



Rules & Policies Agenda for Board Meeting
April 10, 2024

- A. Rule Review Update
 - B. Respiratory Care Rules
 - C. Rules for Filing with CSI
 - D. Office-Based Surgery Rules
 - E. Legislative Update
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MEMORANDUM

TO: Jonathan Feibel, M.D., President
Members, State Medical Board of Ohio

FROM: Kimberly C. Anderson, Chief Legal Counsel

RE: Rule Review Update

DATE: April 4, 2024

Attached please find the rule spreadsheet and rule schedule for April 2024.

Requested Action: No action requested.

Legal Dept. Rules Schedule

As of April 4, 2024

Rules Filed with JCARR2/16/24, Rules Hearing

3/27/24; JCARR Meeting 4/15/24

4731-25-02

No Change Rules Filed with JCARR:

Surgery Privileges of Podiatrist (JCARR Jurisdiction

Ends 4/22/2024

4731-20-01

4731-20-02

Rules Filed with CSI-Comments Due 4.19.24

Office-Based Opioid Treatment Rules

Chapter 4730-4

Chapter 4731-33

Rules Sent for Initial Circulation-Comments Due

3.20.24

Dietetics Rules

4759-2-01 4759-5-03

4759-4-01 4759-5-04

4759-4-02 4759-5-05

4759-4-03 4759-5-06

4759-4-04 4759-6-01

4759-4-08 4759-6-02

4759-4-09 4759-6-03

4759-5-01 4759-9-01

4759-5-02

Rules Sent for Initial Circulation-Comments Due

4.19.24

Physician Assistant Rules

4730-1-06 4730-2-04

4731-2-05 4731-2-10

Anesthesiologist Assistant Rules

4731-24-01

4731-24-02

4731-24-03

Genetic Counselor Rules

4778-1-01 4778-1-02

4778-1-03 4778-1-05

4778-1-06

Rules Proposed for Approval to File with CSI:

Criminal Records Checks

4731-4-01

4731-4-02

Notice of Meetings

4731-7-01

Recordation of Meetings

4731-9-01

Termination of Physician-Patient Relationship

4731-27-01

4731-27-02

4731-27-03

Return of Athlete to Practice of Competition

4731-31-01

**Standards for Prescribing Dangerous Drugs for
Administration By Injection by a Pharmacist**

4731-34-01

Rules Proposed for Initial Circulation:

Respiratory Care Rules (Chapter 4761)

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4730-1-01	Regulation of Physician Assistants - Definitions		06/12/19	07/16/19	11/07/19	06/18/20	No change rule			09/16/20	06/18/25	
4730-1-05	Quality Assurance System		06/12/19	07/16/19	11/07/19	06/19/20	No change rule			09/17/20	06/19/25	
4730-1-06	Licensure as a physician assistant	04/01/24									03/28/24	Extension given for Review Date
4730-1-07	Miscellaneous Provisions	06/21/23	07/12/23	07/25/23	08/11/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	02/28/28	
4730-2-01	Physician Delegated Prescriptive Authority - Definitions		06/12/19	07/16/19	11/07/19	06/18/20	No change rule	01/30/23	02/08/23	02/28/23	02/28/28	
4730-2-04	Period of on-site supervision of physician-delegated prescriptive authority	04/01/24									11/15/23	
4730-2-05	Addition of valid prescriber number after initial licensure	04/01/24									09/30/23	
4730-2-07	Standards for Prescribing	02/12/22	05/11/22	05/16/22	09/22/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4730-2-10	Standards and Procedures for use of OARRS	04/01/24									03/28/24	Extension given for Review Date
4730-4-01	Definitions	09/15/23	03/13/24	04/04/24							04/30/24	
4730-4-02	Standards and procedures for withdrawal management for drug or alcohol addiction	09/15/23	03/13/24	04/04/24							10/31/25	
4730-4-03	Office Based Treatment for Opioid addiction	09/15/23	03/13/24	04/04/24							04/30/24	
4730-4-04	Medication assisted treatment using naltrexone	09/15/23	03/13/24	04/04/24							04/30/24	
4731-1-01	Limited Practitioners - Definition of Terms	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-1-02	Application of Rules Governing Limited Branches of Medicine or Surgery	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	07/31/24	
4731-1-03	General Prohibitions	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-1-04	Scope of Practice: Mechanotherapy	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-1-05	Scope of Practice: Massage Therapy	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	11/05/24	
4731-1-06	Scope of Practice: Naprapathy									08/31/18	08/31/23	
4731-1-07	Eligibility of Electrologists Licensed by the Ohio State Board of Cosmetology to Obtain Licensure as Cosmetic Therapists Pursuant to Chapter 4731 ORC and Subsequent Limitations	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4731-1-08	Continuing Cosmetic Therapy Education Requirements for Registration or Reinstatement of a License to Practice Cosmetic Therapy	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-1-09	Cosmetic Therapy Curriculum Requirements	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-1-10	Distance Education	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-1-11	Application and Certification for certificate to practice cosmetic therapy	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-1-12	Examination			09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-1-15	Determination of Standing of School, College or Institution	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-1-16	Massage Therapy curriculum rule (Five year review)	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-1-17	Instructional Staff	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-1-18	Grounds for Suspension, Revocation or Denial of Certificate of Good Standing, Hearing Rights	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-1-19	Probationary Status of a limited branch school	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-2-01	Public Notice of Rules Procedure	05/15/22			10/31/22	09/28/22				09/28/22	09/28/27	
4731-4-01	Criminal Records Checks - Definitions	03/04/24								09/30/19	09/30/24	
4731-4-02	Criminal Records Checks	03/04/24								09/30/19	09/30/24	
4731-5-01	Admission to Examinations	05/15/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-5-02	Examination Failure; Inspection and Regrading	05/15/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-5-03	Conduct During Examinations	05/15/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-5-04	Termination of Examinations	05/15/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-6-01	Medical or Osteopathic Licensure: Definitions				10/31/22					07/31/19	07/31/24	
4731-6-02	Preliminary Education for Medical and Osteopathic Licensure				10/31/22					07/31/19	07/31/24	
4731-6-04	Demonstration of proficiency in spoken English	05/15/22		09/22/22	10/31/22	11/14/22			no change	11/14/22	11/14/27	
4731-6-05	Format of Medical and Osteopathic Examination		09/08/21	09/24/21	10/27/21	10/29/21	12/03/21		01/12/22	01/31/22	01/31/27	
4731-6-14	Examination for physician licensure	09/03/20								07/31/19	07/31/24	
4731-6-15	Eligibility for Licensure of National Board Diplomats and Medical Council of Canada Licentiatees									07/31/19	07/31/24	
4731-6-21	Application Procedures for Certificate Issuance; Investigation; Notice of Hearing Rights									07/31/19	07/31/24	

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4731-6-22	Abandonment and Withdrawal of Medical and Osteopathic Licensure Applications									07/31/19	07/31/24	
4731-6-30	Training Certificates									07/31/19	07/31/24	
4731-6-31	Limited Preexamination Registration and Limited Certification									07/31/19	07/31/24	
4731-6-33	Special Activity Certificates									07/31/19	07/31/24	
4731-6-34	Volunteer's Certificates									07/31/19	07/31/24	
4731-7-01	Method of Notice of Meetings	03/04/24								07/31/19	07/31/24	
4731-8-01	Personal Information Systems	04/29/20		10/05/20	11/18/20	02/11/21			no change	02/11/21	02/11/26	
4731-8-02	Definitions	04/29/20		10/05/20	11/18/20	02/11/21			no change	02/11/21	02/11/26	
4731-8-03	Procedures for accessing confidential personal information	04/29/20		10/05/20	11/18/20	02/11/21			no change	02/11/21	02/11/26	
4731-8-04	Valid reasons for accessing confidential personal information	04/29/20		10/05/20	11/18/20	02/11/21	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26	
4731-8-05	Confidentiality Statutes	04/29/20		10/05/20	11/18/20	02/11/21	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26	
4731-8-06	Restricting & Logging access to confidential personal information	04/29/20		10/05/20	11/18/20	02/11/21			no change	02/11/21	02/11/26	
4731-9-01	Record of Board Meetings; Recording, Filming, and Photographing of Meetings	03/04/24								09/15/19	06/17/24	
4731-10-01	Definitions	10/25/19		05/26/20		Revised filing 11/3/20 10/30/20	12/04/20	12/07/20	05/12/21	05/31/21	05/31/26	
4731-10-02	Requisite Hours of Continuing Medical Education for License Renewal or Reinstatement	10/25/19		05/26/20		Revised filing 11/3/20 10/30/20	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26	
4731-10-03	CME Waiver	10/25/19		05/26/20		Revised filings 11/24 & 11/3 - orig 10/30/20	12/04/20	12/07/20	05/12/21	05/31/21	05/31/26	
4731-10-04	Continuing Medical Education Requirements for Restoration of a License	10/25/19		05/26/20		Revised filings 11/24 & 11/3 - orig 10/30/20	12/04/20	12/07/20	05/12/21	05/31/21	05/31/26	

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4371-10-08	Evidence of Continuing Medical Education	10/25/19		05/26/20		Revised filings 11/24 & 11/3 - orig 10/30/20	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26	
4731-11-01	Controlled substances; General Provisions Definitions	02/12/22								10/31/20	10/31/25	
4731-11-02	Controlled Substances - General Provisions	07/26/19	11/13/19	10/05/20		05/27/21			no change		05/27/26	
4731-11-03	Schedule II Controlled Substance Stimulants			09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-11-04	Controlled Substances: Utilization for Weight Reduction			09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-11-04.1	Controlled substances: Utilization for chronic weight management			09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	Rescinded	Rescinded
4731-11-07	Research Utilizing Controlled Substances	07/26/19	11/13/19	10/05/20		05/27/21			no change		05/27/26	
4731-11-08	Utilizing Controlled Substances for Self and Family Members	01/25/21	03/10/21	03/18/21	04/23/21	05/27/21			no change		05/27/26	
4731-11-09	Controlled Substance and telehealth prescribing	02/12/22	05/11/22	05/16/22	09/22/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-11-11	Standards and procedures for review of "Ohio Automated Rx Reporting System" (OARRS).	07/26/19	11/13/19	10/05/20		05/27/21	06/28/21		09/08/21	09/30/21	09/30/26	
4731-11-13	Prescribing of Opioid Analgesics for Acute Pain									08/31/17	08/31/22	
4731-11-14	Prescribing for subacute and chronic pain	11/18/22				04/17/23	05/24/23	06/01/23			12/23/23	
4731-12-01	Preliminary Education for Licensure in Podiatric Medicine and Surgery	04/18/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-12-02	Standing of Colleges of Podiatric Surgery and Medicine	04/18/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/02/23	02/28/28	
4731-12-03	Eligibility for the Examination in Podiatric Surgery and Medicine	04/18/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-12-04	Eligibility of Licensure in Podiatric Medicine and Surgery by Endorsement from Another State	04/18/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-12-05	Application Procedures for Licensure in Podiatric Medicine and Surgery, Investigation, Notice of Hearing Rights.	04/18/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-12-06	Visiting Podiatric Faculty Certificates	04/18/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-12-07	Podiatric Training Certificates	04/18/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-13-01	Conduct of Hearings - Representative; Appearances	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	05/17/21	06/07/21	07/14/21	07/31/21	07/31/26	

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4731-13-02	Filing Request for Hearing	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	No change				04/12/26	
4731-13-03	Authority and Duties of Hearing Examiners	08/26/20	10/14/20	amended filing 1/6/21 10/23/20	04/02/21	04/12/21	05/17/21	06/07/21	07/14/21	07/31/21	07/31/26	
4731-13-04	Consolidation	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-05	Intervention	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-06	Continuance of Hearing	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	05/17/21	06/07/21	07/14/21	07/31/21	07/31/26	
4731-13-07	Motions	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	05/17/21	06/07/21	07/14/21	07/31/21	07/31/26	
4731-13-07.1	Form and page limitations for briefs and memoranda	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	05/17/21	06/07/21	07/14/21	07/31/21	07/31/26	
4731-13-08	Filing	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	05/17/21	06/07/21	07/14/21	07/31/21	07/31/26	
4731-13-09	Service	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	05/17/21	06/07/21	07/14/21	07/31/21	07/31/26	
4731-13-10	Computation and Extension of Time	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-11	Notice of Hearings	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-12	Transcripts	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-13	Subpoenas for Purposes of Hearing	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	05/17/21	06/07/21	07/14/21	07/31/21	07/31/26	
4731-13-14	Mileage Reimbursement and Witness Fees	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-15	Reports and Recommendations	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	05/17/21	06/07/21	07/14/21	07/31/21	07/31/26	
4731-13-16	Reinstatement or Restoration of Certificate	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	05/17/21	06/07/21	07/14/21	07/31/21	07/31/26	
4731-13-17	Settlements, Dismissals, and Voluntary Surrenders	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	05/17/21	06/07/21	07/14/21	07/31/21	07/31/26	
4731-13-18	Exchange of Documents and Witness Lists	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-20	Depositions in Lieu of Live Testimony and Transcripts in place of Prior Testimony	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-20.1	Electronic Testimony	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-21	Prior Action by the State Medical Board	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-22	Stipulation of Facts	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-23	Witnesses	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-24	Conviction of a Crime	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4731-13-25	Evidence	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-26	Broadcasting and Photographing Administrative Hearings	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-27	Sexual Misconduct Evidence	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-28	Supervision of Hearing Examiners	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-30	Prehearing Conference	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-31	Transcripts of Prior Testimony	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-32	Prior Statements of the Respondent	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-33	Physician's Desk Physician	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	05/17/21	06/07/21	07/14/21	07/31/21	07/31/26	
4731-13-34	Ex Parte Communication	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-35	Severability	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-36	Disciplinary Actions	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	05/17/21	06/07/21	07/14/21	07/31/21	07/31/26	
4731-14-01	Pronouncement of Death	01/25/21	03/10/21	03/18/21		05/27/21	06/28/21		09/08/21	09/30/21	09/30/26	
4731-15-01	Licensee Reporting Requirement; Exceptions	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	11/30/28	
4731-15-02	Healthcare Facility Reporting Requirement	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	11/30/28	
4731-15-03	Malpractice Reporting Requirement	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	11/30/28	
4731-15-04	Professional Society Reporting	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	11/30/28	
4731-15-05	Liability; Reporting Forms; Confidentially and Disclosure	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	Rescinded	
4731-16-01	Rules governing impaired physicians and approval of treatments programs - Definitions	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	11/30/28	
4731-16-02	General Procedures in Impairment Cases	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	11/30/28	
4731-16-04	Other Violations	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	11/30/28	
4731-16-05	Examinations	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	11/30/28	
4731-16-06	Consent Agreements and Orders for Reinstatement of Impaired Practitioners	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	11/30/28	
4731-16-07	Treatment Provider Program Obligations	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	Rescinded	
4731-16-08	Criteria for Approval	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	11/30/28	
4731-16-09	Procedures for Approval	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	Rescinded	
4731-16-10	Aftercare Contracts	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	Rescinded	

