

As Reported by the House Health and Aging Committee

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Sub. H. B. No. 248

Representatives Hagan, C., Wachtmann

**Cosponsors: Representatives Adams, J., Adams, R., Beck, Becker, Blair,
Blessing, Boose, Brenner, Buchy, Burkley, Butler, Conditt, Derickson,
Hackett, Hall, Hayes, Henne, Hill, Hood, Hottinger, Huffman, Johnson, Lynch,
Maag, McClain, Retherford, Roegner, Romanchuk, Rosenberger, Ruhl,
Schuring, Slaby, Smith, Sprague, Stautberg, Terhar, Thompson, Young**

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A B I L L

To amend sections 2317.56, 2919.171, 2919.19,	1
2919.191, 2919.192, 2919.193, and 4731.22; to	2
amend, for the purpose of adopting new section	3
numbers as indicted in parentheses, sections	4
2919.191 (2919.192), 2919.192 (2919.194), and	5
2919.193 (2919.198); and to enact new sections	6
2919.191 and 2919.193 and sections 2919.195,	7
2919.196, 2919.197, 2919.199, 2919.1910, and	8
2919.1911 of the Revised Code to generally	9
prohibit an abortion of an unborn human individual	10
with a detectable heartbeat and to create the	11
Joint Legislative Committee on Adoption Promotion	12
and Support; and to amend the version of section	13
4731.22 of the Revised Code that is scheduled to	14
take effect April 1, 2015, to continue the	15
provisions of this act on and after that effective	16
date.	17

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

Section 1. That sections 2317.56, 2919.171, 2919.19, 18
2919.191, 2919.192, 2919.193, and 4731.22 be amended; sections 19
2919.191 (2919.192), 2919.192 (2919.194), and 2919.193 (2919.198) 20
be amended for the purposes of adopting new section numbers as 21
indicated in parentheses; and new sections 2919.191 and 2919.193 22
and sections 2919.195, 2919.196, 2919.197, 2919.199, 2919.1910, 23
and 2919.1911 of the Revised Code be enacted to read as follows: 24

Sec. 2317.56. (A) As used in this section: 25

(1) "Medical emergency" has the same meaning as in section 26
2919.16 of the Revised Code. 27

(2) "Medical necessity" means a medical condition of a 28
pregnant woman that, in the reasonable judgment of the physician 29
who is attending the woman, so complicates the pregnancy that it 30
necessitates the immediate performance or inducement of an 31
abortion. 32

(3) "Probable gestational age of the embryo or fetus" means 33
the gestational age that, in the judgment of a physician, is, with 34
reasonable probability, the gestational age of the embryo or fetus 35
at the time that the physician informs a pregnant woman pursuant 36
to division (B)(1)(b) of this section. 37

(B) Except when there is a medical emergency or medical 38
necessity, an abortion shall be performed or induced only if all 39
of the following conditions are satisfied: 40

(1) At least twenty-four hours prior to the performance or 41
inducement of the abortion, a physician meets with the pregnant 42
woman in person in an individual, private setting and gives her an 43
adequate opportunity to ask questions about the abortion that will 44
be performed or induced. At this meeting, the physician shall 45
inform the pregnant woman, verbally or, if she is hearing 46
impaired, by other means of communication, of all of the 47

following:	48
(a) The nature and purpose of the particular abortion	49
procedure to be used and the medical risks associated with that	50
procedure;	51
(b) The probable gestational age of the embryo or fetus;	52
(c) The medical risks associated with the pregnant woman	53
carrying the pregnancy to term.	54
The meeting need not occur at the facility where the abortion	55
is to be performed or induced, and the physician involved in the	56
meeting need not be affiliated with that facility or with the	57
physician who is scheduled to perform or induce the abortion.	58
(2) At least twenty-four hours prior to the performance or	59
inducement of the abortion, the physician who is to perform or	60
induce the abortion or the physician's agent does each of the	61
following in person, by telephone, by certified mail, return	62
receipt requested, or by regular mail evidenced by a certificate	63
of mailing:	64
(a) Inform the pregnant woman of the name of the physician	65
who is scheduled to perform or induce the abortion;	66
(b) Give the pregnant woman copies of the published materials	67
described in division (C) of this section;	68
(c) Inform the pregnant woman that the materials given	69
pursuant to division (B)(2)(b) of this section are published by	70
the state and that they describe the embryo or fetus and list	71
agencies that offer alternatives to abortion. The pregnant woman	72
may choose to examine or not to examine the materials. A physician	73
or an agent of a physician may choose to be disassociated from the	74
materials and may choose to comment or not comment on the	75
materials.	76
(3) If it has been determined that the unborn human	77

individual the pregnant woman is carrying has a detectable fetal 78
heartbeat, the physician who is to perform or induce the abortion 79
shall comply with the informed consent requirements in section 80
~~2919.192~~ 2919.194 of the Revised Code in addition to complying 81
with the informed consent requirements in divisions (B)(1), (2), 82
(4), and (5) of this section. 83

(4) Prior to the performance or inducement of the abortion, 84
the pregnant woman signs a form consenting to the abortion and 85
certifies both of the following on that form: 86

(a) She has received the information and materials described 87
in divisions (B)(1) and (2) of this section, and her questions 88
about the abortion that will be performed or induced have been 89
answered in a satisfactory manner. 90

(b) She consents to the particular abortion voluntarily, 91
knowingly, intelligently, and without coercion by any person, and 92
she is not under the influence of any drug of abuse or alcohol. 93

The form shall contain the name and contact information of 94
the physician who provided to the pregnant woman the information 95
described in division (B)(1) of this section. 96

(5) Prior to the performance or inducement of the abortion, 97
the physician who is scheduled to perform or induce the abortion 98
or the physician's agent receives a copy of the pregnant woman's 99
signed form on which she consents to the abortion and that 100
includes the certification required by division (B)(4) of this 101
section. 102

(C) The department of health shall publish in English and in 103
Spanish, in a typeface large enough to be clearly legible, and in 104
an easily comprehensible format, the following materials on the 105
department's web site: 106

(1) Materials that inform the pregnant woman about family 107
planning information, of publicly funded agencies that are 108

available to assist in family planning, and of public and private 109
agencies and services that are available to assist her through the 110
pregnancy, upon childbirth, and while the child is dependent, 111
including, but not limited to, adoption agencies. The materials 112
shall be geographically indexed; include a comprehensive list of 113
the available agencies, a description of the services offered by 114
the agencies, and the telephone numbers and addresses of the 115
agencies; and inform the pregnant woman about available medical 116
assistance benefits for prenatal care, childbirth, and neonatal 117
care and about the support obligations of the father of a child 118
who is born alive. The department shall ensure that the materials 119
described in division (C)(1) of this section are comprehensive and 120
do not directly or indirectly promote, exclude, or discourage the 121
use of any agency or service described in this division. 122

(2) Materials that inform the pregnant woman of the probable 123
anatomical and physiological characteristics of the zygote, 124
blastocyte, embryo, or fetus at two-week gestational increments 125
for the first sixteen weeks of pregnancy and at four-week 126
gestational increments from the seventeenth week of pregnancy to 127
full term, including any relevant information regarding the time 128
at which the fetus possibly would be viable. The department shall 129
cause these materials to be published only after it consults with 130
the Ohio state medical association and the Ohio section of the 131
American college of obstetricians and gynecologists relative to 132
the probable anatomical and physiological characteristics of a 133
zygote, blastocyte, embryo, or fetus at the various gestational 134
increments. The materials shall use language that is 135
understandable by the average person who is not medically trained, 136
shall be objective and nonjudgmental, and shall include only 137
accurate scientific information about the zygote, blastocyte, 138
embryo, or fetus at the various gestational increments. If the 139
materials use a pictorial, photographic, or other depiction to 140
provide information regarding the zygote, blastocyte, embryo, or 141

fetus, the materials shall include, in a conspicuous manner, a 142
scale or other explanation that is understandable by the average 143
person and that can be used to determine the actual size of the 144
zygote, blastocyte, embryo, or fetus at a particular gestational 145
increment as contrasted with the depicted size of the zygote, 146
blastocyte, embryo, or fetus at that gestational increment. 147

(D) Upon the submission of a request to the department of 148
health by any person, hospital, physician, or medical facility for 149
one copy of the materials published in accordance with division 150
(C) of this section, the department shall make the requested copy 151
of the materials available to the person, hospital, physician, or 152
medical facility that requested the copy. 153

(E) If a medical emergency or medical necessity compels the 154
performance or inducement of an abortion, the physician who will 155
perform or induce the abortion, prior to its performance or 156
inducement if possible, shall inform the pregnant woman of the 157
medical indications supporting the physician's judgment that an 158
immediate abortion is necessary. Any physician who performs or 159
induces an abortion without the prior satisfaction of the 160
conditions specified in division (B) of this section because of a 161
medical emergency or medical necessity shall enter the reasons for 162
the conclusion that a medical emergency or medical necessity 163
exists in the medical record of the pregnant woman. 164

(F) If the conditions specified in division (B) of this 165
section are satisfied, consent to an abortion shall be presumed to 166
be valid and effective. 167

(G) The performance or inducement of an abortion without the 168
prior satisfaction of the conditions specified in division (B) of 169
this section does not constitute, and shall not be construed as 170
constituting, a violation of division (A) of section 2919.12 of 171
the Revised Code. The failure of a physician to satisfy the 172
conditions of division (B) of this section prior to performing or 173

inducing an abortion upon a pregnant woman may be the basis of	174
both of the following:	175
(1) A civil action for compensatory and exemplary damages as	176
described in division (H) of this section;	177
(2) Disciplinary action under section 4731.22 of the Revised	178
Code.	179
(H)(1) Subject to divisions (H)(2) and (3) of this section,	180
any physician who performs or induces an abortion with actual	181
knowledge that the conditions specified in division (B) of this	182
section have not been satisfied or with a heedless indifference as	183
to whether those conditions have been satisfied is liable in	184
compensatory and exemplary damages in a civil action to any	185
person, or the representative of the estate of any person, who	186
sustains injury, death, or loss to person or property as a result	187
of the failure to satisfy those conditions. In the civil action,	188
the court additionally may enter any injunctive or other equitable	189
relief that it considers appropriate.	190
(2) The following shall be affirmative defenses in a civil	191
action authorized by division (H)(1) of this section:	192
(a) The physician performed or induced the abortion under the	193
circumstances described in division (E) of this section.	194
(b) The physician made a good faith effort to satisfy the	195
conditions specified in division (B) of this section.	196
(3) An employer or other principal is not liable in damages	197
in a civil action authorized by division (H)(1) of this section on	198
the basis of the doctrine of respondeat superior unless either of	199
the following applies:	200
(a) The employer or other principal had actual knowledge or,	201
by the exercise of reasonable diligence, should have known that an	202
employee or agent performed or induced an abortion with actual	203

knowledge that the conditions specified in division (B) of this 204
section had not been satisfied or with a heedless indifference as 205
to whether those conditions had been satisfied. 206

(b) The employer or other principal negligently failed to 207
secure the compliance of an employee or agent with division (B) of 208
this section. 209

(4) Notwithstanding division (E) of section 2919.12 of the 210
Revised Code, the civil action authorized by division (H)(1) of 211
this section shall be the exclusive civil remedy for persons, or 212
the representatives of estates of persons, who allegedly sustain 213
injury, death, or loss to person or property as a result of a 214
failure to satisfy the conditions specified in division (B) of 215
this section. 216

(I) The department of job and family services shall prepare 217
and conduct a public information program to inform women of all 218
available governmental programs and agencies that provide services 219
or assistance for family planning, prenatal care, child care, or 220
alternatives to abortion. 221

Sec. 2919.171. (A)(1) A physician who performs or induces or 222
attempts to perform or induce an abortion on a pregnant woman 223
shall submit a report to the department of health in accordance 224
with the forms, rules, and regulations adopted by the department 225
that includes all of the information the physician is required to 226
certify in writing or determine under ~~sections~~ section 2919.17 227
~~and, section 2919.18, divisions (A) and (C) of section 2919.192,~~ 228
division (C) of section 2919.193, division (B) of section 229
2919.195, or division (A) of section 2919.196 of the Revised 230
Code~~÷.~~ 231

(2) If a person other than the physician described in 232
division (A)(1) of this section makes or maintains a record 233
required by sections 2919.192 to 2919.196 of the Revised Code on 234

the physician's behalf or at the physician's direction, that 235
person shall comply with the reporting requirement described in 236
division (A)(1) of this section as if the person were the 237
physician described in that division. 238

(B) By September 30 of each year, the department of health 239
shall issue a public report that provides statistics for the 240
previous calendar year compiled from all of the reports covering 241
that calendar year submitted to the department in accordance with 242
this section for each of the items listed in division (A) of this 243
section. The report shall also provide the statistics for each 244
previous calendar year in which a report was filed with the 245
department pursuant to this section, adjusted to reflect any 246
additional information that a physician provides to the department 247
in a late or corrected report. The department shall ensure that 248
none of the information included in the report could reasonably 249
lead to the identification of any pregnant woman upon whom an 250
abortion is performed. 251

