

**As Introduced**

**133rd General Assembly**

**Regular Session**

**2019-2020**

**H. B. No. 68**

**Representatives Hood, Keller**

**Cosponsors: Representatives Antani, Brinkman, Zeltwanger, Romanchuk, Butler, Koehler, Ginter, Becker, Vitale, Kick, Riedel, Callender, Hoops, Jordan, Cross, Schaffer, Blessing, Lanese, Smith, T., McClain, LaTourette, Lipps, Stein, Jones, Manchester, Manning, D., Stoltzfus, Plummer, Dean, Merrin, Perales, Wilkin, Smith, R., Hambley, Roemer, Lang, Green, Carruthers, Richardson, Wiggam, Oelslager, Powell, Baldridge, Hillyer, Greenspan, DeVitis, Cupp, Holmes, A.**

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**A BILL**

To amend sections 2317.56, 2919.171, 2919.19, 1  
2919.191, 2919.192, 2919.193, and 4731.22; to 2  
amend, for the purpose of adopting new section 3  
numbers as indicated in parentheses, sections 4  
2919.191 (2919.192), 2919.192 (2919.194), and 5  
2919.193 (2919.198); and to enact new sections 6  
2919.191 and 2919.193 and sections 2919.195, 7  
2919.196, 2919.197, 2919.199, 2919.1910, and 8  
2919.1911 of the Revised Code to generally 9  
prohibit an abortion of an unborn human 10  
individual with a detectable heartbeat and to 11  
create the Joint Legislative Committee on 12  
Adoption Promotion and Support. 13

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

**Section 1.** That sections 2317.56, 2919.171, 2919.19, 14  
2919.191, 2919.192, 2919.193, and 4731.22 be amended; sections 15

2919.191 (2919.192), 2919.192 (2919.194), and 2919.193 16  
(2919.198) be amended for the purpose of adopting new section 17  
numbers as shown in parentheses; and new sections 2919.191 and 18  
2919.193 and sections 2919.195, 2919.196, 2919.197, 2919.199, 19  
2919.1910, and 2919.1911 of the Revised Code be enacted to read 20  
as follows: 21

**Sec. 2317.56.** (A) As used in this section: 22

(1) "Medical emergency" has the same meaning as in section 23  
2919.16 of the Revised Code. 24

(2) "Medical necessity" means a medical condition of a 25  
pregnant woman that, in the reasonable judgment of the physician 26  
who is attending the woman, so complicates the pregnancy that it 27  
necessitates the immediate performance or inducement of an 28  
abortion. 29

(3) "Probable gestational age of the embryo or fetus" 30  
means the gestational age that, in the judgment of a physician, 31  
is, with reasonable probability, the gestational age of the 32  
embryo or fetus at the time that the physician informs a 33  
pregnant woman pursuant to division (B) (1) (b) of this section. 34

(B) Except when there is a medical emergency or medical 35  
necessity, an abortion shall be performed or induced only if all 36  
of the following conditions are satisfied: 37

(1) At least twenty-four hours prior to the performance or 38  
inducement of the abortion, a physician meets with the pregnant 39  
woman in person in an individual, private setting and gives her 40  
an adequate opportunity to ask questions about the abortion that 41  
will be performed or induced. At this meeting, the physician 42  
shall inform the pregnant woman, verbally or, if she is hearing 43  
impaired, by other means of communication, of all of the 44

following:	45
(a) The nature and purpose of the particular abortion procedure to be used and the medical risks associated with that procedure;	46 47 48
(b) The probable gestational age of the embryo or fetus;	49
(c) The medical risks associated with the pregnant woman carrying the pregnancy to term.	50 51
The meeting need not occur at the facility where the abortion is to be performed or induced, and the physician involved in the meeting need not be affiliated with that facility or with the physician who is scheduled to perform or induce the abortion.	52 53 54 55 56
(2) At least twenty-four hours prior to the performance or inducement of the abortion, the physician who is to perform or induce the abortion or the physician's agent does each of the following in person, by telephone, by certified mail, return receipt requested, or by regular mail evidenced by a certificate of mailing:	57 58 59 60 61 62
(a) Inform the pregnant woman of the name of the physician who is scheduled to perform or induce the abortion;	63 64
(b) Give the pregnant woman copies of the published materials described in division (C) of this section;	65 66
(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	67 68 69 70 71 72

disassociated from the materials and may choose to comment or 73  
not comment on the materials. 74

(3) If it has been determined that the unborn human 75  
individual the pregnant woman is carrying has a detectable fetal 76  
heartbeat, the physician who is to perform or induce the 77  
abortion shall comply with the informed consent requirements in 78  
section ~~2919.192~~-2919.194 of the Revised Code in addition to 79  
complying with the informed consent requirements in divisions 80  
(B) (1), (2), (4), and (5) of this section. 81

(4) Prior to the performance or inducement of the 82  
abortion, the pregnant woman signs a form consenting to the 83  
abortion and certifies both of the following on that form: 84

(a) She has received the information and materials 85  
described in divisions (B) (1) and (2) of this section, and her 86  
questions about the abortion that will be performed or induced 87  
have been answered in a satisfactory manner. 88

(b) She consents to the particular abortion voluntarily, 89  
knowingly, intelligently, and without coercion by any person, 90  
and she is not under the influence of any drug of abuse or 91  
alcohol. 92

The form shall contain the name and contact information of 93  
the physician who provided to the pregnant woman the information 94  
described in division (B) (1) of this section. 95

(5) Prior to the performance or inducement of the 96  
abortion, the physician who is scheduled to perform or induce 97  
the abortion or the physician's agent receives a copy of the 98  
pregnant woman's signed form on which she consents to the 99  
abortion and that includes the certification required by 100  
division (B) (4) of this section. 101

(C) The department of health shall publish in English and 102  
in Spanish, in a typeface large enough to be clearly legible, 103  
and in an easily comprehensible format, the following materials 104  
on the department's web site: 105

(1) Materials that inform the pregnant woman about family 106  
planning information, of publicly funded agencies that are 107  
available to assist in family planning, and of public and 108  
private agencies and services that are available to assist her 109  
through the pregnancy, upon childbirth, and while the child is 110  
dependent, including, but not limited to, adoption agencies. The 111  
materials shall be geographically indexed; include a 112  
comprehensive list of the available agencies, a description of 113  
the services offered by the agencies, and the telephone numbers 114  
and addresses of the agencies; and inform the pregnant woman 115  
about available medical assistance benefits for prenatal care, 116  
childbirth, and neonatal care and about the support obligations 117  
of the father of a child who is born alive. The department shall 118  
ensure that the materials described in division (C)(1) of this 119  
section are comprehensive and do not directly or indirectly 120  
promote, exclude, or discourage the use of any agency or service 121  
described in this division. 122

(2) Materials that inform the pregnant woman of the 123  
probable anatomical and physiological characteristics of the 124  
zygote, blastocyte, embryo, or fetus at two-week gestational 125  
increments for the first sixteen weeks of pregnancy and at four- 126  
week gestational increments from the seventeenth week of 127  
pregnancy to full term, including any relevant information 128  
regarding the time at which the fetus possibly would be viable. 129  
The department shall cause these materials to be published ~~only~~ 130  
after it consults with ~~the Ohio state medical association and~~ 131  
~~the Ohio section of the American college of obstetricians and~~ 132

~~gynecologists~~ reputable independent medical authorities or 133  
experts, relative to the probable anatomical and physiological 134  
characteristics of a zygote, blastocyte, embryo, or fetus at the 135  
various gestational increments. The materials shall use language 136  
that is understandable by the average person who is not 137  
medically trained, shall be objective and nonjudgmental, and 138  
shall include only accurate scientific information about the 139  
zygote, blastocyte, embryo, or fetus at the various gestational 140  
increments. If the materials use a pictorial, photographic, or 141  
other depiction to provide information regarding the zygote, 142  
blastocyte, embryo, or fetus, the materials shall include, in a 143  
conspicuous manner, a scale or other explanation that is 144  
understandable by the average person and that can be used to 145  
determine the actual size of the zygote, blastocyte, embryo, or 146  
fetus at a particular gestational increment as contrasted with 147  
the depicted size of the zygote, blastocyte, embryo, or fetus at 148  
that gestational increment. 149

(D) Upon the submission of a request to the department of 150  
health by any person, hospital, physician, or medical facility 151  
for one copy of the materials published in accordance with 152  
division (C) of this section, the department shall make the 153  
requested copy of the materials available to the person, 154  
hospital, physician, or medical facility that requested the 155  
copy. 156

(E) If a medical emergency or medical necessity compels 157  
the performance or inducement of an abortion, the physician who 158  
will perform or induce the abortion, prior to its performance or 159  
inducement if possible, shall inform the pregnant woman of the 160  
medical indications supporting the physician's judgment that an 161  
immediate abortion is necessary. Any physician who performs or 162  
induces an abortion without the prior satisfaction of the 163

conditions specified in division (B) of this section because of 164  
a medical emergency or medical necessity shall enter the reasons 165  
for the conclusion that a medical emergency or medical necessity 166  
exists in the medical record of the pregnant woman. 167

(F) If the conditions specified in division (B) of this 168  
section are satisfied, consent to an abortion shall be presumed 169  
to be valid and effective. 170

(G) The performance or inducement of an abortion without 171  
the prior satisfaction of the conditions specified in division 172  
(B) of this section does not constitute, and shall not be 173  
construed as constituting, a violation of division (A) of 174  
section 2919.12 of the Revised Code. The failure of a physician 175  
to satisfy the conditions of division (B) of this section prior 176  
to performing or inducing an abortion upon a pregnant woman may 177  
be the basis of both of the following: 178

