

The board shall notify the individual subject to the suspension in accordance with sections 119.05 and 119.07 of the Revised Code. If an individual whose license or certificate is automatically suspended under this division fails to make a timely request for an adjudication under Chapter 119. of the Revised Code, the board shall do whichever of the following is applicable:

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

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

(J) If the board is required by Chapter 119. of the Revised Code to give notice of an opportunity for a hearing and if the individual subject to the notice does not timely request a hearing in accordance with section 119.07 of the Revised Code, the board is not required to hold a hearing, but may adopt, by an affirmative vote of not fewer than six of its members, a final 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 license or certificate to practice may be reinstated. The board shall adopt rules governing conditions to be imposed for reinstatement. Reinstatement of a license or 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 or issue a license or certificate to practice to an applicant, revokes an individual's license or certificate to practice, refuses to renew an individual's license or certificate to practice, or refuses to reinstate an individual's license or 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 license or certificate to practice and the board shall not accept an application for reinstatement of the license or certificate or for issuance of a new license or certificate.

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

(1) The surrender of a license or 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 license or 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 license or certificate surrendered to the board requires an affirmative vote of not fewer than six members of the board.

(2) An application for a license or certificate made under the provisions of this chapter may

not be withdrawn without approval of the board.

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

(4) The placement of an individual's license on retired status, as described in section 4731.283 of the Revised Code, does not remove or limit the board's jurisdiction to take any disciplinary action against the individual with regard to the license as it existed before being placed on retired status.

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

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

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

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

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

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

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

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

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

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

An individual who participates in an individual educational program pursuant to this division

shall pay the financial obligations arising from that educational program.

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

Sec. 4731.224. (A) Within sixty days after the imposition of any formal disciplinary action taken by any health care facility, including a hospital, health care facility operated by a health insuring corporation, ambulatory surgical center, or similar facility, against any individual holding a valid license or certificate to practice issued pursuant to this chapter, the chief administrator or executive officer of the facility shall report to the state medical board the name of the individual, the action taken by the facility, and a summary of the underlying facts leading to the action taken. Upon request, the board shall be provided certified copies of the patient records that were the basis for the facility's action. Prior to release to the board, the summary shall be approved by the peer review committee that reviewed the case or by the governing board of the facility. As used in this division, "formal disciplinary action" means any action resulting in the revocation, restriction, reduction, or termination of clinical privileges for violations of professional ethics, or for reasons of medical incompetence or medical malpractice. "Formal disciplinary action" includes a summary action, an action that takes effect notwithstanding any appeal rights that may exist, and an action that results in an individual surrendering clinical privileges while under investigation and during proceedings regarding the action being taken or in return for not being investigated or having proceedings held. "Formal disciplinary action" does not include any action taken for the sole reason of failure to maintain records on a timely basis or failure to attend staff or section meetings.

The filing or nonfiling of a report with the board, investigation by the board, or any disciplinary action taken by the board, shall not preclude any action by a health care facility to suspend, restrict, or revoke the individual's clinical privileges.

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

(B)(1) Except as provided in division (B)(2) of this section, if any individual authorized to practice under this chapter or any professional association or society of such individuals believes that a violation of any provision of this chapter, Chapter 4730., 4759., 4760., 4761., 4762., 4772., 4774., or 4778. of the Revised Code, or any rule of the board has occurred, the individual, association, or society shall report to the board the information upon which the belief is based.

(2) If any individual authorized to practice under this chapter or any professional association or society of such individuals believes that a violation of division (B)(19) or (26) of section 4731.22 of the Revised Code has occurred, the individual, association, or society shall report the information upon which the belief is based to the monitoring organization conducting the confidential monitoring program established under section 4731.25 of the Revised Code. If any such report is made to the board, it shall be referred to the monitoring organization unless the board is aware that

the individual who is the subject of the report does not meet the program eligibility requirements of section 4731.252 of the Revised Code.

(C) Any professional association or society composed primarily of doctors of medicine and surgery, doctors of osteopathic medicine and surgery, doctors of podiatric medicine and surgery, or practitioners of limited branches of medicine that suspends or revokes an individual's membership for violations of professional ethics, or for reasons of professional incompetence or professional malpractice, within sixty days after a final decision shall report to the board, on forms prescribed and provided by the board, the name of the individual, the action taken by the professional organization, and a summary of the underlying facts leading to the action taken.

The filing of a report with the board or decision not to file a report, investigation by the board, or any disciplinary action taken by the board, does not preclude a professional organization from taking disciplinary action against an individual.

(D) Any insurer providing professional liability insurance to an individual authorized to practice under this chapter, or any other entity that seeks to indemnify the professional liability of such an individual, shall notify the board within thirty days after the final disposition of any written claim for damages where such disposition results in a payment exceeding twenty-five thousand dollars. The notice shall contain the following information:

- (1) The name and address of the person submitting the notification;
- (2) The name and address of the insured who is the subject of the claim;
- (3) The name of the person filing the written claim;
- (4) The date of final disposition;
- (5) If applicable, the identity of the court in which the final disposition of the claim took place.

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

(F) All summaries, reports, and records received and maintained by the board pursuant to this section shall be held in confidence and shall not be subject to discovery or introduction in evidence in any federal or state civil action involving a health care professional or facility arising out of matters that are the subject of the reporting required by this section. The board may use the information obtained only as the basis for an investigation, as evidence in a disciplinary hearing against an individual whose practice is regulated under this chapter, or in any subsequent trial or appeal of a board action or order.

The board may disclose the summaries and reports it receives under this section only to

health care facility committees within or outside this state that are involved in credentialing or recredentialing the individual or in reviewing the individual's clinical privileges. The board shall indicate whether or not the information has been verified. Information transmitted by the board shall be subject to the same confidentiality provisions as when maintained by the board.

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

(H) An individual or entity that, pursuant to this section, reports to the board, reports to the monitoring organization described in section 4731.25 of the Revised Code, or refers an impaired practitioner to a treatment provider approved by the board under section 4731.251 of the Revised Code shall not be subject to suit for civil damages as a result of the report, referral, or provision of the information.

(I) In the absence of fraud or bad faith, no professional association or society of individuals authorized to practice under this chapter that sponsors a committee or program to provide peer assistance to practitioners with substance abuse problems, no representative or agent of such a committee or program, no representative or agent of the monitoring organization described in section 4731.25 of the Revised Code, and no member of the state medical board shall be held liable in damages to any person by reason of actions taken to refer a practitioner to a treatment provider approved under section 4731.251 of the Revised Code for examination or treatment.

Sec. 4731.24. Except as provided in sections 4731.281 and 4731.40 of the Revised Code, all receipts of the state medical board, from any source, shall be deposited in the state treasury. The funds shall be deposited to the credit of the state medical board operating fund, which is hereby created. Except as provided in sections 4730.252, 4731.225, 4731.24, 4759.071, 4760.133, 4761.091, 4762.133, 4772.203, 4774.133, and 4778.141 of the Revised Code, all funds deposited into the state treasury under this section shall be used solely for the administration and enforcement of this chapter and Chapters 4730., 4759., 4760., 4761., 4762., 4772., 4774., and 4778. of the Revised Code by the board.

Sec. 4731.25. (A) As used in this section and in sections 4731.251 to 4731.255 of the Revised Code:

(1) "Applicant" means an individual who has applied under Chapter 4730., 4731., 4759., 4760., 4761., 4762., 4772., 4774., or 4778. of the Revised Code for a license, training or other certificate, limited permit, or other authority to practice as any one of the following practitioners: a physician assistant, physician, podiatrist, limited branch of medicine practitioner, dietitian, anesthesiologist assistant, respiratory care professional, acupuncturist, certified mental health assistant, radiologist assistant, or genetic counselor. "Applicant" may include an individual who has been granted authority by the state medical board to practice as one type of practitioner, but has

applied for authority to practice as another type of practitioner.

(2) "Impaired" or "impairment" means either or both of the following:

(a) Impairment of ability to practice as described in division (B)(5) of section 4730.25, division (B)(26) of section 4731.22, division (A)(18) of section 4759.07, division (B)(6) of section 4760.13, division (A)(18) of section 4761.09, division (B)(6) of section 4762.13, division (B)(6) of section 4772.20, division (B)(6) of section 4774.13, or division (B)(6) of section 4778.14 of the Revised Code;

(b) Inability to practice as described in division (B)(4) of section 4730.25, division (B)(19) of section 4731.22, division (A)(14) of section 4759.07, division (B)(5) of section 4760.13, division (A)(14) of section 4761.09, division (B)(5) of section 4762.13, division (B)(5) of section 4774.13, or division (B)(5) of section 4778.14 of the Revised Code.

(3) "Practitioner" means any of the following:

(a) An individual authorized under this chapter to practice medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited branch of medicine;

(b) An individual licensed under Chapter 4730. of the Revised Code to practice as a physician assistant;

(c) An individual authorized under Chapter 4759. of the Revised Code to practice as a dietitian;

(d) An individual authorized under Chapter 4760. of the Revised Code to practice as an anesthesiologist assistant;

(e) An individual authorized under Chapter 4761. of the Revised Code to practice respiratory care;

(f) An individual licensed under Chapter 4762. of the Revised Code to practice as an acupuncturist;

(g) An individual licensed under Chapter 4772. of the Revised Code to practice as a certified mental health assistant;

(h) An individual licensed under Chapter 4774. of the Revised Code to practice as a radiologist assistant;

~~(h)~~-(i) An individual licensed under Chapter 4778. of the Revised Code to practice as a genetic counselor.

(B) The state medical board shall establish a confidential, nondisciplinary program for the evaluation and treatment of practitioners and applicants who are, or may be, impaired and also meet the eligibility conditions described in section 4731.252 or 4731.253 of the Revised Code. The program shall be known as the confidential monitoring program.

The board shall contract with a monitoring organization to conduct the program and perform monitoring services. To be qualified to contract with the board, an organization shall meet all of the following requirements:

(1) Be a professionals health program sponsored by one or more professional associations or

societies of practitioners;

(2) Be organized as a not-for-profit entity and exempt from federal income taxation under subsection 501(c)(3) of the Internal Revenue Code;

(3) Contract with or employ a medical director who is authorized under this chapter to practice medicine and surgery or osteopathic medicine and surgery and specializes or has training and expertise in addiction medicine;

(4) Contract with or employ licensed health care professionals necessary for the organization's operation.

(C) The monitoring organization shall do all of the following pursuant to the contract:

(1) Receive from the board a referral regarding an applicant or receive any report of suspected practitioner impairment from any source, including from the board;

(2) Notify a practitioner who is the subject of a report received under division (C)(1) of this section that the report has been made and that the practitioner may be eligible to participate in the program conducted under this section;

(3) Provide a practitioner who is the subject of a report received under division (C)(1) of this section with the list of approved evaluators and treatment providers prepared and updated as described in section 4731.251 of the Revised Code;

(4) Determine whether a practitioner reported or applicant referred to the monitoring organization is eligible to participate in the program, which in the case of an applicant may include evaluating records as described in division (E)(1)(d) of this section, and notify the practitioner or applicant of the determination;

(5) In the case of a practitioner reported by a treatment provider, notify the treatment provider of the eligibility determination;

(6) Report to the board any practitioner or applicant who is determined ineligible to participate in the program;

(7) Refer an eligible practitioner who chooses to participate in the program for evaluation by an evaluator approved by the monitoring organization, unless the report received by the monitoring organization was made by an approved evaluator and the practitioner has already been evaluated;

(8) Monitor the evaluation of an eligible practitioner;

(9) Refer an eligible practitioner who chooses to participate in the program to a treatment provider approved by the monitoring organization;

(10) Establish, in consultation with the treatment provider to which a practitioner is referred, the terms and conditions with which the practitioner must comply for continued participation in and successful completion of the program;

(11) Report to the board any practitioner who does not complete evaluation or treatment or does not comply with any of the terms and conditions established by the monitoring organization and the treatment provider;

(12) Perform any other activities specified in the contract with the board or that the

monitoring organization considers necessary to comply with this section and sections 4731.251 to 4731.255 of the Revised Code.

