

**As Passed by the House**

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**Sub. H. B. No. 476**

**Representatives Bird, Lightbody**

**Cosponsors: Representatives Schmidt, White, Johnson, Miller, J., Stewart, Weinstein, Sheehy, Boggs, Ingram, Miller, A., Lepore-Hagan, West, Abrams, Baldrige, Blackshear, Boyd, Brent, Brown, Callender, Carruthers, Click, Cross, Crossman, Cutrona, Davis, Fraizer, Galonski, Ghanbari, Ginter, Grendell, Gross, Hall, Hicks-Hudson, Hoops, Humphrey, Jarrells, John, Jones, Kick, Lanese, Leland, Lipps, Liston, Loychik, Manning, Miranda, O'Brien, Oelslager, Patton, Plummer, Ray, Richardson, Riedel, Russo, Skindell, Smith, K., Troy, Upchurch, Wilkin, Young, T., Speaker Cupp**

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**A BILL**

To amend sections 5.27, 4723.28, 4730.25, and 1  
4731.22 and to enact sections 3701.25 and 2  
3701.251 of the Revised Code to establish a 3  
Parkinson's disease registry and to change the 4  
observance of "Parkinson's Disease Awareness 5  
Month" from September to April. 6

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

**Section 1.** That sections 5.27, 4723.28, 4730.25, and 7  
4731.22 be amended and sections 3701.25 and 3701.251 of the 8  
Revised Code be enacted to read as follows: 9

**Sec. 5.27.** The month of ~~September~~ April is designated as 10  
"Parkinson's Disease Awareness Month." 11

**Sec. 3701.25.** (A) As used in this section and section 12  
3701.251 of the Revised Code: 13

(1) "Certified nurse practitioner" and "clinical nurse specialist" have the same meanings as in section 4723.01 of the Revised Code. 14  
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(2) "Hospital" has the same meaning as in section 3722.01 of the Revised Code. 17  
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(3) "Parkinson's disease" means a chronic and progressive neurological disorder resulting from a deficiency of the neurotransmitter dopamine as the consequence of specific degenerative changes in the area of the brain called the basal ganglia. Parkinson's disease can be characterized by tremor at rest, slow movements, muscle rigidity, stooped posture, and unsteady or shuffling gait. 19  
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(4) "Parkinsonism" means a condition related to Parkinson's disease that meets both of the following: 26  
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(a) It can cause a combination of the movement abnormalities seen in the disease, including tremor at rest, slow movement, muscle rigidity, impaired speech, or muscle stiffness, which often overlaps with and can evolve from what appears to be Parkinson's disease. 28  
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(b) It is included on the list of Parkinsonisms developed and updated by the Parkinson's disease registry advisory committee as described in section 3701.251 of the Revised Code. 33  
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(5) "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery. 36  
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(6) "Physician assistant" means an individual authorized under Chapter 4730. of the Revised Code to practice as a physician assistant. 39  
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(B) Not later than one year after the effective date of 42  
this section, the department of health shall establish and 43  
maintain a Parkinson's disease registry for the collection and 44  
dissemination of the following: 45

(1) Data on the incidence and prevalence of Parkinson's 46  
disease and Parkinsonisms in Ohio; 47

(2) Any other epidemiological data related to the disease. 48

The director of health shall supervise the registry and 49  
the collection and dissemination of data included in the 50  
registry. 51

(C) (1) Except as provided in division (C) (2) of this 52  
section, each individual case of Parkinson's disease or a 53  
Parkinsonism shall be reported to the registry by one of the 54  
following: 55

(a) The certified nurse practitioner, clinical nurse 56  
specialist, physician, or physician assistant who diagnosed or 57  
treated the individual's Parkinson's disease or Parkinsonism; 58

(b) The group practice or hospital or other health care 59  
facility that employs or contracts with the professional 60  
described in division (C) (1) (a) of this section. 61

(2) In the event an individual who is diagnosed with or 62  
treated for Parkinson's disease or a Parkinsonism is under the 63  
care of one or more of the following at the same time, a single 64  
report may be submitted to the registry to meet the requirement 65  
of division (C) (1) of this section: a certified nurse 66  
practitioner, clinical nurse specialist, physician, or physician 67  
assistant. 68

(3) As soon as practicable after the individual's 69

diagnosis or treatment, the nurse, physician, physician 70  
assistant, practice, hospital, or facility also shall inform the 71  
individual or individual's representative of both of the 72  
following: 73

(a) That the department of health has established and 74  
maintains a Parkinson's disease registry; 75

(b) That state law requires each diagnosis or treatment of 76  
Parkinson's disease or a Parkinsonism to be reported to the 77  
registry. 78

(D) On receipt of a report described in division (C) of 79  
this section, the department of health shall notify the 80  
individual who is the subject of the report or the individual's 81  
representative about the registry and the department's 82  
collection of data related to Parkinson's disease and 83  
Parkinsonisms. The notice shall be in writing and shall include 84  
all of the following: 85

(1) A description of the registry and the process for 86  
collecting additional data about the individual beyond the 87  
initial report of the individual's diagnosis or treatment; 88

(2) A statement acknowledging that an individual is not 89  
required to participate in the registry; 90

(3) A statement informing the individual that any data or 91  
information concerning the individual shall remain confidential; 92

(4) A statement informing the individual that he or she 93  
shall have access to his or her data and information maintained 94  
in the registry; 95

(5) The name and contact information for a representative 96  
designated by the department to answer questions about the 97

registry. 98

An individual who does not wish to participate in the 99  
registry and the department's collection of data shall 100  
affirmatively opt-out in writing after an opportunity to review 101  
the written notice and ask questions of the department's 102  
designated representative. No individual shall be required to 103  
participate in this registry. In the event an individual opts- 104  
out of the registry, no further data or information about the 105  
individual beyond a report of a diagnosis or treatment shall be 106  
provided to the registry. 107

(E) With respect to each individual who participates in 108  
the registry, the department of health, in accordance with 109  
division (D) of section 3701.251 of the Revised Code, shall 110  
develop a system for collecting and disseminating additional 111  
data related to the individual's diagnosis of and treatment for 112  
Parkinson's disease and Parkinsonisms. In developing such a 113  
system, the department may do the following: 114

(1) Create, review, and revise a list of data points, 115  
including the following: 116

(a) Necessary triggering diagnostic conditions, consistent 117  
with the most recent international statistical classification of 118  
diseases and related health problems; 119

(b) Resulting case data, including diagnosis, treatment, 120  
and survival. 121

(2) Require the professionals described in division (B) of 122  
this section to report the additional data to the registry, 123  
including in a format prescribed by the department; 124

(3) Inform the professionals described in division (B) of 125  
this section, through a bulletin or other instruction and 126

without taking regulatory action, about the additional data to 127  
be reported. 128

(F) Not later than six months after the effective date of 129  
this section, the department of health shall provide notice of 130  
the reporting required by this section on the internet web site 131  
the department maintains. The department also shall provide 132  
notice of the required reporting to all of the following 133  
entities: 134

(1) The Ohio board of nursing; 135

(2) The Ohio association of advanced practice nurses; 136

(3) The Ohio association of physician assistants; 137

(4) The Ohio hospital association; 138

(5) The Ohio state medical association; 139

(6) The state medical board of Ohio. 140

(G) The director of health may enter into contracts, 141  
grants, or other agreements as necessary to administer the 142  
registry and satisfy the requirements of this section, including 143  
data sharing contracts with data reporting entities and their 144  
associated electronic medical record systems vendors to securely 145  
and confidentially receive information related to Parkinson's 146  
disease testing, diagnosis, and treatment. 147

(H) The director of health may enter into agreements to 148  
furnish data collected in this registry with other states' 149  
Parkinson's disease registries, federal Parkinson's disease 150  
control agencies, local health officers, or health researchers 151  
for the study of Parkinson's disease. Before confidential 152  
information is disclosed to those agencies, officers, 153  
researchers, or out-of-state registries, the requesting entity 154

shall agree in writing to maintain the confidentiality of the 155  
information, and, in the case of researchers, also shall do both 156  
of the following: 157

(1) Obtain approval from their respective committees for 158  
the protection of human subjects established in accordance with 159  
45 C.F.R. 46; 160

(2) Provide documentation to the director of health that 161  
demonstrates to the director's satisfaction that the researchers 162  
are able to and have established procedures to maintain the 163  
confidentiality of the information. 164

(I) Except as otherwise provided in this section, all data 165  
and information collected pursuant to this section shall be 166  
confidential. For purposes of this section, the data and 167  
information shall be referred to as confidential information. To 168  
ensure privacy, the department of health shall establish a 169  
coding system that removes any identifying information about an 170  
individual diagnosed with or treated for Parkinson's disease or 171  
a Parkinsonism. 172

Each individual who participates in the registry shall 173  
have access to his or her own data and information maintained in 174  
the registry. 175

(J) Notwithstanding any conflicting provision of the 176  
Revised Code, a disclosure authorized by this section shall 177  
include only the data and information necessary for the stated 178  
purpose of the requested disclosure, shall be used only for the 179  
approved purpose, and shall not be further disclosed. 180

(K) Provided the security of confidentiality has been 181  
documented, furnishing confidential information to the 182  
department of health or its authorized representative in 183

accordance with this section shall not expose any person, 184  
agency, or entity to liability and shall not be considered a 185  
waiver of any privilege or a violation of a confidential 186  
relationship. 187

(L) The department of health shall maintain an accurate 188  
record of all persons who are given access to confidential 189  
information under this section. The record shall include: the 190  
name of the person authorizing access; the name, title, address, 191  
and organizational affiliation of any person given access; the 192  
dates of access; and the specific purpose for which information 193  
is to be used. The record of access shall be open to public 194  
inspection during normal operating hours of the department. 195

(M) Notwithstanding any conflicting provision of the 196  
Revised Code, the confidential information shall not be 197  
available for subpoena or disclosed, discoverable, or compelled 198  
to be produced in any civil, criminal, administrative, or other 199  
proceeding. The confidential information shall not be deemed 200  
admissible as evidence in any civil, criminal, administrative, 201  
or other tribunal or court for any reason. 202

(N) This section does not prevent either of the following: 203

(1) The department of health from publishing reports and 204  
statistical compilations that do not in any way identify or tend 205  
to identify individual cases or individual sources of 206  
information; 207

(2) A professional, hospital, or facility described in 208  
division (B) of this section that provides diagnostic or 209  
treatment services to individuals with Parkinson's disease from 210  
maintaining Parkinson's disease registries. 211