(1) A civil action for compensatory and exemplary damages 179  
as described in division (H) of this section; 180

(2) Disciplinary action under section 4731.22 of the 181  
Revised Code. 182

(H) (1) Subject to divisions (H) (2) and (3) of this 183  
section, any physician who performs or induces an abortion with 184  
actual knowledge that the conditions specified in division (B) 185  
of this section have not been satisfied or with a heedless 186  
indifference as to whether those conditions have been satisfied 187  
is liable in compensatory and exemplary damages in a civil 188  
action to any person, or the representative of the estate of any 189  
person, who sustains injury, death, or loss to person or 190  
property as a result of the failure to satisfy those conditions. 191  
In the civil action, the court additionally may enter any 192

injunctive or other equitable relief that it considers	193
appropriate.	194
(2) The following shall be affirmative defenses in a civil	195
action authorized by division (H)(1) of this section:	196
(a) The physician performed or induced the abortion under	197
the circumstances described in division (E) of this section.	198
(b) The physician made a good faith effort to satisfy the	199
conditions specified in division (B) of this section.	200
(3) An employer or other principal is not liable in	201
damages in a civil action authorized by division (H)(1) of this	202
section on the basis of the doctrine of respondeat superior	203
unless either of the following applies:	204
(a) The employer or other principal had actual knowledge	205
or, by the exercise of reasonable diligence, should have known	206
that an employee or agent performed or induced an abortion with	207
actual knowledge that the conditions specified in division (B)	208
of this section had not been satisfied or with a heedless	209
indifference as to whether those conditions had been satisfied.	210
(b) The employer or other principal negligently failed to	211
secure the compliance of an employee or agent with division (B)	212
of this section.	213
(4) Notwithstanding division (E) of section 2919.12 of the	214
Revised Code, the civil action authorized by division (H)(1) of	215
this section shall be the exclusive civil remedy for persons, or	216
the representatives of estates of persons, who allegedly sustain	217
injury, death, or loss to person or property as a result of a	218
failure to satisfy the conditions specified in division (B) of	219
this section.	220



(I) The department of job and family services shall 221  
prepare and conduct a public information program to inform women 222  
of all available governmental programs and agencies that provide 223  
services or assistance for family planning, prenatal care, child 224  
care, or alternatives to abortion. 225

**Sec. 2919.171.** (A) (1) A physician who performs or induces 226  
or attempts to perform or induce an abortion on a pregnant woman 227  
shall submit a report to the department of health in accordance 228  
with the forms, rules, and regulations adopted by the department 229  
that includes all of the information the physician is required 230  
to certify in writing or determine under ~~sections~~ section 231  
2919.17 and, section 2919.18, divisions (A) and (C) of section 232  
2919.192, division (C) of section 2919.193, division (B) of 233  
section 2919.195, or division (A) of section 2919.196 of the 234  
Revised Code+. 235

(2) If a person other than the physician described in 236  
division (A) (1) of this section makes or maintains a record 237  
required by sections 2919.192 to 2919.196 of the Revised Code on 238  
the physician's behalf or at the physician's direction, that 239  
person shall comply with the reporting requirement described in 240  
division (A) (1) of this section as if the person were the 241  
physician described in that division. 242

(B) By September 30 of each year, the department of health 243  
shall issue a public report that provides statistics for the 244  
previous calendar year compiled from all of the reports covering 245  
that calendar year submitted to the department in accordance 246  
with this section for each of the items listed in division (A) 247  
of this section. The report shall also provide the statistics 248  
for each previous calendar year in which a report was filed with 249  
the department pursuant to this section, adjusted to reflect any 250

additional information that a physician provides to the 251  
department in a late or corrected report. The department shall 252  
ensure that none of the information included in the report could 253  
reasonably lead to the identification of any pregnant woman upon 254  
whom an abortion is performed. 255

(C) (1) The physician shall submit the report described in 256  
division (A) of this section to the department of health within 257  
fifteen days after the woman is discharged. If the physician 258  
fails to submit the report more than thirty days after that 259  
fifteen-day deadline, the physician shall be subject to a late 260  
fee of five hundred dollars for each additional thirty-day 261  
period or portion of a thirty-day period the report is overdue. 262  
A physician who is required to submit to the department of 263  
health a report under division (A) of this section and who has 264  
not submitted a report or has submitted an incomplete report 265  
more than one year following the fifteen-day deadline may, in an 266  
action brought by the department of health, be directed by a 267  
court of competent jurisdiction to submit a complete report to 268  
the department of health within a period of time stated in a 269  
court order or be subject to contempt of court. 270

(2) If a physician fails to comply with the requirements 271  
of this section, other than filing a late report with the 272  
department of health, or fails to submit a complete report to 273  
the department of health in accordance with a court order, the 274  
physician is subject to division (B) (44) of section 4731.22 of 275  
the Revised Code. 276

(3) No person shall falsify any report required under this 277  
section. Whoever violates this division is guilty of abortion 278  
report falsification, a misdemeanor of the first degree. 279

(D) ~~Within ninety days of October 20, 2011, the~~ The 280

department of health shall adopt rules pursuant to section 281  
111.15 of the Revised Code to assist in compliance with this 282  
section. 283

**Sec. 2919.19.** (A) As used in this section and sections 284  
2919.191 to ~~2919.193~~ 2919.1910 of the Revised Code: 285

~~(A)~~ (1) "Conception" means fertilization. 286

(2) "Contraceptive" means a drug, device, or chemical that 287  
prevents conception. 288

(3) "DNA" means deoxyribonucleic acid. 289

(4) "Fetal heartbeat" means cardiac activity or the steady 290  
and repetitive rhythmic contraction of the fetal heart within 291  
the gestational sac. 292

~~(B)~~ (5) "Fetus" means the human offspring developing 293  
during pregnancy from the moment of conception and includes the 294  
embryonic stage of development. 295

~~(C)~~ (6) "Gestational age" means the age of an unborn human 296  
individual as calculated from the first day of the last 297  
menstrual period of a pregnant woman. 298

~~(D)~~ (7) "Gestational sac" means the structure that 299  
comprises the extraembryonic membranes that envelop the fetus 300  
and that is typically visible by ultrasound after the fourth 301  
week of pregnancy. 302

~~(E)~~ (8) "Intrauterine pregnancy" means a pregnancy in 303  
which the fetus is attached to the placenta within the uterus of 304  
the pregnant woman. 305

(9) "Medical emergency" has the same meaning as in section 306  
2919.16 of the Revised Code. 307

~~(F)~~ (10) "Physician" has the same meaning as in section 308  
2305.113 of the Revised Code. 309

~~(G)~~ (11) "Pregnancy" means the human female reproductive 310  
condition that begins with fertilization, when the woman is 311  
carrying the developing human offspring, and that is calculated 312  
from the first day of the last menstrual period of the woman. 313

~~(H)~~ (12) "Serious risk of the substantial and irreversible 314  
impairment of a major bodily function" has the same meaning as 315  
in section 2919.16 of the Revised Code. 316

~~(I)~~ (13) "Spontaneous miscarriage" means the natural or 317  
accidental termination of a pregnancy and the expulsion of the 318  
fetus, typically caused by genetic defects in the fetus or 319  
physical abnormalities in the pregnant woman. 320

(14) "Standard medical practice" means the degree of 321  
skill, care, and diligence that a physician of the same medical 322  
specialty would employ in like circumstances. As applied to the 323  
method used to determine the presence of a fetal heartbeat for 324  
purposes of section ~~2919.191~~ 2919.192 of the Revised Code, 325  
"standard medical practice" includes employing the appropriate 326  
means of detection depending on the estimated gestational age of 327  
the fetus and the condition of the woman and her pregnancy. 328

~~(J)~~ (15) "Unborn human individual" means an individual 329  
organism of the species homo sapiens from fertilization until 330  
live birth. 331

(B) (1) It is the intent of the general assembly that a 332  
court judgment or order suspending enforcement of any provision 333  
of this section or sections 2919.171 or 2919.191 to 2919.1910 of 334  
the Revised Code is not to be regarded as tantamount to repeal 335  
of that provision. 336

(2) After the issuance of a decision by the supreme court 337  
of the United States overruling Roe v. Wade, 410 U.S. 113 338  
(1973), the issuance of any other court order or judgment 339  
restoring, expanding, or clarifying the authority of states to 340  
prohibit or regulate abortion entirely or in part, or the 341  
effective date of an amendment to the Constitution of the United 342  
States restoring, expanding, or clarifying the authority of 343  
states to prohibit or regulate abortion entirely or in part, the 344  
attorney general may apply to the pertinent state or federal 345  
court for either or both of the following: 346

(a) A declaration that any one or more sections specified 347  
in division (B) (1) of this section are constitutional; 348

(b) A judgment or order lifting an injunction against the 349  
enforcement of any one or more sections specified in division 350  
(B) (1) of this section. 351

(3) If the attorney general fails to apply for the relief 352  
described in division (B) (2) of this section within the thirty- 353  
day period after an event described in that division occurs, any 354  
county prosecutor may apply to the appropriate state or federal 355  
court for such relief. 356

(4) If any provision of this section or sections 2919.171 357  
or 2919.191 to 2919.1910 of the Revised Code is held invalid, or 358  
if the application of such provision to any person or 359  
circumstance is held invalid, the invalidity of that provision 360  
does not affect any other provisions or applications of this 361  
section and sections 2919.171 and 2919.191 to 2919.1910 of the 362  
Revised Code that can be given effect without the invalid 363  
provision or application, and to this end the provisions of this 364  
section and sections 2919.171 and 2919.191 to 2919.1910 of the 365  
Revised Code are severable as provided in section 1.50 of the 366

