, as defined in section 5122.01 of the Revised Code;

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

(9) A freestanding birthing center, as defined in section 3702.141 of the Revised Code;

(10) A federally qualified health center, as defined in section 3701.047 of the Revised Code;

(11) A federally qualified health center look-alike, as defined in section 3701.047 of the Revised Code;

(12) A health care office or facility operated by the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code;

(13) A site where a medical practice is operated, but only if the practice is comprised of one or more physicians who also are owners of the practice; the practice is organized to provide direct patient care; and the physician assistant has entered into a ~~supervisory~~ collaboration agreement with at least one of the physician owners who practices primarily at that site.

(C) A physician assistant shall not issue to a patient a  
prescription for a schedule II controlled substance from a  
convenience care clinic even if the convenience care clinic is  
owned or operated by an entity specified in division (B) of this  
section.

(D) A pharmacist who acts in good faith reliance on a  
prescription issued by a physician assistant under division (B)  
of this section is not liable for or subject to any of the  
following for relying on the prescription: damages in any civil  
action, prosecution in any criminal proceeding, or professional  
disciplinary action by the state board of pharmacy under Chapter  
4729. of the Revised Code.

**Sec. 4730.42.** (A) In granting physician-delegated  
prescriptive authority to a particular physician assistant who  
holds a valid prescriber number issued by the state medical  
board, the ~~supervising-collaborating~~ physician is subject to all  
of the following:

(1) The ~~supervising-collaborating~~ physician shall not  
grant physician-delegated prescriptive authority for any drug or  
device that may be used to perform or induce an abortion.

(2) The ~~supervising-collaborating~~ physician shall not  
grant physician-delegated prescriptive authority in a manner  
that exceeds the ~~supervising-collaborating~~ physician's  
prescriptive authority, including the physician's authority to  
treat chronic pain with controlled substances and products  
containing tramadol as described in section 4731.052 of the  
Revised Code.

(3) The ~~supervising-collaborating~~ physician shall  
~~supervise-collaborate with~~ the physician assistant in accordance

with both of the following: 1738

(a) The ~~supervision-collaboration~~ requirements specified 1739  
in section 4730.21 of the Revised Code; 1740

(b) The ~~supervision-collaboration~~ agreement entered into 1741  
with the physician assistant under section 4730.19 of the 1742  
Revised Code, including, if applicable, the policies of the 1743  
health care facility in which the physician and physician 1744  
assistant are practicing. 1745

(B) (1) The ~~supervising-collaborating~~ physician of a 1746  
physician assistant may place conditions on the physician- 1747  
delegated prescriptive authority granted to the physician 1748  
assistant. If conditions are placed on that authority, the 1749  
~~supervising-collaborating~~ physician shall maintain a written 1750  
record of the conditions and make the record available to the 1751  
state medical board on request. 1752

(2) The conditions that a ~~supervising-collaborating~~ 1753  
physician may place on the physician-delegated prescriptive 1754  
authority granted to a physician assistant include the 1755  
following: 1756

(a) Identification by class and specific generic 1757  
nomenclature of drugs and therapeutic devices that the physician 1758  
chooses not to permit the physician assistant to prescribe; 1759

(b) Limitations on the dosage units or refills that the 1760  
physician assistant is authorized to prescribe; 1761

(c) Specification of circumstances under which the 1762  
physician assistant is required to refer patients to the 1763  
~~supervising-collaborating~~ physician or another physician when 1764  
exercising physician-delegated prescriptive authority; 1765

(d) Responsibilities to be fulfilled by the physician in 1766  
~~supervising-collaborating with~~ the physician assistant that are 1767  
not otherwise specified in the ~~supervision-collaboration~~ 1768  
agreement or otherwise required by this chapter. 1769

**Sec. 4731.22.** (A) The state medical board, by an 1770  
affirmative vote of not fewer than six of its members, may 1771  
limit, revoke, or suspend a license or certificate to practice 1772  
or certificate to recommend, refuse to grant a license or 1773  
certificate, refuse to renew a license or certificate, refuse to 1774  
reinstate a license or certificate, or reprimand or place on 1775  
probation the holder of a license or certificate if the 1776  
individual applying for or holding the license or certificate is 1777  
found by the board to have committed fraud during the 1778  
administration of the examination for a license or certificate 1779  
to practice or to have committed fraud, misrepresentation, or 1780  
deception in applying for, renewing, or securing any license or 1781  
certificate to practice or certificate to recommend issued by 1782  
the board. 1783

(B) The board, by an affirmative vote of not fewer than 1784  
six members, shall, to the extent permitted by law, limit, 1785  
revoke, or suspend a license or certificate to practice or 1786  
certificate to recommend, refuse to issue a license or 1787  
certificate, refuse to renew a license or certificate, refuse to 1788  
reinstate a license or certificate, or reprimand or place on 1789  
probation the holder of a license or certificate for one or more 1790  
of the following reasons: 1791

(1) Permitting one's name or one's license or certificate 1792  
to practice to be used by a person, group, or corporation when 1793  
the individual concerned is not actually directing the treatment 1794  
given; 1795

(2) Failure to maintain minimal standards applicable to 1796  
the selection or administration of drugs, or failure to employ 1797  
acceptable scientific methods in the selection of drugs or other 1798  
modalities for treatment of disease; 1799

(3) Except as provided in section 4731.97 of the Revised 1800  
Code, selling, giving away, personally furnishing, prescribing, 1801  
or administering drugs for other than legal and legitimate 1802  
therapeutic purposes or a plea of guilty to, a judicial finding 1803  
of guilt of, or a judicial finding of eligibility for 1804  
intervention in lieu of conviction of, a violation of any 1805  
federal or state law regulating the possession, distribution, or 1806  
use of any drug; 1807

(4) Willfully betraying a professional confidence. 1808

For purposes of this division, "willfully betraying a 1809  
professional confidence" does not include providing any 1810  
information, documents, or reports under sections 307.621 to 1811  
307.629 of the Revised Code to a child fatality review board; 1812  
does not include providing any information, documents, or 1813  
reports to the director of health pursuant to guidelines 1814  
established under section 3701.70 of the Revised Code; does not 1815  
include written notice to a mental health professional under 1816  
section 4731.62 of the Revised Code; and does not include the 1817  
making of a report of an employee's use of a drug of abuse, or a 1818  
report of a condition of an employee other than one involving 1819  
the use of a drug of abuse, to the employer of the employee as 1820  
described in division (B) of section 2305.33 of the Revised 1821  
Code. Nothing in this division affects the immunity from civil 1822  
liability conferred by section 2305.33 or 4731.62 of the Revised 1823  
Code upon a physician who makes a report in accordance with 1824  
section 2305.33 or notifies a mental health professional in 1825

accordance with section 4731.62 of the Revised Code. As used in 1826  
this division, "employee," "employer," and "physician" have the 1827  
same meanings as in section 2305.33 of the Revised Code. 1828

(5) Making a false, fraudulent, deceptive, or misleading 1829  
statement in the solicitation of or advertising for patients; in 1830  
relation to the practice of medicine and surgery, osteopathic 1831  
medicine and surgery, podiatric medicine and surgery, or a 1832  
limited branch of medicine; or in securing or attempting to 1833  
secure any license or certificate to practice issued by the 1834  
board. 1835

As used in this division, "false, fraudulent, deceptive, 1836  
or misleading statement" means a statement that includes a 1837  
misrepresentation of fact, is likely to mislead or deceive 1838  
because of a failure to disclose material facts, is intended or 1839  
is likely to create false or unjustified expectations of 1840  
favorable results, or includes representations or implications 1841  
that in reasonable probability will cause an ordinarily prudent 1842  
person to misunderstand or be deceived. 1843

(6) A departure from, or the failure to conform to, 1844  
minimal standards of care of similar practitioners under the 1845  
same or similar circumstances, whether or not actual injury to a 1846  
patient is established; 1847

(7) Representing, with the purpose of obtaining 1848  
compensation or other advantage as personal gain or for any 1849  
other person, that an incurable disease or injury, or other 1850  
incurable condition, can be permanently cured; 1851

