State Medical Board of Ohio

30 E. Broad St., 3rd Floor
Columbus, Ohio 43215
(614) 466-3934
www.med.ohio.gov

Rules & Policies Agenda for Board Meeting
May 14, 2025

A. Rule Review Update
B. Respiratory Care Rules
C. Internal Management Rules
D. Rules for Filing with CSI
E. Joint Regulatory Statement on Retail IV Therapy Clinics
F. Legislative Update

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: May 2, 2025

Attached please find the rule spreadsheet and rule schedule for May 2025.

Requested Action: No action requested.

30 E. Broad Street, 3rd Floor
Columbus, OH 43215 U.S.A.

Phone: 614 | 466 3934
med.ohio.gov

30 E. Broad Street, 3rd Floor
Columbus, OH 43215 U.S.A.

Phone: 614 | 466 3934
med.ohio.gov

Legal Dept. Rules Schedule

As of May 2, 2025

Rules Ready to File with JCARR

Genetic Counselor Rules

4778-1-01 4778-1-02
4778-1-03 4778-1-05
4778-1-06

Recordation of Meetings-Withdrawn-Will be refiled to correct technical error

4731-9-01

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
4730-2-05 4730-2-10

Anesthesiologist Assistant Rules

4731-24-01
4731-24-02
4731-24-03

Rules Filed with CSI-Comments Due 5/9/25

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 Sent for Initial Circulation-Comments Due 5/2/25:

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

Prescribing Rules

4731-11-01
4731-11-13
4731-11-14
4731-29-01

Rules for Discussion-May Board Meeting

Respiratory Care Rules (Chapter 4761)-Discussion of Comments Received during initial circulation

Internal Management Rules-Review for initial circulation

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recom-mendation	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	04/25/25						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	04/25/25						11/15/23	
4730-2-05	Addition of valid prescriber number after initial licensure	04/01/24	06/11/24	01/14/25	04/25/25						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	04/25/25						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 addition	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	04/16/25									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	04/16/25									11/05/24	
4731-1-06	Scope of Practice: Naprapathy	04/16/25									08/31/23	
4731-1-07	*Eligibility of Electrologists Licensed by the Ohio State Board of Cosmetology to Obtain Licensure as Cosmetic Therapists Pursuant to Chapter 4731 ORC and Subsequent Limitations*	*06/17/21*		09/22/22	*10/31/22*	11/29/22	01/04/23	*01/30/23*	*02/08/23*	*02/28/23*		*Rescinded*

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recom-mendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4731-1-08	*Continuing Cosmetic Therapy Education Requirements for Registration or Reinstatement of a License to Practice Cosmetic Therapy*	*06/17/21*		09/22/22	*10/31/22*	11/29/22	01/04/23	*01/30/23*	*02/08/23*	*02/28/23*		*Rescinded*
4731-1-09	*Cosmetic Therapy Curriculum Requirements*	*06/17/21*		09/22/22	*10/31/22*	11/29/22	01/04/23	*01/30/23*	*02/08/23*	*02/28/23*		*Rescinded*
4731-1-10	*Distance Education*	*06/17/21*		09/22/22	*10/31/22*	*11/29/22*	*01/04/23*	*01/30/23*	*02/08/23*	*02/28/23*		*Rescinded*
4731-1-11	*Application and Certification for certificate to practice cosmetic therapy*	*06/17/21*		09/22/22	*10/31/22*	11/29/22	01/04/23	*01/30/23*	*02/08/23*	*02/28/23*		*Rescinded*
4731-1-12	*Examination*			09/22/22	*10/31/22*	11/29/22	01/04/23	*01/30/23*	*02/08/23*	*02/28/23*	*02/28/28*	
4731-1-15	*Determination of Standing of School, College or Institution*	*06/17/21*		09/22/22	*10/31/22*	11/29/22	01/04/23	*01/30/23*	*02/08/23*	*02/28/23*		*Rescinded*
4731-1-16	*Massage Therapy curriculum rule (Five year review)*	*06/17/21*		09/22/22	*10/31/22*	11/29/22	01/04/23	*01/30/23*	*02/08/23*	*02/28/23*		*Rescinded*
4731-1-17	*Instructional Staff*	*06/17/21*		09/22/22	*10/31/22*	11/29/22	01/04/23	*01/30/23*	*02/08/23*	*02/28/23*		*Rescinded*
4731-1-18	*Grounds for Suspension, Revocation or Denial of Certificate of Good Standing, Hearing Rights*	*06/17/21*		09/22/22	*10/31/22*	11/29/22	01/04/23	*01/30/23*	*02/08/23*	*02/28/23*		*Rescinded*
4731-1- 19	*Probationary Status of a limited branch school*	*06/17/21*		09/22/22	*10/31/22*	11/29/22	01/04/23	*01/30/23*	*02/08/23*	*02/28/23*		*Rescinded*
4731-2-01	Public Notice of Rules Procedure	05/15/22			10/31/22	09/28/22				09/28/22	09/28/27	
4731-4-01	Criminal Records Checks - Definitions	01/15/25	04/09/25	04/22/25						09/30/19	09/30/24	
4731-4-02	Criminal Records Checks	01/15/25	04/09/25	04/22/25						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	04/09/25	04/22/25							07/31/24	
4731-6-02	Preliminary Education for Medical and Osteopathic Licensure	01/15/25	04/09/25	04/22/25							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	04/09/25	04/22/25							07/31/24	
4731-6-15	Eligibility for Licensure of National Board Diplomats and Medical Council of Canada Licentiates	01/15/25	04/09/25	04/22/25							07/31/24	
4731-6-21	Application Procedures for Certificate Issuance; Investigation; Notice of Hearing Rights	01/15/25	04/09/25	04/22/25							07/31/24	

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recom-mendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4731-6-22	Abandonment and Withdrawal of Medical and Osteopathic Licensure Applications	01/15/25	04/09/25	04/22/25							07/31/24	
4731-6-30	Training Certificates	01/15/25	04/09/25	04/22/25							07/31/24	
4731-6-31	Limited Preexamination Registration and Limited Certification	01/15/25	04/09/25	04/22/25							07/31/24	
4731-6-33	Special Activity Certificates	01/15/25	04/09/25	04/22/25							07/31/24	
4731-6-34	Volunteer's Certificates	01/15/25	04/09/25	04/22/25							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	04/08/25	NA	NA	04/27/30	
4731-8-01	Personal Information Systems	04/29/20		10/05/20	11/18/20	02/11/21			no change	02/11/21	02/11/26	
4731-8-02	Definitions	04/29/20		10/05/20	11/18/20	02/11/21			no change	02/11/21	02/11/26	
4731-8-03	Procedures for accessing confidential personal information	04/29/20		10/05/20	11/18/20	02/11/21			no change	02/11/21	02/11/26	
4731-8-04	Valid reasons for accessing confidential personal information	04/29/20		10/05/20	11/18/20	02/11/21	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26	
4731-8-05	Confidentiality Statutes	04/29/20		10/05/20	11/18/20	02/11/21	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26	
4731-8-06	Restricting & Logging access to confidential personal information	04/29/20		10/05/20	11/18/20	02/11/21	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					09/15/19	06/17/24	
4731-10-01	Definitions	10/25/19		05/26/20		Revised filing 11/3/20 10/30/20	12/04/20	12/07/20	05/12/21	05/31/21	05/31/26	
4731-10-02	Requisite Hours of Continuing Medical Education for License Renewal or Reinstatement	10/25/19		05/26/20		Revised filing 11/3/20 10/30/20	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26	
4731-10-03	CME Waiver	10/25/19		05/26/20		Revised filings 11/24 & 11/3 - orig 10/30/20	12/04/20	12/07/20	05/12/21	05/31/21	05/31/26	
4731-10-04	Continuing Medical Education Requirements for Restoration of a License	10/25/19		05/26/20		Revised filings 11/24 & 11/3 - orig 10/30/20	12/04/20	12/07/20	05/12/21	05/31/21	05/31/26	

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recom-mendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4371-10-08	Evidence of Continuing Medical Education	10/25/19		05/26/20		Revised filings 11/24 & 11/3 - orig 10/30/20	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26	
4731-11-01	Controlled substances; General Provisions Definitions	04/16/25									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	
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	04/16/25									08/31/22	
4731-11-14	Prescribing for subacute and chronic pain	04/16/25									12/23/23	
4731-12-01	Preliminary Education for Licensure in Podiatric Medicine and Surgery	04/18/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-12-02	Standing of Colleges of Podiatric Surgery and Medicine	04/18/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/02/23	02/28/28	
4731-12-03	Eligibility for the Examination in Podiatric Surgery and Medicine	04/18/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-12-04	Eligibility of Licensure in Podiatric Medicine and Surgery by Endorsement from Another State	04/18/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-12-05	Application Procedures for Licensure in Podiatric Medicine and Surgery, Investigation, Notice of Hearing Rights.	04/18/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-12-06	Visiting Podiatric Faculty Certificates	04/18/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-12-07	Podiatric Training Certificates	04/18/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-13-01	Conduct of Hearings - Representative; Appearances	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	05/17/21	06/07/21	07/14/21	07/31/21	07/31/26	

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

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recom-mendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4731-13-25	Evidence	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-26	Broadcasting and Photographing Administrative Hearings	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-27	Sexual Misconduct Evidence	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-28	Supervision of Hearing Examiners	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-30	Prehearing Conference	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-31	Transcripts of Prior Testimony	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-32	Prior Statements of the Respondent	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-33	Physician's Desk Physician	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	05/17/21	06/07/21	07/14/21	07/31/21	07/31/26	
4731-13-34	Ex Parte Communication	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-35	Severability	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26	
4731-13-36	Disciplinary Actions	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	05/17/21	06/07/21	07/14/21	07/31/21	07/31/26	
4731-14-01	Pronouncement of Death	01/25/21	03/10/21	03/18/21		05/27/21	06/28/21		09/08/21	09/30/21	09/30/26	
4731-15-01	Licensee Reporting Requirement; Exceptions	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	11/30/28	
4731-15-02	Healthcare Facility Reporting Requirement	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/12	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	