Revised Code. In particular, it is the intent of the general 367  
assembly that any invalidity or potential invalidity of a 368  
provision of this section or sections 2919.171 or 2919.191 to 369  
2919.1910 of the Revised Code is not to impair the immediate and 370  
continuing enforceability of the remaining provisions. It is 371  
furthermore the intent of the general assembly that the 372  
provisions of this section and sections 2919.171 or 2919.191 to 373  
2919.1910 of the Revised Code are not to have the effect of 374  
repealing or limiting any other laws of this state, except as 375  
specified by this section and sections 2919.171 and 2919.191 to 376  
2919.1910 of the Revised Code. 377

**Sec. 2919.191.** (A) The general assembly hereby declares 378  
that it finds, according to contemporary medical research, all 379  
of the following: 380

(1) As many as thirty per cent of natural pregnancies end 381  
in spontaneous miscarriage. 382

(2) Less than five per cent of all natural pregnancies end 383  
in spontaneous miscarriage after detection of fetal cardiac 384  
activity. 385

(3) Over ninety per cent of in vitro pregnancies survive 386  
the first trimester if cardiac activity is detected in the 387  
gestational sac. 388

(4) Nearly ninety per cent of in vitro pregnancies do not 389  
survive the first trimester where cardiac activity is not 390  
detected in the gestational sac. 391

(5) Fetal heartbeat, therefore, has become a key medical 392  
predictor that an unborn human individual will reach live birth. 393

(6) Cardiac activity begins at a biologically identifiable 394  
moment in time, normally when the fetal heart is formed in the 395

gestational sac. 396

(7) The state of Ohio has legitimate interests from the 397  
outset of the pregnancy in protecting the health of the woman 398  
and the life of an unborn human individual who may be born. 399

(8) In order to make an informed choice about whether to 400  
continue her pregnancy, the pregnant woman has a legitimate 401  
interest in knowing the likelihood of the fetus surviving to 402  
full-term birth based upon the presence of cardiac activity. 403

(B) Sections 2919.192 to 2919.195 of the Revised Code 404  
apply only to intrauterine pregnancies. 405

**Sec. 2919.191-2919.192.** (A) A person who intends to 406  
perform or induce an abortion on a pregnant woman shall 407  
determine whether there is a detectable fetal heartbeat of the 408  
unborn human individual the pregnant woman is carrying. The 409  
method of determining the presence of a fetal heartbeat shall be 410  
consistent with the person's good faith understanding of 411  
standard medical practice, provided that if rules have been 412  
adopted under division ~~(C)~~ (B) of this section, the method 413  
chosen shall be one that is consistent with the rules. The 414  
person who determines the presence or absence of a fetal 415  
heartbeat shall record in the pregnant woman's medical record 416  
the estimated gestational age of the unborn human individual, 417  
the method used to test for a fetal heartbeat, the date and time 418  
of the test, and the results of the test. 419

~~(B) (1) Except when a medical emergency exists that~~ 420  
~~prevents compliance with this division, no person shall perform~~ 421  
~~or induce an abortion on a pregnant woman prior to determining~~ 422  
~~if the unborn human individual the pregnant woman is carrying~~ 423  
~~has a detectable fetal heartbeat. Any person who performs or~~ 424

~~induces an abortion on a pregnant woman based on the exception— 425  
in this division shall note in the pregnant woman's medical— 426  
records that a medical emergency necessitating the abortion— 427  
existed and shall also note the medical condition of the— 428  
pregnant woman that prevented compliance with this division. The— 429  
person shall maintain a copy of the notes described in this— 430  
division in the person's own records for at least seven years— 431  
after the notes are entered into the medical records. 432~~

~~(2) The person who performs the examination for the 433  
presence of a fetal heartbeat shall give the pregnant woman the 434  
option to view or hear the fetal heartbeat. 435~~

~~(C) (B) The director of health may promulgate adopt rules 436  
pursuant to section 111.15 of the Revised Code specifying the 437  
appropriate methods of performing an examination for the purpose 438  
of determining the presence of a fetal heartbeat of an unborn 439  
individual based on standard medical practice. The rules shall 440  
not require only that an examination shall be performed— 441  
externally a transvaginal ultrasound, unless consistent with 442  
standard medical practice. 443~~

~~(D) (C) A person is not in violation of division (A) ~~or~~ 444  
~~(B)~~ of this section if that person has performed an examination 445  
for the purpose of determining the presence of a fetal heartbeat 446  
in the fetus of an unborn human individual utilizing standard 447  
medical practice, that examination does not reveal a fetal 448  
heartbeat or the person has been informed by a physician who has 449  
performed the examination for a fetal heartbeat that the 450  
examination did not reveal a fetal heartbeat, and the person 451  
notes in the pregnant woman's medical records the procedure 452  
utilized to detect the presence of a fetal heartbeat. 453~~

~~(E) Except as provided in division (F) of this section, no— 454~~



~~person shall knowingly and purposefully perform or induce an~~ 455  
~~abortion on a pregnant woman before determining in accordance~~ 456  
~~with division (A) of this section whether the unborn human~~ 457  
~~individual the pregnant woman is carrying has a detectable~~ 458  
~~heartbeat. The failure of a person to satisfy the requirements~~ 459  
~~of this section prior to performing or inducing an abortion on a~~ 460  
~~pregnant woman may be the basis for either of the following:~~ 461

~~(1) A civil action for compensatory and exemplary damages;~~ 462

~~(2) Disciplinary action under section 4731.22 of the~~ 463  
~~Revised Code.~~ 464

~~(F) Division (E) of this section does not apply to a~~ 465  
~~physician who performs or induces the abortion if the physician~~ 466  
~~believes that a medical emergency exists that prevents~~ 467  
~~compliance with that division.~~ 468

~~(G) The director of health may determine and specify in~~ 469  
~~rules adopted pursuant to section 111.15 of the Revised Code and~~ 470  
~~based upon available medical evidence the statistical~~ 471  
~~probability of bringing an unborn human individual to term based~~ 472  
~~on the gestational age of an unborn human individual who~~ 473  
~~possesses a detectable fetal heartbeat.~~ 474

~~(H) A woman on whom an abortion is performed in violation~~ 475  
~~of division (B) of this section or division (B) (3) of section~~ 476  
~~2317.56 of the Revised Code may file a civil action for the~~ 477  
~~wrongful death of the woman's unborn child and may receive at~~ 478  
~~the mother's election at any time prior to final judgment~~ 479  
~~damages in an amount equal to ten thousand dollars or an amount~~ 480  
~~determined by the trier of fact after consideration of the~~ 481  
~~evidence subject to the same defenses and requirements of proof,~~ 482  
~~except any requirement of live birth, as would apply to a suit~~ 483

~~for the wrongful death of a child who had been born alive.~~ 484

Sec. 2919.193. (A) Except as provided in division (B) of 485  
this section, no person shall knowingly and purposefully perform 486  
or induce an abortion on a pregnant woman before determining in 487  
accordance with division (A) of section 2919.192 of the Revised 488  
Code whether the unborn human individual the pregnant woman is 489  
carrying has a detectable heartbeat. 490

Whoever violates this division is guilty of performing or 491  
inducing an abortion before determining whether there is a 492  
detectable fetal heartbeat, a felony of the fifth degree. A 493  
violation of this division may also be the basis of either of 494  
the following: 495

(1) A civil action for compensatory and exemplary damages; 496

(2) Disciplinary action under section 4731.22 of the 497  
Revised Code. 498

(B) Division (A) of this section does not apply to a 499  
physician who performs or induces the abortion if the physician 500  
believes that a medical emergency exists that prevents 501  
compliance with that division. 502

(C) A physician who performs or induces an abortion on a 503  
pregnant woman based on the exception in division (B) of this 504  
section shall make written notations in the pregnant woman's 505  
medical records of both of the following: 506

(1) The physician's belief that a medical emergency 507  
necessitating the abortion existed; 508

(2) The medical condition of the pregnant woman that 509  
assertedly prevented compliance with division (A) of this 510  
section. 511

For at least seven years from the date the notations are 512  
made, the physician shall maintain in the physician's own 513  
records a copy of the notations. 514

(D) A person is not in violation of division (A) of this 515  
section if the person acts in accordance with division (A) of 516  
section 2919.192 of the Revised Code and the method used to 517  
determine the presence of a fetal heartbeat does not reveal a 518  
fetal heartbeat. 519

**Sec. ~~2919.192~~ 2919.194.** (A) If a person who intends to 520  
perform or induce an abortion on a pregnant woman has 521  
determined, under section ~~2919.191~~ 2919.192 of the Revised Code, 522  
that the unborn human individual the pregnant woman is carrying 523  
has a detectable heartbeat, the person shall not, except as 524  
provided in division (B) of this section, perform or induce the 525  
abortion until all of the following requirements have been met 526  
and at least twenty-four hours have elapsed after the last of 527  
the requirements is met: 528

(1) The person intending to perform or induce the abortion 529  
shall inform the pregnant woman in writing that the unborn human 530  
individual the pregnant woman is carrying has a fetal heartbeat. 531

(2) The person intending to perform or induce the abortion 532  
shall inform the pregnant woman, to the best of the person's 533  
knowledge, of the statistical probability of bringing the unborn 534  
human individual possessing a detectable fetal heartbeat to term 535  
based on the gestational age of the unborn human individual the 536  
pregnant woman is carrying or, if the director of health has 537  
specified statistical probability information pursuant to rules 538  
adopted under division (C) of this section, shall provide to the 539  
pregnant woman that information. 540