(D) The monitoring organization shall not disclose to the board the name of a practitioner or applicant or any records relating to a practitioner or applicant, unless any of the following occurs:

- (1) The practitioner or applicant is determined to be ineligible to participate in the program.
- (2) The practitioner or applicant requests the disclosure.
- (3) The practitioner or applicant is unwilling or unable to complete or comply with any part of the program, including evaluation, treatment, or monitoring.
- (4) The practitioner or applicant presents an imminent danger to oneself or the public, as a result of the practitioner's or applicant's impairment.
- (5) The practitioner's impairment has not been substantially alleviated by participation in the program.

(E)(1) The monitoring organization shall develop procedures governing each of the following:

- (a) Receiving reports of practitioner impairment;
- (b) Notifying practitioners of reports and eligibility determinations;
- (c) Receiving applicant referrals as described in section 4731.253 of the Revised Code;
- (d) Evaluating records of referred applicants, in particular records from other jurisdictions regarding prior treatment for impairment or current or continued monitoring;
- (e) Notifying applicants of eligibility determinations;
- (f) Referring eligible practitioners for evaluation or treatment;
- (g) Establishing individualized treatment plans for eligible practitioners, as recommended by treatment providers;
- (h) Establishing individualized terms and conditions with which eligible practitioners or applicants must comply for continued participation in and successful completion of the program.

(2) The monitoring organization, in consultation with the board, shall develop procedures governing each of the following:

- (a) Providing reports to the board on a periodic basis on the total number of practitioners or applicants participating in the program, without disclosing the names or records of any program participants other than those about whom reports are required by this section;
- (b) Reporting to the board any practitioner or applicant who due to impairment presents an imminent danger to oneself or the public;
- (c) Reporting to the board any practitioner or applicant who is unwilling or unable to complete or comply with any part of the program, including evaluation, treatment, or monitoring;
- (d) Reporting to the board any practitioner or applicant whose impairment was not substantially alleviated by participation in the program.

Sec. 4731.251. (A) In addition to the duties described in section 4731.25 of the Revised Code, the monitoring organization shall conduct a review of individuals and entities providing

impairment evaluation and treatment services to determine which should be approved as evaluators and treatment providers by the organization. The individuals and entities may include those with experience providing evaluation and treatment services as part of a professionals health program sponsored by one or more professional associations or societies of practitioners. The monitoring organization shall conduct its review in accordance with criteria developed under this section.

Following its review, the monitoring organization shall grant or deny approval to evaluators and treatment providers, which may include physicians and facilities. The monitoring organization shall prepare a list of evaluators approved to serve under the program and a list of treatment providers approved to serve under the program or as described in division (B)(5) of section 4730.25, division (B)(26) of section 4731.22, division (A)(18) of section 4759.07, division (B)(6) of section 4760.13, division (A)(18) of section 4761.09, division (B)(6) of section 4762.13, division (B)(6) of section 4772.20, division (B)(6) of section 4774.13, or division (B)(6) of section 4778.14 of the Revised Code.

In accordance with criteria developed under this section, the monitoring organization shall periodically review and update the list of approved evaluators and treatment providers, including by examining evaluator and treatment provider outcomes and operations. As part of its periodic review, the organization may approve additional evaluators or treatment providers and add them to the list. The organization also may withdraw approval for evaluators and treatment providers. Such additions and withdrawals shall be reflected in the list.

(B) The monitoring organization and state medical board together shall develop criteria and procedures for the review and approval of impairment evaluators and treatment providers. The criteria and procedures shall address reviews conducted on a periodic basis, including the examination of approved evaluator and treatment provider outcomes and operations.

(C) Separate from the confidential monitoring program established under section 4731.25 of the Revised Code, the board may contract with the monitoring organization to assist the board in monitoring impaired practitioners who are subject to formal disciplinary action by the board.

(D) Any practitioner who is evaluated or treated as part of the confidential monitoring program, who enters into a participation agreement with the monitoring organization, or who is treated by an approved treatment provider shall be deemed to have waived any confidentiality requirements that would otherwise prevent the monitoring organization or treatment provider from making reports required under sections 4731.25 to 4731.255 of the Revised Code.

Sec. 4734.99. (A) Whoever violates section 4734.14 or 4734.141 of the Revised Code is guilty of a felony of the fifth degree on a first offense, unless the offender previously has been convicted of or has pleaded guilty to a violation of section 2911.01, 2911.02, 2911.11, 2911.12, 2911.13, 2913.02, 2913.40, 2913.47, 2913.48, 2913.51, 2921.13, 4715.09, 4723.03, 4725.02, 4725.41, 4729.27, 4729.28, 4729.36, 4729.51, 4729.61, 4730.02, 4731.41, 4731.43, 4731.46, 4731.47, 4731.60, 4732.21, 4741.18, 4741.19, 4755.48, 4757.02, 4759.02, 4761.10, 4772.02, or 4773.02 of the Revised Code or an offense under an existing or former law of this state, another

state, or the United States that is or was substantially equivalent to a violation of any of those sections, in which case the offender is guilty of a felony of the fourth degree. For each subsequent offense, the offender is guilty of a felony of the fourth degree.

(B) Whoever violates section 4734.161 of the Revised Code is guilty of a misdemeanor of the first degree.

(C) Whoever violates division (A), (B), (C), or (D) of section 4734.32 of the Revised Code is guilty of a minor misdemeanor on a first offense; on each subsequent offense, the person is guilty of a misdemeanor of the fourth degree, except that an individual guilty of a subsequent offense shall not be subject to imprisonment, but to a fine alone of up to one thousand dollars for each offense.

Sec. 4743.09. (A) As used in this section:

(1) "Durable medical equipment" means a type of equipment, such as a remote monitoring device utilized by a physician, physician assistant, or advanced practice registered nurse in accordance with this section, that can withstand repeated use, is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of illness or injury and, in addition, includes repair and replacement parts for the equipment.

(2) "Facility fee" means any fee charged or billed for telehealth services provided in a facility that is intended to compensate the facility for its operational expenses and is separate and distinct from a professional fee.

(3) "Health care professional" means:

(a) An advanced practice registered nurse, as defined in section 4723.01 of the Revised Code;

(b) An optometrist licensed under Chapter 4725. of the Revised Code to practice optometry;

(c) A pharmacist licensed under Chapter 4729. of the Revised Code;

(d) A physician assistant licensed under Chapter 4730. of the Revised Code;

(e) A physician licensed under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery;

(f) A psychologist, independent school psychologist, or school psychologist licensed under Chapter 4732. of the Revised Code;

(g) A chiropractor licensed under Chapter 4734. of the Revised Code;

(h) An audiologist or speech-language pathologist licensed under Chapter 4753. of the Revised Code;

(i) An occupational therapist or physical therapist licensed under Chapter 4755. of the Revised Code;

(j) An occupational therapy assistant or physical therapist assistant licensed under Chapter 4755. of the Revised Code;

(k) A professional clinical counselor, independent social worker, independent marriage and family therapist, art therapist, or music therapist licensed under Chapter 4757. of the Revised Code;

(l) An independent chemical dependency counselor licensed under Chapter 4758. of the

Revised Code;

- (m) A dietitian licensed under Chapter 4759. of the Revised Code;
- (n) A respiratory care professional licensed under Chapter 4761. of the Revised Code;
- (o) A genetic counselor licensed under Chapter 4778. of the Revised Code;
- (p) A certified Ohio behavior analyst certified under Chapter 4783. of the Revised Code;
- (q) A certified mental health assistant licensed under Chapter 4772. of the Revised Code.

(4) "Health care professional licensing board" means any of the following:

- (a) The board of nursing;
- (b) The state vision professionals board;
- (c) The state board of pharmacy;
- (d) The state medical board;
- (e) The state board of psychology;
- (f) The state chiropractic board;
- (g) The state speech and hearing professionals board;
- (h) The Ohio occupational therapy, physical therapy, and athletic trainers board;
- (i) The counselor, social worker, and marriage and family therapist board;
- (j) The chemical dependency professionals board.

(5) "Health plan issuer" has the same meaning as in section 3922.01 of the Revised Code.

(6) "Telehealth services" means health care services provided through the use of information and communication technology by a health care professional, within the professional's scope of practice, who is located at a site other than the site where either of the following is located:

- (a) The patient receiving the services;
- (b) Another health care professional with whom the provider of the services is consulting regarding the patient.

(B)(1) Each health care professional licensing board shall permit a health care professional under its jurisdiction to provide the professional's services as telehealth services in accordance with this section. Subject to division (B)(2) of this section, a board may adopt any rules it considers necessary to implement this section. All rules adopted under this section shall be adopted in accordance with Chapter 119. of the Revised Code. Any such rules adopted by a board are not subject to the requirements of division (F) of section 121.95 of the Revised Code.

(2)(a) Except as provided in division (B)(2)(b) of this section, the rules adopted by a health care professional licensing board under this section shall establish a standard of care for telehealth services that is equal to the standard of care for in-person services.

(b) Subject to division (B)(2)(c) of this section, a board may require an initial in-person visit prior to prescribing a schedule II controlled substance to a new patient, equivalent to applicable state and federal requirements.

(c)(i) A board shall not require an initial in-person visit for a new patient whose medical record indicates that the patient is receiving hospice or palliative care, who is receiving medication-

assisted treatment or any other medication for opioid-use disorder, who is a patient with a mental health condition, or who, as determined by the clinical judgment of a health care professional, is in an emergency situation.

(ii) Notwithstanding division (B) of section 3796.01 of the Revised Code, medical marijuana shall not be considered a schedule II controlled substance.

(C) With respect to the provision of telehealth services, all of the following apply:

(1) A health care professional may use synchronous or asynchronous technology to provide telehealth services to a patient during an initial visit if the appropriate standard of care for an initial visit is satisfied.

(2) A health care professional may deny a patient telehealth services and, instead, require the patient to undergo an in-person visit.

(3) When providing telehealth services in accordance with this section, a health care professional shall comply with all requirements under state and federal law regarding the protection of patient information. A health care professional shall ensure that any username or password information and any electronic communications between the professional and a patient are securely transmitted and stored.

(4) A health care professional may use synchronous or asynchronous technology to provide telehealth services to a patient during an annual visit if the appropriate standard of care for an annual visit is satisfied.

(5) In the case of a health care professional who is a physician, physician assistant, or advanced practice registered nurse, both of the following apply:

(a) The professional may provide telehealth services to a patient located outside of this state if permitted by the laws of the state in which the patient is located.

(b) The professional may provide telehealth services through the use of medical devices that enable remote monitoring, including such activities as monitoring a patient's blood pressure, heart rate, or glucose level.

(D) When a patient has consented to receiving telehealth services, the health care professional who provides those services is not liable in damages under any claim made on the basis that the services do not meet the same standard of care that would apply if the services were provided in-person.

(E)(1) A health care professional providing telehealth services shall not charge a patient or a health plan issuer covering telehealth services under section 3902.30 of the Revised Code any of the following: a facility fee, an origination fee, or any fee associated with the cost of the equipment used at the provider site to provide telehealth services.

A health care professional providing telehealth services may charge a health plan issuer for durable medical equipment used at a patient or client site.