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recom-mendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4731-16-11	Revocation, Suspension, or Denial of Certificate of Good Standing	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	Rescinded	
4731-16-12	Out-of-State Impairment Cases	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	Rescinded	
4731-16-13	Patient Consent; Revocation of Consent	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	Rescinded	
4731-16-14	Caffeine, Nicotine, and Over-The Counter Drugs	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	Rescinded	
4731-16-15	Patient Rights	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	Rescinded	
4731-16-17	Requirements for the one-bite program	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	11/30/28	
4731-16-18	Eligibility for the one-bite program	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	Rescinded	
4731-16-19	Monitoring organization for one-bite program	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	11/30/28	
4731-16-20	Treatment providers in the one-bite program	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	11/30/28	
4731-16-21	Continuing care for the one-bite program	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/24	Rescinded	
4731-17-01	Exposure-Prone Invasive Procedure Precautions - Definitions	08/26/20	10/14/20	10/23/20	11/24/20	02/11/21	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26	
4731-17-02	Universal Precautions	08/26/20	10/14/20	10/23/20	11/24/20	02/11/21			no change		02/11/26	
4731-17-03	Hand Washing	08/26/20	10/14/20	10/23/20	11/24/20	02/11/21			no change		02/11/26	
4731-17-04	Disinfection and Sterilization	08/26/20	10/14/20	10/23/20	11/24/20	02/11/21	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26	
4731-17-05	Handling and Disposal of Sharps and Wastes	08/26/20	10/14/20	10/23/20	11/24/20	02/11/21	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26	
4731-17-06	Barrier Techniques	08/26/20	10/14/20	10/23/20	11/24/20	02/11/21			no change		02/11/26	
4731-17-07	Violations	08/26/20	10/14/20	10/23/20	11/24/20	02/11/21	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26	
4731-18-01	Definitions			09/22/22	12/22/22	03/06/23	02/10/23	03/06/23	04/12/23	04/30/23	04/30/28	
4731-18-02	Use of Light Based Medical Devices			09/22/22	12/22/22	03/06/23	02/10/23	03/06/23	04/12/23	04/30/23	04/30/28	
4731-18-03	Delegation of the Use of Light Based Medical Devices			09/22/22	12/22/22	03/06/23	02/10/23	03/06/23	04/12/23	04/30/23	04/30/28	
4731-18-04	Delegation of phototherapy and photodynamic therapy	01/10/18	01/20/20	05/12/20	04/05/21	04/09/21	refiled 6-9-21 5/17/2021	06/25/21	07/14/21	07/31/21	07/31/26	
4731-20-01	Surgery Privileges of Podiatrist - Definition of Foot	10/16/23	11/08/23	11/09/23		01/23/24		04/15/24			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		

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recom-mendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
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	04/25/25						07/31/24	
4731-24-02	Anesthesiologist Assistants; Supervision	04/01/24	06/11/24	01/14/25	04/25/25						07/31/24	
4731-24-03	Anesthesiologist Assistants; Enhanced Supervision	04/01/24	06/11/24	01/14/25	04/25/25						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	04/08/25	NA	NA	04/27/30	
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	04/08/25	NA	NA	04/27/30	

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recom-mendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
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	04/08/25	NA	NA	04/27/30	
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.	04/16/25									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	03/24/25	04/09/25	04/30/25	04/30/30	
4731-32-01	Definition of Terms	02/09/23	03/08/23	03/30/23	08/31/23	11/28/23	01/04/24	01/08/24	02/14/24	02/29/24	02/28/29	
4731-32-02	Certificate to Recommend Medical Marijuana	02/09/23	03/08/23	03/30/23	08/31/23	11/28/23	01/04/24	01/08/24	02/14/24	02/29/24	02/28/29	
4731-32-03	Standard of Care	02/09/23	03/08/23	03/30/23	08/31/23	11/28/23	01/04/24	01/08/24	02/14/24	02/29/24	02/28/29	
4731-32-04	Suspension and Revocation of Certificate to Recommend	02/09/23	03/08/23	03/30/23	08/31/23	11/28/23	No change rule	01/08/24	N/A	02/27/24	11/28/28	
4731-32-05	Petition to Request Additional Qualifying Condtion 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 managment 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	

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recom-mendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
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	1/29/255	No change rule	04/08/25	NA	NA	04/27/30	
4731-35-01	Consult Agreements	04/16/25									10/31/25	
4731-35-02	Standards for managing drug therapy	04/16/25									10/31/25	
4731-36-01	Military provisions related to education and experience requirements for licensure	04/16/25									01/31/27	
4731-36-02	Military provisions related to renewal of license and continuing education	04/16/25									12/31/20	
4731-36-03	Processing applications from service members, veterans, or spouses of service members or veterans.	04/16/25									12/31/25	
4731-36-04	Temporary license for military spouse	04/16/25									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	04/25/25					11/30/19	11/30/24	
4759-4-01	Applications	03/04/24	08/14/24	01/14/25	04/25/25					11/30/19	11/30/24	
4759-4-02	Preprofessional experience	03/04/24	08/14/24	01/14/25	04/25/25						08/28/24	
4759-4-03	Examination	03/04/24	08/14/24	01/14/25	04/25/25					11/30/19	11/30/24	
4759-4-04	Continuing Education	03/04/24	08/14/24	01/14/25	04/25/25					07/31/21	07/31/26	
4759-4-08	Limited permit	03/04/24	08/14/24	01/14/25	04/25/25					07/31/21	07/31/26	
4759-4-09	License certificates and permits	03/04/24	08/14/24	01/14/25	04/25/25					11/30/19	11/30/24	
4759-5-01	Supervision of persons claiming exemption	03/04/24	08/14/24	01/14/25	04/25/25					08/28/19	08/28/24	
4759-5-02	Student practice exemption	03/04/24	08/14/24	01/14/25	04/25/25					11/30/19	11/30/24	
4759-5-03	Plan of treatment exemption	03/04/24	08/14/24	01/14/25	04/25/25					11/30/19	11/30/24	
4759-5-04	Additional nutritional activities exemption	03/04/24	08/14/24	01/14/25	04/25/25						07/01/24	
4759-5-05	Distribution of literature exemption	03/04/24	08/14/24	01/14/25	04/25/25						07/01/24	
4759-5-06	Weight control program exemption	03/04/24	08/14/24	01/14/25	04/25/25						07/01/24	
4759-6-01	Standards of practice innutrition care	03/04/24	08/14/24	01/14/25	04/25/25					11/30/19	11/30/24	
4759-6-02	Standards of professional performance	03/04/24	08/14/24	01/14/25	04/25/25					07/31/21	07/31/26	
4759-6-03	Interpretation of standards	03/04/24	08/14/24	01/14/25	04/25/25					11/30/19	11/30/24	
4759-9-01	Severability	03/04/24	08/14/24	01/14/25	04/25/25					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									02/28/24	
4761-3-01	Definition of terms	01/14/25									02/28/24	
4761-4-01	Approval of educational programs	01/14/25									02/28/24	

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recom-mendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4761-4-02	Monitoring of Ohio respiratory care educational programs	01/14/25									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									09/30/25	
4761-5-02	Admission to the Ohio credentialing examination	01/14/25									06/19/25	
4761-5-04	License application procedure	01/14/25									09/30/25	
4761-5-06	Respiratory care practice by polysomnographic technologists	01/14/25									06/18/25	
4761-6-01	Limited permit application procedure	01/14/25									02/28/24	
4761-7-01	Original license or permit, identification card or electronic license verification	01/14/25									02/28/24	
4761-7-03	Scope of respiratory care defined	01/14/25									11/15/23	
4761-7-04	Supervision	01/14/25									09/30/25	
4761-7-05	Administration of medicines	01/14/25									11/15/23	
4761-8-01	Renewal of license or permits	01/14/25									12/31/25	
4761-9-01	Defnition of respiratory care continuing education	01/14/25									02/28/24	
4761-9-02	General RCCE requirements and reporting mechanism	01/14/25									12/31/25	
4761-9-03	Activities which do not meet the Ohio RCCE requirements	01/14/25									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									02/28/24	Look at adding OOA as an approving organization
4761-9-07	Auditing for compliance with RCCE requirements	01/14/25									09/30/25	
4761-10-01	Ethical and professional conduct	01/14/25									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									09/30/25	
4761-15-01	Miscellaneous Provisions	06/21/23	07/12/23	07/25/23	08/11/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	11/30/28	
4774-1-01	Definitions	04/29/20	10/14/20	10/23/20	11/24/20	02/11/21			no change	02/11/21	02/11/26	
4774-1-02	Application for Certificate to Practice	04/29/20	10/14/20	10/23/20	11/24/20	02/11/21	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26	
4774-1-03	Renewal of Certificate to Practice	04/29/20	10/14/20	10/23/20	11/24/20	02/11/21	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26	
4774-1-04	Miscellaneous Provisions	06/21/23	07/12/23	07/25/23	08/11/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	11/30/28	
4778-1-01	Definition	04/01/24	06/11/24	01/14/25	02/14/25						01/24/24	
4778-1-02	Application	04/01/24	06/11/24	01/14/25	02/14/25						04/30/24	
4778-1-03	Special Activity License	04/01/24	06/11/24	01/14/25	02/14/25						01/24/24	
4778-1-05	Collaboration Agreement	04/01/24	06/11/24	01/14/25	02/14/25						04/30/24	

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recom-mendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4778-1-06	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	

MEMORANDUM

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

FROM: Kimberly C. Anderson, Chief Legal Counsel

RE: Respiratory Care Rules-Approval for CSI Filing

DATE: May 2, 2025

Rules for respiratory care professionals were circulated to interested parties in January 2025 and the Board received comments on several rules from the the Ohio Society for Respiratory Care and Luke Rice, a member of the Respiratory Care Advisory Committee. The comments are attached for your review.

