



**Rules & Policies Agenda for Board Meeting
February 12, 2025**

- A. Rule Review Update
 - B. Rules for Initial Circulation
 - C. Dietetics Rules
 - D. Legislative Update
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MEMORANDUM

TO: Yeshwant Reddy, M.D., President
Members, State Medical Board of Ohio

FROM: Kimberly C. Anderson, Chief Legal Counsel

RE: Rule Review Update

DATE: January 30, 2025

Attached please find the rule spreadsheet and rule schedule for February 2025. Also included for your review is the 2025 Rule Plan which outlines the status of rules currently under review and the rules that are due for five year rule review in 2025.

Requested Action: No action requested.

Legal Dept. Rules Schedule

As of January 30, 2025

Rules Filed with JCARR

Notice of Meetings-No change-JCARR Jurisdiction ends 4/27/25

4731-7-01

Recordation of Meetings-No Change-JCARR

Jurisdiction ends 4/27/25

4731-9-01

Termination of Physician-Patient Relationship-No Change-JCARR Jurisdiction ends 4/27/25

4731-27-01

4731-27-02

4731-27-03

Return of Athlete to Practice of Competition-Public Hearing 3/5/25-JCARR jurisdiction ends 4/5/25

4731-31-01

Standards for Prescribing Dangerous Drugs for Administration By Injection by a Pharmacist-No Change-JCARR jurisdiction ends 4/28/25

4731-34-01

Rules Filed with CSI-Comments Due 1/31/25

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

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 Sent for Initial Circulation-Comments Due 1/31/25:

Respiratory Care Rules (Chapter 4761)

Criminal Records Checks

4731-4-01

4731-4-02

MD/DO Licensure Rules

4731-6-01

4731-6-02

4731-6-14

4731-6-15

4731-6-21

4731-6-22

4731-6-30

4731-6-31

4731-6-33

4731-6-34

Rules Presented for Initial Circulation

Limited Branches of Medicine and Surgery

4731-1-02

4731-1-05

4731-1-06

Consult Agreements

4731-35-01

4731-35-02

Military Provisions

4731-36-01

4731-36-02

4731-36-03

4731-36-04

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	06/11/24	01/14/25							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	06/11/24	01/14/25							11/15/23	
4730-2-05	Addition of valid prescriber number after initial licensure	04/01/24	06/11/24	01/14/25							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	06/11/24	01/14/25							03/28/24	Extension given for Review Date
4730-4-01	Definitions	09/15/23	03/13/24	04/04/24	07/15/24	07/25/24	08/29/24	09/09/24	10/09/24	10/31/24	10/31/29	
4730-4-02	Standards and procedures for withdrawal management for drug or alcohol addiction	09/15/23	03/13/24	04/04/24	07/15/24	07/25/24	08/29/24	09/09/24	10/09/24	10/31/24	10/31/29	
4730-4-03	Office Based Treatment for Opioid addiction	09/15/23	03/13/24	04/04/24	07/15/24	07/25/24	08/29/24	09/09/24	10/09/24	10/31/24	10/31/29	
4730-4-04	Medication assisted treatment using naltrexone	09/15/23	03/13/24	04/04/24	07/15/24	07/25/24	08/29/24	09/09/24	10/09/24	10/31/24	10/31/29	
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	<i>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</i>	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		<i>Rescinded</i>
4731-1-08	<i>Continuing Cosmetic Therapy Education Requirements for Registration or Reinstatement of a License to Practice Cosmetic Therapy</i>	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		<i>Rescinded</i>
4731-1-09	<i>Cosmetic Therapy Curriculum Requirements</i>	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		<i>Rescinded</i>
4731-1-10	<i>Distance Education</i>	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		<i>Rescinded</i>
4731-1-11	<i>Application and Certification for certificate to practice cosmetic therapy</i>	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		<i>Rescinded</i>
4731-1-12	<i>Examination</i>			09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	

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
4731-1-15	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	01/15/25								09/30/19	09/30/24	
4731-4-02	Criminal Records Checks	01/15/25								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	01/15/25			10/31/22					07/31/19	07/31/24	
4731-6-02	Preliminary Education for Medical and Osteopathic Licensure	01/15/25			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	01/15/25								07/31/19	07/31/24	
4731-6-15	Eligibility for Licensure of National Board Diplomats and Medical Council of Canada Licentiatees	01/15/25								07/31/19	07/31/24	
4731-6-21	Application Procedures for Certificate Issuance; Investigation; Notice of Hearing Rights	01/15/25								07/31/19	07/31/24	
4731-6-22	Abandonment and Withdrawal of Medical and Osteopathic Licensure Applications	01/15/25								07/31/19	07/31/24	
4731-6-30	Training Certificates	01/15/25								07/31/19	07/31/24	
4731-6-31	Limited Preexamination Registration and Limited Certification	01/15/25								07/31/19	07/31/24	
4731-6-33	Special Activity Certificates	01/15/25								07/31/19	07/31/24	
4731-6-34	Volunteer's Certificates	01/15/25								07/31/19	07/31/24	
4731-7-01	Method of Notice of Meetings	03/04/24	04/10/24	11/26/24	01/13/25	01/27/25	N/A			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	

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
4731-8-04	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	N/A		no change	02/11/21	02/11/26	
4731-9-01	Record of Board Meetings; Recording, Filming, and Photographing of Meetings	03/04/24	04/10/24	11/26/24	01/13/25	01/27/25				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	
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	Recinded	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	

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
4731-11-11	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	
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	

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
4731-13-18	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	
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	
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	

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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			01/23/29	
4731-20-02	Surgery: Ankle Joint	10/16/23	11/08/23	11/09/23		01/23/24		04/15/24			01/23/29	
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		
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 7/14/21 5/27/2021	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	06/11/24	01/14/25							07/31/24	
4731-24-02	Anesthesiologist Assistants; Supervision	04/01/24	06/11/24	01/14/25							07/31/24	

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4731-24-03	Anesthesiologist Assistants; Enhanced Supervision	04/01/24	06/11/24	01/14/25							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		05/18/24	05/18/29	
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 7/14/21 5/27/2021	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	04/10/24	11/26/24	01/13/25	01/27/25	Not Applicable			02/04/19	02/02/24	
4731-27-02	Dismissing a patient from the medical practice	03/04/24	04/10/24	11/26/24	01/13/25	01/27/25	Not Applicable			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	04/10/24	11/26/24	01/13/25	01/27/25	Not Applicable			05/31/19	05/31/24	see comments for future folder
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	04/10/24	11/26/24	01/13/25	01/30/25	03/05/25			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	

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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	07/15/24	07/25/24	08/29/24	09/09/24	10/09/24	10/31/24	10/31/29	
4731-33-02	Standards and procedures for withdrawal management for drug or alcohol addiction	09/15/23	03/13/24	04/04/24	07/15/24	07/25/24	08/29/24	09/09/24	10/09/24	10/31/24	10/31/29	
4731-33-03	Office-Based Treatment for Opioid Addiction	09/15/23	03/13/24	04/04/24	07/15/24	07/25/24	08/29/24	09/09/24	10/09/24	10/31/24	10/31/29	
4731-33-04	Medication Assisted Treatment Using Naltrexone	09/15/23	03/13/24	04/04/24	07/15/24	07/25/24	08/29/24	09/09/24	10/09/24	10/31/24	10/31/29	
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	04/10/24	11/26/24	01/13/25	1/29/25	No change rule			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	08/14/24	01/14/25						11/30/19	11/30/24	
4759-4-01	Applications	03/04/24	08/14/24	01/14/25						11/30/19	11/30/24	
4759-4-02	Preprofessional experience	03/04/24	08/14/24	01/14/25							08/28/24	
4759-4-03	Examination	03/04/24	08/14/24	01/14/25						11/30/19	11/30/24	
4759-4-04	Continuing Education	03/04/24	08/14/24	01/14/25						07/31/21	07/31/26	
4759-4-08	Limited permit	03/04/24	08/14/24	01/14/25						07/31/21	07/31/26	
4759-4-09	License certificates and permits	03/04/24	08/14/24	01/14/25						11/30/19	11/30/24	
4759-5-01	Supervision of persons claiming exemption	03/04/24	08/14/24	01/14/25						08/28/19	08/28/24	
4759-5-02	Student practice exemption	03/04/24	08/14/24	01/14/25						11/30/19	11/30/24	
4759-5-03	Plan of treatment exemption	03/04/24	08/14/24	01/14/25						11/30/19	11/30/24	
4759-5-04	Additional nutritional activities exemption	03/04/24	08/14/24	01/14/25							07/01/24	
4759-5-05	Distribution of literature exemption	03/04/24	08/14/24	01/14/25							07/01/24	
4759-5-06	Weight control program exemption	03/04/24	08/14/24	01/14/25							07/01/24	

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4759-6-01	Standards of practice innutrition care	03/04/24	08/14/24	01/14/25						11/30/19	11/30/24	
4759-6-02	Standards of professional performance	03/04/24	08/14/24	01/14/25						07/31/21	07/31/26	
4759-6-03	Interpretation of standards	03/04/24	08/14/24	01/14/25						11/30/19	11/30/24	
4759-9-01	Severability	03/04/24	08/14/24	01/14/25						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	01/14/25								02/28/19	02/28/24	
4761-3-01	Definition of terms	01/14/25								02/28/19	02/28/24	
4761-4-01	Approval of educational programs	01/14/25								02/28/19	02/28/24	
4761-4-02	Monitoring of Ohio respiratory care educational programs	01/14/25								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	01/14/25								09/30/20	09/30/25	
4761-5-02	Admission to the Ohio credentialing examination	01/14/25								09/19/20	06/19/25	
4761-5-04	License application procedure	01/14/25								09/30/20	09/30/25	
4761-5-06	Respiratory care practice by polysomnographic technologists	01/14/25								09/18/20	06/18/25	
4761-6-01	Limited permit application procedure	01/14/25								09/30/20	02/28/24	
4761-7-01	Original license or permit, identification card or electronic license verification	01/14/25								02/28/19	02/28/24	
4761-7-03	Scope of respiratory care defined	01/14/25									11/15/23	
4761-7-04	Supervision	01/14/25								09/30/20	09/30/25	
4761-7-05	Administration of medicines	01/14/25									11/15/23	
4761-8-01	Renewal of license or permits	01/14/25								12/31/20	12/31/25	
4761-9-01	Definition of respiratory care continuing education	01/14/25								09/30/20	02/28/24	
4761-9-02	General RCCE requirements and reporting mechanism	01/14/25								12/31/20	12/31/25	
4761-9-03	Activities which do not meet the Ohio RCCE requirements	01/14/25								02/28/19	02/28/24	
4761-9-04	Ohio respiratory care law and professional ethics course criteria	01/14/25									02/28/24	Look at adding OOA as an approving organization
4761-9-05	Approved sources of RCCE	01/14/25								09/30/20	02/28/24	Look at adding OOA as an approving organization
4761-9-07	Auditing for compliance with RCCE requirements	01/14/25								09/30/20	09/30/25	
4761-10-01	Ethical and professional conduct	01/14/25								02/28/19	02/28/24	
4761-10-02	Proper use of credentials	01/14/25									11/15/23	
4761-10-03	Providing information to the Board	01/14/25								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	

2025 Rule Plan

In Process

FILED WITH JCARR:

Notice of Meetings

4731-7-01 Method of Notice of Meetings 7/31/24

Recordation of Meetings

4731-9-01 Record of Board Meetings; Recording, Filming and
Photographing of Meetings 6/17/24

Termination of Physician-Patient Relationship

4731-27-01 Definitions 2/2/24
4731-27-02 Dismissing a Patient from the Medical Practice 5/31/24
4731-27-03 Notice of Termination of Physician Employment or
Physician Leaving a Practice, Selling a Practice, or
Retiring from the Practice of Medicine 5/31/24

Return of Athlete to Practice or Competition

4731-31-01 Requirements for Assessing and Granting Clearance
For Return to Practice or Competition 11/30/24

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

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 7/31/24

CURRENTLY FILED WITH CSI (Comments Due 1/31/25):

Physician Assistant, Anesthesiologist Assistant, Genetic Counselor

Regulation of Physician Assistants

4730-1-06 Licensure as a Physician Assistant 3/28/24

Physician-Delegated Prescriptive Authority

4730-2-04 Period of On-Site Supervision of Physician-
Delegated Prescriptive Authority 11/15/23
4730-2-05 Addition of Valid Prescriber Number
After Initial Licensure 9/30/23
4730-2-10 Standards and Procedures for Use of OARRS 3/28/24

Anesthesiologist Assistants

4731-24-01 Definitions 7/31/24
4731-24-02 Anesthesiologist Assistants: Supervision 7/31/24
4731-24-03 Anesthesiologist Assistants: Enhanced Supervision 7/31/24