(C)(1) The physician shall submit the report described in 252
division (A) of this section to the department of health within 253
fifteen days after the woman is discharged. If the physician fails 254
to submit the report more than thirty days after that fifteen-day 255
deadline, the physician shall be subject to a late fee of five 256
hundred dollars for each additional thirty-day period or portion 257
of a thirty-day period the report is overdue. A physician who is 258
required to submit to the department of health a report under 259
division (A) of this section and who has not submitted a report or 260
has submitted an incomplete report more than one year following 261
the fifteen-day deadline may, in an action brought by the 262
department of health, be directed by a court of competent 263
jurisdiction to submit a complete report to the department of 264
health within a period of time stated in a court order or be 265
subject to contempt of court. 266

(2) If a physician fails to comply with the requirements of 267
this section, other than filing a late report with the department 268
of health, or fails to submit a complete report to the department 269
of health in accordance with a court order, the physician is 270
subject to division (B)~~(41)~~(44) of section 4731.22 of the Revised 271
Code. 272

(3) No person shall falsify any report required under this 273
section. Whoever violates this division is guilty of abortion 274
report falsification, a misdemeanor of the first degree. 275

~~(D) Within ninety days of the effective date of this section,~~ 276
~~the~~ The department of health shall adopt rules pursuant to section 277
111.15 of the Revised Code to assist in compliance with this 278
section. 279

Sec. 2919.19. (A) As used in this section and sections 280
2919.191 to ~~2919.193~~ 2919.1910 of the Revised Code: 281

~~(A)~~(1) "Conception" means fertilization. 282

(2) "Contraceptive" means a drug, device, or chemical that 283
prevents conception. 284

(3) "DNA" means deoxyribonucleic acid. 285

(4) "Fetal heartbeat" means cardiac activity or the steady 286
and repetitive rhythmic contraction of the fetal heart within the 287
gestational sac. 288

~~(B)~~(5) "Fetus" means the human offspring developing during 289
pregnancy from the moment of conception and includes the embryonic 290
stage of development. 291

~~(C)~~(6) "Gestational age" means the age of an unborn human 292
individual as calculated from the first day of the last menstrual 293
period of a pregnant woman. 294

~~(D)~~(7) "Gestational sac" means the structure that comprises 295

the extraembryonic membranes that envelop the fetus and that is 296
typically visible by ultrasound after the fourth week of 297
pregnancy. 298

~~(E)~~(8) "Intrauterine pregnancy" means a pregnancy in which 299
the fetus is attached to the placenta within the uterus of the 300
pregnant woman. 301

(9) "Medical emergency" has the same meaning as in section 302
2919.16 of the Revised Code. 303

~~(F)~~(10) "Physician" has the same meaning as in section 304
2305.113 of the Revised Code. 305

~~(G)~~(11) "Pregnancy" means the human female reproductive 306
condition that begins with fertilization, when the woman is 307
carrying the developing human offspring, and that is calculated 308
from the first day of the last menstrual period of the woman. 309

~~(H)~~(12) "Serious risk of the substantial and irreversible 310
impairment of a major bodily function" has the same meaning as in 311
section 2919.16 of the Revised Code. 312

~~(I)~~(13) "Spontaneous miscarriage" means the natural or 313
accidental termination of a pregnancy and the expulsion of the 314
fetus, typically caused by genetic defects in the fetus or 315
physical abnormalities in the pregnant woman. 316

(14) "Standard medical practice" means the degree of skill, 317
care, and diligence that a physician of the same medical specialty 318
would employ in like circumstances. As applied to the method used 319
to determine the presence of a fetal heartbeat for purposes of 320
section ~~2919.191~~ 2919.192 of the Revised Code, "standard medical 321
practice" includes employing the appropriate means of detection 322
depending on the estimated gestational age of the fetus and the 323
condition of the woman and her pregnancy. 324

~~(J)~~(15) "Unborn human individual" means an individual 325

organism of the species homo sapiens from fertilization until live birth. 326
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(B)(1) It is the intent of the general assembly that a court judgment or order suspending enforcement of any provision of this section or sections 2919.171 or 2919.191 to 2919.1910 of the Revised Code is not to be regarded as tantamount to repeal of that provision. 328
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(2) After the issuance of a decision by the supreme court of the United States overruling *Roe v. Wade*, 410 U.S. 113 (1973), the issuance of any other court order or judgment restoring, expanding, or clarifying the authority of states to prohibit or regulate abortion entirely or in part, or the effective date of an amendment to the Constitution of the United States restoring, expanding, or clarifying the authority of states to prohibit or regulate abortion entirely or in part, the attorney general may apply to the pertinent state or federal court for either or both of the following: 333
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(a) A declaration that any one or more sections specified in division (B)(1) of this section are constitutional; 343
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(b) A judgment or order lifting an injunction against the enforcement of any one or more sections specified in division (B)(1) of this section. 345
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(3) If the attorney general fails to apply for the relief described in division (B)(2) of this section within the thirty-day period after an event described in that division occurs, any county prosecutor may apply to the appropriate state or federal court for such relief. 348
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(4) If any provision of this section or sections 2919.171 or 2919.191 to 2919.1910 of the Revised Code is held invalid, or if the application of such provision to any person or circumstance is held invalid, the invalidity of that provision does not affect any 353
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other provisions or applications of this section and sections 357
2919.171 and 2919.191 to 2919.1910 of the Revised Code that can be 358
given effect without the invalid provision or application, and to 359
this end the provisions of this section and sections 2919.171 and 360
2919.191 to 2919.1910 of the Revised Code are severable as 361
provided in section 1.50 of the Revised Code. In particular, it is 362
the intent of the general assembly that any invalidity or 363
potential invalidity of a provision of this section or sections 364
2919.171 or 2919.191 to 2919.1910 of the Revised Code is not to 365
impair the immediate and continuing enforceability of the 366
remaining provisions. It is furthermore the intent of the general 367
assembly that the provisions of this section and sections 2919.171 368
and 2919.191 to 2919.1910 of the Revised Code are not to have the 369
effect of repealing or limiting any other laws of this state, 370
except as specified by this section and sections 2919.171 and 371
2919.191 to 2919.1910 of the Revised Code. 372

Sec. 2919.191. (A) The general assembly hereby declares that 373
it finds, according to contemporary medical research, all of the 374
following: 375

(1) As many as thirty per cent of natural pregnancies end in 376
spontaneous miscarriage. 377

(2) Less than five per cent of all natural pregnancies end in 378
spontaneous miscarriage after detection of fetal cardiac activity. 379

(3) Over ninety per cent of in vitro pregnancies survive the 380
first trimester if cardiac activity is detected in the gestational 381
sac. 382

(4) Nearly ninety per cent of in vitro pregnancies do not 383
survive the first trimester where cardiac activity is not detected 384
in the gestational sac. 385

(5) Fetal heartbeat, therefore, has become a key medical 386

predictor that an unborn human individual will reach live birth. 387

(6) Cardiac activity begins at a biologically identifiable 388
moment in time, normally when the fetal heart is formed in the 389
gestational sac. 390

(7) The state of Ohio has legitimate interests from the 391
outset of the pregnancy in protecting the health of the woman and 392
the life of an unborn human individual who may be born. 393

(8) In order to make an informed choice about whether to 394
continue her pregnancy, the pregnant woman has a legitimate 395
interest in knowing the likelihood of the fetus surviving to 396
full-term birth based upon the presence of cardiac activity. 397

(B) Sections 2919.192 to 2919.195 of the Revised Code apply 398
only to intrauterine pregnancies. 399

Sec. ~~2919.191~~ 2919.192. (A) A person who intends to perform 400
or induce an abortion on a pregnant woman shall determine whether 401
there is a detectable fetal heartbeat of the unborn human 402
individual the pregnant woman is carrying. The method of 403
determining the presence of a fetal heartbeat shall be consistent 404
with the person's good faith understanding of standard medical 405
practice, provided that if rules have been adopted under division 406
~~(C)~~(B) of this section, the method chosen shall be one that is 407
consistent with the rules. The person who determines the presence 408
or absence of a fetal heartbeat shall record in the pregnant 409
woman's medical record the estimated gestational age of the unborn 410
human individual, the method used to test for a fetal heartbeat, 411
the date and time of the test, and the results of the test. 412

~~(B)(1) Except when a medical emergency exists that prevents~~ 413
~~compliance with this division, no person shall perform or induce~~ 414
~~an abortion on a pregnant woman prior to determining if the unborn~~ 415
~~human individual the pregnant woman is carrying has a detectable~~ 416

~~fetal heartbeat. Any person who performs or induces an abortion on a pregnant woman based on the exception in this division shall note in the pregnant woman's medical records that a medical emergency necessitating the abortion existed and shall also note the medical condition of the pregnant woman that prevented compliance with this division. The person shall maintain a copy of the notes described in this division in the person's own records for at least seven years after the notes are entered into the medical records.~~

~~(2)~~ The person who performs the examination for the presence of a fetal heartbeat shall give the pregnant woman the option to view or hear the fetal heartbeat.

~~(C)~~(B) The director of health may ~~promulgate~~ adopt rules pursuant to section 111.15 of the Revised Code specifying the appropriate methods of performing an examination for the purpose of determining the presence of a fetal heartbeat of an unborn individual based on standard medical practice. The rules shall require only that an examination shall be performed externally.

~~(D)~~(C) A person is not in violation of division (A) ~~or (B)~~ of this section if that person has performed an examination for the purpose of determining the presence of a fetal heartbeat ~~in the fetus of an unborn human individual~~ utilizing standard medical practice, that examination does not reveal a fetal heartbeat or the person has been informed by a physician who has performed the examination for a fetal heartbeat that the examination did not reveal a fetal heartbeat, and the person notes in the pregnant woman's medical records the procedure utilized to detect the presence of a fetal heartbeat.

~~(E)~~ Except as provided in division (F) of this section, no person shall knowingly and purposefully perform or induce an abortion on a pregnant woman before determining in accordance with division (A) of this section whether the unborn human individual

~~the pregnant woman is carrying has a detectable heartbeat. The~~ 449
~~failure of a person to satisfy the requirements of this section~~ 450
~~prior to performing or inducing an abortion on a pregnant woman~~ 451
~~may be the basis for either of the following:~~ 452

~~(1) A civil action for compensatory and exemplary damages;~~ 453

~~(2) Disciplinary action under section 4731.22 of the Revised~~ 454
~~Code.~~ 455

~~(F) Division (E) of this section does not apply to a~~ 456
~~physician who performs or induces the abortion if the physician~~ 457
~~believes that a medical emergency exists that prevents compliance~~ 458
~~with that division.~~ 459

~~(G) The director of health may determine and specify in rules~~ 460
~~adopted pursuant to section 111.15 of the Revised Code and based~~ 461
~~upon available medical evidence the statistical probability of~~ 462
~~bringing an unborn human individual to term based on the~~ 463
~~gestational age of an unborn human individual who possesses a~~ 464
~~detectable fetal heartbeat.~~ 465

~~(H) A woman on whom an abortion is performed in violation of~~ 466
~~division (B) of this section or division (B)(3) of section 2317.56~~ 467
~~of the Revised Code may file a civil action for the wrongful death~~ 468
~~of the woman's unborn child and may receive at the mother's~~ 469
~~election at any time prior to final judgment damages in an amount~~ 470
~~equal to ten thousand dollars or an amount determined by the trier~~ 471
~~of fact after consideration of the evidence subject to the same~~ 472
~~defenses and requirements of proof, except any requirement of live~~ 473
~~birth, as would apply to a suit for the wrongful death of a child~~ 474
~~who had been born alive.~~ 475

Sec. 2919.193. (A) Except as provided in division (B) of this 476
section, no person shall knowingly and purposefully perform or 477
induce an abortion on a pregnant woman before determining in 478

accordance with division (A) of section 2919.192 of the Revised 479
Code whether the unborn human individual the pregnant woman is 480
carrying has a detectable heartbeat. 481

Whoever violates this division is guilty of performing or 482
inducing an abortion before determining whether there is a 483
detectable fetal heartbeat, a felony of the fifth degree. A 484
violation of this division may also be the basis of either of the 485
following: 486

(1) A civil action for compensatory and exemplary damages; 487

(2) Disciplinary action under section 4731.22 of the Revised 488
Code. 489

(B) Division (A) of this section does not apply to a 490
physician who performs or induces the abortion if the physician 491
believes that a medical emergency exists that prevents compliance 492
with that division. 493

(C) A physician who performs or induces an abortion on a 494
pregnant woman based on the exception in division (B) of this 495
section shall make written notations in the pregnant woman's 496
medical records of both of the following: 497

(1) The physician's belief that a medical emergency 498
necessitating the abortion existed; 499

(2) The medical condition of the pregnant woman that 500
assertedly prevented compliance with division (A) of this section. 501

For at least seven years from the date the notations are 502
made, the physician shall maintain in the physician's own records 503
a copy of the notations. 504