A summary of the comments and the recommendation to the Board is set forth below. A copy of the rules with the recommended amendments is also attached.

4761-5-01, Examination Requirements Pursuant to Division (A) of Section 4761.04 of the Revised Code: Comment: Add language regarding reciprocal license: **Proposed recommended language: This rule shall not apply to applicants for reciprocal licensure under Section 4761.04(C). Recommend making this change.**

4761-5-02, Admission to the Ohio Credentialing Examination: Comment: OSRC recommends rescission of this rule since current license applicants cannot qualify for licensure without NBRC credentials. This rule was used for individuals under the Limited Permit 2 (LP-2) status. Currently, there is one LP-2 licensed to practice in Ohio and there is not a mechanism for new LP-2 permits to be issued. **Recommend rescission.**

4761-5-04 License Application Procedure: Comment: OSRC recommends rescission of paragraph (C) Licensure by Examination is specific to the application of a person who passed the Ohio Credentialling/Licensure Exam with the educational waiver allowed in the early years of the ORCB. There would be no candidates making an application with this qualification in 2025. **Recommend rescission of paragraph (C).**

4761-6-01 Limited Permit Application Procedure: Comment: Section (A)(1)(c)and (A)(4) refer to the application for a Limited Permit 2. There is only one LP-2 licensed in Ohio and no one is eligible for initial application. OCRC recommends rescission of (A)(1)(c) and (A)(4). Position: The OSRC recommends these sections be removed unless the Board deems these

sections necessary for renewal applications. **Recommend rescission of sections (A)(1)(c) and (A)(4) since they deal with applications. Section (C) which sets forth the supervision and practice requirements for LP-2 license holder should remain with some edits to correct statutory references.**

Comment: OSRC suggests adding language regarding reciprocal license. **Recommendation: Add new (A)(1)(c): Proposed recommended language: Satisfies requirements for reciprocal licensure under Section 4761.05(D).**

Comment: Luke Rice of the Respiratory Care Advisory Committee raised a concern regarding the types of respiratory care services which may be performed by the holders of a limited permit under paragraph (A)(1)(a). He expressed concerns that the differing skill levels from different programs create difficulties for employers. Requests discuss to ensure that certain skills must be complete and documented prior to issuing a limited permit. **Recommendation: There is no authority in the ORC that would permit restricting issuance of limited permits based on the services which may be performed. This may be an employer decision as to whether to hire an individual if certain skills have not yet been completed.**

4761-7-01 Original License or Permit, Identification Card or Electronic License Verification: Comment: OSRC agrees with the amendments proposed in the initially circulated rules. Also recommends paragraph (F) to make clear that graduate limited permit expires one year following the date of the receipt of a degree or certificate from a board-approved respiratory care education program. Proposed language: Regardless of the date of issuance, the graduate limited permit will expire one year following the date of receipt of a degree or certificate of completion from a board-approved respiratory care education program. **Recommend making this change.**

Comment: Luke Rice from the Respiratory Care Advisory Council raised a concern that the proposed amendment in paragraph (D) that sets the expiration date two years after the issuance of the license rather than on June 30 of each even numbered year, results in more work for employers. **This rule change reflects a statutory change in Section 4761.06, ORC, so this language cannot be amended. Recommend no change.**

4761-9-02 General RCCE requirements and reporting mechanism.

Comment: Luke Rice indicated that paragraph (D) should be amended to change the name of the examination for Perinatal Pediatric Respiratory Care should be amended to "Neonatal Pediatric Respiratory Care. He also pointed out that the National Board for Respiratory Care offers written exams for the Adult Critical Care Specialist, the Sleep Disorder Specialist, and the Asthma Educator Specialist. **Recommendation: The NBRC website confirms this and those could be added to the rule. Recommend making this change.**

Requested Action: Approve rules as modified for filing with the Common Sense Initiative.

January 29, 2025

Kimberly Anderson
Chief Legal Counsel
State Medical Board of Ohio
30 East Broad Street
Columbus, Ohio 43215

RE: OSRC Comments on OAC 4761 proposed rules received 1-14-25

Dear Ms. Anderson,

The Ohio Society for Respiratory Care appreciates the opportunity to comment on rules governing the practice of Respiratory Care early in the review process.

We have reviewed the rules sent out for circulation on January 14, 2025. We would like to offer the following comments:

Proposed No changes:

4761-2-03 Board Records
4761-4-01 Approval of Educational Programs
4761-4-02 Monitoring of Ohio Respiratory Care Educational Programs
4761-5-06 Respiratory Care Practice by Polysomnographic Technologists
4761-7-03 Scope of Practice
4761-7-04 Supervision
4761-7-05 Medication Administration
4761-9-01 Definition of Respiratory Care Continuing Education
4761-9-03 Activities which do not meet the Ohio RCCE Requirements
4761-9-04 Ohio Respiratory Care Law and Professional Ethics Course Criteria
4761-9-05 Approved sources of RCCE

4761-9-07 Auditing for Compliance with RCCE Requirements
4761-10-01 Ethical and Professional Conduct
4761-10-02 Proper Use of Credentials
4761-10-03 Providing Information to the Board

Position: The OSRC agrees with no changes to these rules

Proposed Amendments:

4761-3-01 Definitions: Removes (K) "A Year" as Section 4761.11 no longer uses this term.

4761-5-01 Examination Requirements Pursuant to Division (A) of Section 4761.04 of the Revised Code: Changes the reference to Section 4761.04 to (A)(2) since (A)(3) was removed in 2021. Corrects 2 typographical errors.

4761-8-01 Renewal of License or Permits: Removes June thirtieth of every year as the date of expiration for limited permits.

4761-9-02 General RCCE Requirements and Reporting Mechanism: Change reflects the National Board for Respiratory Care as the administrator of the National Asthma Educator examination, not the National Asthma Certification Board since 2022.

Position: The OSRC agrees with the proposed amendments to these rules.

OSRC recommends the following changes to these rules:

4761-5-02 Admission to the Ohio Credentialling Examination: This rule was written in 1990 to create a pathway for on-the job-trained RT working staff without education qualifications to take the NBRC Certification exam; the new Ohio Respiratory Care Board administered NBRC CRT exam. Passing this exam would qualify them for an RCP license without NBRC credentials. There is no reference to this option in the current laws 4761.04 and 4761.05. Eligible candidates were uncredentialled, working 25 hours per week for at least 5 years prior to March 1989. Candidates do not exist today. Those who chose to continue to work in respiratory care without the exam are currently working under the Limited Permit 2 (LP-2) status. The SMBO 2024 Annual report indicated only two LP-2s continue to be permitted in Ohio.

Position: The OSRC recommends eliminating this entire rule.

4761-5-04 License Application Procedure: (C) Licensure by Examination is specific to the application of a person who passed the Ohio Credentialling/Licensure Exam with the

educational waiver allowed in the early years of the ORCB. There would be no candidates making an application with this qualification in 2025.

Position: The OSRC recommends the removal of paragraph (C).

4761-6-01 Limited Permit Application Procedure: Section (A)(1)(c)and (A)(4) refer to the application for a Limited Permit 2. There are only two LP-2s permitted in the State, and no one is eligible for initial application.

Position: The OSRC recommends these sections be removed unless the Board deems these sections necessary for renewal applications.

4761-7-01 Original License or Permit, Identification Card or Electronic License Verification: SMBO Amendments: (D) Regardless of the original date of issuance, ~~all~~ licenses to practice will expire two years after the date of issuance ~~on June 30th of each even numbered year~~, unless other limitations pursuant to law, board order, or consent agreement are in effect. E) Regardless of the original date of issuance, ~~all~~ limited permits to practice will be renewed annually ~~on June 30th of each even numbered year~~, unless other limitations pursuant to law, board order, or consent agreement are in effect.

Position: The OSRC agrees with these proposed amendments.

OSRC Recommended Amendment to 4761-7-01:
There is much confusion with the graduate limited permit; the permit indicates an expiration date **one year after the date of issuance**, but in 4761-6-01(5)(C) the graduate's permit will expire **one year following the date of receipt of a degree or certificate of completion from a board-approved respiratory care education program**. This is defined in the law ORC 4761.05(B)(2): "...except that the limited permit shall cease to be valid one year following the date of receipt of a certificate of completion from a respiratory care education program." This post-graduation limited permit gives the new graduate time to take their two-part RRT examination. We have had many complaints from managers who have found graduates working beyond the "one year from receipt of their certification of completion" with a limited permit that notes an expiration date beyond the one-year post-degree date.

The OSRC recommends that we add an (F) to specifically define this situation: <u>(F) Regardless of the date of issuance, the graduate limited permit will expire one year following the date of receipt of a degree or certificate of completion from a board-approved respiratory care education program.</u>

Comment: Although the laws ORC 4761.04 and 4761.05 have been updated with the license by reciprocity language in 2023, there is no reference to this route of qualification in rules OAC 4761-5-01 and 4761-6-01.

Thank you for this opportunity to comment. If you have any questions, please contact the OSRC Office at osrc@pacainc.com.

Sincerely,

Courtney Kallergis BS RRT RCP
OSRC Legislative Chair

From:	Luke A. Rice
To:	Anderson, Kimberly
Cc:	Lucous, Austin
Subject:	RE: Initial Circulation of Rules-Respiratory Care Professionals
Date:	Thursday, January 16, 2025 11:02:40 AM
Attachments:	image006.png image007.png image008.png image009.png image010.png image011.png

---

Hello Kim and Austin,
I hope you are both doing well and staying warm. Below are just a few things I had for feedback regarding the RCP Rules.

4761-7-01 **Original license or permit, identification card or electronic license verification.**

(D)- I know we discussed that licenses expiring on June 30th of even year was not the case for new licensees. From an employer perspective it is difficult to keep track of every employee if their dates are not consistent. Just an opinion and general feedback.