Sec. 3701.251. (A) There is hereby created in the 212



<u>department of health the Parkinson's disease registry advisory</u>	213
<u>committee. The committee shall consist of all of the following</u>	214
<u>members, each appointed by the director of health:</u>	215
<u>(1) One physician who specializes in neurology;</u>	216
<u>(2) One physician who specializes in movement disorders;</u>	217
<u>(3) One physician who specializes in primary care;</u>	218
<u>(4) One physician with experience in clinical informatics;</u>	219
<u>(5) One individual who represents patients diagnosed with</u>	220
<u>Parkinson's disease;</u>	221
<u>(6) One individual who specializes in public health;</u>	222
<u>(7) One individual who is a population health researcher</u>	223
<u>with experience in developing or maintaining one or more disease</u>	224
<u>registries;</u>	225
<u>(8) One individual with experience conducting Parkinson's</u>	226
<u>disease research;</u>	227
<u>(9) One individual deemed necessary by the director.</u>	228
<u>(B) Initial appointments to the committee shall be made</u>	229
<u>not later than sixty days after the effective date of this</u>	230
<u>section. Of the initial appointments, four shall be for terms of</u>	231
<u>two years and five shall be for terms of three years.</u>	232
<u>Thereafter, terms shall be for three years, with each term</u>	233
<u>ending on the same day of the same month as did the term that it</u>	234
<u>succeeds. Vacancies shall be filled in the same manner as</u>	235
<u>appointments.</u>	236
<u>When the term of any member expires, a successor shall be</u>	237
<u>appointed in the same manner as the initial appointment. Any</u>	238
<u>member appointed to fill a vacancy occurring prior to the</u>	239

expiration of the term for which the member's predecessor was 240  
appointed shall hold office for the remainder of that term. A 241  
member shall continue in office subsequent to the expiration 242  
date of the member's term until the member's successor takes 243  
office or until a period of sixty days has elapsed, whichever 244  
occurs first. A member may be reappointed for one additional 245  
term only. 246

(C) Not later than ninety days after the effective date of 247  
this section, the committee shall hold its first meeting. 248  
Thereafter, the committee shall meet at least twice a year. 249

The committee shall organize by selecting a chairperson 250  
from among its members and may select a new chairperson at any 251  
time. The committee may transact official business if at least 252  
five members of the committee are present. Members shall serve 253  
without compensation but shall receive payment for their actual 254  
and necessary expenses incurred in the performance of their 255  
official duties. 256

(D) The committee shall do all of the following: 257

(1) Assist the department of health in developing and 258  
implementing the Parkinson's disease registry; 259

(2) Determine the data to be collected and maintained in 260  
the registry; 261

(3) Develop and update on a periodic basis a list of the 262  
Parkinsonisms to be reported to the registry, including multiple 263  
system atrophy, dementia with Lewy Bodies, corticobasal 264  
degeneration, and progressive supranuclear palsy; 265

(4) Advise the department of health as necessary. 266

(E) The department of health shall provide meeting space, 267

staff, and other administrative support to the committee in 268  
order for the committee to carry out its duties. 269

**Sec. 4723.28.** (A) The board of nursing, by a vote of a 270  
quorum, may impose one or more of the following sanctions if it 271  
finds that a person committed fraud in passing an examination 272  
required to obtain a license or dialysis technician certificate 273  
issued by the board or to have committed fraud, 274  
misrepresentation, or deception in applying for or securing any 275  
nursing license or dialysis technician certificate issued by the 276  
board: deny, revoke, suspend, or place restrictions on any 277  
nursing license or dialysis technician certificate issued by the 278  
board; reprimand or otherwise discipline a holder of a nursing 279  
license or dialysis technician certificate; or impose a fine of 280  
not more than five hundred dollars per violation. 281

(B) Except as provided in section 4723.092 of the Revised 282  
Code, the board of nursing, by a vote of a quorum, may impose 283  
one or more of the following sanctions: deny, revoke, suspend, 284  
or place restrictions on any nursing license or dialysis 285  
technician certificate issued by the board; reprimand or 286  
otherwise discipline a holder of a nursing license or dialysis 287  
technician certificate; or impose a fine of not more than five 288  
hundred dollars per violation. The sanctions may be imposed for 289  
any of the following: 290

(1) Denial, revocation, suspension, or restriction of 291  
authority to engage in a licensed profession or practice a 292  
health care occupation, including nursing or practice as a 293  
dialysis technician, for any reason other than a failure to 294  
renew, in Ohio or another state or jurisdiction; 295

(2) Engaging in the practice of nursing or engaging in 296  
practice as a dialysis technician, having failed to renew a 297

nursing license or dialysis technician certificate issued under 298  
this chapter, or while a nursing license or dialysis technician 299  
certificate is under suspension; 300

(3) Conviction of, a plea of guilty to, a judicial finding 301  
of guilt of, a judicial finding of guilt resulting from a plea 302  
of no contest to, or a judicial finding of eligibility for a 303  
pretrial diversion or similar program or for intervention in 304  
lieu of conviction for, a misdemeanor committed in the course of 305  
practice; 306

(4) Conviction of, a plea of guilty to, a judicial finding 307  
of guilt of, a judicial finding of guilt resulting from a plea 308  
of no contest to, or a judicial finding of eligibility for a 309  
pretrial diversion or similar program or for intervention in 310  
lieu of conviction for, any felony or of any crime involving 311  
gross immorality or moral turpitude; 312

(5) Selling, giving away, or administering drugs or 313  
therapeutic devices for other than legal and legitimate 314  
therapeutic purposes; or conviction of, a plea of guilty to, a 315  
judicial finding of guilt of, a judicial finding of guilt 316  
resulting from a plea of no contest to, or a judicial finding of 317  
eligibility for a pretrial diversion or similar program or for 318  
intervention in lieu of conviction for, violating any municipal, 319  
state, county, or federal drug law; 320

(6) Conviction of, a plea of guilty to, a judicial finding 321  
of guilt of, a judicial finding of guilt resulting from a plea 322  
of no contest to, or a judicial finding of eligibility for a 323  
pretrial diversion or similar program or for intervention in 324  
lieu of conviction for, an act in another jurisdiction that 325  
would constitute a felony or a crime of moral turpitude in Ohio; 326

(7) Conviction of, a plea of guilty to, a judicial finding	327
of guilt of, a judicial finding of guilt resulting from a plea	328
of no contest to, or a judicial finding of eligibility for a	329
pretrial diversion or similar program or for intervention in	330
lieu of conviction for, an act in the course of practice in	331
another jurisdiction that would constitute a misdemeanor in	332
Ohio;	333
(8) Self-administering or otherwise taking into the body	334
any dangerous drug, as defined in section 4729.01 of the Revised	335
Code, in any way that is not in accordance with a legal, valid	336
prescription issued for that individual, or self-administering	337
or otherwise taking into the body any drug that is a schedule I	338
controlled substance;	339
(9) Habitual or excessive use of controlled substances,	340
other habit-forming drugs, or alcohol or other chemical	341
substances to an extent that impairs the individual's ability to	342
provide safe nursing care or safe dialysis care;	343
(10) Impairment of the ability to practice according to	344
acceptable and prevailing standards of safe nursing care or safe	345
dialysis care because of the use of drugs, alcohol, or other	346
chemical substances;	347
(11) Impairment of the ability to practice according to	348
acceptable and prevailing standards of safe nursing care or safe	349
dialysis care because of a physical or mental disability;	350
(12) Assaulting or causing harm to a patient or depriving	351
a patient of the means to summon assistance;	352
(13) Misappropriation or attempted misappropriation of	353
money or anything of value in the course of practice;	354
(14) Adjudication by a probate court of being mentally ill	355

or mentally incompetent. The board may reinstate the person's 356  
nursing license or dialysis technician certificate upon 357  
adjudication by a probate court of the person's restoration to 358  
competency or upon submission to the board of other proof of 359  
competency. 360

(15) The suspension or termination of employment by the 361  
United States department of defense or department of veterans 362  
affairs for any act that violates or would violate this chapter; 363

(16) Violation of this chapter or any rules adopted under 364  
it; 365

(17) Violation of any restrictions placed by the board on 366  
a nursing license or dialysis technician certificate; 367

(18) Failure to use universal and standard precautions 368  
established by rules adopted under section 4723.07 of the 369  
Revised Code; 370

(19) Failure to practice in accordance with acceptable and 371  
prevailing standards of safe nursing care or safe dialysis care; 372

(20) In the case of a registered nurse, engaging in 373  
activities that exceed the practice of nursing as a registered 374  
nurse; 375

(21) In the case of a licensed practical nurse, engaging 376  
in activities that exceed the practice of nursing as a licensed 377  
practical nurse; 378

(22) In the case of a dialysis technician, engaging in 379  
activities that exceed those permitted under section 4723.72 of 380  
the Revised Code; 381

(23) Aiding and abetting a person in that person's 382  
practice of nursing without a license or practice as a dialysis 383

technician without a certificate issued under this chapter;	384
(24) In the case of an advanced practice registered nurse,	385
except as provided in division (M) of this section, either of	386
the following:	387
(a) Waiving the payment of all or any part of a deductible	388
or copayment that a patient, pursuant to a health insurance or	389
health care policy, contract, or plan that covers such nursing	390
services, would otherwise be required to pay if the waiver is	391
used as an enticement to a patient or group of patients to	392
receive health care services from that provider;	393
(b) Advertising that the nurse will waive the payment of	394
all or any part of a deductible or copayment that a patient,	395
pursuant to a health insurance or health care policy, contract,	396
or plan that covers such nursing services, would otherwise be	397
required to pay.	398
(25) Failure to comply with the terms and conditions of	399
participation in the substance use disorder monitoring program	400
established under section 4723.35 of the Revised Code;	401
(26) Failure to comply with the terms and conditions	402
required under the practice intervention and improvement program	403
established under section 4723.282 of the Revised Code;	404
(27) In the case of an advanced practice registered nurse:	405
(a) Engaging in activities that exceed those permitted for	406
the nurse's nursing specialty under section 4723.43 of the	407
Revised Code;	408
(b) Failure to meet the quality assurance standards	409
established under section 4723.07 of the Revised Code.	410
(28) In the case of an advanced practice registered nurse	411

other than a certified registered nurse anesthetist, failure to 412  
maintain a standard care arrangement in accordance with section 413  
4723.431 of the Revised Code or to practice in accordance with 414  
the standard care arrangement; 415

(29) In the case of an advanced practice registered nurse 416  
who is designated as a clinical nurse specialist, certified 417  
nurse-midwife, or certified nurse practitioner, failure to 418  
prescribe drugs and therapeutic devices in accordance with 419  
section 4723.481 of the Revised Code; 420

(30) Prescribing any drug or device to perform or induce 421  
an abortion, or otherwise performing or inducing an abortion; 422

(31) Failure to establish and maintain professional 423  
boundaries with a patient, as specified in rules adopted under 424  
section 4723.07 of the Revised Code; 425

(32) Regardless of whether the contact or verbal behavior 426  
is consensual, engaging with a patient other than the spouse of 427  
the registered nurse, licensed practical nurse, or dialysis 428  
technician in any of the following: 429

(a) Sexual contact, as defined in section 2907.01 of the 430  
Revised Code; 431

(b) Verbal behavior that is sexually demeaning to the 432  
patient or may be reasonably interpreted by the patient as 433  
sexually demeaning. 434

(33) Assisting suicide, as defined in section 3795.01 of 435  
the Revised Code; 436

(34) Failure to comply with the requirements in section 437  
3719.061 of the Revised Code before issuing for a minor a 438  
prescription for an opioid analgesic, as defined in section 439