Genetic Counselor Licensing

4778-1-01	Definitions	1/24/24
4778-1-02	Application for a License	4/30/24
4778-1-05	Collaboration Agreement	4/30/24

State Medical Board Dietetics Licensure

Definitions

4759-2-01	Definitions	11/30/24
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Licensing

4759-4-01	Applications	11/30/24
4759-4-02	Preprofessional Experience	8/28/24
4759-4-03	Examination	11/30/24
4759-4-04	Continuing Education	7/31/26
4759-4-08	Limited Permit	7/31/26
4759-4-09	License Certificates and Permits	11/30/24

Supervision; Exemptions

4759-5-01	Supervision of Persons Claiming Exemption	8/28/24
4759-5-02	Student Practice Exemption	11/30/24
4759-5-03	Plan of Treatment Exemption	11/30/24
4759-5-04	Additional Nutritional Activities Exemption	7/1/24
4759-5-05	Distribution of Literature Exemption	7/1/24
4759-5-06	Weight Control Program Exemption	7/1/24

Professional Responsibility

4759-6-01	Standards of Practice in Nutrition Care	11/30/24
4759-6-02	Standards of Professional Performance	7/31/26
4759-6-03	Interpretation of Standards	11/30/24

Severability of Rules

4759-9-01	Severability	11/30/24
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CURRENTLY IN INITIAL CIRCULATION (Comments Due 1/31/25):

Criminal Records Checks

4731-4-01	Definitions	9/30/24
4731-4-02	Criminal Records Checks	9/30/24

State Medical Board-Ohio Respiratory Care Professionals

Administrative Provisions

4761-2-03	Board Records	2/28/24
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Definitions

4761-3-01 Definitions of Terms 2/28/24

Respiratory Care Educational Programs

4761-4-01 Approval of Educational Programs 2/28/24

4761-4-02 Monitoring of Ohio Respiratory Care Educational Programs 2/28/24

Examination and Licensing

4761-5-01 Waiver of Licensing Requirements Pursuant to Division (B) of Section 4761.04 of the Revised Code
(Needs updated for statutory change & error) 9/30/25

4761-5-02 Admission to the Ohio Credentialing Examination 6/19/25

4761-5-04 License Application Procedure 9/30/25

4761-5-06 Respiratory Care Practice by Polysomnographic Technologists 6/18/25

Permits

4761-6-01 Limited Permit Application Procedure 2/28/24

Issuance of License; Scope of Care; Supervision

4761-7-01 Original License or Permit, Identification Care or Electronic License Verification 2/28/24

4761-7-03 Scope of Respiratory Care Defined 11/15/23

4761-7-04 Supervision 9/30/25

4761-7-05 Administration of Medications 11/15/23

Renewal of License or Permits

4761-8-01 Renewal of License or Permits 12/31/25

Continuing Education

4761-9-01 Definition of Respiratory Care Continuing Education 2/28/24

4761-9-02 General RCCE Requirements and Reporting Mechanism 12/31/25

4761-9-03 Activities Which Do Not Meet Ohio RCCE Requirements 2/28/24

4761-9-04 Ohio Respiratory Care Law and Professional Ethics Course Criteria 11/30/25

4761-9-05 Approved Sources of RCCE 2/28/24

4761-9-07 Auditing for Compliance with RCCE Requirements 9/30/25

Ethical and Professional Conduct

4761-10-01 Ethical and Professional Conduct 2/28/24

4761-10-02 Proper Use of Credentials 11/15/23

4761-10-03 Providing Information to the Board 9/30/25

Medical or Osteopathic License

4731-6-01	Definitions	7/31/24
4731-6-02	Preliminary Education for Medical and Osteopathic Licensure	7/31/24
4731-6-14	Eligibility for Licensure	7/31/24
4731-6-15	Eligibility for Licensure of National Board Diplomates And Medical Council of Canada	7/31/24
4731-6-21	Application Procedures for License Issuance; Investigation	7/31/24
4731-6-22	Abandonment and Withdrawal of Medical and Osteopathic Licensure Applications	7/31/24
4731-6-30	Training Certificates	7/31/24
4731-6-31	Limited Preexamination Registration and Limited Certification	7/31/24
4731-6-33	Special Activity Certificates	7/31/24
4731-6-34	Volunteer Certificates	7/31/24

RULES TO BE REVIEWED IN 2025

Rules	Review Date
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Controlled Substance Prescribing

4731-11-01	Controlled Substances-General Provisions-Definitions	10/31/25
4731-11-13	Prescribing of Opioid Analgesics for Acute Pain	8/31/22
4731-11-14	Prescribing for Subacute and Chronic Pain	12/23/23
4731-29-01	Standards and Procedures for Operation of a Pain Management Clinic	6/30/22

Office Based Surgery

4731-25-01	Definition of Terms	3/1/23
4731-25-02	General Provisions	5/31/23
4731-25-03	Standards for Surgery Using Moderate Sedation/ Analgesia	8/31/23
4731-25-04	Standards for Surgery Using Anesthesia Services	5/31/23
4731-25-05	Liposuction in the Office Setting	3/1/23
4731-25-07	Accreditation of Office Settings	5/31/23
4731-25-08	Standards for Surgery	9/30/24

Limited Branches of Medicine or Surgery

4731-1-02	Application of Rules Governing Limited Branches of Medicine or Surgery	7/31/24
4731-1-05	Scope of Practice: Massage Therapy	11/5/24
4731-1-06	Scope of Practice: Naprapathy	8/31/23

Physician Assistants

4730-1-01	Regulation of Physician Assistants-Definitions	6/18/25
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4730-1-05 Quality Assurance System 6/19/25

Internal Management Rules

4731-30-01 Internal Management Definitions 9/23/23
4731-30-02 Internal Management Board Metrics 9/23/23
4731-30-03 Approval of Licensure Applications 10/17/24

Consult Agreements

4731-35-01 Consult Agreements 10/31/25
4731-35-02 Standards for Managing Drug Therapy 10/31/25

Military Provisions

4731-36-01 Military Provisions Related to Education and
Experience Requirements for Licensure 10/29/2021 (error)
4731-36-02 Military Provisions Related to Renewal of License
And Continuing Education 12/31/25
4731-36-03 Processing Applications From Service Members,
Veterans, or Spouses of Service Members or Veterans 12/31/25
4731-36-04 Temporary License for Military Spouse 5/31/26



MEMORANDUM

TO: Yeshwant Reddy, M.D., President
Members, State Medical Board of Ohio

FROM: Kimberly C. Anderson, Chief Legal Counsel

RE: Rules for Initial Circulation

DATE: February 3, 2025

The following rules are due for five year review in 2025 and are proposed to be circulated to interested parties:

- 4731-1-02 Application of Rules Governing Limited Branches of Medicine or Surgery-No Change
- 4731-1-05 Scope of Practice: Massage Therapy-No Change
- 4731-1-06 Scope of Practice: Naprapathy-No Change
- 4731-35-01 Consult Agreements-No Change
- 4731-35-02 Standards for Managing Drug Therapy-No Change
- 4731-36-01 Military Provisions Related to Education and Experience
Requirements for Licensure-Proposed to Amend
- 4731-36-02 Military Provisions Related to Renewal of License and
Continuing Education-Proposed to Amend
- 4731-36-03 Processing Applications From Service Members, Veterans, or Spouses
Of Service Members or Veterans-No Change
- 4731-36-04 Temporary Licensure for Members of the Military and Spouses Who Are
Licensed in Another Jurisdiction-Proposed No Change

Requested Action: Approve rules for initial circulation to interested parties.

4731-1-02

Application of rules governing limited branches of medicine or surgery.

- (A) Rules adopted by the board governing the practice of limited branches of medicine apply to practitioners of those limited branches listed in sections 4731.15 and 4731.151 of the Revised Code.
- (B) Any person holding a valid license to practice one or more of the limited branches of medicine is subject to disciplinary action by the board, and may additionally be subject to criminal prosecution, if such person performs acts beyond the scope of the limited branch for which the person holds a license or which otherwise violates the rules governing practitioners of limited branches of medicine.
- (C) For purposes of division (B)(18) of section 4731.22 of the Revised Code, the code of ethics and standards of practice of the "American Massage Therapy Association" applies to all persons holding a license to practice massage therapy. The code of ethics may be obtained from the medical board's website at med.ohio.gov/.

4731-1-05

Scope of practice: massage therapy.

- (A) Massage therapy is the treatment of disorders of the human body by the manipulation of soft tissue through the systematic external application of massage techniques including touch, stroking, friction, vibration, percussion, kneading, stretching, compression, and joint movements within the normal physiologic range of motion; and adjunctive thereto, the external application of water, heat, cold, topical preparations, and mechanical devices.
- (B) A massage therapist shall not diagnose a patient's condition. A massage therapist shall evaluate whether the application of massage therapy is advisable. A massage therapist may provide information or education consistent with that evaluation, including referral to an appropriate licensed health care professional, provided that any form of treatment advised by a massage therapist falls within the scope of practice of, and relates directly to a condition that is amenable to treatment by, a massage therapist. In determining whether the application of massage therapy is advisable, a massage therapist shall be limited to taking a written or verbal inquiry, visual inspection including observation of range of motion, touch, and the taking of a pulse, temperature and blood pressure.
- (C) No person shall use the words or letters "massage therapist," "licensed massage therapist," "L.M.T." or any other letters, words, abbreviations, or insignia, indicating or implying that the person is a licensed massage therapist without a valid license under Chapter 4731. of the Revised Code.
- (D) A massage therapist may perform the following services in compliance with the following:
- (1) A massage therapist may treat temporomandibular joint dysfunction provided that the patient has been directly referred in writing for such treatment to the massage therapist by a physician currently licensed pursuant to Chapter 4731. of the Revised Code, by a chiropractor currently licensed pursuant to Chapter 4734. of the Revised Code, or a dentist currently licensed pursuant to Chapter 4715. of the Revised Code.
 - (2) A massage therapist may apply ultrasound, diathermy, electrical neuromuscular stimulation, or substantially similar modalities provided that the patient has been directly referred in writing for such treatment to the massage therapist by a physician or podiatric physician licensed under Chapter 4731. of the Revised Code, physician assistant licensed under Chapter 4730. of the Revised Code, chiropractor licensed under Chapter 4734. of the Revised Code, advanced practice registered nurse licensed under Chapter 4723. of the Revised Code, or physical therapist licensed under Chapter 4755. of the Revised Code, who is acting within the scope of their professional license.

- (a) The massage therapist must perform the modality within the minimal standards of care.
 - (b) If the food and drug administration classifies the device as a prescription device, as that term is defined in 21 CFR 801.109 amended as of June 15, 2016, or a restricted device that can only be sold, distributed, or used upon the order of an authorized healthcare provider, the massage therapist's application of the device must be done under the on-site supervision of the referring practitioner.
 - (c) If the food and drug administration classifies the device as an over-the-counter device, the massage therapist may apply the device without the on-site supervision of the referring practitioner.
- (E) All persons who hold a license to practice massage therapy issued pursuant to section 4731.17 of the Revised Code shall prominently display that license in the office or place where a major portion of the license holder's practice is conducted. If a license holder does not have a primary practice location, the license holder shall at all times when practicing keep either the wall certificate on the holder's person or provide verification of licensure status from the board's internet web site upon request.
- (F) Massage therapy does not include:
- (1) Colonic irrigation;
 - (2) The practice of chiropractic, including the application of a high velocity-low amplitude thrusting force to any articulation of the human body;
 - (3) The use of graded force applied across specific joint surfaces for the purpose of breaking capsular adhesions;
 - (4) The prescription of therapeutic exercise for the purpose of rehabilitation or remediation of a disorder of the human body;
 - (5) The treatment of infectious, contagious or venereal diseases;
 - (6) The prescription, dispensing, personally furnishing or administration of drugs; and

(7) The performance of surgery or practice of medicine in any other form.

(G) As used within this rule:

- (1) "External" does not prohibit a massage therapist from performing massage therapy inside the mouth or oral cavity; and
- (2) "Mechanical devices" means any tool or device which mimics or enhances the actions possible by the hands that is within the scope of practice as defined in section 4731.04 of the Revised Code and this rule.

4731-1-06

Scope of practice: naprapathy.

Naprapathy is the treatment of diseased spinal connective tissue and ligaments by hand only. A practitioner of naprapathy shall not examine patients except by written and verbal inquiry, visual inspection and observation, and touch. Such practitioners shall not diagnose a patient's condition, but may determine whether or not application of naprapathy is advisable.

4731-35-01

Consult agreements.