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4731-16-11	Revocation, Suspension, or Denial of Certificate of Good Standing	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	Rescinded		
4731-16-12	Out-of-State Impairment Cases	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	Rescinded		
4731-16-13	Patient Consent; Revocation of Consent	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	Rescinded		
4731-16-14	Caffeine, Nicotine, and Over-The Counter Drugs	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	Rescinded		
4731-16-15	Patient Rights	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	Rescinded		
4731-16-17	Requirements for the one-bite program	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	11/30/28		
4731-16-18	Eligibility for the one-bite program	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	Rescinded		
4731-16-19	Monitoring organization for one-bite program	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	11/30/28		
4731-16-20	Treatment providers in the one-bite program	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	11/30/28		
4731-16-21	Continuing care for the one-bite program	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/24	Rescinded		
4731-17-01	Exposure-Prone Invasive Procedure Precautions - Definitions	08/26/20	10/14/20	10/23/20	11/24/20	02/11/21	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26		
4731-17-02	Universal Precautions	08/26/20	10/14/20	10/23/20	11/24/20	02/11/21			no change		02/11/26		
4731-17-03	Hand Washing	08/26/20	10/14/20	10/23/20	11/24/20	02/11/21			no change		02/11/26		
4731-17-04	Disinfection and Sterilization	08/26/20	10/14/20	10/23/20	11/24/20	02/11/21	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26		
4731-17-05	Handling and Disposal of Sharps and Wastes	08/26/20	10/14/20	10/23/20	11/24/20	02/11/21	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26		
4731-17-06	Barrier Techniques	08/26/20	10/14/20	10/23/20	11/24/20	02/11/21			no change		02/11/26		
4731-17-07	Violations	08/26/20	10/14/20	10/23/20	11/24/20	02/11/21	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26		
4731-18-01	Definitions			09/22/22	12/22/22	03/06/23	02/10/23	03/06/23	04/12/23	04/30/23	04/30/28		
4731-18-02	Use of Light Based Medical Devices			09/22/22	12/22/22	03/06/23	02/10/23	03/06/23	04/12/23	04/30/23	04/30/28		
4731-18-03	Delegation of the Use of Light Based Medical Devices			09/22/22	12/22/22	03/06/23	02/10/23	03/06/23	04/12/23	04/30/23	04/30/28		
4731-18-04	Delegation of phototherapy and photodynamic therapy	01/10/18	01/20/20	05/12/20	04/05/21	04/09/21	refiled 6-9-21 5/17/2021		06/25/21	07/14/21	07/31/21	07/31/26	
4731-20-01	Surgery Privileges of Podiatrist - Definition of Foot	10/16/23	11/08/23	11/09/23		01/23/24		04/15/24					
4731-20-02	Surgery: Ankle Joint	10/16/23	11/08/23	11/09/23		01/23/24		04/15/24					
4731-22-01	Retired License Status	09/15/23	10/11/23	11/02/23	11/27/23	11/28/23	01/04/24	01/08/24	02/14/24	02/29/24	02/28/29		
4731-22-02	Application	09/15/23	10/11/23	11/02/23	11/27/23	11/28/23	01/04/24	01/08/24	02/14/24	rescinded			
4731-22-03	Status of Registrant	09/15/23	10/11/23	11/02/23	11/27/23	11/28/23	01/04/24	01/08/24	02/14/24	rescinded			

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4731-22-04	Continuing Education Requirements	09/15/23	10/11/23	11/02/23	11/27/23	11/28/23	01/04/24	01/08/24	02/14/24	rescinded		
4731-22-06	Renewal of Cycle of Fees	09/15/23	10/11/23	11/02/23	11/27/23	11/28/23	01/04/24	01/08/24	02/14/24	rescinded		
4731-22-07	Change to Active Status	09/15/23	10/11/23	11/02/23	11/27/23	11/28/23	01/04/24	01/08/24	02/14/24	rescinded		
4731-22-08	Cancellation of or Refusal to Issue an Emeritus Registration	09/15/23	10/11/23	11/02/23	11/27/23	11/28/23	01/04/24	01/08/24	02/14/24	rescinded		
4731-23-01	Delegation of Medical Tasks - Definitions	01/25/21	03/10/21	03/18/21	04/23/21	05/27/21			no change		05/27/26	
4731-23-02	Delegation of Medical Tasks	01/25/21	03/10/21	03/18/21	04/23/21	refiled 5/27/2021 7/14/21	06/28/21		09/08/21	09/30/21	09/30/26	
4731-23-03	Delegation of Medical Tasks: Prohibitions	01/25/21	03/10/21	03/18/21	04/23/21	05/27/21			no change		05/27/26	
4731-23-04	Violations	01/25/21	03/10/21	03/18/21	04/23/21	05/27/21			no change		05/27/26	
4731-24-01	Anesthesiologist Assistants - Definitions	04/01/24									07/31/24	
4731-24-02	Anesthesiologist Assistants; Supervision	04/01/24									07/31/24	
4731-24-03	Anesthesiologist Assistants; Enhanced Supervision	04/01/24									07/31/24	
4731-25-01	Office-Based Surgery - Definition of Terms	06/16/23									03/01/23	
4731-25-02	General Provisions	06/16/23	01/10/24	01/19/24	02/15/24	02/16/24	03/27/24	04/15/24		05/31/18	05/31/23	
4731-25-03	Standards for Surgery Using Moderate Sedation/Analgesia	06/16/23								05/31/18	08/31/23	
4731-25-04	Standards for Surgery Using Anesthesia Services	06/16/23								05/31/18	05/31/23	
4731-25-05	Liposuction in the Office Setting	06/16/23								03/01/18	03/01/23	
4731-25-07	Accreditation of Office Settings	06/16/23								05/31/18	05/31/23	
4731-25-08	Standards for Surgery	06/16/23								09/30/19	09/30/24	
4731-26-01	Sexual Misconduct - Definitions	01/25/21	03/10/21	03/18/21	04/23/21	refiled 5/27/2021 7/14/21	06/28/21		09/08/21	09/30/21	09/30/26	
4731-26-02	Prohibitions	01/25/21	03/10/21	03/18/21	04/23/21	05/27/21	06/28/21		09/08/21	09/30/21	09/30/26	
4731-26-03	Violations; Miscellaneous	01/25/21	03/10/21	03/18/21	04/23/21	05/27/21	06/28/21		09/08/21	09/30/21	09/30/26	
4731-27-01	Definitions	03/04/24								02/04/19	02/02/24	
4731-27-02	Dismissing a patient from the medical practice	03/04/24								05/31/19	05/31/24	
4731-27-03	Notice of termination of physician employment or physician leaving a practice, selling a practice, or retiring from the practice of medicine	03/04/24								05/31/19	05/31/24	see comments for future folder

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4731-28-01	Mental or Physical Impairment	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	Rescinded	
4731-28-02	Eligibility for confidential monitoring program	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	Rescinded	
4731-28-03	Participation in the confidential monitoring program	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	Rescinded	
4731-28-04	Disqualification from continued participation in the confidential monitoring program	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	Rescinded	
4731-28-05	Termination of the participation agreement for the confidential monitoring program	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	Rescinded	
4731-29-01	Standards and procedures for operation of a pain management clinic.									06/30/17	06/30/22	
4731-30-01	Internal Management Definitions									09/23/18	09/23/23	
4731-30-02	Internal Management Board Metrics	07/26/19								09/23/18	09/23/23	
4731-30-03	Approval of Licensure Applications	08/28/23							10/11/23	10/31/23	10/17/24	
4731-30-04	Maintenance of List of Disqualifying Criminal Offenses	08/13/21				refiled 11-4-21			09/08/21	12/31/21	12/31/26	
4731-31-01	Requirements for assessing and granting clearance for return to practice or competition. (concussion rule)	03/04/24								11/30/19	11/30/24	
4731-32-01	Definition of Terms	02/09/23	03/08/23	03/30/23	08/31/23	11/28/23	01/04/24	01/08/24	02/14/24	02/29/24	02/28/29	
4731-32-02	Certificate to Recommend Medical Marijuana	02/09/23	03/08/23	03/30/23	08/31/23	11/28/23	01/04/24	01/08/24	02/14/24	02/29/24	02/28/29	
4731-32-03	Standard of Care	02/09/23	03/08/23	03/30/23	08/31/23	11/28/23	01/04/24	01/08/24	02/14/24	02/29/24	02/28/29	
4731-32-04	Suspension and Revocation of Certificate to Recommend	02/09/23	03/08/23	03/30/23	08/31/23	11/28/23	No change rule	01/08/24	N/A	02/27/24	11/28/28	
4731-32-05	Petition to Request Additional Qualifying Condition or Disease	02/09/23	03/08/23	03/30/23	08/31/23	11/28/23	No change rule	01/08/24	N/A	02/27/24	11/28/28	
4731-33-01	Definitions	09/15/23	03/13/24	04/04/24							04/30/24	
4731-33-02	Standards and procedures for withdrawal management for drug or alcohol addiction	09/15/23	03/13/24	04/04/24							10/31/25	
4731-33-03	Office-Based Treatment for Opioid Addiction	09/15/23	03/13/24	04/04/24							04/30/24	
4731-33-04	Medication Assisted Treatment Using Naltrexone	09/15/23	03/13/24	04/04/24							04/30/24	

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4731-34-01	Standards and Procedures to be followed by physicians when prescribing a dangerous drug that may be administered by a pharmacist by injection.	03/04/24								07/31/19	07/31/24	
4731-35-01	Consult Agreements	01/25/21	04/14/21	04/26/21	06/04/21	09/22/21	10/29/21	11/08/21	12/08/21	12/31/21	10/31/25	
4731-35-02	Standards for managing drug therapy	01/25/21	04/14/21	04/26/21	06/04/21	09/22/21	10/29/21	11/08/21	12/08/21	12/31/21	10/31/25	
4731-36-01	Military provisions related to education and experience requirements for licensure	06/17/21	09/08/21	09/24/21	10/27/21	10/29/21	12/03/21		01/12/22	01/31/22	10/29/21	and 1/31/27
4731-36-02	Military provisions related to renewal of license and continuing education	03/22/19	06/12/19	12/05/19	09/11/20	09/25/20	10/27/20	11/16/20	12/09/20	12/31/20	12/31/25	
4731-36-03	Processing applications from service members, veterans, or spouses of service members or veterans.	03/22/19	06/12/19	12/05/19	09/11/20	09/25/20	10/27/20	11/16/20	12/09/20	12/31/20	12/31/25	
4731-36-04	Temporary license for military spouse	02/11/20	02/12/20	02/14/20		02/11/21	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26	
4731-37-01	Telehealth	02/12/22	05/11/22	05/16/22	09/22/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-38-01	Licenses Issued or Renewed Under the Interstate Medical Licensure Compact	11/12/21	01/12/22	01/14/22	02/14/22	02/18/22	03/25/22		05/11/22	05/31/22	05/31/27	
4731-38-02	Issuance of Licenses to Out-of-State Licensees or Certificate Holders	06/21/23	07/12/23	07/25/23	08/11/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	11/30/28	
4759-2-01	Definitions	03/04/24								11/30/19	11/30/24	
4759-4-01	Applications	03/04/24								11/30/19	11/30/24	
4759-4-02	Preprofessional experience	03/04/24									08/28/24	
4759-4-03	Examination	03/04/24								11/30/19	11/30/24	
4759-4-04	Continuing Education	03/04/24								07/31/21	07/31/26	
4759-4-08	Limited permit	03/04/24								07/31/21	07/31/26	
4759-4-09	License certificates and permits	03/04/24								11/30/19	11/30/24	
4759-5-01	Supervision of persons claiming exemption	03/04/24								08/28/19	08/28/24	
4759-5-02	Student practice exemption	03/04/24								11/30/19	11/30/24	
4759-5-03	Plan of treatment exemption	03/04/24								11/30/19	11/30/24	
4759-5-04	Additional nutritional activities exemption	03/04/24									07/01/24	
4759-5-05	Distribution of literature exemption	03/04/24									07/01/24	
4759-5-06	Weight control program exemption	03/04/24									07/01/24	
4759-6-01	Standards of practice innutrition care	03/04/24								11/30/19	11/30/24	
4759-6-02	Standards of professional performance	03/04/24								07/31/21	07/31/26	
4759-6-03	Interpretation of standards	03/04/24								11/30/19	11/30/24	
4759-9-01	Severability	03/04/24								11/30/19	11/30/24	
4759-11-01	Miscellaneous Provisions	06/21/23	07/12/23	07/25/23	08/11/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	11/30/28	
4761-2-03	Board Records									02/28/19	02/28/24	
4761-3-01	Definition of terms									02/28/19	02/28/24	
4761-4-01	Approval of educational programs									02/28/19	02/28/24	