(8) The obtaining of, or attempting to obtain, money or 1852  
anything of value by fraudulent misrepresentations in the course 1853  
of practice; 1854

(9) A plea of guilty to, a judicial finding of guilt of, 1855  
or a judicial finding of eligibility for intervention in lieu of 1856  
conviction for, a felony; 1857

(10) Commission of an act that constitutes a felony in 1858  
this state, regardless of the jurisdiction in which the act was 1859  
committed; 1860

(11) A plea of guilty to, a judicial finding of guilt of, 1861  
or a judicial finding of eligibility for intervention in lieu of 1862  
conviction for, a misdemeanor committed in the course of 1863  
practice; 1864

(12) Commission of an act in the course of practice that 1865  
constitutes a misdemeanor in this state, regardless of the 1866  
jurisdiction in which the act was committed; 1867

(13) A plea of guilty to, a judicial finding of guilt of, 1868  
or a judicial finding of eligibility for intervention in lieu of 1869  
conviction for, a misdemeanor involving moral turpitude; 1870

(14) Commission of an act involving moral turpitude that 1871  
constitutes a misdemeanor in this state, regardless of the 1872  
jurisdiction in which the act was committed; 1873

(15) Violation of the conditions of limitation placed by 1874  
the board upon a license or certificate to practice; 1875

(16) Failure to pay license renewal fees specified in this 1876  
chapter; 1877

(17) Except as authorized in section 4731.31 of the 1878  
Revised Code, engaging in the division of fees for referral of 1879  
patients, or the receiving of a thing of value in return for a 1880  
specific referral of a patient to utilize a particular service 1881  
or business; 1882

(18) Subject to section 4731.226 of the Revised Code, 1883  
violation of any provision of a code of ethics of the American 1884  
medical association, the American osteopathic association, the 1885  
American podiatric medical association, or any other national 1886  
professional organizations that the board specifies by rule. The 1887  
state medical board shall obtain and keep on file current copies 1888  
of the codes of ethics of the various national professional 1889  
organizations. The individual whose license or certificate is 1890  
being suspended or revoked shall not be found to have violated 1891  
any provision of a code of ethics of an organization not 1892  
appropriate to the individual's profession. 1893

For purposes of this division, a "provision of a code of 1894  
ethics of a national professional organization" does not include 1895  
any provision that would preclude the making of a report by a 1896  
physician of an employee's use of a drug of abuse, or of a 1897  
condition of an employee other than one involving the use of a 1898  
drug of abuse, to the employer of the employee as described in 1899  
division (B) of section 2305.33 of the Revised Code. Nothing in 1900  
this division affects the immunity from civil liability 1901  
conferred by that section upon a physician who makes either type 1902  
of report in accordance with division (B) of that section. As 1903  
used in this division, "employee," "employer," and "physician" 1904  
have the same meanings as in section 2305.33 of the Revised 1905  
Code. 1906

(19) Inability to practice according to acceptable and 1907  
prevailing standards of care by reason of mental illness or 1908  
physical illness, including, but not limited to, physical 1909  
deterioration that adversely affects cognitive, motor, or 1910  
perceptive skills. 1911

In enforcing this division, the board, upon a showing of a 1912

possible violation, may compel any individual authorized to 1913  
practice by this chapter or who has submitted an application 1914  
pursuant to this chapter to submit to a mental examination, 1915  
physical examination, including an HIV test, or both a mental 1916  
and a physical examination. The expense of the examination is 1917  
the responsibility of the individual compelled to be examined. 1918  
Failure to submit to a mental or physical examination or consent 1919  
to an HIV test ordered by the board constitutes an admission of 1920  
the allegations against the individual unless the failure is due 1921  
to circumstances beyond the individual's control, and a default 1922  
and final order may be entered without the taking of testimony 1923  
or presentation of evidence. If the board finds an individual 1924  
unable to practice because of the reasons set forth in this 1925  
division, the board shall require the individual to submit to 1926  
care, counseling, or treatment by physicians approved or 1927  
designated by the board, as a condition for initial, continued, 1928  
reinstated, or renewed authority to practice. An individual 1929  
affected under this division shall be afforded an opportunity to 1930  
demonstrate to the board the ability to resume practice in 1931  
compliance with acceptable and prevailing standards under the 1932  
provisions of the individual's license or certificate. For the 1933  
purpose of this division, any individual who applies for or 1934  
receives a license or certificate to practice under this chapter 1935  
accepts the privilege of practicing in this state and, by so 1936  
doing, shall be deemed to have given consent to submit to a 1937  
mental or physical examination when directed to do so in writing 1938  
by the board, and to have waived all objections to the 1939  
admissibility of testimony or examination reports that 1940  
constitute a privileged communication. 1941

(20) Except as provided in division (F)(1)(b) of section 1942  
4731.282 of the Revised Code or when civil penalties are imposed 1943

under section 4731.225 of the Revised Code, and subject to 1944  
section 4731.226 of the Revised Code, violating or attempting to 1945  
violate, directly or indirectly, or assisting in or abetting the 1946  
violation of, or conspiring to violate, any provisions of this 1947  
chapter or any rule promulgated by the board. 1948

This division does not apply to a violation or attempted 1949  
violation of, assisting in or abetting the violation of, or a 1950  
conspiracy to violate, any provision of this chapter or any rule 1951  
adopted by the board that would preclude the making of a report 1952  
by a physician of an employee's use of a drug of abuse, or of a 1953  
condition of an employee other than one involving the use of a 1954  
drug of abuse, to the employer of the employee as described in 1955  
division (B) of section 2305.33 of the Revised Code. Nothing in 1956  
this division affects the immunity from civil liability 1957  
conferred by that section upon a physician who makes either type 1958  
of report in accordance with division (B) of that section. As 1959  
used in this division, "employee," "employer," and "physician" 1960  
have the same meanings as in section 2305.33 of the Revised 1961  
Code. 1962

(21) The violation of section 3701.79 of the Revised Code 1963  
or of any abortion rule adopted by the director of health 1964  
pursuant to section 3701.341 of the Revised Code; 1965

(22) Any of the following actions taken by an agency 1966  
responsible for authorizing, certifying, or regulating an 1967  
individual to practice a health care occupation or provide 1968  
health care services in this state or another jurisdiction, for 1969  
any reason other than the nonpayment of fees: the limitation, 1970  
revocation, or suspension of an individual's license to 1971  
practice; acceptance of an individual's license surrender; 1972  
denial of a license; refusal to renew or reinstate a license; 1973

imposition of probation; or issuance of an order of censure or 1974  
other reprimand; 1975

(23) The violation of section 2919.12 of the Revised Code 1976  
or the performance or inducement of an abortion upon a pregnant 1977  
woman with actual knowledge that the conditions specified in 1978  
division (B) of section 2317.56 of the Revised Code have not 1979  
been satisfied or with a heedless indifference as to whether 1980  
those conditions have been satisfied, unless an affirmative 1981  
defense as specified in division (H) (2) of that section would 1982  
apply in a civil action authorized by division (H) (1) of that 1983  
section; 1984

(24) The revocation, suspension, restriction, reduction, 1985  
or termination of clinical privileges by the United States 1986  
department of defense or department of veterans affairs or the 1987  
termination or suspension of a certificate of registration to 1988  
prescribe drugs by the drug enforcement administration of the 1989  
United States department of justice; 1990

(25) Termination or suspension from participation in the 1991  
medicare or medicaid programs by the department of health and 1992  
human services or other responsible agency; 1993

(26) Impairment of ability to practice according to 1994  
acceptable and prevailing standards of care because of habitual 1995  
or excessive use or abuse of drugs, alcohol, or other substances 1996  
that impair ability to practice. 1997

For the purposes of this division, any individual 1998  
authorized to practice by this chapter accepts the privilege of 1999  
practicing in this state subject to supervision by the board. By 2000  
filing an application for or holding a license or certificate to 2001  
practice under this chapter, an individual shall be deemed to 2002

have given consent to submit to a mental or physical examination 2003  
when ordered to do so by the board in writing, and to have 2004  
waived all objections to the admissibility of testimony or 2005  
examination reports that constitute privileged communications. 2006