(A) For purposes of this chapter, practitioner includes the following:

- (1) Physician authorized to practice medicine and surgery or osteopathic medicine and surgery under Chapter 4731. of the Revised Code.
- (2) Physician assistant who is licensed to practice as a physician assistant under Chapter 4730. of the Revised Code, holds a valid prescriber number issued by the state medical board, and has been granted physician-delegated prescriptive authority.

(B) Requirements of a consult agreement.

(1) A consult agreement shall include all of the following:

- (a) Identification of the practitioner(s) and pharmacist(s) authorized to enter into the agreement. They may include:
 - (i) Individual names of practitioners and pharmacists;
 - (ii) Practitioner or pharmacist practice groups; or
 - (iii) Identification based on institutional credentialing or privileging.
 - (iv) If multiple practitioners are entering the consult agreement, identification of the primary practitioner for the patient.
- (b) A description of the patient's consent to drug therapy management pursuant to the consult agreement as set forth in paragraph (E) of rule 4729:1-06-01 of the Administrative Code.
- (c) The specific diagnoses and diseases being managed under the agreement, including whether each disease is primary or comorbid.
- (d) A description of the drugs or drug categories managed as part of the agreement.
- (e) A description of the procedures, decision criteria, and plan the managing pharmacist is to follow in acting under a consult agreement. Such a description should provide a reasonable set of parameters of the activities a managing pharmacist is allowed to perform under a consult

agreement.

- (f) A description of the types of tests permitted pursuant to section 4729.39 of the Revised Code that may be ordered and evaluated by the managing pharmacist as long as the tests relate directly to the management of drug therapy. This may include specific tests or categories of testing that may be ordered and evaluated.
- (g) A description of how the managing pharmacist shall maintain a record of each action taken for each patient whose drug therapy is managed under the agreement. All prescribing, administering, and dispensing of drugs shall be documented using positive identification pursuant to agency 4729 of the Administrative Code.
- (h) A description of how communication between a managing pharmacist and practitioner acting under a consult agreement shall take place at regular intervals specified by the practitioner who authorized the agreement. The agreement may include a requirement that the managing pharmacist send a consult report to each consulting practitioner.
- (i) A provision that allows a practitioner to override a decision made by the managing pharmacist when appropriate.
- (j) An appropriate quality assurance mechanism to ensure that managing pharmacists only act within the scope authorized by the consult agreement.
- (k) A description of a continuous quality improvement (CQI) program used to evaluate effectiveness of patient care and ensure positive patient outcomes. The CQI program shall be implemented pursuant to the agreement.
- (l) The training and experience criteria for managing pharmacists. The criteria may include privileging or credentialing, board certification, continuing education or any other training requirements. The agreement shall include a process to verify that the managing pharmacists meet the specified criteria.
- (m) A statement that the practitioners and pharmacists shall meet minimal and prevailing standards of care at all times.

- (n) An effective date and expiration date.
 - (o) Any other requirements contained in rules 4729:1-6-01, 4729:1-6-02 and 4729:1-6-03 of the Administrative Code.
- (2) Institutional or ambulatory outpatient facilities may implement a consult agreement and meet the requirements of paragraphs (A)(1)(c) to (A)(1)(f) of this rule through institutional credentialing standards or policies. Such standards or policies shall be referenced as part of the consult agreement and available to an agent of the board upon request.
- (3) The agreement shall be signed by the primary practitioner, which may include a medical director or designee if the designee is licensed pursuant to Chapter 4731. of the Revised Code, and one of the following:
- (a) The terminal distributor's responsible person, which may include the responsible person's designee if the designee meets the qualifications of the responsible person pursuant to Chapter 4729. of the Revised Code; or
 - (b) A managing pharmacist licensed pursuant to Chapter 4729. of the Revised Code.
- (4) All amendments to a consult agreement shall be signed and dated by the primary practitioner, which may include a medical director or designee if the designee is licensed pursuant to Chapter 4731. of the Revised Code, and one of the following:
- (a) The terminal distributor's responsible person, which may include the responsible person's designee if the designee meets the qualifications of the responsible person pursuant to Chapter 4729. of the Revised Code; or
 - (b) A managing pharmacist licensed pursuant to Chapter 4729. of the Revised Code.
 - (c) Amendments to the consult agreement are required when the scope of the managing pharmacist's permitted procedures expands past what was contemplated withing the agreement
- (5) A consult agreement shall be valid for a period not to exceed two years.

- (6) Only the following Ohio licensed practitioners practicing in Ohio and Ohio licensed pharmacists may participate in a consult agreement pursuant to section 4729.39 of the Revised Code.
 - (a) Physicians
 - (b) Physician assistants if entering into a consult agreement is authorized by one or more supervising physicians under a supervision agreement under section 4730.19 of the Revised Code; and
 - (c) Clinical nurse specialists, certified nurse-midwives, or certified nurse practitioners, if entering into a consult agreement is authorized by one or more collaborating physician.
- (C) Recordkeeping. The primary practitioner, practitioner group or institution as defined in agency 4729 of the Administrative Code shall maintain a copy of the original consult agreement, and all amendments made thereafter, and a record of actions made in consultation with the managing pharmacist regarding each patient's drug therapy. These records shall be maintained in such a manner that they are readily retrievable for at least three years from the date of the last action taken under the agreement. Such consult agreements shall be considered confidential patient records.
- (D) Managing drug therapy.
 - (1) For the purpose of implementing the management of a patient's drug therapy by an authorized managing pharmacist acting pursuant to a consult agreement, the primary practitioner must:
 - (a) Provide the managing pharmacist with access to the patient's medical record; and
 - (b) Establish the managing pharmacist's prescriptive authority as one or both of the following:
 - (i) A prescriber authorized to issue a drug order in writing, orally, by a manually signed drug order sent via facsimile or by an electronic prescribing system for drugs or combinations or mixtures of drugs to be used by a particular patient as authorized by the consult agreement. For all prescriptions issued by a pharmacist pursuant to this paragraph, the pharmacist shall comply with Chapter

4729:5-5 of the Administrative Code for outpatient and Chapter 4729:5-9 of the Administrative Code for inpatient; and or

(ii) With respect to non-controlled dangerous drugs only, an agent of the consulting practitioner(s). As an agent of the consulting practitioner(s), a pharmacist is authorized to issue a drug order, on behalf of the consulting practitioner(s), in writing, orally, by a manually signed drug order sent via facsimile or by an electronic prescribing system for drugs or combinations or mixtures of drugs to be used by a particular patient as authorized by the consult agreement, and

(c) Specifically authorize the managing pharmacist's ability to:

(i) Change the duration of treatment for the current drug therapy; adjust a drug's strength, dose, dosage form, frequency of administration, route of administration, discontinue a drug, or to prescribe new drugs; and or

(ii) Order tests related to the drug therapy being managed and to evaluate those results, and

(d) Identify the extent to which, and to whom, the managing pharmacist may delegate drug therapy management to other authorized pharmacists under the agreement.

(E) Review of consult agreements. Upon the request of the state medical board, the primary practitioner shall immediately provide a copy of the consult agreement, amendments, and any relating policies or documentation pursuant to this rule and section 4729.39 of the Revised Code. The state medical board may prohibit the execution of a consult agreement, or subsequently void a consult agreement, if the board finds any of the following:

(1) The agreement does not meet the requirements set forth in section 4729.39 of the Revised Code or this division of the administrative code; or

(2) The consult agreement, if executed, would present a danger to patient safety.

4731-35-02

Standards for managing drug therapy.

- (A) A practitioner may elect to manage the drug therapy of an established patient by entering into a consult agreement with a pharmacist. The agreement is subject, but not limited to, the following standards:
- (1) The primary practitioner must ensure that the managing pharmacist has access to the patient's medical record, the medical record is accurate, and that while transferring the medical record, the primary practitioner ensures the confidentiality of the medical record.
 - (2) The practitioner must have an ongoing practitioner-patient relationship with the patient whose drug therapy is being managed, including an initial assessment and diagnosis by the practitioner prior to the commencement of the consult agreement.
 - (3) With the exception of inpatient management of patient care at an institutional facility as defined in agency 4729 of the Administrative Code, the practitioner, prior to a pharmacist managing the patient's drug therapy, shall communicate the content of the proposed consult agreement to each patient whose drug therapy is managed under the agreement, in such a manner that the patient or the patient's representative understands scope and role of the managing pharmacist, which includes the following:
 - (a) That a pharmacist may be utilized in the management of the patient's care;
 - (b) That the patient or an individual authorized to act on behalf of a patient has the right to elect to participate in and to withdraw from the consult agreement.
 - (c) Consent may be obtained as part of the patient's initial consent to treatment.
 - (4) The diagnosis by the practitioner must be within the practitioner's scope of practice.
 - (5) The practitioner shall meet the minimal and prevailing standards of care.
 - (6) The practitioner must ensure that the pharmacist managing the patient's drug therapy has the requisite training, and experience related to the particular diagnosis for which the drug therapy is prescribed. Practitioners practicing at institutional or ambulatory outpatient facilities may meet this requirement through institutional credentialing standards or policies.

- (7) The practitioner shall review the records of all services provided to the patient under the consult agreement.

- (B) Quality assurance mechanisms. The following quality assurance mechanisms shall be implemented to verify information contained within the consult agreement, and ensure the managing pharmacist's actions are authorized and meet the standards listed in paragraphs (A) and (B) of this rule:
 - (1) Verification of ongoing practitioner-patient relationship. A practitioner-patient relationship can be established by detailing criteria set forth in paragraph (A)(2) of this rule, within the consult agreement.

 - (2) Verification that practitioner diagnosis is within the practitioner's scope of practice. Establishing that a diagnosis is within the practitioner's scope of practice may be established by detailing the criteria set forth in paragraph (A)(4) of this rule, within the consult agreement.

 - (3) Verification that pharmacist's training and experience is related to the drug therapy. Establishing that a pharmacist's requisite training and experience with a particular drug therapy is related to the diagnosis for which the drug therapy is prescribed, may be established by detailing the criteria set forth in paragraph (A)(6) of this rule, within the consult agreement.

- (C) Continuous quality improvement program. The following should be included in the development of a continuous quality improvement program in order to evaluate the effectiveness of patient care and ensure positive patient outcomes:
 - (1) Notifications to primary practitioner. The managing pharmacist must notify the primary practitioner of the following situations regarding any pharmacist authorized to manage drug therapy under the agreement:
 - (a) A pharmacist has had their pharmacist license revoked, suspended, or denied by the state board of pharmacy;

 - (b) If prescribing controlled substances, a pharmacist has failed to renew their controlled substance prescriber registration;

 - (c) If prescribing controlled substances, a pharmacist fails to obtain or maintain a valid D.E.A. registration;

- (D) Overriding decisions of managing pharmacist. Any authorized practitioner identified

under the consult agreement may override any decision, change, modification, evaluation or other action by any pharmacist acting pursuant to consult agreement or under the direction of the managing pharmacist, that was made with respect to the management of the patient's drug therapy under the consult agreement.

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

4731-36-01

Military provisions related to education and experience requirements for licensure.

(A) Definitions

For purposes of this chapter:

- (1) "Armed forces" means any of the following:
 - (a) The armed forces of the United States, including the army, navy, air force, marine corps, and coast guard;
 - (b) A reserve component of the armed forces listed in paragraph (A)(1)(a) of this rule;
 - (c) The national guard, including the Ohio national guard or the national guard of any other state;
 - (d) The commissioned corps of the United States public health service;
 - (e) The merchant marine service during wartime;
 - (f) Such other service as may be designated by Congress; or
 - (g) The Ohio organized militia when engaged in full-time national guard duty for a period of more than thirty days.
- (2) "Board" means the state medical board of Ohio.
- (3) "Service member" means any person who is serving in the armed forces.
- (4) "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.

(B) Education and service for eligibility for licensure.

