

Am. Sub. H.B. 59  
As Passed by the Senate

\_\_\_\_\_ moved to amend as follows:

In line 712, after "2317.422," insert "2317.56," 1

In line 790, after "4731.151," insert "4731.22," 2

In line 1063, after "2743.041," insert "2919.19, 2919.191,  
2919.192, 2919.193," 3  
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Between lines 38801 and 38802, insert: 5

"**Sec. 2317.56.** (A) As used in this section: 6

(1) "Medical emergency" ~~means a condition of a pregnant woman~~ 7  
~~that, in the reasonable judgment of the physician who is attending~~ 8  
~~the woman, creates an immediate threat of serious risk to the life~~ 9  
~~or physical health of the woman from the continuation of the~~ 10  
~~pregnancy necessitating the immediate performance or inducement of~~ 11  
~~an abortion~~ has the same meaning as in section 2919.16 of the 12  
Revised Code. 13

(2) "Medical necessity" means a medical condition of a 14  
pregnant woman that, in the reasonable judgment of the physician 15  
who is attending the woman, so complicates the pregnancy that it 16  
necessitates the immediate performance or inducement of an 17  
abortion. 18

(3) "Probable gestational age of the embryo or fetus" means 19  
the gestational age that, in the judgment of a physician, is, with 20

reasonable probability, the gestational age of the embryo or fetus 21  
 at the time that the physician informs a pregnant woman pursuant 22  
 to division (B)(1)(b) of this section. 23

(B) Except when there is a medical emergency or medical 24  
 necessity, an abortion shall be performed or induced only if all 25  
 of the following conditions are satisfied: 26

(1) At least twenty-four hours prior to the performance or 27  
 inducement of the abortion, a physician meets with the pregnant 28  
 woman in person in an individual, private setting and gives her an 29  
 adequate opportunity to ask questions about the abortion that will 30  
 be performed or induced. At this meeting, the physician shall 31  
 inform the pregnant woman, verbally or, if she is hearing 32  
 impaired, by other means of communication, of all of the 33  
 following: 34

(a) The nature and purpose of the particular abortion 35  
 procedure to be used and the medical risks associated with that 36  
 procedure; 37

(b) The probable gestational age of the embryo or fetus; 38

(c) The medical risks associated with the pregnant woman 39  
 carrying the pregnancy to term. 40

The meeting need not occur at the facility where the abortion 41  
 is to be performed or induced, and the physician involved in the 42  
 meeting need not be affiliated with that facility or with the 43  
 physician who is scheduled to perform or induce the abortion. 44

(2) At least twenty-four hours prior to the performance or 45  
 inducement of the abortion, ~~one or more physicians or one or more~~ 46  
~~agents of one or more physicians do~~ the physician who is to 47  
perform or induce the abortion or the physician's agent does each 48  
 of the following in person, by telephone, by certified mail, 49

return receipt requested, or by regular mail evidenced by a certificate of mailing:

(a) Inform the pregnant woman of the name of the physician who is scheduled to perform or induce the abortion;

(b) Give the pregnant woman copies of the published materials described in division (C) of this section;

(c) Inform the pregnant woman that the materials given pursuant to division (B)(2)(b) of this section are published by the state and that they describe the embryo or fetus and list agencies that offer alternatives to abortion. The pregnant woman may choose to examine or not to examine the materials. A physician or an agent of a physician may choose to be disassociated from the materials and may choose to comment or not comment on the materials.

(3) If it has been determined that the unborn human individual the pregnant woman is carrying has a detectable heartbeat, the physician who is to perform or induce the abortion shall comply with the informed consent requirements in section 2919.192 of the Revised Code in addition to complying with the informed consent requirements in divisions (B)(1), (2), (4), and (5) of this section.

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

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

(b) She consents to the particular abortion voluntarily,

knowingly, intelligently, and without coercion by any person, and she is not under the influence of any drug of abuse or alcohol.

~~(4)~~ The form shall contain the name and contact information of the physician who provided to the pregnant woman the information described in division (B)(1) of this section.

(5) Prior to the performance or inducement of the abortion, the physician who is scheduled to perform or induce the abortion or the physician's agent receives a copy of the pregnant woman's signed form on which she consents to the abortion and that includes the certification required by division (B)~~(3)~~(4) of this section.

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

(1) Materials that inform the pregnant woman about family planning information, of publicly funded agencies that are available to assist in family planning, and of public and private agencies and services that are available to assist her through the pregnancy, upon childbirth, and while the child is dependent, including, but not limited to, adoption agencies. The materials shall be geographically indexed; include a comprehensive list of the available agencies, a description of the services offered by the agencies, and the telephone numbers and addresses of the agencies; and inform the pregnant woman about available medical assistance benefits for prenatal care, childbirth, and neonatal care and about the support obligations of the father of a child who is born alive. The department shall ensure that the materials described in division (C)(1) of this section are comprehensive and do not directly or indirectly promote, exclude, or discourage the

use of any agency or service described in this division. 109

(2) Materials that inform the pregnant woman of the probable 110  
anatomical and physiological characteristics of the zygote, 111  
blastocyte, embryo, or fetus at two-week gestational increments 112  
for the first sixteen weeks of pregnancy and at four-week 113  
gestational increments from the seventeenth week of pregnancy to 114  
full term, including any relevant information regarding the time 115  
at which the fetus possibly would be viable. The department shall 116  
cause these materials to be published only after it consults with 117  
the Ohio state medical association and the Ohio section of the 118  
American college of obstetricians and gynecologists relative to 119  
the probable anatomical and physiological characteristics of a 120  
zygote, blastocyte, embryo, or fetus at the various gestational 121  
increments. The materials shall use language that is 122  
understandable by the average person who is not medically trained, 123  
shall be objective and nonjudgmental, and shall include only 124  
accurate scientific information about the zygote, blastocyte, 125  
embryo, or fetus at the various gestational increments. If the 126  
materials use a pictorial, photographic, or other depiction to 127  
provide information regarding the zygote, blastocyte, embryo, or 128  
fetus, the materials shall include, in a conspicuous manner, a 129  
scale or other explanation that is understandable by the average 130  
person and that can be used to determine the actual size of the 131  
zygote, blastocyte, embryo, or fetus at a particular gestational 132  
increment as contrasted with the depicted size of the zygote, 133  
blastocyte, embryo, or fetus at that gestational increment. 134