(3) The pregnant woman shall sign a form acknowledging 541  
that the pregnant woman has received information from the person 542  
intending to perform or induce the abortion that the unborn 543  
human individual the pregnant woman is carrying has a fetal 544  
heartbeat and that the pregnant woman is aware of the 545  
statistical probability of bringing the unborn human individual 546  
the pregnant woman is carrying to term. 547

(B) Division (A) of this section does not apply if the 548  
person who intends to perform or induce the abortion believes 549  
that a medical emergency exists that prevents compliance with 550  
that division. 551

(C) The director of health may adopt rules that specify 552  
information regarding the statistical probability of bringing an 553  
unborn human individual possessing a detectable heartbeat to 554  
term based on the gestational age of the unborn human 555  
individual. The rules shall be based on available medical 556  
evidence and shall be adopted in accordance with section 111.15 557  
of the Revised Code. 558

(D) This section does not have the effect of repealing or 559  
limiting any other provision of the Revised Code relating to 560  
informed consent for an abortion, including the provisions in 561  
section 2317.56 of the Revised Code. 562

(E) Whoever violates division (A) of this section is 563  
guilty of performing or inducing an abortion without informed 564  
consent when there is a detectable fetal heartbeat, a 565  
misdemeanor of the first degree on a first offense and a felony 566  
of the fourth degree on each subsequent offense. 567

**Sec. 2919.195.** (A) Except as provided in division (B) of 568  
this section, no person shall knowingly and purposefully perform 569

or induce an abortion on a pregnant woman with the specific 570  
intent of causing or abetting the termination of the life of the 571  
unborn human individual the pregnant woman is carrying and whose 572  
fetal heartbeat has been detected in accordance with division 573  
(A) of section 2919.192 of the Revised Code. 574

Whoever violates this division is guilty of performing or 575  
inducing an abortion after the detection of a fetal heartbeat, a 576  
felony of the fifth degree. 577

(B) Division (A) of this section does not apply to a 578  
physician who performs a medical procedure that, in the 579  
physician's reasonable medical judgment, is designed or intended 580  
to prevent the death of the pregnant woman or to prevent a 581  
serious risk of the substantial and irreversible impairment of a 582  
major bodily function of the pregnant woman. 583

A physician who performs a medical procedure as described 584  
in this division shall declare, in a written document, that the 585  
medical procedure is necessary, to the best of the physician's 586  
reasonable medical judgment, to prevent the death of the 587  
pregnant woman or to prevent a serious risk of the substantial 588  
and irreversible impairment of a major bodily function of the 589  
pregnant woman. In the document, the physician shall specify the 590  
pregnant woman's medical condition that the medical procedure is 591  
asserted to address and the medical rationale for the 592  
physician's conclusion that the medical procedure is necessary 593  
to prevent the death of the pregnant woman or to prevent a 594  
serious risk of the substantial and irreversible impairment of a 595  
major bodily function of the pregnant woman. 596

A physician who performs a medical procedure as described 597  
in this division shall place the written document required by 598  
this division in the pregnant woman's medical records. The 599

physician shall maintain a copy of the document in the 600  
physician's own records for at least seven years from the date 601  
the document is created. 602

(C) A person is not in violation of division (A) of this 603  
section if the person acts in accordance with division (A) of 604  
section 2919.192 of the Revised Code and the method used to 605  
determine the presence of a fetal heartbeat does not reveal a 606  
fetal heartbeat. 607

(D) Division (A) of this section does not have the effect 608  
of repealing or limiting any other provision of the Revised Code 609  
that restricts or regulates the performance or inducement of an 610  
abortion by a particular method or during a particular stage of 611  
a pregnancy. 612

**Sec. 2919.196.** The provisions of this section are wholly 613  
independent of the requirements of sections 2919.192 to 2919.195 614  
of the Revised Code. 615

(A) A person who performs or induces an abortion on a 616  
pregnant woman shall do whichever of the following is 617  
applicable: 618

(1) If the reason for the abortion purported is to 619  
preserve the health of the pregnant woman, the person shall 620  
specify in a written document the medical condition that the 621  
abortion is asserted to address and the medical rationale for 622  
the person's conclusion that the abortion is necessary to 623  
address that condition. 624

(2) If the reason for the abortion is other than to 625  
preserve the health of the pregnant woman, the person shall 626  
specify in a written document that maternal health is not the 627  
purpose of the abortion. 628

(B) The person who specifies the information in the 629  
document described in division (A) of this section shall place 630  
the document in the pregnant woman's medical records. The person 631  
who specifies the information shall maintain a copy of the 632  
document in the person's own records for at least seven years 633  
from the date the document is created. 634

Sec. 2919.197. Nothing in sections 2919.19 to 2919.196 of 635  
the Revised Code prohibits the sale, use, prescription, or 636  
administration of a drug, device, or chemical for contraceptive 637  
purposes. 638

Sec. ~~2919.193~~ 2919.198. A pregnant woman on whom an 639  
abortion is performed or induced in violation of section 640  
~~2919.191 or 2919.192~~ 2919.193, 2919.194, or 2919.195 of the 641  
Revised Code is not guilty of violating any of those sections; 642  
is not guilty of attempting to commit, conspiring to commit, or 643  
complicity in committing a violation of any of those sections; 644  
and is not subject to a civil penalty based on the abortion 645  
being performed or induced in violation of any of those 646  
sections. 647

Sec. 2919.199. (A) A woman who meets either or both of the 648  
following criteria may file a civil action for the wrongful 649  
death of her unborn child: 650

(1) A woman on whom an abortion was performed or induced 651  
in violation of division (A) of section 2919.193 or division (A) 652  
of section 2919.195 of the Revised Code; 653

(2) A woman on whom an abortion was performed or induced 654  
who was not given the information described in divisions (A) (1) 655  
and (2) of section 2919.194 of the Revised Code or who did not 656  
sign a form described in division (A) (3) of section 2919.194 of 657

the Revised code. 658

(B) A woman who prevails in an action filed under division 659  
(A) of this section shall receive both of the following from the 660  
person who committed the one or more acts described in division 661  
(A) (1) or (2) of this section: 662

(1) Damages in an amount equal to ten thousand dollars or 663  
an amount determined by the trier of fact after consideration of 664  
the evidence at the mother's election at any time prior to final 665  
judgment subject to the same defenses and requirements of proof, 666  
except any requirement of live birth, as would apply to a suit 667  
for the wrongful death of a child who had been born alive; 668

(2) Court costs and reasonable attorney's fees. 669

(C) A determination that division (A) of section 2919.193 670  
of the Revised Code, division (A) (1), (2), or (3) of section 671  
2919.194 of the Revised Code, or division (A) of section 672  
2919.195 of the Revised Code is unconstitutional shall be a 673  
defense to an action filed under division (A) of this section 674  
alleging that the defendant violated the division that was 675  
determined to be unconstitutional. 676

(D) If the defendant in an action filed under division (A) 677  
of this section prevails and all of the following apply the 678  
court shall award reasonable attorney's fees to the defendant in 679  
accordance with section 2323.51 of the Revised Code: 680

(1) The court finds that the commencement of the action 681  
constitutes frivolous conduct, as defined in section 2323.51 of 682  
the Revised Code. 683

(2) The court's finding in division (D) (1) of this section 684  
is not based on that court or another court determining that 685  
division (A) of section 2919.193 of the Revised Code, division 686



(A) (1), (2), or (3) of section 2919.194 of the Revised Code, or 687  
division (A) of section 2919.195 of the Revised Code is 688  
unconstitutional. 689

(3) The court finds that the defendant was adversely 690  
affected by the frivolous conduct. 691

**Sec. 2919.1910.** (A) It is the intent of the general 692  
assembly that women whose pregnancies are protected under 693  
division (A) of section 2919.195 of the Revised Code be informed 694  
of available options for adoption. 695

(B) In furtherance of the intent expressed in division (A) 696  
of this section, there is hereby created the joint legislative 697  
committee on adoption promotion and support. The committee may 698  
review or study any matter that it considers relevant to the 699  
adoption process in this state, with priority given to the study 700  
or review of mechanisms intended to increase awareness of the 701  
process, increase its effectiveness, or both. 702

(C) The committee shall consist of three members of the 703  
house of representatives appointed by the speaker of the house 704  
of representatives and three members of the senate appointed by 705  
the president of the senate. Not more than two members appointed 706  
by the speaker of the house of representatives and not more than 707  
two members appointed by the president of the senate may be of 708  
the same political party. 709

Each member of the committee shall hold office during the 710  
general assembly in which the member is appointed and until a 711  
successor has been appointed, notwithstanding the adjournment 712  
sine die of the general assembly in which the member was 713  
appointed or the expiration of the member's term as a member of 714  
the general assembly. Any vacancies occurring among the members 715

of the committee shall be filled in the manner of the original 716  
appointment. 717

(D) The committee has the same powers as other standing or 718  
select committees of the general assembly. 719

**Sec. 2919.1911.** The department of health shall inspect the 720  
medical records from any facility that performs abortions to 721  
ensure that the physicians or other persons who perform 722  
abortions at that facility are in compliance with the reporting 723  
requirements under section 2919.171 of the Revised Code. The 724  
facility shall make the medical records available for inspection 725  
to the department of health but shall not release any personal 726  
medical information in the medical records that is prohibited by 727  
law. 728