- (1) In accordance with section 5903.03 of the Revised Code, the following military programs of training, military primary specialties, and lengths of service are substantially equivalent to or exceed the educational and experience

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4731-36-01

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requirements for licensure as a physician assistant and for a prescriber number:

- (a) An individual serving in a military primary specialty listed in paragraph (B)(1)(b) of this rule must be a graduate of a physician assistant education program approved by the accreditation review commission on education for the physician assistant.
- (b) Service in one of the following military primary specialties for at least two consecutive years while on active duty, with evidence of service under honorable conditions, including any experience attained while practicing as a physician assistant at a health care facility or clinic operated by the United States department of veterans affairs, may be substituted for a master's degree for eligibility for a license to practice as a physician assistant pursuant to section 4730.11 of the Revised Code and for a prescriber number pursuant to section 4730.15 of the Revised Code;
 - (i) Army: MOS 65D;
 - (ii) Navy: NOBC 0113;
 - (iii) Air force: AFSC 42G;
 - (iv) The national guard of Ohio or any state;
 - (v) Marine: Physician assistant services are provided by navy personnel;
 - (vi) Coast guard;
 - (vii) Public health service.
- (2) For purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or that exceed the educational and experience requirements for licensure as a massage therapist.
- (3) For purposes of section 5903.03 of the Revised Code, the board has determined that:

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- (a) A diploma from a military medical school or military osteopathic medical school that at the time the diploma was issued was a medical school accredited by the liaison committee on medical education or an osteopathic medical school accredited by the American osteopathic association are substantially equivalent to the medical educational requirement for licensure to practice medicine and surgery or osteopathic medicine and surgery;
 - (b) Military graduate medical education that is accredited by the accreditation council for graduate medical education is substantially equivalent to the graduate medical educational requirement for licensure to practice medicine and surgery or osteopathic medicine and surgery; and
 - (c) There are no military primary specialties or lengths of service that are substantially equivalent to or that exceed the educational and experience requirements for licensure to practice medicine and surgery or osteopathic medicine and surgery.
- (4) For purposes of section 5903.03 of the Revised Code, the board has determined that:
- (a) A degree from a military college of podiatric medicine and surgery that at the time the degree was granted was a college of podiatric medicine and surgery accredited by the council on podiatric medical education is substantially equivalent to the medical educational requirement for licensure to practice podiatric medicine and surgery;
 - (b) Military postgraduate training in a podiatric internship, residency, or clinical fellowship program accredited by the council on podiatric medicine is substantially equivalent to the graduate medical educational requirement for licensure to practice podiatric medicine and surgery; and
 - (c) There are no military primary specialties or lengths of service that are substantially equivalent to or that exceed the educational and experience requirements for licensure to practice podiatric medicine and surgery.
- (5) For purposes of section 5903.03 of the Revised Code, the board recognizes dietetics educational programs offered by branches of the United States military that have been issued accreditation status conferred by the Accreditation Council for Education in Nutrition and Dietetics or their successor organization that permits dietetics programs offered by the United States military to continue to enroll or graduate students. ~~has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or that exceed the educational and experience requirements for licensure as a dietitian.~~

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4731-36-01

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- (6) For purposes of section 5903.03 of the Revised Code, the board recognizes respiratory care educational programs offered by branches of the United States military that 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 that permits respiratory care programs offered by the United States military to continue to enroll and/or graduate students
- (7) For purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, and lengths of service that are substantially equivalent to or exceed the educational and experience requirements for licensure as an acupuncturist.
- (8) For the purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or exceed the educational and experience requirements for licensure as a radiologist assistant.
- (9) For the purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or exceed the educational and experience requirements for licensure as a genetic counselor.

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4731-36-02

Military provisions related to renewal of license and continuing education.

(A) Renewal of an expired license or certificate to practice without a late fee or re-examination.

(1) An expired license or certificate to practice pursuant to Chapter 4730., 4731., 4759., 4761., 4762., 4774., or 4778. of the Revised Code shall be renewed upon payment of the renewal fee provided for in Chapter 4730., 4731., 4759., 4761., 4762., 4774., or 4778. of the Revised Code and without a late fee or re-examination if the holder meets all of the following requirements:

(a) The licensee is not otherwise disqualified from renewal because of mental or physical disability;

(b) The licensee meets the requirements for renewal for the particular license or certificate to practice pursuant to Chapter 4730., 4731., 4759., 4761., 4762., 4774., or 4778. of the Revised Code;

(c) Either of the following situations applies:

(i) The license was not renewed because of the licensee's service in the armed forces, or

(ii) The license was not renewed because the licensee's spouse served in the armed forces, and the service resulted in the licensee's absence from this state.

(d) The licensee or the licensee's spouse, whichever is applicable, has presented satisfactory evidence of the service member's discharge under honorable conditions or release under honorable conditions from active duty or national guard duty within six months after the discharge or release.

(B) Continuing education.

(1) Extension of the continuing education period for the license or certificate to practice pursuant to Chapter 4730., 4731., 4759., 4761., 4762., or 4778. of the Revised Code:

(a) The holder of a license or certificate to practice may apply for an extension of the current continuing education reporting period in the manner provided in section 5903.12 of the Revised Code by submitting

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4731-36-02

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both of the following:

- (i) A statement that the licensee has served on active duty, whether inside or outside of the United States, for a specified period of time during the current or prior continuing education reporting period.
 - (ii) Proper documentation certifying the active duty service and the length of that active duty service.
- (b) Upon receiving the application and proper documentation, the board shall extend the current continuing education reporting period by an amount of time equal to the total number of months that the licensee spent on active duty during the current continuing education reporting period. Any portion of a month served shall be considered one full month.
- (2) The board shall consider relevant education, training, or service completed by a licensee as a member of the armed forces in determining whether a licensee has met the continuing education requirements needed to renew the license.
 - (3) For purposes of sections 5903.12 and 5903.121 of the Revised Code, anesthesiologist assistants in Chapter 4731. of the Revised Code, acupuncturists in Chapter 4762. of the Revised Code, and radiologist assistants in Chapter 4774. of the Revised Code are not required to report continuing education coursework to the board.

4731-36-03

Processing applications from service members, veterans, or spouses of service members or veterans.

- (A) The board shall include questions on all applications for licensure, renewal, reinstatement or restoration of licensure for all applicants for licensure or certificate to practice pursuant to Chapters 4730., 4731., 4759., 4761., 4762., 4774., and 4778. that inquire as to whether the applicant is:
- (1) A service member;
 - (2) A veteran; or
 - (3) The spouse or surviving spouse of a service member or veteran.
- (B) If the applicant for licensure, biennial renewal, reinstatement, or restoration of licensure responds affirmatively to any of the questions discussed in paragraph (A) of this rule, the board shall process the application in the following manner:
- (1) Route the application to a board staff member who is responsible for monitoring the application and communicating with the applicant regarding the status of the application, including informing the applicant of any documentation needed for the board to process the application;
 - (2) Expedite the processing of the application, even if the application was received later in time than other applications that are pending processing;
 - (3) Provide information regarding available continuing education waivers to applicants if the applicant or the applicant's spouse will be imminently deployed; and
 - (4) Track, on an annual basis, the total number of applications submitted by service members, veterans, spouses or surviving spouses of service members or veterans, and the average number of business days expended by the board to process those applications.

4731-36-04

Temporary licensure for members of the military and spouses who are licensed in another jurisdiction.

- (A) “Military duty” has the same meaning as in section 4743.041 of the Revised Code.
- (B) Pursuant to section 4743.041 of the Revised Code, the state medical board of Ohio shall issue a temporary license or certificate to practice the professions governed by Chapters 4730., 4731., 4759., 4761., 4762., 4774., and 4778. of the Revised Code if the individual demonstrates to the satisfaction of the board all the following:
- (1) The individual holds a valid license or certificate to practice the profession issued by any other state or jurisdiction;
 - (2) The individual is in good standing in the state or jurisdiction of licensure or certification;
 - (3) The individual or the individual’s spouse is on military duty in this state.
- (C) An applicant for a temporary license or certificate must certify that, to the best of the applicant’s knowledge, the applicant is not under investigation by the licensing agency of any state or jurisdiction.
- (D) No application submitted to the board shall be considered complete until the applicant has complied with the requirements of paragraph (A) of rule 4731-4-02 of the Administrative Code and the board has received the results of the criminal records checks.
- (E) If an applicant for a temporary license or certificate 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.
- (F) The board shall issue a temporary license or certificate within fourteen days of having received the results of a criminal records check, provided that the application is otherwise complete, and the applicant is not under investigation by the licensing agency of any state or jurisdiction.
- (G) The board shall process the application for a temporary license or certificate in accordance with rule 4731-36-03 of the Administrative Code.
- (H) The board shall waive all fees associated with the issuance of the temporary license

or certificate.

- (I) A temporary license or certificate issued under this section shall be valid for a two-year period unless revoked or suspended. A temporary license or certificate may not be renewed and a new temporary license may not be issued.

- (J) A holder of a temporary license or certificate may apply for licensure under Chapters 4730., 4731., 4759., 4761., 4762., 4774., and 4778. of the Revised Code at any time before or after expiration of the temporary license. A holder or previous holder of a temporary license or certificate must meet all requirements for licensure under the applicable chapter of the Revised Code and rules adopted thereunder.



MEMORANDUM

TO: Yeshwant Reddy, M.D., President
Members, State Medical Board of Ohio

FROM: Kimberly C. Anderson, Chief Legal Counsel

RE: Dietetics Rules (Chapter 4759, Ohio Administrative Code)

DATE: February 3, 2025

On January 14, 2025, rules related to Dietetics Licensure were filed with the Common Sense Initiative (“CSI”). The Business Impact Analysis and proposed rules are attached. The deadline for submission of comments on the rules was Friday, January 31, 2025. Comments were received from Kay Mavko and Cynthia Blocksom of the Ohio Academy of Nutrition and Dietetics, which is attached for your review and summarized below.

- 4759-2-01(I): Recommend removal of the word “and” between care and process on the first and second lines, so that the term is “nutrition care process”.

I recommend making this change.

- 4759-2-01(introductory paragraph), (I), 4759-6-01(introductory paragraph), (B)(1), and (C): Recommend removal of the phrase “within the scope of practice of dietetics as defined in section 4759.01 of the Revised Code”.

When these rules were reviewed with the Board in 2024, Board staff recommended the addition of the language related to the statutory scope of dietetics practice. In the rules in Chapter 4759-6, establishing the standards of practice in nutrition care, dietitians are required to comply with the 2024 Scope and Standards of Practice for the Registered Dietitian Nutritionist adopted by the Academy of Nutrition and Dietetics, which is applicable to dietitians in other states and may reference tasks that are outside the statutory scope of practice for dietitians in Ohio. In order to prevent confusion related to the controlling authority for the dietitian’s scope of practice, I recommend leaving the qualifying language to specify that the dietetic scope of practice is as defined in Section 4759.01 of the Revised Code.

Based on the above, I do not recommend making this change.

Requested Action: Determine whether to make the requested changes, and provide the response to the Ohio Academy of Nutrition and Dietetics and the Common Sense Initiative.

OHIO ACADEMY
of Nutrition and Dietetics

an affiliate of the
right Academy of Nutrition and Dietetics



CSI Public Comments
Common Sense Initiative Office
Governor's Office
Riffe Center, 30th Floor
77 South High Street
Columbus, Ohio 43215-6117

January 31, 2025

Kimberly C. Anderson
Chief Legal Counsel
State Medical Board of Ohio
30. E. Broad Street, 3rd Floor
Columbus, Ohio 43215-6127

On behalf of the Ohio Academy of Nutrition and Dietetics (OAND) I want to thank you for the opportunity to review the rules being drafted and proposed for amendment by the State Medical Board of Ohio (SMBO) Dietetics Licensure including:

4759-2-01;
4759-4-01; 4759-4-02; 4749-4-03; 4759-4-04; 4759-4-08; 4759-4-09
4759-5-01; 4759-5-02; 4759-5-04; 4759-5-06;
4759-6-01; 4759-6-02; 4759-6-03
4759-9-01

OAND generally finds the rules in this package to be acceptable as drafted - except for comments we would like to make on rules 4759-2-01 and 4759-6-01 as follows.

4759-2-01 Definitions

At 4759-2-01 (I) the definition of the term "medical nutrition therapy" is being amended (in-part) to:

***"Medical nutrition therapy" means the evidence-based application of the nutrition care and process and use of specific nutrition services to treat, or rehabilitate an illness, injury, or condition. ***

The first use of the word "and" before the word "process" should be removed as its use there is incorrect.

The proper term “Nutrition Care Process” is used by Dietitians to describe a standard systematic framework used for critical thinking and decision making when Dietitians provide nutrition services. The process consists of four specific steps including - Nutrition assessment and reassessment, nutrition diagnosis, nutrition intervention, and nutrition monitoring and evaluation. ¹, ²

The Ohio Academy of Nutrition and Dietetics respectfully requests that the first use of the word “and” be removed so that the term “nutrition care process” is restored.

4759-2-01-Definitions – The introductory paragraph in this rule has been amended to emphasize that Ohio licensed dietitians must practice according to all laws contained in Chapter 4759 ORC – with particular emphasis on the dietitian scope of practice defined in 4759.01 ORC. The paragraph states:

The following meanings apply to all rules promulgated by the state medical board of Ohio, unless a specific paragraph explicitly defines or uses the word or term in a different manner [subject to the laws of Chapter 4759 of the Revised Code, including section 4759.01 of the Revised Code defining the practice of dietetics.](#)

The language of the amendment and its application is clear. Ohio licensed Dietitians are very aware that they must practice within the scope of practice as defined in 1987 when this Ohio law was enacted.