(D) Upon the submission of a request to the department of 135  
health by any person, hospital, physician, or medical facility for 136  
one copy of the materials published in accordance with division 137  
(C) of this section, the department shall make the requested copy 138  
of the materials available to the person, hospital, physician, or 139

medical facility that requested the copy. 140

(E) If a medical emergency or medical necessity compels the 141  
performance or inducement of an abortion, the physician who will 142  
perform or induce the abortion, prior to its performance or 143  
inducement if possible, shall inform the pregnant woman of the 144  
medical indications supporting the physician's judgment that an 145  
immediate abortion is necessary. Any physician who performs or 146  
induces an abortion without the prior satisfaction of the 147  
conditions specified in division (B) of this section because of a 148  
medical emergency or medical necessity shall enter the reasons for 149  
the conclusion that a medical emergency or medical necessity 150  
exists in the medical record of the pregnant woman. 151

(F) If the conditions specified in division (B) of this 152  
section are satisfied, consent to an abortion shall be presumed to 153  
be valid and effective. 154

(G) The performance or inducement of an abortion without the 155  
prior satisfaction of the conditions specified in division (B) of 156  
this section does not constitute, and shall not be construed as 157  
constituting, a violation of division (A) of section 2919.12 of 158  
the Revised Code. The failure of a physician to satisfy the 159  
conditions of division (B) of this section prior to performing or 160  
inducing an abortion upon a pregnant woman may be the basis of 161  
both of the following: 162

(1) A civil action for compensatory and exemplary damages as 163  
described in division (H) of this section; 164

(2) Disciplinary action under section 4731.22 of the Revised 165  
Code. 166

(H)(1) Subject to divisions (H)(2) and (3) of this section, 167  
any physician who performs or induces an abortion with actual 168

knowledge that the conditions specified in division (B) of this 169  
section have not been satisfied or with a heedless indifference as 170  
to whether those conditions have been satisfied is liable in 171  
compensatory and exemplary damages in a civil action to any 172  
person, or the representative of the estate of any person, who 173  
sustains injury, death, or loss to person or property as a result 174  
of the failure to satisfy those conditions. In the civil action, 175  
the court additionally may enter any injunctive or other equitable 176  
relief that it considers appropriate. 177

(2) The following shall be affirmative defenses in a civil 178  
action authorized by division (H)(1) of this section: 179

(a) The physician performed or induced the abortion under the 180  
circumstances described in division (E) of this section. 181

(b) The physician made a good faith effort to satisfy the 182  
conditions specified in division (B) of this section. 183

(3) An employer or other principal is not liable in damages 184  
in a civil action authorized by division (H)(1) of this section on 185  
the basis of the doctrine of respondeat superior unless either of 186  
the following applies: 187

(a) The employer or other principal had actual knowledge or, 188  
by the exercise of reasonable diligence, should have known that an 189  
employee or agent performed or induced an abortion with actual 190  
knowledge that the conditions specified in division (B) of this 191  
section had not been satisfied or with a heedless indifference as 192  
to whether those conditions had been satisfied. 193

(b) The employer or other principal negligently failed to 194  
secure the compliance of an employee or agent with division (B) of 195  
this section. 196

(4) Notwithstanding division (E) of section 2919.12 of the 197

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

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

Between lines 41548 and 41549, insert:

"Sec. 2919.19. As used in this section and sections 2919.191  
 to 2919.193 of the Revised Code:

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

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

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

(D) "Gestational sac" means the structure that comprises the  
 extraembryonic membranes that envelop the fetus and that is  
 typically visible by ultrasound after the fourth week of  
 pregnancy.

(E) "Medical emergency" has the same meaning as in section



<u>2919.16 of the Revised Code.</u>	226
<u>(F) "Physician" has the same meaning as in section 2305.113 of the Revised Code.</u>	227
<u>(G) "Pregnancy" means the human female reproductive condition that begins with fertilization, when the woman is carrying the developing human offspring, and that is calculated from the first day of the last menstrual period of the woman.</u>	228
<u>(H) "Serious risk of the substantial and irreversible impairment of a major bodily function" has the same meaning as in section 2919.16 of the Revised Code.</u>	229
<u>(I) "Standard medical practice" means the degree of skill, care, and diligence that a physician of the same medical specialty would employ in like circumstances. As applied to the method used to determine the presence of a fetal heartbeat for purposes of section 2919.191 of the Revised Code, "standard medical practice" includes employing the appropriate means of detection depending on the estimated gestational age of the fetus and the condition of the woman and her pregnancy.</u>	230
<u>(J) "Unborn human individual" means an individual organism of the species homo sapiens from fertilization until live birth.</u>	231
<u>Sec. 2919.191. (A) A person who intends to perform or induce an abortion on a pregnant woman shall determine whether there is a detectable fetal heartbeat of the unborn human individual the pregnant woman is carrying. The method of determining the presence of a fetal heartbeat shall be consistent with the person's good faith understanding of standard medical practice, provided that if rules have been adopted under division (C) of this section, the method chosen shall be one that is consistent with the rules. The person who determines the presence or absence of a fetal heartbeat</u>	232
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shall record in the pregnant woman's medical record the estimated gestational age of the unborn human individual, the method used to test for a fetal heartbeat, the date and time of the test, and the results of the test.