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4761-4-02	Monitoring of Ohio respiratory care educational programs									02/28/19	02/28/24	
4761-5-01	Waiver of licensing requirements pursuant to division (B) of section 4761.04 or the Revised Code	04/23/19	06/12/19	11/06/19	01/10/20	06/18/20	07/23/20	08/17/20	09/09/20	09/30/20	09/30/25	
4761-5-02	Admission to the Ohio credentialing examination	04/23/19	06/12/19	11/06/19	01/10/20	06/19/20	No change rule			09/19/20	06/19/25	
4761-5-04	License application procedure	04/23/19	06/12/19	11/06/19	01/10/20	06/18/20	07/23/20	08/17/20	09/09/20	09/30/20	09/30/25	
4761-5-06	Respiratory care practice by polysomnographic technologists	04/23/19	06/12/19	11/06/19	01/10/20	06/18/20	No change rule			09/18/20	06/18/25	
4761-6-01	Limited permit application procedure	04/23/19	06/12/19	11/06/19	01/10/20	06/18/20	07/23/20	08/17/20	09/09/20	09/30/20	02/28/24	
4761-7-01	Original license or permit, identification card or electronic license verification									02/28/19	02/28/24	
4761-7-03	Scope of respiratory care defined										11/15/23	
4761-7-04	Supervision			11/06/19	01/10/20	06/18/20	07/23/20	08/17/20	09/09/20	09/30/20	09/30/25	
4761-7-05	Administration of medicines										11/15/23	
4761-8-01	Renewal of license or permits	03/22/19	06/12/19	12/05/19	09/11/20	09/25/20	10/27/20	11/16/20	12/09/20	12/31/20	12/31/25	
4761-9-01	Definition of respiratory care continuing education			11/06/19	01/10/20	06/18/20	07/23/20	08/17/20	09/09/20	09/30/20	02/28/24	
4761-9-02	General RCCE requirements and reporting mechanism	03/22/19	06/12/19	12/05/19	09/11/20	09/25/20	10/27/20	11/16/20	12/09/20	12/31/20	12/31/25	
4761-9-03	Activities which do not meet the Ohio RCCE requirements									02/28/19	02/28/24	
4761-9-04	Ohio respiratory care law and professional ethics course criteria			11/06/19	01/10/20	Refiled 8/24/20 6/18/2020	9/24/20 7/23/2020	08/17/20	11/10/20		02/28/24	Look at adding OOA as an approving organization
4761-9-05	Approved sources of RCCE			11/06/19	01/10/20	06/18/20	07/23/20	08/17/20	09/09/20	09/30/20	02/28/24	Look at adding OOA as an approving organization
4761-9-07	Auditing for compliance with RCCE requirements			11/06/19	01/10/20	06/18/20	07/23/20	08/17/20	09/09/20	09/30/20	09/30/25	
4761-10-01	Ethical and professional conduct									02/28/19	02/28/24	
4761-10-02	Proper use of credentials										11/15/23	
4761-10-03	Providing information to the Board	04/23/19	06/12/19	11/06/19	01/10/20	06/18/20	07/23/20	08/17/20	09/09/20	09/30/20	09/30/25	
4761-15-01	Miscellaneous Provisions	06/21/23	07/12/23	07/25/23	08/11/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	11/30/28	
4774-1-01	Definitions	04/29/20	10/14/20	10/23/20	11/24/20	02/11/21			no change	02/11/21	02/11/26	
4774-1-02	Application for Certificate to Practice	04/29/20	10/14/20	10/23/20	11/24/20	02/11/21	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26	
4774-1-03	Renewal of Certificate to Practice	04/29/20	10/14/20	10/23/20	11/24/20	02/11/21	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26	
4774-1-04	Miscellaneous Provisions	06/21/23	07/12/23	07/25/23	08/11/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	11/30/28	
4778-1-01	Definition	04/01/24									01/24/24	



MEMORANDUM

TO: Jonathan Feibel, M.D., President
Members, State Medical Board of Ohio

FROM: Kimberly C. Anderson, Chief Legal Counsel

RE: Respiratory Care Rules for Five-Year Review

DATE: April 4, 2024

The following rules are due for five-year review in 2024 and were reviewed with the Respiratory Care Advisory Council. Comments were received from Amy Rodenhause, M.Ed., RRT, member of the Respiratory Advisory Council and from Courtney Kallergis, Legislative Chair of the Ohio Society for Respiratory Care. Copies of the proposed rules and the comments received are attached.

4761-2-03 Board Records-Proposed No Change

4761-3-01 Definitions of Terms-Proposed to Amend to correct statutory references

Paragraph (K) defining “A Year” is recommended to be deleted since Section 4761.11 of the Revised Code no longer uses those words. Definition is no longer necessary.

4761-4-01 Approval of Educational Programs-Proposed No Change

4761-4-02 Monitoring of Ohio Respiratory Care Educational Programs-Proposed No Change

Amy Rodenhause provided a comment that the rule may need to specify whether the CoARC compliance information is required for just entry to practice programs or if the degree advancement programs must provide the information. Section 4761.03(B)(3) requires the Board to promulgate rules setting standards for approval for educational programs *required to qualify for licensure*. I believe that these would be the entry to practice programs, requiring an associate’s degree.

Recommendation: No amendment at this time.

4761-5-01 Examination Requirements Pursuant to Division (A) of Section 4761.04 of the Revised Code-Proposed to Amend to correct statutory references

An amendment to paragraph (A) is recommended to update the reference to Section 4761.04(A)(2), since (A)(3) was removed. An update to paragraph (B) is recommended to correct a typographical error.

4761-5-02 Admission to the Ohio Credentialing Examination-Proposed No Change

Amy Rodenhausen provided a comment that the language related to Ohio credentialing examination is confusing since the NBRC conducts the credentialing examination. The rule states that the NBRC exam is the Ohio exam.

Recommendation: No amendment at this time.

4761-5-04 License Application Procedure-Proposed No Change

4761-5-06 Respiratory Care Practice by Polysomnographic Technologists-Proposed No Change

4761-6-01 Limited Permit Application Procedure-Proposed No Change

Amy Rodenhausen provides comments that the references to the educational programs in paragraphs (A)(1)(a) and (A)(2) should be clarified to be an entry to practice program. Based on the discussion related to Rule 4761-4-02, I am not recommending an amendment to distinguish between entry to practice programs and degree advancement programs at this time.

Recommendation-No amendment at this time.

4761-7-01 Original License or Permit, Identification Card or Electronic License Verification-Proposed to Amend

OSRC provided a comment that changes to paragraphs (D) and (E) of the rule are required due to the fact that under Section 4761.06(A) of the Revised Code, RCP licenses expire two years after the date of issuance, and limited permits to practice respiratory care shall be renewed annually. The licenses and limited permits no longer expire on June thirtieth.

Recommendation: Proposed Amended Language:

(D) ~~Regardless of the original issue date, all~~ Licenses to practice respiratory care shall expire two years after the date of issuance on June thirtieth of each even numbered year, unless other limitations pursuant to law, board order, or consent agreement are in effect.

(E) ~~Regardless of the original issue date, all~~ Limited permits shall be renewed annually will expire on June thirtieth of each year, unless other limitations pursuant to law, board order, or consent agreement are in effect.

4761-7-03 Scope of Respiratory Care Defined-Proposed No Change

4761-7-04 Supervision-Proposed No Change

4761-7-05 Administration of Medications-Proposed No Change

4761-8-01 Renewal of License or Permits-Proposed to Amend

Amy Rodenhause and the OSRC provided comments that a change to paragraph (A) of the rule is required due to the fact that under Section 4761.06(A) of the Revised Code, RCP licenses no longer expire on June thirtieth of every even year.

Recommendation: Proposed Amended Language:

(A) License renewal.

~~On or before June thirtieth of every even year, p~~Persons holding a license to practice respiratory care shall apply for renewal in accordance with section 4761.06 of the Revised Code, complete the prescribed application in the manner determined by the board, submit the renewal fee, and complete the required continuing education in accordance with rule 4761-9-02 of the Administrative Code.

4761-9-01 Definition of Respiratory Care Continuing Education-Proposed No Change

4761-9-02 General RCCE Requirements and Reporting Mechanism-Proposed to Amend

OSRC commented that paragraph (D) needs to be updated to reflect that the certified asthma educator examination is now administered by the National Board for Respiratory Therapists, rather than the National Asthma Certification Board. Effective September 1, 2022, the National Board for Respiratory Care assumed the Certified Asthma Education examination from the National Asthma Educator Certification Board.

Recommendation: Proposed Amended Language:

(A) In lieu of completing RCCE contact hours required under paragraphs (C)(1)(b), (C)(1)(c), (C)(2)(b) and (C)(2)(c) of this rule, applicants may submit proof of successfully passing any written professional examination administered by the national board for respiratory care, inc. (NBRC), including the written registry examination for advanced respiratory therapists, the recertification examination for certified respiratory therapists, the written examination for certified pulmonary function technologists, the written examination for registered pulmonary function technologists, ~~or the written examination for perinatal/pediatric respiratory care, or the certified asthma educator examination.~~ The registered polysomnographic technologist examination administered by the board of registered polysomnographic technologists (BRPT) ~~and the certified asthma educator examination administered by the national asthma certification board (NACB)~~ are is also an accepted written examinations.

4761-9-03 Activities Which Do Not Meet the Ohio RCCE Requirements-Proposed No Change

4761-9-04 Ohio Respiratory Care Law and Professional Ethics Course Criteria-Proposed No Change

4761-9-05 Approved Sources of RCCE-Proposed No Change

4761-9-07 Auditing for Compliance with RCCE Requirements-Proposed No Change

4761-10-01 Ethical and Professional Conduct-Proposed No Change

4761-10-02 Proper Use of Credentials-Proposed No Change

4761-10-03 Providing Information to the Board-Proposed No Change

Requested Action: Approve initial circulation of rules, as referenced above, to interested parties.

4761-2-03

Board records.

- (A) The board shall maintain an electronic register of applicants for licenses and permits to practice respiratory care. It shall include the name, school of respiratory care from which the applicant graduated, if applicant is such a graduate, method and date the licenses or permits were issued and any other data the board shall require. If the applicant took the examination, the dates of examination shall be shown and scores attained where possible.
- (B) The board shall maintain an electronically imaged or paper file containing the original license or limited permit application, verification of national credentialing in the profession of respiratory care, verification of previous or current licensing from other states, proof of successfully completing an accredited program in respiratory care, and any other documentation deemed necessary by the board for the issuance of an initial license or limited permit. The electronically imaged or paper file will also include disciplinary action orders or consent agreements approved by the board. An electronic imaged record shall constitute the official and original record of the board if the original record has been destroyed in accordance with the board's records retention schedule.
- (C) A change in the name of the licensee, permit holder or applicant shall not be made on the board's records unless the request is accompanied by one of the following:
- (1) A notarized personal affidavit.
 - (2) A certified copy of a court record.
 - (3) A certified copy of a marriage certificate.

4761-3-01

Definitions of terms.

The following definitions shall apply to the state medical board of Ohio for the practice of respiratory care:

- (A) "Board" means the state medical board of Ohio.
- (B) "Licensee" means a respiratory care professional issued a license under section 4761.05 of the Revised Code who can practice the full range of respiratory care as defined under division (A) of section 4761.01 of the Revised Code.
- (C) "Limited permit holder" or "permit holder" means a person who holds a limited permit issued under Chapter 4761. of the Revised Code.
- (D) "Designate" means any person or group authorized by the board as its agent to handle testing or other functions.
- (E) "Under the supervision" as it is used under division (B) of section 4761.17 of the Revised Code means that the prescribing physician, physician assistant, or authorized nurse is available to provide direction to the respiratory care practitioner providing the respiratory care service.
- (F) "License", as it is used under division (A) of section 4761.05 of the Revised Code, means the license certificate or a notarized copy of the license certificate as issued by the board.
- (G) "Conspicuous display" as it concerns the license certificate, means in a place accessible to the public during normal operating hours of the principal place of business.
- (H) "National Board for Respiratory Care, Inc. (NBRC)" means the national credentialing board for pulmonary technology and respiratory therapy.
- (I) "Licensure by endorsement" means the issuance of a license based upon board approval of an examination recognized by the board as meeting the requirements of division (A)(~~3~~2) of section 4761.04 of the Revised Code.
- (J) "Licensure by Ohio examination" means the issuance of a license based upon successfully passing an examination offered to individuals who qualify for an educational waiver provided for in Section 6 of Sub. House Bill 111 of the 118th General Assembly.
- ~~(K) "A year" as the term is used in division (A)(4) of section 4761.11 of the Revised~~

~~Code, means three hundred sixty five days from the approval date of the non-resident registration.~~

~~(L)~~(K) "A prescription or other order" means any verbal or written order or prescription for respiratory care services as defined under section 4761.01 of the Revised Code given in accordance with division (A) of section 4761.17 of the Revised Code.

~~(M)~~(L) "Organization" means any agency employing respiratory care providers.