(2) A health care professional may negotiate with a health plan issuer to establish a reimbursement rate for fees associated with the administrative costs incurred in providing telehealth

services as long as a patient is not responsible for any portion of the fee.

(3) A health care professional providing telehealth services shall obtain a patient's consent before billing for the cost of providing the services, but the requirement to do so applies only once.

(F) Nothing in this section limits or otherwise affects any other provision of the Revised Code that requires a health care professional who is not a physician to practice under the supervision of, in collaboration with, in consultation with, or pursuant to the referral of another health care professional.

(G) It is the intent of the general assembly, through the amendments to this section, to expand access to and investment in telehealth services in this state in congruence with the expansion and investment in telehealth services made during the COVID-19 pandemic.

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

Nothing in this chapter prevents or restricts the practice, services, or activities of any physician assistant practicing in accordance with a supervision agreement entered into under section 4730.19 of the Revised Code, including, if applicable, the policies of the health care facility in which the physician assistant is practicing.

Nothing in this chapter prevents or restricts the practice, services, or activities of any certified mental health assistant practicing in accordance with a supervision agreement entered into under section 4772.10 of the Revised Code.

Sec. 4769.01. As used in this chapter:

(A) "Medicare" means the program established by Title XVIII of the "Social Security Act," 49 Stat. 620 (1935), 42 U.S.C.A. 301, as amended.

(B) "Balance billing" means charging or collecting from a medicare beneficiary an amount in excess of the medicare reimbursement rate for medicare-covered services or supplies provided to a medicare beneficiary, except when medicare is the secondary insurer. When medicare is the secondary insurer, the health care practitioner may pursue full reimbursement under the terms and conditions of the primary coverage and, if applicable, the charge allowed under the terms and conditions of the appropriate provider contract, from the primary insurer, but the medicare beneficiary cannot be balance billed above the medicare reimbursement rate for a medicare-covered service or supply. "Balance billing" does not include charging or collecting deductibles or coinsurance required by the program.

(C) "Health care practitioner" means all of the following:

- (1) A dentist or dental hygienist licensed under Chapter 4715. of the Revised Code;
- (2) A registered or licensed practical nurse licensed under Chapter 4723. of the Revised Code;
- (3) An optometrist licensed under Chapter 4725. of the Revised Code;
- (4) A dispensing optician, spectacle dispensing optician, or spectacle-contact lens dispensing optician licensed under Chapter 4725. of the Revised Code;

- (5) A pharmacist licensed under Chapter 4729. of the Revised Code;
- (6) A physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatry;
- (7) A physician assistant authorized under Chapter 4730. of the Revised Code to practice as a physician assistant;
- (8) A practitioner of a limited branch of medicine issued a certificate under Chapter 4731. of the Revised Code;
- (9) A psychologist licensed under Chapter 4732. of the Revised Code;
- (10) A chiropractor licensed under Chapter 4734. of the Revised Code;
- (11) A hearing aid dealer or fitter licensed under Chapter 4747. of the Revised Code;
- (12) A speech-language pathologist or audiologist licensed under Chapter 4753. of the Revised Code;
- (13) An occupational therapist or occupational therapy assistant licensed under Chapter 4755. of the Revised Code;
- (14) A physical therapist or physical therapy assistant licensed under Chapter 4755. of the Revised Code;
- (15) A licensed professional clinical counselor, licensed professional counselor, social worker, or independent social worker licensed, or a social work assistant registered, under Chapter 4757. of the Revised Code;
- (16) A dietitian licensed under Chapter 4759. of the Revised Code;
- (17) A respiratory care professional licensed under Chapter 4761. of the Revised Code;
- (18) An emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic certified under Chapter 4765. of the Revised Code;
- (19) A certified mental health assistant licensed under Chapter 4772. of the Revised Code.
Sec. 4772.01. As used in this chapter:
 - (A) "Certified mental health assistant" means an individual who, under physician supervision, provides mental health care by engaging in any of the activities authorized under section 4772.09 of the Revised Code.
 - (B) "Controlled substance" has the same meaning as in section 3719.01 of the Revised Code.
 - (C) "Drug database" means the database established and maintained by the state board of pharmacy pursuant to section 4729.75 of the Revised Code.
 - (D) "Medication-assisted treatment" has the same meaning as in section 340.01 of the Revised Code.
 - (E) "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.
- Sec. 4772.02. (A) No person shall hold that person out as being able to function as a certified mental health assistant, or use any words or letters indicating or implying that the person is a certified mental health assistant, without a current, valid license to practice as a certified mental

health assistant issued pursuant to this chapter.

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

(C) No person shall practice as a certified mental health assistant without having entered into a supervision agreement with a supervising physician under section 4772.10 of the Revised Code.

(D) No person acting as the supervising physician of a certified mental health assistant shall authorize the certified mental health assistant to perform services if either of the following is the case:

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

(2) The services are inconsistent with the supervision agreement under which the certified mental health assistant is being supervised.

(E) No person shall advertise to provide services as a certified mental health assistant, except for the purpose of seeking employment.

(F) No person practicing as a certified mental health assistant shall fail to wear at all times when on duty a placard, plate, or other device identifying that person as a "certified mental health assistant."

Sec. 4772.03. Nothing in this chapter shall:

(A) Be construed to affect or interfere with the performance of duties of any medical personnel who are either of the following:

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

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

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

(C) Prohibit a physician from delegating responsibilities to any nurse or other qualified person who does not hold a license to practice as a certified mental health assistant, provided that the nurse or other qualified person is not held out to be a certified mental health assistant;

(D) Be construed as authorizing a certified mental health assistant independently to order or direct the execution of procedures or techniques by a registered nurse or licensed practical nurse in the care and treatment of a person in any setting, except to the extent that the certified mental health assistant is authorized to do so by a physician who is responsible for supervising the certified mental health assistant.

Sec. 4772.04. (A) An individual seeking a license to practice as a certified mental health assistant shall file with the state medical board a written application on a form prescribed and supplied by the board. The application shall include all the information the board considers necessary to process the application, including evidence satisfactory to the board that the applicant meets the requirements specified in division (B) of this section.

At the time an application is submitted, the applicant shall pay the board the application fee specified by the board in rules adopted under section 4772.19 of the Revised Code. No part of the fee shall be returned.

(B) To be eligible to receive a license to practice as a certified mental health assistant, an applicant shall meet all of the following requirements:

(1) Be at least eighteen years of age;

(2) Hold a bachelor's degree in any field of study obtained from an accredited educational institution;

(3) Meet either of the following additional educational requirements:

(a) Hold a master's or higher degree obtained from a certified mental health assistant program, as described in section 4772.05 of the Revised Code;

(b) Meet both of the following requirements:

(i) Hold a diploma from a medical school or osteopathic medical school that, at the time the diploma was issued, was a medical school accredited by the liaison committee on medical education or an osteopathic medical school accredited by the American osteopathic association;

(ii) Have completed twelve months of coursework from a certified mental health assistant program, as described in section 4772.05 of the Revised Code.

(C) The board shall review all applications received under this section. Not later than sixty days after receiving an application the board considers to be complete, the board shall determine whether the applicant meets the requirements to receive a license to practice as a certified mental health assistant.

Sec. 4772.041. In addition to any other eligibility requirement set forth in this chapter, each applicant for a license to practice as a certified mental health assistant shall comply with sections 4776.01 to 4776.04 of the Revised Code.

Sec. 4772.05. (A) To constitute a certified mental health assistant program for purposes of section 4772.04 of the Revised Code, an education program approved by the chancellor of higher education shall be at least thirty credit hours of graduate coursework that includes courses in each of the following areas:

(1) Psychiatric diagnoses included in the diagnostic and statistical manual of mental disorders published by the American psychiatric association;

(2) Laboratory studies used in diagnosing or managing psychiatric conditions;

(3) Medical conditions that mimic or present as psychiatric conditions;

(4) Medical conditions associated with psychiatric conditions or treatment;

(5) Psychopharmacology, including treatment of psychiatric conditions, interactions, and recognition and management of drug side effects and complications;

(6) Psychosocial interventions;

(7) Conducting suicide and homicide risk assessments;

(8) Forensic issues in psychiatry;

(9) Basic behavioral health counseling;

(10) Clinical experiences in inpatient psychiatric units, outpatient mental health clinics, psychiatric consultation and liaison services, and addiction services.

(B) The chancellor of higher education, in the process of approving or disapproving the certified mental health assistant program, shall consider feedback and recommendations from the advisory committee created pursuant to division (C) of this section.

(C)(1) An advisory committee on certified mental health assistant programs is created within the state medical board. The committee shall consist of five members appointed by the board's executive director. The following organizations may recommend appointments to the executive director for consideration:

(a) Ohio state medical association;

(b) Northeast Ohio medical university;

(c) Ohio psychiatric physicians association.

(2) The executive director shall appoint initial members and fill vacancies after considering the recommendations the executive director receives. If the executive director does not receive any recommendations or receives an insufficient number of recommendations, the executive director shall appoint members and fill vacancies on the executive director's own advice.

Initial appointments to the committee shall be made not later than sixty days after the effective date of this section. Subject to division (C)(4) of this section regarding the duration of the committee, all of the following apply:

(a) Of the initial appointments described in division (C)(1) of this section, two shall be for terms of one year and three shall be for terms of two years. Thereafter, terms shall be for two years, with each term ending on the same day of the same month as did the term that it succeeds.

(b) Members may be reappointed;

(c) Vacancies shall be filled in the same manner as appointments;

(d) When the term of any member expires, a successor shall be appointed in the same manner as the initial appointment. Any member appointed to fill a vacancy occurring prior to the expiration of the term for which the member's predecessor was appointed holds office for the remainder of that term.

(e) A member shall continue in office subsequent to the expiration date of the member's term until the member's successor takes office or until a period of sixty days has elapsed, whichever occurs first.

(3) The committee shall organize by selecting a chairperson from among its members. The committee may select a new chairperson at any time. Three members constitute a quorum for the transaction of official business. Meetings may be conducted by virtual means, at the discretion of the chairperson. Notwithstanding division (C) of section 121.22 of the Revised Code, a committee member who attends a meeting by virtual means is considered present in person at the meeting, may vote at the meeting, and is counted for purposes of determining whether a quorum is present at the

meeting.

Members shall serve without compensation but receive payment for their actual and necessary expenses incurred in the performance of their official duties. The expenses shall be paid by the board.

(4) The committee shall advise the board and the department of higher education regarding certified mental health assistant programs until such time that there is a national accrediting body for certified mental health assistants. Until there is a national accrediting body, the committee, in providing feedback and recommendations, shall reference the physician assistant accrediting standards from the accreditation review commission on education for the physician assistant. Once there is a national accrediting body, the committee ceases to exist.

Sec. 4772.06. If the state medical board determines under section 4772.04 of the Revised Code that an applicant meets the requirements for a license to practice as a certified mental health assistant, the secretary of the board shall register the applicant as a certified mental health assistant and issue to the applicant a license to practice as a certified mental health assistant. The license shall be valid for a two-year period unless revoked or suspended, shall expire on the date that is two years after the date of issuance, and may be renewed for additional two-year periods in accordance with section 4772.08 of the Revised Code.

Sec. 4772.07. On application by the holder of a license to practice as a certified mental health assistant, the state medical board shall issue a duplicate license to replace one that is missing or damaged, to reflect a name change, or for any other reasonable cause. The fee for a duplicate license is thirty-five dollars.

Sec. 4772.08. (A) An individual seeking to renew a license to practice as a certified mental health assistant shall, on or before the license's expiration date, apply to the state medical board for renewal. The board shall provide renewal notices to license holders at least one month prior to the expiration date.