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(B)(1) Except when a medical emergency exists that prevents compliance with this division, no person shall perform or induce an abortion on a pregnant woman prior to determining if the unborn human individual the pregnant woman is carrying has a detectable fetal heartbeat. Any person who performs or induces an abortion on a pregnant woman based on the exception in this division shall note in the pregnant woman's medical records that a medical emergency necessitating the abortion existed and shall also note the medical condition of the pregnant woman that prevented compliance with this division. The person shall maintain a copy of the notes described in this division in the person's own records for at least seven years after the notes are entered into the medical records.

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

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

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(D) A person is not in violation of division (A) or (B) of this section if that person has performed an examination for the presence of a fetal heartbeat in the fetus utilizing standard

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medical practice, that examination does not reveal a fetal 284  
heartbeat or the person has been informed by a physician who has 285  
performed the examination for fetal heartbeat that the examination 286  
did not reveal a fetal heartbeat, and the person notes in the 287  
pregnant woman's medical records the procedure utilized to detect 288  
the presence of a fetal heartbeat. 289

(E) Except as provided in division (F) of this section, no 290  
person shall knowingly and purposefully perform or induce an 291  
abortion on a pregnant woman before determining in accordance with 292  
division (A) of this section whether the unborn human individual 293  
the pregnant woman is carrying has a detectable heartbeat. The 294  
failure of a person to satisfy the requirements of this section 295  
prior to performing or inducing an abortion on a pregnant woman 296  
may be the basis for either of the following: 297

(1) A civil action for compensatory and exemplary damages; 298

(2) Disciplinary action under section 4731.22 of the Revised 299  
Code. 300

(F) Division (E) of this section does not apply to a 301  
physician who performs or induces the abortion if the physician 302  
believes that a medical emergency exists that prevents compliance 303  
with that division. 304

(G) The director of health may determine and specify in rules 305  
adopted pursuant to section 111.15 of the Revised Code and based 306  
upon available medical evidence the statistical probability of 307  
bringing an unborn human individual to term based on the 308  
gestational age of an unborn human individual who possesses a 309  
detectable fetal heartbeat. 310

(H) A woman on whom an abortion is performed in violation of 311  
division (B) of this section or division (B)(3) of section 2317.56 312

of the Revised Code may file a civil action for the wrongful death 313  
of the woman's unborn child and may receive at the mother's 314  
election at any time prior to final judgment damages in an amount 315  
equal to ten thousand dollars or an amount determined by the trier 316  
of fact after consideration of the evidence subject to the same 317  
defenses and requirements of proof, except any requirement of live 318  
birth, as would apply to a suit for the wrongful death of a child 319  
who had been born alive. 320

**Sec. 2919.192.** (A) If a person who intends to perform or 321  
induce an abortion on a pregnant woman has determined, under 322  
section 2919.191 of the Revised Code, that the unborn human 323  
individual the pregnant woman is carrying has a detectable 324  
heartbeat, the person shall not, except as provided in division 325  
(B) of this section, perform or induce the abortion until all of 326  
the following requirements have been met and at least twenty-four 327  
hours have elapsed after the last of the requirements is met: 328

(1) The person intending to perform or induce the abortion 329  
shall inform the pregnant woman in writing that the unborn human 330  
individual the pregnant woman is carrying has a fetal heartbeat. 331

(2) The person intending to perform or induce the abortion 332  
shall inform the pregnant woman, to the best of the person's 333  
knowledge, of the statistical probability of bringing the unborn 334  
human individual possessing a detectable fetal heartbeat to term 335  
based on the gestational age of the unborn human individual or, if 336  
the director of health has specified statistical probability 337  
information pursuant to rules adopted under division (C) of this 338  
section, shall provide to the pregnant woman that information. 339

(B) Division (A) of this section does not apply if the person 340  
who intends to perform or induce the abortion believes that a 341

medical emergency exists that prevents compliance with that 342  
division. 343

(C) The director of health may adopt rules that specify 344  
information regarding the statistical probability of bringing an 345  
unborn human individual possessing a detectable heartbeat to term 346  
based on the gestational age of the unborn human individual. The 347  
rules shall be based on available medical evidence and shall be 348  
adopted in accordance with section 111.15 of the Revised Code. 349

(D) This section does not have the effect of repealing or 350  
limiting any other provision of the Revised Code relating to 351  
informed consent for an abortion, including the provisions in 352  
section 2317.56 of the Revised Code. 353

(E) Whoever violates division (A) of this section is guilty 354  
of performing or inducing an abortion without informed consent 355  
when there is a detectable fetal heartbeat, a misdemeanor of the 356  
first degree on a first offense and a felony of the fourth degree 357  
on each subsequent offense. 358

**Sec. 2919.193.** A pregnant woman on whom an abortion is 359  
performed or induced in violation of section 2919.191 or 2919.192 360  
of the Revised Code is not guilty of violating any of those 361  
sections; is not guilty of attempting to commit, conspiring to 362  
commit, or complicity in committing a violation of any of those 363  
sections; and is not subject to a civil penalty based on the 364  
abortion being performed or induced in violation of any of those 365  
sections." 366