4761-9-02 **General RCCE requirements and reporting mechanism.**

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

- The NBRC also offers written exams for the Adult Critical Care Specialist (ACCS) and The Sleep Disorder Specialist (SDS) and the Asthma Educator Specialist (AE-C)

4761-6-01
Limited permit application procedure.
The respiratory care services which may be performed by the holders of a limited permit issued under paragraph (A)(1)(a) of this rule are limited to only those services which have been successfully completed by such persons as part of the curriculum of their respiratory care educational program, as certified by the director of the respiratory care educational program.. The board may supply a sample form

to document these competencies to be certified by the director of the respiratory care educational program. The limited permit holder must provide documentation of competencies certified by the director of the respiratory care educational program to all employers of respiratory care services. Updated documentation of competencies shall be provided by the limited permit holder to employers of respiratory care services upon successful completion of additional clinical courses as certified by the director of the respiratory care educational program.

-I think this is something worth discussing. All programs obviously are obviously set up differently and the way they check students off on skills are different and what they may sign off on may be different, and at what point permits are issues vary and it can be challenging for employers. Example: Student 1 comes from School A has a permit is graduating in 4 months. Student 2 comes from School B has a permit and is graduating in 4 months. Student 1 has been checked off for blood gases. Student 2 has not. When working the RTs must remember who can and who can't do certain things in addition to their normal work. Is there something we could say that all skills (or at least specific skills) must be complete and documented prior to issuing of any permit?

Thank you,

Luther (Luke) Rice MBA, RRT
Director, Respiratory Care Services
Holzer Health System
100 Jackson Pike
Gallipolis, OH 45631
Office 740-446-5420 | Fax 740-446-4209
larice@holzer.org

Holzer
Friendly Visits, Excellent Care, Every Patient, Every Time

From: Kimberly.Anderson@med.ohio.gov <Kimberly.Anderson@med.ohio.gov>
Sent: Tuesday, January 14, 2025 4:40 PM
To: Allison Poulios <Apoulios@metrohealth.org>; Amanda Nelson <cosmetictherapyohio@gmail.com>; Blair Barnhart-Kinkle (barnhab@ccf.org <barnhab@ccf.org>; Bryan Hunt <Bryan.Hunt@ohiohospitals.org>; Caitlen Laudeman <claudeman@ohioafp.org>; Candace Novak Sabers <Candace.sabers@uchealth.com>; Charley Solley (Charlie.Solley@nationwidechildrens.org) <Charlie.Solley@nationwidechildrens.org>; Charlie Trefny <charlie.trefny@ohiomcia.com>; Cheryl Markino <cmarkino@ohiodo.org>; Christine Kaiser <CHRISTINE.KAISER@UHhospitals.org>; Courtney Kallergis <kallergis.6@osu.edu>; Dave Salisbury <Dave@spdunn.com>; David Corey <DavidP.Corey<dpc@pacainc.com>; dhackathorn@civic-point.com; dteite@capitoladvocates.net <dieite@capitoladvocates.net>; Glenn Perry <GlennPerry<gkebb>; oerrt@ommpa.com; Greg Boehm <gxboehm24@gmail.com>; Greg Lestini (Glestini@bricker.com) <GLestini@bricker.com>; Gretchen Blazer <GBlzer@oahp.org>; Heather Davis <hldavis@mercy.com>; hdorr@ohacep.org; Janet Shaw <jshaw@oppa.org>; Jeff Klinger (jeffk@centralohiohealth.com <Jeffk@centralohiohospitals.org>; Jeffrey Kasler (jeffrey.kaster@ohiohealth.com) <Jeffrey.kasler@ohiohealth.com>; Jennifer Hayhurst

<jhayhurst@ophp.org>; Jeremy Blake <JBlake@Ohioafp.org>; Jimelle Rumberg (jrumberg@ohfama.org) <Jrumberg@ohfama.org>; JJohns@amcno.org; Joe Rosato (jrosato@osma.org) <Jrosato@osma.org>; John McClelland <john@trimacadvisors.com>; Jon Fishpaw <JPFishpaw@mercy.com>; Jon@allisongroupohio.com; Jonathan Smith <jonathan.smith@uhhospitals.org>; kmahler@ohioafp.org; Katie Trausch <ktrausch@ophp.org>; Kay Mavko <kmavko@columbus.rr.com>; Kelley Long <klong@ophp.org>; Kelly Carey <kcarey@ohiochc.org>; Kelly O'Reilly <koreily@gpgrhr.com>; Kelsey Stone <kstone@osma.org>; Kevin DeWine (kevin.dewine@cbdadvisors.com) <kevin.dewine@cbdadvisors.com>; Lorrie Paulus <LXPaulus@mercy.com>; Matt Harney <mattharney@ohiodo.org>; Melissa Ryan (qhmmassage@gmail.com) <qhmmassage@gmail.com>; Melissa Satadonis <melissa.saladonis@cchmc.org>; Michael Evans <Evans>; Michael <EVANSM10@ccf.org>; Mike Mathy <mmathy@ohfama.org>; Monica Hueckel (mhueckel@osma.org) <mhueckel@osma.org>; Nate Flath <nate.flath@gmail.com>; nck.frank@shcare.net <rick.frank@shcare.net>; nlashutka@ohiochildrenshospitals.org; oapa@ohiopa.com; Pat McKnight (mcknightp@aol.com <mcknightp@aol.com>; Paul Kudlak <PaulKudlak<pkudlak@gmail.com>; Richar Whitney <mw2dublin@aol.com>; Sarah Damiani <sdamiani@ophp.org>; Sarah Thompson (SThompson@ophp.org) <SThompson@ophp.org>; Sean Dunn (sean@spdunn.com) <sean@spdunn.com>; smccullough@osma.org; Shawn Ryan <s.ryan@brightviewhealth.com>; Stephanie Gilligan <Stephanie.Gilligan@osumc.edu>; Stephanie Milburn <Stephanie.milburn@osumc.edu>; Steve Landerman <steve@ohioorthosociety.org>; Sue Clarlariello <susanciar@outlook.com>; Will Vorys (wvorys@dickinson-wright.com) <wvorys@dickinson.com>; willa Ebersole <willa@ebersoleadvocates.com>; Zach Holzapfel <Zach.holzapfel@hickspartners.com>; Amy Rodenhausen <arodenha@kent.edu>; Cindy Groeniger <Cindy.ala2018@gmail.com>; David Corey <osrc@pacainc.com>; Dr. Gregg <Gregg>; Richard <Richard.Gregg@ketteringhealth.org>; Luke A. Rice <larice@Holzer.Org>; Matt Munroe <Matthew.Munroe@osumc.edu>; Sanja Keller <Sanja.keller@sinclair.edu>; amandasines@sbcglobal.net; Ann Warner <woostereye@aol.com>; Anna Ruzicka MPH <ARuzicka@amcno.org>; Belinda Jones (bjones@capitol-consulting.net) <bjones@capitol-consulting.net>; Bryn.Hunt@ohiohospitals.org; Carolyn Towner <carolyntowner@sbcglobal.net>; Catherine Olohan Zwissler <OlohanZwiss@aol.com>; Doug Graff <doug@grafflaw.com>; Dr. Christopher Vashi <christopher.vashi@gmail.com>; Elizabeth Collis (E-mail) <bethel1234@aol.com>; Eric Plinke (eric.plinke@dinslaw.com) <eric.plinke@dinslaw.com>; George Dunigan <gfdunigan@aol.com>; Greg Fouche <GFouche@jcarr.state.oh.us>; Gregory W. Bee <bee@taftlaw.com>; Ian Dollenmayer <ian.dollenmayer@jcarr.state.oh.us>; Ilah Naudasher <Ilah.Naudasher@ketteringhealth.org>; Inez 617 (inez617@msn.com) <inez617@msn.com>; J Richard Ludgin (E-mail) <rludgin@ix.netcom.com>; James Lindon <JLindon@LindonLaw.com>; Janet Baker <JanetBaker@foresthills.edu>; Jeffrey Fisher <OEHN@aol.com>; Joel Selmeier (E-mail) <'joelselm@joel.com'>; John Booher <JWBooher@aol.com>; Kevin Devaney <kddevaney@eastmansmith.com>; sonja.roe@cos.ohio.gov; lemrich@nursing.ohio.gov; Lloyd DePew <ldepew@baileycav.com>; M. D. Eliot Mostow (emostow@akronderm.com) <emostow@akronderm.com>; Matt Donnelly <donnelm1@ccf.org>; McGovern Jim (jamesmmcgovern@yahoo.com) <jamesmmcgovern@yahoo.com>; Melissa Guzman <mdguzman95@gmail.com>; Michael Oros <michaeloros1@gmail.com>; Michael R. Moran <mrmoran@mrmoran.com>; OHA - Mary Gallagher <Maryg@OHANET.org>; Paul Bryson <pbryson@adena.org>; Paul Hilderbrant <philderbrant@yahoo.com>; rainykgal