3719.01 of the Revised Code;	440
(35) Failure to comply with section 4723.487 of the Revised Code, unless the state board of pharmacy no longer maintains a drug database pursuant to section 4729.75 of the Revised Code;	441 442 443 444
(36) The revocation, suspension, restriction, reduction, or termination of clinical privileges by the United States department of defense or department of veterans affairs or the termination or suspension of a certificate of registration to prescribe drugs by the drug enforcement administration of the United States department of justice;	445 446 447 448 449 450
(37) In the case of an advanced practice registered nurse who is designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, failure to comply with the terms of a consult agreement entered into with a pharmacist pursuant to section 4729.39 of the Revised Code;	451 452 453 454 455
<u>(38) In the case of a certified nurse practitioner or clinical nurse specialist, failure to report a case of Parkinson's disease or a Parkinsonism as required by section 3701.25 of the Revised Code.</u>	456 457 458 459
(C) Disciplinary actions taken by the board under divisions (A) and (B) of this section shall be taken pursuant to an adjudication conducted under Chapter 119. of the Revised Code, except that in lieu of a hearing, the board may enter into a consent agreement with an individual to resolve an allegation of a violation of this chapter or any rule adopted under it. A consent agreement, when ratified by a vote of a quorum, shall constitute the findings and order of the board with respect to the matter addressed in the agreement. If the board refuses to	460 461 462 463 464 465 466 467 468

ratify a consent agreement, the admissions and findings 469  
contained in the agreement shall be of no effect. 470

(D) The hearings of the board shall be conducted in 471  
accordance with Chapter 119. of the Revised Code, the board may 472  
appoint a hearing examiner, as provided in section 119.09 of the 473  
Revised Code, to conduct any hearing the board is authorized to 474  
hold under Chapter 119. of the Revised Code. 475

In any instance in which the board is required under 476  
Chapter 119. of the Revised Code to give notice of an 477  
opportunity for a hearing and the applicant, licensee, or 478  
certificate holder does not make a timely request for a hearing 479  
in accordance with section 119.07 of the Revised Code, the board 480  
is not required to hold a hearing, but may adopt, by a vote of a 481  
quorum, a final order that contains the board's findings. In the 482  
final order, the board may order any of the sanctions listed in 483  
division (A) or (B) of this section. 484

(E) If a criminal action is brought against a registered 485  
nurse, licensed practical nurse, or dialysis technician for an 486  
act or crime described in divisions (B) (3) to (7) of this 487  
section and the action is dismissed by the trial court other 488  
than on the merits, the board shall conduct an adjudication to 489  
determine whether the registered nurse, licensed practical 490  
nurse, or dialysis technician committed the act on which the 491  
action was based. If the board determines on the basis of the 492  
adjudication that the registered nurse, licensed practical 493  
nurse, or dialysis technician committed the act, or if the 494  
registered nurse, licensed practical nurse, or dialysis 495  
technician fails to participate in the adjudication, the board 496  
may take action as though the registered nurse, licensed 497  
practical nurse, or dialysis technician had been convicted of 498

the act. 499

If the board takes action on the basis of a conviction, 500  
plea, or a judicial finding as described in divisions (B) (3) to 501  
(7) of this section that is overturned on appeal, the registered 502  
nurse, licensed practical nurse, or dialysis technician may, on 503  
exhaustion of the appeal process, petition the board for 504  
reconsideration of its action. On receipt of the petition and 505  
supporting court documents, the board shall temporarily rescind 506  
its action. If the board determines that the decision on appeal 507  
was a decision on the merits, it shall permanently rescind its 508  
action. If the board determines that the decision on appeal was 509  
not a decision on the merits, it shall conduct an adjudication 510  
to determine whether the registered nurse, licensed practical 511  
nurse, or dialysis technician committed the act on which the 512  
original conviction, plea, or judicial finding was based. If the 513  
board determines on the basis of the adjudication that the 514  
registered nurse, licensed practical nurse, or dialysis 515  
technician committed such act, or if the registered nurse, 516  
licensed practical nurse, or dialysis technician does not 517  
request an adjudication, the board shall reinstate its action; 518  
otherwise, the board shall permanently rescind its action. 519

Notwithstanding the provision of division (C) (2) of 520  
section 2953.32 of the Revised Code specifying that if records 521  
pertaining to a criminal case are sealed under that section the 522  
proceedings in the case shall be deemed not to have occurred, 523  
sealing of the following records on which the board has based an 524  
action under this section shall have no effect on the board's 525  
action or any sanction imposed by the board under this section: 526  
records of any conviction, guilty plea, judicial finding of 527  
guilt resulting from a plea of no contest, or a judicial finding 528  
of eligibility for a pretrial diversion program or intervention 529

in lieu of conviction. 530

The board shall not be required to seal, destroy, redact, 531  
or otherwise modify its records to reflect the court's sealing 532  
of conviction records. 533

(F) The board may investigate an individual's criminal 534  
background in performing its duties under this section. As part 535  
of such investigation, the board may order the individual to 536  
submit, at the individual's expense, a request to the bureau of 537  
criminal identification and investigation for a criminal records 538  
check and check of federal bureau of investigation records in 539  
accordance with the procedure described in section 4723.091 of 540  
the Revised Code. 541

(G) During the course of an investigation conducted under 542  
this section, the board may compel any registered nurse, 543  
licensed practical nurse, or dialysis technician or applicant 544  
under this chapter to submit to a mental or physical 545  
examination, or both, as required by the board and at the 546  
expense of the individual, if the board finds reason to believe 547  
that the individual under investigation may have a physical or 548  
mental impairment that may affect the individual's ability to 549  
provide safe nursing care. Failure of any individual to submit 550  
to a mental or physical examination when directed constitutes an 551  
admission of the allegations, unless the failure is due to 552  
circumstances beyond the individual's control, and a default and 553  
final order may be entered without the taking of testimony or 554  
presentation of evidence. 555

If the board finds that an individual is impaired, the 556  
board shall require the individual to submit to care, 557  
counseling, or treatment approved or designated by the board, as 558  
a condition for initial, continued, reinstated, or renewed 559

authority to practice. The individual shall be afforded an 560  
opportunity to demonstrate to the board that the individual can 561  
begin or resume the individual's occupation in compliance with 562  
acceptable and prevailing standards of care under the provisions 563  
of the individual's authority to practice. 564

For purposes of this division, any registered nurse, 565  
licensed practical nurse, or dialysis technician or applicant 566  
under this chapter shall be deemed to have given consent to 567  
submit to a mental or physical examination when directed to do 568  
so in writing by the board, and to have waived all objections to 569  
the admissibility of testimony or examination reports that 570  
constitute a privileged communication. 571

(H) The board shall investigate evidence that appears to 572  
show that any person has violated any provision of this chapter 573  
or any rule of the board. Any person may report to the board any 574  
information the person may have that appears to show a violation 575  
of any provision of this chapter or rule of the board. In the 576  
absence of bad faith, any person who reports such information or 577  
who testifies before the board in any adjudication conducted 578  
under Chapter 119. of the Revised Code shall not be liable for 579  
civil damages as a result of the report or testimony. 580

(I) All of the following apply under this chapter with 581  
respect to the confidentiality of information: 582

(1) Information received by the board pursuant to a 583  
complaint or an investigation is confidential and not subject to 584  
discovery in any civil action, except that the board may 585  
disclose information to law enforcement officers and government 586  
entities for purposes of an investigation of either a licensed 587  
health care professional, including a registered nurse, licensed 588  
practical nurse, or dialysis technician, or a person who may 589

have engaged in the unauthorized practice of nursing or dialysis 590  
care. No law enforcement officer or government entity with 591  
knowledge of any information disclosed by the board pursuant to 592  
this division shall divulge the information to any other person 593  
or government entity except for the purpose of a government 594  
investigation, a prosecution, or an adjudication by a court or 595  
government entity. 596

(2) If an investigation requires a review of patient 597  
records, the investigation and proceeding shall be conducted in 598  
such a manner as to protect patient confidentiality. 599

(3) All adjudications and investigations of the board 600  
shall be considered civil actions for the purposes of section 601  
2305.252 of the Revised Code. 602

(4) Any board activity that involves continued monitoring 603  
of an individual as part of or following any disciplinary action 604  
taken under this section shall be conducted in a manner that 605  
maintains the individual's confidentiality. Information received 606  
or maintained by the board with respect to the board's 607  
monitoring activities is not subject to discovery in any civil 608  
action and is confidential, except that the board may disclose 609  
information to law enforcement officers and government entities 610  
for purposes of an investigation of a licensee or certificate 611  
holder. 612

(J) Any action taken by the board under this section 613  
resulting in a suspension from practice shall be accompanied by 614  
a written statement of the conditions under which the person may 615  
be reinstated to practice. 616

(K) When the board refuses to grant a license or 617  
certificate to an applicant, revokes a license or certificate, 618

or refuses to reinstate a license or certificate, the board may 619  
specify that its action is permanent. An individual subject to 620  
permanent action taken by the board is forever ineligible to 621  
hold a license or certificate of the type that was refused or 622  
revoked and the board shall not accept from the individual an 623  
application for reinstatement of the license or certificate or 624  
for a new license or certificate. 625

(L) No unilateral surrender of a nursing license or 626  
dialysis technician certificate issued under this chapter shall 627  
be effective unless accepted by majority vote of the board. No 628  
application for a nursing license or dialysis technician 629  
certificate issued under this chapter may be withdrawn without a 630  
majority vote of the board. The board's jurisdiction to take 631  
disciplinary action under this section is not removed or limited 632  
when an individual has a license or certificate classified as 633  
inactive or fails to renew a license or certificate. 634

(M) Sanctions shall not be imposed under division (B) (24) 635  
of this section against any licensee who waives deductibles and 636  
copayments as follows: 637

(1) In compliance with the health benefit plan that 638  
expressly allows such a practice. Waiver of the deductibles or 639  
copayments shall be made only with the full knowledge and 640  
consent of the plan purchaser, payer, and third-party 641  
administrator. Documentation of the consent shall be made 642  
available to the board upon request. 643

(2) For professional services rendered to any other person 644  
licensed pursuant to this chapter to the extent allowed by this 645  
chapter and the rules of the board. 646

**Sec. 4730.25.** (A) The state medical board, by an 647

affirmative vote of not fewer than six members, may revoke or 648  
may refuse to grant a license to practice as a physician 649  
assistant to a person found by the board to have committed 650  
fraud, misrepresentation, or deception in applying for or 651  
securing the license. 652

(B) Except as provided in division (N) of this section, 653  
the board, by an affirmative vote of not fewer than six members, 654  
shall, to the extent permitted by law, limit, revoke, or suspend 655  
an individual's license to practice as a physician assistant or 656  
prescriber number, refuse to issue a license to an applicant, 657  
refuse to renew a license, refuse to reinstate a license, or 658  
reprimand or place on probation the holder of a license for any 659  
of the following reasons: 660