~~(N)~~(M) "Official transcript" means an official transcript from a respiratory care educational program approved by the board pursuant to rule 4761-4-01 of the Administrative Code which lists the courses taken to earn a degree or certificate of completion in respiratory care, the number of hours and grade earned for each course, and the date and type of degree or certificate of completion earned. The transcript must be marked "official" by the issuing institution.

~~(O)~~(N) "Minimal Sedation," as the term is used in rule 4761-7-05 of the Administrative Code, means a drug-induced state during which patients can respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular function are unaffected. "Minimal sedation" shall not include sedation achieved through intravenous administration of drugs.

~~(P)~~(O) "Moderate sedation/analgesia," as the term is used in rule 4761-7-05 of the Administrative Code, means a drug-induced depression of consciousness during which patients can respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. Reflex withdrawal from a painful stimulus is not a purposeful response. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is maintained.

~~(Q)~~(P) "Deep sedation/analgesia," means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

~~(R)~~(Q) "General anesthesia," a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiopulmonary function may be impaired.

~~(S)~~(R) "Off-site supervision," means that the authorized prescriber must be continuously available for direct communication with the respiratory care professional and must be in a location that under normal conditions is not more than sixty minutes travel time from the respiratory care professional's location.

~~(F)~~(S) "Direct supervision," means that that the authorized prescriber is actually in sight of the respiratory care professional when the respiratory care professional is administering a medication to induce moderate sedation/analgesia in accordance with paragraph (B)(3)(c) of rule 4761-7-05 of the Administrative Code. Although the prescriber may be performing some other task at the same time, the prescriber is physically present in the same room, so that the prescriber may immediately provide direction or assume the performance of the task if difficulties arise. This does not require that the prescriber is watching "over the shoulder" of the respiratory care professional as would be required during the training period to ensure that the respiratory care professional is competent to perform the task.

~~(H)~~(T) "Authorized prescriber" or "prescriber," means an individual authorized to order or prescribe respiratory care pursuant to section 4761.17 of the Revised Code.

~~(V)~~(U) "Regular employment" as the term is used in paragraph (A) of rule 4761-5-01 of the Administrative Code means having employment in the practice of respiratory care equaling no less than an average of twenty-five hours per week for a period of fifty-two weeks during the three consecutive years prior to the date of application for an initial license.

~~(W)~~(V) "Active duty military service," means currently serving in the branches of the armed forces as defined in section 145.30 of the Revised Code.

~~(X)~~(W) "Veteran," means any person who has completed service in the armed forces, including the national guard of any state, or a reserve component of the armed forces, who has been discharged under honorable conditions from the armed forces or who has been transferred to the reserve with evidence of satisfactory service.

4761-4-01

Approval of educational programs.

The board hereby approves respiratory care educational programs that:

- (A) Have been issued provisional accreditation, initial accreditation, continuing accreditation or other accreditation status conferred by the commission on accreditation for respiratory care (CoARC) or their successor organization(s) that permits the respiratory care educational program to continue to enroll and/or graduate students; and

- (B) Require a minimum of an associate degree with a major in respiratory care.

4761-4-02

Monitoring of Ohio respiratory care educational programs.

- (A) Annually, each respiratory care educational program in Ohio shall submit proof of compliance with the accreditation standards developed by the commission on accreditation for respiratory care (CoARC) or their successor organization(s). At minimum, Ohio respiratory care programs shall provide the following:
- (1) A copy of the annual report submitted to CoARC.
 - (2) A copy of CoARC's response letter.
 - (3) A copy of any plan of corrective action for program deficiencies issued by CoARC in response to an official site visit or annual report.
- (B) Each respiratory care program in Ohio shall also annually submit a current letter of good standing issued by CoARC.
- (C) The respiratory care advisory council may be responsible for advising the board on educational policy and issues affecting respiratory care educational programs in Ohio. The respiratory care advisory council may review documentation filed by Ohio respiratory care educational programs in accordance with paragraph (A) of this rule. The respiratory care advisory council may make recommendations to the board regarding the educational programs including a recommendation to survey and investigate a respiratory care educational program. Survey and investigation findings shall be reported to the board. The board may contract independent expert services as needed to assist the respiratory advisory council and the board.

4761-5-01

Examination requirements pursuant to division (A) of section 4761.04 of the Revised Code.

- (A) To meet the requirement of division (A)(~~3~~2) of section ~~4671.04~~4761.04 of the Revised Code, an applicant for licensure must provide evidence that the applicant has successfully completed both portions of the registered respiratory therapist (R.R.T.) examination administered by the national board for respiratory care, inc. (NBRC) or its successor organization.
- (B) All persons currently holding a license in this state to practice respiratory care who obtained an initial license in this state based on showing evidence of successful ~~ecompetition~~completion of the certified respiratory therapist (C.R.T.) examination may continue to practice respiratory care in this state if the following conditions are met:
- (1) The licensee continues to meet the requirements to renew a license under chapter 4761; and
 - (2) The licensee continues to timely renew the license through the state medical board.

4761-5-02

Admission to the Ohio credentialing examination.

- (A) An applicant for the Ohio credentialing examination must have an approved preliminary application for licensure form on file with the board that authorizes a waiver of the education requirement for licensure as set forth in Section 6 of Sub. House Bill 111 of the 118th General Assembly.
- (B) An applicant for the Ohio credentialing examination shall file an application provided by the board to take the examination offered by the "National Board for Respiratory Care, Inc. (NBRC)." The original application shall be mailed to the NBRC, and a copy of the application shall be mailed to the board. The application mailed to the NBRC shall include an examination score release form.
- (C) The application mailed to the NBRC shall include the nonrefundable examination fee.
- (D) The applicant for the Ohio credentialing examination shall comply with any and all deadlines established by the NBRC.

4761-5-04

License application procedure.

- (A) An applicant for licensure shall submit to the board an application under oath in the manner determined by the board and provide such other facts and materials as the board requires. No application shall be considered submitted to the board until the appropriate fee has been received by the board.
- (B) No application submitted to the board shall be considered complete until the applicant has complied with the requirements of Chapter 4731-4 of the Administrative Code and the board has received the results of the criminal records checks.
- (C) Licensure by examination:

An applicant for licensure by examination who filed a preliminary application for licensure and who qualified for the educational waiver provided for in Section 6 of Sub. House Bill 111 of the 118th General Assembly and who has passed the Ohio licensure examination in accordance with rule 4761-5-02 of the Administrative Code shall submit to the board an application under oath in the manner determined by the board, and provide such other facts and materials as the board requires. No application shall be considered submitted to the board until the appropriate fee has been received by the board.
- (D) If an applicant fails to complete the application process within six months of initial application filing, the board may notify the applicant in writing of its intention to consider the application abandoned. If no response to that notice is received by the board within thirty days, the board shall consider the application as abandoned and no further processing shall be undertaken with respect to that application.
- (E) If the application process extends for a period longer than six months, the board may require updated information as it deems necessary.
- (F) No application being investigated under section 4761.09 of the Revised Code, may be withdrawn without approval of the board.
- (G) Application fees are not refundable.

4761-5-06

Respiratory care practice by polysomnographic technologists.

- (A) As used in division (B)(3) of section 4761.10 of the Revised Code, "a polysomnographic technologist" shall be defined as a person who holds a credential as a registered polysomnographic technologist (RPSGT) issued by the board of registered polysomnographic technologists (BRPT) or its successor organization.
- (B) As used in division (B)(3) of section 4761.10 of the Revised Code, "a trainee" shall be defined as a person who, under the direct supervision of a polysomnographic technologist, performs respiratory care tasks as a part of a defined course of education leading to eligibility to take the comprehensive registry exam for polysomnographic technologists.
- (C) As used in division (B)(3) of section 4761.10 of the Revised Code, "being eligible to be credentialled" shall be defined as a person who has completed the training and clinical experience required by the BRPT to take the comprehensive registry exam for polysomnographic technologists. Eligibility status shall not exceed eighteen months.
- (D) As used in division (B)(3) of section 4761.10 of the Revised Code, "direct supervision" shall be defined as being immediately available to oversee and direct the care rendered by a trainee.
- (E) The following respiratory care tasks performed in the diagnosis and therapeutic intervention of sleep-related breathing disorders may be performed upon the prescription or order under the general supervision of a physician:
- (1) Application and titration of bi-level, continuous positive airway pressure, or non-invasive ventilation;
 - (2) Application and titration of supplemental low flow oxygen;
 - (3) Application and monitoring of pulse oximetry;
 - (4) Application and monitoring of capnometry; and
 - (5) Patient education in the application of bi-level or continuous positive airway pressure, low flow oxygen, or pulse oximetry for the ongoing management of sleep-related disorders.

4761-6-01

Limited permit application procedure.

- (A) An applicant for a limited permit shall submit to the board an application under oath in the manner determined by the board, and provide such other facts and materials as the board requires. No application shall be considered submitted to the board until the appropriate fee has been received by the board. Application fees are not refundable.
- (1) An applicant for a limited permit must provide proof of meeting one of the following requirements:
 - (a) Is enrolled in and is in good standing in a respiratory care educational program that meets the requirements of rule 4761-4-01 of the Administrative Code; or
 - (b) Is a graduate of a respiratory care educational program that meets the requirements of rule 4761-4-01 of the Administrative Code and is making application within one year of such graduation date; or
 - (c) Is employed as a provider of respiratory care in this state and was employed as a provider of respiratory care in this state prior to March 14, 1989, as provided by division (B)(1)(b) of section 4761.05 of the Revised Code.
 - (2) An applicant meeting the requirements of paragraph (A)(1)(a) of this rule shall file with the application a verification of education form provided by the board as proof of his/her enrollment and good standing in an approved educational program.
 - (3) An applicant meeting the requirements of paragraph (A)(1)(b) of this rule shall submit an official transcript.
 - (4) An applicant meeting the requirements of paragraph (A)(1)(c) of this rule shall submit proof of his/her record of employment as a provider of respiratory care in this state.
 - (5) A person issued a limited permit under paragraph (A)(1)(a) or (A)(1)(b) of this rule shall practice respiratory care only under the supervision of a respiratory care professional until whichever of the following occurs first:
 - (a) Three years after the date the limited permit is issued; or
 - (b) Until the holder discontinues enrollment in the educational program; or

- (c) One year following the date of receipt of a degree or certificate of completion from a board-approved respiratory care education program;
- (B) The respiratory care services which may be performed by the holders of a limited permit issued under paragraph (A)(1)(a) of this rule are limited to only those services which have been successfully completed by such persons as part of the curriculum of their respiratory care educational program, as certified by the director of the respiratory care educational program.. The board may supply a sample form to document these competencies to be certified by the director of the respiratory care educational program. The limited permit holder must provide documentation of competencies certified by the director of the respiratory care educational program to all employers of respiratory care services. Updated documentation of competencies shall be provided by the limited permit holder to employers of respiratory care services upon successful completion of additional clinical courses as certified by the director of the respiratory care educational program.
- (C) A person issued a limited permit under paragraph (A)(1)(c) of this rule shall practice respiratory care only under the supervision of a respiratory care professional and may practice for not more than three years, unless the holder has been employed as a provider of respiratory care for an average of not less than twenty-five hours per week for a period of not less than five years by a hospital certified or accredited pursuant to section 3727.02 of the Revised Code.
- (D) If an applicant fails to complete the application process within six months of initial application filing, the board may notify the applicant in writing of its intention to consider the application abandoned. If no response to that notice is received by the board within thirty days, the board shall consider the application as abandoned and no further processing shall be undertaken with respect to that application.
- (E) If the application process extends for a period longer than six months, the board may require updated information as it deems necessary.
- (F) No application being investigated under section 4761.09 of the Revised Code, may be withdrawn without approval of the board.

***** DRAFT - NOT YET FILED *****

4761-7-01

Original license or permit, identification card or electronic license verification.

- (A) The board shall prepare and provide to each initial license or permit holder a certificate stating the name of the license or limited permit holder, the license or limited permit number assigned and the initial issuance date. The board may permit the electronic verification of the each license or limited permit holder through a web-based verification system. An electronic verification shall contain the person's name, license or permit number, information as to the type of authorization under which they practice, and date of expiration.
- (B) Official license or permit certificates shall be signed by the board president and secretary and attested by its seal. Electronic verification of license or limited permit status shall be considered a primary source verification.
- (C) Neither the holder nor anyone else shall make any alterations on a certificate or identification card issued by the board.
- (D) ~~Regardless of the original issue date, all licenses to practice respiratory care shall expire two years after the date of issuance on June thirtieth of each even numbered year, unless other limitations pursuant to law, board order, or consent agreement are in effect.~~
- (E) ~~Regardless of the original issue date, all limited permits shall be renewed annually will expire on June thirtieth of each year, unless other limitations pursuant to law, board order, or consent agreement are in effect.~~
- (F) Electronic verification is valid proof of current authorization.
- (G) In accordance with division (C) of section 4761.05 of the Revised Code, holders of licenses and permits may display a wall certificate in their office or place where the majority of the holder's practice is conducted.

4761-7-03

Scope of respiratory care defined.