<rainykgal@gmail.com>; Reardon, Jill <Jill.Reardon@med.ohio.gov>; Ricardo del Castillo <UAGSAT@uag.edu>; Richard Greely <rgreely@cscc.edu>; Richard Kasmer (ohiolawce@yahoo.com) <ohiolawce@yahoo.com>; Rogers Carol (cjrogers65@msn.com) <cjrogers65@msn.com>; Scott P. Sandrock <spsandrock@bmdllc.com>; Sean McGlone <seanm@ohanet.org>; Sharon Barnes Ph. D. <sbarnes112@aol.com>; State Board of Psychology <psy.dir@exchange.state.oh.us>; Steve Lanier (stevelanier@yahoo.com) <stevelanier@yahoo.com>; lampl@theohiocouncil.org; Terry Guzek <tguzek@ehove-jvs.k12.oh.us>; Tim Cosgrove (E-mail) <tcosgrove@ssd.com>; Victor Goodman <vgoodman@bfca.com>; Willa Ebersole <willa@tompappas.com>; A DiPasquale <ADiPasquale@nursing.ohio.gov>; Abby Benjamin <benjamin@sppgrp.com>; Alvin Zachariah <alzach@aol.com>; Ana Ruzika <AnnaRuzicka<aruzicka@amcno.org>; Aneta Homer MD <ahomer@southwoodshealth.com>; Barry T. Doyle (todoyle@aol.com) <todoyle@aol.com>; Bruce B. Whitman (bbwhitmanlaw@aol.com) <bbwhitmanlaw@aol.com>; Cameron.McNamee@pharmacy.ohio.gov; Damion Clifford <dclifford@arnlaw.com>; Daniel Zinsmaster (daniel.zinsmaster@dinsmore.com) <daniel.zinsmaster@dinsmore.com>; David Paragas <david.paragas@btlaw.com>; Deborah R. Lydon (lydon@dinslaw.com) <lydon@dinslaw.com>; Elaine M. Hiatt PhD <Ehiatt@AIAM.edu>; Eric Vinyard <eric.vinyard@hickspartners.com>; Greg Warren <g.warren@columbusstrategygroup.com>; J. Reichman <jreichman@kkmhealthcare.com>; James Leo <jjleoincolumbus@yahoo.com>; James McGovern (jmcgovern@grafflaw.com) <jmcgovern@grafflaw.com>; Jeffrey Jurca (jjurca@jurcalashuk.com) <jjurca@jurcalashuk.com>; Jennifer Armstrong <jenkarmstrong@hotmail.com>; Joe Feltes <JFeltes@BDBLAW.com>; John R. Irwin <John@johnrirwin.com>; Lana Mullet <lmullet@emp.com>; Levi Tkach <levi@grafflaw.com>; Lisa Pierce Reisz <LisaPierceReisz<LPierceReisz@ebglaw.com>; Lori Herf <LHerf@bakerlaw.com>; M. D. Roland Benton <rbmd_99@yahoo.com>; Mabe, Aaron <Aaron.Mabe@med.ohio.gov>; Patricia Weisbach <Patricia_Weisbach@trihealth.com>; patrick@americanmedspa.org; Shannon Urena <shannonurena1@gmail.com>; Socrates.Tuch@odh.ohio.gov; Stefanie Frank <sf@stateside.com>; Steven Greer <sgreer6@kent.edu>; Thomas W. Hess (thess@dinslaw.com) <thess@dinslaw.com>; Vicki.Jenkins@dodd.ohio.gov; missy.anthony@otptat.ohio.gov; Lindsey.Brigano@governor.ohio.gov; Brian.Carnahan@cswb.ohio.gov; Charity Robi <crobi@nursing.ohio.gov>; lemrich@nursing.ohio.gov; Margaret Rolf (Margaret.Rolf@cos.ohio.gov) <Margaret.Rolf@cos.ohio.gov>; Cameron.McNamee@pharmacy.ohio.gov; Melissa Iannotta (Lisa.Iannotta@mha.ohio.gov) <Lisa.Frederick@mha.ohio.gov>; Stir, Theresa <Theresa.Stir@ovmlb.ohio.gov>; eric.wandersleben@mha.ohio.gov; Zachary Russell (zachary.Russell@den.ohio.gov) <Zachary.Russell@den.ohio.gov>
Cc: Austin.Lucous@med.ohio.gov
Subject: Initial Circulation of Rules-Respiratory Care Professionals

External-Use Caution

PROPOSED RULES: Seeking comments on the Medical Board's initial review of rules

The State Medical Board of Ohio seeks public input on proposed rules several times during the rule-making process. Public input is sought after the Medical Board has conducted its initial review of rules, after rules are filed with the Common Sense Initiative Office, and at the public hearing that occurs after the rules are formally filed with the Joint Committee on Agency Rule Review.

The Medical Board's initial review of rules may result in a proposal to amend current rules, rescind current rules, make no changes to current rules, and/or adopt new rules. Comments received will be reviewed and possibly result in changes to the initially proposed language before the rules are then filed with the Common Sense Initiative Office.

At this time, public comment is being sought on the proposed language for the following rules. The rules are available on the Medical Board's website at med.ohio.gov/laws-and-regulations/rules/newly-adopted-and-proposed-rules.

Ohio Respiratory Care Professionals:

4761-2-03:	**Board Records**	**Proposed No Change**
4761-3-01:	**Definitions of Terms**	**Proposed Amendment**
4761-4-01:	**Approval of Educational Programs**	**Proposed No Change**
4761-4-02:	**Monitoring of Ohio Respiratory Care Educational Programs**	**Proposed No Change**
4761-5-01:	**Examination Requirements**	**Proposed Amendment**
4761-5-02:	**Admission to the Ohio Credentialing Examination**	**Proposed No Change**
4761-5-04:	**License Application Procedure**	**Proposed No Change**
4761-5-06:	**Respiratory Care Practice by Polysomnographic Technologists**	**Proposed No Change**
4761-6-01:	**Limited Permit Application Procedure**	**Proposed No Change**
4761-7-01:	**Original License or Permit, Identification Card or Electronic License Verification**	**Proposed Amendment**
4761-7-03:	**Scope of Respiratory Care Defined**	**Proposed No Change**
4761-7-04:	**Supervision**	**Proposed No Change**
4761-7-05:	**Administration of Medications**	**Proposed No Change**
4761-8-01:	**Renewal of License or Permits**	**Proposed Amendment**
4761-9-01:	**Definition of Respiratory Care Continuing Education**	**Proposed No Change**
4761-9-02:	**General RCCE Requirements And Reporting Mechanism**	**Proposed Amendment**
4761-9-03:	**Activities Which Do Not Meet Ohio RCCE Requirements**	**Proposed No Change**
4761-9-04:	**Ohio Respiratory Care Law and Professional Ethics Course Criteria**	**Proposed No Change**
4761-9-05:	**Approved Sources of RCCE**	**Proposed No Change**
4761-9-07:	**Auditing for Compliance with RCCE Requirements**	**Proposed No Change**
4761-10-01:	**Ethical and Professional Conduct**	**Proposed No Change**
4761-10-02:	**Proper Use of Credentials**	**Proposed No Change**
4761-10-03:	**Providing Information to the Board**	**Proposed No Change**

Deadline for submitting comments: **January 31, 2025**

Comments to: Kimberly Anderson
State Medical Board of Ohio
Kimberly.Anderson@med.ohio.gov

Kimberly C. Anderson
Chief Legal Counsel
State Medical Board of Ohio
30 E. Broad Street, 3rd Floor, Columbus, OH 43215
O: (614) 466-7207
C: (614) 230-9077
Kimberly.Anderson@med.ohio.gov
med.ohio.gov

The State Medical Board of Ohio is committed to providing access and inclusion and reasonable accommodation in its services, activities, programs, and employment opportunities in accordance with the Americans with Disabilities Act (ADA) and other applicable laws. To request a reasonable accommodation due to a disability please contact Cinnamon Pipkin, Fiscal/HR Administrator, 614-466-9306 or by email Cinnamon.Pipkin@med.ohio.gov no later than 14 days prior to the event.

4761-2-03 **Board records.**

(A) The board shall maintain an electronic register of applicants for licenses and permits to practice respiratory care. It shall include the name, school of respiratory care from which the applicant graduated, if applicant is such a graduate, method and date the licenses or permits were issued and any other data the board shall require. If the applicant took the examination, the dates of examination shall be shown and scores attained where possible.

(B) The board shall maintain an electronically imaged or paper file containing the original license or limited permit application, verification of national credentialing in the profession of respiratory care, verification of previous or current licensing from other states, proof of successfully completing an accredited program in respiratory care, and any other documentation deemed necessary by the board for the issuance of an initial license or limited permit. The electronically imaged or paper file will also include disciplinary action orders or consent agreements approved by the board. An electronic imaged record shall constitute the official and original record of the board if the original record has been destroyed in accordance with the board's records retention schedule.

(C) A change in the name of the licensee, permit holder or applicant shall not be made on the board's records unless the request is accompanied by one of the following:

(1) A notarized personal affidavit.

(2) A certified copy of a court record.

(3) A certified copy of a marriage certificate.

4761-3-01 **Definitions of terms.**

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

(A) "Board" means the state medical board of Ohio.

(B) "Licensee" means a respiratory care professional issued a license under section 4761.05 of the Revised Code who can practice the full range of respiratory care as defined under division (A) of section 4761.01 of the Revised Code.

(C) "Limited permit holder" or "permit holder" means a person who holds a limited permit issued under Chapter 4761. of the Revised Code.

(D) "Designate" means any person or group authorized by the board as its agent to handle testing or other functions.

(E) "Under the supervision" as it is used under division (B) of section 4761.17 of the Revised Code means that the prescribing physician, physician assistant, or authorized nurse is available to provide direction to the respiratory care practitioner providing the respiratory care service.

(F) "License", as it is used under division (A) of section 4761.05 of the Revised Code, means the license certificate or a notarized copy of the license certificate as issued by the board.

(G) "Conspicuous display" as it concerns the license certificate, means in a place accessible to the public during normal operating hours of the principal place of business.

(H) "National Board for Respiratory Care, Inc. (NBRC)" means the national credentialing board for pulmonary technology and respiratory therapy.

(I) "Licensure by endorsement" means the issuance of a license based upon board approval of an examination recognized by the board as meeting the requirements of division (A)(~~3~~2) of section 4761.04 of the Revised Code.

(J) "Licensure by Ohio examination" means the issuance of a license based upon successfully passing an examination offered to individuals who qualify for an educational waiver provided for in Section 6 of Sub. House Bill 111 of the 118th General Assembly.

~~(K) "A year" as the term is used in division (A)(4) of section 4761.11 of the Revised~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4761-4-01 **Approval of educational programs.**

The board hereby approves respiratory care educational programs that:

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

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

4761-4-02 Monitoring of Ohio respiratory care educational programs.