(1) Failure to practice in accordance with the supervising 661  
physician's supervision agreement with the physician assistant, 662  
including, if applicable, the policies of the health care 663  
facility in which the supervising physician and physician 664  
assistant are practicing; 665

(2) Failure to comply with the requirements of this 666  
chapter, Chapter 4731. of the Revised Code, or any rules adopted 667  
by the board; 668

(3) Violating or attempting to violate, directly or 669  
indirectly, or assisting in or abetting the violation of, or 670  
conspiring to violate, any provision of this chapter, Chapter 671  
4731. of the Revised Code, or the rules adopted by the board; 672

(4) Inability to practice according to acceptable and 673  
prevailing standards of care by reason of mental illness or 674  
physical illness, including physical deterioration that 675  
adversely affects cognitive, motor, or perceptive skills; 676



(5) Impairment of ability to practice according to 677  
acceptable and prevailing standards of care because of habitual 678  
or excessive use or abuse of drugs, alcohol, or other substances 679  
that impair ability to practice; 680

(6) Administering drugs for purposes other than those 681  
authorized under this chapter; 682

(7) Willfully betraying a professional confidence; 683

(8) Making a false, fraudulent, deceptive, or misleading 684  
statement in soliciting or advertising for employment as a 685  
physician assistant; in connection with any solicitation or 686  
advertisement for patients; in relation to the practice of 687  
medicine as it pertains to physician assistants; or in securing 688  
or attempting to secure a license to practice as a physician 689  
assistant. 690

As used in this division, "false, fraudulent, deceptive, 691  
or misleading statement" means a statement that includes a 692  
misrepresentation of fact, is likely to mislead or deceive 693  
because of a failure to disclose material facts, is intended or 694  
is likely to create false or unjustified expectations of 695  
favorable results, or includes representations or implications 696  
that in reasonable probability will cause an ordinarily prudent 697  
person to misunderstand or be deceived. 698

(9) Representing, with the purpose of obtaining 699  
compensation or other advantage personally or for any other 700  
person, that an incurable disease or injury, or other incurable 701  
condition, can be permanently cured; 702

(10) The obtaining of, or attempting to obtain, money or 703  
anything of value by fraudulent misrepresentations in the course 704  
of practice; 705

(11) A plea of guilty to, a judicial finding of guilt of, 706  
or a judicial finding of eligibility for intervention in lieu of 707  
conviction for, a felony; 708

(12) Commission of an act that constitutes a felony in 709  
this state, regardless of the jurisdiction in which the act was 710  
committed; 711

(13) A plea of guilty to, a judicial finding of guilt of, 712  
or a judicial finding of eligibility for intervention in lieu of 713  
conviction for, a misdemeanor committed in the course of 714  
practice; 715

(14) A plea of guilty to, a judicial finding of guilt of, 716  
or a judicial finding of eligibility for intervention in lieu of 717  
conviction for, a misdemeanor involving moral turpitude; 718

(15) Commission of an act in the course of practice that 719  
constitutes a misdemeanor in this state, regardless of the 720  
jurisdiction in which the act was committed; 721

(16) Commission of an act involving moral turpitude that 722  
constitutes a misdemeanor in this state, regardless of the 723  
jurisdiction in which the act was committed; 724

(17) A plea of guilty to, a judicial finding of guilt of, 725  
or a judicial finding of eligibility for intervention in lieu of 726  
conviction for violating any state or federal law regulating the 727  
possession, distribution, or use of any drug, including 728  
trafficking in drugs; 729

(18) Any of the following actions taken by the state 730  
agency responsible for regulating the practice of physician 731  
assistants in another state, for any reason other than the 732  
nonpayment of fees: the limitation, revocation, or suspension of 733  
an individual's license to practice; acceptance of an 734

individual's license surrender; denial of a license; refusal to	735
renew or reinstate a license; imposition of probation; or	736
issuance of an order of censure or other reprimand;	737
(19) A departure from, or failure to conform to, minimal	738
standards of care of similar physician assistants under the same	739
or similar circumstances, regardless of whether actual injury to	740
a patient is established;	741
(20) Violation of the conditions placed by the board on a	742
license to practice as a physician assistant;	743
(21) Failure to use universal blood and body fluid	744
precautions established by rules adopted under section 4731.051	745
of the Revised Code;	746
(22) Failure to cooperate in an investigation conducted by	747
the board under section 4730.26 of the Revised Code, including	748
failure to comply with a subpoena or order issued by the board	749
or failure to answer truthfully a question presented by the	750
board at a deposition or in written interrogatories, except that	751
failure to cooperate with an investigation shall not constitute	752
grounds for discipline under this section if a court of	753
competent jurisdiction has issued an order that either quashes a	754
subpoena or permits the individual to withhold the testimony or	755
evidence in issue;	756
(23) Assisting suicide, as defined in section 3795.01 of	757
the Revised Code;	758
(24) Prescribing any drug or device to perform or induce	759
an abortion, or otherwise performing or inducing an abortion;	760
(25) Failure to comply with section 4730.53 of the Revised	761
Code, unless the board no longer maintains a drug database	762
pursuant to section 4729.75 of the Revised Code;	763

(26) Failure to comply with the requirements in section 764  
3719.061 of the Revised Code before issuing for a minor a 765  
prescription for an opioid analgesic, as defined in section 766  
3719.01 of the Revised Code; 767

(27) Having certification by the national commission on 768  
certification of physician assistants or a successor 769  
organization expire, lapse, or be suspended or revoked; 770

(28) The revocation, suspension, restriction, reduction, 771  
or termination of clinical privileges by the United States 772  
department of defense or department of veterans affairs or the 773  
termination or suspension of a certificate of registration to 774  
prescribe drugs by the drug enforcement administration of the 775  
United States department of justice; 776

(29) Failure to comply with terms of a consult agreement 777  
entered into with a pharmacist pursuant to section 4729.39 of 778  
the Revised Code; 779

(30) Failure to report a case of Parkinson's disease or a 780  
Parkinsonism as required by section 3701.25 of the Revised Code. 781

(C) Disciplinary actions taken by the board under 782  
divisions (A) and (B) of this section shall be taken pursuant to 783  
an adjudication under Chapter 119. of the Revised Code, except 784  
that in lieu of an adjudication, the board may enter into a 785  
consent agreement with a physician assistant or applicant to 786  
resolve an allegation of a violation of this chapter or any rule 787  
adopted under it. A consent agreement, when ratified by an 788  
affirmative vote of not fewer than six members of the board, 789  
shall constitute the findings and order of the board with 790  
respect to the matter addressed in the agreement. If the board 791  
refuses to ratify a consent agreement, the admissions and 792

findings contained in the consent agreement shall be of no force 793  
or effect. 794

(D) For purposes of divisions (B) (12), (15), and (16) of 795  
this section, the commission of the act may be established by a 796  
finding by the board, pursuant to an adjudication under Chapter 797  
119. of the Revised Code, that the applicant or license holder 798  
committed the act in question. The board shall have no 799  
jurisdiction under these divisions in cases where the trial 800  
court renders a final judgment in the license holder's favor and 801  
that judgment is based upon an adjudication on the merits. The 802  
board shall have jurisdiction under these divisions in cases 803  
where the trial court issues an order of dismissal upon 804  
technical or procedural grounds. 805

(E) The sealing of conviction records by any court shall 806  
have no effect upon a prior board order entered under the 807  
provisions of this section or upon the board's jurisdiction to 808  
take action under the provisions of this section if, based upon 809  
a plea of guilty, a judicial finding of guilt, or a judicial 810  
finding of eligibility for intervention in lieu of conviction, 811  
the board issued a notice of opportunity for a hearing prior to 812  
the court's order to seal the records. The board shall not be 813  
required to seal, destroy, redact, or otherwise modify its 814  
records to reflect the court's sealing of conviction records. 815

(F) For purposes of this division, any individual who 816  
holds a license issued under this chapter, or applies for a 817  
license issued under this chapter, shall be deemed to have given 818  
consent to submit to a mental or physical examination when 819  
directed to do so in writing by the board and to have waived all 820  
objections to the admissibility of testimony or examination 821  
reports that constitute a privileged communication. 822

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

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

chosen by the board. 854

Failure to submit to a mental or physical examination 855  
ordered by the board constitutes an admission of the allegations 856  
against the individual unless the failure is due to 857  
circumstances beyond the individual's control, and a default and 858  
final order may be entered without the taking of testimony or 859  
presentation of evidence. If the board determines that the 860  
individual's ability to practice is impaired, the board shall 861  
suspend the individual's license or deny the individual's 862  
application and shall require the individual, as a condition for 863  
initial, continued, reinstated, or renewed licensure, to submit 864  
to treatment. 865

Before being eligible to apply for reinstatement of a 866  
license suspended under this division, the physician assistant 867  
shall demonstrate to the board the ability to resume practice or 868  
prescribing in compliance with acceptable and prevailing 869  
standards of care. The demonstration shall include the 870  
following: 871

(a) Certification from a treatment provider approved under 872  
section 4731.25 of the Revised Code that the individual has 873  
successfully completed any required inpatient treatment; 874

(b) Evidence of continuing full compliance with an 875  
aftercare contract or consent agreement; 876

(c) Two written reports indicating that the individual's 877  
ability to practice has been assessed and that the individual 878  
has been found capable of practicing according to acceptable and 879  
prevailing standards of care. The reports shall be made by 880  
individuals or providers approved by the board for making such 881  
assessments and shall describe the basis for their 882

determination. 883

The board may reinstate a license suspended under this 884  
division after such demonstration and after the individual has 885  
entered into a written consent agreement. 886

When the impaired physician assistant resumes practice or 887  
prescribing, the board shall require continued monitoring of the 888  
physician assistant. The monitoring shall include compliance 889  
with the written consent agreement entered into before 890  
reinstatement or with conditions imposed by board order after a 891  
hearing, and, upon termination of the consent agreement, 892  
submission to the board for at least two years of annual written 893  
progress reports made under penalty of falsification stating 894  
whether the physician assistant has maintained sobriety. 895

(G) If the secretary and supervising member determine that 896  
there is clear and convincing evidence that a physician 897  
assistant has violated division (B) of this section and that the 898  
individual's continued practice or prescribing presents a danger 899  
of immediate and serious harm to the public, they may recommend 900  
that the board suspend the individual's license without a prior 901  
hearing. Written allegations shall be prepared for consideration 902  
by the board. 903

The board, upon review of those allegations and by an 904  
affirmative vote of not fewer than six of its members, excluding 905  
the secretary and supervising member, may suspend a license 906  
without a prior hearing. A telephone conference call may be 907  
utilized for reviewing the allegations and taking the vote on 908  
the summary suspension. 909

The board shall issue a written order of suspension by 910  
certified mail or in person in accordance with section 119.07 of 911



the Revised Code. The order shall not be subject to suspension 912  
by the court during pendency of any appeal filed under section 913  
119.12 of the Revised Code. If the physician assistant requests 914  
an adjudicatory hearing by the board, the date set for the 915  
hearing shall be within fifteen days, but not earlier than seven 916  
days, after the physician assistant requests the hearing, unless 917  
otherwise agreed to by both the board and the license holder. 918