**Sec. 4731.22.** (A) The state medical board, by an 729  
affirmative vote of not fewer than six of its members, may 730  
limit, revoke, or suspend a license or certificate to practice 731  
or certificate to recommend, refuse to grant a license or 732  
certificate, refuse to renew a license or certificate, refuse to 733  
reinstate a license or certificate, or reprimand or place on 734  
probation the holder of a license or certificate if the 735  
individual applying for or holding the license or certificate is 736  
found by the board to have committed fraud during the 737  
administration of the examination for a license or certificate 738  
to practice or to have committed fraud, misrepresentation, or 739  
deception in applying for, renewing, or securing any license or 740  
certificate to practice or certificate to recommend issued by 741  
the board. 742

(B) The board, by an affirmative vote of not fewer than 743  
six members, shall, to the extent permitted by law, limit, 744  
revoke, or suspend a license or certificate to practice or 745

certificate to recommend, refuse to issue a license or 746  
certificate, refuse to renew a license or certificate, refuse to 747  
reinstate a license or certificate, or reprimand or place on 748  
probation the holder of a license or certificate for one or more 749  
of the following reasons: 750

(1) Permitting one's name or one's license or certificate 751  
to practice to be used by a person, group, or corporation when 752  
the individual concerned is not actually directing the treatment 753  
given; 754

(2) Failure to maintain minimal standards applicable to 755  
the selection or administration of drugs, or failure to employ 756  
acceptable scientific methods in the selection of drugs or other 757  
modalities for treatment of disease; 758

(3) Except as provided in section 4731.97 of the Revised 759  
Code, selling, giving away, personally furnishing, prescribing, 760  
or administering drugs for other than legal and legitimate 761  
therapeutic purposes or a plea of guilty to, a judicial finding 762  
of guilt of, or a judicial finding of eligibility for 763  
intervention in lieu of conviction of, a violation of any 764  
federal or state law regulating the possession, distribution, or 765  
use of any drug; 766

(4) Willfully betraying a professional confidence. 767

For purposes of this division, "willfully betraying a 768  
professional confidence" does not include providing any 769  
information, documents, or reports under sections 307.621 to 770  
307.629 of the Revised Code to a child fatality review board; 771  
does not include providing any information, documents, or 772  
reports to the director of health pursuant to guidelines 773  
established under section 3701.70 of the Revised Code; does not 774

include written notice to a mental health professional under 775  
section 4731.62 of the Revised Code; and does not include the 776  
making of a report of an employee's use of a drug of abuse, or a 777  
report of a condition of an employee other than one involving 778  
the use of a drug of abuse, to the employer of the employee as 779  
described in division (B) of section 2305.33 of the Revised 780  
Code. Nothing in this division affects the immunity from civil 781  
liability conferred by section 2305.33 or 4731.62 of the Revised 782  
Code upon a physician who makes a report in accordance with 783  
section 2305.33 or notifies a mental health professional in 784  
accordance with section 4731.62 of the Revised Code. As used in 785  
this division, "employee," "employer," and "physician" have the 786  
same meanings as in section 2305.33 of the Revised Code. 787

(5) Making a false, fraudulent, deceptive, or misleading 788  
statement in the solicitation of or advertising for patients; in 789  
relation to the practice of medicine and surgery, osteopathic 790  
medicine and surgery, podiatric medicine and surgery, or a 791  
limited branch of medicine; or in securing or attempting to 792  
secure any license or certificate to practice issued by the 793  
board. 794

As used in this division, "false, fraudulent, deceptive, 795  
or misleading statement" means a statement that includes a 796  
misrepresentation of fact, is likely to mislead or deceive 797  
because of a failure to disclose material facts, is intended or 798  
is likely to create false or unjustified expectations of 799  
favorable results, or includes representations or implications 800  
that in reasonable probability will cause an ordinarily prudent 801  
person to misunderstand or be deceived. 802

(6) A departure from, or the failure to conform to, 803  
minimal standards of care of similar practitioners under the 804

same or similar circumstances, whether or not actual injury to a 805  
patient is established; 806

(7) Representing, with the purpose of obtaining 807  
compensation or other advantage as personal gain or for any 808  
other person, that an incurable disease or injury, or other 809  
incurable condition, can be permanently cured; 810

(8) The obtaining of, or attempting to obtain, money or 811  
anything of value by fraudulent misrepresentations in the course 812  
of practice; 813

(9) A plea of guilty to, a judicial finding of guilt of, 814  
or a judicial finding of eligibility for intervention in lieu of 815  
conviction for, a felony; 816

(10) Commission of an act that constitutes a felony in 817  
this state, regardless of the jurisdiction in which the act was 818  
committed; 819

(11) A plea of guilty to, a judicial finding of guilt of, 820  
or a judicial finding of eligibility for intervention in lieu of 821  
conviction for, a misdemeanor committed in the course of 822  
practice; 823

(12) Commission of an act in the course of practice that 824  
constitutes a misdemeanor in this state, regardless of the 825  
jurisdiction in which the act was committed; 826

(13) A plea of guilty to, a judicial finding of guilt of, 827  
or a judicial finding of eligibility for intervention in lieu of 828  
conviction for, a misdemeanor involving moral turpitude; 829

(14) Commission of an act involving moral turpitude that 830  
constitutes a misdemeanor in this state, regardless of the 831  
jurisdiction in which the act was committed; 832

(15) Violation of the conditions of limitation placed by 833  
the board upon a license or certificate to practice; 834

(16) Failure to pay license renewal fees specified in this 835  
chapter; 836

(17) Except as authorized in section 4731.31 of the 837  
Revised Code, engaging in the division of fees for referral of 838  
patients, or the receiving of a thing of value in return for a 839  
specific referral of a patient to utilize a particular service 840  
or business; 841

(18) Subject to section 4731.226 of the Revised Code, 842  
violation of any provision of a code of ethics of the American 843  
medical association, the American osteopathic association, the 844  
American podiatric medical association, or any other national 845  
professional organizations that the board specifies by rule. The 846  
state medical board shall obtain and keep on file current copies 847  
of the codes of ethics of the various national professional 848  
organizations. The individual whose license or certificate is 849  
being suspended or revoked shall not be found to have violated 850  
any provision of a code of ethics of an organization not 851  
appropriate to the individual's profession. 852

For purposes of this division, a "provision of a code of 853  
ethics of a national professional organization" does not include 854  
any provision that would preclude the making of a report by a 855  
physician of an employee's use of a drug of abuse, or of a 856  
condition of an employee other than one involving the use of a 857  
drug of abuse, to the employer of the employee as described in 858  
division (B) of section 2305.33 of the Revised Code. Nothing in 859  
this division affects the immunity from civil liability 860  
conferred by that section upon a physician who makes either type 861  
of report in accordance with division (B) of that section. As 862

used in this division, "employee," "employer," and "physician" 863  
have the same meanings as in section 2305.33 of the Revised 864  
Code. 865

(19) Inability to practice according to acceptable and 866  
prevailing standards of care by reason of mental illness or 867  
physical illness, including, but not limited to, physical 868  
deterioration that adversely affects cognitive, motor, or 869  
perceptive skills. 870

In enforcing this division, the board, upon a showing of a 871  
possible violation, may compel any individual authorized to 872  
practice by this chapter or who has submitted an application 873  
pursuant to this chapter to submit to a mental examination, 874  
physical examination, including an HIV test, or both a mental 875  
and a physical examination. The expense of the examination is 876  
the responsibility of the individual compelled to be examined. 877  
Failure to submit to a mental or physical examination or consent 878  
to an HIV test ordered by the board constitutes an admission of 879  
the allegations against the individual unless the failure is due 880  
to circumstances beyond the individual's control, and a default 881  
and final order may be entered without the taking of testimony 882  
or presentation of evidence. If the board finds an individual 883  
unable to practice because of the reasons set forth in this 884  
division, the board shall require the individual to submit to 885  
care, counseling, or treatment by physicians approved or 886  
designated by the board, as a condition for initial, continued, 887  
reinstated, or renewed authority to practice. An individual 888  
affected under this division shall be afforded an opportunity to 889  
demonstrate to the board the ability to resume practice in 890  
compliance with acceptable and prevailing standards under the 891  
provisions of the individual's license or certificate. For the 892  
purpose of this division, any individual who applies for or 893

receives a license or certificate to practice under this chapter 894  
accepts the privilege of practicing in this state and, by so 895  
doing, shall be deemed to have given consent to submit to a 896  
mental or physical examination when directed to do so in writing 897  
by the board, and to have waived all objections to the 898  
admissibility of testimony or examination reports that 899  
constitute a privileged communication. 900

(20) Except as provided in division (F)(1)(b) of section 901  
4731.282 of the Revised Code or when civil penalties are imposed 902  
under section 4731.225 of the Revised Code, and subject to 903  
section 4731.226 of the Revised Code, violating or attempting to 904  
violate, directly or indirectly, or assisting in or abetting the 905  
violation of, or conspiring to violate, any provisions of this 906  
chapter or any rule promulgated by the board. 907

This division does not apply to a violation or attempted 908  
violation of, assisting in or abetting the violation of, or a 909  
conspiracy to violate, any provision of this chapter or any rule 910  
adopted by the board that would preclude the making of a report 911  
by a physician of an employee's use of a drug of abuse, or of a 912  
condition of an employee other than one involving the use of a 913  
drug of abuse, to the employer of the employee as described in 914  
division (B) of section 2305.33 of the Revised Code. Nothing in 915  
this division affects the immunity from civil liability 916  
conferred by that section upon a physician who makes either type 917  
of report in accordance with division (B) of that section. As 918  
used in this division, "employee," "employer," and "physician" 919  
have the same meanings as in section 2305.33 of the Revised 920  
Code. 921