(A) Annually, each respiratory care educational program in Ohio shall submit proof of compliance with the accreditation standards developed by the commission on accreditation for respiratory care (CoARC) or their successor organization(s). At minimum, Ohio respiratory care programs shall provide the following:

(1) A copy of the annual report submitted to CoARC.

(2) A copy of CoARC's response letter.

(3) A copy of any plan of corrective action for program deficiencies issued by CoARC in response to an official site visit or annual report.

(B) Each respiratory care program in Ohio shall also annually submit a current letter of good standing issued by CoARC.

(C) The respiratory care advisory council may be responsible for advising the board on educational policy and issues affecting respiratory care educational programs in Ohio. The respiratory care advisory council may review documentation filed by Ohio respiratory care educational programs in accordance with paragraph (A) of this rule. The respiratory care advisory council may make recommendations to the board regarding the educational programs including a recommendation to survey and investigate a respiratory care educational program. Survey and investigation findings shall be reported to the board. The board may contract independent expert services as needed to assist the respiratory advisory council and the board.

4761-5-01 **Examination requirements pursuant to division (A) of section 4761.04 of the Revised Code.**

(A) To meet the requirement of division (A)(~~3~~2) of section ~~4671.04~~4761.04 of the Revised Code, an applicant for licensure must provide evidence that the applicant has successfully completed both portions of the registered respiratory therapist (R.R.T.) examination administered by the national board for respiratory care, inc. (NBRC) or its successor organization.

(B) All persons currently holding a license in this state to practice respiratory care who obtained an initial license in this state based on showing evidence of successful ~~competion~~completion of the certified respiratory therapist (C.R.T.) examination may continue to practice respiratory care in this state if the following conditions are met:

(1) The licensee continues to meet the requirements to renew a license under chapter 4761; and

(2) The licensee continues to timely renew the license through the state medical board.

(C) This rule shall not apply to applicants for reciprocal licensure under division (C) of section 4761.04 of the Revised Code.

RESCIND

4761-5-02 **Admission to the Ohio credentialing examination.**

(A) An applicant for the Ohio credentialing examination must have an approved preliminary application for licensure form on file with the board that authorizes a waiver of the education requirement for licensure as set forth in Section 6 of Sub. House Bill 111 of the 118th General Assembly.

(B) An applicant for the Ohio credentialing examination shall file an application provided by the board to take the examination offered by the "National Board for Respiratory Care, Inc. (NBRC)." The original application shall be mailed to the NBRC, and a copy of the application shall be mailed to the board. The application mailed to the NBRC shall include an examination score release form.

(C) The application mailed to the NBRC shall include the nonrefundable examination fee.

(D) The applicant for the Ohio credentialing examination shall comply with any and all deadlines established by the NBRC.

4761-5-04 **License application procedure.**

(A) An applicant for licensure shall submit to the board an application under oath in the manner determined by the board and provide such other facts and materials as the board requires. No application shall be considered submitted to the board until the appropriate fee has been received by the board.

(B) No application submitted to the board shall be considered complete until the applicant has complied with the requirements of Chapter 4731-4 of the Administrative Code and the board has received the results of the criminal records checks.

~~(C) Licensure by examination:~~

~~An applicant for licensure by examination who filed a preliminary application for licensure and who qualified for the educational waiver provided for in Section 6 of Sub. House Bill 111 of the 118th General Assembly and who has passed the Ohio licensure examination in accordance with rule 4761-5-02 of the Administrative Code shall submit to the board an application under oath in the manner determined by the board, and provide such other facts and materials as the board requires. No application shall be considered submitted to the board until the appropriate fee has been received by the board.~~

~~(D)~~(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.

~~(E)~~(D) If the application process extends for a period longer than six months, the board may require updated information as it deems necessary.

~~(F)~~(E) No application being investigated under section 4761.09 of the Revised Code, may be withdrawn without approval of the board.

~~(G)~~(F) Application fees are not refundable.

4761-5-06 **Respiratory care practice by polysomnographic technologists.**

(A) As used in division (B)(3) of section 4761.10 of the Revised Code, "a polysomnographic technologist" shall be defined as a person who holds a credential as a registered polysomnographic technologist (RPSGT) issued by the board of registered polysomnographic technologists (BRPT) or its successor organization.

(B) As used in division (B)(3) of section 4761.10 of the Revised Code, "a trainee" shall be defined as a person who, under the direct supervision of a polysomnographic technologist, performs respiratory care tasks as a part of a defined course of education leading to eligibility to take the comprehensive registry exam for polysomnographic technologists.

(C) As used in division (B)(3) of section 4761.10 of the Revised Code, "being eligible to be credentialled" shall be defined as a person who has completed the training and clinical experience required by the BRPT to take the comprehensive registry exam for polysomnographic technologists. Eligibility status shall not exceed eighteen months.

(D) As used in division (B)(3) of section 4761.10 of the Revised Code, "direct supervision" shall be defined as being immediately available to oversee and direct the care rendered by a trainee.

(E) The following respiratory care tasks performed in the diagnosis and therapeutic intervention of sleep-related breathing disorders may be performed upon the prescription or order under the general supervision of a physician:

(1) Application and titration of bi-level, continuous positive airway pressure, or non-invasive ventilation;

(2) Application and titration of supplemental low flow oxygen;

(3) Application and monitoring of pulse oximetry;

(4) Application and monitoring of capnometry; and

(5) Patient education in the application of bi-level or continuous positive airway pressure, low flow oxygen, or pulse oximetry for the ongoing management of sleep-related disorders.

4761-6-01 **Limited permit application procedure.**

(A) An applicant for a limited permit shall submit to the board an application under oath in the manner determined by the board, and provide such other facts and materials as the board requires. No application shall be considered submitted to the board until the appropriate fee has been received by the board. Application fees are not refundable.

(1) An applicant for a limited permit must provide proof of meeting one of the following requirements:

(a) Is enrolled in and is in good standing in a respiratory care educational program that meets the requirements of rule 4761-4-01 of the Administrative Code; or

(b) Is a graduate of a respiratory care educational program that meets the requirements of rule 4761-4-01 of the Administrative Code and is making application within one year of such graduation date; or

(c) ~~Is employed as a provider of respiratory care in this state and was employed as a provider of respiratory care in this state prior to March 14, 1989, as provided by division (B)(1)(b) of section 4761.05 of the Revised Code~~.Satisfies requirements for reciprocal licensure under division (D) of section 4761.05 of the Revised Code.

(2) An applicant meeting the requirements of paragraph (A)(1)(a) of this rule shall file with the application a verification of education form provided by the board as proof of his/her enrollment and good standing in an approved educational program.

(3) An applicant meeting the requirements of paragraph (A)(1)(b) of this rule shall submit an official transcript.

~~(4) An applicant meeting the requirements of paragraph (A)(1)(c) of this rule shall submit proof of his/her record of employment as a provider of respiratory care in this state.~~

~~(5)~~(4) A person issued a limited permit under paragraph (A)(1)(a) or (A)(1)(b) of this rule shall practice respiratory care only under the supervision of a respiratory care professional until whichever of the following occurs first:

(a) Three years after the date the limited permit is issued; or

(b) Until the holder discontinues enrollment in the educational program; or

(c) One year following the date of receipt of a degree or certificate of completion from a board-approved respiratory care education program;

(B) The respiratory care services which may be performed by the holders of a limited permit issued under paragraph (A)(1)(a) of this rule are limited to only those services which have been successfully completed by such persons as part of the curriculum of their respiratory care educational program, as certified by the director of the respiratory care educational program.~~.~~ The board may supply a sample form to document these competencies to be certified by the director of the respiratory care educational program. The limited permit holder must provide documentation of competencies certified by the director of the respiratory care educational program to all employers of respiratory care services. Updated documentation of competencies shall be provided by the limited permit holder to employers of respiratory care services upon successful completion of additional clinical courses as certified by the director of the respiratory care educational program.

(C) A person issued a limited permit under ~~paragraph (A)(1)(c) of this rule~~ division (B)(1)(b) of section 4761.05 of the Revised Code shall practice respiratory care only under the supervision of a respiratory care professional and may practice for not more than three years, unless the holder has been employed as a provider of respiratory care for an average of not less than twenty-five hours per week for a period of not less than five years by a hospital. ~~certified or accredited pursuant to section 3727.02 of the Revised Code.~~

(D) If an applicant fails to complete the application process within six months of initial application filing, the board may notify the applicant in writing of its intention to consider the application abandoned. If no response to that notice is received by the board within thirty days, the board shall consider the application as abandoned and no further processing shall be ~~undetaken~~undertaken with respect to that application.

(E) If the application process extends for a period longer than six months, the board may require updated information as it deems necessary.

(F) No application being investigated under section 4761.09 of the Revised Code, may be withdrawn without approval of the board.

4761-7-01 **Original license or permit, identification card or electronic license verification.**

(A) The board shall prepare and provide to each initial license or permit holder a certificate stating the name of the license or limited permit holder, the license or limited permit number assigned and the initial issuance date. The board may permit the electronic verification of the each license or limited permit holder through a web-based verification system. An electronic verification shall contain the person's name, license or permit number, information as to the type of authorization under which they practice, and date of expiration.

(B) Official license or permit certificates shall be signed by the board president and secretary and attested by its seal. Electronic verification of license or limited permit status shall be considered a primary source verification.

(C) Neither the holder nor anyone else shall make any alterations on a certificate or identification card issued by the board.

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

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

(F) Regardless of the date of issuance, the graduate limited permit will expire one year following the date of receipt of a degree or certificate of completion from a board-approved respiratory care education program.

~~(F)~~(G) Electronic verification is valid proof of current authorization.

~~(G)~~(H) In accordance with division (C) of section 4761.05 of the Revised Code, holders of licenses and permits may display a wall certificate in their office or place where the majority of the holder's practice is conducted.