At 4759-2-02 (I) the definition of “medical nutrition therapy” repeats the admonishment to practice within the scope of practice by amending the definition (in part) as follows:

*** “Medical nutrition therapy includes nutrition assessment, re-assessment, nutrition diagnosis, nutrition intervention, nutrition monitoring and evaluation [within the scope of practice of dietetics as defined in section 4759.01 of the Revised Code.](#)”

OAND believes that it is unnecessary to repeat the reference back to the scope of practice section. We respectfully request that the words “within the scope of practice of dietetics as defined in section 4759.01 of the Revised Code.” be removed.

4759-6-01 Standards of Practice in nutrition care.

4759-6-01- Introductory paragraph two informs the reader that the “nutrition care process” must be performed “[within the scope of practice of dietetics as defined in section 4759.01 of the Revised Code.](#)” and applies to all steps in the nutrition care process.

OAND believes that it is redundant to repeat the reference to the scope of practice section 4759.01 ORC and unnecessary to repeatedly admonish dietitians to practice within the scope of practice in the following two additional places within this rule:

4759-6-01(B)(1) – “Nutrition diagnosis” is the identification and labeling that describes an actual occurrence, risk of, or potential for developing, a nutritional problem that dietetics practitioners are responsible for treating independently [within the scope of practice of dietetics as defined in section 4759.01 of the Revised Code.](#)

4759-6-01(C) – (nutrition intervention step) Within the scope of practice of dietetics as defined in section 4759.01 of the Revised Code, the licensee utilizes nutrition intervention as the third step in the nutrition care process to identify and implement appropriate, purposefully planned actions designed with the intent of changing a nutrition-related behavior, risk factor, environmental condition or aspect of health status for and individual, target group, or the community at large.

OAND respectfully requests that the words “within the scope of practice of dietetics as defined in section 4759.01 of the Revised Code.” be removed from 4759-6-01(B)(1), and 4759-6-01 (C) paragraph 1.

We believe that the proposed language changes would improve the rules by making them more clear, correct, and less redundant.

Thank you for the opportunity to provide comments on this rule package.

Kay Mavko, MS, RDN, LD
State Regulatory Specialist
Ohio Academy of Nutrition and Dietetics

Cynthia Blocksom, MEd, RDN, LD, MCHES, FAND
Pat McKnight, MS, RDN, LD
Co-Chairpersons, Public Policy Committee
Ohio Academy of Nutrition and Dietetics

¹ Swan, W. I., Vivanti, A., Hakel-Smith, N. A., Hotson, B., Orrevall, Y., Trostler, N., Beck Howarter, K., & Papoutsakis, C. (2017). Nutrition Care Process and Model Update: Toward Realizing People-Centered Care and Outcomes Management. *Journal of the Academy of Nutrition and Dietetics*, 117(12), 2003–2014. <https://doi.org/10.1016/j.jand.2017.07.015>

²Lacey, K. Pritchett, E Nutrition Care Process and Model: ADA adopts road map to quality care and outcomes management, *J. Am Diet Assoc.* 2004;103:1061-1072.



Common Sense Initiative

Mike DeWine, *Governor*
Jon Husted, *Lt. Governor*

Joseph Baker, *Director*

Business Impact Analysis

Agency, Board, or Commission Name: State Medical Board of Ohio

Rule Contact Name and Contact Information: Kimberly Anderson, Chief Legal Counsel,
Kimberly.Anderson@med.ohio.gov

Regulation/Package Title (a general description of the rules' substantive content):

Dietetics Licensure

Rule Number(s): 4759-2-01, 4759-4-01, 4759-4-02, 4759-4-03, 4759-4-04, 4759-4-08, 4759-4-09,
4759-5-01, 4759-5-02, 4759-5-03, 4759-5-04, 4759-5-05, 4759-5-06, 4759-6-01, 4759-6-02, 4759-6-03,
4759-9-01

Date of Submission for CSI Review: 1/14/25

Public Comment Period End Date: 1/31/25

Rule Type/Number of Rules:

New/ rules

No Change/ 10 rules (FYR? y)

Amended/ 7 rules (FYR? y)

Rescinded/ rules (FYR?)

The Common Sense Initiative is established in R.C. 107.61 to eliminate excessive and duplicative rules and regulations that stand in the way of job creation. Under the Common Sense Initiative, agencies must balance the critical objectives of regulations that have an adverse impact on business with the costs of compliance by the regulated parties. Agencies should promote transparency, responsiveness, predictability, and flexibility while developing regulations that are fair and easy to follow. Agencies should prioritize compliance over punishment, and to that end, should utilize plain language in the development of regulations.

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Reason for Submission

1. **R.C. 106.03 and 106.031 require agencies, when reviewing a rule, to determine whether the rule has an adverse impact on businesses as defined by R.C. 107.52. If the agency determines that it does, it must complete a business impact analysis and submit the rule for CSI review.**

Which adverse impact(s) to businesses has the agency determined the rule(s) create?

The rule(s):

- a. **Requires a license, permit, or any other prior authorization to engage in or operate a line of business.**
- b. **Imposes a criminal penalty, a civil penalty, or another sanction, or creates a cause of action for failure to comply with its terms.**
- c. **Requires specific expenditures or the report of information as a condition of compliance.**
- d. **Is likely to directly reduce the revenue or increase the expenses of the lines of business to which it will apply or applies.**

Regulatory Intent

2. **Please briefly describe the draft regulation in plain language.**

Please include the key provisions of the regulation as well as any proposed amendments.

4759-2-01:Definitions

This rule sets forth the definitions to be used in the rules promulgated under Chapter 4759, Ohio Administrative Code. It is proposed to be amended to update the definition of “nutrition assessment”; “nutritional education”; “medical nutrition therapy”; “Council on Postsecondary Accreditation” and adds a definition for “Accreditation Council for Education in Nutrition and Dietetics”.

4759-4-01:Applications

This rule sets forth the requirements for applications for initial licensure and limited permit, and renewal. It is proposed as a no change rule.

4759-4-02:Preprofessional Experience

This rule sets forth the requirements for applicants to complete a preprofessional practice experience accredited by the Accreditation Council for Education in Nutrition and Dietetics. The rule also delineates the requirements for doctoral degree alternative to a preprofessional practice experience. The rule is proposed to be amended to update the name of the accrediting body and to reflect the change in hours for the doctoral degree program.

4759-4-03:Examination

This rule sets forth the examination requirement for dietetics licensure. No changes are proposed.

4759-4-04:Continuing Education

This rule sets forth the requirements for continuing education and the audit and disciplinary provisions that are applicable if a licensee fails to complete the necessary continuing education requirements. No changes are proposed.

4759-4-08:Limited Permit

This rule sets forth the requirements for application for a limited permit to practice dietetics and the parameters of the limited permit, including limits on renewal and the expiration date. No changes are proposed.

4759-4-09:License Certificates and Permits

The rule sets forth information regarding license certifications and verification letters. No changes are proposed.

4759-5-01:Supervision of Persons Claiming Exemption

This rule sets forth the supervision requirements for individuals claiming exemption from licensure as a dietetic technician, dietetic technician registered or nutrition associate. The rule is proposed to be amended to update the title of the accrediting body for the Academy of Nutrition and Dietetics.

4759-5-02:Student Practice Exemption

This rule sets forth detail regarding how a student dietitian may engage in dietetic practice. No changes are proposed.

4759-5-03:Plan of Treatment Exemption

This rule clarifies licensure exemption under Section 4759.10(F), Ohio Revised Code that dietetics licensure is not required for an individual executing a plan of treatment authorized by and within the scope of a supervising licensed professional. No changes are proposed.

4759-5-04:Additional Nutritional Activities Exemption

This rule addresses a licensure exemption under Section 4759.10(D), Ohio Revised Code, which allows the Woman, Infant and Children's Program ("WIC") of the Ohio Department of Health to designate a person to provide additional nutritional activities to operate its programs provided reasonable efforts to obtain the services of a licensed dietitian have failed. The rule is proposed to be amended to eliminate the requirement for the WIC program to notify the Medical Board.

4759-5-05:Distribution of Literature Exemption

This rule provides clarification on the licensure exemption for distribution of literature. No changes are proposed.

4759-5-06:Weight Control Program Exemption

This rule provides detail regarding the licensure exemption under Section 4759.10(J) of the Ohio Revised Code. No changes are proposed.

4759-6-01:Standards of Practice in Nutrition Care

This rule sets forth the standards of practice and expectations regarding nutritional care and service delivery and provide detail regarding four standards representing the four steps of the nutrition care process. The rule is proposed to be amended to clean up language related to nutrition intervention and nutrition monitoring and evaluation.

4759-6-02:Standards of Professional Performance

This rule sets forth the standards of professional performance for a licensed dietitian and is proposed to be amended to include reference to the 2024 Scope and Standards of Practice for the Registered Dietitian Nutritionist adopted by the Academy of Nutrition and Dietetics. Amendments are proposed to update and streamline the requirements of the rule.

4759-6-03:Interpretation of Standards

This rule sets forth the documents used to interpret the standards of practice. The rule is proposed to be amended to reference the 2024 Scope and Standards of Practice for the Registered Dietitian Nutritionists developed by the Academy of Nutrition and Dietetics.

4759-9-01:Severability

This rule establishes that each rule stands on its own and any negative finding related to other rules in this chapter will not invalidate all the rules of the chapter. No changes are proposed.

3. Please list the Ohio statute(s) that authorize the agency, board or commission to adopt the rule(s) and the statute(s) that amplify that authority.

4759-2-01: Authorized by: 4759.05, Amplifies: 4759.01, 4759.02

4759-4-01: Authorized by: 4759.05, Amplifies 4759.05, 4759.06, 4759.07, 4759.08

4759-4-02: Authorized by: 4759.05, Amplifies 4759.05, 4759.06

4759-4-03: Authorized by: 4759.05, Amplifies: 4759.05, 4759.06

4759-4-04: Authorized by: 4759.05, Amplifies: 4759.05, 4759.06

4759-4-08: Authorized by: 4759.05, Amplifies: 4759.05, 4759.06, 4759.08

4759-4-09: Authorized by: 4759.05, Amplifies 4759.06

4759-5-01: Authorized by: 4759.05, Amplifies 4759.10
4759-5-02: Authorized by: 4759.05, Amplifies: 4759.01, 4759.02, 4759.10
4759-5-03: Authorized by: 4759.05, Amplifies: 4759.10
4759-5-04: Authorized by: 4759.05, Amplifies 4759.10
4759-5-05: Authorized by: 4759.05, Amplifies: 4759.10
4759-5-06: Authorized by: 4759.05, Amplifies: 4759.10
4759-6-01: Authorized by: 4759.05, Amplifies: 4759.05
4759-6-02: Authorized by: 4759.05, Amplifies: 4759.05
4759-6-03: Authorized by: 4759.05, Amplifies: 4759.05
4759-9-01: Authorized by: 4759.05, Amplifies 4759.05

- 4. Does the regulation implement a federal requirement? Is the proposed regulation being adopted or amended to enable the state to obtain or maintain approval to administer and enforce a federal law or to participate in a federal program? If yes, please briefly explain the source and substance of the federal requirement.**

No, the regulations do not implement a federal requirement.

- 5. If the regulation implements a federal requirement, but includes provisions not specifically required by the federal government, please explain the rationale for exceeding the federal requirement.**

Not applicable.

- 6. What is the public purpose for this regulation (i.e., why does the Agency feel that there needs to be any regulation in this area at all)?**

The public purpose for the proposed regulations is to ensure the competent and safe practice of dietetics in Ohio to protect the public.

- 7. How will the Agency measure the success of this regulation in terms of outputs and/or outcomes?**

The success of these regulations will be measured by the rules being written in plain, understandable language, licensee compliance with the rules, and minimal questions from the licensees about the proposed rules.

- 8. Are any of the proposed rules contained in this rule package being submitted pursuant to R.C. 101.352, 101.353, 106.032, 121.93, or 121.931?**

If yes, please specify the rule number(s), the specific R.C. section requiring this submission, and a detailed explanation.

No.

Development of the Regulation

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9. Please list the stakeholders included by the Agency in the development or initial review of the draft regulation.

If applicable, please include the date and medium by which the stakeholders were initially contacted.

The proposed rules were circulated to interested parties in March 2024. Two comments were received and changes were made to correct a typographical error in Rule 4759-2-01(A)(7). After reviewing the rules, amendments to rules 4759-2-01, 4759-6-01, 4759-6-02, and 4759-6-03 were proposed to the Board to ensure that the scope of practice permitted by the rules did not exceed the statutory authority. On June 28, 2024, Medical Board staff met with Kay Mavko of the Ohio Academy of Nutrition and Dietetics to discuss the amendments. Additional comments were provided on behalf of the Ohio Academy of Nutrition and Dietetics.