(21) The violation of section 3701.79 of the Revised Code 922  
or of any abortion rule adopted by the director of health 923



pursuant to section 3701.341 of the Revised Code;	924
(22) Any of the following actions taken by an agency	925
responsible for authorizing, certifying, or regulating an	926
individual to practice a health care occupation or provide	927
health care services in this state or another jurisdiction, for	928
any reason other than the nonpayment of fees: the limitation,	929
revocation, or suspension of an individual's license to	930
practice; acceptance of an individual's license surrender;	931
denial of a license; refusal to renew or reinstate a license;	932
imposition of probation; or issuance of an order of censure or	933
other reprimand;	934
(23) The violation of section 2919.12 of the Revised Code	935
or the performance or inducement of an abortion upon a pregnant	936
woman with actual knowledge that the conditions specified in	937
division (B) of section 2317.56 of the Revised Code have not	938
been satisfied or with a heedless indifference as to whether	939
those conditions have been satisfied, unless an affirmative	940
defense as specified in division (H) (2) of that section would	941
apply in a civil action authorized by division (H) (1) of that	942
section;	943
(24) The revocation, suspension, restriction, reduction,	944
or termination of clinical privileges by the United States	945
department of defense or department of veterans affairs or the	946
termination or suspension of a certificate of registration to	947
prescribe drugs by the drug enforcement administration of the	948
United States department of justice;	949
(25) Termination or suspension from participation in the	950
medicare or medicaid programs by the department of health and	951
human services or other responsible agency;	952

(26) Impairment of ability to practice according to 953  
acceptable and prevailing standards of care because of habitual 954  
or excessive use or abuse of drugs, alcohol, or other substances 955  
that impair ability to practice. 956

For the purposes of this division, any individual 957  
authorized to practice by this chapter accepts the privilege of 958  
practicing in this state subject to supervision by the board. By 959  
filing an application for or holding a license or certificate to 960  
practice under this chapter, an individual shall be deemed to 961  
have given consent to submit to a mental or physical examination 962  
when ordered to do so by the board in writing, and to have 963  
waived all objections to the admissibility of testimony or 964  
examination reports that constitute privileged communications. 965

If it has reason to believe that any individual authorized 966  
to practice by this chapter or any applicant for licensure or 967  
certification to practice suffers such impairment, the board may 968  
compel the individual to submit to a mental or physical 969  
examination, or both. The expense of the examination is the 970  
responsibility of the individual compelled to be examined. Any 971  
mental or physical examination required under this division 972  
shall be undertaken by a treatment provider or physician who is 973  
qualified to conduct the examination and who is chosen by the 974  
board. 975

Failure to submit to a mental or physical examination 976  
ordered by the board constitutes an admission of the allegations 977  
against the individual unless the failure is due to 978  
circumstances beyond the individual's control, and a default and 979  
final order may be entered without the taking of testimony or 980  
presentation of evidence. If the board determines that the 981  
individual's ability to practice is impaired, the board shall 982

suspend the individual's license or certificate or deny the 983  
individual's application and shall require the individual, as a 984  
condition for initial, continued, reinstated, or renewed 985  
licensure or certification to practice, to submit to treatment. 986

Before being eligible to apply for reinstatement of a 987  
license or certificate suspended under this division, the 988  
impaired practitioner shall demonstrate to the board the ability 989  
to resume practice in compliance with acceptable and prevailing 990  
standards of care under the provisions of the practitioner's 991  
license or certificate. The demonstration shall include, but 992  
shall not be limited to, the following: 993

(a) Certification from a treatment provider approved under 994  
section 4731.25 of the Revised Code that the individual has 995  
successfully completed any required inpatient treatment; 996

(b) Evidence of continuing full compliance with an 997  
aftercare contract or consent agreement; 998

(c) Two written reports indicating that the individual's 999  
ability to practice has been assessed and that the individual 1000  
has been found capable of practicing according to acceptable and 1001  
prevailing standards of care. The reports shall be made by 1002  
individuals or providers approved by the board for making the 1003  
assessments and shall describe the basis for their 1004  
determination. 1005

The board may reinstate a license or certificate suspended 1006  
under this division after that demonstration and after the 1007  
individual has entered into a written consent agreement. 1008

When the impaired practitioner resumes practice, the board 1009  
shall require continued monitoring of the individual. The 1010  
monitoring shall include, but not be limited to, compliance with 1011

the written consent agreement entered into before reinstatement 1012  
or with conditions imposed by board order after a hearing, and, 1013  
upon termination of the consent agreement, submission to the 1014  
board for at least two years of annual written progress reports 1015  
made under penalty of perjury stating whether the individual has 1016  
maintained sobriety. 1017

(27) A second or subsequent violation of section 4731.66 1018  
or 4731.69 of the Revised Code; 1019

(28) Except as provided in division (N) of this section: 1020

(a) Waiving the payment of all or any part of a deductible 1021  
or copayment that a patient, pursuant to a health insurance or 1022  
health care policy, contract, or plan that covers the 1023  
individual's services, otherwise would be required to pay if the 1024  
waiver is used as an enticement to a patient or group of 1025  
patients to receive health care services from that individual; 1026

(b) Advertising that the individual will waive the payment 1027  
of all or any part of a deductible or copayment that a patient, 1028  
pursuant to a health insurance or health care policy, contract, 1029  
or plan that covers the individual's services, otherwise would 1030  
be required to pay. 1031

(29) Failure to use universal blood and body fluid 1032  
precautions established by rules adopted under section 4731.051 1033  
of the Revised Code; 1034

(30) Failure to provide notice to, and receive 1035  
acknowledgment of the notice from, a patient when required by 1036  
section 4731.143 of the Revised Code prior to providing 1037  
nonemergency professional services, or failure to maintain that 1038  
notice in the patient's medical record; 1039

(31) Failure of a physician supervising a physician 1040

assistant to maintain supervision in accordance with the 1041  
requirements of Chapter 4730. of the Revised Code and the rules 1042  
adopted under that chapter; 1043

(32) Failure of a physician or podiatrist to enter into a 1044  
standard care arrangement with a clinical nurse specialist, 1045  
certified nurse-midwife, or certified nurse practitioner with 1046  
whom the physician or podiatrist is in collaboration pursuant to 1047  
section 4731.27 of the Revised Code or failure to fulfill the 1048  
responsibilities of collaboration after entering into a standard 1049  
care arrangement; 1050

(33) Failure to comply with the terms of a consult 1051  
agreement entered into with a pharmacist pursuant to section 1052  
4729.39 of the Revised Code; 1053

(34) Failure to cooperate in an investigation conducted by 1054  
the board under division (F) of this section, including failure 1055  
to comply with a subpoena or order issued by the board or 1056  
failure to answer truthfully a question presented by the board 1057  
in an investigative interview, an investigative office 1058  
conference, at a deposition, or in written interrogatories, 1059  
except that failure to cooperate with an investigation shall not 1060  
constitute grounds for discipline under this section if a court 1061  
of competent jurisdiction has issued an order that either 1062  
quashes a subpoena or permits the individual to withhold the 1063  
testimony or evidence in issue; 1064

(35) Failure to supervise an oriental medicine 1065  
practitioner or acupuncturist in accordance with Chapter 4762. 1066  
of the Revised Code and the board's rules for providing that 1067  
supervision; 1068

(36) Failure to supervise an anesthesiologist assistant in 1069

accordance with Chapter 4760. of the Revised Code and the	1070
board's rules for supervision of an anesthesiologist assistant;	1071
(37) Assisting suicide, as defined in section 3795.01 of	1072
the Revised Code;	1073
(38) Failure to comply with the requirements of section	1074
2317.561 of the Revised Code;	1075
(39) Failure to supervise a radiologist assistant in	1076
accordance with Chapter 4774. of the Revised Code and the	1077
board's rules for supervision of radiologist assistants;	1078
(40) Performing or inducing an abortion at an office or	1079
facility with knowledge that the office or facility fails to	1080
post the notice required under section 3701.791 of the Revised	1081
Code;	1082
(41) Failure to comply with the standards and procedures	1083
established in rules under section 4731.054 of the Revised Code	1084
for the operation of or the provision of care at a pain	1085
management clinic;	1086
(42) Failure to comply with the standards and procedures	1087
established in rules under section 4731.054 of the Revised Code	1088
for providing supervision, direction, and control of individuals	1089
at a pain management clinic;	1090
(43) Failure to comply with the requirements of section	1091
4729.79 or 4731.055 of the Revised Code, unless the state board	1092
of pharmacy no longer maintains a drug database pursuant to	1093
section 4729.75 of the Revised Code;	1094
(44) Failure to comply with the requirements of section	1095
2919.171, 2919.202, or 2919.203 of the Revised Code or failure	1096
to submit to the department of health in accordance with a court	1097

order a complete report as described in section 2919.171 or 1098  
2919.202 of the Revised Code; 1099

(45) Practicing at a facility that is subject to licensure 1100  
as a category III terminal distributor of dangerous drugs with a 1101  
pain management clinic classification unless the person 1102  
operating the facility has obtained and maintains the license 1103  
with the classification; 1104

(46) Owning a facility that is subject to licensure as a 1105  
category III terminal distributor of dangerous drugs with a pain 1106  
management clinic classification unless the facility is licensed 1107  
with the classification; 1108

(47) Failure to comply with any of the requirement 1109  
requirements regarding making or maintaining notes medical 1110  
records or documents described in division (B) (A) of section 1111  
2919.191-2919.192, division (C) of section 2919.193, division 1112  
(B) of section 2919.195, or division (A) of section 2919.196 of 1113  
the Revised Code ~~or failure to satisfy the requirements of~~ 1114  
~~section 2919.191 of the Revised Code prior to performing or~~ 1115  
~~inducing an abortion upon a pregnant woman;~~ 1116