4761-7-03 **Scope of respiratory care defined.**

(A) "Respiratory care" as employed in Chapter 4761. of the Revised Code, means engaging in respiratory care, as defined in division (A) of section 4761.01 of the Revised Code, as a clinician, an educator, a manager, and/or a consultant, excluding activities related to equipment maintenance, cleaning, and delivery.

(B) "Instructing in the use of medical gases" as it is used in division (A)(2) of section 4761.01 of the Revised Code, means the direct or indirect use of educational material, communicated in writing or otherwise, that explains the clinical indications or contraindications concerning a patient's prescription for a medical gas.

(C) "Administering of medical gases" as it is used in division (A)(2) of section 4761.01 of the Revised Code, means the direct application and quantitative adjustment of a medical gas to a patient, regardless of the device used to administer the gas.

(D) "Monitoring and recording the results of medical gases" as it is used in division (A)(2) of section 4761.01 of the Revised Code, means assessing, evaluating and documenting the use of a medical gas, including measurements of fractional inspired concentrations, flow and volume; and a patient's physiologic or clinical response to a medical gas, including invasive or noninvasive sampling of blood or gas samples.

(E) "Any service" as it is used in division (A) of section 4761.01 of the Revised Code, means any practice performed by a competently trained licensed respiratory care professional or permit holder involving the evaluation of cardiopulmonary function, the treatment of cardiopulmonary impairment, the assessment of treatment effectiveness and the care of patients with deficiencies and abnormalities associated with the cardiopulmonary system.

(F) "Aspiration" as it is used in division (B)(1) of section 4761.10 of the Revised Code, means to remove bodily fluids or mucous from the pulmonary airway by means of a suction device. Included suctioning procedures are naso-pharyngeal, oral-pharyngeal, tracheal, and bronchial. Oral suctioning and suctioning of secretions external to the airway will not be considered aspiration as this term is defined in this rule.

4761-7-04 **Supervision.**

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

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

4761-7-05 **Administration of medications.**

(A) Respiratory care professionals and limited permit holders must be able to document appropriate and successful training and proficiency on the route of medication delivery, drug pharmacology, and dosage calculations for any medication for the treatment and testing of cardiopulmonary impairment for which they are authorized to administer pursuant to division (A)(4) of section 4761.01 of the Revised Code. Appropriate training includes, but is not limited to, the following components:

(1) Pharmacology. Subject matter shall include terminology, drug standards, applicable laws and legal aspects, identification of drugs by name and classification, and the principles of pharmacodynamics of medications used in the treatment and testing of cardiopulmonary impairment.

(2) Techniques of drug administration. Subject matter shall include principles of asepsis, safety and accuracy in drug administration, applicable anatomy and physiology, and techniques of administration and any route of administration for any medications for the treatment and testing of cardiopulmonary impairment.

(3) Dosage calculations. Subject matter shall include a review of arithmetic and methods of calculation required in the administration of drug dosages.

(4) The role of the respiratory care professional or limited permit holder in the administration of any medication for the treatment and testing of cardiopulmonary impairment. Subject matter shall include constraints of medication administration under the legal scope of practice for respiratory care, the rationale for specific respiratory care in relation to drug administration; observations and actions associated with desired drug effects, side effects and toxic effects; communication between respiratory care professional or limited permit holder and other members of the health care team; respiratory care provider-client interactions; and the documentation of medication administration for any medication for the treatment and testing of cardiopulmonary impairment.

(5) Clinical experience in the administration of any medication(s) for the treatment and testing of cardiopulmonary impairment, planned under the direction of a qualified respiratory care professional or other qualified health care provider responsible for teaching medication administration for any medication for the treatment and testing of cardiopulmonary impairment.

(B) Respiratory care professionals may administer medications to induce minimal sedation to moderate sedation/analgesia during diagnostic and therapeutic procedures relating to the testing and treatment of cardiopulmonary impairments. It

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

(1) Only a person authorized to prescribe or write orders pursuant to section 4761.17 of the Revised Code may select and order the drug to be administered to achieve the desired level of sedation/analgesia. The order shall include:

(a) Medication;

(b) Dosage;

(c) Frequency; and

(d) Method of administration.

(2) In addition to the general training requiring for medication administration contained in paragraphs (A)(1) to (A)(5) of this rule, a respiratory care professional shall also do the following:

(a) Complete the education and competency requirements of the employing facility on the administration of sedatives and analgesic medications;

(b) Understand the pharmacology, dosage, routes of administration, and adverse reactions of sedatives, analgesics, and antagonists. Identify the appropriate selection of monitoring equipment and be able to understand and interpret vital signs. Record patient’s vital signs and medication in the medical record;

(c) Have current advanced cardiac life support (ACLS) or pediatric advanced life support (PALS) certification as appropriate and be able to perform rescue procedures;

(d) Meet competency guidelines, as determined by the facility, for the insertion and maintenance of artificial airways, assessing and maintaining ventilation, administration of oxygen, and

(e) Be able to insert and maintain an intravenous line when medications are administered by this route.

(3) The administration of medications to induce minimal to moderate sedation/analgesia shall be properly supervised by the authorized prescriber. Respiratory care professional must adhere to the following supervisory guidelines:

(a) Oral administration or aerosolized administration of medications to induce minimal to moderate sedation/analgesia may be performed with off-site supervision of the prescriber and do not require the respiratory care professional to be able to insert or maintain an intravenous line.

(b) Intravenous administration of medications to induce minimal sedation/analgesia for emergency intervention procedures, such as intubation may be performed with off-site supervision of the prescriber.

(c) Intravenous administration of medications to induce moderate sedation/analgesia for respiratory care procedures requires direct supervision of the prescriber.

(4) At no time shall a respiratory care professional administer a medication at a dosage and interval that is reasonably expected to induce deep sedation or general anesthesia.

(5) A respiratory care professional who administers a medication to induce minimal sedation to moderate sedation/analgesia shall have no other assignments during the course of administration, monitoring and recovery of the patient that would leave the patient unattended or unmonitored.

(6) Prior to administering a medication to induce minimal sedation to moderate sedation/analgesia, the respiratory care professional shall review the patient's pertinent medical history, including sedation-oriented aspects. The patient history should include a review of the medical history; current medications, herbal products, or vitamins; medication allergies; use of tobacco, alcohol, or substance abuse; last oral intake; and history of adverse reactions to sedatives, analgesics or anesthetics.

(7) Monitoring parameters shall minimally include:

(a) Baseline vital signs prior to and intermittently during the procedure;

(b) Pulmonary ventilation, including respiratory rate, depth of breathing, auscultation and, if appropriate, end tidal CO2 monitoring;

(c) Oxygenation via pulse oximetry;

(d) Electrocardiography for patient with history of cardiovascular disease or dysrhythmias, or hypertension;

(e) Response to verbal and tactile stimulation and commands;

(C) For each respiratory care professionals and limited permit holders, the organization shall maintain a record that documents training and proficiency reviews. Documentation of periodic competency reviews shall be maintained by the organization. At the request of the board, records may be audited, reviewed, or copied.

4761-8-01 **Renewal of license or permits.**

(A) License renewal.

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

(B) Limited permit renewal.

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

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

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

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

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

4761-9-01 **Definition of respiratory care continuing education.**

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

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

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

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

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

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

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

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

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

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

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

4761-9-02 **General RCCE requirements and reporting mechanism.**

(A) Licensees and limited permit holders shall verify the successful attainment of RCCE from sources approved by the board as set forth in rule 4761-9-05 of the Administrative Code.

(B) RCCE contact hours shall be obtained during the term of collection as set forth in paragraphs (C)(1) and (C)(2) of this rule. RCCE contact hours shall be earned prior to the license or limited permit expiration date for the renewal period. RCCE contact hours earned during the term of collection in excess of required contact hours cannot be applied towards a subsequent renewal period, unless the RCCE contact hours are earned after the filing date of a completed renewal application that is filed prior to the end of the renewal cycle for the specific authorization type held. A renewal application will be deemed complete when the renewal application form is filled out in its entirety, all continuing education required has been reported and is valid and the full renewal fee has been submitted.

(C) Continuing education earned for license or limited permit renewal must minimally include the following content requirements:

(1) An applicant for license renewal shall complete twenty contact hours of relevant RCCE every two years, beginning with the license renewal date and ending on the license expiration date established under paragraph (D) of rule 4761-7-01 of the Administrative Code, unless a waiver is granted under paragraph (G) of this rule. RCCE earned for license renewal must include the following content requirement:

(a) One contact hour of RCCE on Ohio respiratory care law or professional ethics as set forth in rule 4761-9-04 of the Administrative Code; and

(b) At least fifteen of the required contact hours must include content relating to the provision of clinical respiratory care as defined under section 4761.01 of the Revised Code; and

(c) The remaining four contact hours may include indirectly related content, including, but not limited to, activities relevant to specialized aspects of respiratory care, such as education, supervision, management, health care cost containment, cost management, health quality standards, disease prevention, health promotion, or abuse reporting.

(2) An applicant for renewal of a limited permit issued under paragraph (A)(1)(c) of rule 4761-6-01 of the Administrative Code, shall complete ten contact hours of relevant RCCE every year, beginning with the limited permit renewal date and ending on the limited permit expiration date established under paragraph

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

(a) One contact hour of RCCE on Ohio respiratory care law or professional ethics as set forth in rule 4761-9-04 of the Administrative Code; and

(b) At least seven of the required contact hours must include content relating to the provision of clinical respiratory care as defined under section 4761.01 of the Revised Code; and

(c) The remaining two contact hours may include indirectly related content, including, but not limited to activities relevant to specialized aspects of respiratory care, such as education, supervision, management, health care cost containment, cost management, health quality standards, disease prevention, health promotion, or abuse reporting.

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

(E) It shall be the responsibility of the licensee to maintain and keep all records to serve as documentation for any audit which may be conducted in accordance with rule 4761-9-07 of the Administrative Code pertaining to the completion of RCCE requirements; including, but not limited to certificates of completion, transcripts, letters of attendance, or attendance registers. Records shall be maintained for a period of one year after the end of a registration. Legible copies shall be sent to the board only in response to an audit.