Renewal applications shall be submitted to the board in a manner prescribed by the board. Each application shall be accompanied by a biennial renewal fee specified by the board in rules adopted under section 4772.19 of the Revised Code.

The applicant shall report any criminal offense that constitutes grounds for refusing to issue a license under section 4772.20 of the Revised Code to which the applicant has pleaded guilty, of which the applicant has been found guilty, or for which the applicant has been found eligible for intervention in lieu of conviction, since last signing an application for a license to practice as a certified mental health assistant.

(B) To be eligible for renewal, a certified mental health assistant shall certify to the board that the assistant has complied with the renewal eligibility requirements established under section 4772.081 of the Revised Code that pertain to the applicant.

(C) If an applicant submits a renewal application that the board considers to be complete and qualifies for renewal pursuant to division (B) of this section, the board shall issue to the applicant a

renewed license to practice as a certified mental health assistant.

(D) The board may require a random sample of license holders to submit materials documenting that the continuing education requirements of section 4772.081 of the Revised Code, and any other continuing education required by the board's rules, have been satisfied.

Division (D) of this section does not limit the board's authority to conduct investigations pursuant to section 4772.20 of the Revised Code.

(E) A license that is not renewed on or before its expiration date is automatically suspended on its expiration date, subject to the provisions of section 119.06 of the Revised Code specifying that an applicant who appropriately files a renewal application is not required to discontinue practicing merely because the board has failed to act on the application.

If a license has been suspended pursuant to this division for two years or less, the board shall reinstate the license upon an applicant's submission of a renewal application, the biennial renewal fee, and the applicable monetary penalty. The penalty for reinstatement is fifty dollars.

If a license has been suspended pursuant to this division for more than two years, it may be restored. Subject to section 4772.082 of the Revised Code, the board may restore the license upon an applicant's submission of a restoration application, the biennial renewal fee, the applicable monetary penalty, and compliance with sections 4776.01 to 4776.04 of the Revised Code. The board shall not restore a license unless the board, in its discretion, decides that the results of the criminal records check do not make the applicant ineligible for a certificate issued pursuant to section 4772.06 of the Revised Code. The penalty for restoration is one hundred dollars.

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

(a) Take disciplinary action against the individual under section 4772.20 of the Revised Code, impose a civil penalty, or both;

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

(2) The board's finding in any disciplinary action taken under division (F)(1)(a) of this section shall be made pursuant to an adjudication under Chapter 119. of the Revised Code and by an affirmative vote of not fewer than six of its members.

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

Sec. 4772.081. (A) To be eligible for renewal of a license to practice as a certified mental health assistant, an applicant who has been granted physician-delegated prescriptive authority by the physician supervising the certified mental health assistant is subject to both of the following:

(1) The applicant shall complete every two years at least twelve hours of continuing education in pharmacology obtained through a program or course approved by the state medical board or a person the board has authorized to approve continuing pharmacology education programs and courses. Except as provided in section 5903.12 of the Revised Code, the continuing education shall be completed not later than the date on which the applicant's license expires.

(2)(a) Except as provided in division (A)(2)(b) of this section, in the case of an applicant who prescribes opioid analgesics or benzodiazepines, as defined in section 3719.01 of the Revised Code, the applicant shall certify to the board whether the applicant has been granted access to the drug database.

(b) The requirement described in division (A)(2)(a) of this section does not apply if any of the following is the case:

(i) The state board of pharmacy notifies the state medical board pursuant to section 4729.861 of the Revised Code that the applicant has been restricted from obtaining further information from the drug database.

(ii) The state board of pharmacy no longer maintains the drug database.

(iii) The applicant does not practice as a certified mental health assistant in this state.

(c) If an applicant certifies to the state medical board that the applicant has been granted access to the drug database and the board finds through an audit or other means that the applicant has not been granted access, the board may take action under section 4772.20 of the Revised Code.

(B) The state medical board shall provide for pro rata reductions by month of the number of hours of continuing education in pharmacology that is required to be completed for certified mental health assistants who have been disabled due to illness or accident or have been absent from the country. The board shall adopt rules, in accordance with Chapter 119. of the Revised Code, as necessary to implement this division.

(C) The continuing education required by this section is in addition to any other continuing education required by the board's rules.

(D) If the board chooses to authorize persons to approve continuing pharmacology education programs and courses, it shall establish standards for granting that authority and grant the authority in accordance with the standards.

Sec. 4772.082. (A) This section applies to both of the following:

(1) An applicant seeking restoration of a license issued under this chapter that has been in a suspended or inactive state for any cause for more than two years;

(2) An applicant seeking issuance of a license pursuant to this chapter who for more than two years has not been practicing as a certified mental health assistant as either of the following:

(a) An active practitioner;

(b) A student in an academic program as described in section 4772.04 of the Revised Code.

(B) Before issuing a license to an applicant subject to this section or restoring a license to good standing for an applicant subject to this section, the state medical board may impose terms and

conditions including any one or more of the following:

(1) Requiring the applicant to pass an oral or written examination, or both, to determine the applicant's present fitness to resume practice;

(2) Requiring the applicant to obtain additional training and to pass an examination upon completion of such training;

(3) Requiring an assessment of the applicant's physical skills for purposes of determining whether the applicant's coordination, fine motor skills, and dexterity are sufficient for performing evaluations and procedures in a manner that meets the minimal standards of care;

(4) Requiring an assessment of the applicant's skills in recognizing and understanding diseases and conditions;

(5) Requiring the applicant to undergo a comprehensive physical examination, which may include an assessment of physical abilities, evaluation of sensory capabilities, or screening for the presence of neurological disorders;

(6) Restricting or limiting the extent, scope, or type of practice of the applicant.

The board shall consider the moral background and the activities of the applicant during the period of suspension or inactivity. The board shall not issue or restore a license under this section unless the applicant complies with sections 4776.01 to 4776.04 of the Revised Code.

Sec. 4772.09. A license to practice as a certified mental health assistant issued under this chapter authorizes the holder to practice as a certified mental health assistant as follows:

(A) The certified mental health assistant shall practice only under the supervision, control, and direction of a physician with whom the certified mental health assistant has entered into a supervision agreement under section 4772.10 of the Revised Code.

(B) The certified mental health assistant shall practice in accordance with the supervision agreement entered into with the physician who is responsible for supervising the certified mental health assistant.

(C) Subject to division (D) of this section, a certified mental health assistant licensed under this chapter may perform any of the following services authorized by the supervising physician that are part of the supervising physician's normal course of practice and expertise:

(1) Ordering diagnostic, therapeutic, and other medical services as appropriate based on a patient's diagnosis that has been made in accordance with division (D) of this section;

(2) Ordering, prescribing, personally furnishing, and administering drugs and medical devices in accordance with sections 4772.12 to 4772.15 of the Revised Code;

(3) Ordering occupational therapy or referring a patient to an occupational therapist for occupational therapy, if related to a diagnosis that has been made in accordance with division (D) of this section;

(4) Referring a patient to emergency medical services for acute safety concerns, provided the certified mental health assistant consults with the assistant's supervising physician as soon as possible thereafter.

(D) A certified mental health assistant shall not do any of the following:

(1) Make an initial diagnosis;

(2) Treat a patient for any diagnosis or condition not found in the most recent edition of the diagnostic and statistical manual of mental disorders published by the American psychiatric association, or a similar publication if designated by the board;

(3) Engage in electroconvulsive therapy, transcranial magnetic stimulation, or any other intervention designated as invasive by the board's rules.

Sec. 4772.091. A certified mental health assistant may provide telehealth services in accordance with section 4743.09 of the Revised Code.

Sec. 4772.092. (A) Acting pursuant to a supervision agreement, a certified mental health assistant may delegate performance of a task to implement a patient's plan of care or, if the conditions in division (C) of this section are met, may delegate administration of a drug. Subject to division (D) of section 4772.03 of the Revised Code, delegation may be to any person. The certified mental health assistant must be physically present at the location where the task is performed or the drug administered.

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

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

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

(2) The drug is not a controlled substance.

(3) The drug will not be administered intravenously.

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

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

Sec. 4772.10. (A) Before initiating supervision of one or more certified mental health assistants licensed under this chapter, a physician shall enter into a supervision agreement with each certified mental health assistant who will be supervised. A supervision agreement may apply to one or more certified mental health assistants, but, except as provided in division (B)(5) of this section, may apply to not more than one physician. The supervision agreement shall specify that the physician agrees to supervise the certified mental health assistant and the certified mental health assistant agrees to practice under that physician's supervision.

The agreement shall clearly state that the supervising physician is legally responsible and

assumes legal liability for the services provided by the certified mental health assistant. The agreement shall be signed by the physician and the certified mental health assistant.

(B) A supervision agreement shall include terms that specify all of the following:

(1) The responsibilities to be fulfilled by the physician in supervising the certified mental health assistant;

(2) The responsibilities to be fulfilled by the certified mental health assistant when performing services under the physician's supervision;

(3) Any limitations on the responsibilities to be fulfilled by the certified mental health assistant;

(4) The circumstances under which the certified mental health assistant is required to refer a patient to the supervising physician;

(5) If the supervising physician chooses to designate physicians to act as alternate supervising physicians, the names, business addresses, and business telephone numbers of the physicians who have agreed to act in that capacity.

(C) A supervision agreement may be amended to modify the responsibilities of one or more certified mental health assistants or to include one or more additional certified mental health assistants.

(D) The supervising physician who entered into a supervision agreement shall retain a copy of the agreement in the records maintained by the supervising physician. Each certified mental health assistant who entered into the supervision agreement shall retain a copy of the agreement in the records maintained by the certified mental health assistant.

(E)(1) If the board finds, through a review conducted under this section or through any other means, any of the following, the board may take disciplinary action against the individual under section 4731.22 or 4772.20 of the Revised Code, impose a civil penalty, or both:

(a) That a certified mental health assistant has practiced in a manner that departs from, or fails to conform to, the terms of a supervision agreement entered into under this section;

(b) That a physician has supervised a certified mental health assistant in a manner that departs from, or fails to conform to, the terms of a supervision agreement entered into under this section;

(c) That a physician or certified mental health assistant failed to comply with division (A) or (B) of this section.

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

(a) Take disciplinary action against the individual under section 4731.22 or 4772.20 of the Revised Code, impose a civil penalty, or both;

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

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

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

Sec. 4772.11. (A) The supervising physician of a certified mental health assistant exercises supervision, control, and direction of the certified mental health assistant. A certified mental health assistant may practice in any setting within which the supervising physician has supervision, control, and direction of the certified mental health assistant.

In supervising a certified mental health assistant, all of the following apply:

(1)(a) Except as provided in division (A)(1)(b) of this section, the supervising physician shall be continuously available for direct communication with the certified mental health assistant by either of the following means:

(i) Being physically present at the location where the certified mental health assistant is practicing;

(ii) Being readily available to the certified mental health assistant through some means of telecommunication and being in a location that is a distance from the location where the certified mental health assistant is practicing that reasonably allows the physician to assure proper care of patients.

(b) During the first one thousand hours of a certified mental health assistant's practice, including any exercise of prescriptive authority, the supervising physician shall be continuously available for direct communication with the certified mental health assistant only by being physically present at the location where the certified mental health assistant is practicing. This division does not require that the supervising physician be in the same room as the certified mental health assistant.

(2) Prior to a certified mental health assistant providing services to a patient, the supervising physician must have evaluated the patient and diagnosed the patient with a diagnosis or condition found in the most recent edition of the diagnostic and statistical manual of mental disorders published by the American psychiatric association, or a similar publication if designated by the state medical board.

(3)(a) After the initial diagnosis, the supervising physician shall personally and actively review the certified mental health assistant's professional activities, on not less than a weekly basis.