(D) A person is not in violation of division (A) of this 505
section if the person acts in accordance with division (A) of 506
section 2919.192 of the Revised Code and the method used to 507
determine the presence of a fetal heartbeat does not reveal a 508

fetal heartbeat. 509

Sec. ~~2919.192~~ 2919.194. (A) If a person who intends to 510
perform or induce an abortion on a pregnant woman has determined, 511
under section ~~2919.191~~ 2919.192 of the Revised Code, that the 512
unborn human individual the pregnant woman is carrying has a 513
detectable heartbeat, the person shall not, except as provided in 514
division (B) of this section, perform or induce the abortion until 515
all of the following requirements have been met and at least 516
twenty-four hours have elapsed after the last of the requirements 517
is met: 518

(1) The person intending to perform or induce the abortion 519
shall inform the pregnant woman in writing that the unborn human 520
individual the pregnant woman is carrying has a fetal heartbeat. 521

(2) The person intending to perform or induce the abortion 522
shall inform the pregnant woman, to the best of the person's 523
knowledge, of the statistical probability of bringing the unborn 524
human individual possessing a detectable fetal heartbeat to term 525
based on the gestational age of the unborn human individual or, if 526
the director of health has specified statistical probability 527
information pursuant to rules adopted under division (C) of this 528
section, shall provide to the pregnant woman that information. 529

(3) The pregnant woman shall sign a form acknowledging that 530
the pregnant woman has received information from the person 531
intending to perform or induce the abortion that the unborn human 532
individual the pregnant woman is carrying has a fetal heartbeat 533
and that the pregnant woman is aware of the statistical 534
probability of bringing the unborn human individual the pregnant 535
woman is carrying to term. 536

(B) Division (A) of this section does not apply if the person 537
who intends to perform or induce the abortion believes that a 538
medical emergency exists that prevents compliance with that 539

division. 540

(C) The director of health may adopt rules that specify 541
information regarding the statistical probability of bringing an 542
unborn human individual possessing a detectable heartbeat to term 543
based on the gestational age of the unborn human individual. The 544
rules shall be based on available medical evidence and shall be 545
adopted in accordance with section 111.15 of the Revised Code. 546

(D) This section does not have the effect of repealing or 547
limiting any other provision of the Revised Code relating to 548
informed consent for an abortion, including the provisions in 549
section 2317.56 of the Revised Code. 550

(E) Whoever violates division (A) of this section is guilty 551
of performing or inducing an abortion without informed consent 552
when there is a detectable fetal heartbeat, a misdemeanor of the 553
first degree on a first offense and a felony of the fourth degree 554
on each subsequent offense. 555

Sec. 2919.195. (A) Except as provided in division (B) of this 556
section, no person shall knowingly and purposefully perform or 557
induce an abortion on a pregnant woman with the specific intent of 558
causing or abetting the termination of the life of the unborn 559
human individual the pregnant woman is carrying and whose fetal 560
heartbeat has been detected in accordance with division (A) of 561
section 2919.192 of the Revised Code. 562

Whoever violates this division is guilty of performing or 563
inducing an abortion after the detection of a fetal heartbeat, a 564
felony of the fifth degree. 565

(B) Division (A) of this section does not apply to a 566
physician who performs a medical procedure that, in the 567
physician's reasonable medical judgment, is designed or intended 568
to prevent the death of the pregnant woman or to prevent a serious 569

risk of the substantial and irreversible impairment of a major 570
bodily function of the pregnant woman. 571

A physician who performs a medical procedure as described in 572
this division shall declare, in a written document, that the 573
medical procedure is necessary, to the best of the physician's 574
reasonable medical judgment, to prevent the death of the pregnant 575
woman or to prevent a serious risk of the substantial and 576
irreversible impairment of a major bodily function of the pregnant 577
woman. In the document, the physician shall specify the pregnant 578
woman's medical condition that the medical procedure is asserted 579
to address and the medical rationale for the physician's 580
conclusion that the medical procedure is necessary to prevent the 581
death of the pregnant woman or to prevent a serious risk of the 582
substantial and irreversible impairment of a major bodily function 583
of the pregnant woman. 584

A physician who performs a medical procedure as described in 585
this division shall place the written document required by this 586
division in the pregnant woman's medical records. The physician 587
shall maintain a copy of the document in the physician's own 588
records for at least seven years from the date the document is 589
created. 590

(C) A person is not in violation of division (A) of this 591
section if the person acts in accordance with division (A) of 592
section 2919.192 of the Revised Code and the method used to 593
determine the presence of a fetal heartbeat does not reveal a 594
fetal heartbeat. 595

(D) Division (A) of this section does not have the effect of 596
repealing or limiting any other provision of the Revised Code that 597
restricts or regulates the performance or inducement of an 598
abortion by a particular method or during a particular stage of a 599
pregnancy. 600

Sec. 2919.196. (A) A person who performs or induces an 601
abortion on a pregnant woman shall do whichever of the following 602
is applicable: 603

(1) If the reason for the abortion purportedly is to preserve 604
the health of the pregnant woman, the person shall specify in a 605
written document the medical condition that the abortion is 606
asserted to address and the medical rationale for the person's 607
conclusion that the abortion is necessary to address that 608
condition. 609

(2) If the reason for the abortion is other than to preserve 610
the health of the pregnant woman, the person shall specify in a 611
written document that maternal health is not the purpose of the 612
abortion. 613

(B) The person who specifies the information in the document 614
described in division (A) of this section shall place the document 615
in the pregnant woman's medical records. The person who specifies 616
the information shall maintain a copy of the document in the 617
person's own records for at least seven years from the date the 618
document is created. 619

Sec. 2919.197. Nothing in sections 2919.19 to 2919.196 of the 620
Revised Code prohibits the sale, use, prescription, or 621
administration of a drug, device, or chemical that is designed for 622
contraceptive purposes. 623

Sec. ~~2919.193~~ 2919.198. A pregnant woman on whom an abortion 624
is performed or induced in violation of section ~~2919.191~~ or 625
~~2919.192~~ 2919.193, 2919.194, or 2919.195 of the Revised Code is 626
not guilty of violating any of those sections; is not guilty of 627
attempting to commit, conspiring to commit, or complicity in 628
committing a violation of any of those sections; and is not 629
subject to a civil penalty based on the abortion being performed 630

or induced in violation of any of those sections. 631

Sec. 2919.199. (A) A woman who meets either or both of the 632
following criteria may file a civil action for the wrongful death 633
of her unborn child: 634

(1) A woman on whom an abortion was performed or induced in 635
violation of division (A) of section 2919.193 or division (A) of 636
section 2919.195 of the Revised Code; 637

(2) A woman on whom an abortion was performed or induced who 638
was not given the information described in divisions (A)(1) and 639
(2) of section 2919.194 of the Revised Code or who did not sign a 640
form described in division (A)(3) of section 2919.194 of the 641
Revised Code. 642

(B) A woman who prevails in an action filed under division 643
(A) of this section shall receive both of the following from the 644
person who committed the one or more acts described in division 645
(A)(1) or (2) of this section: 646

(1) Damages in an amount equal to ten thousand dollars or an 647
amount determined by the trier of fact after consideration of the 648
evidence at the mother's election at any time prior to final 649
judgment subject to the same defenses and requirements of proof, 650
except any requirement of live birth, as would apply to a suit for 651
the wrongful death of a child who had been born alive; 652

(2) Court costs and reasonable attorney's fees. 653

(C) A determination that division (A) of section 2919.193 of 654
the Revised Code, division (A)(1), (2), or (3) of section 2919.194 655
of the Revised Code, or division (A) of section 2919.195 of the 656
Revised Code is unconstitutional shall be a defense to an action 657
filed under division (A) of this section alleging that the 658
defendant violated the division that was determined to be 659
unconstitutional. 660

(D) If the defendant in an action filed under division (A) of this section prevails and all of the following apply, the court shall award reasonable attorney's fees to the defendant in accordance with section 2323.51 of the Revised Code:

(1) The court finds that the commencement of the action constitutes frivolous conduct, as defined in section 2323.51 of the Revised Code.

(2) The court's finding in division (D)(1) of this section is not based on that court or another court determining that division (A) of section 2919.193 of the Revised Code, division (A)(1), (2), or (3) of section 2919.194 of the Revised Code, or division (A) of section 2919.195 of the Revised Code is unconstitutional.

(3) The court finds that the defendant was adversely affected by the frivolous conduct.

Sec. 2919.1910. (A) It is the intent of the general assembly that women whose pregnancies are protected under division (A) of section 2919.195 of the Revised Code be informed of available options for adoption.

(B) In furtherance of the intent expressed in division (A) of this section, there is hereby created the joint legislative committee on adoption promotion and support. The committee may review or study any matter that it considers relevant to the adoption process in this state, with priority given to the study or review of mechanisms intended to increase awareness of the process, increase its effectiveness, or both.

(C) The committee shall consist of three members of the house of representatives appointed by the speaker of the house of representatives and three members of the senate appointed by the president of the senate. Not more than two members appointed by the speaker of the house of representatives and not more than two

members appointed by the president of the senate may be of the 691
same political party. 692

Each member of the committee shall hold office during the 693
general assembly in which the member is appointed and until a 694
successor has been appointed, notwithstanding the adjournment sine 695
die of the general assembly in which the member was appointed or 696
the expiration of the member's term as a member of the general 697
assembly. Any vacancies occurring among the members of the 698
committee shall be filled in the manner of the original 699
appointment. 700

(D) The committee has the same powers as other standing or 701
select committees of the general assembly. 702

Sec. 2919.1911. The department of health shall inspect the 703
medical records from any facility that performs abortions to 704
ensure that the physicians or other persons who perform abortions 705
at that facility are in compliance with the reporting requirements 706
under section 2919.171 of the Revised Code. The facility shall 707
make the medical records available for inspection to the 708
department of health but shall not release any personal medical 709
information in the medical records that is prohibited by law. 710

Sec. 4731.22. (A) The state medical board, by an affirmative 711
vote of not fewer than six of its members, may limit, revoke, or 712
suspend an individual's certificate to practice, refuse to grant a 713
certificate to an individual, refuse to register an individual, 714
refuse to reinstate a certificate, or reprimand or place on 715
probation the holder of a certificate if the individual or 716
certificate holder is found by the board to have committed fraud 717
during the administration of the examination for a certificate to 718
practice or to have committed fraud, misrepresentation, or 719
deception in applying for or securing any certificate to practice 720

or certificate of registration issued by the board. 721

(B) The board, by an affirmative vote of not fewer than six 722
members, shall, to the extent permitted by law, limit, revoke, or 723
suspend an individual's certificate to practice, refuse to 724
register an individual, refuse to reinstate a certificate, or 725
reprimand or place on probation the holder of a certificate for 726
one or more of the following reasons: 727

(1) Permitting one's name or one's certificate to practice or 728
certificate of registration to be used by a person, group, or 729
corporation when the individual concerned is not actually 730
directing the treatment given; 731

(2) Failure to maintain minimal standards applicable to the 732
selection or administration of drugs, or failure to employ 733
acceptable scientific methods in the selection of drugs or other 734
modalities for treatment of disease; 735

(3) Selling, giving away, personally furnishing, prescribing, 736
or administering drugs for other than legal and legitimate 737
therapeutic purposes or a plea of guilty to, a judicial finding of 738
guilt of, or a judicial finding of eligibility for intervention in 739
lieu of conviction of, a violation of any federal or state law 740
regulating the possession, distribution, or use of any drug; 741

(4) Willfully betraying a professional confidence. 742

For purposes of this division, "willfully betraying a 743
professional confidence" does not include providing any 744
information, documents, or reports to a child fatality review 745
board under sections 307.621 to 307.629 of the Revised Code and 746
does not include the making of a report of an employee's use of a 747
drug of abuse, or a report of a condition of an employee other 748
than one involving the use of a drug of abuse, to the employer of 749
the employee as described in division (B) of section 2305.33 of 750
the Revised Code. Nothing in this division affects the immunity 751

from civil liability conferred by that section upon a physician 752
who makes either type of report in accordance with division (B) of 753
that section. As used in this division, "employee," "employer," 754
and "physician" have the same meanings as in section 2305.33 of 755
the Revised Code. 756

(5) Making a false, fraudulent, deceptive, or misleading 757
statement in the solicitation of or advertising for patients; in 758
relation to the practice of medicine and surgery, osteopathic 759
medicine and surgery, podiatric medicine and surgery, or a limited 760
branch of medicine; or in securing or attempting to secure any 761
certificate to practice or certificate of registration issued by 762
the board. 763

As used in this division, "false, fraudulent, deceptive, or 764
misleading statement" means a statement that includes a 765
misrepresentation of fact, is likely to mislead or deceive because 766
of a failure to disclose material facts, is intended or is likely 767
to create false or unjustified expectations of favorable results, 768
or includes representations or implications that in reasonable 769
probability will cause an ordinarily prudent person to 770
misunderstand or be deceived. 771

(6) A departure from, or the failure to conform to, minimal 772
standards of care of similar practitioners under the same or 773
similar circumstances, whether or not actual injury to a patient 774
is established; 775

(7) Representing, with the purpose of obtaining compensation 776
or other advantage as personal gain or for any other person, that 777
an incurable disease or injury, or other incurable condition, can 778
be permanently cured; 779

(8) The obtaining of, or attempting to obtain, money or 780
anything of value by fraudulent misrepresentations in the course 781
of practice; 782