Between lines 95300 and 95301, insert: 367

**"Sec. 4731.22.** (A) The state medical board, by an affirmative 368  
 vote of not fewer than six of its members, may limit, revoke, or 369

suspend an individual's certificate to practice, refuse to grant a 370  
certificate to an individual, refuse to register an individual, 371  
refuse to reinstate a certificate, or reprimand or place on 372  
probation the holder of a certificate if the individual or 373  
certificate holder is found by the board to have committed fraud 374  
during the administration of the examination for a certificate to 375  
practice or to have committed fraud, misrepresentation, or 376  
deception in applying for or securing any certificate to practice 377  
or certificate of registration issued by the board. 378  
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(B) The board, by an affirmative vote of not fewer than six 380  
members, shall, to the extent permitted by law, limit, revoke, or 381  
suspend an individual's certificate to practice, refuse to 382  
register an individual, refuse to reinstate a certificate, or 383  
reprimand or place on probation the holder of a certificate for 384  
one or more of the following reasons: 385

(1) Permitting one's name or one's certificate to practice or 386  
certificate of registration to be used by a person, group, or 387  
corporation when the individual concerned is not actually 388  
directing the treatment given; 389

(2) Failure to maintain minimal standards applicable to the 390  
selection or administration of drugs, or failure to employ 391  
acceptable scientific methods in the selection of drugs or other 392  
modalities for treatment of disease; 393

(3) Selling, giving away, personally furnishing, prescribing, 394  
or administering drugs for other than legal and legitimate 395  
therapeutic purposes or a plea of guilty to, a judicial finding of 396  
guilt of, or a judicial finding of eligibility for intervention in 397  
lieu of conviction of, a violation of any federal or state law 398  
regulating the possession, distribution, or use of any drug; 399

(4) Willfully betraying a professional confidence. 400

For purposes of this division, "willfully betraying a 401  
professional confidence" does not include providing any 402  
information, documents, or reports to a child fatality review 403  
board under sections 307.621 to 307.629 of the Revised Code and 404  
does not include the making of a report of an employee's use of a 405  
drug of abuse, or a report of a condition of an employee other 406  
than one involving the use of a drug of abuse, to the employer of 407  
the employee as described in division (B) of section 2305.33 of 408  
the Revised Code. Nothing in this division affects the immunity 409  
from civil liability conferred by that section upon a physician 410  
who makes either type of report in accordance with division (B) of 411  
that section. As used in this division, "employee," "employer," 412  
and "physician" have the same meanings as in section 2305.33 of 413  
the Revised Code. 414

(5) Making a false, fraudulent, deceptive, or misleading 415  
statement in the solicitation of or advertising for patients; in 416  
relation to the practice of medicine and surgery, osteopathic 417  
medicine and surgery, podiatric medicine and surgery, or a limited 418  
branch of medicine; or in securing or attempting to secure any 419  
certificate to practice or certificate of registration issued by 420  
the board. 421

As used in this division, "false, fraudulent, deceptive, or 422  
misleading statement" means a statement that includes a 423  
misrepresentation of fact, is likely to mislead or deceive because 424  
of a failure to disclose material facts, is intended or is likely 425  
to create false or unjustified expectations of favorable results, 426  
or includes representations or implications that in reasonable 427  
probability will cause an ordinarily prudent person to 428  
misunderstand or be deceived. 429

- (6) A departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established;
- (7) Representing, with the purpose of obtaining compensation or other advantage as personal gain or for any other person, that an incurable disease or injury, or other incurable condition, can be permanently cured;
- (8) The obtaining of, or attempting to obtain, money or anything of value by fraudulent misrepresentations in the course of practice;
- (9) 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;
- (10) Commission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed;
- (11) A plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for, a misdemeanor committed in the course of practice;
- (12) 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;
- (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 involving moral turpitude that constitutes a misdemeanor in this state, regardless of the jurisdiction in which the act was committed;



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

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

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

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

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

meanings as in section 2305.33 of the Revised Code. 489

(19) Inability to practice according to acceptable and 490  
prevailing standards of care by reason of mental illness or 491  
physical illness, including, but not limited to, physical 492  
deterioration that adversely affects cognitive, motor, or 493  
perceptive skills. 494

In enforcing this division, the board, upon a showing of a 495  
possible violation, may compel any individual authorized to 496  
practice by this chapter or who has submitted an application 497  
pursuant to this chapter to submit to a mental examination, 498  
physical examination, including an HIV test, or both a mental and 499  
a physical examination. The expense of the examination is the 500  
responsibility of the individual compelled to be examined. Failure 501  
to submit to a mental or physical examination or consent to an HIV 502  
test ordered by the board constitutes an admission of the 503  
allegations against the individual unless the failure is due to 504  
circumstances beyond the individual's control, and a default and 505  
final order may be entered without the taking of testimony or 506  
presentation of evidence. If the board finds an individual unable 507  
to practice because of the reasons set forth in this division, the 508  
board shall require the individual to submit to care, counseling, 509  
or treatment by physicians approved or designated by the board, as 510  
a condition for initial, continued, reinstated, or renewed 511  
authority to practice. An individual affected under this division 512  
shall be afforded an opportunity to demonstrate to the board the 513  
ability to resume practice in compliance with acceptable and 514  
prevailing standards under the provisions of the individual's 515  
certificate. For the purpose of this division, any individual who 516  
applies for or receives a certificate to practice under this 517  
chapter accepts the privilege of practicing in this state and, by 518  
so doing, shall be deemed to have given consent to submit to a 519

mental or physical examination when directed to do so in writing 520  
 by the board, and to have waived all objections to the 521  
 admissibility of testimony or examination reports that constitute 522  
 a privileged communication. 523