(b)(i) Except as provided in division (A)(3)(b)(ii) of this section, the supervising physician must reevaluate the patient not less than every two years, and sooner if there is a significant change in the patient's condition or possible change in the patient's diagnosis.

(ii) The supervising physician shall reevaluate a patient annually if the patient has been prescribed by a certified mental health assistant, in accordance with section 4772.13 of the Revised Code, a controlled substance related to a diagnosis or condition found in the most recent edition of

the diagnostic and statistical manual of mental disorders published by the American psychiatric association, or a similar publication if designated by the board.

(4) The supervising physician shall comply with the quality assurance standards established by the board in rules adopted pursuant to section 4772.19 of the Revised Code. The supervising physician may perform other quality assurance activities that the supervising physician considers to be appropriate.

(5) The supervising physician shall regularly perform any other reviews of the certified mental health assistant that the supervising physician considers necessary.

(B) A physician may enter into supervision agreements with any number of certified mental health assistants, but the physician may not supervise more than five certified mental health assistants at any one time. A certified mental health assistant may enter into supervision agreements with any number of supervising physicians.

(C) A supervising physician may authorize a certified mental health assistant to perform a service only if the physician is satisfied that the certified mental health assistant is capable of competently performing the service. A supervising physician shall not authorize a certified mental health assistant to perform any service that is beyond the physician's or the certified mental health assistant's normal course of practice and expertise.

(D) Each time a certified mental health assistant writes a medical order, including prescriptions written in the exercise of physician-delegated prescriptive authority, the certified mental health assistant shall sign the form on which the order is written and record on the form the time and date that the order is written.

(E) When performing authorized services, a certified mental health assistant acts as the agent of the certified mental health assistant's supervising physician. The supervising physician is legally responsible and assumes legal liability for the services provided by the certified mental health assistant.

The physician is not responsible or liable for any services provided by the certified mental health assistant after their supervision agreement expires or is terminated.

Sec. 4772.12. (A) A license issued by the state medical board under section 4772.06 of the Revised Code authorizes the license holder to prescribe and personally furnish drugs and therapeutic devices in the exercise of physician-delegated prescriptive authority.

(B) In exercising physician-delegated prescriptive authority, a certified mental health assistant is subject to section 4772.13 of the Revised Code and all of the following:

(1) The certified mental health assistant shall exercise physician-delegated prescriptive authority only to the extent that the physician supervising the certified mental health assistant has granted that authority.

(2)(a) The certified mental health assistant shall comply with all conditions placed on the physician-delegated prescriptive authority, as specified by the supervising physician who is supervising the certified mental health assistant in the exercise of physician-delegated prescriptive

authority. If conditions are placed on that authority, the supervising physician shall maintain a written record of the conditions and make the record available to the state medical board on request.

(b) The conditions that a supervising physician may place on the physician-delegated prescriptive authority granted to a certified mental health assistant include the following:

(i) Identification by class and specific generic nomenclature of drugs and therapeutic devices that the physician chooses not to permit the certified mental health assistant to prescribe;

(ii) Limitations on the dosage units or refills that the certified mental health assistant is authorized to prescribe;

(iii) Specification of circumstances under which the certified mental health assistant is required to refer patients to the supervising physician or another physician when exercising physician-delegated prescriptive authority;

(iv) Responsibilities to be fulfilled by the physician in supervising the certified mental health assistant that are not otherwise specified in the supervision agreement or otherwise required by this chapter.

(3) If the certified mental health assistant possesses physician-delegated prescriptive authority for controlled substances, both of the following apply:

(a) The certified mental health assistant shall register with the federal drug enforcement administration.

(b) The certified mental health assistant shall comply with section 4772.13 of the Revised Code.

(4) If the certified mental health assistant possesses physician-delegated prescriptive authority to prescribe for a minor an opioid analgesic, as those terms are defined in sections 3719.01 and 3719.061 of the Revised Code, respectively, the certified mental health assistant shall comply with section 3719.061 of the Revised Code.

(C) A certified mental health assistant shall not prescribe any drug in violation of state or federal law.

Sec. 4772.13. (A) Subject to division (B) of this section, a certified mental health assistant may prescribe to a patient a controlled substance only if the controlled substance is one of the following:

(1) Buprenorphine, but only for a patient that is actively engaged in opioid use disorder treatment;

(2) A benzodiazepine, but only in the following circumstances:

(a) For a patient diagnosed by the supervising physician as having a chronic anxiety disorder;

(b) For a patient with acute anxiety or agitation, but only in an amount indicated for a period not to exceed seven days.

(3) A stimulant that has been approved by the federal food and drug administration for the treatment of attention deficit hyperactivity disorder, but only if the supervising physician has

diagnosed the patient with, or confirmed the patient's diagnosis of, attention deficit hyper activity disorder.

(B) Except as provided in division (C) of this section, a certified mental health assistant licensed under this chapter who has been granted physician-delegated prescriptive authority by the physician supervising the certified mental health assistant shall comply with all of the following as conditions of prescribing a controlled substance identified in division (A) of this section as part of a patient's course of treatment for a particular condition:

(1) Before initially prescribing the drug, the certified mental health assistant or the certified mental health assistant's delegate shall request from the drug database a report of information related to the patient that covers at least the twelve months immediately preceding the date of the request. If the certified mental health assistant practices primarily in a county of this state that adjoins another state, the certified mental health assistant or delegate also shall request a report of any information available in the drug database that pertains to prescriptions issued or drugs furnished to the patient in the state adjoining that county.

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

(3) On receipt of a report under division (B)(1) or (2) of this section, the certified mental health assistant shall assess the information in the report. The certified mental health assistant shall document in the patient's record that the report was received and the information was assessed.

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

(1) A drug database report regarding the patient is not available, in which case the certified mental health assistant shall document in the patient's record the reason that the report is not available.

(2) The drug is prescribed in an amount indicated for a period not to exceed seven days.

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

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

(5) If the state board of pharmacy no longer maintains the drug database.

(D) The state medical board shall adopt rules in accordance with Chapter 119. of the Revised Code to implement this section, including both of the following:

(1) Standards and procedures to be followed by a certified mental health assistant who has been granted physician-delegated prescriptive authority regarding the review of patient information available through the drug database under division (A)(5) of section 4729.80 of the Revised Code.

The rules adopted under this division do not apply if the state board of pharmacy no longer maintains the drug database.

(2) Standards and procedures to be followed by a certified mental health assistant in the use of buprenorphine for use in medication-assisted treatment, including regarding detoxification, relapse prevention, patient assessment, individual treatment planning, counseling and recovery supports, diversion control, and other topics selected by the board after considering best practices in medication-assisted treatment.

The board may apply the rules to all circumstances in which a certified mental health assistant prescribes drugs for use in medication-assisted treatment or limit the application of the rules to prescriptions for medication-assisted treatment issued for patients being treated in office-based practices or other practice types or locations specified by the board.

The rules adopted under this division shall be consistent with this chapter and, to the extent consistent with this chapter, rules adopted under sections 4723.51, 4730.55, and 4731.056 of the Revised Code.

Sec. 4772.14. (A) A certified mental health assistant who has been granted physician-delegated prescriptive authority by the physician supervising the certified mental health assistant may personally furnish to a patient samples of drugs and therapeutic devices that are included in the certified mental health assistant's physician-delegated prescriptive authority, subject to all of the following:

(1) The amount of the sample furnished shall not exceed a seventy-two-hour supply, except when the minimum available quantity of the sample is packaged in an amount that is greater than a seventy-two-hour supply, in which case the certified mental health assistant may furnish the sample in the package amount.

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

(3) Samples of controlled substances may not be personally furnished.

(B) A certified mental health assistant who has been granted physician-delegated prescriptive authority by the physician supervising the certified mental health assistant may personally furnish to a patient a complete or partial supply of the drugs and therapeutic devices that are included in the certified mental health assistant's physician-delegated prescriptive authority, subject to all of the following:

(1) The certified mental health assistant shall not furnish the drugs and devices in locations other than the following:

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

(b) A federally funded comprehensive primary care clinic;

(c) A nonprofit health care clinic or program;

(d) An employer-based clinic that provides health care services to the employer's employees.

(2) The certified mental health assistant shall comply with all standards and procedures for

personally furnishing supplies of drugs and devices, as established in rules adopted under this section.

(3) Complete or partial supplies of controlled substances may not be personally furnished.

(C) The state medical board shall adopt rules establishing standards and procedures to be followed by a certified mental health assistant in personally furnishing samples of drugs or complete or partial supplies of drugs to patients under this section. Rules adopted under this section shall be adopted in accordance with Chapter 119. of the Revised Code.

Sec. 4772.15. (A) As used in this section, "community addiction services provider" has the same meaning as in section 5119.01 of the Revised Code.

(B) A certified mental health assistant shall comply with section 3719.064 of the Revised Code and rules adopted under section 4772.13 of the Revised Code when treating a patient with medication-assisted treatment or proposing to initiate such treatment.

(C) A certified mental health assistant who fails to comply with this section shall treat not more than thirty patients at any one time with medication-assisted treatment even if the facility or location at which the treatment is provided is either of the following:

(1) Exempted by divisions (B)(2)(a) to (d) or (i) of section 4729.553 of the Revised Code from being required to possess a category III terminal distributor of dangerous drugs license with an office-based opioid treatment classification;

(2) A community addiction services provider that provides alcohol and drug addiction services that are certified by the department of mental health and addiction services under section 5119.36 of the Revised Code.

Sec. 4772.19. (A) The state medical board shall adopt rules in accordance with Chapter 119. of the Revised Code to implement and administer this chapter.

(B) The rules adopted under this section shall include all of the following:

(1) Standards and procedures for issuing and renewing licenses to practice as a certified mental health assistant;

(2) Application fees for an initial or renewed license;

(3) Rules governing physician-delegated prescriptive authority for certified mental health assistants;

(4) Rules establishing quality assurance standards for certified mental health assistants, including a process to be used for all of the following:

(a) Routine review by the supervising physician of selected patient record entries made by the certified mental health assistant and selected medical orders issued by the certified mental health assistant;

(b) Discussion of complex cases;

(c) Discussion of new medical developments relevant to the practice of the supervising physician and certified mental health assistant;

(d) Performance of any other quality assurance activities the board considers necessary.

(5) Any other standards and procedures the board considers necessary to govern the practice of certified mental health assistants, the supervisory relationship between certified mental health assistants and supervising physicians, and the administration and enforcement of this chapter.

Sec. 4772.20. (A) The state medical board, by an affirmative vote of not fewer than six members, may revoke or may refuse to grant a license to practice as a certified mental health assistant to an individual found by the board to have committed fraud, misrepresentation, or deception in applying for or securing the license.

(B) The board, by an affirmative vote of not fewer than six members, shall, except as provided in division (C) of this section, and to the extent permitted by law, limit, revoke, or suspend an individual's license to practice as a certified mental health assistant, refuse to issue a license to an applicant, refuse to renew a license, refuse to reinstate a license, or reprimand or place on probation the holder of a license for any of the following reasons:

(1) Permitting the holder's name or license to be used by another person;

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

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

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

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

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

(7) Willfully betraying a professional confidence;

(8) Making a false, fraudulent, deceptive, or misleading statement in securing or attempting to secure a license to practice as a certified mental health assistant.