If it has reason to believe that any individual authorized 2007  
to practice by this chapter or any applicant for licensure or 2008  
certification to practice suffers such impairment, the board may 2009  
compel the individual to submit to a mental or physical 2010  
examination, or both. The expense of the examination is the 2011  
responsibility of the individual compelled to be examined. Any 2012  
mental or physical examination required under this division 2013  
shall be undertaken by a treatment provider or physician who is 2014  
qualified to conduct the examination and who is chosen by the 2015  
board. 2016

Failure to submit to a mental or physical examination 2017  
ordered by the board constitutes an admission of the allegations 2018  
against the individual unless the failure is due to 2019  
circumstances beyond the individual's control, and a default and 2020  
final order may be entered without the taking of testimony or 2021  
presentation of evidence. If the board determines that the 2022  
individual's ability to practice is impaired, the board shall 2023  
suspend the individual's license or certificate or deny the 2024  
individual's application and shall require the individual, as a 2025  
condition for initial, continued, reinstated, or renewed 2026  
licensure or certification to practice, to submit to treatment. 2027

Before being eligible to apply for reinstatement of a 2028  
license or certificate suspended under this division, the 2029  
impaired practitioner shall demonstrate to the board the ability 2030  
to resume practice in compliance with acceptable and prevailing 2031  
standards of care under the provisions of the practitioner's 2032

license or certificate. The demonstration shall include, but 2033  
shall not be limited to, the following: 2034

(a) Certification from a treatment provider approved under 2035  
section 4731.25 of the Revised Code that the individual has 2036  
successfully completed any required inpatient treatment; 2037

(b) Evidence of continuing full compliance with an 2038  
aftercare contract or consent agreement; 2039

(c) Two written reports indicating that the individual's 2040  
ability to practice has been assessed and that the individual 2041  
has been found capable of practicing according to acceptable and 2042  
prevailing standards of care. The reports shall be made by 2043  
individuals or providers approved by the board for making the 2044  
assessments and shall describe the basis for their 2045  
determination. 2046

The board may reinstate a license or certificate suspended 2047  
under this division after that demonstration and after the 2048  
individual has entered into a written consent agreement. 2049

When the impaired practitioner resumes practice, the board 2050  
shall require continued monitoring of the individual. The 2051  
monitoring shall include, but not be limited to, compliance with 2052  
the written consent agreement entered into before reinstatement 2053  
or with conditions imposed by board order after a hearing, and, 2054  
upon termination of the consent agreement, submission to the 2055  
board for at least two years of annual written progress reports 2056  
made under penalty of perjury stating whether the individual has 2057  
maintained sobriety. 2058

(27) A second or subsequent violation of section 4731.66 2059  
or 4731.69 of the Revised Code; 2060

(28) Except as provided in division (N) of this section: 2061

(a) Waiving the payment of all or any part of a deductible 2062  
or copayment that a patient, pursuant to a health insurance or 2063  
health care policy, contract, or plan that covers the 2064  
individual's services, otherwise would be required to pay if the 2065  
waiver is used as an enticement to a patient or group of 2066  
patients to receive health care services from that individual; 2067

(b) Advertising that the individual will waive the payment 2068  
of all or any part of a deductible or copayment that a patient, 2069  
pursuant to a health insurance or health care policy, contract, 2070  
or plan that covers the individual's services, otherwise would 2071  
be required to pay. 2072

(29) Failure to use universal blood and body fluid 2073  
precautions established by rules adopted under section 4731.051 2074  
of the Revised Code; 2075

(30) Failure to provide notice to, and receive 2076  
acknowledgment of the notice from, a patient when required by 2077  
section 4731.143 of the Revised Code prior to providing 2078  
nonemergency professional services, or failure to maintain that 2079  
notice in the patient's medical record; 2080

(31) Failure of a physician ~~supervising~~ collaborating with 2081  
a physician assistant to maintain ~~supervision~~ collaboration in 2082  
accordance with the requirements of Chapter 4730. of the Revised 2083  
Code and the rules adopted under that chapter; 2084

(32) Failure of a physician or podiatrist to enter into a 2085  
standard care arrangement with a clinical nurse specialist, 2086  
certified nurse-midwife, or certified nurse practitioner with 2087  
whom the physician or podiatrist is in collaboration pursuant to 2088  
section 4731.27 of the Revised Code or failure to fulfill the 2089  
responsibilities of collaboration after entering into a standard 2090

care arrangement; 2091

(33) Failure to comply with the terms of a consult 2092  
agreement entered into with a pharmacist pursuant to section 2093  
4729.39 of the Revised Code; 2094

(34) Failure to cooperate in an investigation conducted by 2095  
the board under division (F) of this section, including failure 2096  
to comply with a subpoena or order issued by the board or 2097  
failure to answer truthfully a question presented by the board 2098  
in an investigative interview, an investigative office 2099  
conference, at a deposition, or in written interrogatories, 2100  
except that failure to cooperate with an investigation shall not 2101  
constitute grounds for discipline under this section if a court 2102  
of competent jurisdiction has issued an order that either 2103  
quashes a subpoena or permits the individual to withhold the 2104  
testimony or evidence in issue; 2105

(35) Failure to supervise an oriental medicine 2106  
practitioner or acupuncturist in accordance with Chapter 4762. 2107  
of the Revised Code and the board's rules for providing that 2108  
supervision; 2109

(36) Failure to supervise an anesthesiologist assistant in 2110  
accordance with Chapter 4760. of the Revised Code and the 2111  
board's rules for supervision of an anesthesiologist assistant; 2112

(37) Assisting suicide, as defined in section 3795.01 of 2113  
the Revised Code; 2114

(38) Failure to comply with the requirements of section 2115  
2317.561 of the Revised Code; 2116

(39) Failure to supervise a radiologist assistant in 2117  
accordance with Chapter 4774. of the Revised Code and the 2118  
board's rules for supervision of radiologist assistants; 2119

(40) Performing or inducing an abortion at an office or 2120  
facility with knowledge that the office or facility fails to 2121  
post the notice required under section 3701.791 of the Revised 2122  
Code; 2123

(41) Failure to comply with the standards and procedures 2124  
established in rules under section 4731.054 of the Revised Code 2125  
for the operation of or the provision of care at a pain 2126  
management clinic; 2127

(42) Failure to comply with the standards and procedures 2128  
established in rules under section 4731.054 of the Revised Code 2129  
for providing supervision, direction, and control of individuals 2130  
at a pain management clinic; 2131

(43) Failure to comply with the requirements of section 2132  
4729.79 or 4731.055 of the Revised Code, unless the state board 2133  
of pharmacy no longer maintains a drug database pursuant to 2134  
section 4729.75 of the Revised Code; 2135

(44) Failure to comply with the requirements of section 2136  
2919.171, 2919.202, or 2919.203 of the Revised Code or failure 2137  
to submit to the department of health in accordance with a court 2138  
order a complete report as described in section 2919.171 or 2139  
2919.202 of the Revised Code; 2140

(45) Practicing at a facility that is subject to licensure 2141  
as a category III terminal distributor of dangerous drugs with a 2142  
pain management clinic classification unless the person 2143  
operating the facility has obtained and maintains the license 2144  
with the classification; 2145

(46) Owning a facility that is subject to licensure as a 2146  
category III terminal distributor of dangerous drugs with a pain 2147  
management clinic classification unless the facility is licensed 2148

with the classification; 2149

(47) Failure to comply with any of the requirements 2150  
regarding making or maintaining medical records or documents 2151  
described in division (A) of section 2919.192, division (C) of 2152  
section 2919.193, division (B) of section 2919.195, or division 2153  
(A) of section 2919.196 of the Revised Code; 2154

(48) Failure to comply with the requirements in section 2155  
3719.061 of the Revised Code before issuing for a minor a 2156  
prescription for an opioid analgesic, as defined in section 2157  
3719.01 of the Revised Code; 2158

(49) Failure to comply with the requirements of section 2159  
4731.30 of the Revised Code or rules adopted under section 2160  
4731.301 of the Revised Code when recommending treatment with 2161  
medical marijuana; 2162