(20) Except when civil penalties are imposed under section 524  
 4731.225 or 4731.281 of the Revised Code, and subject to section 525  
 4731.226 of the Revised Code, violating or attempting to violate, 526  
 directly or indirectly, or assisting in or abetting the violation 527  
 of, or conspiring to violate, any provisions of this chapter or 528  
 any rule promulgated by the board. 529

This division does not apply to a violation or attempted 530  
 violation of, assisting in or abetting the violation of, or a 531  
 conspiracy to violate, any provision of this chapter or any rule 532  
 adopted by the board that would preclude the making of a report by 533  
 a physician of an employee's use of a drug of abuse, or of a 534  
 condition of an employee other than one involving the use of a 535  
 drug of abuse, to the employer of the employee as described in 536  
 division (B) of section 2305.33 of the Revised Code. Nothing in 537  
 this division affects the immunity from civil liability conferred 538  
 by that section upon a physician who makes either type of report 539  
 in accordance with division (B) of that section. As used in this 540  
 division, "employee," "employer," and "physician" have the same 541  
 meanings as in section 2305.33 of the Revised Code. 542

(21) The violation of section 3701.79 of the Revised Code or 543  
 of any abortion rule adopted by the public health council pursuant 544  
 to section 3701.341 of the Revised Code; 545

(22) Any of the following actions taken by an agency 546  
 responsible for authorizing, certifying, or regulating an 547  
 individual to practice a health care occupation or provide health 548  
 care services in this state or another jurisdiction, for any 549

reason other than the nonpayment of fees: the limitation, 550  
 revocation, or suspension of an individual's license to practice; 551  
 acceptance of an individual's license surrender; denial of a 552  
 license; refusal to renew or reinstate a license; imposition of 553  
 probation; or issuance of an order of censure or other reprimand; 554

(23) The violation of section 2919.12 of the Revised Code or 555  
 the performance or inducement of an abortion upon a pregnant woman 556  
 with actual knowledge that the conditions specified in division 557  
 (B) of section 2317.56 of the Revised Code have not been satisfied 558  
 or with a heedless indifference as to whether those conditions 559  
 have been satisfied, unless an affirmative defense as specified in 560  
 division (H)(2) of that section would apply in a civil action 561  
 authorized by division (H)(1) of that section; 562

(24) The revocation, suspension, restriction, reduction, or 563  
 termination of clinical privileges by the United States department 564  
 of defense or department of veterans affairs or the termination or 565  
 suspension of a certificate of registration to prescribe drugs by 566  
 the drug enforcement administration of the United States 567  
 department of justice; 568

(25) Termination or suspension from participation in the 569  
 medicare or medicaid programs by the department of health and 570  
 human services or other responsible agency for any act or acts 571  
 that also would constitute a violation of division (B)(2), (3), 572  
 (6), (8), or (19) of this section; 573

(26) Impairment of ability to practice according to 574  
 acceptable and prevailing standards of care because of habitual or 575  
 excessive use or abuse of drugs, alcohol, or other substances that 576  
 impair ability to practice. 577

For the purposes of this division, any individual authorized 578  
 to practice by this chapter accepts the privilege of practicing in 579

this state subject to supervision by the board. By filing an 580  
application for or holding a certificate to practice under this 581  
chapter, an individual shall be deemed to have given consent to 582  
submit to a mental or physical examination when ordered to do so 583  
by the board in writing, and to have waived all objections to the 584  
admissibility of testimony or examination reports that constitute 585  
privileged communications. 586

If it has reason to believe that any individual authorized to 587  
practice by this chapter or any applicant for certification to 588  
practice suffers such impairment, the board may compel the 589  
individual to submit to a mental or physical examination, or both. 590  
The expense of the examination is the responsibility of the 591  
individual compelled to be examined. Any mental or physical 592  
examination required under this division shall be undertaken by a 593  
treatment provider or physician who is qualified to conduct the 594  
examination and who is chosen by the board. 595

Failure to submit to a mental or physical examination ordered 596  
by the board constitutes an admission of the allegations against 597  
the individual unless the failure is due to circumstances beyond 598  
the individual's control, and a default and final order may be 599  
entered without the taking of testimony or presentation of 600  
evidence. If the board determines that the individual's ability to 601  
practice is impaired, the board shall suspend the individual's 602  
certificate or deny the individual's application and shall require 603  
the individual, as a condition for initial, continued, reinstated, 604  
or renewed certification to practice, to submit to treatment. 605

Before being eligible to apply for reinstatement of a 606  
certificate suspended under this division, the impaired 607  
practitioner shall demonstrate to the board the ability to resume 608  
practice in compliance with acceptable and prevailing standards of 609

care under the provisions of the practitioner's certificate. The 610  
demonstration shall include, but shall not be limited to, the 611  
following: 612

(a) Certification from a treatment provider approved under 613  
section 4731.25 of the Revised Code that the individual has 614  
successfully completed any required inpatient treatment; 615

(b) Evidence of continuing full compliance with an aftercare 616  
contract or consent agreement; 617

(c) Two written reports indicating that the individual's 618  
ability to practice has been assessed and that the individual has 619  
been found capable of practicing according to acceptable and 620  
prevailing standards of care. The reports shall be made by 621  
individuals or providers approved by the board for making the 622  
assessments and shall describe the basis for their determination. 623