- (9) A plea of guilty to, a judicial finding of guilt of, or a 783
judicial finding of eligibility for intervention in lieu of 784
conviction for, a felony; 785
- (10) Commission of an act that constitutes a felony in this 786
state, regardless of the jurisdiction in which the act was 787
committed; 788
- (11) A plea of guilty to, a judicial finding of guilt of, or 789
a judicial finding of eligibility for intervention in lieu of 790
conviction for, a misdemeanor committed in the course of practice; 791
- (12) Commission of an act in the course of practice that 792
constitutes a misdemeanor in this state, regardless of the 793
jurisdiction in which the act was committed; 794
- (13) A plea of guilty to, a judicial finding of guilt of, or 795
a judicial finding of eligibility for intervention in lieu of 796
conviction for, a misdemeanor involving moral turpitude; 797
- (14) Commission of an act involving moral turpitude that 798
constitutes a misdemeanor in this state, regardless of the 799
jurisdiction in which the act was committed; 800
- (15) Violation of the conditions of limitation placed by the 801
board upon a certificate to practice; 802
- (16) Failure to pay license renewal fees specified in this 803
chapter; 804
- (17) Except as authorized in section 4731.31 of the Revised 805
Code, engaging in the division of fees for referral of patients, 806
or the receiving of a thing of value in return for a specific 807
referral of a patient to utilize a particular service or business; 808
- (18) Subject to section 4731.226 of the Revised Code, 809
violation of any provision of a code of ethics of the American 810
medical association, the American osteopathic association, the 811
American podiatric medical association, or any other national 812

professional organizations that the board specifies by rule. The 813
state medical board shall obtain and keep on file current copies 814
of the codes of ethics of the various national professional 815
organizations. The individual whose certificate is being suspended 816
or revoked shall not be found to have violated any provision of a 817
code of ethics of an organization not appropriate to the 818
individual's profession. 819

For purposes of this division, a "provision of a code of 820
ethics of a national professional organization" does not include 821
any provision that would preclude the making of a report by a 822
physician of an employee's use of a drug of abuse, or of a 823
condition of an employee other than one involving the use of a 824
drug of abuse, to the employer of the employee as described in 825
division (B) of section 2305.33 of the Revised Code. Nothing in 826
this division affects the immunity from civil liability conferred 827
by that section upon a physician who makes either type of report 828
in accordance with division (B) of that section. As used in this 829
division, "employee," "employer," and "physician" have the same 830
meanings as in section 2305.33 of the Revised Code. 831

(19) Inability to practice according to acceptable and 832
prevailing standards of care by reason of mental illness or 833
physical illness, including, but not limited to, physical 834
deterioration that adversely affects cognitive, motor, or 835
perceptive skills. 836

In enforcing this division, the board, upon a showing of a 837
possible violation, may compel any individual authorized to 838
practice by this chapter or who has submitted an application 839
pursuant to this chapter to submit to a mental examination, 840
physical examination, including an HIV test, or both a mental and 841
a physical examination. The expense of the examination is the 842
responsibility of the individual compelled to be examined. Failure 843
to submit to a mental or physical examination or consent to an HIV 844

test ordered by the board constitutes an admission of the 845
allegations against the individual unless the failure is due to 846
circumstances beyond the individual's control, and a default and 847
final order may be entered without the taking of testimony or 848
presentation of evidence. If the board finds an individual unable 849
to practice because of the reasons set forth in this division, the 850
board shall require the individual to submit to care, counseling, 851
or treatment by physicians approved or designated by the board, as 852
a condition for initial, continued, reinstated, or renewed 853
authority to practice. An individual affected under this division 854
shall be afforded an opportunity to demonstrate to the board the 855
ability to resume practice in compliance with acceptable and 856
prevailing standards under the provisions of the individual's 857
certificate. For the purpose of this division, any individual who 858
applies for or receives a certificate to practice under this 859
chapter accepts the privilege of practicing in this state and, by 860
so doing, shall be deemed to have given consent to submit to a 861
mental or physical examination when directed to do so in writing 862
by the board, and to have waived all objections to the 863
admissibility of testimony or examination reports that constitute 864
a privileged communication. 865

(20) Except when civil penalties are imposed under section 866
4731.225 or 4731.281 of the Revised Code, and subject to section 867
4731.226 of the Revised Code, violating or attempting to violate, 868
directly or indirectly, or assisting in or abetting the violation 869
of, or conspiring to violate, any provisions of this chapter or 870
any rule promulgated by the board. 871

This division does not apply to a violation or attempted 872
violation of, assisting in or abetting the violation of, or a 873
conspiracy to violate, any provision of this chapter or any rule 874
adopted by the board that would preclude the making of a report by 875
a physician of an employee's use of a drug of abuse, or of a 876

condition of an employee other than one involving the use of a 877
drug of abuse, to the employer of the employee as described in 878
division (B) of section 2305.33 of the Revised Code. Nothing in 879
this division affects the immunity from civil liability conferred 880
by that section upon a physician who makes either type of report 881
in accordance with division (B) of that section. As used in this 882
division, "employee," "employer," and "physician" have the same 883
meanings as in section 2305.33 of the Revised Code. 884

(21) The violation of section 3701.79 of the Revised Code or 885
of any abortion rule adopted by the public health council pursuant 886
to section 3701.341 of the Revised Code; 887

(22) Any of the following actions taken by an agency 888
responsible for authorizing, certifying, or regulating an 889
individual to practice a health care occupation or provide health 890
care services in this state or another jurisdiction, for any 891
reason other than the nonpayment of fees: the limitation, 892
revocation, or suspension of an individual's license to practice; 893
acceptance of an individual's license surrender; denial of a 894
license; refusal to renew or reinstate a license; imposition of 895
probation; or issuance of an order of censure or other reprimand; 896

(23) The violation of section 2919.12 of the Revised Code or 897
the performance or inducement of an abortion upon a pregnant woman 898
with actual knowledge that the conditions specified in division 899
(B) of section 2317.56 of the Revised Code have not been satisfied 900
or with a heedless indifference as to whether those conditions 901
have been satisfied, unless an affirmative defense as specified in 902
division (H)(2) of that section would apply in a civil action 903
authorized by division (H)(1) of that section; 904

(24) The revocation, suspension, restriction, reduction, or 905
termination of clinical privileges by the United States department 906
of defense or department of veterans affairs or the termination or 907
suspension of a certificate of registration to prescribe drugs by 908

the drug enforcement administration of the United States 909
department of justice; 910

(25) Termination or suspension from participation in the 911
medicare or medicaid programs by the department of health and 912
human services or other responsible agency for any act or acts 913
that also would constitute a violation of division (B)(2), (3), 914
(6), (8), or (19) of this section; 915

(26) Impairment of ability to practice according to 916
acceptable and prevailing standards of care because of habitual or 917
excessive use or abuse of drugs, alcohol, or other substances that 918
impair ability to practice. 919

For the purposes of this division, any individual authorized 920
to practice by this chapter accepts the privilege of practicing in 921
this state subject to supervision by the board. By filing an 922
application for or holding a certificate to practice under this 923
chapter, an individual shall be deemed to have given consent to 924
submit to a mental or physical examination when ordered to do so 925
by the board in writing, and to have waived all objections to the 926
admissibility of testimony or examination reports that constitute 927
privileged communications. 928

If it has reason to believe that any individual authorized to 929
practice by this chapter or any applicant for certification to 930
practice suffers such impairment, the board may compel the 931
individual to submit to a mental or physical examination, or both. 932
The expense of the examination is the responsibility of the 933
individual compelled to be examined. Any mental or physical 934
examination required under this division shall be undertaken by a 935
treatment provider or physician who is qualified to conduct the 936
examination and who is chosen by the board. 937

Failure to submit to a mental or physical examination ordered 938
by the board constitutes an admission of the allegations against 939

the individual unless the failure is due to circumstances beyond 940
the individual's control, and a default and final order may be 941
entered without the taking of testimony or presentation of 942
evidence. If the board determines that the individual's ability to 943
practice is impaired, the board shall suspend the individual's 944
certificate or deny the individual's application and shall require 945
the individual, as a condition for initial, continued, reinstated, 946
or renewed certification to practice, to submit to treatment. 947

Before being eligible to apply for reinstatement of a 948
certificate suspended under this division, the impaired 949
practitioner shall demonstrate to the board the ability to resume 950
practice in compliance with acceptable and prevailing standards of 951
care under the provisions of the practitioner's certificate. The 952
demonstration shall include, but shall not be limited to, the 953
following: 954

(a) Certification from a treatment provider approved under 955
section 4731.25 of the Revised Code that the individual has 956
successfully completed any required inpatient treatment; 957

(b) Evidence of continuing full compliance with an aftercare 958
contract or consent agreement; 959

(c) Two written reports indicating that the individual's 960
ability to practice has been assessed and that the individual has 961
been found capable of practicing according to acceptable and 962
prevailing standards of care. The reports shall be made by 963
individuals or providers approved by the board for making the 964
assessments and shall describe the basis for their determination. 965

The board may reinstate a certificate suspended under this 966
division after that demonstration and after the individual has 967
entered into a written consent agreement. 968

When the impaired practitioner resumes practice, the board 969
shall require continued monitoring of the individual. The 970

monitoring shall include, but not be limited to, compliance with 971
the written consent agreement entered into before reinstatement or 972
with conditions imposed by board order after a hearing, and, upon 973
termination of the consent agreement, submission to the board for 974
at least two years of annual written progress reports made under 975
penalty of perjury stating whether the individual has maintained 976
sobriety. 977

(27) A second or subsequent violation of section 4731.66 or 978
4731.69 of the Revised Code; 979

(28) Except as provided in division (N) of this section: 980

(a) Waiving the payment of all or any part of a deductible or 981
copayment that a patient, pursuant to a health insurance or health 982
care policy, contract, or plan that covers the individual's 983
services, otherwise would be required to pay if the waiver is used 984
as an enticement to a patient or group of patients to receive 985
health care services from that individual; 986

(b) Advertising that the individual will waive the payment of 987
all or any part of a deductible or copayment that a patient, 988
pursuant to a health insurance or health care policy, contract, or 989
plan that covers the individual's services, otherwise would be 990
required to pay. 991

(29) Failure to use universal blood and body fluid 992
precautions established by rules adopted under section 4731.051 of 993
the Revised Code; 994

(30) Failure to provide notice to, and receive acknowledgment 995
of the notice from, a patient when required by section 4731.143 of 996
the Revised Code prior to providing nonemergency professional 997
services, or failure to maintain that notice in the patient's 998
file; 999

(31) Failure of a physician supervising a physician assistant 1000
to maintain supervision in accordance with the requirements of 1001

Chapter 4730. of the Revised Code and the rules adopted under that 1002
chapter; 1003

(32) Failure of a physician or podiatrist to enter into a 1004
standard care arrangement with a clinical nurse specialist, 1005
certified nurse-midwife, or certified nurse practitioner with whom 1006
the physician or podiatrist is in collaboration pursuant to 1007
section 4731.27 of the Revised Code or failure to fulfill the 1008
responsibilities of collaboration after entering into a standard 1009
care arrangement; 1010

(33) Failure to comply with the terms of a consult agreement 1011
entered into with a pharmacist pursuant to section 4729.39 of the 1012
Revised Code; 1013

(34) Failure to cooperate in an investigation conducted by 1014
the board under division (F) of this section, including failure to 1015
comply with a subpoena or order issued by the board or failure to 1016
answer truthfully a question presented by the board in an 1017
investigative interview, an investigative office conference, at a 1018
deposition, or in written interrogatories, except that failure to 1019
cooperate with an investigation shall not constitute grounds for 1020
discipline under this section if a court of competent jurisdiction 1021
has issued an order that either quashes a subpoena or permits the 1022
individual to withhold the testimony or evidence in issue; 1023

(35) Failure to supervise an oriental medicine practitioner 1024
or acupuncturist in accordance with Chapter 4762. of the Revised 1025
Code and the board's rules for providing that supervision; 1026

(36) Failure to supervise an anesthesiologist assistant in 1027
accordance with Chapter 4760. of the Revised Code and the board's 1028
rules for supervision of an anesthesiologist assistant; 1029

(37) Assisting suicide as defined in section 3795.01 of the 1030
Revised Code; 1031

(38) Failure to comply with the requirements of section 1032

2317.561 of the Revised Code;	1033
(39) Failure to supervise a radiologist assistant in	1034
accordance with Chapter 4774. of the Revised Code and the board's	1035
rules for supervision of radiologist assistants;	1036
(40) Performing or inducing an abortion at an office or	1037
facility with knowledge that the office or facility fails to post	1038
the notice required under section 3701.791 of the Revised Code;	1039
(41) Failure to comply with the standards and procedures	1040
established in rules under section 4731.054 of the Revised Code	1041
for the operation of or the provision of care at a pain management	1042
clinic;	1043
(42) Failure to comply with the standards and procedures	1044
established in rules under section 4731.054 of the Revised Code	1045
for providing supervision, direction, and control of individuals	1046
at a pain management clinic;	1047
(43) Failure to comply with the requirements of section	1048
4729.79 of the Revised Code, unless the state board of pharmacy no	1049
longer maintains a drug database pursuant to section 4729.75 of	1050
the Revised Code;	1051
(44) Failure to comply with the requirements of section	1052
2919.171 of the Revised Code or failure to submit to the	1053
department of health in accordance with a court order a complete	1054
report as described in section 2919.171 of the Revised Code;	1055
(45) Practicing at a facility that is subject to licensure as	1056
a category III terminal distributor of dangerous drugs with a pain	1057
management clinic classification unless the person operating the	1058
facility has obtained and maintains the license with the	1059
classification;	1060
(46) Owning a facility that is subject to licensure as a	1061
category III terminal distributor of dangerous drugs with a pain	1062

management clinic classification unless the facility is licensed 1063
with the classification; 1064