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

(9) The obtaining of, or attempting to obtain, money or a thing of value by fraudulent misrepresentations in the course of practice;

(10) A plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for

intervention in lieu of conviction for, a felony;

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

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

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

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

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

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

(17) Any of the following actions taken by the state agency responsible for regulating the practice of certified mental health assistants in another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand;

(18) Violation of the conditions placed by the board on a license to practice as a certified mental health assistant;

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

(20) Failure to cooperate in an investigation conducted by the board under section 4772.21 of the Revised Code, including failure to comply with a subpoena or order issued by the board or failure to answer truthfully a question presented by the board at a deposition or in written interrogatories, except that failure to cooperate with an investigation shall not constitute grounds for discipline under this section if a court of competent jurisdiction has issued an order that either quashes a subpoena or permits the individual to withhold the testimony or evidence in issue;

(21) Failure to practice in accordance with the supervising physician's supervision agreement with the certified mental health assistant;

(22) Administering drugs for purposes other than those authorized under this chapter;

(23) Failure to comply with section 4772.13 of the Revised Code, unless the board no longer maintains a drug database pursuant to section 4729.75 of the Revised Code;

(24) Assisting suicide, as defined in section 3795.01 of the Revised Code.

(C) The board shall not refuse to issue a license to an applicant because of a plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for an offense unless the refusal is in accordance with section 9.79 of the Revised Code.

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

(E) For purposes of divisions (B)(11), (14), and (15) 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 applicant or license holder committed the act in question. The board shall have no jurisdiction under these divisions in cases where the trial court renders a final judgment in the license holder's favor and that judgment is based upon an adjudication on the merits. The board shall have jurisdiction under these divisions in cases where the trial court issues an order of dismissal on technical or procedural grounds.

(F) The sealing or expungement of conviction records by any court shall have no effect on a prior board order entered under the provisions of this section or on the board's jurisdiction to take action under the provisions of 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 or expunge the records. The board shall not be required to seal, destroy, redact, or otherwise modify its records to reflect the court's sealing or expungement of conviction records.

(G) For purposes of this division, any individual who holds a license to practice as a certified mental health assistant issued under this chapter, or applies for a license, shall be deemed to have given consent to submit to a mental or physical examination when directed to do so in writing by the board and to have waived all objections to the admissibility of testimony or examination reports that constitute a privileged communication.

(I) In enforcing division (B)(5) of this section, the board, on a showing of a possible violation, may compel any individual who holds a license to practice as a certified mental health assistant issued under this chapter or who has applied for a license to submit to a mental or physical examination, or both. A physical examination may include an HIV test. The expense of the examination is the responsibility of the individual compelled to be examined. Failure to submit to a mental or physical examination or consent to an HIV test ordered by the board constitutes an admission of the allegations against the individual unless the failure is due to circumstances beyond the individual's control, and a default and final order may be entered without the taking of testimony or presentation of evidence. If the board finds a certified mental health assistant unable to practice because of the reasons set forth in division (B)(5) of this section, the board shall require the certified mental health assistant to submit to care, counseling, or treatment by physicians approved or

designated by the board, as a condition for an initial, continued, reinstated, or renewed license. An individual affected by this division shall be afforded an opportunity to demonstrate to the board the ability to resume practicing in compliance with acceptable and prevailing standards of care.

(2) For purposes of division (B)(6) of this section, if the board has reason to believe that any individual who holds a license to practice as a certified mental health assistant issued under this chapter or any applicant for a license suffers such impairment, the board may compel the individual to submit to a mental or physical examination, or both. The expense of the examination is the responsibility of the individual compelled to be examined. Any mental or physical examination required under this division shall be undertaken by a treatment provider or physician qualified to conduct such examination and chosen by the board.

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

Before being eligible to apply for reinstatement of a license suspended under this division, the certified mental health assistant shall demonstrate to the board the ability to resume practice in compliance with acceptable and prevailing standards of care. The demonstration shall include the following:

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

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

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

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

When the impaired certified mental health assistant resumes practice, the board shall require continued monitoring of the certified mental health assistant. The monitoring shall include monitoring of compliance with the written consent agreement entered into before reinstatement or with conditions imposed by board order after a hearing, and, on termination of the consent agreement, submission to the board for at least two years of annual written progress reports made under penalty of falsification stating whether the certified mental health assistant has maintained sobriety.

(H) If the secretary and supervising member determine that there is clear and convincing

evidence that a certified mental health assistant has violated division (B) of this section and that the individual's continued practice presents a danger of immediate and serious harm to the public, they may recommend that the board suspend the individual's license to practice without a prior hearing. Written allegations shall be prepared for consideration by the board.

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

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

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

(I) If the board takes action under division (B)(10), (12), or (13) of this section, and the judicial finding of guilt, guilty plea, or judicial finding of eligibility for intervention in lieu of conviction is overturned on appeal, on exhaustion of the criminal appeal, a petition for reconsideration of the order may be filed with the board along with appropriate court documents. On receipt of a petition and supporting court documents, the board shall reinstate the license to practice as a certified mental health assistant. The board may then hold an adjudication under Chapter 119. of the Revised Code to determine whether the individual committed the act in question. Notice of opportunity for hearing shall be given in accordance with Chapter 119. of the Revised Code. If the board finds, pursuant to an adjudication held under this division, that the individual committed the act, or if no hearing is requested, it may order any of the sanctions specified in division (B) of this section.

(J) The license to practice of a certified mental health assistant and the assistant's practice in this state are automatically suspended as of the date the certified mental health assistant pleads guilty to, is found by a judge or jury to be guilty of, or is subject to a judicial finding of eligibility for intervention in lieu of conviction in this state or treatment of intervention in lieu of conviction in another jurisdiction for any of the following criminal offenses in this state or a substantially equivalent criminal offense in another jurisdiction: aggravated murder, murder, voluntary manslaughter, felonious assault, kidnapping, rape, sexual battery, gross sexual imposition,

aggravated arson, aggravated robbery, or aggravated burglary. Continued practice after the suspension shall be considered practicing without a license.

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

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

(L) Any action taken by the board under division (B) of this section resulting in a suspension shall be accompanied by a written statement of the conditions under which the certified mental health assistant's license may be reinstated. The board shall adopt rules in accordance with Chapter 119. of the Revised Code governing conditions to be imposed for reinstatement. Reinstatement of a license suspended pursuant to division (B) of this section requires an affirmative vote of not fewer than six members of the board.

(M) When the board refuses to grant or issue a license to practice as a certified mental health assistant to an applicant, revokes an individual's license, refuses to renew an individual's license, or refuses to reinstate an individual's license, 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 license to practice as a certified mental health assistant and the board shall not accept an application for reinstatement of the license or for issuance of a new license.

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

(1) The surrender of a license to practice as a certified mental health assistant issued under this chapter is not effective unless or until accepted by the board. Reinstatement of a license surrendered to the board requires an affirmative vote of not fewer than six members of the board.

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

(3) Failure by an individual to renew a license to practice in accordance with section 4772.08 of the Revised Code shall not remove or limit the board's jurisdiction to take disciplinary action under this section against the individual.

Sec. 4772.201. On receipt of a notice pursuant to section 3123.43 of the Revised Code, the state medical board shall comply with sections 3123.41 to 3123.50 of the Revised Code and any applicable rules adopted under section 3123.63 of the Revised Code with respect to a license to practice as a certified mental health assistant issued under this chapter.

Sec. 4772.202. If the state medical board has reason to believe that any person who has been

granted a license to practice as a certified mental health assistant under this chapter is mentally ill or mentally incompetent, it may file in the probate court of the county in which the person has a legal residence an affidavit in the form prescribed in section 5122.11 of the Revised Code and signed by the board secretary or a member of the board secretary's staff, whereupon the same proceedings shall be had as provided in Chapter 5122. of the Revised Code. The attorney general may represent the board in any proceeding commenced under this section.

If any person who has been granted a license is adjudged by a probate court to be mentally ill or mentally incompetent, the person's license shall be automatically suspended until the person has filed with the state medical board a certified copy of an adjudication by a probate court of the person's subsequent restoration to competency or has submitted to the board proof, satisfactory to the board, that the person has been discharged as having a restoration to competency in the manner and form provided in section 5122.38 of the Revised Code. The judge of the probate court shall forthwith notify the state medical board of an adjudication of mental illness or mental incompetence, and shall note any suspension of a license in the margin of the court's record of such license.

Sec. 4772.203. (A)(1) If a certified mental health assistant violates any section of this chapter or any rule adopted under this chapter, the state medical board may, pursuant to an adjudication under Chapter 119. of the Revised Code and an affirmative vote of not fewer than six of its members, impose a civil penalty. The amount of the civil penalty shall be determined by the board in accordance with the guidelines adopted under division (A)(2) of this section. The civil penalty may be in addition to any other action the board may take under section 4772.20 of the Revised Code.

(2) The board shall adopt and may amend guidelines regarding the amounts of civil penalties to be imposed under this section. Adoption or amendment of the guidelines requires the approval of not fewer than six board members.

Under the guidelines, no civil penalty amount shall exceed twenty thousand dollars.

(B) Amounts received from payment of civil penalties imposed under this section shall be deposited by the board in accordance with section 4731.24 of the Revised Code. Amounts received from payment of civil penalties imposed for violations of division (B)(6) of section 4772.20 of the Revised Code shall be used by the board solely for investigations, enforcement, and compliance monitoring.

Sec. 4772.21. (A) The state medical board shall investigate evidence that appears to show that any person has violated this chapter or the rules adopted under it. Any person may report to the board in a signed writing any information the person has that appears to show a violation of any provision of this chapter or the rules adopted under it. In the absence of bad faith, a person who reports such information or testifies before the board in an adjudication conducted under Chapter 119. of the Revised Code shall not be liable for civil damages as a result of reporting the information or providing testimony. Each complaint or allegation of a violation received by the board shall be assigned a case number and be recorded by the board.

(B) Investigations of alleged violations of this chapter or rules adopted under it shall be supervised by the supervising member elected by the board in accordance with section 4731.02 of the Revised Code and by the secretary as provided in section 4772.24 of the Revised Code. The board's president may designate another member of the board to supervise the investigation in place of the supervising member. A member of the board who supervises the investigation of a case shall not participate in further adjudication of the case.

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

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

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

A sheriff's deputy who serves a subpoena shall receive the same fees as a sheriff. Each witness who appears before the board in obedience to a subpoena shall receive the fees and mileage provided for witnesses in civil cases in the courts of common pleas.

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

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

The board shall conduct all investigations and proceedings in a manner that protects the confidentiality of patients and persons who file complaints with the board. The board shall not make public the names or any other identifying information about patients or complainants unless proper consent is given.

The board may share any information it receives pursuant to an investigation, including

patient records and patient record information, with law enforcement agencies, other licensing boards, and other governmental agencies that are prosecuting, adjudicating, or investigating alleged violations of statutes or administrative rules. An agency or board that receives the information shall comply with the same requirements regarding confidentiality as those with which the state medical board must comply, notwithstanding any conflicting provision of the Revised Code or procedure of the agency or board that applies when it is dealing with other information in its possession. In a judicial proceeding, the information may be admitted into evidence only in accordance with the Rules of Evidence, but the court shall require that appropriate measures are taken to ensure that confidentiality is maintained with respect to any part of the information that contains names or other identifying information about patients or complainants whose confidentiality was protected by the state medical board when the information was in the board's possession. Measures to ensure confidentiality that may be taken by the court include sealing its records or deleting specific information from its records.

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

- (1) The case number assigned to the complaint or alleged violation;
- (2) The type of license, if any, held by the individual against whom the complaint is directed;
- (3) A description of the allegations contained in the complaint;
- (4) The disposition of the case.

The report shall state how many cases are still pending, and shall be prepared in a manner that protects the identity of each person involved in each case. The report is a public record for purposes of section 149.43 of the Revised Code.

Sec. 4772.22. (A) As used in this section, "prosecutor" has the same meaning as in section 2935.01 of the Revised Code.