The board may reinstate a certificate suspended under this 624  
division after that demonstration and after the individual has 625  
entered into a written consent agreement. 626

When the impaired practitioner resumes practice, the board 627  
shall require continued monitoring of the individual. The 628  
monitoring shall include, but not be limited to, compliance with 629  
the written consent agreement entered into before reinstatement or 630  
with conditions imposed by board order after a hearing, and, upon 631  
termination of the consent agreement, submission to the board for 632  
at least two years of annual written progress reports made under 633  
penalty of perjury stating whether the individual has maintained 634  
sobriety. 635

(27) A second or subsequent violation of section 4731.66 or 636  
4731.69 of the Revised Code; 637

(28) Except as provided in division (N) of this section: 638

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

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

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

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

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

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

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

(34) Failure to cooperate in an investigation conducted by the board under division (F) of this section, including failure to comply with a subpoena or order issued by the board or failure to answer truthfully a question presented by the board in an investigative interview, an investigative office conference, 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;

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

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

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

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

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

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



(41) Failure to comply with the standards and procedures established in rules under section 4731.054 of the Revised Code for the operation of or the provision of care at a pain management clinic;	698 699 700 701
(42) Failure to comply with the standards and procedures established in rules under section 4731.054 of the Revised Code for providing supervision, direction, and control of individuals at a pain management clinic;	702 703 704 705
(43) Failure to comply with the requirements of section 4729.79 of the Revised Code, unless the state board of pharmacy no longer maintains a drug database pursuant to section 4729.75 of the Revised Code;	706 707 708 709
(44) Failure to comply with the requirements of section 2919.171 of the Revised Code or failure to submit to the department of health in accordance with a court order a complete report as described in section 2919.171 of the Revised Code;	710 711 712 713
(45) Practicing at a facility that is subject to licensure as a category III terminal distributor of dangerous drugs with a pain management clinic classification unless the person operating the facility has obtained and maintains the license with the classification;	714 715 716 717 718
(46) Owning a facility that is subject to licensure as a category III terminal distributor of dangerous drugs with a pain management clinic classification unless the facility is licensed with the classification;	719 720 721 722
<u>(47) Failure to comply with the requirement regarding maintaining notes described in division (B) of section 2919.191 of the Revised Code or failure to satisfy the requirements of section 2919.191 of the Revised Code prior to performing or inducing an</u>	723 724 725 726

abortion upon a pregnant woman.

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(C) 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 an individual 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.

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

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

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period of at least one year or, if determined appropriate by the board, a more serious sanction involving the individual's certificate to practice.

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

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

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

result of the report or testimony. Each complaint or allegation of 787  
a violation received by the board shall be assigned a case number 788  
and shall be recorded by the board. 789

(2) Investigations of alleged violations of this chapter or 790  
any rule adopted under it shall be supervised by the supervising 791  
member elected by the board in accordance with section 4731.02 of 792  
the Revised Code and by the secretary as provided in section 793  
4731.39 of the Revised Code. The president may designate another 794  
member of the board to supervise the investigation in place of the 795  
supervising member. No member of the board who supervises the 796  
investigation of a case shall participate in further adjudication 797  
of the case. 798

(3) In investigating a possible violation of this chapter or 799  
any rule adopted under this chapter, or in conducting an 800  
inspection under division (E) of section 4731.054 of the Revised 801  
Code, the board may question witnesses, conduct interviews, 802  
administer oaths, order the taking of depositions, inspect and 803  
copy any books, accounts, papers, records, or documents, issue 804  
subpoenas, and compel the attendance of witnesses and production 805  
of books, accounts, papers, records, documents, and testimony, 806  
except that a subpoena for patient record information shall not be 807  
issued without consultation with the attorney general's office and 808  
approval of the secretary and supervising member of the board. 809

(a) Before issuance of a subpoena for patient record 810  
information, the secretary and supervising member shall determine 811  
whether there is probable cause to believe that the complaint 812  
filed alleges a violation of this chapter or any rule adopted 813  
under it and that the records sought are relevant to the alleged 814  
violation and material to the investigation. The subpoena may 815  
apply only to records that cover a reasonable period of time 816

surrounding the alleged violation. 817

(b) On failure to comply with any subpoena issued by the 818  
board and after reasonable notice to the person being subpoenaed, 819  
the board may move for an order compelling the production of 820  
persons or records pursuant to the Rules of Civil Procedure. 821

(c) A subpoena issued by the board may be served by a 822  
sheriff, the sheriff's deputy, or a board employee designated by 823  
the board. Service of a subpoena issued by the board may be made 824  
by delivering a copy of the subpoena to the person named therein, 825  
reading it to the person, or leaving it at the person's usual 826  
place of residence, usual place of business, or address on file 827  
with the board. When serving a subpoena to an applicant for or the 828  
holder of a certificate issued under this chapter, service of the 829  
subpoena may be made by certified mail, return receipt requested, 830  
and the subpoena shall be deemed served on the date delivery is 831  
made or the date the person refuses to accept delivery. If the 832  
person being served refuses to accept the subpoena or is not 833  
located, service may be made to an attorney who notifies the board 834  
that the attorney is representing the person. 835

(d) A sheriff's deputy who serves a subpoena shall receive 836  
the same fees as a sheriff. Each witness who appears before the 837  
board in obedience to a subpoena shall receive the fees and 838  
mileage provided for under section 119.094 of the Revised Code. 839

(4) All hearings, investigations, and inspections of the 840  
board shall be considered civil actions for the purposes of 841  
section 2305.252 of the Revised Code. 842