(47) Failure to comply with any of the requirement 1065
requirements regarding making or maintaining notes medical records 1066
or documents described in division ~~(B) of section 2919.191~~ (A) of 1067
section 2919.192, division (C) of section 2919.193, division (B) 1068
of section 2919.195, or division (A) of section 2919.196 of the 1069
Revised Code ~~or failure to satisfy the requirements of section~~ 1070
~~2919.191 of the Revised Code prior to performing or inducing an~~ 1071
~~abortion upon a pregnant woman;~~ 1072

(48) Failure to comply with the requirements in section 1073
3719.061 of the Revised Code before issuing to a minor a 1074
prescription for a controlled substance containing an opioid. 1075

(C) Disciplinary actions taken by the board under divisions 1076
(A) and (B) of this section shall be taken pursuant to an 1077
adjudication under Chapter 119. of the Revised Code, except that 1078
in lieu of an adjudication, the board may enter into a consent 1079
agreement with an individual to resolve an allegation of a 1080
violation of this chapter or any rule adopted under it. A consent 1081
agreement, when ratified by an affirmative vote of not fewer than 1082
six members of the board, shall constitute the findings and order 1083
of the board with respect to the matter addressed in the 1084
agreement. If the board refuses to ratify a consent agreement, the 1085
admissions and findings contained in the consent agreement shall 1086
be of no force or effect. 1087

A telephone conference call may be utilized for ratification 1088
of a consent agreement that revokes or suspends an individual's 1089
certificate to practice. The telephone conference call shall be 1090
considered a special meeting under division (F) of section 121.22 1091
of the Revised Code. 1092

If the board takes disciplinary action against an individual 1093

under division (B) of this section for a second or subsequent plea 1094
of guilty to, or judicial finding of guilt of, a violation of 1095
section 2919.123 of the Revised Code, the disciplinary action 1096
shall consist of a suspension of the individual's certificate to 1097
practice for a period of at least one year or, if determined 1098
appropriate by the board, a more serious sanction involving the 1099
individual's certificate to practice. Any consent agreement 1100
entered into under this division with an individual that pertains 1101
to a second or subsequent plea of guilty to, or judicial finding 1102
of guilt of, a violation of that section shall provide for a 1103
suspension of the individual's certificate to practice for a 1104
period of at least one year or, if determined appropriate by the 1105
board, a more serious sanction involving the individual's 1106
certificate to practice. 1107

(D) For purposes of divisions (B)(10), (12), and (14) of this 1108
section, the commission of the act may be established by a finding 1109
by the board, pursuant to an adjudication under Chapter 119. of 1110
the Revised Code, that the individual committed the act. The board 1111
does not have jurisdiction under those divisions if the trial 1112
court renders a final judgment in the individual's favor and that 1113
judgment is based upon an adjudication on the merits. The board 1114
has jurisdiction under those divisions if the trial court issues 1115
an order of dismissal upon technical or procedural grounds. 1116

(E) The sealing of conviction records by any court shall have 1117
no effect upon a prior board order entered under this section or 1118
upon the board's jurisdiction to take action under this section 1119
if, based upon a plea of guilty, a judicial finding of guilt, or a 1120
judicial finding of eligibility for intervention in lieu of 1121
conviction, the board issued a notice of opportunity for a hearing 1122
prior to the court's order to seal the records. The board shall 1123
not be required to seal, destroy, redact, or otherwise modify its 1124
records to reflect the court's sealing of conviction records. 1125

(F)(1) The board shall investigate evidence that appears to 1126
show that a person has violated any provision of this chapter or 1127
any rule adopted under it. Any person may report to the board in a 1128
signed writing any information that the person may have that 1129
appears to show a violation of any provision of this chapter or 1130
any rule adopted under it. In the absence of bad faith, any person 1131
who reports information of that nature or who testifies before the 1132
board in any adjudication conducted under Chapter 119. of the 1133
Revised Code shall not be liable in damages in a civil action as a 1134
result of the report or testimony. Each complaint or allegation of 1135
a violation received by the board shall be assigned a case number 1136
and shall be recorded by the board. 1137

(2) Investigations of alleged violations of this chapter or 1138
any rule adopted under it shall be supervised by the supervising 1139
member elected by the board in accordance with section 4731.02 of 1140
the Revised Code and by the secretary as provided in section 1141
4731.39 of the Revised Code. The president may designate another 1142
member of the board to supervise the investigation in place of the 1143
supervising member. No member of the board who supervises the 1144
investigation of a case shall participate in further adjudication 1145
of the case. 1146

(3) In investigating a possible violation of this chapter or 1147
any rule adopted under this chapter, or in conducting an 1148
inspection under division (E) of section 4731.054 of the Revised 1149
Code, the board may question witnesses, conduct interviews, 1150
administer oaths, order the taking of depositions, inspect and 1151
copy any books, accounts, papers, records, or documents, issue 1152
subpoenas, and compel the attendance of witnesses and production 1153
of books, accounts, papers, records, documents, and testimony, 1154
except that a subpoena for patient record information shall not be 1155
issued without consultation with the attorney general's office and 1156
approval of the secretary and supervising member of the board. 1157

(a) Before issuance of a subpoena for patient record 1158
information, the secretary and supervising member shall determine 1159
whether there is probable cause to believe that the complaint 1160
filed alleges a violation of this chapter or any rule adopted 1161
under it and that the records sought are relevant to the alleged 1162
violation and material to the investigation. The subpoena may 1163
apply only to records that cover a reasonable period of time 1164
surrounding the alleged violation. 1165

(b) On failure to comply with any subpoena issued by the 1166
board and after reasonable notice to the person being subpoenaed, 1167
the board may move for an order compelling the production of 1168
persons or records pursuant to the Rules of Civil Procedure. 1169

(c) A subpoena issued by the board may be served by a 1170
sheriff, the sheriff's deputy, or a board employee designated by 1171
the board. Service of a subpoena issued by the board may be made 1172
by delivering a copy of the subpoena to the person named therein, 1173
reading it to the person, or leaving it at the person's usual 1174
place of residence, usual place of business, or address on file 1175
with the board. When serving a subpoena to an applicant for or the 1176
holder of a certificate issued under this chapter, service of the 1177
subpoena may be made by certified mail, return receipt requested, 1178
and the subpoena shall be deemed served on the date delivery is 1179
made or the date the person refuses to accept delivery. If the 1180
person being served refuses to accept the subpoena or is not 1181
located, service may be made to an attorney who notifies the board 1182
that the attorney is representing the person. 1183

(d) A sheriff's deputy who serves a subpoena shall receive 1184
the same fees as a sheriff. Each witness who appears before the 1185
board in obedience to a subpoena shall receive the fees and 1186
mileage provided for under section 119.094 of the Revised Code. 1187

(4) All hearings, investigations, and inspections of the 1188
board shall be considered civil actions for the purposes of 1189

section 2305.252 of the Revised Code. 1190

(5) A report required to be submitted to the board under this 1191
chapter, a complaint, or information received by the board 1192
pursuant to an investigation or pursuant to an inspection under 1193
division (E) of section 4731.054 of the Revised Code is 1194
confidential and not subject to discovery in any civil action. 1195

The board shall conduct all investigations or inspections and 1196
proceedings in a manner that protects the confidentiality of 1197
patients and persons who file complaints with the board. The board 1198
shall not make public the names or any other identifying 1199
information about patients or complainants unless proper consent 1200
is given or, in the case of a patient, a waiver of the patient 1201
privilege exists under division (B) of section 2317.02 of the 1202
Revised Code, except that consent or a waiver of that nature is 1203
not required if the board possesses reliable and substantial 1204
evidence that no bona fide physician-patient relationship exists. 1205

The board may share any information it receives pursuant to 1206
an investigation or inspection, including patient records and 1207
patient record information, with law enforcement agencies, other 1208
licensing boards, and other governmental agencies that are 1209
prosecuting, adjudicating, or investigating alleged violations of 1210
statutes or administrative rules. An agency or board that receives 1211
the information shall comply with the same requirements regarding 1212
confidentiality as those with which the state medical board must 1213
comply, notwithstanding any conflicting provision of the Revised 1214
Code or procedure of the agency or board that applies when it is 1215
dealing with other information in its possession. In a judicial 1216
proceeding, the information may be admitted into evidence only in 1217
accordance with the Rules of Evidence, but the court shall require 1218
that appropriate measures are taken to ensure that confidentiality 1219
is maintained with respect to any part of the information that 1220
contains names or other identifying information about patients or 1221

complainants whose confidentiality was protected by the state 1222
medical board when the information was in the board's possession. 1223
Measures to ensure confidentiality that may be taken by the court 1224
include sealing its records or deleting specific information from 1225
its records. 1226

(6) On a quarterly basis, the board shall prepare a report 1227
that documents the disposition of all cases during the preceding 1228
three months. The report shall contain the following information 1229
for each case with which the board has completed its activities: 1230

(a) The case number assigned to the complaint or alleged 1231
violation; 1232

(b) The type of certificate to practice, if any, held by the 1233
individual against whom the complaint is directed; 1234

(c) A description of the allegations contained in the 1235
complaint; 1236

(d) The disposition of the case. 1237

The report shall state how many cases are still pending and 1238
shall be prepared in a manner that protects the identity of each 1239
person involved in each case. The report shall be a public record 1240
under section 149.43 of the Revised Code. 1241

(G) If the secretary and supervising member determine both of 1242
the following, they may recommend that the board suspend an 1243
individual's certificate to practice without a prior hearing: 1244

(1) That there is clear and convincing evidence that an 1245
individual has violated division (B) of this section; 1246

(2) That the individual's continued practice presents a 1247
danger of immediate and serious harm to the public. 1248

Written allegations shall be prepared for consideration by 1249
the board. The board, upon review of those allegations and by an 1250
affirmative vote of not fewer than six of its members, excluding 1251

the secretary and supervising member, may suspend a certificate 1252
without a prior hearing. A telephone conference call may be 1253
utilized for reviewing the allegations and taking the vote on the 1254
summary suspension. 1255

The board shall issue a written order of suspension by 1256
certified mail or in person in accordance with section 119.07 of 1257
the Revised Code. The order shall not be subject to suspension by 1258
the court during pendency of any appeal filed under section 119.12 1259
of the Revised Code. If the individual subject to the summary 1260
suspension requests an adjudicatory hearing by the board, the date 1261
set for the hearing shall be within fifteen days, but not earlier 1262
than seven days, after the individual requests the hearing, unless 1263
otherwise agreed to by both the board and the individual. 1264

Any summary suspension imposed under this division shall 1265
remain in effect, unless reversed on appeal, until a final 1266
adjudicative order issued by the board pursuant to this section 1267
and Chapter 119. of the Revised Code becomes effective. The board 1268
shall issue its final adjudicative order within seventy-five days 1269
after completion of its hearing. A failure to issue the order 1270
within seventy-five days shall result in dissolution of the 1271
summary suspension order but shall not invalidate any subsequent, 1272
final adjudicative order. 1273

(H) If the board takes action under division (B)(9), (11), or 1274
(13) of this section and the judicial finding of guilt, guilty 1275
plea, or judicial finding of eligibility for intervention in lieu 1276
of conviction is overturned on appeal, upon exhaustion of the 1277
criminal appeal, a petition for reconsideration of the order may 1278
be filed with the board along with appropriate court documents. 1279
Upon receipt of a petition of that nature and supporting court 1280
documents, the board shall reinstate the individual's certificate 1281
to practice. The board may then hold an adjudication under Chapter 1282
119. of the Revised Code to determine whether the individual 1283

committed the act in question. Notice of an opportunity for a 1284
hearing shall be given in accordance with Chapter 119. of the 1285
Revised Code. If the board finds, pursuant to an adjudication held 1286
under this division, that the individual committed the act or if 1287
no hearing is requested, the board may order any of the sanctions 1288
identified under division (B) of this section. 1289

(I) The certificate to practice issued to an individual under 1290
this chapter and the individual's practice in this state are 1291
automatically suspended as of the date of the individual's second 1292
or subsequent plea of guilty to, or judicial finding of guilt of, 1293
a violation of section 2919.123 of the Revised Code, or the date 1294
the individual pleads guilty to, is found by a judge or jury to be 1295
guilty of, or is subject to a judicial finding of eligibility for 1296
intervention in lieu of conviction in this state or treatment or 1297
intervention in lieu of conviction in another jurisdiction for any 1298
of the following criminal offenses in this state or a 1299
substantially equivalent criminal offense in another jurisdiction: 1300
aggravated murder, murder, voluntary manslaughter, felonious 1301
assault, kidnapping, rape, sexual battery, gross sexual 1302
imposition, aggravated arson, aggravated robbery, or aggravated 1303
burglary. Continued practice after suspension shall be considered 1304
practicing without a certificate. 1305