A summary suspension imposed under this division shall 919  
remain in effect, unless reversed on appeal, until a final 920  
adjudicative order issued by the board pursuant to this section 921  
and Chapter 119. of the Revised Code becomes effective. The 922  
board shall issue its final adjudicative order within sixty days 923  
after completion of its hearing. Failure to issue the order 924  
within sixty days shall result in dissolution of the summary 925  
suspension order, but shall not invalidate any subsequent, final 926  
adjudicative order. 927

(H) If the board takes action under division (B) (11), 928  
(13), or (14) of this section, and the judicial finding of 929  
guilt, guilty plea, or judicial finding of eligibility for 930  
intervention in lieu of conviction is overturned on appeal, upon 931  
exhaustion of the criminal appeal, a petition for 932  
reconsideration of the order may be filed with the board along 933  
with appropriate court documents. Upon receipt of a petition and 934  
supporting court documents, the board shall reinstate the 935  
individual's license. The board may then hold an adjudication 936  
under Chapter 119. of the Revised Code to determine whether the 937  
individual committed the act in question. Notice of opportunity 938  
for hearing shall be given in accordance with Chapter 119. of 939  
the Revised Code. If the board finds, pursuant to an 940  
adjudication held under this division, that the individual 941  
committed the act, or if no hearing is requested, it may order 942

any of the sanctions identified under division (B) of this 943  
section. 944

(I) The license to practice issued to a physician 945  
assistant and the physician assistant's practice in this state 946  
are automatically suspended as of the date the physician 947  
assistant pleads guilty to, is found by a judge or jury to be 948  
guilty of, or is subject to a judicial finding of eligibility 949  
for intervention in lieu of conviction in this state or 950  
treatment or intervention in lieu of conviction in another state 951  
for any of the following criminal offenses in this state or a 952  
substantially equivalent criminal offense in another 953  
jurisdiction: aggravated murder, murder, voluntary manslaughter, 954  
felonious assault, kidnapping, rape, sexual battery, gross 955  
sexual imposition, aggravated arson, aggravated robbery, or 956  
aggravated burglary. Continued practice after the suspension 957  
shall be considered practicing without a license. 958

The board shall notify the individual subject to the 959  
suspension by certified mail or in person in accordance with 960  
section 119.07 of the Revised Code. If an individual whose 961  
license is suspended under this division fails to make a timely 962  
request for an adjudication under Chapter 119. of the Revised 963  
Code, the board shall enter a final order permanently revoking 964  
the individual's license to practice. 965

(J) In any instance in which the board is required by 966  
Chapter 119. of the Revised Code to give notice of opportunity 967  
for hearing and the individual subject to the notice does not 968  
timely request a hearing in accordance with section 119.07 of 969  
the Revised Code, the board is not required to hold a hearing, 970  
but may adopt, by an affirmative vote of not fewer than six of 971  
its members, a final order that contains the board's findings. 972

In that final order, the board may order any of the sanctions 973  
identified under division (A) or (B) of this section. 974

(K) Any action taken by the board under division (B) of 975  
this section resulting in a suspension shall be accompanied by a 976  
written statement of the conditions under which the physician 977  
assistant's license may be reinstated. The board shall adopt 978  
rules in accordance with Chapter 119. of the Revised Code 979  
governing conditions to be imposed for reinstatement. 980  
Reinstatement of a license suspended pursuant to division (B) of 981  
this section requires an affirmative vote of not fewer than six 982  
members of the board. 983

(L) When the board refuses to grant or issue to an 984  
applicant a license to practice as a physician assistant, 985  
revokes an individual's license, refuses to renew an 986  
individual's license, or refuses to reinstate an individual's 987  
license, the board may specify that its action is permanent. An 988  
individual subject to a permanent action taken by the board is 989  
forever thereafter ineligible to hold the license and the board 990  
shall not accept an application for reinstatement of the license 991  
or for issuance of a new license. 992

(M) Notwithstanding any other provision of the Revised 993  
Code, all of the following apply: 994

(1) The surrender of a license issued under this chapter 995  
is not effective unless or until accepted by the board. 996  
Reinstatement of a license surrendered to the board requires an 997  
affirmative vote of not fewer than six members of the board. 998

(2) An application made under this chapter for a license 999  
may not be withdrawn without approval of the board. 1000

(3) Failure by an individual to renew a license in 1001

accordance with section 4730.14 of the Revised Code shall not 1002  
remove or limit the board's jurisdiction to take disciplinary 1003  
action under this section against the individual. 1004

(N) The board shall not refuse to issue a license to an 1005  
applicant because of a conviction, plea of guilty, judicial 1006  
finding of guilt, judicial finding of eligibility for 1007  
intervention in lieu of conviction, or the commission of an act 1008  
that constitutes a criminal offense, unless the refusal is in 1009  
accordance with section 9.79 of the Revised Code. 1010

**Sec. 4731.22.** (A) The state medical board, by an 1011  
affirmative vote of not fewer than six of its members, may 1012  
limit, revoke, or suspend a license or certificate to practice 1013  
or certificate to recommend, refuse to grant a license or 1014  
certificate, refuse to renew a license or certificate, refuse to 1015  
reinstate a license or certificate, or reprimand or place on 1016  
probation the holder of a license or certificate if the 1017  
individual applying for or holding the license or certificate is 1018  
found by the board to have committed fraud during the 1019  
administration of the examination for a license or certificate 1020  
to practice or to have committed fraud, misrepresentation, or 1021  
deception in applying for, renewing, or securing any license or 1022  
certificate to practice or certificate to recommend issued by 1023  
the board. 1024

(B) Except as provided in division (P) of this section, 1025  
the board, by an affirmative vote of not fewer than six members, 1026  
shall, to the extent permitted by law, limit, revoke, or suspend 1027  
a license or certificate to practice or certificate to 1028  
recommend, refuse to issue a license or certificate, refuse to 1029  
renew a license or certificate, refuse to reinstate a license or 1030  
certificate, or reprimand or place on probation the holder of a 1031

license or certificate for one or more of the following reasons: 1032

(1) Permitting one's name or one's license or certificate 1033  
to practice to be used by a person, group, or corporation when 1034  
the individual concerned is not actually directing the treatment 1035  
given; 1036

(2) Failure to maintain minimal standards applicable to 1037  
the selection or administration of drugs, or failure to employ 1038  
acceptable scientific methods in the selection of drugs or other 1039  
modalities for treatment of disease; 1040

(3) Except as provided in section 4731.97 of the Revised 1041  
Code, selling, giving away, personally furnishing, prescribing, 1042  
or administering drugs for other than legal and legitimate 1043  
therapeutic purposes or a plea of guilty to, a judicial finding 1044  
of guilt of, or a judicial finding of eligibility for 1045  
intervention in lieu of conviction of, a violation of any 1046  
federal or state law regulating the possession, distribution, or 1047  
use of any drug; 1048

(4) Willfully betraying a professional confidence. 1049

For purposes of this division, "willfully betraying a 1050  
professional confidence" does not include providing any 1051  
information, documents, or reports under sections 307.621 to 1052  
307.629 of the Revised Code to a child fatality review board; 1053  
does not include providing any information, documents, or 1054  
reports under sections 307.631 to 307.6410 of the Revised Code 1055  
to a drug overdose fatality review committee, a suicide fatality 1056  
review committee, or hybrid drug overdose fatality and suicide 1057  
fatality review committee; does not include providing any 1058  
information, documents, or reports to the director of health 1059  
pursuant to guidelines established under section 3701.70 of the 1060

Revised Code; does not include written notice to a mental health professional under section 4731.62 of the Revised Code; and does not include the making of a report of an employee's use of a drug of abuse, or a report of a condition of an employee other than one involving the use of a drug of abuse, to the employer of the employee as described in division (B) of section 2305.33 of the Revised Code. Nothing in this division affects the immunity from civil liability conferred by section 2305.33 or 4731.62 of the Revised Code upon a physician who makes a report in accordance with section 2305.33 or notifies a mental health professional in accordance with section 4731.62 of the Revised Code. As used in this division, "employee," "employer," and "physician" have the same meanings as in section 2305.33 of the Revised Code.

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

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

(6) A departure from, or the failure to conform to,

minimal standards of care of similar practitioners under the 1091  
same or similar circumstances, whether or not actual injury to a 1092  
patient is established; 1093

(7) Representing, with the purpose of obtaining 1094  
compensation or other advantage as personal gain or for any 1095  
other person, that an incurable disease or injury, or other 1096  
incurable condition, can be permanently cured; 1097

(8) The obtaining of, or attempting to obtain, money or 1098  
anything of value by fraudulent misrepresentations in the course 1099  
of practice; 1100

(9) A plea of guilty to, a judicial finding of guilt of, 1101  
or a judicial finding of eligibility for intervention in lieu of 1102  
conviction for, a felony; 1103

(10) Commission of an act that constitutes a felony in 1104  
this state, regardless of the jurisdiction in which the act was 1105  
committed; 1106

(11) A plea of guilty to, a judicial finding of guilt of, 1107  
or a judicial finding of eligibility for intervention in lieu of 1108  
conviction for, a misdemeanor committed in the course of 1109  
practice; 1110

(12) Commission of an act in the course of practice that 1111  
constitutes a misdemeanor in this state, regardless of the 1112  
jurisdiction in which the act was committed; 1113

(13) A plea of guilty to, a judicial finding of guilt of, 1114  
or a judicial finding of eligibility for intervention in lieu of 1115  
conviction for, a misdemeanor involving moral turpitude; 1116

(14) Commission of an act involving moral turpitude that 1117  
constitutes a misdemeanor in this state, regardless of the 1118

jurisdiction in which the act was committed; 1119

(15) Violation of the conditions of limitation placed by 1120  
the board upon a license or certificate to practice; 1121

(16) Failure to pay license renewal fees specified in this 1122  
chapter; 1123

(17) Except as authorized in section 4731.31 of the 1124  
Revised Code, engaging in the division of fees for referral of 1125  
patients, or the receiving of a thing of value in return for a 1126  
specific referral of a patient to utilize a particular service 1127  
or business; 1128

(18) Subject to section 4731.226 of the Revised Code, 1129  
violation of any provision of a code of ethics of the American 1130  
medical association, the American osteopathic association, the 1131  
American podiatric medical association, or any other national 1132  
professional organizations that the board specifies by rule. The 1133  
state medical board shall obtain and keep on file current copies 1134  
of the codes of ethics of the various national professional 1135  
organizations. The individual whose license or certificate is 1136  
being suspended or revoked shall not be found to have violated 1137  
any provision of a code of ethics of an organization not 1138  
appropriate to the individual's profession. 1139

For purposes of this division, a "provision of a code of 1140  
ethics of a national professional organization" does not include 1141  
any provision that would preclude the making of a report by a 1142  
physician of an employee's use of a drug of abuse, or of a 1143  
condition of an employee other than one involving the use of a 1144  
drug of abuse, to the employer of the employee as described in 1145  
division (B) of section 2305.33 of the Revised Code. Nothing in 1146  
this division affects the immunity from civil liability 1147



conferred by that section upon a physician who makes either type 1148  
of report in accordance with division (B) of that section. As 1149  
used in this division, "employee," "employer," and "physician" 1150  
have the same meanings as in section 2305.33 of the Revised 1151  
Code. 1152