- (A) "Respiratory care" as employed in Chapter 4761. of the Revised Code, means engaging in respiratory care, as defined in division (A) of section 4761.01 of the Revised Code, as a clinician, an educator, a manager, and/or a consultant, excluding activities related to equipment maintenance, cleaning, and delivery.
- (B) "Instructing in the use of medical gases" as it is used in division (A)(2) of section 4761.01 of the Revised Code, means the direct or indirect use of educational material, communicated in writing or otherwise, that explains the clinical indications or contraindications concerning a patient's prescription for a medical gas.
- (C) "Administering of medical gases" as it is used in division (A)(2) of section 4761.01 of the Revised Code, means the direct application and quantitative adjustment of a medical gas to a patient, regardless of the device used to administer the gas.
- (D) "Monitoring and recording the results of medical gases" as it is used in division (A)(2) of section 4761.01 of the Revised Code, means assessing, evaluating and documenting the use of a medical gas, including measurements of fractional inspired concentrations, flow and volume; and a patient's physiologic or clinical response to a medical gas, including invasive or noninvasive sampling of blood or gas samples.
- (E) "Any service" as it is used in division (A) of section 4761.01 of the Revised Code, means any practice performed by a competently trained licensed respiratory care professional or permit holder involving the evaluation of cardiopulmonary function, the treatment of cardiopulmonary impairment, the assessment of treatment effectiveness and the care of patients with deficiencies and abnormalities associated with the cardiopulmonary system.
- (F) "Aspiration" as it is used in division (B)(1) of section 4761.10 of the Revised Code, means to remove bodily fluids or mucous from the pulmonary airway by means of a suction device. Included suctioning procedures are naso-pharyngeal, oral-pharyngeal, tracheal, and bronchial. Oral suctioning and suctioning of secretions external to the airway will not be considered aspiration as this term is defined in this rule.

4761-7-04

Supervision.

As provided for in division (B) of section 4761.05 of the Revised Code, a limited permit holder must work under the supervision of a respiratory care professional (RCP) and may not be supervised by any other person, including those persons licensed to practice in any other profession.

"To practice under the supervision of a respiratory care professional" as used in division (B) of section 4761.05 of the Revised Code requires that an RCP be readily available in the facility and responsible at all times for the direction and actions of a limited permit holder under their supervision. Three types of limited permits are issued by the board: student-based, employment-based, and graduate-based. The level of supervision and the duties assigned may vary based upon the type of limited permit holder that is being supervised. The RCP shall determine the appropriate level of supervision and assigned respiratory care duties for an employment-based limited permit holder taking into consideration institutional competency reviews and work performance. For student limited permit holders, the appropriate level of supervision and assigned respiratory care duties shall be based, in part, on competencies approved and documented by the student's respiratory care educational program director. At no time shall a supervising RCP assign duties that exceed the approved competencies documented. Graduate-based limited permit holders may practice a full scope of respiratory care duties, but must still be supervised in accordance with this rule. Regardless of the type of limited permit held, an RCP shall not delegate to a less qualified person any service which requires the skill, knowledge and judgment of an RCP.

4761-7-05

Administration of medications.

- (A) Respiratory care professionals and limited permit holders must be able to document appropriate and successful training and proficiency on the route of medication delivery, drug pharmacology, and dosage calculations for any medication for the treatment and testing of cardiopulmonary impairment for which they are authorized to administer pursuant to division (A)(4) of section 4761.01 of the Revised Code. Appropriate training includes, but is not limited to, the following components:
- (1) Pharmacology. Subject matter shall include terminology, drug standards, applicable laws and legal aspects, identification of drugs by name and classification, and the principles of pharmacodynamics of medications used in the treatment and testing of cardiopulmonary impairment.
 - (2) Techniques of drug administration. Subject matter shall include principles of asepsis, safety and accuracy in drug administration, applicable anatomy and physiology, and techniques of administration and any route of administration for any medications for the treatment and testing of cardiopulmonary impairment.
 - (3) Dosage calculations. Subject matter shall include a review of arithmetic and methods of calculation required in the administration of drug dosages.
 - (4) The role of the respiratory care professional or limited permit holder in the administration of any medication for the treatment and testing of cardiopulmonary impairment. Subject matter shall include constraints of medication administration under the legal scope of practice for respiratory care, the rationale for specific respiratory care in relation to drug administration; observations and actions associated with desired drug effects, side effects and toxic effects; communication between respiratory care professional or limited permit holder and other members of the health care team; respiratory care provider-client interactions; and the documentation of medication administration for any medication for the treatment and testing of cardiopulmonary impairment.
 - (5) Clinical experience in the administration of any medication(s) for the treatment and testing of cardiopulmonary impairment, planned under the direction of a qualified respiratory care professional or other qualified health care provider responsible for teaching medication administration for any medication for the treatment and testing of cardiopulmonary impairment.
- (B) Respiratory care professionals may administer medications to induce minimal sedation to moderate sedation/analgesia during diagnostic and therapeutic procedures relating to the testing and treatment of cardiopulmonary impairments. It

is appropriate for respiratory care professionals to administer these medications if the following criteria are followed:

- (1) Only a person authorized to prescribe or write orders pursuant to section 4761.17 of the Revised Code may select and order the drug to be administered to achieve the desired level of sedation/analgesia. The order shall include:
 - (a) Medication;
 - (b) Dosage;
 - (c) Frequency; and
 - (d) Method of administration.

- (2) In addition to the general training requiring for medication administration contained in paragraphs (A)(1) to (A)(5) of this rule, a respiratory care professional shall also do the following:
 - (a) Complete the education and competency requirements of the employing facility on the administration of sedatives and analgesic medications;
 - (b) Understand the pharmacology, dosage, routes of administration, and adverse reactions of sedatives, analgesics, and antagonists. Identify the appropriate selection of monitoring equipment and be able to understand and interpret vital signs. Record patient's vital signs and medication in the medical record;
 - (c) Have current advanced cardiac life support (ACLS) or pediatric advanced life support (PALS) certification as appropriate and be able to perform rescue procedures;
 - (d) Meet competency guidelines, as determined by the facility, for the insertion and maintenance of artificial airways, assessing and maintaining ventilation, administration of oxygen, and
 - (e) Be able to insert and maintain an intravenous line when medications are administered by this route.

- (3) The administration of medications to induce minimal to moderate sedation/analgesia shall be properly supervised by the authorized prescriber. Respiratory care professional must adhere to the following supervisory guidelines:
 - (a) Oral administration or aerosolized administration of medications to induce minimal to moderate sedation/analgesia may be performed with off-site supervision of the prescriber and do not require the respiratory care professional to be able to insert or maintain an intravenous line.
 - (b) Intravenous administration of medications to induce minimal sedation/analgesia for emergency intervention procedures, such as intubation may be performed with off-site supervision of the prescriber.
 - (c) Intravenous administration of medications to induce moderate sedation/analgesia for respiratory care procedures requires direct supervision of the prescriber.
- (4) At no time shall a respiratory care professional administer a medication at a dosage and interval that is reasonably expected to induce deep sedation or general anesthesia.
- (5) A respiratory care professional who administers a medication to induce minimal sedation to moderate sedation/analgesia shall have no other assignments during the course of administration, monitoring and recovery of the patient that would leave the patient unattended or unmonitored.
- (6) Prior to administering a medication to induce minimal sedation to moderate sedation/analgesia, the respiratory care professional shall review the patient's pertinent medical history, including sedation-oriented aspects. The patient history should include a review of the medical history; current medications, herbal products, or vitamins; medication allergies; use of tobacco, alcohol, or substance abuse; last oral intake; and history of adverse reactions to sedatives, analgesics or anesthetics.
- (7) Monitoring parameters shall minimally include:
 - (a) Baseline vital signs prior to and intermittently during the procedure;
 - (b) Pulmonary ventilation, including respiratory rate, depth of breathing, auscultation and, if appropriate, end tidal CO₂ monitoring;

- (c) Oxygenation via pulse oximetry;
 - (d) Electrocardiography for patient with history of cardiovascular disease or dysrhythmias, or hypertension;
 - (e) Response to verbal and tactile stimulation and commands;
- (C) For each respiratory care professionals and limited permit holders, the organization shall maintain a record that documents training and proficiency reviews. Documentation of periodic competency reviews shall be maintained by the organization. At the request of the board, records may be audited, reviewed, or copied.

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4761-8-01

Renewal of license or permits.

(A) License renewal.

~~On or before June thirtieth of every even year,~~ Persons holding a license to practice respiratory care shall apply for renewal in accordance with section 4761.06 of the Revised Code, complete the prescribed application in the manner determined by the board, submit the renewal fee, and complete the required continuing education in accordance with rule 4761-9-02 of the Administrative Code.

(B) Limited permit renewal.

On or before the expiration date, persons holding a limited permit shall apply for renewal in accordance with section 4761.06 of the Revised Code, complete the prescribed application in the matter determined by the board, and submit the renewal fee.

(C) A license or permit holder who fails to renew in accordance with the schedule established under this rule shall have the license or limited permit placed in expired status.

(D) An expired license may be reinstated or restored, as applicable, in accordance with division (C) of section 4761.06 of the Revised Code. If an applicant fails to complete the reinstatement or restoration application process within six months of application filing, the board may notify the applicant in writing of its intention to consider the application abandoned. If no response to that notice is received by the board within thirty days, the board shall consider the application as abandoned and no further processing shall be undertaken with respect to that application.

(E) A license reinstated or restored in accordance with paragraph (D) of this rule will expire on the next biennial expiration date.

(F) If a licensee has not completed the requisite RCCE contact hours, a license is not eligible for license renewal or reinstatement. The number of RCCE contact hours required for restoration of an expired license shall be equal to the amount required of the applicant had the license not expired and must have been completed within the two years prior to the date of application for restoration.

4761-9-01

Definition of respiratory care continuing education.

(A) "Respiratory care continuing education" (hereafter referred to as RCCE), as required under section 4761.06 of the Revised Code, means post-licensure learning experiences which are approved by the state medical board of Ohio (hereafter referred to as the board) and which enhance or build upon the licensees current knowledge or educational background as it pertains to the practice of respiratory care, as set forth in section 4761.01 of the Revised Code.

(B) For the purposes of this chapter, the following definitions shall apply:

(1) "Post-licensure" means the period following the granting of a license under section 4761.04 of the Revised Code or a limited permit issued under division (B) of section 4761.05 of the Revised Code.

(2) "Learning experiences" means activities or programs which allow respiratory care providers to obtain or enhance skills, knowledge, or behavior needed to provide respiratory care.

(3) "Approved by the state medical board of Ohio" means that the RCCE program or activity qualifies for official recognition by the board in accordance with one of the approval mechanisms set forth in rules 4761-9-04 and 4761-9-05 of the Administrative Code.

(4) "Licensee" means the holder of a license issued under section 4761.04 of the Revised Code or a limited permit issued under division (B)(1)(b) of section 4761.05 of the Revised Code.

(5) "Contact hour" means fifty or sixty minutes of planned classroom, clinical, or provider-directed independent study.

(a) Calculation of contact hours from credit hours earned in an academic institution shall be done using the following formula:

(i) Quarter system: one credit hour = ten contact hours;

(ii) Trimester system: one credit hour = twelve contact hours;

(iii) Semester system: one credit hour = fifteen contact hours.

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4761-9-02

General RCCE requirements and reporting mechanism.

- (A) Licensees and limited permit holders shall verify the successful attainment of RCCE from sources approved by the board as set forth in rule 4761-9-05 of the Administrative Code.
- (B) RCCE contact hours shall be obtained during the term of collection as set forth in paragraphs (C)(1) and (C)(2) of this rule. RCCE contact hours shall be earned prior to the license or limited permit expiration date for the renewal period. RCCE contact hours earned during the term of collection in excess of required contact hours cannot be applied towards a subsequent renewal period, unless the RCCE contact hours are earned after the filing date of a completed renewal application that is filed prior to the end of the renewal cycle for the specific authorization type held. A renewal application will be deemed complete when the renewal application form is filled out in its entirety, all continuing education required has been reported and is valid and the full renewal fee has been submitted.
- (C) Continuing education earned for license or limited permit renewal must minimally include the following content requirements:
- (1) An applicant for license renewal shall complete twenty contact hours of relevant RCCE every two years, beginning with the license renewal date and ending on the license expiration date established under paragraph (D) of rule 4761-7-01 of the Administrative Code, unless a waiver is granted under paragraph (G) of this rule. RCCE earned for license renewal must include the following content requirement:
 - (a) One contact hour of RCCE on Ohio respiratory care law or professional ethics as set forth in rule 4761-9-04 of the Administrative Code; and
 - (b) At least fifteen of the required contact hours must include content relating to the provision of clinical respiratory care as defined under section 4761.01 of the Revised Code; and
 - (c) The remaining four contact hours may include indirectly related content, including, but not limited to, activities relevant to specialized aspects of respiratory care, such as education, supervision, management, health care cost containment, cost management, health quality standards, disease prevention, health promotion, or abuse reporting.
 - (2) An applicant for renewal of a limited permit issued under paragraph (A)(1)(c) of rule 4761-6-01 of the Administrative Code, shall complete ten contact hours of relevant RCCE every year, beginning with the limited permit renewal date and ending on the limited permit expiration date established under paragraph

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(E) of rule 4761-7-01 of the Administrative Code, unless a waiver is granted under paragraph (G)(2) of this rule. RCCE earned for license renewal must include the following content requirement:

- (a) One contact hour of RCCE on Ohio respiratory care law or professional ethics as set forth in rule 4761-9-04 of the Administrative Code; and
 - (b) At least seven of the required contact hours must include content relating to the provision of clinical respiratory care as defined under section 4761.01 of the Revised Code; and
 - (c) The remaining two contact hours may include indirectly related content, including, but not limited to activities relevant to specialized aspects of respiratory care, such as education, supervision, management, health care cost containment, cost management, health quality standards, disease prevention, health promotion, or abuse reporting.
- (D) In lieu of completing RCCE contact hours required under paragraphs (C)(1)(b), (C)(1)(c), (C)(2)(b) and (C)(2)(c) of this rule, applicants may submit proof of successfully passing any written professional examination administered by the national board for respiratory care, inc. (NBRC), including the written registry examination for advanced respiratory therapists, the recredentialing examination for certified respiratory therapists, the written examination for certified pulmonary function technologists, the written examination for registered pulmonary function technologists, ~~or the written examination for perinatal/pediatric respiratory care, or the certified asthma educator examination.~~ The registered polysomnographic technologist examination administered by the board of registered polysomnographic technologists (BRPT) ~~and the certified asthma educator examination administered by the national asthma certification board (NACB) are~~ is also an accepted written examinations.
- (E) It shall be the responsibility of the licensee to maintain and keep all records to serve as documentation for any audit which may be conducted in accordance with rule 4761-9-07 of the Administrative Code pertaining to the completion of RCCE requirements; including, but not limited to certificates of completion, transcripts, letters of attendance, or attendance registers. Records shall be maintained for a period of one year after the end of a registration. Legible copies shall be sent to the board only in response to an audit.
- (F) Waiver of RCCE requirements.
- (1) A first time license holder in the state of Ohio who has been licensed for more than six months, but less than one year from the license expiration date must

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complete at least one half of the RCCE requirements listed in paragraph (C)(1) of this rule, including one contact hour on Ohio respiratory care law or professional ethics. First time license holders who have held a license for less than six months from the biennial license expiration date will not be required to complete the RCCE requirements for the current term of collection, but will have to complete the RCCE requirements for the following biennial renewal period.