The board shall notify the individual subject to the 1306
suspension by certified mail or in person in accordance with 1307
section 119.07 of the Revised Code. If an individual whose 1308
certificate is automatically suspended under this division fails 1309
to make a timely request for an adjudication under Chapter 119. of 1310
the Revised Code, the board shall do whichever of the following is 1311
applicable: 1312

(1) If the automatic suspension under this division is for a 1313
second or subsequent plea of guilty to, or judicial finding of 1314
guilt of, a violation of section 2919.123 of the Revised Code, the 1315

board shall enter an order suspending the individual's certificate 1316
to practice for a period of at least one year or, if determined 1317
appropriate by the board, imposing a more serious sanction 1318
involving the individual's certificate to practice. 1319

(2) In all circumstances in which division (I)(1) of this 1320
section does not apply, enter a final order permanently revoking 1321
the individual's certificate to practice. 1322

(J) If the board is required by Chapter 119. of the Revised 1323
Code to give notice of an opportunity for a hearing and if the 1324
individual subject to the notice does not timely request a hearing 1325
in accordance with section 119.07 of the Revised Code, the board 1326
is not required to hold a hearing, but may adopt, by an 1327
affirmative vote of not fewer than six of its members, a final 1328
order that contains the board's findings. In that final order, the 1329
board may order any of the sanctions identified under division (A) 1330
or (B) of this section. 1331

(K) Any action taken by the board under division (B) of this 1332
section resulting in a suspension from practice shall be 1333
accompanied by a written statement of the conditions under which 1334
the individual's certificate to practice may be reinstated. The 1335
board shall adopt rules governing conditions to be imposed for 1336
reinstatement. Reinstatement of a certificate suspended pursuant 1337
to division (B) of this section requires an affirmative vote of 1338
not fewer than six members of the board. 1339

(L) When the board refuses to grant a certificate to an 1340
applicant, revokes an individual's certificate to practice, 1341
refuses to register an applicant, or refuses to reinstate an 1342
individual's certificate to practice, the board may specify that 1343
its action is permanent. An individual subject to a permanent 1344
action taken by the board is forever thereafter ineligible to hold 1345
a certificate to practice and the board shall not accept an 1346
application for reinstatement of the certificate or for issuance 1347

of a new certificate. 1348

(M) Notwithstanding any other provision of the Revised Code, 1349
all of the following apply: 1350

(1) The surrender of a certificate issued under this chapter 1351
shall not be effective unless or until accepted by the board. A 1352
telephone conference call may be utilized for acceptance of the 1353
surrender of an individual's certificate to practice. The 1354
telephone conference call shall be considered a special meeting 1355
under division (F) of section 121.22 of the Revised Code. 1356
Reinstatement of a certificate surrendered to the board requires 1357
an affirmative vote of not fewer than six members of the board. 1358

(2) An application for a certificate made under the 1359
provisions of this chapter may not be withdrawn without approval 1360
of the board. 1361

(3) Failure by an individual to renew a certificate of 1362
registration in accordance with this chapter shall not remove or 1363
limit the board's jurisdiction to take any disciplinary action 1364
under this section against the individual. 1365

(4) At the request of the board, a certificate holder shall 1366
immediately surrender to the board a certificate that the board 1367
has suspended, revoked, or permanently revoked. 1368

(N) Sanctions shall not be imposed under division (B)(28) of 1369
this section against any person who waives deductibles and 1370
copayments as follows: 1371

(1) In compliance with the health benefit plan that expressly 1372
allows such a practice. Waiver of the deductibles or copayments 1373
shall be made only with the full knowledge and consent of the plan 1374
purchaser, payer, and third-party administrator. Documentation of 1375
the consent shall be made available to the board upon request. 1376

(2) For professional services rendered to any other person 1377

authorized to practice pursuant to this chapter, to the extent 1378
allowed by this chapter and rules adopted by the board. 1379

(0) Under the board's investigative duties described in this 1380
section and subject to division (F) of this section, the board 1381
shall develop and implement a quality intervention program 1382
designed to improve through remedial education the clinical and 1383
communication skills of individuals authorized under this chapter 1384
to practice medicine and surgery, osteopathic medicine and 1385
surgery, and podiatric medicine and surgery. In developing and 1386
implementing the quality intervention program, the board may do 1387
all of the following: 1388

(1) Offer in appropriate cases as determined by the board an 1389
educational and assessment program pursuant to an investigation 1390
the board conducts under this section; 1391

(2) Select providers of educational and assessment services, 1392
including a quality intervention program panel of case reviewers; 1393

(3) Make referrals to educational and assessment service 1394
providers and approve individual educational programs recommended 1395
by those providers. The board shall monitor the progress of each 1396
individual undertaking a recommended individual educational 1397
program. 1398

(4) Determine what constitutes successful completion of an 1399
individual educational program and require further monitoring of 1400
the individual who completed the program or other action that the 1401
board determines to be appropriate; 1402

(5) Adopt rules in accordance with Chapter 119. of the 1403
Revised Code to further implement the quality intervention 1404
program. 1405

An individual who participates in an individual educational 1406
program pursuant to this division shall pay the financial 1407
obligations arising from that educational program. 1408

Section 2. That existing sections 2317.56, 2919.171, 2919.19, 1409
2919.191, 2919.192, 2919.193, and 4731.22 of the Revised Code are 1410
hereby repealed. 1411

Section 3. That the version of section 4731.22 of the Revised 1412
Code that is scheduled to take effect April 1, 2015, be amended to 1413
read as follows: 1414

Sec. 4731.22. (A) The state medical board, by an affirmative 1415
vote of not fewer than six of its members, may limit, revoke, or 1416
suspend an individual's certificate to practice, refuse to grant a 1417
certificate to an individual, refuse to register an individual, 1418
refuse to reinstate a certificate, or reprimand or place on 1419
probation the holder of a certificate if the individual or 1420
certificate holder is found by the board to have committed fraud 1421
during the administration of the examination for a certificate to 1422
practice or to have committed fraud, misrepresentation, or 1423
deception in applying for or securing any certificate to practice 1424
or certificate of registration issued by the board. 1425

(B) The board, by an affirmative vote of not fewer than six 1426
members, shall, to the extent permitted by law, limit, revoke, or 1427
suspend an individual's certificate to practice, refuse to 1428
register an individual, refuse to reinstate a certificate, or 1429
reprimand or place on probation the holder of a certificate for 1430
one or more of the following reasons: 1431

(1) Permitting one's name or one's certificate to practice or 1432
certificate of registration to be used by a person, group, or 1433
corporation when the individual concerned is not actually 1434
directing the treatment given; 1435

(2) Failure to maintain minimal standards applicable to the 1436
selection or administration of drugs, or failure to employ 1437
acceptable scientific methods in the selection of drugs or other 1438

modalities for treatment of disease; 1439

(3) Selling, giving away, personally furnishing, prescribing, 1440
or administering drugs for other than legal and legitimate 1441
therapeutic purposes or a plea of guilty to, a judicial finding of 1442
guilt of, or a judicial finding of eligibility for intervention in 1443
lieu of conviction of, a violation of any federal or state law 1444
regulating the possession, distribution, or use of any drug; 1445

(4) Willfully betraying a professional confidence. 1446

For purposes of this division, "willfully betraying a 1447
professional confidence" does not include providing any 1448
information, documents, or reports to a child fatality review 1449
board under sections 307.621 to 307.629 of the Revised Code and 1450
does not include the making of a report of an employee's use of a 1451
drug of abuse, or a report of a condition of an employee other 1452
than one involving the use of a drug of abuse, to the employer of 1453
the employee as described in division (B) of section 2305.33 of 1454
the Revised Code. Nothing in this division affects the immunity 1455
from civil liability conferred by that section upon a physician 1456
who makes either type of report in accordance with division (B) of 1457
that section. As used in this division, "employee," "employer," 1458
and "physician" have the same meanings as in section 2305.33 of 1459
the Revised Code. 1460

(5) Making a false, fraudulent, deceptive, or misleading 1461
statement in the solicitation of or advertising for patients; in 1462
relation to the practice of medicine and surgery, osteopathic 1463
medicine and surgery, podiatric medicine and surgery, or a limited 1464
branch of medicine; or in securing or attempting to secure any 1465
certificate to practice or certificate of registration issued by 1466
the board. 1467

As used in this division, "false, fraudulent, deceptive, or 1468
misleading statement" means a statement that includes a 1469

misrepresentation of fact, is likely to mislead or deceive because 1470
of a failure to disclose material facts, is intended or is likely 1471
to create false or unjustified expectations of favorable results, 1472
or includes representations or implications that in reasonable 1473
probability will cause an ordinarily prudent person to 1474
misunderstand or be deceived. 1475

(6) A departure from, or the failure to conform to, minimal 1476
standards of care of similar practitioners under the same or 1477
similar circumstances, whether or not actual injury to a patient 1478
is established; 1479

(7) Representing, with the purpose of obtaining compensation 1480
or other advantage as personal gain or for any other person, that 1481
an incurable disease or injury, or other incurable condition, can 1482
be permanently cured; 1483

(8) The obtaining of, or attempting to obtain, money or 1484
anything of value by fraudulent misrepresentations in the course 1485
of practice; 1486

(9) A plea of guilty to, a judicial finding of guilt of, or a 1487
judicial finding of eligibility for intervention in lieu of 1488
conviction for, a felony; 1489

(10) Commission of an act that constitutes a felony in this 1490
state, regardless of the jurisdiction in which the act was 1491
committed; 1492

(11) A plea of guilty to, a judicial finding of guilt of, or 1493
a judicial finding of eligibility for intervention in lieu of 1494
conviction for, a misdemeanor committed in the course of practice; 1495

(12) Commission of an act in the course of practice that 1496
constitutes a misdemeanor in this state, regardless of the 1497
jurisdiction in which the act was committed; 1498

(13) A plea of guilty to, a judicial finding of guilt of, or 1499

a judicial finding of eligibility for intervention in lieu of 1500
conviction for, a misdemeanor involving moral turpitude; 1501

(14) Commission of an act involving moral turpitude that 1502
constitutes a misdemeanor in this state, regardless of the 1503
jurisdiction in which the act was committed; 1504

(15) Violation of the conditions of limitation placed by the 1505
board upon a certificate to practice; 1506

(16) Failure to pay license renewal fees specified in this 1507
chapter; 1508

(17) Except as authorized in section 4731.31 of the Revised 1509
Code, engaging in the division of fees for referral of patients, 1510
or the receiving of a thing of value in return for a specific 1511
referral of a patient to utilize a particular service or business; 1512

(18) Subject to section 4731.226 of the Revised Code, 1513
violation of any provision of a code of ethics of the American 1514
medical association, the American osteopathic association, the 1515
American podiatric medical association, or any other national 1516
professional organizations that the board specifies by rule. The 1517
state medical board shall obtain and keep on file current copies 1518
of the codes of ethics of the various national professional 1519
organizations. The individual whose certificate is being suspended 1520
or revoked shall not be found to have violated any provision of a 1521
code of ethics of an organization not appropriate to the 1522
individual's profession. 1523

For purposes of this division, a "provision of a code of 1524
ethics of a national professional organization" does not include 1525
any provision that would preclude the making of a report by a 1526
physician of an employee's use of a drug of abuse, or of a 1527
condition of an employee other than one involving the use of a 1528
drug of abuse, to the employer of the employee as described in 1529
division (B) of section 2305.33 of the Revised Code. Nothing in 1530

this division affects the immunity from civil liability conferred 1531
by that section upon a physician who makes either type of report 1532
in accordance with division (B) of that section. As used in this 1533
division, "employee," "employer," and "physician" have the same 1534
meanings as in section 2305.33 of the Revised Code. 1535

(19) Inability to practice according to acceptable and 1536
prevailing standards of care by reason of mental illness or 1537
physical illness, including, but not limited to, physical 1538
deterioration that adversely affects cognitive, motor, or 1539
perceptive skills. 1540

In enforcing this division, the board, upon a showing of a 1541
possible violation, may compel any individual authorized to 1542
practice by this chapter or who has submitted an application 1543
pursuant to this chapter to submit to a mental examination, 1544
physical examination, including an HIV test, or both a mental and 1545
a physical examination. The expense of the examination is the 1546
responsibility of the individual compelled to be examined. Failure 1547
to submit to a mental or physical examination or consent to an HIV 1548
test ordered by the board constitutes an admission of the 1549
allegations against the individual unless the failure is due to 1550
circumstances beyond the individual's control, and a default and 1551
final order may be entered without the taking of testimony or 1552
presentation of evidence. If the board finds an individual unable 1553
to practice because of the reasons set forth in this division, the 1554
board shall require the individual to submit to care, counseling, 1555
or treatment by physicians approved or designated by the board, as 1556
a condition for initial, continued, reinstated, or renewed 1557
authority to practice. An individual affected under this division 1558
shall be afforded an opportunity to demonstrate to the board the 1559
ability to resume practice in compliance with acceptable and 1560
prevailing standards under the provisions of the individual's 1561
certificate. For the purpose of this division, any individual who 1562

applies for or receives a certificate to practice under this 1563
chapter accepts the privilege of practicing in this state and, by 1564
so doing, shall be deemed to have given consent to submit to a 1565
mental or physical examination when directed to do so in writing 1566
by the board, and to have waived all objections to the 1567
admissibility of testimony or examination reports that constitute 1568
a privileged communication. 1569