(19) Inability to practice according to acceptable and 1153  
prevailing standards of care by reason of mental illness or 1154  
physical illness, including, but not limited to, physical 1155  
deterioration that adversely affects cognitive, motor, or 1156  
perceptive skills. 1157

In enforcing this division, the board, upon a showing of a 1158  
possible violation, may compel any individual authorized to 1159  
practice by this chapter or who has submitted an application 1160  
pursuant to this chapter to submit to a mental examination, 1161  
physical examination, including an HIV test, or both a mental 1162  
and a physical examination. The expense of the examination is 1163  
the responsibility of the individual compelled to be examined. 1164  
Failure to submit to a mental or physical examination or consent 1165  
to an HIV test ordered by the board constitutes an admission of 1166  
the allegations against the individual unless the failure is due 1167  
to circumstances beyond the individual's control, and a default 1168  
and final order may be entered without the taking of testimony 1169  
or presentation of evidence. If the board finds an individual 1170  
unable to practice because of the reasons set forth in this 1171  
division, the board shall require the individual to submit to 1172  
care, counseling, or treatment by physicians approved or 1173  
designated by the board, as a condition for initial, continued, 1174  
reinstated, or renewed authority to practice. An individual 1175  
affected under this division shall be afforded an opportunity to 1176  
demonstrate to the board the ability to resume practice in 1177  
compliance with acceptable and prevailing standards under the 1178

provisions of the individual's license or certificate. For the 1179  
purpose of this division, any individual who applies for or 1180  
receives a license or certificate to practice under this chapter 1181  
accepts the privilege of practicing in this state and, by so 1182  
doing, shall be deemed to have given consent to submit to a 1183  
mental or physical examination when directed to do so in writing 1184  
by the board, and to have waived all objections to the 1185  
admissibility of testimony or examination reports that 1186  
constitute a privileged communication. 1187

(20) Except as provided in division (F) (1) (b) of section 1188  
4731.282 of the Revised Code or when civil penalties are imposed 1189  
under section 4731.225 of the Revised Code, and subject to 1190  
section 4731.226 of the Revised Code, violating or attempting to 1191  
violate, directly or indirectly, or assisting in or abetting the 1192  
violation of, or conspiring to violate, any provisions of this 1193  
chapter or any rule promulgated by the board. 1194

This division does not apply to a violation or attempted 1195  
violation of, assisting in or abetting the violation of, or a 1196  
conspiracy to violate, any provision of this chapter or any rule 1197  
adopted by the board that would preclude the making of a report 1198  
by a physician of an employee's use of a drug of abuse, or of a 1199  
condition of an employee other than one involving the use of a 1200  
drug of abuse, to the employer of the employee as described in 1201  
division (B) of section 2305.33 of the Revised Code. Nothing in 1202  
this division affects the immunity from civil liability 1203  
conferred by that section upon a physician who makes either type 1204  
of report in accordance with division (B) of that section. As 1205  
used in this division, "employee," "employer," and "physician" 1206  
have the same meanings as in section 2305.33 of the Revised 1207  
Code. 1208

(21) The violation of section 3701.79 of the Revised Code 1209  
or of any abortion rule adopted by the director of health 1210  
pursuant to section 3701.341 of the Revised Code; 1211

(22) Any of the following actions taken by an agency 1212  
responsible for authorizing, certifying, or regulating an 1213  
individual to practice a health care occupation or provide 1214  
health care services in this state or another jurisdiction, for 1215  
any reason other than the nonpayment of fees: the limitation, 1216  
revocation, or suspension of an individual's license to 1217  
practice; acceptance of an individual's license surrender; 1218  
denial of a license; refusal to renew or reinstate a license; 1219  
imposition of probation; or issuance of an order of censure or 1220  
other reprimand; 1221

(23) The violation of section 2919.12 of the Revised Code 1222  
or the performance or inducement of an abortion upon a pregnant 1223  
woman with actual knowledge that the conditions specified in 1224  
division (B) of section 2317.56 of the Revised Code have not 1225  
been satisfied or with a heedless indifference as to whether 1226  
those conditions have been satisfied, unless an affirmative 1227  
defense as specified in division (H)(2) of that section would 1228  
apply in a civil action authorized by division (H)(1) of that 1229  
section; 1230

(24) The revocation, suspension, restriction, reduction, 1231  
or termination of clinical privileges by the United States 1232  
department of defense or department of veterans affairs or the 1233  
termination or suspension of a certificate of registration to 1234  
prescribe drugs by the drug enforcement administration of the 1235  
United States department of justice; 1236

(25) Termination or suspension from participation in the 1237  
medicare or medicaid programs by the department of health and 1238

human services or other responsible agency; 1239

(26) Impairment of ability to practice according to 1240  
acceptable and prevailing standards of care because of habitual 1241  
or excessive use or abuse of drugs, alcohol, or other substances 1242  
that impair ability to practice. 1243

For the purposes of this division, any individual 1244  
authorized to practice by this chapter accepts the privilege of 1245  
practicing in this state subject to supervision by the board. By 1246  
filing an application for or holding a license or certificate to 1247  
practice under this chapter, an individual shall be deemed to 1248  
have given consent to submit to a mental or physical examination 1249  
when ordered to do so by the board in writing, and to have 1250  
waived all objections to the admissibility of testimony or 1251  
examination reports that constitute privileged communications. 1252

If it has reason to believe that any individual authorized 1253  
to practice by this chapter or any applicant for licensure or 1254  
certification to practice suffers such impairment, the board may 1255  
compel the individual to submit to a mental or physical 1256  
examination, or both. The expense of the examination is the 1257  
responsibility of the individual compelled to be examined. Any 1258  
mental or physical examination required under this division 1259  
shall be undertaken by a treatment provider or physician who is 1260  
qualified to conduct the examination and who is chosen by the 1261  
board. 1262

Failure to submit to a mental or physical examination 1263  
ordered by the board constitutes an admission of the allegations 1264  
against the individual unless the failure is due to 1265  
circumstances beyond the individual's control, and a default and 1266  
final order may be entered without the taking of testimony or 1267  
presentation of evidence. If the board determines that the 1268

individual's ability to practice is impaired, the board shall 1269  
suspend the individual's license or certificate or deny the 1270  
individual's application and shall require the individual, as a 1271  
condition for initial, continued, reinstated, or renewed 1272  
licensure or certification to practice, to submit to treatment. 1273

Before being eligible to apply for reinstatement of a 1274  
license or certificate suspended under this division, the 1275  
impaired practitioner shall demonstrate to the board the ability 1276  
to resume practice in compliance with acceptable and prevailing 1277  
standards of care under the provisions of the practitioner's 1278  
license or certificate. The demonstration shall include, but 1279  
shall not be limited to, the following: 1280

(a) Certification from a treatment provider approved under 1281  
section 4731.25 of the Revised Code that the individual has 1282  
successfully completed any required inpatient treatment; 1283

(b) Evidence of continuing full compliance with an 1284  
aftercare contract or consent agreement; 1285

(c) Two written reports indicating that the individual's 1286  
ability to practice has been assessed and that the individual 1287  
has been found capable of practicing according to acceptable and 1288  
prevailing standards of care. The reports shall be made by 1289  
individuals or providers approved by the board for making the 1290  
assessments and shall describe the basis for their 1291  
determination. 1292

The board may reinstate a license or certificate suspended 1293  
under this division after that demonstration and after the 1294  
individual has entered into a written consent agreement. 1295

When the impaired practitioner resumes practice, the board 1296  
shall require continued monitoring of the individual. The 1297

monitoring shall include, but not be limited to, compliance with 1298  
the written consent agreement entered into before reinstatement 1299  
or with conditions imposed by board order after a hearing, and, 1300  
upon termination of the consent agreement, submission to the 1301  
board for at least two years of annual written progress reports 1302  
made under penalty of perjury stating whether the individual has 1303  
maintained sobriety. 1304

(27) A second or subsequent violation of section 4731.66 1305  
or 4731.69 of the Revised Code; 1306

(28) Except as provided in division (N) of this section: 1307

(a) Waiving the payment of all or any part of a deductible 1308  
or copayment that a patient, pursuant to a health insurance or 1309  
health care policy, contract, or plan that covers the 1310  
individual's services, otherwise would be required to pay if the 1311  
waiver is used as an enticement to a patient or group of 1312  
patients to receive health care services from that individual; 1313

(b) Advertising that the individual will waive the payment 1314  
of all or any part of a deductible or copayment that a patient, 1315  
pursuant to a health insurance or health care policy, contract, 1316  
or plan that covers the individual's services, otherwise would 1317  
be required to pay. 1318

(29) Failure to use universal blood and body fluid 1319  
precautions established by rules adopted under section 4731.051 1320  
of the Revised Code; 1321

(30) Failure to provide notice to, and receive 1322  
acknowledgment of the notice from, a patient when required by 1323  
section 4731.143 of the Revised Code prior to providing 1324  
nonemergency professional services, or failure to maintain that 1325  
notice in the patient's medical record; 1326

(31) Failure of a physician supervising a physician 1327  
assistant to maintain supervision in accordance with the 1328  
requirements of Chapter 4730. of the Revised Code and the rules 1329  
adopted under that chapter; 1330

(32) Failure of a physician or podiatrist to enter into a 1331  
standard care arrangement with a clinical nurse specialist, 1332  
certified nurse-midwife, or certified nurse practitioner with 1333  
whom the physician or podiatrist is in collaboration pursuant to 1334  
section 4731.27 of the Revised Code or failure to fulfill the 1335  
responsibilities of collaboration after entering into a standard 1336  
care arrangement; 1337

(33) Failure to comply with the terms of a consult 1338  
agreement entered into with a pharmacist pursuant to section 1339  
4729.39 of the Revised Code; 1340

(34) Failure to cooperate in an investigation conducted by 1341  
the board under division (F) of this section, including failure 1342  
to comply with a subpoena or order issued by the board or 1343  
failure to answer truthfully a question presented by the board 1344  
in an investigative interview, an investigative office 1345  
conference, at a deposition, or in written interrogatories, 1346  
except that failure to cooperate with an investigation shall not 1347  
constitute grounds for discipline under this section if a court 1348  
of competent jurisdiction has issued an order that either 1349  
quashes a subpoena or permits the individual to withhold the 1350  
testimony or evidence in issue; 1351

(35) Failure to supervise an acupuncturist in accordance 1352  
with Chapter 4762. of the Revised Code and the board's rules for 1353  
providing that supervision; 1354