(50) Practicing at a facility, clinic, or other location 2163  
that is subject to licensure as a category III terminal 2164  
distributor of dangerous drugs with an office-based opioid 2165  
treatment classification unless the person operating that place 2166  
has obtained and maintains the license with the classification; 2167

(51) Owning a facility, clinic, or other location that is 2168  
subject to licensure as a category III terminal distributor of 2169  
dangerous drugs with an office-based opioid treatment 2170  
classification unless that place is licensed with the 2171  
classification; 2172

(52) A pattern of continuous or repeated violations of 2173  
division (E) (2) or (3) of section 3963.02 of the Revised Code. 2174

(C) Disciplinary actions taken by the board under 2175  
divisions (A) and (B) of this section shall be taken pursuant to 2176  
an adjudication under Chapter 119. of the Revised Code, except 2177

that in lieu of an adjudication, the board may enter into a 2178  
consent agreement with an individual to resolve an allegation of 2179  
a violation of this chapter or any rule adopted under it. A 2180  
consent agreement, when ratified by an affirmative vote of not 2181  
fewer than six members of the board, shall constitute the 2182  
findings and order of the board with respect to the matter 2183  
addressed in the agreement. If the board refuses to ratify a 2184  
consent agreement, the admissions and findings contained in the 2185  
consent agreement shall be of no force or effect. 2186

A telephone conference call may be utilized for 2187  
ratification of a consent agreement that revokes or suspends an 2188  
individual's license or certificate to practice or certificate 2189  
to recommend. The telephone conference call shall be considered 2190  
a special meeting under division (F) of section 121.22 of the 2191  
Revised Code. 2192

If the board takes disciplinary action against an 2193  
individual under division (B) of this section for a second or 2194  
subsequent plea of guilty to, or judicial finding of guilt of, a 2195  
violation of section 2919.123 of the Revised Code, the 2196  
disciplinary action shall consist of a suspension of the 2197  
individual's license or certificate to practice for a period of 2198  
at least one year or, if determined appropriate by the board, a 2199  
more serious sanction involving the individual's license or 2200  
certificate to practice. Any consent agreement entered into 2201  
under this division with an individual that pertains to a second 2202  
or subsequent plea of guilty to, or judicial finding of guilt 2203  
of, a violation of that section shall provide for a suspension 2204  
of the individual's license or certificate to practice for a 2205  
period of at least one year or, if determined appropriate by the 2206  
board, a more serious sanction involving the individual's 2207  
license or certificate to practice. 2208

(D) For purposes of divisions (B) (10), (12), and (14) of 2209  
this section, the commission of the act may be established by a 2210  
finding by the board, pursuant to an adjudication under Chapter 2211  
119. of the Revised Code, that the individual committed the act. 2212  
The board does not have jurisdiction under those divisions if 2213  
the trial court renders a final judgment in the individual's 2214  
favor and that judgment is based upon an adjudication on the 2215  
merits. The board has jurisdiction under those divisions if the 2216  
trial court issues an order of dismissal upon technical or 2217  
procedural grounds. 2218

(E) The sealing of conviction records by any court shall 2219  
have no effect upon a prior board order entered under this 2220  
section or upon the board's jurisdiction to take action under 2221  
this section if, based upon a plea of guilty, a judicial finding 2222  
of guilt, or a judicial finding of eligibility for intervention 2223  
in lieu of conviction, the board issued a notice of opportunity 2224  
for a hearing prior to the court's order to seal the records. 2225  
The board shall not be required to seal, destroy, redact, or 2226  
otherwise modify its records to reflect the court's sealing of 2227  
conviction records. 2228

(F) (1) The board shall investigate evidence that appears 2229  
to show that a person has violated any provision of this chapter 2230  
or any rule adopted under it. Any person may report to the board 2231  
in a signed writing any information that the person may have 2232  
that appears to show a violation of any provision of this 2233  
chapter or any rule adopted under it. In the absence of bad 2234  
faith, any person who reports information of that nature or who 2235  
testifies before the board in any adjudication conducted under 2236  
Chapter 119. of the Revised Code shall not be liable in damages 2237  
in a civil action as a result of the report or testimony. Each 2238  
complaint or allegation of a violation received by the board 2239

shall be assigned a case number and shall be recorded by the 2240  
board. 2241

(2) Investigations of alleged violations of this chapter 2242  
or any rule adopted under it shall be supervised by the 2243  
supervising member elected by the board in accordance with 2244  
section 4731.02 of the Revised Code and by the secretary as 2245  
provided in section 4731.39 of the Revised Code. The president 2246  
may designate another member of the board to supervise the 2247  
investigation in place of the supervising member. No member of 2248  
the board who supervises the investigation of a case shall 2249  
participate in further adjudication of the case. 2250

(3) In investigating a possible violation of this chapter 2251  
or any rule adopted under this chapter, or in conducting an 2252  
inspection under division (E) of section 4731.054 of the Revised 2253  
Code, the board may question witnesses, conduct interviews, 2254  
administer oaths, order the taking of depositions, inspect and 2255  
copy any books, accounts, papers, records, or documents, issue 2256  
subpoenas, and compel the attendance of witnesses and production 2257  
of books, accounts, papers, records, documents, and testimony, 2258  
except that a subpoena for patient record information shall not 2259  
be issued without consultation with the attorney general's 2260  
office and approval of the secretary and supervising member of 2261  
the board. 2262

(a) Before issuance of a subpoena for patient record 2263  
information, the secretary and supervising member shall 2264  
determine whether there is probable cause to believe that the 2265  
complaint filed alleges a violation of this chapter or any rule 2266  
adopted under it and that the records sought are relevant to the 2267  
alleged violation and material to the investigation. The 2268  
subpoena may apply only to records that cover a reasonable 2269

period of time surrounding the alleged violation. 2270

(b) On failure to comply with any subpoena issued by the 2271  
board and after reasonable notice to the person being 2272  
subpoenaed, the board may move for an order compelling the 2273  
production of persons or records pursuant to the Rules of Civil 2274  
Procedure. 2275

(c) A subpoena issued by the board may be served by a 2276  
sheriff, the sheriff's deputy, or a board employee or agent 2277  
designated by the board. Service of a subpoena issued by the 2278  
board may be made by delivering a copy of the subpoena to the 2279  
person named therein, reading it to the person, or leaving it at 2280  
the person's usual place of residence, usual place of business, 2281  
or address on file with the board. When serving a subpoena to an 2282  
applicant for or the holder of a license or certificate issued 2283  
under this chapter, service of the subpoena may be made by 2284  
certified mail, return receipt requested, and the subpoena shall 2285  
be deemed served on the date delivery is made or the date the 2286  
person refuses to accept delivery. If the person being served 2287  
refuses to accept the subpoena or is not located, service may be 2288  
made to an attorney who notifies the board that the attorney is 2289  
representing the person. 2290

(d) A sheriff's deputy who serves a subpoena shall receive 2291  
the same fees as a sheriff. Each witness who appears before the 2292  
board in obedience to a subpoena shall receive the fees and 2293  
mileage provided for under section 119.094 of the Revised Code. 2294

(4) All hearings, investigations, and inspections of the 2295  
board shall be considered civil actions for the purposes of 2296  
section 2305.252 of the Revised Code. 2297

(5) A report required to be submitted to the board under 2298

this chapter, a complaint, or information received by the board 2299  
pursuant to an investigation or pursuant to an inspection under 2300  
division (E) of section 4731.054 of the Revised Code is 2301  
confidential and not subject to discovery in any civil action. 2302

The board shall conduct all investigations or inspections 2303  
and proceedings in a manner that protects the confidentiality of 2304  
patients and persons who file complaints with the board. The 2305  
board shall not make public the names or any other identifying 2306  
information about patients or complainants unless proper consent 2307  
is given or, in the case of a patient, a waiver of the patient 2308  
privilege exists under division (B) of section 2317.02 of the 2309  
Revised Code, except that consent or a waiver of that nature is 2310  
not required if the board possesses reliable and substantial 2311  
evidence that no bona fide physician-patient relationship 2312  
exists. 2313