(20) Except when civil penalties are imposed under section 1570
4731.225 or 4731.281 of the Revised Code, and subject to section 1571
4731.226 of the Revised Code, violating or attempting to violate, 1572
directly or indirectly, or assisting in or abetting the violation 1573
of, or conspiring to violate, any provisions of this chapter or 1574
any rule promulgated by the board. 1575

This division does not apply to a violation or attempted 1576
violation of, assisting in or abetting the violation of, or a 1577
conspiracy to violate, any provision of this chapter or any rule 1578
adopted by the board that would preclude the making of a report by 1579
a physician of an employee's use of a drug of abuse, or of a 1580
condition of an employee other than one involving the use of a 1581
drug of abuse, to the employer of the employee as described in 1582
division (B) of section 2305.33 of the Revised Code. Nothing in 1583
this division affects the immunity from civil liability conferred 1584
by that section upon a physician who makes either type of report 1585
in accordance with division (B) of that section. As used in this 1586
division, "employee," "employer," and "physician" have the same 1587
meanings as in section 2305.33 of the Revised Code. 1588

(21) The violation of section 3701.79 of the Revised Code or 1589
of any abortion rule adopted by the public health council pursuant 1590
to section 3701.341 of the Revised Code; 1591

(22) Any of the following actions taken by an agency 1592
responsible for authorizing, certifying, or regulating an 1593
individual to practice a health care occupation or provide health 1594

care services in this state or another jurisdiction, for any 1595
reason other than the nonpayment of fees: the limitation, 1596
revocation, or suspension of an individual's license to practice; 1597
acceptance of an individual's license surrender; denial of a 1598
license; refusal to renew or reinstate a license; imposition of 1599
probation; or issuance of an order of censure or other reprimand; 1600

(23) The violation of section 2919.12 of the Revised Code or 1601
the performance or inducement of an abortion upon a pregnant woman 1602
with actual knowledge that the conditions specified in division 1603
(B) of section 2317.56 of the Revised Code have not been satisfied 1604
or with a heedless indifference as to whether those conditions 1605
have been satisfied, unless an affirmative defense as specified in 1606
division (H)(2) of that section would apply in a civil action 1607
authorized by division (H)(1) of that section; 1608

(24) The revocation, suspension, restriction, reduction, or 1609
termination of clinical privileges by the United States department 1610
of defense or department of veterans affairs or the termination or 1611
suspension of a certificate of registration to prescribe drugs by 1612
the drug enforcement administration of the United States 1613
department of justice; 1614

(25) Termination or suspension from participation in the 1615
medicare or medicaid programs by the department of health and 1616
human services or other responsible agency for any act or acts 1617
that also would constitute a violation of division (B)(2), (3), 1618
(6), (8), or (19) of this section; 1619

(26) Impairment of ability to practice according to 1620
acceptable and prevailing standards of care because of habitual or 1621
excessive use or abuse of drugs, alcohol, or other substances that 1622
impair ability to practice. 1623

For the purposes of this division, any individual authorized 1624
to practice by this chapter accepts the privilege of practicing in 1625

this state subject to supervision by the board. By filing an 1626
application for or holding a certificate to practice under this 1627
chapter, an individual shall be deemed to have given consent to 1628
submit to a mental or physical examination when ordered to do so 1629
by the board in writing, and to have waived all objections to the 1630
admissibility of testimony or examination reports that constitute 1631
privileged communications. 1632

If it has reason to believe that any individual authorized to 1633
practice by this chapter or any applicant for certification to 1634
practice suffers such impairment, the board may compel the 1635
individual to submit to a mental or physical examination, or both. 1636
The expense of the examination is the responsibility of the 1637
individual compelled to be examined. Any mental or physical 1638
examination required under this division shall be undertaken by a 1639
treatment provider or physician who is qualified to conduct the 1640
examination and who is chosen by the board. 1641

Failure to submit to a mental or physical examination ordered 1642
by the board constitutes an admission of the allegations against 1643
the individual unless the failure is due to circumstances beyond 1644
the individual's control, and a default and final order may be 1645
entered without the taking of testimony or presentation of 1646
evidence. If the board determines that the individual's ability to 1647
practice is impaired, the board shall suspend the individual's 1648
certificate or deny the individual's application and shall require 1649
the individual, as a condition for initial, continued, reinstated, 1650
or renewed certification to practice, to submit to treatment. 1651

Before being eligible to apply for reinstatement of a 1652
certificate suspended under this division, the impaired 1653
practitioner shall demonstrate to the board the ability to resume 1654
practice in compliance with acceptable and prevailing standards of 1655
care under the provisions of the practitioner's certificate. The 1656
demonstration shall include, but shall not be limited to, the 1657

following: 1658

(a) Certification from a treatment provider approved under 1659
section 4731.25 of the Revised Code that the individual has 1660
successfully completed any required inpatient treatment; 1661

(b) Evidence of continuing full compliance with an aftercare 1662
contract or consent agreement; 1663

(c) Two written reports indicating that the individual's 1664
ability to practice has been assessed and that the individual has 1665
been found capable of practicing according to acceptable and 1666
prevailing standards of care. The reports shall be made by 1667
individuals or providers approved by the board for making the 1668
assessments and shall describe the basis for their determination. 1669

The board may reinstate a certificate suspended under this 1670
division after that demonstration and after the individual has 1671
entered into a written consent agreement. 1672

When the impaired practitioner resumes practice, the board 1673
shall require continued monitoring of the individual. The 1674
monitoring shall include, but not be limited to, compliance with 1675
the written consent agreement entered into before reinstatement or 1676
with conditions imposed by board order after a hearing, and, upon 1677
termination of the consent agreement, submission to the board for 1678
at least two years of annual written progress reports made under 1679
penalty of perjury stating whether the individual has maintained 1680
sobriety. 1681

(27) A second or subsequent violation of section 4731.66 or 1682
4731.69 of the Revised Code; 1683

(28) Except as provided in division (N) of this section: 1684

(a) Waiving the payment of all or any part of a deductible or 1685
copayment that a patient, pursuant to a health insurance or health 1686
care policy, contract, or plan that covers the individual's 1687

services, otherwise would be required to pay if the waiver is used 1688
as an enticement to a patient or group of patients to receive 1689
health care services from that individual; 1690

(b) Advertising that the individual will waive the payment of 1691
all or any part of a deductible or copayment that a patient, 1692
pursuant to a health insurance or health care policy, contract, or 1693
plan that covers the individual's services, otherwise would be 1694
required to pay. 1695

(29) Failure to use universal blood and body fluid 1696
precautions established by rules adopted under section 4731.051 of 1697
the Revised Code; 1698

(30) Failure to provide notice to, and receive acknowledgment 1699
of the notice from, a patient when required by section 4731.143 of 1700
the Revised Code prior to providing nonemergency professional 1701
services, or failure to maintain that notice in the patient's 1702
file; 1703

(31) Failure of a physician supervising a physician assistant 1704
to maintain supervision in accordance with the requirements of 1705
Chapter 4730. of the Revised Code and the rules adopted under that 1706
chapter; 1707

(32) Failure of a physician or podiatrist to enter into a 1708
standard care arrangement with a clinical nurse specialist, 1709
certified nurse-midwife, or certified nurse practitioner with whom 1710
the physician or podiatrist is in collaboration pursuant to 1711
section 4731.27 of the Revised Code or failure to fulfill the 1712
responsibilities of collaboration after entering into a standard 1713
care arrangement; 1714

(33) Failure to comply with the terms of a consult agreement 1715
entered into with a pharmacist pursuant to section 4729.39 of the 1716
Revised Code; 1717

(34) Failure to cooperate in an investigation conducted by 1718

the board under division (F) of this section, including failure to 1719
comply with a subpoena or order issued by the board or failure to 1720
answer truthfully a question presented by the board in an 1721
investigative interview, an investigative office conference, at a 1722
deposition, or in written interrogatories, except that failure to 1723
cooperate with an investigation shall not constitute grounds for 1724
discipline under this section if a court of competent jurisdiction 1725
has issued an order that either quashes a subpoena or permits the 1726
individual to withhold the testimony or evidence in issue; 1727

(35) Failure to supervise an oriental medicine practitioner 1728
or acupuncturist in accordance with Chapter 4762. of the Revised 1729
Code and the board's rules for providing that supervision; 1730

(36) Failure to supervise an anesthesiologist assistant in 1731
accordance with Chapter 4760. of the Revised Code and the board's 1732
rules for supervision of an anesthesiologist assistant; 1733

(37) Assisting suicide as defined in section 3795.01 of the 1734
Revised Code; 1735

(38) Failure to comply with the requirements of section 1736
2317.561 of the Revised Code; 1737

(39) Failure to supervise a radiologist assistant in 1738
accordance with Chapter 4774. of the Revised Code and the board's 1739
rules for supervision of radiologist assistants; 1740

(40) Performing or inducing an abortion at an office or 1741
facility with knowledge that the office or facility fails to post 1742
the notice required under section 3701.791 of the Revised Code; 1743

(41) Failure to comply with the standards and procedures 1744
established in rules under section 4731.054 of the Revised Code 1745
for the operation of or the provision of care at a pain management 1746
clinic; 1747

(42) Failure to comply with the standards and procedures 1748

established in rules under section 4731.054 of the Revised Code 1749
for providing supervision, direction, and control of individuals 1750
at a pain management clinic; 1751

(43) Failure to comply with the requirements of section 1752
4729.79 or 4731.055 of the Revised Code, unless the state board of 1753
pharmacy no longer maintains a drug database pursuant to section 1754
4729.75 of the Revised Code; 1755

(44) Failure to comply with the requirements of section 1756
2919.171 of the Revised Code or failure to submit to the 1757
department of health in accordance with a court order a complete 1758
report as described in section 2919.171 of the Revised Code; 1759

(45) Practicing at a facility that is subject to licensure as 1760
a category III terminal distributor of dangerous drugs with a pain 1761
management clinic classification unless the person operating the 1762
facility has obtained and maintains the license with the 1763
classification; 1764

(46) Owning a facility that is subject to licensure as a 1765
category III terminal distributor of dangerous drugs with a pain 1766
management clinic classification unless the facility is licensed 1767
with the classification; 1768

(47) Failure to comply with any of the requirement 1769
requirements regarding making or maintaining notes medical records 1770
or documents described in division ~~(B) of section 2919.191~~ (A) of 1771
section 2919.192, division (C) of section 2919.193, division (B) 1772
of section 2919.195, or division (A) of section 2919.196 of the 1773
Revised Code ~~or failure to satisfy the requirements of section~~ 1774
~~2919.191 of the Revised Code prior to performing or inducing an~~ 1775
~~abortion upon a pregnant woman;~~ 1776

(48) Failure to comply with the requirements in section 1777
3719.061 of the Revised Code before issuing to a minor a 1778
prescription for a controlled substance containing an opioid. 1779

(C) Disciplinary actions taken by the board under divisions 1780
(A) and (B) of this section shall be taken pursuant to an 1781
adjudication under Chapter 119. of the Revised Code, except that 1782
in lieu of an adjudication, the board may enter into a consent 1783
agreement with an individual to resolve an allegation of a 1784
violation of this chapter or any rule adopted under it. A consent 1785
agreement, when ratified by an affirmative vote of not fewer than 1786
six members of the board, shall constitute the findings and order 1787
of the board with respect to the matter addressed in the 1788
agreement. If the board refuses to ratify a consent agreement, the 1789
admissions and findings contained in the consent agreement shall 1790
be of no force or effect. 1791

A telephone conference call may be utilized for ratification 1792
of a consent agreement that revokes or suspends an individual's 1793
certificate to practice. The telephone conference call shall be 1794
considered a special meeting under division (F) of section 121.22 1795
of the Revised Code. 1796

If the board takes disciplinary action against an individual 1797
under division (B) of this section for a second or subsequent plea 1798
of guilty to, or judicial finding of guilt of, a violation of 1799
section 2919.123 of the Revised Code, the disciplinary action 1800
shall consist of a suspension of the individual's certificate to 1801
practice for a period of at least one year or, if determined 1802
appropriate by the board, a more serious sanction involving the 1803
individual's certificate to practice. Any consent agreement 1804
entered into under this division with an individual that pertains 1805
to a second or subsequent plea of guilty to, or judicial finding 1806
of guilt of, a violation of that section shall provide for a 1807
suspension of the individual's certificate to practice for a 1808
period of at least one year or, if determined appropriate by the 1809
board, a more serious sanction involving the individual's 1810
certificate to practice. 1811