(36) Failure to supervise an anesthesiologist assistant in 1355

accordance with Chapter 4760. of the Revised Code and the	1356
board's rules for supervision of an anesthesiologist assistant;	1357
(37) Assisting suicide, as defined in section 3795.01 of	1358
the Revised Code;	1359
(38) Failure to comply with the requirements of section	1360
2317.561 of the Revised Code;	1361
(39) Failure to supervise a radiologist assistant in	1362
accordance with Chapter 4774. of the Revised Code and the	1363
board's rules for supervision of radiologist assistants;	1364
(40) Performing or inducing an abortion at an office or	1365
facility with knowledge that the office or facility fails to	1366
post the notice required under section 3701.791 of the Revised	1367
Code;	1368
(41) Failure to comply with the standards and procedures	1369
established in rules under section 4731.054 of the Revised Code	1370
for the operation of or the provision of care at a pain	1371
management clinic;	1372
(42) Failure to comply with the standards and procedures	1373
established in rules under section 4731.054 of the Revised Code	1374
for providing supervision, direction, and control of individuals	1375
at a pain management clinic;	1376
(43) Failure to comply with the requirements of section	1377
4729.79 or 4731.055 of the Revised Code, unless the state board	1378
of pharmacy no longer maintains a drug database pursuant to	1379
section 4729.75 of the Revised Code;	1380
(44) Failure to comply with the requirements of section	1381
2919.171, 2919.202, or 2919.203 of the Revised Code or failure	1382
to submit to the department of health in accordance with a court	1383



order a complete report as described in section 2919.171 or	1384
2919.202 of the Revised Code;	1385
(45) Practicing at a facility that is subject to licensure	1386
as a category III terminal distributor of dangerous drugs with a	1387
pain management clinic classification unless the person	1388
operating the facility has obtained and maintains the license	1389
with the classification;	1390
(46) Owning a facility that is subject to licensure as a	1391
category III terminal distributor of dangerous drugs with a pain	1392
management clinic classification unless the facility is licensed	1393
with the classification;	1394
(47) Failure to comply with any of the requirements	1395
regarding making or maintaining medical records or documents	1396
described in division (A) of section 2919.192, division (C) of	1397
section 2919.193, division (B) of section 2919.195, or division	1398
(A) of section 2919.196 of the Revised Code;	1399
(48) Failure to comply with the requirements in section	1400
3719.061 of the Revised Code before issuing for a minor a	1401
prescription for an opioid analgesic, as defined in section	1402
3719.01 of the Revised Code;	1403
(49) Failure to comply with the requirements of section	1404
4731.30 of the Revised Code or rules adopted under section	1405
4731.301 of the Revised Code when recommending treatment with	1406
medical marijuana;	1407
(50) Practicing at a facility, clinic, or other location	1408
that is subject to licensure as a category III terminal	1409
distributor of dangerous drugs with an office-based opioid	1410
treatment classification unless the person operating that place	1411
has obtained and maintains the license with the classification;	1412

(51) Owning a facility, clinic, or other location that is 1413  
subject to licensure as a category III terminal distributor of 1414  
dangerous drugs with an office-based opioid treatment 1415  
classification unless that place is licensed with the 1416  
classification; 1417

(52) A pattern of continuous or repeated violations of 1418  
division (E) (2) or (3) of section 3963.02 of the Revised Code; 1419

(53) Failure to fulfill the responsibilities of a 1420  
collaboration agreement entered into with an athletic trainer as 1421  
described in section 4755.621 of the Revised Code; 1422

(54) Failure to take the steps specified in section 1423  
4731.911 of the Revised Code following an abortion or attempted 1424  
abortion in an ambulatory surgical facility or other location 1425  
that is not a hospital when a child is born alive; 1426

(55) Failure to report a case of Parkinson's disease or a 1427  
Parkinsonism as required by section 3701.25 of the Revised Code. 1428

(C) Disciplinary actions taken by the board under 1429  
divisions (A) and (B) of this section shall be taken pursuant to 1430  
an adjudication under Chapter 119. of the Revised Code, except 1431  
that in lieu of an adjudication, the board may enter into a 1432  
consent agreement with an individual to resolve an allegation of 1433  
a violation of this chapter or any rule adopted under it. A 1434  
consent agreement, when ratified by an affirmative vote of not 1435  
fewer than six members of the board, shall constitute the 1436  
findings and order of the board with respect to the matter 1437  
addressed in the agreement. If the board refuses to ratify a 1438  
consent agreement, the admissions and findings contained in the 1439  
consent agreement shall be of no force or effect. 1440

A telephone conference call may be utilized for 1441

ratification of a consent agreement that revokes or suspends an 1442  
individual's license or certificate to practice or certificate 1443  
to recommend. The telephone conference call shall be considered 1444  
a special meeting under division (F) of section 121.22 of the 1445  
Revised Code. 1446

If the board takes disciplinary action against an 1447  
individual under division (B) of this section for a second or 1448  
subsequent plea of guilty to, or judicial finding of guilt of, a 1449  
violation of section 2919.123 or 2919.124 of the Revised Code, 1450  
the disciplinary action shall consist of a suspension of the 1451  
individual's license or certificate to practice for a period of 1452  
at least one year or, if determined appropriate by the board, a 1453  
more serious sanction involving the individual's license or 1454  
certificate to practice. Any consent agreement entered into 1455  
under this division with an individual that pertains to a second 1456  
or subsequent plea of guilty to, or judicial finding of guilt 1457  
of, a violation of that section shall provide for a suspension 1458  
of the individual's license or certificate to practice for a 1459  
period of at least one year or, if determined appropriate by the 1460  
board, a more serious sanction involving the individual's 1461  
license or certificate to practice. 1462

(D) For purposes of divisions (B) (10), (12), and (14) of 1463  
this section, the commission of the act may be established by a 1464  
finding by the board, pursuant to an adjudication under Chapter 1465  
119. of the Revised Code, that the individual committed the act. 1466  
The board does not have jurisdiction under those divisions if 1467  
the trial court renders a final judgment in the individual's 1468  
favor and that judgment is based upon an adjudication on the 1469  
merits. The board has jurisdiction under those divisions if the 1470  
trial court issues an order of dismissal upon technical or 1471  
procedural grounds. 1472

(E) The sealing of conviction records by any court shall 1473  
have no effect upon a prior board order entered under this 1474  
section or upon the board's jurisdiction to take action under 1475  
this section if, based upon a plea of guilty, a judicial finding 1476  
of guilt, or a judicial finding of eligibility for intervention 1477  
in lieu of conviction, the board issued a notice of opportunity 1478  
for a hearing prior to the court's order to seal the records. 1479  
The board shall not be required to seal, destroy, redact, or 1480  
otherwise modify its records to reflect the court's sealing of 1481  
conviction records. 1482

(F) (1) The board shall investigate evidence that appears 1483  
to show that a person has violated any provision of this chapter 1484  
or any rule adopted under it. Any person may report to the board 1485  
in a signed writing any information that the person may have 1486  
that appears to show a violation of any provision of this 1487  
chapter or any rule adopted under it. In the absence of bad 1488  
faith, any person who reports information of that nature or who 1489  
testifies before the board in any adjudication conducted under 1490  
Chapter 119. of the Revised Code shall not be liable in damages 1491  
in a civil action as a result of the report or testimony. Each 1492  
complaint or allegation of a violation received by the board 1493  
shall be assigned a case number and shall be recorded by the 1494  
board. 1495

(2) Investigations of alleged violations of this chapter 1496  
or any rule adopted under it shall be supervised by the 1497  
supervising member elected by the board in accordance with 1498  
section 4731.02 of the Revised Code and by the secretary as 1499  
provided in section 4731.39 of the Revised Code. The president 1500  
may designate another member of the board to supervise the 1501  
investigation in place of the supervising member. No member of 1502  
the board who supervises the investigation of a case shall 1503

participate in further adjudication of the case. 1504

(3) In investigating a possible violation of this chapter 1505  
or any rule adopted under this chapter, or in conducting an 1506  
inspection under division (E) of section 4731.054 of the Revised 1507  
Code, the board may question witnesses, conduct interviews, 1508  
administer oaths, order the taking of depositions, inspect and 1509  
copy any books, accounts, papers, records, or documents, issue 1510  
subpoenas, and compel the attendance of witnesses and production 1511  
of books, accounts, papers, records, documents, and testimony, 1512  
except that a subpoena for patient record information shall not 1513  
be issued without consultation with the attorney general's 1514  
office and approval of the secretary and supervising member of 1515  
the board. 1516

(a) Before issuance of a subpoena for patient record 1517  
information, the secretary and supervising member shall 1518  
determine whether there is probable cause to believe that the 1519  
complaint filed alleges a violation of this chapter or any rule 1520  
adopted under it and that the records sought are relevant to the 1521  
alleged violation and material to the investigation. The 1522  
subpoena may apply only to records that cover a reasonable 1523  
period of time surrounding the alleged violation. 1524

(b) On failure to comply with any subpoena issued by the 1525  
board and after reasonable notice to the person being 1526  
subpoenaed, the board may move for an order compelling the 1527  
production of persons or records pursuant to the Rules of Civil 1528  
Procedure. 1529

(c) A subpoena issued by the board may be served by a 1530  
sheriff, the sheriff's deputy, or a board employee or agent 1531  
designated by the board. Service of a subpoena issued by the 1532  
board may be made by delivering a copy of the subpoena to the 1533

person named therein, reading it to the person, or leaving it at 1534  
the person's usual place of residence, usual place of business, 1535  
or address on file with the board. When serving a subpoena to an 1536  
applicant for or the holder of a license or certificate issued 1537  
under this chapter, service of the subpoena may be made by 1538  
certified mail, return receipt requested, and the subpoena shall 1539  
be deemed served on the date delivery is made or the date the 1540  
person refuses to accept delivery. If the person being served 1541  
refuses to accept the subpoena or is not located, service may be 1542  
made to an attorney who notifies the board that the attorney is 1543  
representing the person. 1544

(d) A sheriff's deputy who serves a subpoena shall receive 1545  
the same fees as a sheriff. Each witness who appears before the 1546  
board in obedience to a subpoena shall receive the fees and 1547  
mileage provided for under section 119.094 of the Revised Code. 1548

(4) All hearings, investigations, and inspections of the 1549  
board shall be considered civil actions for the purposes of 1550  
section 2305.252 of the Revised Code. 1551

(5) A report required to be submitted to the board under 1552  
this chapter, a complaint, or information received by the board 1553  
pursuant to an investigation or pursuant to an inspection under 1554  
division (E) of section 4731.054 of the Revised Code is 1555  
confidential and not subject to discovery in any civil action. 1556

The board shall conduct all investigations or inspections 1557  
and proceedings in a manner that protects the confidentiality of 1558  
patients and persons who file complaints with the board. The 1559  
board shall not make public the names or any other identifying 1560  
information about patients or complainants unless proper consent 1561  
is given or, in the case of a patient, a waiver of the patient 1562  
privilege exists under division (B) of section 2317.02 of the 1563

Revised Code, except that consent or a waiver of that nature is 1564  
not required if the board possesses reliable and substantial 1565  
evidence that no bona fide physician-patient relationship 1566  
exists. 1567