10. What input was provided by the stakeholders, and how did that input affect the draft regulation being proposed by the Agency?

As indicated above, the Medical Board received substantial input from the Ohio Academy of Nutrition and Dietetics. The input resulted in updates to the rules to reflect updates in guidance documents from the Commission on Dietetic Registration Scope and Standards Task Force; updates related to the doctoral degree alternative to the pre-professional practice experience; and the elimination of the requirement for the Woman, Infant and Children's Program ("WIC") of the Ohio Department of Health to report to the Medical Board the designation of a person to engaging in additional nutritional activities to operate its programs when efforts to obtain services of a licensee have failed.

After additional discussion with Kay Mavko of the Ohio Academy of Nutrition and Dietetics the Board, in August 2024, approved amendments to Rules 4759-2-01, 4759-6-01, 4759-6-02 and 4759-6-03 of the Ohio Administrative Code.

11. What scientific data was used to develop the rule or the measurable outcomes of the rule? How does this data support the regulation being proposed?

The Medical Board did not use scientific data to develop the rules or the measurable outcomes of the rules. The draft rules were developed with plain language and common sense to reflect the requirements of Chapter 4759. of the Ohio Revised Code.

12. What alternative regulations (or specific provisions within the regulation) did the Agency consider, and why did it determine that these alternatives were not appropriate? If none, why didn't the Agency consider regulatory alternatives? *Alternative regulations may include performance-based regulations, which define the required outcome, but do not dictate the process the regulated stakeholders must use to comply.*

The rules were changed to reflect updates from the Scope and Standards of Practice for the Registered Dietitian Nutritionist adopted by The Academy of Nutrition and Dietetics in February 2024.

13. What measures did the Agency take to ensure that this regulation does not duplicate an existing Ohio regulation?

The Medical Board is the only agency authorized to regulate the practice of dietetics. Medical Board staff have reviewed the proposed regulations to ensure that they do not duplicate any existing regulations regarding dietetics.

14. Please describe the Agency’s plan for implementation of the regulation, including any measures to ensure that the regulation is applied consistently and predictably for the regulated community.

The rules will be posted on the Medical Board’s website and notice of the rules will be circulated to licensees authorized to practice dietetics and interested parties. Medical Board staff members will be made aware of the changes to the rules and will be available to answer questions regarding the rules.

Adverse Impact to Business

15. Provide a summary of the estimated cost of compliance with the rule(s). Specifically, please do the following:

a. Identify the scope of the impacted business community, and

Licensed dietitians, applicants for licensure, and dietetics students seeking application for licensure.

b. Quantify and identify the nature of all adverse impact (e.g., fees, fines, employer time for compliance, etc.).

The adverse impact can be quantified in terms of dollars, hours to comply, or other factors; and may be estimated for the entire regulated population or for a representative business. Please include the source for your information/estimated impact.

Under 4759.08, licensees are required to pay \$225 for an initial license to practice dietetics and \$180 for renewal of that license. The cost of a limited permit is \$65.

Applicants for licensure are required to pass the examination for dietitians offered by the Commission on Dietetic Registration, which is currently \$225 for the RD examination. Licensees are required to complete continuing education as set forth in Rule 4759-4-04, which has varying costs.

Licensees who are disciplined for violations to Medical Board statutes and rules are subject to a civil penalty of up to \$20,000.

16. Are there any proposed changes to the rules that will reduce a regulatory burden imposed on the business community? Please identify. (*Reductions in regulatory burden may include streamlining reporting processes, simplifying rules to improve readability, eliminating requirements, reducing compliance time or fees, or other related factors*).

The amendments to the rules eliminate a reporting requirement for the WIC program of the Ohio Department of Health.

17. Why did the Agency determine that the regulatory intent justifies the adverse impact to the regulated business community?

The competent and safe practice of dietetics to protect the public is an important public purpose that justifies relatively minimal adverse impact on the regulated business community.

Regulatory Flexibility

18. Does the regulation provide any exemptions or alternative means of compliance for small businesses? Please explain.

The rules apply to all licensed dietitians and individuals holding dietetics limited permits regardless of the size of the business. There are no exemptions or alternative means of compliance. The rules ensure public safety through their requirements for the competent and safe practice of dietetics.

19. How will the agency apply Ohio Revised Code section 119.14 (waiver of fines and penalties for paperwork violations and first-time offenders) into implementation of the regulation?

Due process requires the Medical Board to consistently apply its rules so that all licensees are treated equally with respect to law and rule violations.

20. What resources are available to assist small businesses with compliance of the regulation?

Medical Board staff members are available to answer questions. Information regarding the rules is provided on the Board's website.

4759-2-01

Definitions.

The following meanings apply to all rules promulgated by the state medical board of Ohio, unless a specific paragraph explicitly defines or uses the word or term in a different manner subject to the laws of Chapter 4759 of the Revised Code, including section 4759.01 of the Revised Code defining the practice of dietetics.

(A) "~~Nutritional~~ Nutrition assessment" means the ~~integrative evaluation of nutritionally relevant data~~ systematic approach for collecting, classifying, and synthesizing relevant data to develop an individualized nutritional care plan. These data may include:

- (1) Nutrient intake;
- (2) Anthropometric measurements;
- (3) Biochemical values;
- (4) Physical and metabolic parameters;
- (5) Socio-economic factors;
- (6) Current medical diagnosis and medications; and
- (7) Pathophysiological processes.

The mere collection of these data for use in assessment is not nutritional assessment and does not require a dietitian licensed under section 4759.06 of the Revised Code. Nutrition assessment is an on-going dynamic process and includes re-assessment, analysis of client or community needs and provides the foundation for nutrition diagnosis and nutritional recommendations includin enteral and parenteral nutrition.

(B) "Nutritional counseling" means the advising of individuals or groups regarding nutritional intake by integrating information from the nutritional assessment with information on food and other sources of nutrients and meal preparation consistent with cultural background and socioeconomic status.

The distribution by an individual of written information prepared by a licensee is not nutritional counseling, and any person distributing the written information need not be licensed under section 4759.06 of the Revised Code.

(C) "Nutritional education" means a planned program based on learning objectives with

expected outcomes designed to modify nutrition-related behaviors. This does not prohibit an [unlicensed](#) individual from providing general non-medical nutrition information [as defined in paragraph \(M\) of rule 4759-2-01 of the Administrative Code](#) if the person does not violate division (B) of section 4759.02 of the Revised Code.

- (D) "Nutritional care standards" means policies and procedures pertaining to the provision of nutritional care in institutional and community settings.
- (E) "Nutritional care" means the application of the science of nutrition in the health and disease of people.
- (F) "Board" means the state medical board of Ohio.
- (G) "Commission" means "The Commission on Dietetic Registration."
- (H) "The Academy" means "The Academy of Nutrition and Dietetics."
- (I) "Medical nutrition therapy" means the [evidence-based application of the nutrition care and process and](#) use of specific nutrition services to treat, or rehabilitate an illness, injury, or condition. Medical nutrition therapy includes nutrition assessment, [re-assessment, nutrition diagnosis, nutrition](#), intervention, [nutrition monitoring and evaluation within the scope of practice of dietetics as defined in section 4759.01 of the Revised Code..](#) ~~education, and counseling.~~
- (J) "Council on postsecondary accreditation" is synonymous with [its successors the](#) "Commission on recognition of post-secondary accreditation." [and the "Council for higher education accreditation \("CHEA"\)."](#)
- (K) For purposes of division (B)(2) of section 4759.02 of the Revised Code, the terms "Nutritionist," "Nutrition counselor" and like terms tend to indicate the person is practicing dietetics.
- (L) "High nutritional risk" means, but is not limited to, an individual to whom one or more of the following apply:
 - (1) Has a diagnosis of or presence of risk factors for malnutrition, dehydration, anemia, malabsorption disorders, vitamin and mineral deficiencies;
 - (2) Receives enteral or parenteral nutrition;

- (3) Has pressure ulcer(s), open wounds(s), or non-healing wound(s);
- (4) Significantly low albumin or hemoglobin levels, or elevated blood urea nitrogen and electrolyte imbalances;
- (5) Severe chewing or swallowing problems;
- (6) Consistently poor food/fluid intakes;
- (7) Individuals who are less than ninety per cent of standard weight for height, or who exhibit significant weight changes as defined by accepted practice guidelines;
- (8) Decreased activities of daily living (ADL);
- (9) Decreased cognitive ability;
- (10) A pregnant female who was fifteen years of age or less at the time of conception;
- (11) Infants who are small for gestational age, or a pre-term infant of low birth weight.

(M) "General non-medical nutrition information" means information on the following:

- (1) Principles of good nutrition and food preparation;
- (2) Food to be included in the normal daily diet;
- (3) The essential nutrients needed by the body;
- (4) Recommended amounts of the essential nutrients;
- (5) The actions of nutrients on the body;
- (6) The effects of deficiencies or excesses of nutrients; or
- (7) Food and supplements that are good sources of essential nutrients.

(N) “Accreditation Council for Education in Nutrition and Dietetics (“ACEND”)” of the Academy of Nutrition and Dietetics is the accrediting agency for didactic education and preprofessional experience programs that prepare students for careers as dietitians. Dietetics education programs voluntarily apply to the ACEND for program accreditation by submitting applications demonstrating compliance with the accreditation standards.

4759-4-01

Applications.

- (A) Each applicant for initial licensure or renewal of a license or limited permit shall submit to the board an application which demonstrates compliance with sections 4759.05 and 4759.06 of the Revised Code and this chapter. This application shall be submitted 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.
- (B) No application for a license or permit submitted to the board shall be considered complete until the applicant has complied with the requirements of rule 4731-4-02 of the Administrative Code and the board has received the results of the criminal records checks.
- (C) 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.
- (D) Each applicant who is not a registered dietitian (RD) must forward an academic transcript from all degree granting institutions of higher education directly to the board or submit an official "student issued" copy.
- (E) For the purpose of proving accreditation of a course of study at a foreign institution, an applicant shall have the applicant's academic credentials independently validated as equivalent by an accreditation agency that is recognized by the "Council for Higher Education Accreditation," or its predecessors, or have the applicant's academic credentials independently validated by an agency specializing in education evaluations which is acceptable to the board. A copy of the validation shall be attached to the application as part of the application.
- (F) A licensee shall notify the board of a change of address providing at least a new address, telephone number, and signed request for the change. A licensee shall notify the board of a change of name by providing legal evidence of the name change and a signed request for the change.
- (G) All applications, statements and documents submitted shall become the property of the board. No application being investigated under section 4759.07 of the Revised Code, may be withdrawn without approval of the board.

4759-4-02

Preprofessional experience.

(A) An applicant shall successfully complete a preprofessional practice dietetic experience in dietetics that is accredited ~~approved~~ by the Accreditation Council for Education in Nutrition and Dietetics ("ACEND") of "The Academy of Nutrition and Dietetics" and is at least equivalent to the requirement for such programs adopted by "The Commission On Dietetic Registration."

(B) Doctoral degree alternative.

As an alternative to the requirements in paragraph (A) of this rule, the holder of a doctoral degree may meet the preprofessional dietetic experience requirement by successfully completing a planned program of continuous experience in dietetic practice of not less than ~~nine hundred~~ one thousand hours under the supervision of a licensed dietitian in this state or a registered dietitian provided all the following conditions are satisfied:

- (1) The applicant holds the doctoral degree from an accredited institution;
- (2) The applicant has, as part of successfully completing either a baccalaureate or higher degree from an accredited institution, a major in any of the following subjects: human nutrition, food and nutrition, dietetics, food systems management, or public health nutrition;
- (3) The applicant has submitted the program to the board for its approval and received approval prior to engaging in the planned program;
- (4) The experience meets requirements that are at least equivalent to the requirements adopted by "The Commission On Dietetic Registration"; and
- (5) Following completion of the program, the applicant shall submit a certificate of completion signed by the dietitian who supervised the program.

For purposes of this paragraph, an "accredited institution" is either: an institution accredited to grant the degree described in this paragraph by an accrediting agency that is recognized by the "Council for Higher Education Accreditation" or its predecessors; or an institution in a foreign country when the applicant presents evidence that the doctoral degree has been validated as equivalent to a degree under this paragraph by an institution accredited for such degrees in accordance with this paragraph or; by an agency specializing in educational credential evaluations which is acceptable to the board.

4759-4-03

Examination.

- (A) As a prerequisite to the issuance of an initial license, the applicant shall provide evidence of passing the examination designated in paragraph (B) of this rule.

- (B) The board selects and approves of the examination for dietitians offered by "The Commission On Dietetic Registration."

4759-4-04

Continuing education.

(A) An applicant for renewal or restoration of a license shall demonstrate compliance with the continuing education/professional development requirements of this rule.