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

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

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

(2) Investigations of alleged violations of this chapter or any rule adopted under it shall be supervised by the supervising

member elected by the board in accordance with section 4731.02 of 1844
the Revised Code and by the secretary as provided in section 1845
4731.39 of the Revised Code. The president may designate another 1846
member of the board to supervise the investigation in place of the 1847
supervising member. No member of the board who supervises the 1848
investigation of a case shall participate in further adjudication 1849
of the case. 1850

(3) In investigating a possible violation of this chapter or 1851
any rule adopted under this chapter, or in conducting an 1852
inspection under division (E) of section 4731.054 of the Revised 1853
Code, the board may question witnesses, conduct interviews, 1854
administer oaths, order the taking of depositions, inspect and 1855
copy any books, accounts, papers, records, or documents, issue 1856
subpoenas, and compel the attendance of witnesses and production 1857
of books, accounts, papers, records, documents, and testimony, 1858
except that a subpoena for patient record information shall not be 1859
issued without consultation with the attorney general's office and 1860
approval of the secretary and supervising member of the board. 1861

(a) Before issuance of a subpoena for patient record 1862
information, the secretary and supervising member shall determine 1863
whether there is probable cause to believe that the complaint 1864
filed alleges a violation of this chapter or any rule adopted 1865
under it and that the records sought are relevant to the alleged 1866
violation and material to the investigation. The subpoena may 1867
apply only to records that cover a reasonable period of time 1868
surrounding the alleged violation. 1869

(b) On failure to comply with any subpoena issued by the 1870
board and after reasonable notice to the person being subpoenaed, 1871
the board may move for an order compelling the production of 1872
persons or records pursuant to the Rules of Civil Procedure. 1873

(c) A subpoena issued by the board may be served by a 1874
sheriff, the sheriff's deputy, or a board employee designated by 1875

the board. Service of a subpoena issued by the board may be made 1876
by delivering a copy of the subpoena to the person named therein, 1877
reading it to the person, or leaving it at the person's usual 1878
place of residence, usual place of business, or address on file 1879
with the board. When serving a subpoena to an applicant for or the 1880
holder of a certificate issued under this chapter, service of the 1881
subpoena may be made by certified mail, return receipt requested, 1882
and the subpoena shall be deemed served on the date delivery is 1883
made or the date the person refuses to accept delivery. If the 1884
person being served refuses to accept the subpoena or is not 1885
located, service may be made to an attorney who notifies the board 1886
that the attorney is representing the person. 1887

(d) A sheriff's deputy who serves a subpoena shall receive 1888
the same fees as a sheriff. Each witness who appears before the 1889
board in obedience to a subpoena shall receive the fees and 1890
mileage provided for under section 119.094 of the Revised Code. 1891

(4) All hearings, investigations, and inspections of the 1892
board shall be considered civil actions for the purposes of 1893
section 2305.252 of the Revised Code. 1894

(5) A report required to be submitted to the board under this 1895
chapter, a complaint, or information received by the board 1896
pursuant to an investigation or pursuant to an inspection under 1897
division (E) of section 4731.054 of the Revised Code is 1898
confidential and not subject to discovery in any civil action. 1899

The board shall conduct all investigations or inspections and 1900
proceedings in a manner that protects the confidentiality of 1901
patients and persons who file complaints with the board. The board 1902
shall not make public the names or any other identifying 1903
information about patients or complainants unless proper consent 1904
is given or, in the case of a patient, a waiver of the patient 1905
privilege exists under division (B) of section 2317.02 of the 1906
Revised Code, except that consent or a waiver of that nature is 1907

not required if the board possesses reliable and substantial 1908
evidence that no bona fide physician-patient relationship exists. 1909

The board may share any information it receives pursuant to 1910
an investigation or inspection, including patient records and 1911
patient record information, with law enforcement agencies, other 1912
licensing boards, and other governmental agencies that are 1913
prosecuting, adjudicating, or investigating alleged violations of 1914
statutes or administrative rules. An agency or board that receives 1915
the information shall comply with the same requirements regarding 1916
confidentiality as those with which the state medical board must 1917
comply, notwithstanding any conflicting provision of the Revised 1918
Code or procedure of the agency or board that applies when it is 1919
dealing with other information in its possession. In a judicial 1920
proceeding, the information may be admitted into evidence only in 1921
accordance with the Rules of Evidence, but the court shall require 1922
that appropriate measures are taken to ensure that confidentiality 1923
is maintained with respect to any part of the information that 1924
contains names or other identifying information about patients or 1925
complainants whose confidentiality was protected by the state 1926
medical board when the information was in the board's possession. 1927
Measures to ensure confidentiality that may be taken by the court 1928
include sealing its records or deleting specific information from 1929
its records. 1930

(6) On a quarterly basis, the board shall prepare a report 1931
that documents the disposition of all cases during the preceding 1932
three months. The report shall contain the following information 1933
for each case with which the board has completed its activities: 1934

(a) The case number assigned to the complaint or alleged 1935
violation; 1936

(b) The type of certificate to practice, if any, held by the 1937
individual against whom the complaint is directed; 1938

(c) A description of the allegations contained in the 1939
complaint; 1940

(d) The disposition of the case. 1941

The report shall state how many cases are still pending and 1942
shall be prepared in a manner that protects the identity of each 1943
person involved in each case. The report shall be a public record 1944
under section 149.43 of the Revised Code. 1945

(G) If the secretary and supervising member determine both of 1946
the following, they may recommend that the board suspend an 1947
individual's certificate to practice without a prior hearing: 1948

(1) That there is clear and convincing evidence that an 1949
individual has violated division (B) of this section; 1950

(2) That the individual's continued practice presents a 1951
danger of immediate and serious harm to the public. 1952

Written allegations shall be prepared for consideration by 1953
the board. The board, upon review of those allegations and by an 1954
affirmative vote of not fewer than six of its members, excluding 1955
the secretary and supervising member, may suspend a certificate 1956
without a prior hearing. A telephone conference call may be 1957
utilized for reviewing the allegations and taking the vote on the 1958
summary suspension. 1959

The board shall issue a written order of suspension by 1960
certified mail or in person in accordance with section 119.07 of 1961
the Revised Code. The order shall not be subject to suspension by 1962
the court during pendency of any appeal filed under section 119.12 1963
of the Revised Code. If the individual subject to the summary 1964
suspension requests an adjudicatory hearing by the board, the date 1965
set for the hearing shall be within fifteen days, but not earlier 1966
than seven days, after the individual requests the hearing, unless 1967
otherwise agreed to by both the board and the individual. 1968

Any summary suspension imposed under this division shall 1969
remain in effect, unless reversed on appeal, until a final 1970
adjudicative order issued by the board pursuant to this section 1971
and Chapter 119. of the Revised Code becomes effective. The board 1972
shall issue its final adjudicative order within seventy-five days 1973
after completion of its hearing. A failure to issue the order 1974
within seventy-five days shall result in dissolution of the 1975
summary suspension order but shall not invalidate any subsequent, 1976
final adjudicative order. 1977

(H) If the board takes action under division (B)(9), (11), or 1978
(13) of this section and the judicial finding of guilt, guilty 1979
plea, or judicial finding of eligibility for intervention in lieu 1980
of conviction is overturned on appeal, upon exhaustion of the 1981
criminal appeal, a petition for reconsideration of the order may 1982
be filed with the board along with appropriate court documents. 1983
Upon receipt of a petition of that nature and supporting court 1984
documents, the board shall reinstate the individual's certificate 1985
to practice. The board may then hold an adjudication under Chapter 1986
119. of the Revised Code to determine whether the individual 1987
committed the act in question. Notice of an opportunity for a 1988
hearing shall be given in accordance with Chapter 119. of the 1989
Revised Code. If the board finds, pursuant to an adjudication held 1990
under this division, that the individual committed the act or if 1991
no hearing is requested, the board may order any of the sanctions 1992
identified under division (B) of this section. 1993

(I) The certificate to practice issued to an individual under 1994
this chapter and the individual's practice in this state are 1995
automatically suspended as of the date of the individual's second 1996
or subsequent plea of guilty to, or judicial finding of guilt of, 1997
a violation of section 2919.123 of the Revised Code, or the date 1998
the individual pleads guilty to, is found by a judge or jury to be 1999
guilty of, or is subject to a judicial finding of eligibility for 2000

intervention in lieu of conviction in this state or treatment or 2001
intervention in lieu of conviction in another jurisdiction for any 2002
of the following criminal offenses in this state or a 2003
substantially equivalent criminal offense in another jurisdiction: 2004
aggravated murder, murder, voluntary manslaughter, felonious 2005
assault, kidnapping, rape, sexual battery, gross sexual 2006
imposition, aggravated arson, aggravated robbery, or aggravated 2007
burglary. Continued practice after suspension shall be considered 2008
practicing without a certificate. 2009

The board shall notify the individual subject to the 2010
suspension by certified mail or in person in accordance with 2011
section 119.07 of the Revised Code. If an individual whose 2012
certificate is automatically suspended under this division fails 2013
to make a timely request for an adjudication under Chapter 119. of 2014
the Revised Code, the board shall do whichever of the following is 2015
applicable: 2016

(1) If the automatic suspension under this division is for a 2017
second or subsequent plea of guilty to, or judicial finding of 2018
guilt of, a violation of section 2919.123 of the Revised Code, the 2019
board shall enter an order suspending the individual's certificate 2020
to practice for a period of at least one year or, if determined 2021
appropriate by the board, imposing a more serious sanction 2022
involving the individual's certificate to practice. 2023

(2) In all circumstances in which division (I)(1) of this 2024
section does not apply, enter a final order permanently revoking 2025
the individual's certificate to practice. 2026

(J) If the board is required by Chapter 119. of the Revised 2027
Code to give notice of an opportunity for a hearing and if the 2028
individual subject to the notice does not timely request a hearing 2029
in accordance with section 119.07 of the Revised Code, the board 2030
is not required to hold a hearing, but may adopt, by an 2031
affirmative vote of not fewer than six of its members, a final 2032

order that contains the board's findings. In that final order, the board may order any of the sanctions identified under division (A) or (B) of this section.

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

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

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

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

(2) An application for a certificate made under the

provisions of this chapter may not be withdrawn without approval 2064
of the board. 2065

(3) Failure by an individual to renew a certificate of 2066
registration in accordance with this chapter shall not remove or 2067
limit the board's jurisdiction to take any disciplinary action 2068
under this section against the individual. 2069

(4) At the request of the board, a certificate holder shall 2070
immediately surrender to the board a certificate that the board 2071
has suspended, revoked, or permanently revoked. 2072

(N) Sanctions shall not be imposed under division (B)(28) of 2073
this section against any person who waives deductibles and 2074
copayments as follows: 2075

(1) In compliance with the health benefit plan that expressly 2076
allows such a practice. Waiver of the deductibles or copayments 2077
shall be made only with the full knowledge and consent of the plan 2078
purchaser, payer, and third-party administrator. Documentation of 2079
the consent shall be made available to the board upon request. 2080

(2) For professional services rendered to any other person 2081
authorized to practice pursuant to this chapter, to the extent 2082
allowed by this chapter and rules adopted by the board. 2083

(O) Under the board's investigative duties described in this 2084
section and subject to division (F) of this section, the board 2085
shall develop and implement a quality intervention program 2086
designed to improve through remedial education the clinical and 2087
communication skills of individuals authorized under this chapter 2088
to practice medicine and surgery, osteopathic medicine and 2089
surgery, and podiatric medicine and surgery. In developing and 2090
implementing the quality intervention program, the board may do 2091
all of the following: 2092

(1) Offer in appropriate cases as determined by the board an 2093
educational and assessment program pursuant to an investigation 2094

the board conducts under this section; 2095

(2) Select providers of educational and assessment services, 2096
including a quality intervention program panel of case reviewers; 2097

(3) Make referrals to educational and assessment service 2098
providers and approve individual educational programs recommended 2099
by those providers. The board shall monitor the progress of each 2100
individual undertaking a recommended individual educational 2101
program. 2102

(4) Determine what constitutes successful completion of an 2103
individual educational program and require further monitoring of 2104
the individual who completed the program or other action that the 2105
board determines to be appropriate; 2106

(5) Adopt rules in accordance with Chapter 119. of the 2107
Revised Code to further implement the quality intervention 2108
program. 2109

An individual who participates in an individual educational 2110
program pursuant to this division shall pay the financial 2111
obligations arising from that educational program. 2112

Section 4. That the existing version of section 4731.22 of 2113
the Revised Code that is scheduled to take effect April 1, 2015, 2114
is hereby repealed. 2115

Section 5. Sections 3 and 4 of this act shall take effect 2116
April 1, 2015. 2117

Section 6. This version of section 4731.22 of the Revised 2118
Code that is scheduled to take effect April 1, 2015, is presented 2119
in this act as a composite of the section as amended by Sub. H.B. 2120
314, Am. Sub. H.B. 341, and Am. Sub. H.B. 483, all of the 130th 2121
General Assembly. The General Assembly, applying the principle 2122
stated in division (B) of section 1.52 of the Revised Code that 2123

amendments are to be harmonized if reasonably capable of	2124
simultaneous operation, finds that the composite is the resulting	2125
version of the section in effect prior to the effective date of	2126
the section as presented in this act.	2127