- (2) For purposes of obtaining a RCCE waiver, the applicant or licensee shall have the burden of establishing that the illness or absence affected the reasonable opportunity to participate in RCCE activities. No more than two hours will be subtracted from the RCCE requirement for each month which is approved for reduction of hours. Application for RCCE waiver shall be completed by the applicant or licensee and submitted to the board at least sixty days prior to the end of the RCCE period. Applicants shall not sign and submit the renewal application prior to receiving approval from the board of the waiver request.
- (3) The board shall not waive the total RCCE requirement for any RCCE period.
- (4) The board shall not grant a RCCE waiver for consecutive RCCE periods.
- (5) Applicants shall be eligible to apply for RCCE waiver only if the applicant's illness or absence from the United States lasted a minimum of six consecutive months and occurred in its entirety within a single RCCE period.

4761-9-03

Activities which do not meet the Ohio RCCE requirements.

- (A) Activities which do not meet the Ohio RCCE requirement shall include but not be limited to:
- (1) Basic life support (hereafter referred to as BLS) and cardiopulmonary resuscitation (hereafter referred to as CPR) provider courses;
 - (2) Repetition of any educational activity with identical objectives and content within the same reporting period;
 - (3) Employer specific orientation or inservice programs which do not significantly enhance the practice of respiratory care or related technologies;
 - (4) Self-directed independent study such as reading of texts or journal articles which have not been approved by any of the mechanisms listed under rule 4761-9-05 of the Administrative Code.
 - (5) Participation in clinical practice or research that is not part of an approved RCCE activity;
 - (6) Personal development activities not taken for the purpose of meeting RCCE requirements;
 - (7) Professional meetings and conventions except for those portions designated as approved RCCE activities;
 - (8) Community service and volunteer practice;
 - (9) Membership in a professional organization;
 - (10) RCCE contact hours ordered by the board, above and beyond the prescribed contact hours, as set forth under rule 4761-9-03 of the Administrative Code.

4761-9-04

Ohio respiratory care law and professional ethics course criteria.

- (A) An acceptable course in Ohio respiratory care law or professional ethics shall meet the following criteria and be taught by an individual with the appropriate qualifications and experience.
- (1) The course shall be at least one contact hour in length; and
 - (2) The course content shall include one of the following:
 - (a) Standards of respiratory care practice and ethical conduct; or
 - (b) Acts that constitute violations of the respiratory care practice law under section 4761.09 of the Revised Code; or
 - (c) Obligations to report alleged violations of Chapter 4761. of the Revised Code or rules adopted thereunder; or
 - (d) Medical ethics.
- (B) To be state medical board of Ohio approved RCCE for the one contact hour in respiratory care law or professional ethics required in rule 4761-9-02 of the Administrative Code, a course that meets the requirements of paragraph (A) of this rule shall also be approved by American association for respiratory care (A.A.R.C.), the American medical association (A.M.A.), the American nurses association (A.N.A.), the Ohio association of physician assistants (O.A.P.A.), the Ohio society for respiratory care (O.S.R.C.), the Ohio state medical association (O.S.M.A.), the Ohio nurses association (O.N.A.), the Ohio thoracic society (O.T.S.), the American college of chest physicians (A.C.C.P.), the American heart association (A.H.A.), the American lung association (A.L.A.), the Ohio lung association (O.L.A.), or the American association of critical care nurses (A.A.C.C.N.).
- (C) The board may also, in its discretion, offer a respiratory care law or professional ethics course to meet the one contact hour respiratory care or professional ethics requirement in rule 4761-9-02 of the Administrative Code.

4761-9-05

Approved sources of RCCE.

- (A) Applicants for renewal shall successfully complete the required number of RCCE contact hours according to rule 4761-9-02 of the Administrative Code. RCCE earned from any combination of the following sources may be applicable towards meeting RCCE requirements:
- (1) Relevant college credit awarded by an academic institution accredited by its regional accrediting association. This is limited to respiratory care related classes.
 - (2) RCCE contact hours awarded by respiratory care educational programs approved by the board in accordance with rule 4761-4-01 of the Administrative Code.
 - (3) The successful completion of advanced life support programs and/or instructors for life support programs will qualify to meet the RCCE requirement. Those meeting this requirement are, but may not be limited to advanced cardiac life support (ACLS), pediatric advanced life support (PALS), neonatal resuscitation program (NRP), and advanced trauma life support (ATLS). The number of contact hours for each program must be assigned by the educational provider. Licensees will be responsible for acquiring documentation supporting completion of the program, the date of completion, and the number of contact hours earned.
 - (4) Recertification for ACLS, PALS, NRP, or ATLS. The number of contact hours for each program must be assigned by the educational provider. Licensees will be responsible for acquiring documentation supporting completion of the program, the date of completion, and the number of contact hours earned.
 - (5) All or portions of a continuing education activity relevant to the practice of respiratory care which meet the requirements of paragraph (A) of rule 4761-9-01 of the Administrative Code and which have been approved by a professional organization or association awarding continuing education contact hours, including, but not limited to the American association for respiratory care (A.A.R.C.), the American medical association (A.M.A.), the American nurses association (A.N.A.), the Ohio association of physician assistants (O.A.P.A.), the Ohio society for respiratory care (O.S.R.C.), the Ohio state medical association (O.S.M.A.), the Ohio nurses association (O.N.A.), the Ohio thoracic society (O.T.S.), the American college of chest physicians (A.C.C.P.), the American heart association (A.H.A.), the American lung association (A.L.A.), the Ohio lung association (O.L.A.), and the American association of critical care nurses (A.A.C.C.N.).

- (6) Relevant education and training provided by a branch of the U.S. military for active duty military service members.

4761-9-07

Auditing for compliance with RCCE requirements.

- (A) To monitor compliance with the RCCE requirements, audits may be conducted retrospectively on random samples of licensees and permit holders, or in response to complaints received by the board.
- (B) Audits may be required at any time within the year following the renewal of a license or limited permit.
- (C) The audit procedure shall be as follows:
 - (1) Licensees shall receive a notice of audit which includes the term of RCCE collection under consideration and instructions for compliance with the audit;
 - (2) Audited licensees or limited permit holders shall be required to submit evidence of completions of the required contact hours;

4761-10-01

Ethical and professional conduct.

A licensee and a permit holder shall provide professional services with objectivity and with respect for the unique needs and values of the health care recipient, as follows:

- (A) A licensee or permit holder shall not discriminate on the basis of factors that are irrelevant to the provision of professional services including, but not limited to race, creed, sex, national origin, age or medical condition.
- (B) Prior to a licensee or permit holder entering into a contractual relationship with a health care recipient, the licensee or permit holder shall provide sufficient information to enable the health care recipient to make an informed decision to enter into a contractual relationship. Sufficient information shall include any fees and arrangements for payment which might affect the decision.
- (C) A licensee or permit holder shall not mislead the public and colleagues about services and shall not advertise in a misleading manner.
- (D) A licensee or permit holder shall not engage in any activities that seek to meet their personal needs at the expense or detriment of the health care recipient.
- (E) A licensee or permit holder shall not leave an assignment without being properly relieved by appropriate personnel.
- (F) A licensee or permit holder shall not receive or give a commission or rebate or any other form of direct or indirect remuneration or benefit for the referral of patients/clients for professional services.
- (G) A licensee or permit holder shall disclose to health care recipients any interest in commercial respiratory care enterprises which the licensee promotes for the purpose of direct or indirect personal gain or profit.
- (H) A licensee or permit holder shall not accept gratuities for any reason including but not limited to preferential consideration of the health care recipient.
- (I) A licensee or permit holder shall practice respiratory care within the scope of respiratory care as set forth in division (A) of section 4761.01 of the Revised Code and in accordance with acceptable and prevailing professional standards or guidelines and shall not endeavor to extend his/her practice beyond his/her competence and the authority vested in him/her under division (B) of section 4761.01 of the Revised Code.
- (J) A licensee shall not employ, direct, or supervise a person who is not authorized to

practice respiratory care under this chapter in the performance of respiratory care procedures.

(K) A licensee or permit holder shall cooperate to the extent permitted by law with other licensed health care professionals responsible for providing care to cardiopulmonary patients, including:

- (1) Consulting with appropriate licensed practitioners responsible for prescribing therapy, treatment, or diagnostic services;
- (2) Notifying other care givers and the prescribing practitioner when a prescribed therapy, treatment, or diagnostic service is not administered due to reasons contained in paragraph (L) of this rule;
- (3) Recommending to other care givers and the prescribing practitioner when prescribed therapy, treatment, or diagnostic service needs to be altered to obtain optimal patient care.

(L) A licensee or permit holder shall not implement an order that the respiratory care professional or limited permit holder believes or should have reason to believe is:

- (1) Inaccurate;
- (2) Not properly authorized;
- (3) Harmful, or potentially harmful to a health care recipient; or
- (4) Contraindicated by other documented information.

(M) A licensee or permit holder shall disclose health care recipient information only with other health care professionals responsible for providing care to the health care recipient with whom the licensee or permit holder is responsible. At all other times, a licensee or permit holder shall hold as confidential all patient information which the licensee or permit holder has knowledge.

(N) A licensee or permit holder shall access only health care recipient information which is necessary and relevant to their function and authority as a respiratory care provider.

(O) A licensee or limited permit holder shall not falsify any health care recipient record

or any other document prepared or utilized in the course of treating or rendering respiratory care.

- (P) A licensee or limited permit holder shall not engage in fraudulent billing for respiratory therapy or treatment.
- (Q) A licensee or permit holder shall not engage in behavior that may cause physical, verbal, mental, or emotional abuse to a health care recipient.
- (R) A licensee or permit holder shall not engage in behavior that may be reasonably interpreted as physical, verbal, mental, or emotional abuse to a health care recipient.

4761-10-02

Proper use of credentials.

- (A) A licensee or permit holder shall not misrepresent any professional qualifications or credentials or provide any information that is false, deceptive or misleading in connection with his/her own application for employment or work as a respiratory care provider.

- (B) A licensee or permit holder shall not delegate the use of his/her name or signature on documentation for services unless he/she actually provided these services and has given permission to another individual for such documentation, or unless he/she appropriately supervised those services.

4761-10-03

Providing information to the board.

- (A) A licensee or permit holder shall report to the board alleged violations of Chapter 4761. of the Revised Code or any rules of the board in the manner prescribed by rule 4731-15-01 of the Administrative Code..
- (B) A licensee or permit holder shall notify the board office as soon as practicable, but no more than sixty days after of any changes in address, academic standing or employment or other facts that might affect licensee or permit holder's eligibility to practice respiratory care.
- (C) A licensee or permit holder may be considered in violation of division (A)(19) of section 4761.09 of the Revised Code for failing to respond to a request for information or other correspondence relating to Chapter 4761. of the Revised Code or agency 4761 of the Administrative Code.

Respiratory Care Rules for 5 Year Review

4761-4-02 This rule does not specify the type of respiratory care educational program should submit proof of compliance with CoARC standards. Is this information collected annually from entry-to-practice programs only or are CoARC accredited degree advancement programs also required to report? I believe that the information presented to the RCAC for regular / annual review has been exclusively entry-to-practice programs. There is a growing number of degree advancement / completer programs in Ohio that are also accredited by CoARC, so clarification of this may rule may be needed.

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4761-5-02 The language related to the Ohio credentialing examination is confusing. The NBRC conducts credentialing exams. There are no additional credentialing exams required for only Ohio RTs, but I may be mis-interpreting the terminology here.

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4761-6-01 Limited permit application.

A (1) (a) Consider clarifying that the student is in good standing in an entry-to-practice educational program.

A (2) Consider clarifying that the Verification of Education form is provided to the board is from an entry-to-practice program.

=====

4761-8-01 (A) All respiratory care licensees no longer expire on June 30 of even years. This practice was changed. New licensees are now issued a license that expires 2 years from the date of initial issuance. This rule needs to be changed to reflect current practice.

=====



March 20, 2024

**Kimberly Anderson
Chief Legal Counsel
State Medical Board of Ohio
30 E. Broad Street, 3rd Floor
Columbus, OH 43215**

RE: OSRC Comments on OAC 4761 Rules due for Five-Year Review:

Dear Ms. Anderson,

The Ohio Society for Respiratory Care (OSRC) appreciates the opportunity to comment on the OAC 4761 rules that are due for their five-year review.