The board may share any information it receives pursuant 2314  
to an investigation or inspection, including patient records and 2315  
patient record information, with law enforcement agencies, other 2316  
licensing boards, and other governmental agencies that are 2317  
prosecuting, adjudicating, or investigating alleged violations 2318  
of statutes or administrative rules. An agency or board that 2319  
receives the information shall comply with the same requirements 2320  
regarding confidentiality as those with which the state medical 2321  
board must comply, notwithstanding any conflicting provision of 2322  
the Revised Code or procedure of the agency or board that 2323  
applies when it is dealing with other information in its 2324  
possession. In a judicial proceeding, the information may be 2325  
admitted into evidence only in accordance with the Rules of 2326  
Evidence, but the court shall require that appropriate measures 2327  
are taken to ensure that confidentiality is maintained with 2328  
respect to any part of the information that contains names or 2329

other identifying information about patients or complainants 2330  
whose confidentiality was protected by the state medical board 2331  
when the information was in the board's possession. Measures to 2332  
ensure confidentiality that may be taken by the court include 2333  
sealing its records or deleting specific information from its 2334  
records. 2335

(6) On a quarterly basis, the board shall prepare a report 2336  
that documents the disposition of all cases during the preceding 2337  
three months. The report shall contain the following information 2338  
for each case with which the board has completed its activities: 2339

(a) The case number assigned to the complaint or alleged 2340  
violation; 2341

(b) The type of license or certificate to practice, if 2342  
any, held by the individual against whom the complaint is 2343  
directed; 2344

(c) A description of the allegations contained in the 2345  
complaint; 2346

(d) The disposition of the case. 2347

The report shall state how many cases are still pending 2348  
and shall be prepared in a manner that protects the identity of 2349  
each person involved in each case. The report shall be a public 2350  
record under section 149.43 of the Revised Code. 2351

(G) If the secretary and supervising member determine both 2352  
of the following, they may recommend that the board suspend an 2353  
individual's license or certificate to practice or certificate 2354  
to recommend without a prior hearing: 2355

(1) That there is clear and convincing evidence that an 2356  
individual has violated division (B) of this section; 2357

(2) That the individual's continued practice presents a 2358  
danger of immediate and serious harm to the public. 2359

Written allegations shall be prepared for consideration by 2360  
the board. The board, upon review of those allegations and by an 2361  
affirmative vote of not fewer than six of its members, excluding 2362  
the secretary and supervising member, may suspend a license or 2363  
certificate without a prior hearing. A telephone conference call 2364  
may be utilized for reviewing the allegations and taking the 2365  
vote on the summary suspension. 2366

The board shall issue a written order of suspension by 2367  
certified mail or in person in accordance with section 119.07 of 2368  
the Revised Code. The order shall not be subject to suspension 2369  
by the court during pendency of any appeal filed under section 2370  
119.12 of the Revised Code. If the individual subject to the 2371  
summary suspension requests an adjudicatory hearing by the 2372  
board, the date set for the hearing shall be within fifteen 2373  
days, but not earlier than seven days, after the individual 2374  
requests the hearing, unless otherwise agreed to by both the 2375  
board and the individual. 2376

Any summary suspension imposed under this division shall 2377  
remain in effect, unless reversed on appeal, until a final 2378  
adjudicative order issued by the board pursuant to this section 2379  
and Chapter 119. of the Revised Code becomes effective. The 2380  
board shall issue its final adjudicative order within seventy- 2381  
five days after completion of its hearing. A failure to issue 2382  
the order within seventy-five days shall result in dissolution 2383  
of the summary suspension order but shall not invalidate any 2384  
subsequent, final adjudicative order. 2385

(H) If the board takes action under division (B) (9), (11), 2386  
or (13) of this section and the judicial finding of guilt, 2387

guilty plea, or judicial finding of eligibility for intervention 2388  
in lieu of conviction is overturned on appeal, upon exhaustion 2389  
of the criminal appeal, a petition for reconsideration of the 2390  
order may be filed with the board along with appropriate court 2391  
documents. Upon receipt of a petition of that nature and 2392  
supporting court documents, the board shall reinstate the 2393  
individual's license or certificate to practice. The board may 2394  
then hold an adjudication under Chapter 119. of the Revised Code 2395  
to determine whether the individual committed the act in 2396  
question. Notice of an opportunity for a hearing shall be given 2397  
in accordance with Chapter 119. of the Revised Code. If the 2398  
board finds, pursuant to an adjudication held under this 2399  
division, that the individual committed the act or if no hearing 2400  
is requested, the board may order any of the sanctions 2401  
identified under division (B) of this section. 2402

(I) The license or certificate to practice issued to an 2403  
individual under this chapter and the individual's practice in 2404  
this state are automatically suspended as of the date of the 2405  
individual's second or subsequent plea of guilty to, or judicial 2406  
finding of guilt of, a violation of section 2919.123 of the 2407  
Revised Code. In addition, the license or certificate to 2408  
practice or certificate to recommend issued to an individual 2409  
under this chapter and the individual's practice in this state 2410  
are automatically suspended as of the date the individual pleads 2411  
guilty to, is found by a judge or jury to be guilty of, or is 2412  
subject to a judicial finding of eligibility for intervention in 2413  
lieu of conviction in this state or treatment or intervention in 2414  
lieu of conviction in another jurisdiction for any of the 2415  
following criminal offenses in this state or a substantially 2416  
equivalent criminal offense in another jurisdiction: aggravated 2417  
murder, murder, voluntary manslaughter, felonious assault, 2418

kidnapping, rape, sexual battery, gross sexual imposition, 2419  
aggravated arson, aggravated robbery, or aggravated burglary. 2420  
Continued practice after suspension shall be considered 2421  
practicing without a license or certificate. 2422

The board shall notify the individual subject to the 2423  
suspension by certified mail or in person in accordance with 2424  
section 119.07 of the Revised Code. If an individual whose 2425  
license or certificate is automatically suspended under this 2426  
division fails to make a timely request for an adjudication 2427  
under Chapter 119. of the Revised Code, the board shall do 2428  
whichever of the following is applicable: 2429

(1) If the automatic suspension under this division is for 2430  
a second or subsequent plea of guilty to, or judicial finding of 2431  
guilt of, a violation of section 2919.123 of the Revised Code, 2432  
the board shall enter an order suspending the individual's 2433  
license or certificate to practice for a period of at least one 2434  
year or, if determined appropriate by the board, imposing a more 2435  
serious sanction involving the individual's license or 2436  
certificate to practice. 2437

(2) In all circumstances in which division (I)(1) of this 2438  
section does not apply, enter a final order permanently revoking 2439  
the individual's license or certificate to practice. 2440

(J) If the board is required by Chapter 119. of the 2441  
Revised Code to give notice of an opportunity for a hearing and 2442  
if the individual subject to the notice does not timely request 2443  
a hearing in accordance with section 119.07 of the Revised Code, 2444  
the board is not required to hold a hearing, but may adopt, by 2445  
an affirmative vote of not fewer than six of its members, a 2446  
final order that contains the board's findings. In that final 2447  
order, the board may order any of the sanctions identified under 2448

division (A) or (B) of this section. 2449

(K) Any action taken by the board under division (B) of 2450  
this section resulting in a suspension from practice shall be 2451  
accompanied by a written statement of the conditions under which 2452  
the individual's license or certificate to practice may be 2453  
reinstated. The board shall adopt rules governing conditions to 2454  
be imposed for reinstatement. Reinstatement of a license or 2455  
certificate suspended pursuant to division (B) of this section 2456  
requires an affirmative vote of not fewer than six members of 2457  
the board. 2458

(L) When the board refuses to grant or issue a license or 2459  
certificate to practice to an applicant, revokes an individual's 2460  
license or certificate to practice, refuses to renew an 2461  
individual's license or certificate to practice, or refuses to 2462  
reinstate an individual's license or certificate to practice, 2463  
the board may specify that its action is permanent. An 2464  
individual subject to a permanent action taken by the board is 2465  
forever thereafter ineligible to hold a license or certificate 2466  
to practice and the board shall not accept an application for 2467  
reinstatement of the license or certificate or for issuance of a 2468  
new license or certificate. 2469

(M) Notwithstanding any other provision of the Revised 2470  
Code, all of the following apply: 2471