(5) A report required to be submitted to the board under this 843  
chapter, a complaint, or information received by the board 844  
pursuant to an investigation or pursuant to an inspection under 845  
division (E) of section 4731.054 of the Revised Code is 846

confidential and not subject to discovery in any civil action. 847

The board shall conduct all investigations or inspections and 848  
proceedings in a manner that protects the confidentiality of 849  
patients and persons who file complaints with the board. The board 850  
shall not make public the names or any other identifying 851  
information about patients or complainants unless proper consent 852  
is given or, in the case of a patient, a waiver of the patient 853  
privilege exists under division (B) of section 2317.02 of the 854  
Revised Code, except that consent or a waiver of that nature is 855  
not required if the board possesses reliable and substantial 856  
evidence that no bona fide physician-patient relationship exists. 857

The board may share any information it receives pursuant to 858  
an investigation or inspection, including patient records and 859  
patient record information, with law enforcement agencies, other 860  
licensing boards, and other governmental agencies that are 861  
prosecuting, adjudicating, or investigating alleged violations of 862  
statutes or administrative rules. An agency or board that receives 863  
the information shall comply with the same requirements regarding 864  
confidentiality as those with which the state medical board must 865  
comply, notwithstanding any conflicting provision of the Revised 866  
Code or procedure of the agency or board that applies when it is 867  
dealing with other information in its possession. In a judicial 868  
proceeding, the information may be admitted into evidence only in 869  
accordance with the Rules of Evidence, but the court shall require 870  
that appropriate measures are taken to ensure that confidentiality 871  
is maintained with respect to any part of the information that 872  
contains names or other identifying information about patients or 873  
complainants whose confidentiality was protected by the state 874  
medical board when the information was in the board's possession. 875  
Measures to ensure confidentiality that may be taken by the court 876  
include sealing its records or deleting specific information from 877

its records. 878

(6) On a quarterly basis, the board shall prepare a report 879  
that documents the disposition of all cases during the preceding 880  
three months. The report shall contain the following information 881  
for each case with which the board has completed its activities: 882

(a) The case number assigned to the complaint or alleged 883  
violation; 884

(b) The type of certificate to practice, if any, held by the 885  
individual against whom the complaint is directed; 886

(c) A description of the allegations contained in the 887  
complaint; 888

(d) The disposition of the case. 889

The report shall state how many cases are still pending and 890  
shall be prepared in a manner that protects the identity of each 891  
person involved in each case. The report shall be a public record 892  
under section 149.43 of the Revised Code. 893

(G) If the secretary and supervising member determine both of 894  
the following, they may recommend that the board suspend an 895  
individual's certificate to practice without a prior hearing: 896

(1) That there is clear and convincing evidence that an 897  
individual has violated division (B) of this section; 898

(2) That the individual's continued practice presents a 899  
danger of immediate and serious harm to the public. 900

Written allegations shall be prepared for consideration by 901  
the board. The board, upon review of those allegations and by an 902  
affirmative vote of not fewer than six of its members, excluding 903  
the secretary and supervising member, may suspend a certificate 904  
without a prior hearing. A telephone conference call may be 905

utilized for reviewing the allegations and taking the vote on the 906  
summary suspension. 907

The board shall issue a written order of suspension by 908  
certified mail or in person in accordance with section 119.07 of 909  
the Revised Code. The order shall not be subject to suspension by 910  
the court during pendency of any appeal filed under section 119.12 911  
of the Revised Code. If the individual subject to the summary 912  
suspension requests an adjudicatory hearing by the board, the date 913  
set for the hearing shall be within fifteen days, but not earlier 914  
than seven days, after the individual requests the hearing, unless 915  
otherwise agreed to by both the board and the individual. 916

Any summary suspension imposed under this division shall 917  
remain in effect, unless reversed on appeal, until a final 918  
adjudicative order issued by the board pursuant to this section 919  
and Chapter 119. of the Revised Code becomes effective. The board 920  
shall issue its final adjudicative order within seventy-five days 921  
after completion of its hearing. A failure to issue the order 922  
within seventy-five days shall result in dissolution of the 923  
summary suspension order but shall not invalidate any subsequent, 924  
final adjudicative order. 925

(H) If the board takes action under division (B)(9), (11), or 926  
(13) of this section and the judicial finding of guilt, guilty 927  
plea, or judicial finding of eligibility for intervention in lieu 928  
of conviction is overturned on appeal, upon exhaustion of the 929  
criminal appeal, a petition for reconsideration of the order may 930  
be filed with the board along with appropriate court documents. 931  
Upon receipt of a petition of that nature and supporting court 932  
documents, the board shall reinstate the individual's certificate 933  
to practice. The board may then hold an adjudication under Chapter 934  
119. of the Revised Code to determine whether the individual 935



committed the act in question. Notice of an opportunity for a 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, the board may order any of the sanctions identified under division (B) of this section.

(I) The certificate to practice issued to an individual under this chapter and the individual's practice in this state are automatically suspended as of the date of the individual's second or subsequent plea of guilty to, or judicial finding of guilt of, a violation of section 2919.123 of the Revised Code, or the date the individual 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 or 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 suspension shall be considered practicing without a certificate.