[The OSRC supports the approval of the following rules without change:](#)

- 4761-2-03 Board Records**
- 4761-4-01 Approval of Educational Programs**
- 4761-4-02 Monitoring of Ohio Respiratory Care Educational Programs**
- 4761-5-02 Admission to the Ohio Credentialing Examination**
- 4761-5-04 License Application Procedure**
- 4761-5-06 Respiratory Care Practice by Polysomnographic Technologists**
- 4761-6-01 Limited Permit Application Procedure**
- 4761-7-03 Scope of Respiratory Care Defined**
- 4761-7-04 Supervision**
- 4761-7-05 Administration of Medications**
- 4761-9-01 Definition of Respiratory Care Continuing Education**
- 4761-9-03 Activities Which Do Not Meet the Ohio RCCE Requirements**

4761-9-04 Ohio Respiratory Care Law and Professional Ethics Course Criteria

4761-9-05 Approved Sources of RCCE

4761-9-07 Auditing for Compliance with RCCE Requirements

4761-10-01 Ethical and Professional Conduct

4761-10-02 Proper Use of Credentials

4761-10-03 Providing Information to the Board

The OSRC supports the approval of the following rules as amended:

4761-3-01 Definitions of Terms-Proposed to Amend to correct statutory references:

4761-5-01 Examination Requirements Pursuant to Division (A) of Section 4761.04 of the Revised Code-Proposed to Amend to correct statutory references.

The OSRC proposes that 4761-7-01 and 4761-8-01 be updated with the 4761.06 language introduced in October 2019: 4761.06 (A) Each license to practice respiratory care shall expire on the date that is two years after the date of issuance and may be renewed for additional two-year periods. Each limited permit to practice respiratory care shall be renewed annually.

4761-7-01 Original License or Permit, Identification Card, or Electronic License Verification

D) Regardless of the original issue date, ~~all licenses shall expire on June thirtieth of each even-numbered year~~, unless other limitations pursuant to law, board order, or consent agreement are in effect.

(E) Regardless of the original issue date, ~~all limited permits will expire on June thirtieth of each year~~, unless other limitations pursuant to law, board order, or consent agreement are in effect.

4761-8-01 Renewal of License or Permits

A) License renewal.

~~On or before June thirtieth of every even year, persons holding a license to practice respiratory care shall apply for renewal~~ in accordance with section 4761.06 of the

Revised Code, complete the prescribed application in the manner determined by the board, submit the renewal fee, and complete the required continuing education in accordance with rule [4761-9-02](#) of the Administrative Code.

The OSRC proposes an update in 4761-9-02, as the NBRC now administers the Certified Asthma Educator Exam:

4761-9-02 General RCCE Requirements and Reporting Mechanism

(D) In lieu of completing RCCE contact hours required under paragraphs (C)(1)(b), (C)(1)(c), (C)(2)(b) and (C)(2)(c) of this rule, applicants may submit proof of successfully passing any written professional examination administered by the national board for respiratory care, inc. (NBRC), including the written registry examination for advanced respiratory therapists, the recertification examination for certified respiratory therapists, the written examination for certified pulmonary function technologists, the written examination for registered pulmonary function technologists, ~~or~~ the written examination for perinatal/pediatric respiratory care-, **or the certified asthma educator examination.** The registered polysomnographic technologist examination administered by the board of registered polysomnographic technologists (BRPT) ~~and the certified asthma educator examination administered by the national asthma certification board (NACB) are~~ is also an accepted written examinations.

Thank you again for this opportunity to review these rules before they are presented to the Board. If you have any questions, feel free to contact me by email or at the number below.

Sincerely,



Courtney Kallergis
OSRC Legislative Chair
937-974-3918



MEMORANDUM

TO: Jonathan Feibel, M.D., President
Members, State Medical Board of Ohio

FROM: Kimberly C. Anderson, Chief Legal Counsel

RE: Approval of Rules for Filing with CSI

DATE: April 4, 2024

The following rules were circulated for comment on 3/4/24, with comments due on 3/20/24. No comments were received. The rules are ready for filing with the Common Sense Initiative.

Criminal Records Checks

Rule 4731-4-01 Definitions-Proposed No Change
Rule 4731-4-02 Criminal Records Checks-Proposed No Change

Notice of Meetings

Rule 4731-7-01 Method of Notice of Meetings-Proposed No Change

Recordation of Meetings

Rule 4731-9-01 Record of Board Meetings; Recording, Filming and Photographing of Meetings-Proposed No Change

Termination of Physician-Patient Relationship

Rule 4731-27-01 Definitions-Proposed No Change
Rule 4731-27-02 Dismissing A Patient from the Medical Practice-Proposed No Change
Rule 4731-27-03 Notice of Termination of Physician Employment or Physician Leaving a Practice, Selling a Practice, or Retiring from the Practice of Medicine-Proposed No Change

Return of Athlete to Practice or Competition

Rule 4731-31-01 Requirements for Assessing and Granting Clearance for Return to Practice or Competition-Proposed to Amend

Standards for Prescribing Dangerous Drugs for Administration by Injection by a Pharmacist

Rule 4731-34-01 Standards and Procedures to be Followed By Physicians When Prescribing a Dangerous Drug that May be Administered by a Pharmacist by Injection-
Proposed No Change

Recommended Action: Approve filing with the Common Sense Initiative.

4731-4-01

Definitions.

- (A) "Applicant for an initial license or certificate to practice" includes a person seeking an initial license or certificate to practice under Chapter 4730., 4731., 4759., 4760. , 4761., 4762., 4774., or 4778. of the Revised Code.
- (B) "Applicant for a restored license or certificate to practice" includes a person seeking restoration of a license or certificate to practice pursuant to Chapter 4730., 4731., 4759., 4760., 4761., 4762., 4774., or 4778. of the Revised Code.
- (C) "Criminal records check" has the same meaning as in division (G) of section 109.572 of the Revised Code.
- (D) BCI means the "Ohio Bureau of Criminal Identification and Investigation."
- (E) "FBI" means the "Federal Bureau of Investigation."

4731-4-02

Criminal records checks.

(A) An applicant for an initial license or certificate to practice or for a restored license or certificate to practice pursuant to Chapter 4730., 4731., 4759., 4760, 4761., 4762., 4774., or 4778. of the Revised Code, shall submit fingerprints, required forms, and required fees to BCI for completion of BCI and FBI criminal records checks.

(1) An applicant who is present in Ohio shall use the services of an entity that has been designated by the Ohio attorney general to participate in the "National WebCheck" program (available at <http://www.ohioattorneygeneral.gov/>) and pay any processing fee charged by the entity, with the "State Medical Board of Ohio" designated to receive the results:

(2) An applicant who resides in a state or jurisdiction other than Ohio shall either appear in Ohio in order to comply with the requirements of paragraph (A)(1) of this rule or request that the board provide the forms required to complete the criminal records checks.

Upon receipt of the forms, the applicant shall have his or her fingerprints processed and pay any applicable processing fees.

(B) The board shall maintain the criminal records check reports in a manner that ensures the confidentiality of the results, prevents disclosure pursuant to a public records request, and complies with applicable state and federal requirements.

(C) The board shall not accept the results of a criminal records check submitted by an entity other than BCI.

(D) In reviewing the results of criminal records checks to determine whether the applicant should be granted an initial or restored certificate to practice, the board may consider all of the following:

(1) The nature and seriousness of the crime;

(2) The extent of the applicant's past criminal activity;

(3) The age of the applicant when the crime was committed;

(4) The amount of time that has elapsed since the applicant's last criminal activity;

(5) The conduct and work activity of the applicant before and after the criminal activity;

- (6) Whether the applicant has completed the terms of any probation or deferred adjudication;
- (7) Evidence of the applicant's rehabilitation;
- (8) Whether the applicant fully disclosed the arrest or conviction to the board; and
- (9) Any other factors the board considers relevant.

4731-7-01

Method of notice of meetings.

- (A) Any person may determine the time and place of all regularly scheduled meetings and the time, place, and purpose of all special meetings by:
- (1) Writing the state medical board of Ohio (hereinafter, "board") at its business address;
 - (2) Calling the board at its business office during normal business hours;
 - (3) Checking the board's public website.
- (B) A representative of the news media may obtain notice of all special meetings by requesting that notice be provided and supplying a regular mail or electronic mail address.
- (1) If a special meeting not of an emergency nature, the board shall notify all media representatives who have requested notice of the meeting by doing at least one of the following:
 - (a) Sending written notice, by regular mail or electronic mail, no later than twenty-four hours prior to the special meeting;
 - (b) Notifying representatives by telephone no later than twenty-four hours prior to the special meeting. Telephone notice shall be complete if a message has been left for the representative, or if, after reasonable effort, the board has been unable to provide telephone notice;
 - (c) Informing the representative personally no later than twenty-four hours prior to the special meeting.
 - (2) If a special meeting of an emergency nature requiring immediate official action is scheduled, the board shall notify all media representatives who have requested notice of such meeting of the time, place and purpose of the meeting by providing notice as described in paragraph (B)(2) of this rule, or by notifying the clerk of the state house press room. In such event, the notice shall be given immediately upon the meeting date and time being scheduled.
- (C) Persons who have requested, in writing, advance notification of all meetings of the board at which specific public matters are scheduled to be discussed shall be placed on the board's agenda mailing list. The board shall, within a reasonable time prior to each meeting, send to those persons on the list either an agenda of the meeting by regular mail or a notice via electronic mail that the agenda is posted on the board's

website. The board may assess a reasonable fee, not to exceed the cost of copying and mailing, for notices via regular mail.

4731-9-01

Record of board meetings; recording, filming, and photographing of meetings.

- (A) The minutes of board meetings, upon approval by the board, shall constitute the official record of its proceedings. Audio recordings of meetings made for the purpose of facilitating the transcription of minutes shall be considered transitory documents.
- (B) In order to promote the orderly transaction of business, any party intending to broadcast, televise, record, or photograph any board meeting shall provide written notice to the board within at least twenty-four hours prior to the scheduled meeting. The board shall not refuse permission to broadcast, televise, record, or photograph a meeting based solely upon a determination that prior written notice was not provided in a timely fashion.
- (C) Board meetings may be broadcast, televised, recorded, or photographed consistent with the following standards:
- (1) The presiding officer of the board or his or her designee shall designate a reasonable location or locations within the meeting room from which broadcasting, televising, recording, or photographing may take place;
 - (2) Broadcasting, televising, recording, or photographic equipment used at the board meeting shall be silent, unobtrusive, self-contained, and self-powered so as not to interfere with any individual's ability to hear, see or participate in the meeting and so as not to interfere with the orderly transaction of board business; and
 - (3) The presiding officer or his or her designee may terminate or limit the broadcasting, televising, recording, or photographing if it is determined that it is interfering with the orderly transaction of board business, is inhibiting a participant's presentation to the board, or is interfering with the dignity of the proceedings.
- (D) For purposes of this rule, the word "record" includes, but is not limited to, the use of a court reporter or similar method to record the meeting via shorthand, machine (stenotype) shorthand, stenomask methods, or a similar method.

4731-27-01

Definitions.

As used in section 4731.228 of the Revised Code and this chapter:

- (A) "Health care entity" has the same meaning as in section 4731.228 of the Revised Code.
- (B) "Termination" has the same meaning as in section 4731.228 of the Revised Code. Pursuant to division (B) of section 4731.228 of the Revised Code termination does not include a physician leaving employment with a health care entity but continuing to provide medical services for patients of the health care entity on an independent contractor basis.
- (C) "Retiring" means the relinquishing of all clinical privileges and either expiration of medical liability insurance by lapse of the policy or conversion of the policy to extended reporting period coverage only.
- (D) "Terminate" means to put an end to.
- (E) "Resignation" as that term is used in division (D) of section 4731.228 of the Revised Code means the provision of notice by a physician to a health care entity that the physician will no longer be an employee of the health care entity as of the date stated in the notice or a determination by the health care entity that the physician has resigned.

4731-27-02

Dismissing a patient from the medical practice.

A physician-patient relationship is established when the physician provides service to a person to address medical needs, whether the service was provided by mutual consent or implied consent, or was provided without consent pursuant to a court order. Once a physician-patient relationship is established, a person remains a patient until the relationship is terminated.

(A) Except as provided in paragraph (B) of this rule, a physician shall comply with the following requirements in order to dismiss a patient from the medical practice:

(1) Send notice to the patient that includes all of the following:

- (a) A statement that the physician-patient relationship is terminated;
- (b) Except where the patient, or patient's representative, has displayed disruptive or threatening behavior toward the physician, office staff, or other patients, statement that the physician will continue to provide emergency treatment and access to services for up to thirty days from the date the letter was mailed, to allow the patient to secure care from another licensee; and
- (c) An offer to transfer records to a new provider upon the patient's signed authorization to do so.

(2) The notice shall be sent in one of the following ways:

- (a) A letter sent via certified mail, return receipt requested, to the last address for the patient on record, with a copy of the letter, the certified mail receipt, and the mail delivery receipt maintained in the patient record;
- (b) An electronic message sent via a HIPAA compliant electronic medical record system or HIPAA compliant electronic health record system that provides a means of electronic communication between the health care entity and the patient, is capable of sending the patient a notification that a message has been received and is in the patient's portal, and is capable of notifying the sender that a message has not been viewed or has been viewed;
- (c) If a notice sent via an electronic message as authorized in paragraph (A)(2)(b) of this rule is not viewed within ten days of having been sent, a letter sent in accordance with paragraph (A)(2)(a) of this rule.