(1) The surrender of a license or certificate issued under 2472  
this chapter shall not be effective unless or until accepted by 2473  
the board. A telephone conference call may be utilized for 2474  
acceptance of the surrender of an individual's license or 2475  
certificate to practice. The telephone conference call shall be 2476  
considered a special meeting under division (F) of section 2477  
121.22 of the Revised Code. Reinstatement of a license or 2478

certificate surrendered to the board requires an affirmative 2479  
vote of not fewer than six members of the board. 2480

(2) An application for a license or certificate made under 2481  
the provisions of this chapter may not be withdrawn without 2482  
approval of the board. 2483

(3) Failure by an individual to renew a license or 2484  
certificate to practice in accordance with this chapter or a 2485  
certificate to recommend in accordance with rules adopted under 2486  
section 4731.301 of the Revised Code shall not remove or limit 2487  
the board's jurisdiction to take any disciplinary action under 2488  
this section against the individual. 2489

(4) At the request of the board, a license or certificate 2490  
holder shall immediately surrender to the board a license or 2491  
certificate that the board has suspended, revoked, or 2492  
permanently revoked. 2493

(N) Sanctions shall not be imposed under division (B) (28) 2494  
of this section against any person who waives deductibles and 2495  
copayments as follows: 2496

(1) In compliance with the health benefit plan that 2497  
expressly allows such a practice. Waiver of the deductibles or 2498  
copayments shall be made only with the full knowledge and 2499  
consent of the plan purchaser, payer, and third-party 2500  
administrator. Documentation of the consent shall be made 2501  
available to the board upon request. 2502

(2) For professional services rendered to any other person 2503  
authorized to practice pursuant to this chapter, to the extent 2504  
allowed by this chapter and rules adopted by the board. 2505

(O) Under the board's investigative duties described in 2506  
this section and subject to division (F) of this section, the 2507

board shall develop and implement a quality intervention program 2508  
designed to improve through remedial education the clinical and 2509  
communication skills of individuals authorized under this 2510  
chapter to practice medicine and surgery, osteopathic medicine 2511  
and surgery, and podiatric medicine and surgery. In developing 2512  
and implementing the quality intervention program, the board may 2513  
do all of the following: 2514

(1) Offer in appropriate cases as determined by the board 2515  
an educational and assessment program pursuant to an 2516  
investigation the board conducts under this section; 2517

(2) Select providers of educational and assessment 2518  
services, including a quality intervention program panel of case 2519  
reviewers; 2520

(3) Make referrals to educational and assessment service 2521  
providers and approve individual educational programs 2522  
recommended by those providers. The board shall monitor the 2523  
progress of each individual undertaking a recommended individual 2524  
educational program. 2525

(4) Determine what constitutes successful completion of an 2526  
individual educational program and require further monitoring of 2527  
the individual who completed the program or other action that 2528  
the board determines to be appropriate; 2529

(5) Adopt rules in accordance with Chapter 119. of the 2530  
Revised Code to further implement the quality intervention 2531  
program. 2532

An individual who participates in an individual 2533  
educational program pursuant to this division shall pay the 2534  
financial obligations arising from that educational program. 2535

**Sec. 4761.17.** All of the following apply to the practice 2536

of respiratory care by a person who holds a license or limited 2537  
permit issued under this chapter: 2538

(A) The person shall practice only pursuant to a 2539  
prescription or other order for respiratory care issued by any 2540  
of the following: 2541

(1) A physician; 2542

(2) A clinical nurse specialist, certified nurse-midwife, 2543  
or certified nurse practitioner who holds a current, valid 2544  
license issued under Chapter 4723. of the Revised Code to 2545  
practice nursing as an advanced practice registered nurse and 2546  
has entered into a standard care arrangement with a physician; 2547

(3) A physician assistant who holds a valid prescriber 2548  
number issued by the state medical board, has been granted 2549  
physician-delegated prescriptive authority, and has entered into 2550  
a ~~supervision~~-collaboration agreement that allows the physician 2551  
assistant to prescribe or order respiratory care services. 2552

(B) The person shall practice only under the supervision 2553  
of any of the following: 2554

(1) A physician; 2555

(2) A certified nurse practitioner, certified nurse- 2556  
midwife, or clinical nurse specialist; 2557

(3) A physician assistant who is authorized to prescribe 2558  
or order respiratory care services as provided in division (A) 2559  
(3) of this section. 2560

(C) (1) When practicing under the prescription or order of 2561  
a certified nurse practitioner, certified nurse midwife, or 2562  
clinical nurse specialist or under the supervision of such a 2563  
nurse, the person's administration of medication that requires a 2564

prescription is limited to the drugs that the nurse is 2565  
authorized to prescribe pursuant to section 4723.481 of the 2566  
Revised Code. 2567

(2) When practicing under the prescription or order of a 2568  
physician assistant or under the supervision of a physician 2569  
assistant, the person's administration of medication that 2570  
requires a prescription is limited to the drugs that the 2571  
physician assistant is authorized to prescribe pursuant to the 2572  
physician assistant's physician-delegated prescriptive 2573  
authority. 2574

**Sec. 4773.02.** (A) Except as provided in division (B) of 2575  
this section, no person shall practice or hold self out as a 2576  
general x-ray machine operator, radiographer, radiation therapy 2577  
technologist, or nuclear medicine technologist without a valid 2578  
license issued under this chapter for the person's area of 2579  
practice. 2580

(B) Division (A) of this section does not apply to any of 2581  
the following when acting in accordance with the person's area 2582  
of practice: 2583

(1) A physician, podiatrist, mechanotherapist, or 2584  
chiropractor; 2585

(2) A physician assistant performing fluoroscopic 2586  
procedures to the extent authorized by section 4730.204 of the 2587  
Revised Code; 2588

(3) An individual licensed under Chapter 4715. of the 2589  
Revised Code to practice dentistry, to practice as a dental 2590  
hygienist, or to practice as a dental x-ray machine operator; 2591

~~(3)~~ (4) As specified in 42 C.F.R. 75, radiologic personnel 2592  
employed by the federal government or serving in a branch of the 2593

armed forces of the United States; 2594

~~(4)~~ (5) Students engaging in any of the activities 2595  
performed by basic x-ray machine operators, radiographers, 2596  
radiation therapy technologists, and nuclear medicine 2597  
technologists as an integral part of a program of study leading 2598  
to receipt of a license issued under this chapter or Chapter 2599  
4715., 4730., 4731., or 4734. of the Revised Code. 2600

**Sec. 5122.01.** As used in this chapter and Chapter 5119. of 2601  
the Revised Code: 2602

(A) "Mental illness" means a substantial disorder of 2603  
thought, mood, perception, orientation, or memory that grossly 2604  
impairs judgment, behavior, capacity to recognize reality, or 2605  
ability to meet the ordinary demands of life. 2606

(B) "Mentally ill person subject to court order" means a 2607  
mentally ill person who, because of the person's illness: 2608

(1) Represents a substantial risk of physical harm to self 2609  
as manifested by evidence of threats of, or attempts at, suicide 2610  
or serious self-inflicted bodily harm; 2611

(2) Represents a substantial risk of physical harm to 2612  
others as manifested by evidence of recent homicidal or other 2613  
violent behavior, evidence of recent threats that place another 2614  
in reasonable fear of violent behavior and serious physical 2615  
harm, or other evidence of present dangerousness; 2616

(3) Represents a substantial and immediate risk of serious 2617  
physical impairment or injury to self as manifested by evidence 2618  
that the person is unable to provide for and is not providing 2619  
for the person's basic physical needs because of the person's 2620  
mental illness and that appropriate provision for those needs 2621  
cannot be made immediately available in the community; 2622

(4) Would benefit from treatment for the person's mental 2623  
illness and is in need of such treatment as manifested by 2624  
evidence of behavior that creates a grave and imminent risk to 2625  
substantial rights of others or the person; 2626

(5) (a) Would benefit from treatment as manifested by 2627  
evidence of behavior that indicates all of the following: 2628

(i) The person is unlikely to survive safely in the 2629  
community without supervision, based on a clinical 2630  
determination. 2631