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 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 966  
guilt of, a violation of section 2919.123 of the Revised Code, the 967  
board shall enter an order suspending the individual's certificate 968  
to practice for a period of at least one year or, if determined 969  
appropriate by the board, imposing a more serious sanction 970  
involving the individual's certificate to practice. 971

(2) In all circumstances in which division (I)(1) of this 972  
section does not apply, enter a final order permanently revoking 973  
the individual's certificate to practice. 974

(J) If the board is required by Chapter 119. of the Revised 975  
Code to give notice of an opportunity for a hearing and if the 976  
individual subject to the notice does not timely request a hearing 977  
in accordance with section 119.07 of the Revised Code, the board 978  
is not required to hold a hearing, but may adopt, by an 979  
affirmative vote of not fewer than six of its members, a final 980  
order that contains the board's findings. In that final order, the 981  
board may order any of the sanctions identified under division (A) 982  
or (B) of this section. 983

(K) Any action taken by the board under division (B) of this 984  
section resulting in a suspension from practice shall be 985  
accompanied by a written statement of the conditions under which 986  
the individual's certificate to practice may be reinstated. The 987  
board shall adopt rules governing conditions to be imposed for 988  
reinstatement. Reinstatement of a certificate suspended pursuant 989  
to division (B) of this section requires an affirmative vote of 990  
not fewer than six members of the board. 991

(L) When the board refuses to grant a certificate to an 992  
applicant, revokes an individual's certificate to practice, 993  
refuses to register an applicant, or refuses to reinstate an 994  
individual's certificate to practice, the board may specify that 995

its action is permanent. An individual subject to a permanent  
 action taken by the board is forever thereafter ineligible to hold  
 a certificate to practice and the board shall not accept an  
 application for reinstatement of the certificate or for issuance  
 of a new certificate.

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

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

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

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

(4) At the request of the board, a certificate holder shall  
 immediately surrender to the board a 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 1025  
shall be made only with the full knowledge and consent of the plan 1026  
purchaser, payer, and third-party administrator. Documentation of 1027  
the consent shall be made available to the board upon request. 1028

(2) For professional services rendered to any other person 1029  
authorized to practice pursuant to this chapter, to the extent 1030  
allowed by this chapter and rules adopted by the board. 1031

(0) Under the board's investigative duties described in this 1032  
section and subject to division (F) of this section, the board 1033  
shall develop and implement a quality intervention program 1034  
designed to improve through remedial education the clinical and 1035  
communication skills of individuals authorized under this chapter 1036  
to practice medicine and surgery, osteopathic medicine and 1037  
surgery, and podiatric medicine and surgery. In developing and 1038  
implementing the quality intervention program, the board may do 1039  
all of the following: 1040

(1) Offer in appropriate cases as determined by the board an 1041  
educational and assessment program pursuant to an investigation 1042  
the board conducts under this section; 1043

(2) Select providers of educational and assessment services, 1044  
including a quality intervention program panel of case reviewers; 1045

(3) Make referrals to educational and assessment service 1046  
providers and approve individual educational programs recommended 1047  
by those providers. The board shall monitor the progress of each 1048  
individual undertaking a recommended individual educational 1049  
program. 1050

(4) Determine what constitutes successful completion of an 1051  
individual educational program and require further monitoring of 1052  
the individual who completed the program or other action that the 1053

board determines to be appropriate; 1054

(5) Adopt rules in accordance with Chapter 119. of the 1055  
 Revised Code to further implement the quality intervention 1056  
 program. 1057

An individual who participates in an individual educational 1058  
 program pursuant to this division shall pay the financial 1059  
 obligations arising from that educational program." 1060

In line 146888, after "2317.422," insert "2317.56," 1061

In line 146966, after "4731.151," insert "4731.22," 1062

Between lines 164459 and 164460, insert: 1063

"Section 4731.22 of the Revised Code as amended by both Sub. 1064  
 H.B. 251 and Sub. S.B. 301 of the 129th General Assembly." 1065

In line 63 of the title, after "2317.422," insert "2317.56," 1066

In line 170 of the title, after "4731.151," insert "4731.22," 1067

In line 523 of the title, after "2743.041," insert "2919.19, 1068  
 2919.191, 2919.192, 2919.193," 1069

The motion was \_\_\_\_\_ agreed to.

SYNOPSIS

**Abortion-Informed Consent** 1070

**R.C. 2317.56, 2919.19, 2919.191, 2919.192, 2919.193, 4731.22** 1071

Requires a person who intends to perform or induce an 1072  
 abortion on a pregnant woman to determine the presence of a 1073  
 detectable fetal heartbeat of the unborn human individual the 1074  
 pregnant woman is carrying, requires that the method of 1075

determining the presence of a detectable fetal heartbeat be 1076  
consistent with the person's good faith understanding of standard 1077  
medical practice or consistent with rules adopted by the 1078  
Department of Health, allows the Director of Health to promulgate 1079  
rules specifying the appropriate methods of performing an 1080  
examination for the presence of a fetal heartbeat, specifies that 1081  
the rules must require only that an exam for a heartbeat be 1082  
performed externally, prohibits a person from knowingly and 1083  
purposefully performing or inducing an abortion on a pregnant 1084  
woman before determining the presence of a detectable fetal 1085  
heartbeat unless there is a medical emergency, provides that the 1086  
failure to determine the presence of a detectable fetal heartbeat 1087  
prior to the performance or inducement of an abortion on a 1088  
pregnant woman may be the basis for a civil action for 1089  
compensatory and exemplary damages or disciplinary action, and 1090  
requires a person who is to perform or induce the abortion on a 1091  
pregnant woman to inform the pregnant woman in writing that the 1092  
unborn human individual the pregnant woman is carrying has a fetal 1093  
heartbeat and, to the best of the person's knowledge, the 1094  
statistical probability of bringing the unborn human individual 1095  
possessing a detectable fetal heartbeat to term. 1096