(B) Whenever any person holding a valid license to practice as a certified mental health assistant issued under this chapter pleads guilty to, is subject to a judicial finding of guilt of, or is subject to a judicial finding of eligibility for intervention in lieu of conviction for a violation of Chapter 2907., 2925., or 3719. of the Revised Code or of any substantively comparable ordinance of a municipal corporation in connection with the person's practice, the prosecutor in the case, on forms prescribed and provided by the state medical board, shall promptly notify the board of the conviction. Within thirty days of receipt of that information, the board shall initiate action in accordance with Chapter 119. of the Revised Code to determine whether to suspend or revoke the license under section 4772.20 of the Revised Code.

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

(1) A plea of guilty to, a finding of guilt by a jury or court of, or judicial finding of eligibility for intervention in lieu of conviction for a felony, or a case in which the trial court issues an order of dismissal upon technical or procedural grounds of a felony charge;

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

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

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

Sec. 4772.23. (A) Within sixty days after the imposition of any formal disciplinary action taken by any health care facility, including a hospital, health care facility operated by a health insuring corporation, ambulatory surgical facility, or similar facility, against any individual holding a valid license to practice as a certified mental health assistant, the chief administrator or executive officer of the facility shall report to the state medical board the name of the individual, the action taken by the facility, and a summary of the underlying facts leading to the action taken. On request, the board shall be provided certified copies of the patient records that were the basis for the facility's action. Prior to release to the board, the summary shall be approved by the peer review committee that reviewed the case or by the governing board of the facility.

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

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

(B)(1) Except as provided in division (B)(2) of this section, a certified mental health assistant, professional association or society of certified mental health assistants, physician, or professional association or society of physicians that believes a violation of any provision of this chapter, Chapter 4731. of the Revised Code, or rule of the board has occurred shall report to the board the information on which the belief is based.

(2) A certified mental health assistant, professional association or society of certified mental health assistants, physician, or professional association or society of physicians that believes a violation of division (B)(6) of section 4772.20 of the Revised Code has occurred shall report the information upon which the belief is based to the monitoring organization conducting the program established by the board under section 4731.251 of the Revised Code. If any such report is made to the board, it shall be referred to the monitoring organization unless the board is aware that the

individual who is the subject of the report does not meet the program eligibility requirements of section 4731.252 of the Revised Code.

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

The filing of a report with the board or decision not to file a report, investigation by the board, or any disciplinary action taken by the board, does not preclude a professional organization from taking disciplinary action against a certified mental health assistant.

(D) Any insurer providing professional liability insurance to any person holding a valid license to practice as a certified mental health assistant or any other entity that seeks to indemnify the professional liability of a certified mental health assistant shall notify the board within thirty days after the final disposition of any written claim for damages where such disposition results in a payment exceeding twenty-five thousand dollars. The notice shall contain the following information:

- (1) The name and address of the person submitting the notification;
- (2) The name and address of the insured who is the subject of the claim;
- (3) The name of the person filing the written claim;
- (4) The date of final disposition;
- (5) If applicable, the identity of the court in which the final disposition of the claim took place.

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

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

The board may disclose the summaries and reports it receives under this section only to health care facility committees within or outside this state that are involved in credentialing or

recrediting a certified mental health assistant or supervising physician, if applicable, or reviewing their privilege to practice within a particular facility. The board shall indicate whether or not the information has been verified. Information transmitted by the board shall be subject to the same confidentiality provisions as when maintained by the board.

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

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

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

Sec. 4772.24. The secretary of the state medical board shall enforce the laws relating to the practice of certified mental health assistants. If the secretary has knowledge or notice of a violation of this chapter or the rules adopted under it, the secretary shall investigate the matter, and, upon probable cause appearing, file a complaint and prosecute the offender. When requested by the secretary, the prosecuting attorney of the proper county shall take charge of and conduct the prosecution.

Sec. 4772.25. The attorney general, the prosecuting attorney of any county in which the offense was committed or the offender resides, the state medical board, or any other person having knowledge of a person engaged either directly or by complicity in practicing as a certified mental health assistant without having first obtained under this chapter a license to practice as a certified mental health assistant, may, in accordance with provisions of the Revised Code governing injunctions, maintain an action in the name of the state to enjoin any person from engaging either directly or by complicity in unlawfully practicing as a certified mental health assistant by applying for an injunction in any court of competent jurisdiction.

Prior to application for an injunction, the secretary of the state medical board shall notify the person allegedly engaged either directly or by complicity in the unlawful practice by registered mail

that the secretary has received information indicating that this person is so engaged. The person shall answer the secretary within thirty days showing that the person is either properly licensed for the stated activity or that the person is not in violation of this chapter. If the answer is not forthcoming within thirty days after notice by the secretary, the secretary shall request that the attorney general, the prosecuting attorney of the county in which the offense was committed or the offender resides, or the state medical board proceed as authorized in this section.

Upon the filing of a verified petition in court, the court shall conduct a hearing on the petition and shall give the same preference to this proceeding as is given all proceedings under Chapter 119. of the Revised Code, irrespective of the position of the proceeding on the calendar of the court.

Injunction proceedings shall be in addition to, and not in lieu of, all penalties and other remedies provided in this chapter.

Sec. 4772.26. The state medical board, subject to the approval of the controlling board, may establish fees in excess of the amounts specified in this chapter, except that the fees may not exceed the specified amounts by more than fifty per cent.

All fees, penalties, and other funds received by the board under this chapter shall be deposited in accordance with section 4731.24 of the Revised Code.

Sec. 4772.27. In the absence of fraud or bad faith, the state medical board, a current or former board member, an agent of the board, a person formally requested by the board to be the board's representative, or an employee of the board shall not be held liable in damages to any person as the result of any act, omission, proceeding, conduct, or decision related to official duties undertaken or performed pursuant to this chapter. If any such person asks to be defended by the state against any claim or action arising out of any act, omission, proceeding, conduct, or decision related to the person's official duties, and if the request is made in writing at a reasonable time before trial and the person requesting defense cooperates in good faith in the defense of the claim or action, the state shall provide and pay for the person's defense and shall pay any resulting judgment, compromise, or settlement. At no time shall the state pay any part of a claim or judgment that is for punitive or exemplary damages.

Sec. 4772.28. The state medical board shall comply with section 4776.20 of the Revised Code.

Sec. 4772.99. (A) Whoever violates section 4772.02 of the Revised Code is guilty of a misdemeanor of the first degree on a first offense; on each subsequent offense, the person is guilty of a felony of the fourth degree.

(B) Whoever violates division (A), (B), (C), or (D) of section 4772.23 of the Revised Code is guilty of a minor misdemeanor on a first offense; on each subsequent offense the person is guilty of a misdemeanor of the fourth degree, except that an individual guilty of a subsequent offense shall not be subject to imprisonment, but to a fine alone of up to one thousand dollars for each offense.

Sec. 4776.01. As used in this chapter:

(A) "License" means an authorization evidenced by a license, certificate, registration, permit, card, or other authority that is issued or conferred by a licensing agency to a licensee or to an applicant for an initial license by which the licensee or initial license applicant has or claims the privilege to engage in a profession, occupation, or occupational activity, or, except in the case of the state dental board, to have control of and operate certain specific equipment, machinery, or premises, over which the licensing agency has jurisdiction.

(B) Except as provided in section 4776.20 of the Revised Code, "licensee" means the person to whom the license is issued by a licensing agency. "Licensee" includes a person who, for purposes of section 3796.13 of the Revised Code, has complied with sections 4776.01 to 4776.04 of the Revised Code and has been determined by the division of marijuana control, as the applicable licensing agency, to meet the requirements for employment.

(C) Except as provided in section 4776.20 of the Revised Code, "licensing agency" means any of the following:

(1) The board authorized by Chapters 4701., 4717., 4725., 4729., 4730., 4731., 4732., 4734., 4740., 4741., 4747., 4751., 4753., 4755., 4757., 4759., 4760., 4761., 4762., 4772., 4774., 4778., 4779., and 4783. of the Revised Code to issue a license to engage in a specific profession, occupation, or occupational activity, or to have charge of and operate certain specific equipment, machinery, or premises.

(2) The state dental board, relative to its authority to issue a license pursuant to section 4715.12, 4715.16, 4715.21, or 4715.27 of the Revised Code;

(3) The division of marijuana control, relative to its authority under Chapter 3796. of the Revised Code and any rules adopted under that chapter with respect to a person who is subject to section 3796.13 of the Revised Code;

(4) The director of agriculture, relative to the director's authority to issue licenses under Chapter 928. of the Revised Code.

(D) "Applicant for an initial license" includes persons seeking a license for the first time and persons seeking a license by reciprocity, endorsement, or similar manner of a license issued in another state. "Applicant for an initial license" also includes a person who, for purposes of section 3796.13 of the Revised Code, is required to comply with sections 4776.01 to 4776.04 of the Revised Code.

(E) "Applicant for a restored license" includes persons seeking restoration of a license under section 4730.14, 4730.28, 4731.222, 4731.281, 4759.062, 4759.063, 4760.06, 4760.061, 4761.06, 4761.061, 4762.06, 4762.061, 4772.08, 4772.082, 4774.06, 4774.061, 4778.07, or 4778.071 of the Revised Code. "Applicant for a restored license" does not include a person seeking restoration of a license under section 4751.33 of the Revised Code.

(F) "Criminal records check" has the same meaning as in section 109.572 of the Revised Code.

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

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

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

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

(4) "Family member" means a parent, sibling, spouse, son, daughter, grandparent, aunt, uncle, cousin, or guardian of the individual with a developmental disability if the individual with a developmental disability lives with the person and is dependent on the person to the extent that, if the supports were withdrawn, another living arrangement would have to be found.

(5) "Health care professional" means any of the following:

(a) A dentist who holds a valid license issued under Chapter 4715. of the Revised Code;

(b) A registered or licensed practical nurse who holds a valid license issued under Chapter 4723. of the Revised Code;

(c) An optometrist who holds a valid license issued under Chapter 4725. of the Revised Code;

(d) A pharmacist who holds a valid license issued under Chapter 4729. of the Revised Code;

(e) A person who holds a valid license or certificate issued under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited brand of medicine;

(f) A physician assistant who holds a valid license issued under Chapter 4730. of the Revised Code;

(g) An occupational therapist or occupational therapy assistant or a physical therapist or physical therapist assistant who holds a valid license issued under Chapter 4755. of the Revised Code;

(h) A respiratory care professional who holds a valid license issued under Chapter 4761. of the Revised Code;

(i) A certified mental health assistant who holds a valid license issued under Chapter 4772. of the Revised Code.

(6) "Health care task" means a task that is prescribed, ordered, delegated, or otherwise directed by a health care professional acting within the scope of the professional's practice. "Health

care task" includes the administration of oral and topical prescribed medications; administration of nutrition and medications through gastrostomy and jejunostomy tubes that are stable and labeled; administration of oxygen and metered dose inhaled medications; administration of insulin through subcutaneous injections, inhalation, and insulin pumps; and administration of prescribed medications for the treatment of metabolic glyceimic disorders through subcutaneous injections.

(B) Except as provided in division (E) of this section, a family member of an individual with a developmental disability may authorize an unlicensed in-home care worker to perform health care tasks as part of the in-home care the worker provides to the individual, if all of the following apply:

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

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

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

(4) The health care task is completed in accordance with standard, written instructions.

(5) Performance of the health care task requires no judgment based on specialized health care knowledge or expertise.

(6) The outcome of the health care task is reasonably predictable.

(7) Performance of the health care task requires no complex observation of the individual receiving the care.

(8) Improper performance of the health care task will result in only minimal complications that are not life-threatening.