(ii) The person has a history of lack of compliance with 2632  
treatment for mental illness and one of the following applies: 2633

(I) At least twice within the thirty-six months prior to 2634  
the filing of an affidavit seeking court-ordered treatment of 2635  
the person under section 5122.111 of the Revised Code, the lack 2636  
of compliance has been a significant factor in necessitating 2637  
hospitalization in a hospital or receipt of services in a 2638  
forensic or other mental health unit of a correctional facility, 2639  
provided that the thirty-six-month period shall be extended by 2640  
the length of any hospitalization or incarceration of the person 2641  
that occurred within the thirty-six-month period. 2642

(II) Within the forty-eight months prior to the filing of 2643  
an affidavit seeking court-ordered treatment of the person under 2644  
section 5122.111 of the Revised Code, the lack of compliance 2645  
resulted in one or more acts of serious violent behavior toward 2646  
self or others or threats of, or attempts at, serious physical 2647  
harm to self or others, provided that the forty-eight-month 2648  
period shall be extended by the length of any hospitalization or 2649  
incarceration of the person that occurred within the forty- 2650  
eight-month period. 2651

(iii) The person, as a result of the person's mental 2652  
illness, is unlikely to voluntarily participate in necessary 2653  
treatment. 2654

(iv) In view of the person's treatment history and current 2655  
behavior, the person is in need of treatment in order to prevent 2656  
a relapse or deterioration that would be likely to result in 2657  
substantial risk of serious harm to the person or others. 2658

(b) An individual who meets only the criteria described in 2659  
division (B) (5) (a) of this section is not subject to 2660  
hospitalization. 2661

(C) (1) "Patient" means, subject to division (C) (2) of this 2662  
section, a person who is admitted either voluntarily or 2663  
involuntarily to a hospital or other place under section 2664  
2945.39, 2945.40, 2945.401, or 2945.402 of the Revised Code 2665  
subsequent to a finding of not guilty by reason of insanity or 2666  
incompetence to stand trial or under this chapter, who is under 2667  
observation or receiving treatment in such place. 2668

(2) "Patient" does not include a person admitted to a 2669  
hospital or other place under section 2945.39, 2945.40, 2670  
2945.401, or 2945.402 of the Revised Code to the extent that the 2671  
reference in this chapter to patient, or the context in which 2672  
the reference occurs, is in conflict with any provision of 2673  
sections 2945.37 to 2945.402 of the Revised Code. 2674

(D) "Licensed physician" means a person licensed under the 2675  
laws of this state to practice medicine or a medical officer of 2676  
the government of the United States while in this state in the 2677  
performance of the person's official duties. 2678

(E) "Psychiatrist" means a licensed physician who has 2679  
satisfactorily completed a residency training program in 2680

psychiatry, as approved by the residency review committee of the 2681  
American medical association, the committee on post-graduate 2682  
education of the American osteopathic association, or the 2683  
American osteopathic board of neurology and psychiatry, or who 2684  
on July 1, 1989, has been recognized as a psychiatrist by the 2685  
Ohio state medical association or the Ohio osteopathic 2686  
association on the basis of formal training and five or more 2687  
years of medical practice limited to psychiatry. 2688

(F) "Hospital" means a hospital or inpatient unit licensed 2689  
by the department of mental health and addiction services under 2690  
section 5119.33 of the Revised Code, and any institution, 2691  
hospital, or other place established, controlled, or supervised 2692  
by the department under Chapter 5119. of the Revised Code. 2693

(G) "Public hospital" means a facility that is tax- 2694  
supported and under the jurisdiction of the department of mental 2695  
health and addiction services. 2696

(H) "Community mental health services provider" means an 2697  
agency, association, corporation, individual, or program that 2698  
provides community mental health services that are certified by 2699  
the director of mental health and addiction services under 2700  
section 5119.36 of the Revised Code. 2701

(I) "Licensed clinical psychologist" means a person who 2702  
holds a current, valid psychologist license issued under section 2703  
4732.12 of the Revised Code, and in addition, meets the 2704  
educational requirements set forth in division (B) of section 2705  
4732.10 of the Revised Code and has a minimum of two years' 2706  
full-time professional experience, or the equivalent as 2707  
determined by rule of the state board of psychology, at least 2708  
one year of which shall be a predoctoral internship, in clinical 2709  
psychological work in a public or private hospital or clinic or 2710

in private practice, diagnosing and treating problems of mental 2711  
illness or intellectual disability under the supervision of a 2712  
psychologist who is licensed or who holds a diploma issued by 2713  
the American board of professional psychology, or whose 2714  
qualifications are substantially similar to those required for 2715  
licensure by the state board of psychology when the supervision 2716  
has occurred prior to enactment of laws governing the practice 2717  
of psychology. 2718

(J) "Health officer" means any public health physician; 2719  
public health nurse; or other person authorized or designated by 2720  
a city or general health district or a board of alcohol, drug 2721  
addiction, and mental health services to perform the duties of a 2722  
health officer under this chapter. 2723

(K) "Chief clinical officer" means the medical director of 2724  
a hospital, community mental health services provider, or board 2725  
of alcohol, drug addiction, and mental health services, or, if 2726  
there is no medical director, the licensed physician responsible 2727  
for the treatment provided by a hospital or community mental 2728  
health services provider. The chief clinical officer may 2729  
delegate to the attending physician responsible for a patient's 2730  
care the duties imposed on the chief clinical officer by this 2731  
chapter. In the case of a community mental health services 2732  
provider, the chief clinical officer shall be designated by the 2733  
governing body of the services provider and shall be a licensed 2734  
physician or licensed clinical psychologist who supervises 2735  
diagnostic and treatment services. A licensed physician or 2736  
licensed clinical psychologist designated by the chief clinical 2737  
officer may perform the duties and accept the responsibilities 2738  
of the chief clinical officer in the chief clinical officer's 2739  
absence. 2740

(L) "Working day" or "court day" means Monday, Tuesday, 2741  
Wednesday, Thursday, and Friday, except when such day is a 2742  
holiday. 2743

(M) "Indigent" means unable without deprivation of 2744  
satisfaction of basic needs to provide for the payment of an 2745  
attorney and other necessary expenses of legal representation, 2746  
including expert testimony. 2747

(N) "Respondent" means the person whose detention, 2748  
commitment, hospitalization, continued hospitalization or 2749  
commitment, or discharge is being sought in any proceeding under 2750  
this chapter. 2751

(O) "Ohio protection and advocacy system" has the same 2752  
meaning as in section 5123.60 of the Revised Code. 2753

(P) "Independent expert evaluation" means an evaluation 2754  
conducted by a licensed clinical psychologist, psychiatrist, or 2755  
licensed physician who has been selected by the respondent or 2756  
the respondent's counsel and who consents to conducting the 2757  
evaluation. 2758

(Q) "Court" means the probate division of the court of 2759  
common pleas. 2760

(R) "Expunge" means: 2761

(1) The removal and destruction of court files and 2762  
records, originals and copies, and the deletion of all index 2763  
references; 2764

(2) The reporting to the person of the nature and extent 2765  
of any information about the person transmitted to any other 2766  
person by the court; 2767

(3) Otherwise insuring that any examination of court files 2768

and records in question shall show no record whatever with 2769  
respect to the person; 2770

(4) That all rights and privileges are restored, and that 2771  
the person, the court, and any other person may properly reply 2772  
that no such record exists, as to any matter expunged. 2773

(S) "Residence" means a person's physical presence in a 2774  
county with intent to remain there, except that: 2775

(1) If a person is receiving a mental health service at a 2776  
facility that includes nighttime sleeping accommodations, 2777  
residence means that county in which the person maintained the 2778  
person's primary place of residence at the time the person 2779  
entered the facility; 2780

(2) If a person is committed pursuant to section 2945.38, 2781  
2945.39, 2945.40, 2945.401, or 2945.402 of the Revised Code, 2782  
residence means the county where the criminal charges were 2783  
filed. 2784

When the residence of a person is disputed, the matter of 2785  
residence shall be referred to the department of mental health 2786  
and addiction services for investigation and determination. 2787  
Residence shall not be a basis for a board of alcohol, drug 2788  
addiction, and mental health services to deny services to any 2789  
person present in the board's service district, and the board 2790  
shall provide services for a person whose residence is in 2791  
dispute while residence is being determined and for a person in 2792  
an emergency situation. 2793