- (B) The requirements of paragraph (A) of this rule do not apply to the following:
- (1) The physician rendered medical service to the person on an episodic basis or in an emergency setting and the physician should not reasonably expect that related medical service will be rendered to the patient in the future;
 - (2) The physician formally transferred the patient's care to another health care provider who is not in the same practice group;
 - (3) The physician is leaving a practice, selling a practice, retiring from medical practice, or whose employment with a health care entity has ended for any reason;
 - (4) The patient terminated the relationship, either verbally or in writing, or has transferred care to another physician for the same or a related condition, and the physician maintains documentation in the patient record of the patient's action terminating the relationship.
- (C) A physician assistant or anesthesiologist assistant may not independently dismiss a patient from a medical practice.
- (D) A physician's dismissal of a patient from a medical practice other than in accordance with the provisions of this rule, as determined by the state medical board of Ohio, shall constitute "a departure from, or failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in division (B)(6) of section 4731.22 of the Revised Code.
- (E) Nothing in this rule shall limit the board's authority to investigate and take action under section 4731.22 of the Revised Code.

4731-27-03

Notice of termination of physician employment or physician leaving a practice, selling a practice, or retiring from the practice of medicine.

(A) When pursuant to section 4731.228 of the Revised Code a health care entity provides to patients a notice of the termination of a physician's employment, the notice shall be provided in one of the following ways:

- (1) A letter sent via regular mail to the last address for the patient on record, with the date of mailing of the letter documented;
- (2) An electronic message sent via a HIPAA compliant electronic medical record system or HIPAA compliant electronic health record system that provides a means of electronic communication between the health care entity and the patient and is capable of sending the patient a notification that a message has been received and is in the patient's portal.

(B) When pursuant to section 4731.228 of the Revised Code a health care entity provides the physician whose employment has been terminated for any reason with a list of patients treated and the patient contact information, the physician shall provide the notice required by section 4731.228 of the Revised Code by one of the ways authorized by paragraph (A)(1) or (A)(2) of this rule. In addition, the physician may, but is not required to, publish a notice in a newspaper of greatest circulation in the county in which the physician has practiced and in a local newspaper that serves the immediate practice area.

(C) Except as provided in paragraph (D) of this rule, a physician who is an independent contractor, who provides physician services as an employee or an owner at a medical practice that is not a health care entity, as that term is used in section 4731.228 of the Revised Code, or who has an ownership interest in a health care entity, as that term is defined in section 4731.228 of the Revised Code, shall provide notice in compliance with the following requirements when leaving, selling, or retiring from the health care entity or other medical practice entity where the physician has provided physician services:

- (1) The notice shall be sent to all patients who received physician services from the physician within the two-years immediately preceding the physician's last date for seeing patients;
- (2) The notice shall be provided as authorized in paragraph (A)(1) or (A)(2) of this rule.
 - (a) The notice shall be sent no later than thirty days prior to the last date the physician will see patients or upon actual knowledge that the physician

will be leaving, selling, or retiring from the health care entity, whichever is earlier.

- (b) A physician shall make a good faith effort to comply with paragraph (C)(2)(a) of this rule. However, a physician who because of acute illness or unforeseen emergency is unable to provide the notice thirty days prior to the last date of seeing patients shall provide the notice required by paragraph (C) of this rule no later than thirty days after it is determined that the physician will not be returning to the health care entity.

(3) The notice shall include all of the following:

- (a) A statement that the physician will no longer be practicing medicine at the health care entity;
- (b) The date on which the physician ceased or will cease to provide medicine services at the health care entity;
- (c) If the physician will be practicing medicine in another location, contact information for the physician subsequent to leaving the health care entity;
- (d) Contact information for an alternative physician or physicians employed by the health care entity or contact information for a group practice that can provide care for the patient;
- (e) Contact information that enables the patient to obtain information on the patient's medical records.

(D) The requirements of paragraphs (A), (B) and (C) of this rule do not apply to the following:

- (1) A physician who rendered medical service to a person on an episodic basis or in an emergency department or urgent care center, when it should not be reasonably expected that related medical service will be rendered by the physician to the patient in the future;
- (2) A medical director or other physician providing services in a similar capacity to a medical director to patients through a hospice care program licensed pursuant to section 3712.04 of the Revised Code;

- (3) Medical residents, interns, and fellows who work in hospitals, health systems, federally qualified health centers, and federally qualified health center look-alikes as part of their medical education and training;
 - (4) A physician providing services to a patient through a community mental health agency certified by the director of mental health under section 5119.611 of the Revised Code or an alcohol and drug addiction program certified by the department of alcohol and drug addiction services under section 3793.06 of the Revised Code;
 - (5) A physician providing services to a patient through a federally qualified health center or a federally qualified health center look-alike.
- (E) A physician's failure to provide notice in accordance with the provisions of paragraph (B) or (C) of this rule, as determined by the state medical board of Ohio, shall constitute "a departure from, or failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in division (B)(6) of section 4731.22 of the Revised Code.
- (F) Nothing in this rule shall limit the board's authority to investigate and take action under section 4731.22 of the Revised Code.

4731-31-01

Requirements for assessing and granting clearance for return to practice or competition.

(A) A physician holding a current license to practice medicine and surgery or osteopathic medicine and surgery issued under Chapter 4731. of the Revised Code meets the minimum education requirements to assess and clear athletes for return to practice or competition under section 3313.539 or 3707.511 of the Revised Code.

(1) A physician shall diagnose and treat concussions and determine the return-to-play protocol for athletes under section 3313.539 or 3707.511 of the Revised Code in accordance with the "Consensus statement on concussion in sport issued by the ~~5th international conference on concussion in sport" held in Berlin, October 2016.~~"[6th international conference on concussion in sport held in Amsterdam in October 2022"](#) (Available from the website of the state medical board of Ohio at: med.ohio.gov.)

(2) A physician shall use the model form developed by the Ohio youth sports concussion and head injury return-to-play guidelines committee to document written clearance for the return to practice or competition. The model form may be found on the state medical board of Ohio's website at med.ohio.gov.

(B) A physician assistant holding a current license issued under Chapter 4730. of the Revised Code may assess and clear a youth to return to practice or competition under section 3313.539 or 3707.511 of the Revised Code if all of the following requirements are met:

(1) The physician assistant is authorized to provide assessment and clearance services by a supervising physician whose normal course of practice includes the assessment and clearance of youth to return to practice or competition under section 3313.539 or 3707.511 of the Revised Code and under whose supervision the physician assistant will provide the services:

(2) The physician assistant has completed education and training in the detection of concussion, its clinical features, assessment techniques, and the principles of safe return to play protocols consistent with the consensus statement referenced in paragraph (A)(1) of this rule.

(3) The physician assistant has maintained competency through completion of continuing education in the detection of concussion, its clinical features, assessment techniques, and the principles of safe return to play protocols consistent with the consensus statement referenced in paragraph (A)(1) of this rule; and

(4) The physician assistant uses the medical clearance return to play form

referenced in paragraph (A)(2) of this rule.

4731-34-01

Standards and procedures to be following by physicians when prescribing a dangerous drug that may be administered by a pharmacist by injection.

(A) As used in this rule,

- (1) "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.
- (2) "Pharmacist" means an individual licensed under Chapter 4729. of the Revised Code who has met the requirements in section 4729.45 of the Revised Code and rule 4729:1-3-03 of the Administrative Code to administer drugs by injection.
- (3) "Pharmacy," except when used in a context that refers to the practice of pharmacy, means any area, room, rooms, place of business, department, or portion of any of the foregoing where the practice of pharmacy is conducted.

(B) Subject to paragraph (C) of this rule, a physician may prescribe any of the following dangerous drugs to be administered by injection by a pharmacist to a patient with whom the physician has an ongoing physician-patient relationship:

- (1) An opioid antagonist used for treatment of drug addiction and administered in a long-acting or extended-release form. An opioid antagonist may also be administered for the treatment of alcohol dependence in accordance with approved labeling by the United States food and drug administration.
- (2) An antipsychotic drug administered in a long-acting or extended-release form.
- (3) Hydroxyprogesterone caproate for pregnant women.
- (4) Medroxyprogesterone acetate for non-pregnant women.
- (5) Cobalamin, to include: cyanocobalamin, hydroxocobalamin or any other vitamin B12 injection approved by the United States food and drug administration.
- (6) Any other dangerous drugs authorized for pharmacist administration pursuant to section 4729.45 of the Revised Code.

(C) If a physician chooses to prescribe the dangerous drugs in paragraph (B) of this rule to be administered by injection by a pharmacist, the physician shall comply with all

the following:

- (1) Maintain an ongoing physician-patient relationship with the patient to whom the drug is being prescribed.
 - (2) The physician's scope of practice must include treatment of the condition for which the patient has been prescribed the drug.
 - (3) The physician's prescription must specify the pharmacy where the drug is to be administered.
 - (4) The physician may only prescribe a drug to be administered at a pharmacy where the physician has either:
 - (a) Written and established a current protocol on file at that pharmacy that meets the requirements in paragraph (E) of this rule and that is appropriate for the patient; or
 - (b) Obtained and personally reviewed a current physician-established protocol on file at that pharmacy that meets the requirements in paragraph (E) of this rule, and agrees that this protocol is appropriate for the patient.
 - (5) The physician shall inform the patient that the drug that the physician is prescribing will be administered at a pharmacy that meets the requirements in paragraph (C)(4) of this rule, and obtain patient's consent to have the drug administered at that pharmacy. The patient's consent shall be documented in the medical record. The physician may not prescribe in the manner described in this rule without the patient's consent to both the manner and location of the administration of the prescription.
 - (6) If a physician chooses to prescribe an opioid antagonist used for treatment of drug addiction and administered in a long-acting or extended-release form to be administered by injection by a pharmacist, the physician shall also comply with all other applicable rules in Chapter 4731. of the Administrative Code for prescribing this type of drug.
- (D) A physician may terminate a prescription, which may include refills, with a pharmacy under this rule at any time for any of the following reasons:
- (1) The patient or pharmacy is not following the physician-established protocol

with the pharmacy;

- (2) Failure of the pharmacist that administers the injection at the pharmacy to timely notify the physician within seven days of administration of the injection;
 - (3) Failure of the pharmacist that administers the injection at the pharmacy to report an adverse event to the physician that occurred during the administration of the injection;
 - (4) In the case of an opioid antagonist, test results of the patient indicate that it is not appropriate to administer the drug;
 - (5) Discontinuation of the patient-physician relationship; or
 - (6) Any other medically appropriate reason.
- (E) A physician-established protocol for the administration of the dangerous drugs by injection by a pharmacist must comply with the following:
- (1) All requirements listed in section 4729.45 of the Revised Code and paragraph (F) of rule 4729:1-3-03 of the Administrative Code.
 - (2) The protocol shall be signed and dated by the physician prior to implementation and shall be readily available to the administering pharmacist.
 - (3) A physician may sign one protocol for multiple locations licensed as terminal distributors of dangerous drugs.
 - (4) The protocol must be established by a physician who has a scope of practice that includes treatment of the conditions for which drugs administered under the protocol are intended to treat.
- (F) The physician-established protocol shall be reviewed and may be renewed by the physician on a biennial basis.
- (G) A violation of this rule, as determined by the Board, shall constitute for a physician "a departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in division (B)(6) of section

*** DRAFT - NOT YET FILED ***

4731-34-01

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4731.22 of the Revised Code.



MEMORANDUM

TO: Jonathan B. Feibel, MD, President, State Medical Board of Ohio
Members, State Medical Board of Ohio

FROM: Nathan T. Smith, Senior Legal and Policy Counsel

DATE: April 2, 2024

RE: Comment received on office based surgery rule 4731-25-02 General Provisions.
during the public rules hearing comment period

OAC rule 4731-25-02 is proposed to be amended by prohibiting the performance of a surgery or special procedure in the office setting that is prohibited to be performed in a hospital or ambulatory surgical facility by rule of the Ohio Administrative Code or law of the Ohio Revised Code.

On February 16, 2024, the Notice of Public Hearing for the March 27, 2024 public hearing for the proposed amended rule was filed. This notice was posted on the Medical Board's website, and also circulated to interested parties on February 16, 2024 and February 21, 2024. In response, the Medical Board received one comment before the hearing and no written comments or testimony at the March 27, 2024 hearing. Attached is the comment of Dr. Steven Carp, MD, received via email on February 19, 2024 which states:

I generally support the rule, prohibiting procedures from being performed in office, that are not allowed in ACD or hospital. However, I feel some methodology should be included to allow for adaptations and changed based on new procedures and medical research. Hospitals especially can be slow to adapt some treatments.

No change is recommended to the proposed amended rule because the comment is generally supportive of the rule and the Board's rationale for the amending of the rule is applicable to new procedures or treatments in a hospital. If a surgery is prohibited to be performed in a hospital or ambulatory surgical center, there is an increased likelihood that a practitioner could attempt to perform the surgery in an office setting, which would not have the safeguards, resources, or support present in a hospital or ambulatory surgical facility to protect the safety of patients. If a surgery or special procedure is prohibited to be performed in a hospital or ambulatory surgical facility by rule or law of this state, for public safety reasons, it should also be prohibited in an office setting.

Action Requested:

Consider the comment and follow the recommendation not to change proposed amended rule 4731-25-02.

From: [Steven Carp](#)
To: [Smith, Nathan](#)
Subject: 4731-25-02
Date: Monday, February 19, 2024 11:29:22 AM
Attachments: [image001.png](#)

Mr Smith

I generally support the rule, prohibiting procedures from being performed in office, that are not allowed in ACD or hospital. However, I feel some methodology should be included to allow for adaptations and changed based on new procedures and medical research. Hospitals especially can be slow to adapt some treatments.

Steven Carp, MD

American Board of Plastic Surgery

www.carpcosmetic.com



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