(48) Failure to comply with the requirements in section 1117  
3719.061 of the Revised Code before issuing for a minor a 1118  
prescription for an opioid analgesic, as defined in section 1119  
3719.01 of the Revised Code; 1120

(49) Failure to comply with the requirements of section 1121  
4731.30 of the Revised Code or rules adopted under section 1122  
4731.301 of the Revised Code when recommending treatment with 1123  
medical marijuana; 1124

(50) Practicing at a facility, clinic, or other location 1125  
that is subject to licensure as a category III terminal 1126

distributor of dangerous drugs with an office-based opioid 1127  
treatment classification unless the person operating that place 1128  
has obtained and maintains the license with the classification; 1129

(51) Owning a facility, clinic, or other location that is 1130  
subject to licensure as a category III terminal distributor of 1131  
dangerous drugs with an office-based opioid treatment 1132  
classification unless that place is licensed with the 1133  
classification; 1134

(52) A pattern of continuous or repeated violations of 1135  
division (E) (2) or (3) of section 3963.02 of the Revised Code. 1136

(C) Disciplinary actions taken by the board under 1137  
divisions (A) and (B) of this section shall be taken pursuant to 1138  
an adjudication under Chapter 119. of the Revised Code, except 1139  
that in lieu of an adjudication, the board may enter into a 1140  
consent agreement with an individual to resolve an allegation of 1141  
a violation of this chapter or any rule adopted under it. A 1142  
consent agreement, when ratified by an affirmative vote of not 1143  
fewer than six members of the board, shall constitute the 1144  
findings and order of the board with respect to the matter 1145  
addressed in the agreement. If the board refuses to ratify a 1146  
consent agreement, the admissions and findings contained in the 1147  
consent agreement shall be of no force or effect. 1148

A telephone conference call may be utilized for 1149  
ratification of a consent agreement that revokes or suspends an 1150  
individual's license or certificate to practice or certificate 1151  
to recommend. The telephone conference call shall be considered 1152  
a special meeting under division (F) of section 121.22 of the 1153  
Revised Code. 1154

If the board takes disciplinary action against an 1155



individual under division (B) of this section for a second or 1156  
subsequent plea of guilty to, or judicial finding of guilt of, a 1157  
violation of section 2919.123 of the Revised Code, the 1158  
disciplinary action shall consist of a suspension of the 1159  
individual's license or certificate to practice for a period of 1160  
at least one year or, if determined appropriate by the board, a 1161  
more serious sanction involving the individual's license or 1162  
certificate to practice. Any consent agreement entered into 1163  
under this division with an individual that pertains to a second 1164  
or subsequent plea of guilty to, or judicial finding of guilt 1165  
of, a violation of that section shall provide for a suspension 1166  
of the individual's license or certificate to practice for a 1167  
period of at least one year or, if determined appropriate by the 1168  
board, a more serious sanction involving the individual's 1169  
license or certificate to practice. 1170

(D) For purposes of divisions (B) (10), (12), and (14) of 1171  
this section, the commission of the act may be established by a 1172  
finding by the board, pursuant to an adjudication under Chapter 1173  
119. of the Revised Code, that the individual committed the act. 1174  
The board does not have jurisdiction under those divisions if 1175  
the trial court renders a final judgment in the individual's 1176  
favor and that judgment is based upon an adjudication on the 1177  
merits. The board has jurisdiction under those divisions if the 1178  
trial court issues an order of dismissal upon technical or 1179  
procedural grounds. 1180

(E) The sealing of conviction records by any court shall 1181  
have no effect upon a prior board order entered under this 1182  
section or upon the board's jurisdiction to take action under 1183  
this section if, based upon a plea of guilty, a judicial finding 1184  
of guilt, or a judicial finding of eligibility for intervention 1185  
in lieu of conviction, the board issued a notice of opportunity 1186

for a hearing prior to the court's order to seal the records. 1187  
The board shall not be required to seal, destroy, redact, or 1188  
otherwise modify its records to reflect the court's sealing of 1189  
conviction records. 1190

(F) (1) The board shall investigate evidence that appears 1191  
to show that a person has violated any provision of this chapter 1192  
or any rule adopted under it. Any person may report to the board 1193  
in a signed writing any information that the person may have 1194  
that appears to show a violation of any provision of this 1195  
chapter or any rule adopted under it. In the absence of bad 1196  
faith, any person who reports information of that nature or who 1197  
testifies before the board in any adjudication conducted under 1198  
Chapter 119. of the Revised Code shall not be liable in damages 1199  
in a civil action as a result of the report or testimony. Each 1200  
complaint or allegation of a violation received by the board 1201  
shall be assigned a case number and shall be recorded by the 1202  
board. 1203

(2) Investigations of alleged violations of this chapter 1204  
or any rule adopted under it shall be supervised by the 1205  
supervising member elected by the board in accordance with 1206  
section 4731.02 of the Revised Code and by the secretary as 1207  
provided in section 4731.39 of the Revised Code. The president 1208  
may designate another member of the board to supervise the 1209  
investigation in place of the supervising member. No member of 1210  
the board who supervises the investigation of a case shall 1211  
participate in further adjudication of the case. 1212

(3) In investigating a possible violation of this chapter 1213  
or any rule adopted under this chapter, or in conducting an 1214  
inspection under division (E) of section 4731.054 of the Revised 1215  
Code, the board may question witnesses, conduct interviews, 1216

administer oaths, order the taking of depositions, inspect and 1217  
copy any books, accounts, papers, records, or documents, issue 1218  
subpoenas, and compel the attendance of witnesses and production 1219  
of books, accounts, papers, records, documents, and testimony, 1220  
except that a subpoena for patient record information shall not 1221  
be issued without consultation with the attorney general's 1222  
office and approval of the secretary and supervising member of 1223  
the board. 1224

(a) Before issuance of a subpoena for patient record 1225  
information, the secretary and supervising member shall 1226  
determine whether there is probable cause to believe that the 1227  
complaint filed alleges a violation of this chapter or any rule 1228  
adopted under it and that the records sought are relevant to the 1229  
alleged violation and material to the investigation. The 1230  
subpoena may apply only to records that cover a reasonable 1231  
period of time surrounding the alleged violation. 1232

(b) On failure to comply with any subpoena issued by the 1233  
board and after reasonable notice to the person being 1234  
subpoenaed, the board may move for an order compelling the 1235  
production of persons or records pursuant to the Rules of Civil 1236  
Procedure. 1237

(c) A subpoena issued by the board may be served by a 1238  
sheriff, the sheriff's deputy, or a board employee or agent 1239  
designated by the board. Service of a subpoena issued by the 1240  
board may be made by delivering a copy of the subpoena to the 1241  
person named therein, reading it to the person, or leaving it at 1242  
the person's usual place of residence, usual place of business, 1243  
or address on file with the board. When serving a subpoena to an 1244  
applicant for or the holder of a license or certificate issued 1245  
under this chapter, service of the subpoena may be made by 1246

certified mail, return receipt requested, and the subpoena shall 1247  
be deemed served on the date delivery is made or the date the 1248  
person refuses to accept delivery. If the person being served 1249  
refuses to accept the subpoena or is not located, service may be 1250  
made to an attorney who notifies the board that the attorney is 1251  
representing the person. 1252

(d) A sheriff's deputy who serves a subpoena shall receive 1253  
the same fees as a sheriff. Each witness who appears before the 1254  
board in obedience to a subpoena shall receive the fees and 1255  
mileage provided for under section 119.094 of the Revised Code. 1256

(4) All hearings, investigations, and inspections of the 1257  
board shall be considered civil actions for the purposes of 1258  
section 2305.252 of the Revised Code. 1259

(5) A report required to be submitted to the board under 1260  
this chapter, a complaint, or information received by the board 1261  
pursuant to an investigation or pursuant to an inspection under 1262  
division (E) of section 4731.054 of the Revised Code is 1263  
confidential and not subject to discovery in any civil action. 1264

The board shall conduct all investigations or inspections 1265  
and proceedings in a manner that protects the confidentiality of 1266  
patients and persons who file complaints with the board. The 1267  
board shall not make public the names or any other identifying 1268  
information about patients or complainants unless proper consent 1269  
is given or, in the case of a patient, a waiver of the patient 1270  
privilege exists under division (B) of section 2317.02 of the 1271  
Revised Code, except that consent or a waiver of that nature is 1272  
not required if the board possesses reliable and substantial 1273  
evidence that no bona fide physician-patient relationship 1274  
exists. 1275

The board may share any information it receives pursuant 1276  
to an investigation or inspection, including patient records and 1277  
patient record information, with law enforcement agencies, other 1278  
licensing boards, and other governmental agencies that are 1279  
prosecuting, adjudicating, or investigating alleged violations 1280  
of statutes or administrative rules. An agency or board that 1281  
receives the information shall comply with the same requirements 1282  
regarding confidentiality as those with which the state medical 1283  
board must comply, notwithstanding any conflicting provision of 1284  
the Revised Code or procedure of the agency or board that 1285  
applies when it is dealing with other information in its 1286  
possession. In a judicial proceeding, the information may be 1287  
admitted into evidence only in accordance with the Rules of 1288  
Evidence, but the court shall require that appropriate measures 1289  
are taken to ensure that confidentiality is maintained with 1290  
respect to any part of the information that contains names or 1291  
other identifying information about patients or complainants 1292  
whose confidentiality was protected by the state medical board 1293  
when the information was in the board's possession. Measures to 1294  
ensure confidentiality that may be taken by the court include 1295  
sealing its records or deleting specific information from its 1296  
records. 1297