(B) An applicant for license renewal or restoration shall:

(1) If licensee is a registered dietitian, certify completion of the continuing education required to hold current registration with the commission on dietetic registration, and complete one hour of ethics or laws, rules, and regulations governing the practice of dietetics in the two-year renewal period. These continuing education hours shall be from activities approved by the commission on dietetic registration, academy of nutrition and dietetics, or the Ohio academy of nutrition and dietetics; or

(2) If licensee is not a registered dietitian, certify the completion of thirty hours of continuing education completed during the two-year renewal period. At least one hour in each renewal period shall relate to ethics or laws, rules, and regulations governing the practice of dietetics. These continuing education hours shall be from activities approved by the commission on dietetic registration, academy of nutrition and dietetics, or the Ohio academy of nutrition and dietetics.

In addition for each biennial renewal period, a licensee that is not a registered dietitian shall use and document a learning process for that renewal period that is consistent with the commission on dietetic registration. Specifically, the licensee that is not a registered dietitian shall document the following: self-reflection on competencies and learning needs, development of a learning plan with goals to maintain and improve on existing competencies and/or develop competencies in new areas or areas of learning deficiency; and progress on the learning plan documented through successful completion of activities in the areas specified in the learning plan. This learning plan must be documented and available to the board upon request pursuant to the audit and disciplinary provisions of divisions (E) and (F) of section 4759.06 of the Revised Code.

(C) All licensees are subject to the audit and disciplinary provisions of divisions (E) and (F) of section 4759.06 of the Revised Code for failure to comply with this rule. Licensees are responsible for retaining records of completion of the continuing education hours required.

4759-4-08

Limited permit.

- (A) The board may grant a limited permit to a person who has completed the education and preprofessional requirements for licensure upon the following conditions:
- (1) The person has filed a completed application for a limited permit and paid the appropriate fee;
 - (2) The application contains any required statements or transcripts verifying completion of the academic and preprofessional requirements in order to qualify to take the examination for licensure; and
 - (3) The applicant indicates intent to take the examination for licensure within six months of the issuance of the limited permit.
- (B) The permit shall expire if the permit holder fails to take the examination in a timely manner or fails the examination twice.
- (C) Limited permits shall expire six months after the date of issuance.
- (D) A limited permit may be renewed once.
- (E) A limited permit holder who fails the examination must report the results to the board office immediately.
- (1) The first time the limited permit holder fails, the limited permit holder shall practice only under the direct supervision of an Ohio licensed dietitian.
 - (2) The second time the limited permit holder fails, the limited permit expires immediately.
- (F) A limited permit shall not be issued to a person who has failed the examination two or more times.
- (G) The licensed dietitian who provides direct supervision of a person who has failed the examination and holds a limited permit shall provide sufficient guidance and direction to enable the person to perform competently and to protect the public.
- (1) The licensed dietitian shall document a supervision plan for the limited permit holder to include specific goals and strategies for assuring competent entry level practice. The supervising dietitian shall periodically document the limited permit holder's progress. Documentation shall include, but is not

limited to, dates of conferences, supervisory notes, written evaluations and recommendations. Documentation should be maintained in the licensed dietitian's records and be available upon request of the board.

- (2) Direct supervision means that the licensee providing the supervision needs to be readily available by telecommunication, or in person and the licensee must review the work of the supervisee at least every seven days. When reviewing the work of a supervisee, the licensee shall comply with standards for professional responsibility and practice set forth in Chapter 4759-6 of the Administrative Code.

- (H) It is the licensed dietitian's responsibility to supervise the limited permit holder and to adequately document that supervision. Failure to do so shall be considered a violation of the minimal standards of care for the licensed dietitian and may result in discipline of the licensed dietitian by the state medical board.

4759-4-09

License certificates and permits.

- (A) The board shall prepare and provide to each new licensee and limited permit holder a certificate signed by the board's president and secretary, and attested by its seal.
- (B) Neither the holder nor anyone else shall make any alteration on a certificate issued by the board.
- (C) Official verification letters will be issued by the board upon request only and with payment of the license verification fee specified in section 4759.08 of the Revised Code. Electronic verification of license or limited permit status shall be considered a primary source verification and shall be made available by the board.

4759-5-01

Supervision of persons claiming exemption.

For the purposes of the supervision requirement contained in divisions (B) and (E) of section 4759.10 of the Revised Code the dietitian who provides supervision shall be responsible for the supervision of the person claiming exemption from licensure as a dietetic technician, or dietetic technician registered, or nutrition associate and shall provide sufficient guidance and direction as to enable the person to perform competently. These individuals have completed at least a two-year associates degree or higher from a program in dietetic technology or dietetics that has been ~~approved~~accredited by the ~~commission on accreditation~~"Accreditation Council for Education in Nutrition and dietetics Dietetics education" of the "Academy of Nutrition and Dietetics." Dietetic technicians registered have also passed the national written examination administered by the commission on dietetic registration and maintain professional development / continuing education requirements for on-going registration.

The licensed dietitian is responsible and accountable for the nutrition care of patients / clients in all healthcare settings and must answer to patients, employers, licensure boards and the legal system if care is compromised.

The licensee shall not delegate the nutrition care process, but may assign tasks within the process to competent exempt practitioners for the purpose of providing the licensee with needed information and communicating with and educating patients / clients.

When supervising a person claiming exemption the licensee shall:

- (A) Verify the credentials and competence of each individual exempt practitioner being supervised in the areas of dietetic practice as defined in section 4759.10 of the Revised Code. Those exempt practitioners who are competent to practice beyond minimum standards should be expected to demonstrate initial and on-going competence annually with documentation of successful audits.

The supervising dietitian can establish initial and on-going competency by individual means including but not limited to testing, evaluations, use of decision tree models and peer competency assessment. Engaging in on-going dietetics related continuing education is vital to competent practice.

- (B) Provide the person being supervised with guidelines for appropriate assignments as part of the nutritional care process;
- (C) Periodically establish performance criteria for the exempt practitioner, then assign tasks appropriately, direct and monitor the individual's practice. The supervising dietitian should compare actual performance with expected performance, document results and take appropriate action;
- (D) Maintain written documentation of the initial and on-going competency assessment of the exempt practitioner, supervision being provided and performance of the

individual, including participation in professional development / continuing education equivalent to the requirements of the commission on dietetic registration for dietetic technicians registered.

Documentation shall include, but is not limited to, dates of conferences, supervisory anecdotal notes, written evaluations and recommendations. Documentation should be maintained in the licensee's records and be available upon request of the board.

- (E) The licensee shall provide supervision in a manner that protects the public. Direct supervision may be provided on-site, or supervision may be provided indirectly, as long as the licensee is immediately available by phone, e-mail, facsimile or other reliable means.

4759-5-02

Student practice exemption.

- (A) For purposes of divisions (D)(1) and (D)(2) of section 4759.02 of the Revised Code, a student dietitian may only engage in dietetic practice as defined in division (A) of section 4759.01 of the Revised Code that is a part of the academic or pre-professional program.

- (B) In order for student dietetic technicians to become qualified under the exemption for dietetic technicians contained in division (B) of section 4759.10 of the Revised Code, the board recognizes that pre-professional experiences are necessary. For this reason, dietetic practice by a student dietetic technician enrolled in a program that complies with the requirements in division (B) of section 4759.10 of the Revised Code, may be performed provided the student is actively pursuing the degree and the activity is performed under the supervision of a licensed dietitian or registered dietitian. A student dietetic technician may only engage in dietetic practice as defined in division (A) of section 4759.01 of the Revised Code that is a part of the academic or pre-professional program.

- (C) When supervising a student dietitian, a dietetic intern, or a student dietetic technician the licensee is responsible for providing appropriate training and guidelines for the student's clinical experiences, including ongoing close review of medical records and monitoring of student work performance. Documentation of such should be maintained in the licensee's records.

4759-5-03

Plan of treatment exemption.

For purposes of the exemption from licensure contained in division (F) of section 4759.10 of the Revised Code, a person when acting under the direction and supervision of a professional licensed under Title 47 of the Revised Code, need not be a licensed dietitian if the person is executing a plan of treatment authorized by and within the scope of practice of the supervising licensed professional. The written plan of treatment shall include orders, goals, objectives, and appropriate treatments. Frequency of treatment and response to interventions shall be monitored and reviewed by the licensed practitioner. The licensed practitioner shall initiate the treatment plan and shall be on site when the plan is carried out by the unlicensed person.

*** DRAFT - NOT YET FILED ***

4759-5-04

Additional nutritional activities exemption.

For purposes of division (D) of section 4759.10 of the Revised Code, the board hereby permits the woman, infant, and children's program which is part of the Ohio department of health and known as "W.I.C.", to designate a person to engage in providing such additional nutritional activities as are necessary to operate its programs, providing reasonable efforts to obtain the services of a licensee have failed. ~~The department shall file the designation indicating the time period with the board. The designation shall expire at the end of one hundred eighty days. The designation may be renewed for additional one hundred eighty-day periods by action of the board.~~

*** DRAFT - NOT YET FILED ***

4759-5-05

Distribution of literature exemption.

For purposes of division (G) of section 4759.10 of the Revised Code, the free distribution of literature includes its sale.

4759-5-06

Weight control program exemption.

For purposes of the exemption from licensure contained in division (J) of section 4759.10 of the Revised Code, a person presenting a general program of instruction for weight control need not be a licensed dietitian provided the general program of weight control is approved in writing by a licensed dietitian, physician licensed under Chapter 4731. of the Revised Code to practice medicine or surgery or osteopathic medicine or surgery, a person licensed in another state and approved by the board as having substantially equivalent licensure requirements as Ohio, or a registered dietitian.

A "general program of weight control" is a program designed for one or more population groups in order to achieve or maintain a healthy weight. It is not based on an individual nutrition assessment and does not provide medical nutrition therapy (MNT) as defined in rule 4759-2-01 of the Administrative Code. The program includes the diet plan and any information provided to customers including written guidelines for instruction to customers.

Persons presenting an approved general program of weight control are to adhere to the approved program content. The program shall be reviewed for re-approval in writing at least every two years.

4759-6-01

Standards of practice in nutrition care.

The standards of practice in nutrition care provide a common understanding about the profession's minimum expectations for practice, and form a basis for self-evaluation and improvement and an expectation about nutritional care and service delivery. The standards of practice in nutrition care are comprised of four standards representing the four steps of the nutrition care process.

The "nutrition care process" is a systematic problem-solving method that dietitians may use to critically think and make decisions when providing medical nutrition therapy or to address nutrition related problems and provide safe, effective, high quality nutrition care [within the scope of practice of dietetics as defined in section 4759.01 of the Revised Code.](#)

The nutrition care process shall consist of four distinct, but interrelated steps including nutrition assessment, nutrition diagnosis, nutrition intervention and nutrition monitoring and evaluation.

(A) The licensee uses accurate and relevant data and information to perform nutrition assessment and identify nutrition-related problems, as the foundation for nutrition diagnosis, the second step of the nutrition care process.

(1) "Nutrition assessment" means the same as "nutritional assessment" defined in paragraph (A) of rule 4759-2-01 of the Administrative Code.

(2) A nutrition assessment is initiated by referral and / or screening of individuals or groups for nutrition risk factors.

(3) The licensee systematically obtains, verifies and interprets data in order to make decisions about the nature and cause of nutrition-related problems.

(4) Nutrition assessment is an ongoing, dynamic process that involves not only initial data collection, but also reassessment and analysis of client or community needs.

(5) Problems that require consultation with or referral to another provider are recognized.

(6) Documentation and communication of nutritional assessment shall be complete, relevant, accurate and timely.

(B) The licensee determines a nutrition diagnosis to identify and label specific nutrition problem(s) that the dietitian is responsible for treating.

- (1) "Nutrition diagnosis" is the identification and labeling that describes an actual occurrence, risk of, or potential for developing, a nutritional problem that dietetics practitioners are responsible for treating independently within the scope of practice of dietetics as defined in section 4759.01 of the Revised Code.
 - (2) The nutrition diagnosis is not a medical diagnosis. It results following nutrition assessment and the clustering, analysis, and synthesis of data and demonstrates a link to determining goals for outcomes, selecting appropriate interventions and tracking progress in attaining expected outcomes.
 - (3) Documentation of nutrition diagnosis(es) shall be relevant, accurate and timely and shall be revised and updated as additional assessment data become available.
- (C) Within the scope of practice of dietetics as defined in section 4759.01 of the Revised Code, the ~~The~~ licensee utilizes nutrition intervention as the third step in the nutrition care process to identify and implement appropriate, purposefully planned actions designed with the intent of changing a nutrition-related behavior, risk factor, environmental condition or aspect of health status for an individual, target group, or the community at large.
- (1) "Nutrition Intervention" is a specific set of activities and associated materials used to address the problem; purposely planned actions designed with the intent of changing a nutrition-related behavior, risk factor, environmental condition, or aspect of health status for an individual, target group, or the community at large. It involves selection, planning, and implementing appropriate actions to meet patient / client / group's nutrition needs.
 - (2) "Intervention planning" involves prioritizing the nutrition diagnoses, conferring with the patient / client / and / or others, reviewing practice guides and policies, and setting goals and defining the specific nutrition intervention strategy.
 - (3) "Implementation of the nutrition intervention" is the action phase that includes carrying out and communicating the plan of care, continuing data collection, and revising the nutrition intervention strategy, as warranted, based on the patient / client response.
 - (4) The licensee performs the interventions or assigns, recommends or refers the nutrition care that other competent practitioners may provide in accordance with federal, state and local laws and regulations.