(C) A family member shall obtain a prescription, if applicable, and written instructions from a health care professional for the care to be provided to the individual. The family member shall authorize the unlicensed in-home care worker to provide the care by preparing a written document granting the authority. The family member shall provide the unlicensed in-home care worker with appropriate training and written instructions in accordance with the instructions obtained from the health care professional. The family member or a health care professional shall be available to communicate with the unlicensed in-home care worker either in person or by telecommunication while the in-home care worker performs a health care task.

(D) A family member who authorizes an unlicensed in-home care worker to administer oral and topical prescribed medications or perform other health care tasks retains full responsibility for the health and safety of the individual receiving the care and for ensuring that the worker provides the care appropriately and safely. No entity that funds or monitors the provision of in-home care may be held liable for the results of the care provided under this section by an unlicensed in-home care worker, including such entities as the county board of developmental disabilities and the department of developmental disabilities.

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

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

Sec. 5164.95. (A) As used in this section, "telehealth service" means a health care service delivered to a patient through the use of interactive audio, video, or other telecommunications or electronic technology from a site other than the site where the patient is located.

(B) The department of medicaid shall establish standards for medicaid payments for health care services the department determines are appropriate to be covered by the medicaid program when provided as telehealth services. The standards shall be established in rules adopted under section 5164.02 of the Revised Code.

In accordance with section 5162.021 of the Revised Code, the medicaid director shall adopt rules authorizing the directors of other state agencies to adopt rules regarding the medicaid coverage of telehealth services under programs administered by the other state agencies. Any such rules adopted by the medicaid director or the directors of other state agencies are not subject to the requirements of division (F) of section 121.95 of the Revised Code.

(C)(1) To the extent permitted under rules adopted under section 5164.02 of the Revised Code and applicable federal law, the following practitioners are eligible to provide telehealth services covered pursuant to this section:

(a) A physician licensed under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery;

(b) A psychologist, independent school psychologist, or school psychologist licensed under Chapter 4732. of the Revised Code;

(c) A physician assistant licensed under Chapter 4730. of the Revised Code;

(d) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner licensed under Chapter 4723. of the Revised Code;

(e) An independent social worker, independent marriage and family therapist, or professional clinical counselor licensed under Chapter 4757. of the Revised Code;

(f) An independent chemical dependency counselor licensed under Chapter 4758. of the Revised Code;

(g) A supervised practitioner or supervised trainee;

(h) An audiologist or speech-language pathologist licensed under Chapter 4753. of the Revised Code;

(i) An audiology aide or speech-language pathology aide, as defined in section 4753.072 of the Revised Code, or an individual holding a conditional license under section 4753.071 of the Revised Code;

(j) An occupational therapist or physical therapist licensed under Chapter 4755. of the Revised Code;

(k) An occupational therapy assistant or physical therapist assistant licensed under Chapter 4755. of the Revised Code.

(l) A dietitian licensed under Chapter 4759. of the Revised Code;

(m) A chiropractor licensed under Chapter 4734. of the Revised Code;

(n) A pharmacist licensed under Chapter 4729. of the Revised Code;

(o) A genetic counselor licensed under Chapter 4778. of the Revised Code;

(p) An optometrist licensed under Chapter 4725. of the Revised Code to practice optometry;

(q) A respiratory care professional licensed under Chapter 4761. of the Revised Code;

(r) A certified Ohio behavior analyst certified under Chapter 4783. of the Revised Code;

(s) A practitioner who provides services through a medicaid school program;

(t) Subject to section 5119.368 of the Revised Code, a practitioner authorized to provide services and supports certified under section 5119.36 of the Revised Code through a community mental health services provider or community addiction services provider;

(u) A certified mental health assistant licensed under Chapter 4772. of the Revised Code;

(v) Any other practitioner the medicaid director considers eligible to provide telehealth services.

(2) In accordance with division (B) of this section and to the extent permitted under rules adopted under section 5164.02 of the Revised Code and applicable federal law, the following provider types are eligible to submit claims for medicaid payments for providing telehealth services:

(a) Any practitioner described in division (C)(1) of this section, except for those described in divisions (C)(1)(g), (i), and (k) of this section;

(b) A professional medical group;

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

(d) A rural health clinic;

(e) An ambulatory health care clinic;

(f) An outpatient hospital;

(g) A medicaid school program;

(h) Subject to section 5119.368 of the Revised Code, a community mental health services provider or community addiction services provider that offers services and supports certified under section 5119.36 of the Revised Code;

(i) Any other provider type the medicaid director considers eligible to submit the claims for payment.

(D)(1) When providing telehealth services under this section, a practitioner shall comply with all requirements under state and federal law regarding the protection of patient information. A practitioner shall ensure that any username or password information and any electronic communications between the practitioner and a patient are securely transmitted and stored.

(2) When providing telehealth services under this section, every practitioner site shall have access to the medical records of the patient at the time telehealth services are provided.

Sec. 5903.12. (A) As used in this section:

"Continuing education" means continuing education required of a licensee by law and includes, but is not limited to, the continuing education required of licensees under sections 3737.881, 3776.07, 3781.10, 4701.11, 4715.141, 4715.25, 4717.09, 4723.24, 4725.16, 4725.51, 4730.14, 4730.49, 4731.155, 4731.282, 4734.25, 4735.141, 4741.16, 4741.19, 4751.24, 4751.25, 4755.63, 4757.33, 4759.06, 4761.06, ~~and 4763.07~~, and 4772.081 of the Revised Code.

"Reporting period" means the period of time during which a licensee must complete the number of hours of continuing education required of the licensee by law.

(B) A licensee may submit an application to a licensing agency, stating that the licensee requires an extension of the current reporting period because the licensee has served on active duty during the current or a prior reporting period. The licensee shall submit proper documentation certifying the active duty service and the length of that active duty service. Upon receiving the application and proper documentation, the licensing agency shall extend the current reporting period by an amount of time equal to the total number of months that the licensee spent on active duty during the current reporting period. For purposes of this division, any portion of a month served on active duty shall be considered one full month.

SECTION 2. That existing sections 2305.234, 2305.41, 2305.42, 2305.43, 2305.44, 2305.45, 2305.48, 2305.49, 2305.51, 2925.01, 2925.02, 2925.03, 2925.11, 2925.12, 2925.14, 2925.23, 2925.36, 2925.55, 2925.56, 2929.42, 3701.048, 3701.74, 3709.161, 3715.50, 3715.501, 3715.502, 3715.503, 3715.872, 3719.06, 3719.064, 3719.121, 3719.13, 3719.81, 4729.01, 4729.285, 4729.45, 4729.51, 4729.921, 4731.051, 4731.07, 4731.071, 4731.22, 4731.224, 4731.24, 4731.25, 4731.251, 4734.99, 4743.09, 4765.51, 4769.01, 4776.01, 5123.47, 5164.95, and 5903.12 of the Revised Code are hereby repealed.

SECTION 3. The State Board of Pharmacy shall adopt the rules required by section 4729.554 of the Revised Code not later than eighteen months after the effective date of this section. If the

Board fails to adopt the rules within that time period, the Attorney General or a county prosecuting attorney may apply to a court of common pleas for a court order requiring the adoption of the rules.

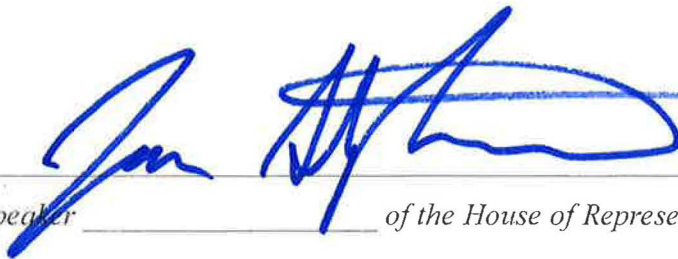
SECTION 4. The Medicaid Director shall submit a request to the United States Centers for Medicare and Medicaid Services for a Medicaid waiver to allow services provided by a certified mental health assistant, as authorized by Chapter 4772. of the Revised Code, to be paid by the Medicaid program.

SECTION 5. Sections 2305.41, 2305.42, 2305.43, 2305.44, 2305.45, 2305.48, and 2305.49 of the Revised Code, as amended by this act, shall be known as Paige's Law.

SECTION 6. The General Assembly, applying the principle stated in division (B) of section 1.52 of the Revised Code that amendments are to be harmonized if reasonably capable of simultaneous operation, finds that the following sections, presented in this act as composites of the sections as amended by the acts indicated, are the resulting versions of the sections in effect prior to the effective date of the sections as presented in this act:

Section 3719.121 of the Revised Code as amended by both H.B. 216 and S.B. 319 of the 131st General Assembly.

Section 4729.01 of the Revised Code as amended by H.B. 509 and H.B. 558 of the 134th General Assembly.



Speaker _____ *of the House of Representatives.*



President _____ *of the Senate.*

Passed December 18, 2024

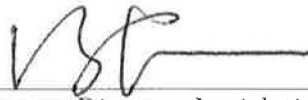
Approved JANUARY 8, 2025



Governor.



The section numbering of law of a general and permanent nature is complete and in conformity with the Revised Code.



Director, Legislative Service Commission.

Filed in the office of the Secretary of State at Columbus, Ohio, on the 8th
day of January, A. D. 2025.



Secretary of State.

File No. 97

Effective Date 4/9/2025

AN ACT

To amend sections 2305.234, 2305.41, 2305.42, 2305.43, 2305.44, 2305.45, 2305.48, 2305.49, 2305.51, 2925.01, 2925.02, 2925.03, 2925.11, 2925.12, 2925.14, 2925.23, 2925.36, 2925.55, 2925.56, 2929.42, 3701.048, 3701.74, 3709.161, 3715.50, 3715.501, 3715.502, 3715.503, 3715.872, 3719.06, 3719.064, 3719.121, 3719.13, 3719.81, 4729.01, 4729.285, 4729.45, 4729.51, 4729.921, 4731.051, 4731.07, 4731.071, 4731.22, 4731.224, 4731.24, 4731.25, 4731.251, 4734.99, 4743.09, 4765.51, 4769.01, 4776.01, 5123.47, 5164.95, and 5903.12 and to enact sections 3959.22, 4729.554, 4772.01, 4772.02, 4772.03, 4772.04, 4772.041, 4772.05, 4772.06, 4772.07, 4772.08, 4772.081, 4772.082, 4772.09, 4772.091, 4772.092, 4772.10, 4772.11, 4772.12, 4772.13, 4772.14, 4772.15, 4772.19, 4772.20, 4772.201, 4772.202, 4772.203, 4772.21, 4772.22, 4772.23, 4772.24, 4772.25, 4772.26, 4772.27, 4772.28, and 4772.99 of the Revised Code related to remote dispensing pharmacies and other changes to the pharmacy law and to license certified mental health assistants.

Introduced by

Senator Reynolds

Cosponsors: Senators Huffman, S., Antonio, Blessing,

Brenner, Chavez, Cirino, Craig, DeMora, Dolan, Gavarone,

Jackett, Hicks-Hudson, Ingram, Johnson, Kunze, Landis,

Manning, Reineke, Roegner, Romanchuk, Schaffer,

Schuring, Sykes, Wilkin, Wilson

Representatives Brennan, Dell'Aquila, Dobos, Grim, John,

Jones, Lipps, Mathews, Miller, J., Pavliga, Stein,

Swearingen, Troy, Whitted, Williams, Willis, Young, T.

Passed by the Senate,

May 22, 2024

Passed by the House of Representatives,

December 10, 2024

*Filed in the office of the Secretary of State at
Columbus, Ohio, on the*

24 day of January, A. D. 2025
[Signature]
Secretary of State.

concurrd in House
amendments on
December 18, 2024