(6) On a quarterly basis, the board shall prepare a report 1298  
that documents the disposition of all cases during the preceding 1299  
three months. The report shall contain the following information 1300  
for each case with which the board has completed its activities: 1301

(a) The case number assigned to the complaint or alleged 1302  
violation; 1303

(b) The type of license or certificate to practice, if 1304  
any, held by the individual against whom the complaint is 1305

directed; 1306

(c) A description of the allegations contained in the 1307  
complaint; 1308

(d) The disposition of the case. 1309

The report shall state how many cases are still pending 1310  
and shall be prepared in a manner that protects the identity of 1311  
each person involved in each case. The report shall be a public 1312  
record under section 149.43 of the Revised Code. 1313

(G) If the secretary and supervising member determine both 1314  
of the following, they may recommend that the board suspend an 1315  
individual's license or certificate to practice or certificate 1316  
to recommend without a prior hearing: 1317

(1) That there is clear and convincing evidence that an 1318  
individual has violated division (B) of this section; 1319

(2) That the individual's continued practice presents a 1320  
danger of immediate and serious harm to the public. 1321

Written allegations shall be prepared for consideration by 1322  
the board. The board, upon review of those allegations and by an 1323  
affirmative vote of not fewer than six of its members, excluding 1324  
the secretary and supervising member, may suspend a license or 1325  
certificate without a prior hearing. A telephone conference call 1326  
may be utilized for reviewing the allegations and taking the 1327  
vote on the summary suspension. 1328

The board shall issue a written order of suspension by 1329  
certified mail or in person in accordance with section 119.07 of 1330  
the Revised Code. The order shall not be subject to suspension 1331  
by the court during pendency of any appeal filed under section 1332  
119.12 of the Revised Code. If the individual subject to the 1333

summary suspension requests an adjudicatory hearing by the 1334  
board, the date set for the hearing shall be within fifteen 1335  
days, but not earlier than seven days, after the individual 1336  
requests the hearing, unless otherwise agreed to by both the 1337  
board and the individual. 1338

Any summary suspension imposed under this division shall 1339  
remain in effect, unless reversed on appeal, until a final 1340  
adjudicative order issued by the board pursuant to this section 1341  
and Chapter 119. of the Revised Code becomes effective. The 1342  
board shall issue its final adjudicative order within seventy- 1343  
five days after completion of its hearing. A failure to issue 1344  
the order within seventy-five days shall result in dissolution 1345  
of the summary suspension order but shall not invalidate any 1346  
subsequent, final adjudicative order. 1347

(H) If the board takes action under division (B) (9), (11), 1348  
or (13) of this section and the judicial finding of guilt, 1349  
guilty plea, or judicial finding of eligibility for intervention 1350  
in lieu of conviction is overturned on appeal, upon exhaustion 1351  
of the criminal appeal, a petition for reconsideration of the 1352  
order may be filed with the board along with appropriate court 1353  
documents. Upon receipt of a petition of that nature and 1354  
supporting court documents, the board shall reinstate the 1355  
individual's license or certificate to practice. The board may 1356  
then hold an adjudication under Chapter 119. of the Revised Code 1357  
to determine whether the individual committed the act in 1358  
question. Notice of an opportunity for a hearing shall be given 1359  
in accordance with Chapter 119. of the Revised Code. If the 1360  
board finds, pursuant to an adjudication held under this 1361  
division, that the individual committed the act or if no hearing 1362  
is requested, the board may order any of the sanctions 1363  
identified under division (B) of this section. 1364

(I) The license or 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. In addition, the license or certificate to practice or certificate to recommend issued to an individual under this chapter and the individual's practice in this state are automatically suspended as of 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 license or 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 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 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 1396  
year or, if determined appropriate by the board, imposing a more 1397  
serious sanction involving the individual's license or 1398  
certificate to practice. 1399

(2) In all circumstances in which division (I)(1) of this 1400  
section does not apply, enter a final order permanently revoking 1401  
the individual's license or certificate to practice. 1402

(J) If the board is required by Chapter 119. of the 1403  
Revised Code to give notice of an opportunity for a hearing and 1404  
if the individual subject to the notice does not timely request 1405  
a hearing in accordance with section 119.07 of the Revised Code, 1406  
the board is not required to hold a hearing, but may adopt, by 1407  
an affirmative vote of not fewer than six of its members, a 1408  
final order that contains the board's findings. In that final 1409  
order, the board may order any of the sanctions identified under 1410  
division (A) or (B) of this section. 1411

(K) Any action taken by the board under division (B) of 1412  
this section resulting in a suspension from practice shall be 1413  
accompanied by a written statement of the conditions under which 1414  
the individual's license or certificate to practice may be 1415  
reinstated. The board shall adopt rules governing conditions to 1416  
be imposed for reinstatement. Reinstatement of a license or 1417  
certificate suspended pursuant to division (B) of this section 1418  
requires an affirmative vote of not fewer than six members of 1419  
the board. 1420

(L) When the board refuses to grant or issue a license or 1421  
certificate to practice to an applicant, revokes an individual's 1422  
license or certificate to practice, refuses to renew an 1423  
individual's license or certificate to practice, or refuses to 1424  
reinstate an individual's license or certificate to practice, 1425

the board may specify that its action is permanent. An 1426  
individual subject to a permanent action taken by the board is 1427  
forever thereafter ineligible to hold a license or certificate 1428  
to practice and the board shall not accept an application for 1429  
reinstatement of the license or certificate or for issuance of a 1430  
new license or certificate. 1431

(M) Notwithstanding any other provision of the Revised 1432  
Code, all of the following apply: 1433

(1) The surrender of a license or certificate issued under 1434  
this chapter shall not be effective unless or until accepted by 1435  
the board. A telephone conference call may be utilized for 1436  
acceptance of the surrender of an individual's license or 1437  
certificate to practice. The telephone conference call shall be 1438  
considered a special meeting under division (F) of section 1439  
121.22 of the Revised Code. Reinstatement of a license or 1440  
certificate surrendered to the board requires an affirmative 1441  
vote of not fewer than six members of the board. 1442

(2) An application for a license or certificate made under 1443  
the provisions of this chapter may not be withdrawn without 1444  
approval of the board. 1445

(3) Failure by an individual to renew a license or 1446  
certificate to practice in accordance with this chapter or a 1447  
certificate to recommend in accordance with rules adopted under 1448  
section 4731.301 of the Revised Code shall not remove or limit 1449  
the board's jurisdiction to take any disciplinary action under 1450  
this section against the individual. 1451

(4) At the request of the board, a license or certificate 1452  
holder shall immediately surrender to the board a license or 1453  
certificate that the board has suspended, revoked, or 1454

permanently revoked. 1455

(N) Sanctions shall not be imposed under division (B) (28) 1456  
of this section against any person who waives deductibles and 1457  
copayments as follows: 1458

(1) In compliance with the health benefit plan that 1459  
expressly allows such a practice. Waiver of the deductibles or 1460  
copayments shall be made only with the full knowledge and 1461  
consent of the plan purchaser, payer, and third-party 1462  
administrator. Documentation of the consent shall be made 1463  
available to the board upon request. 1464

(2) For professional services rendered to any other person 1465  
authorized to practice pursuant to this chapter, to the extent 1466  
allowed by this chapter and rules adopted by the board. 1467

(O) Under the board's investigative duties described in 1468  
this section and subject to division (F) of this section, the 1469  
board shall develop and implement a quality intervention program 1470  
designed to improve through remedial education the clinical and 1471  
communication skills of individuals authorized under this 1472  
chapter to practice medicine and surgery, osteopathic medicine 1473  
and surgery, and podiatric medicine and surgery. In developing 1474  
and implementing the quality intervention program, the board may 1475  
do all of the following: 1476

(1) Offer in appropriate cases as determined by the board 1477  
an educational and assessment program pursuant to an 1478  
investigation the board conducts under this section; 1479

(2) Select providers of educational and assessment 1480  
services, including a quality intervention program panel of case 1481  
reviewers; 1482

(3) Make referrals to educational and assessment service 1483

providers and approve individual educational programs 1484  
recommended by those providers. The board shall monitor the 1485  
progress of each individual undertaking a recommended individual 1486  
educational program. 1487

(4) Determine what constitutes successful completion of an 1488  
individual educational program and require further monitoring of 1489  
the individual who completed the program or other action that 1490  
the board determines to be appropriate; 1491

(5) Adopt rules in accordance with Chapter 119. of the 1492  
Revised Code to further implement the quality intervention 1493  
program. 1494

An individual who participates in an individual 1495  
educational program pursuant to this division shall pay the 1496  
financial obligations arising from that educational program. 1497

**Section 2.** That existing sections 2317.56, 2919.171, 1498  
2919.19, 2919.191, 2919.192, 2919.193, and 4731.22 of the 1499  
Revised Code are hereby repealed. 1500

**Section 3.** If any provisions of a section as amended or 1501  
enacted by this act, or the application thereof to any person or 1502  
circumstance is held invalid, the invalidity does not affect 1503  
other provisions or applications of the section or related 1504  
sections which can be given effect without the invalid provision 1505  
or application, and to this end the provisions are severable. 1506

**Section 4.** Section 4731.22 of the Revised Code is 1507  
presented in this act as a composite of the section as amended 1508  
by both Am. Sub. H.B. 111 and Sub. H.B. 156 of the 132nd General 1509  
Assembly. The General Assembly, applying the principle stated in 1510  
division (B) of section 1.52 of the Revised Code that amendments 1511  
are to be harmonized if reasonably capable of simultaneous 1512

operation, finds that the composite is the resulting version of	1513
the section in effect prior to the effective date of the section	1514
as presented in this act.	1515