(T) "Admission" to a hospital or other place means that a 2794  
patient is accepted for and stays at least one night at the 2795  
hospital or other place. 2796

(U) "Prosecutor" means the prosecuting attorney, village 2797

solicitor, city director of law, or similar chief legal officer 2798  
who prosecuted a criminal case in which a person was found not 2799  
guilty by reason of insanity, who would have had the authority 2800  
to prosecute a criminal case against a person if the person had 2801  
not been found incompetent to stand trial, or who prosecuted a 2802  
case in which a person was found guilty. 2803

(V) (1) "Treatment plan" means a written statement of 2804  
reasonable objectives and goals for an individual established by 2805  
the treatment team, with specific criteria to evaluate progress 2806  
towards achieving those objectives. 2807

(2) The active participation of the patient in 2808  
establishing the objectives and goals shall be documented. The 2809  
treatment plan shall be based on patient needs and include 2810  
services to be provided to the patient while the patient is 2811  
hospitalized, after the patient is discharged, or in an 2812  
outpatient setting. The treatment plan shall address services to 2813  
be provided. In the establishment of the treatment plan, 2814  
consideration should be given to the availability of services, 2815  
which may include but are not limited to all of the following: 2816

- (a) Community psychiatric supportive treatment; 2817
- (b) Assertive community treatment; 2818
- (c) Medications; 2819
- (d) Individual or group therapy; 2820
- (e) Peer support services; 2821
- (f) Financial services; 2822
- (g) Housing or supervised living services; 2823
- (h) Alcohol or substance abuse treatment; 2824

(i) Any other services prescribed to treat the patient's 2825  
mental illness and to either assist the patient in living and 2826  
functioning in the community or to help prevent a relapse or a 2827  
deterioration of the patient's current condition. 2828

(3) If the person subject to the treatment plan has 2829  
executed an advance directive for mental health treatment, the 2830  
treatment team shall consider any directions included in such 2831  
advance directive in developing the treatment plan. 2832

(W) "Community control sanction" has the same meaning as 2833  
in section 2929.01 of the Revised Code. 2834

(X) "Post-release control sanction" has the same meaning 2835  
as in section 2967.01 of the Revised Code. 2836

(Y) "Local correctional facility" has the same meaning as 2837  
in section 2903.13 of the Revised Code. 2838

(Z) "Clinical nurse specialist" and "certified nurse 2839  
practitioner" have the same meanings as in section 4723.01 of 2840  
the Revised Code. 2841

(AA) "Licensed physician assistant" means an individual 2842  
who holds a valid license to practice as a physician assistant 2843  
issued under Chapter 4730. of the Revised Code. 2844

**Sec. 5122.10.** (A) (1) Any of the following who has reason 2845  
to believe that a person is a mentally ill person subject to 2846  
court order and represents a substantial risk of physical harm 2847  
to self or others if allowed to remain at liberty pending 2848  
examination may take the person into custody and may immediately 2849  
transport the person to a hospital or, notwithstanding section 2850  
5119.33 of the Revised Code, to a general hospital not licensed 2851  
by the department of mental health and addiction services where 2852  
the person may be held for the period prescribed in this 2853

section: 2854

(a) A psychiatrist; 2855

(b) A licensed physician; 2856

(c) A licensed clinical psychologist; 2857

(d) A clinical nurse specialist who is certified as a 2858  
psychiatric-mental health CNS by the American nurses 2859  
credentialing center; 2860

(e) A certified nurse practitioner who is certified as a 2861  
psychiatric-mental health NP by the American nurses 2862  
credentialing center; 2863

(f) A health officer; 2864

(g) A parole officer; 2865

(h) A police officer; 2866

(i) A sheriff; 2867

(j) A physician assistant. 2868

(2) If the chief of the adult parole authority or a parole 2869  
or probation officer with the approval of the chief of the 2870  
authority has reason to believe that a parolee, an offender 2871  
under a community control sanction or post-release control 2872  
sanction, or an offender under transitional control is a 2873  
mentally ill person subject to court order and represents a 2874  
substantial risk of physical harm to self or others if allowed 2875  
to remain at liberty pending examination, the chief or officer 2876  
may take the parolee or offender into custody and may 2877  
immediately transport the parolee or offender to a hospital or, 2878  
notwithstanding section 5119.33 of the Revised Code, to a 2879  
general hospital not licensed by the department of mental health 2880

and addiction services where the parolee or offender may be held 2881  
for the period prescribed in this section. 2882

(B) A written statement shall be given to the hospital by 2883  
the individual authorized under division (A)(1) or (2) of this 2884  
section to transport the person. The statement shall specify the 2885  
circumstances under which such person was taken into custody and 2886  
the reasons for the belief that the person is a mentally ill 2887  
person subject to court order and represents a substantial risk 2888  
of physical harm to self or others if allowed to remain at 2889  
liberty pending examination. This statement shall be made 2890  
available to the respondent or the respondent's attorney upon 2891  
request of either. 2892

(C) Every reasonable and appropriate effort shall be made 2893  
to take persons into custody in the least conspicuous manner 2894  
possible. A person taking the respondent into custody pursuant 2895  
to this section shall explain to the respondent: the name and 2896  
professional designation and affiliation of the person taking 2897  
the respondent into custody; that the custody-taking is not a 2898  
criminal arrest; and that the person is being taken for 2899  
examination by mental health professionals at a specified mental 2900  
health facility identified by name. 2901

(D) If a person taken into custody under this section is 2902  
transported to a general hospital, the general hospital may 2903  
admit the person, or provide care and treatment for the person, 2904  
or both, notwithstanding section 5119.33 of the Revised Code, 2905  
but by the end of twenty-four hours after arrival at the general 2906  
hospital, the person shall be transferred to a hospital as 2907  
defined in section 5122.01 of the Revised Code. 2908

(E) A person transported or transferred to a hospital or 2909  
community mental health services provider under this section 2910

shall be examined by the staff of the hospital or services 2911  
provider within twenty-four hours after arrival at the hospital 2912  
or services provider. If to conduct the examination requires 2913  
that the person remain overnight, the hospital or services 2914  
provider shall admit the person in an unclassified status until 2915  
making a disposition under this section. After the examination, 2916  
if the chief clinical officer of the hospital or services 2917  
provider believes that the person is not a mentally ill person 2918  
subject to court order, the chief clinical officer shall release 2919  
or discharge the person immediately unless a court has issued a 2920  
temporary order of detention applicable to the person under 2921  
section 5122.11 of the Revised Code. After the examination, if 2922  
the chief clinical officer believes that the person is a 2923  
mentally ill person subject to court order, the chief clinical 2924  
officer may detain the person for not more than three court days 2925  
following the day of the examination and during such period 2926  
admit the person as a voluntary patient under section 5122.02 of 2927  
the Revised Code or file an affidavit under section 5122.11 of 2928  
the Revised Code. If neither action is taken and a court has not 2929  
otherwise issued a temporary order of detention applicable to 2930  
the person under section 5122.11 of the Revised Code, the chief 2931  
clinical officer shall discharge the person at the end of the 2932  
three-day period unless the person has been sentenced to the 2933  
department of rehabilitation and correction and has not been 2934  
released from the person's sentence, in which case the person 2935  
shall be returned to that department. 2936

**Section 2.** That existing sections 1.64, 2108.61, 2133.211, 2937  
3701.351, 3727.06, 4730.02, 4730.03, 4730.04, 4730.05, 4730.06, 2938  
4730.07, 4730.08, 4730.11, 4730.14, 4730.19, 4730.20, 4730.201, 2939  
4730.203, 4730.21, 4730.22, 4730.25, 4730.26, 4730.32, 4730.41, 2940  
4730.411, 4730.42, 4731.22, 4761.17, 4773.02, 5122.01, and 2941

5122.10 of the Revised Code are hereby repealed. 2942

**Section 3.** That sections 4730.111 and 4730.44 of the 2943  
Revised Code are hereby repealed. 2944