(D) The licensee monitors and evaluates indicators and outcomes data directly related to the nutrition diagnosis, goals and intervention strategies to determine the progress made in achieving desired outcomes of nutrition care and whether planned interventions should be continued or revised.

(1) "Nutrition monitoring and evaluation" is the fourth step of the nutrition care process. ~~Monitoring~~ Nutrition monitoring specifically refers to the review and measurement of the patient / client / group's status at a scheduled (preplanned) follow-up point with regard to the nutrition diagnosis, intervention plans / goals and outcomes. ~~whereas evaluation~~ Evaluation is the systematic comparison of current findings with previous status, intervention goals, or a reference standard. Monitoring and evaluation use selected outcome indicators (markers) that are relevant to the patient / client / group's defined needs, nutrition diagnosis, nutrition goals, and disease state.

(2) The licensee uses standard nutrition care outcome indicator(s) to measure outcomes.

(3) Monitoring data should be compared with the nutrition prescription / goals / or reference standards to evaluate impact of the sum of all interventions on overall patient / client health outcomes.

(4) Documentation of nutrition monitoring and evaluation shall be comprehensive, specific, accurate, relevant and timely and reflect the indicators measured, results and method for obtaining measurement. The criteria to which the indicator is compared and factors facilitating or hampering progress should be referenced in support of positive or negative outcomes. ~~Future plans~~ Plans for nutrition care, monitoring and follow-up or discharge should be included.

(5) Ensures communication of nutrition plan of care and transfer of nutrition-related data between care settings as needed.

4759-6-02

Standards of professional performance.

Subject to the laws in Chapter 4759 of the Revised Code, every ~~Every~~ licensee shall comply with the following standards of professional performance consistent with the June 1, 2018 "Code of Ethics for the Nutrition and Dietetics Profession" and "2024 Scope and Standards of Practice for the Registered Dietitian Nutritionist" adopted by the academy of nutrition and dietetics which are~~is~~ available from the website of the state medical board at the following link: <https://med.ohio.gov>.

(A) Credentials.

- (1) The licensee shall accurately present professional qualifications and credentials.
- (2) The licensee shall permit use of that licensee's name for the purpose of certifying that dietetic services have been rendered only if the licensee has provided or supervised those services.

(B) Provision of service.

The licensee shall provide professional service based on client expectations and needs. Quality service is provided, facilitated and promoted based on the licensee's knowledge, experience and understanding of client needs and expectations.

- (1) The licensee shall avoid discrimination on the basis of factors that are irrelevant to the provision of professional services, including, but not limited to cultural differences, race, creed, sex, age, or handicap.
- (2) The licensee shall make evidence-based practice decisions, taking into account the unique values and circumstances of the patient or client and community, in combination with the licensee's expertise and judgment, and assure that sufficient information is available to enable a client to establish mutual goals and make informed decisions.

(C) Quality in practice.

- (1) The licensee shall systematically evaluate the quality of service and improve practice based on evaluation results.
- (2) Quality practice requires regular performance evaluation and continuous improvement.
- (3) The licensee shall adhere to acceptable standards for that licensee's area of practice and be designated to deliver services as approved by their facility.

The authority and privilege to practice within the scope shall be consistent with all state and federal laws and rules governing the practice of dietetics.

- (4) The licensee shall generate, interpret and effectively apply evidence based interventions substantiated by research.

(D) Competence and accountability.

- (1) The licensee shall assume and maintain responsibility and accountability for personal competence in practice and engage in lifelong learning. Competent and accountable practice includes continuous acquisition of knowledge and skill development.

- (a) The licensee shall establish performance criteria, compare actual performance with expected performance, document results and take appropriate action.

- (b) The licensee shall conduct self-assessment of strengths and weaknesses at regular intervals and develop, implement and evaluate an individual plan for practice based on assessment of client needs, current knowledge, ~~and~~ clinical experience, formal and informal input from colleagues, interprofessional teams, and supervisors.

~~(2) The licensee shall maintain knowledge and skills required for continued professional competence.~~

~~(3)~~(2) The licensee shall recognize the limits of that licensee's qualifications and collaborate with an interprofessional team to facilitate referrals when client needs exceed the licensee's scope of practice. ~~seek counsel or make referrals as appropriate.~~

(E) Conflict.

- (1) The licensee shall remain free of conflict of interest while fulfilling the objectives and maintaining the integrity of the dietetic profession.

- (2) The licensee shall advance and promote the profession while maintaining professional judgment, honesty, integrity, loyalty, and trust to colleagues, clients and the public.

(F) Endorsement.

The licensee shall promote or endorse products only in a manner that is true and not misleading, and shall disclose any financial interests in products or services that are recommended.

(G) Communication and application of knowledge.

The licensee shall effectively apply knowledge and communicate with others to achieve common goals by effective sharing and application of their unique knowledge and skills in food, human nutrition and management services. The licensee communicates consistent with the Health Insurance Portability and Accountability Act of 1996, Pub.L.No. 104-191.

(H) Utilization and management of resources.

The licensee shall use resources effectively and efficiently.

The licensee shall use a systematic approach to identify, monitor, analyze and justify the use of time, money, facilities, staff and other resources while considering safety, effectiveness and cost in planning and delivering interventions.

(I) Approval of a general program of weight control.

A "general program of weight control" as defined in rule 4759-5-06 of the Administrative Code must be approved by either a registered or licensed dietitian or physician licensed in Ohio. For purposes of division (J) of section 4759.10 of the Revised Code, the licensee shall provide written approval of all components of the general program of weight control and assume responsibility for the following:

- (1) Guidelines for instruction: program content and written step-by-step information that the presenter provides to customers to enable them to follow the meal plan and other aspects of a general program of weight control.
- (2) Meal plans: general categories or groups of foods and suggested combinations of specific foods. Meal plans shall not be individualized for specific persons, conditions, or disease states.
- (3) Handouts: any information distributed in conjunction with the general program of weight control.
- (4) Supplements: products, including vitamins, minerals, herbs and other substances used as part of, or an enhancement to, a general program of weight control. The use of these products shall be substantiated by current scientific evidence.

(J) Supervision.

When providing supervision of another for purposes of division (G) of section 4759.06 and divisions (B) and (E) of section 4759.10 of the Revised Code, and rule 4759-5-02 of the Administrative Code, a licensee shall assume responsibility for the supervision in a manner that protects the public.

(K) Compliance.

The licensee shall comply with all laws and regulations concerning the profession, but shall seek to change them if the laws or regulations are inconsistent with the best interest of the public and the profession. The licensee:

- (1) Shall accept the obligation to protect society and the profession by upholding the standards of practice and standards of professional performance; and
- (2) Shall report alleged violations of the laws, rules and standards to the state medical board.

(L) Interpretation of information and application of research.

- (1) The licensee shall present substantiated information and interpret controversial information, including limitations, potential bias, and reliability without personal bias, recognizing that a legitimate difference of opinion may exist.
- (2) The licensee shall apply, participate in, or generate research to enhance practice and to improve safety and quality of dietetic practice and services.

(M) Confidentiality.

The licensee shall maintain information consistent with legal obligations and client confidentiality.

(N) Professional conduct.

- (1) The licensee shall conduct all practices with honesty, integrity, and fairness; ~~and~~
- (2) The licensee shall make and fulfill professional commitments in good faith; ~~and~~
- (3) The licensee shall inform the public and colleagues of services by use of factual information.; and

- (4) The licensee shall make reasonable efforts to avoid bias in professional evaluation.

- (O) A violation of any provision of this rule, as determined by the board, 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 (A)(11) of section 4759.07 of the Revised Code.

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4759-6-03

Interpretation of standards.

The standards in the chapter shall be interpreted in a manner consistent with the laws in Chapter 4759 of the Revised Code. Subject to the requirements of these laws, the~~The~~ standards in this chapter are interpreted in a manner consistent with the "Revised ~~2017~~ 2024 Scope and Standards of Practice ~~in Nutrition Care and Standards of Professional Performance~~ for the Registered Dietitian Nutritionists" adopted by ~~the academy of nutrition and dietetics~~; "The Academy of Nutrition and Dietetics", which is available from the website of the state medical board at the following link: <https://www.med.ohio.gov>.

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4759-9-01

Severability.

Each rule of Chapters 4759-1 to 4759-10 of the Administrative Code, and every part of each rule is declared to be an independent rule, and the holding of any rule or part thereof to be unconstitutional, void, or ineffective for any cause shall not affect the validity or constitutionality of any other rule or part thereof.



Legislative Update:

Austin Lucous, Legislative Director
February 2025

Recent activity

Introduced:

- H.B. 11 – Regards legislative rule approval and fiscal analyses of rules. (Rep. Ferguson / Rep. Lorenz)
 - To require legislative approval of administrative rules and other regulatory actions under specified conditions, to allow a JCARR chairperson to request a third-party fiscal analysis of a rule, and to require state agencies to publicly post policy documents.
 - **First Hearing (Sponsor) in House Government Oversight Committee on 2/11/2025**

 - H.B. 12 – Regards prescribing, dispensing, and administering drugs and to name this act the Jeff, Dave, and Angie Patient Right to Try Act. (Rep. Gross / Rep. Swearingen)
 - Allows a prescriber to issue a prescription for any drug, including an off-label drug, with informed consent of the patient
 - Does not require the prescriber to obtain a test result, positive screen for a particular disease, or for the patient to have been exposed to an illness before issuing the prescription
 - Does not allow a health-related licensing board to discipline a prescriber for any action taken under this bill
 - **Referred to House Health Committee**

 - H.B. 52 – To revise the law governing the practice of certified registered nurse anesthetists. (Rep. Deeter)
 - The bill changes the supervision requirement for certified registered nurse anesthetists to include consultation rather than direct supervision, enhancing their autonomy in practice.
 - A new section 4723.433 is established, defining the conditions in which a nurse anesthetist must not engage in certain nursing activities if deemed not in the patient's best interest by their consulting physician, podiatrist, or dentist.
 - Certified registered nurse anesthetists are required to obtain informed consent and may perform a series of advanced practices, including administering anesthesia and clinical support functions, provided they are acting in consultation with their practicing physician, podiatrist, or dentist.
 - **Referred to House Health Committee**

 - S.B. 25 – To prohibit the provision of sun lamp tanning services to individuals under age 16. (Sen. Johnson)
 - Prohibits an operator or employee of a tanning facility from allowing a minor to use the facility's sun lamp tanning services.
 - **Referred to Senate Health Committee**
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Operationalizing:

- S.B. 109 (135th General Assembly) - Regards sex offenses and individuals regulated by the State Medical Board and to amend the version of section 4759.05 of the Revised Code that is scheduled to take effect December 29, 2023, to continue the change on and after that date. (Sen. Hackett)
 - Increasing reporting requirements of suspected sexual activity by medical professionals; Allowing the board to suspend a license upon an indictment, as well as permitting an automatic 90 day suspension of a license of an individual whose license was suspended, revoked or surrendered in another jurisdiction; Requiring licensees to provide notification of their probationary status to their patients; Allowing the board to share the confidential investigation status of a licensee with the complainant.
 - House Bill 89 was amended into the bill in the House.
 - Regards intimate examinations of anesthetized or unconscious patients
 - **Senate (32-0); House (88-0); Senate Concurrence (31-0)**

- S.B. 95 (135th General Assembly) - Authorize the operation of remote dispensing pharmacies (Sen. Reynolds)
 - Senate Bill 60 was amended into this bill in its entirety.
 - Establishes licensure by the State Medical Board for certified mental health assistants (CMHAs).
 - Authorizes CMHAs to prescribe and personally furnish drugs and therapeutic devices in the exercise of physician-delegated prescriptive authority, including certain identified controlled substances.
 - Establishes within the Medical Board an advisory committee to advise the Board and the Department of Higher Education regarding CMHA education programs.
 - **Senate (31-0); House (90-0); Senate Concurrence (28-3)**