The board may share any information it receives pursuant 1568  
to an investigation or inspection, including patient records and 1569  
patient record information, with law enforcement agencies, other 1570  
licensing boards, and other governmental agencies that are 1571  
prosecuting, adjudicating, or investigating alleged violations 1572  
of statutes or administrative rules. An agency or board that 1573  
receives the information shall comply with the same requirements 1574  
regarding confidentiality as those with which the state medical 1575  
board must comply, notwithstanding any conflicting provision of 1576  
the Revised Code or procedure of the agency or board that 1577  
applies when it is dealing with other information in its 1578  
possession. In a judicial proceeding, the information may be 1579  
admitted into evidence only in accordance with the Rules of 1580  
Evidence, but the court shall require that appropriate measures 1581  
are taken to ensure that confidentiality is maintained with 1582  
respect to any part of the information that contains names or 1583  
other identifying information about patients or complainants 1584  
whose confidentiality was protected by the state medical board 1585  
when the information was in the board's possession. Measures to 1586  
ensure confidentiality that may be taken by the court include 1587  
sealing its records or deleting specific information from its 1588  
records. 1589

(6) On a quarterly basis, the board shall prepare a report 1590  
that documents the disposition of all cases during the preceding 1591  
three months. The report shall contain the following information 1592  
for each case with which the board has completed its activities: 1593

(a) The case number assigned to the complaint or alleged violation; 1594  
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(b) The type of license or certificate to practice, if any, held by the individual against whom the complaint is directed; 1596  
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(c) A description of the allegations contained in the complaint; 1599  
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(d) The disposition of the case. 1601

The report shall state how many cases are still pending and shall be prepared in a manner that protects the identity of each person involved in each case. The report shall be a public record under section 149.43 of the Revised Code. 1602  
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(G) If the secretary and supervising member determine both of the following, they may recommend that the board suspend an individual's license or certificate to practice or certificate to recommend without a prior hearing: 1606  
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(1) That there is clear and convincing evidence that an individual has violated division (B) of this section; 1610  
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(2) That the individual's continued practice presents a danger of immediate and serious harm to the public. 1612  
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Written allegations shall be prepared for consideration by the board. The board, upon review of those allegations and by an affirmative vote of not fewer than six of its members, excluding the secretary and supervising member, may suspend a license or certificate without a prior hearing. A telephone conference call may be utilized for reviewing the allegations and taking the vote on the summary suspension. 1614  
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The board shall issue a written order of suspension by 1621



certified mail or in person in accordance with section 119.07 of 1622  
the Revised Code. The order shall not be subject to suspension 1623  
by the court during pendency of any appeal filed under section 1624  
119.12 of the Revised Code. If the individual subject to the 1625  
summary suspension requests an adjudicatory hearing by the 1626  
board, the date set for the hearing shall be within fifteen 1627  
days, but not earlier than seven days, after the individual 1628  
requests the hearing, unless otherwise agreed to by both the 1629  
board and the individual. 1630

Any summary suspension imposed under this division shall 1631  
remain in effect, unless reversed on appeal, until a final 1632  
adjudicative order issued by the board pursuant to this section 1633  
and Chapter 119. of the Revised Code becomes effective. The 1634  
board shall issue its final adjudicative order within seventy- 1635  
five days after completion of its hearing. A failure to issue 1636  
the order within seventy-five days shall result in dissolution 1637  
of the summary suspension order but shall not invalidate any 1638  
subsequent, final adjudicative order. 1639

(H) If the board takes action under division (B) (9), (11), 1640  
or (13) of this section and the judicial finding of guilt, 1641  
guilty plea, or judicial finding of eligibility for intervention 1642  
in lieu of conviction is overturned on appeal, upon exhaustion 1643  
of the criminal appeal, a petition for reconsideration of the 1644  
order may be filed with the board along with appropriate court 1645  
documents. Upon receipt of a petition of that nature and 1646  
supporting court documents, the board shall reinstate the 1647  
individual's license or certificate to practice. The board may 1648  
then hold an adjudication under Chapter 119. of the Revised Code 1649  
to determine whether the individual committed the act in 1650  
question. Notice of an opportunity for a hearing shall be given 1651  
in accordance with Chapter 119. of the Revised Code. If the 1652

board finds, pursuant to an adjudication held under this 1653  
division, that the individual committed the act or if no hearing 1654  
is requested, the board may order any of the sanctions 1655  
identified under division (B) of this section. 1656

(I) The license or certificate to practice issued to an 1657  
individual under this chapter and the individual's practice in 1658  
this state are automatically suspended as of the date of the 1659  
individual's second or subsequent plea of guilty to, or judicial 1660  
finding of guilt of, a violation of section 2919.123 or 2919.124 1661  
of the Revised Code. In addition, the license or certificate to 1662  
practice or certificate to recommend issued to an individual 1663  
under this chapter and the individual's practice in this state 1664  
are automatically suspended as of the date the individual pleads 1665  
guilty to, is found by a judge or jury to be guilty of, or is 1666  
subject to a judicial finding of eligibility for intervention in 1667  
lieu of conviction in this state or treatment or intervention in 1668  
lieu of conviction in another jurisdiction for any of the 1669  
following criminal offenses in this state or a substantially 1670  
equivalent criminal offense in another jurisdiction: aggravated 1671  
murder, murder, voluntary manslaughter, felonious assault, 1672  
kidnapping, rape, sexual battery, gross sexual imposition, 1673  
aggravated arson, aggravated robbery, or aggravated burglary. 1674  
Continued practice after suspension shall be considered 1675  
practicing without a license or certificate. 1676

The board shall notify the individual subject to the 1677  
suspension by certified mail or in person in accordance with 1678  
section 119.07 of the Revised Code. If an individual whose 1679  
license or certificate is automatically suspended under this 1680  
division fails to make a timely request for an adjudication 1681  
under Chapter 119. of the Revised Code, the board shall do 1682  
whichever of the following is applicable: 1683

(1) If the automatic suspension under this division is for 1684  
a second or subsequent plea of guilty to, or judicial finding of 1685  
guilt of, a violation of section 2919.123 or 2919.124 of the 1686  
Revised Code, the board shall enter an order suspending the 1687  
individual's license or certificate to practice for a period of 1688  
at least one year or, if determined appropriate by the board, 1689  
imposing a more serious sanction involving the individual's 1690  
license or certificate to practice. 1691

(2) In all circumstances in which division (I)(1) of this 1692  
section does not apply, enter a final order permanently revoking 1693  
the individual's license or certificate to practice. 1694

(J) If the board is required by Chapter 119. of the 1695  
Revised Code to give notice of an opportunity for a hearing and 1696  
if the individual subject to the notice does not timely request 1697  
a hearing in accordance with section 119.07 of the Revised Code, 1698  
the board is not required to hold a hearing, but may adopt, by 1699  
an affirmative vote of not fewer than six of its members, a 1700  
final order that contains the board's findings. In that final 1701  
order, the board may order any of the sanctions identified under 1702  
division (A) or (B) of this section. 1703

(K) Any action taken by the board under division (B) of 1704  
this section resulting in a suspension from practice shall be 1705  
accompanied by a written statement of the conditions under which 1706  
the individual's license or certificate to practice may be 1707  
reinstated. The board shall adopt rules governing conditions to 1708  
be imposed for reinstatement. Reinstatement of a license or 1709  
certificate suspended pursuant to division (B) of this section 1710  
requires an affirmative vote of not fewer than six members of 1711  
the board. 1712

(L) When the board refuses to grant or issue a license or 1713

certificate to practice to an applicant, revokes an individual's 1714  
license or certificate to practice, refuses to renew an 1715  
individual's license or certificate to practice, or refuses to 1716  
reinstate an individual's license or certificate to practice, 1717  
the board may specify that its action is permanent. An 1718  
individual subject to a permanent action taken by the board is 1719  
forever thereafter ineligible to hold a license or certificate 1720  
to practice and the board shall not accept an application for 1721  
reinstatement of the license or certificate or for issuance of a 1722  
new license or certificate. 1723

(M) Notwithstanding any other provision of the Revised 1724  
Code, all of the following apply: 1725

(1) The surrender of a license or certificate issued under 1726  
this chapter shall not be effective unless or until accepted by 1727  
the board. A telephone conference call may be utilized for 1728  
acceptance of the surrender of an individual's license or 1729  
certificate to practice. The telephone conference call shall be 1730  
considered a special meeting under division (F) of section 1731  
121.22 of the Revised Code. Reinstatement of a license or 1732  
certificate surrendered to the board requires an affirmative 1733  
vote of not fewer than six members of the board. 1734

(2) An application for a license or certificate made under 1735  
the provisions of this chapter may not be withdrawn without 1736  
approval of the board. 1737

(3) Failure by an individual to renew a license or 1738  
certificate to practice in accordance with this chapter or a 1739  
certificate to recommend in accordance with rules adopted under 1740  
section 4731.301 of the Revised Code shall not remove or limit 1741  
the board's jurisdiction to take any disciplinary action under 1742  
this section against the individual. 1743

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

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

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

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

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

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

(2) Select providers of educational and assessment

services, including a quality intervention program panel of case reviewers; 1773  
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(3) Make referrals to educational and assessment service providers and approve individual educational programs recommended by those providers. The board shall monitor the progress of each individual undertaking a recommended individual educational program. 1775  
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(4) Determine what constitutes successful completion of an individual educational program and require further monitoring of the individual who completed the program or other action that the board determines to be appropriate; 1780  
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(5) Adopt rules in accordance with Chapter 119. of the Revised Code to further implement the quality intervention program. 1784  
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An individual who participates in an individual educational program pursuant to this division shall pay the financial obligations arising from that educational program. 1787  
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(P) The board shall not refuse to issue a license to an applicant because of a conviction, plea of guilty, judicial finding of guilt, judicial finding of eligibility for intervention in lieu of conviction, or the commission of an act that constitutes a criminal offense, unless the refusal is in accordance with section 9.79 of the Revised Code. 1790  
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**Section 2.** That existing sections 5.27, 4723.28, 4730.25, and 4731.22 of the Revised Code are hereby repealed. 1796  
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**Section 3.** The reporting requirement set forth in division (C) of section 3701.25 of the Revised Code, as enacted by this act, begins on the date that the Parkinson's Disease Registry, as established under that section, is capable of receiving 1798  
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reports, as determined by the Director of Health. The Director 1802  
shall provide notice of the date on the internet web site 1803  
maintained by the Department of Health and to all of the 1804  
entities specified in division (F) of section 3701.25 of the 1805  
Revised Code, as enacted by this act. 1806

**Section 4.** The General Assembly, applying the principle 1807  
stated in division (B) of section 1.52 of the Revised Code that 1808  
amendments are to be harmonized if reasonably capable of 1809  
simultaneous operation, finds that the following sections, 1810  
presented in this act as composites of the sections as amended 1811  
by the acts indicated, are the resulting versions of the 1812  
sections in effect prior to the effective date of the sections 1813  
as presented in this act: 1814

Section 4723.28 of the Revised Code as amended by both 1815  
H.B. 203 and H.B. 263 of the 133rd General Assembly. 1816

Section 4730.25 of the Revised Code as amended by H.B. 203 1817  
and H.B. 263, both of the 133rd General Assembly. 1818