(F) Waiver of RCCE requirements.

(1) A first time license holder in the state of Ohio who has been licensed for more

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

(2) For purposes of obtaining a RCCE waiver, the applicant or licensee shall have the burden of establishing that the illness or absence affected the reasonable opportunity to participate in RCCE activities. No more than two hours will be subtracted from the RCCE requirement for each month which is approved for reduction of hours. Application for RCCE waiver shall be completed by the applicant or licensee and submitted to the board at least sixty days prior to the end of the RCCE period. Applicants shall not sign and submit the renewal application prior to receiving approval from the board of the waiver request.

(3) The board shall not waive the total RCCE requirement for any RCCE period.

(4) The board shall not grant a RCCE waiver for consecutive RCCE periods.

(5) Applicants shall be eligible to apply for RCCE waiver only if the applicant's illness or absence from the United States lasted a minimum of six consecutive months and occurred in its entirety within a single RCCE period.

4761-9-03 **Activities which do not meet the Ohio RCCE requirements.**

(A) Activities which do not meet the Ohio RCCE requirement shall include but not be limited to:

(1) Basic life support (hereafter referred to as BLS) and cardiopulmonary resuscitation (hereafter referred to as CPR) provider courses;

(2) Repetition of any educational activity with identical objectives and content within the same reporting period;

(3) Employer specific orientation or inservice programs which do not significantly enhance the practice of respiratory care or related technologies;

(4) Self-directed independent study such as reading of texts or journal articles which have not been approved by any of the mechanisms listed under rule 4761-9-05 of the Administrative Code.

(5) Participation in clinical practice or research that is not part of an approved RCCE activity;

(6) Personal development activities not taken for the purpose of meeting RCCE requirements;

(7) Professional meetings and conventions except for those portions designated as approved RCCE activities;

(8) Community service and volunteer practice;

(9) Membership in a professional organization;

(10) RCCE contact hours ordered by the board, above and beyond the prescribed contact hours, as set forth under rule 4761-9-03 of the Administrative Code.

4761-9-04 Ohio respiratory care law and professional ethics course criteria.

(A) An acceptable course in Ohio respiratory care law or professional ethics shall meet the following criteria and be taught by an individual with the appropriate qualifications and experience.

(1) The course shall be at least one contact hour in length; and

(2) The course content shall include one of the following:

(a) Standards of respiratory care practice and ethical conduct; or

(b) Acts that constitute violations of the respiratory care practice law under section 4761.09 of the Revised Code; or

(c) Obligations to report alleged violations of Chapter 4761. of the Revised Code or rules adopted thereunder; or

(d) Medical ethics.

(B) To be state medical board of Ohio approved RCCE for the one contact hour in respiratory care law or professional ethics required in rule 4761-9-02 of the Administrative Code, a course that meets the requirements of paragraph (A) of this rule shall also be approved by American association for respiratory care (A.A.R.C.), the American medical association (A.M.A.), the American nurses association (A.N.A.), the Ohio association of physician assistants (O.A.P.A.), the Ohio society for respiratory care (O.S.R.C.), the Ohio state medical association (O.S.M.A.), the Ohio nurses association (O.N.A.), the Ohio thoracic society (O.T.S.), the American college of chest physicians (A.C.C.P.), the American heart association (A.H.A.), the American lung association (A.L.A.), the Ohio lung association (O.L.A.), or the American association of critical care nurses (A.A.C.C.N.).

(C) The board may also, in its discretion, offer a respiratory care law or professional ethics course to meet the one contact hour respiratory care or professional ethics requirement in rule 4761-9-02 of the Administrative Code.

4761-9-05 **Approved sources of RCCE.**

(A) Applicants for renewal shall successfully complete the required number of RCCE contact hours according to rule 4761-9-02 of the Administrative Code. RCCE earned from any combination of the following sources may be applicable towards meeting RCCE requirements:

(1) Relevant college credit awarded by an academic institution accredited by its regional accrediting association. This is limited to respiratory care related classes.

(2) RCCE contact hours awarded by respiratory care educational programs approved by the board in accordance with rule 4761-4-01 of the Administrative Code.

(3) The successful completion of advanced life support programs and/or instructors for life support programs will qualify to meet the RCCE requirement. Those meeting this requirement are, but may not be limited to advanced cardiac life support (ACLS), pediatric advanced life support (PALS), neonatal resuscitation program (NRP), and advanced trauma life support (ATLS). The number of contact hours for each program must be assigned by the educational provider. Licensees will be responsible for acquiring documentation supporting completion of the program, the date of completion, and the number of contact hours earned.

(4) Recertification for ACLS, PALS, NRP, or ATLS. The number of contact hours for each program must be assigned by the educational provider. Licensees will be responsible for acquiring documentation supporting completion of the program, the date of completion, and the number of contact hours earned.

(5) All or portions of a continuing education activity relevant to the practice of respiratory care which meet the requirements of paragraph (A) of rule 4761-9-01 of the Administrative Code and which have been approved by a professional organization or association awarding continuing education contact hours, including, but not limited to the American association for respiratory care (A.A.R.C.), the American medical association (A.M.A.), the American nurses association (A.N.A.), the Ohio association of physician assistants (O.A.P.A.), the Ohio society for respiratory care (O.S.R.C.), the Ohio state medical association (O.S.M.A.), the Ohio nurses association (O.N.A.), the Ohio thoracic society (O.T.S.), the American college of chest physicians (A.C.C.P.), the American heart association (A.H.A.), the American lung association (A.L.A.), the Ohio lung association (O.L.A.), and the American association of critical care nurses (A.A.C.C.N.).

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

4761-9-07 **Auditing for compliance with RCCE requirements.**

(A) To monitor compliance with the RCCE requirements, audits may be conducted retrospectively on random samples of licensees and permit holders, or in response to complaints received by the board.

(B) Audits may be required at any time within the year following the renewal of a license or limited permit.

(C) The audit procedure shall be as follows:

(1) Licensees shall receive a notice of audit which includes the term of RCCE collection under consideration and instructions for compliance with the audit;

(2) Audited licensees or limited permit holders shall be required to submit evidence of completions of the required contact hours;

4761-10-01 **Ethical and professional conduct.**

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

(A) A licensee or permit holder shall not discriminate on the basis of factors that are irrelevant to the provision of professional services including, but not limited to race, creed, sex, national origin, age or medical condition.

(B) Prior to a licensee or permit holder entering into a contractual relationship with a health care recipient, the licensee or permit holder shall provide sufficient information to enable the health care recipient to make an informed decision to enter into a contractual relationship. Sufficient information shall include any fees and arrangements for payment which might affect the decision.

(C) A licensee or permit holder shall not mislead the public and colleagues about services and shall not advertise in a misleading manner.

(D) A licensee or permit holder shall not engage in any activities that seek to meet their personal needs at the expense or detriment of the health care recipient.

(E) A licensee or permit holder shall not leave an assignment without being properly relieved by appropriate personnel.

(F) A licensee or permit holder shall not receive or give a commission or rebate or any other form of direct or indirect remuneration or benefit for the referral of patients/clients for professional services.

(G) A licensee or permit holder shall disclose to health care recipients any interest in commercial respiratory care enterprises which the licensee promotes for the purpose of direct or indirect personal gain or profit.

(H) A licensee or permit holder shall not accept gratuities for any reason including but not limited to preferential consideration of the health care recipient.

(I) A licensee or permit holder shall practice respiratory care within the scope of respiratory care as set forth in division (A) of section 4761.01 of the Revised Code and in accordance with acceptable and prevailing professional standards or guidelines and shall not endeavor to extend his/her practice beyond his/her competence and the authority vested in him/her under division (B) of section 4761.01 of the Revised Code.

(J) A licensee shall not employ, direct, or supervise a person who is not authorized to

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

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

(1) Consulting with appropriate licensed practitioners responsible for prescribing therapy, treatment, or diagnostic services;

(2) Notifying other care givers and the prescribing practitioner when a prescribed therapy, treatment, or diagnostic service is not administered due to reasons contained in paragraph (L) of this rule;

(3) Recommending to other care givers and the prescribing practitioner when prescribed therapy, treatment, or diagnostic service needs to be altered to obtain optimal patient care.

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

(1) Inaccurate;

(2) Not properly authorized;

(3) Harmful, or potentially harmful to a health care recipient; or

(4) Contraindicated by other documented information.

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

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

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

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

(P) A licensee or limited permit holder shall not engage in fraudulent billing for respiratory therapy or treatment.

(Q) A licensee or permit holder shall not engage in behavior that may cause physical, verbal, mental, or emotional abuse to a health care recipient.

(R) A licensee or permit holder shall not engage in behavior that may be reasonably interpreted as physical, verbal, mental, or emotional abuse to a health care recipient.

4761-10-02 **Proper use of credentials.**

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

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

4761-10-03 **Providing information to the board.**

(A) A licensee or permit holder shall report to the board alleged violations of Chapter 4761. of the Revised Code or any rules of the board in the manner prescribed by rule 4731-15-01 of the Administrative Code..

(B) A licensee or permit holder shall notify the board office as soon as practicable, but no more than sixty days after of any changes in address, academic standing or employment or other facts that might affect licensee or permit holder's eligibility to practice respiratory care.

(C) A licensee or permit holder may be considered in violation of division (A)(19) of section 4761.09 of the Revised Code for failing to respond to a request for information or other correspondence relating to Chapter 4761. of the Revised Code or agency 4761 of the Administrative Code.

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: May 2, 2025

The Board has internal management rules for matters involving operations, including the content of annual reports and delegation of approval of license applications. Three of the rules are due for the five year rule review and the rules with recommended amendments are attached for your review.

The following is a description of the rules and the suggested changes.

4731-30-01 Definitions No changes recommended

4731-30-02 Board Metrics Recommend removal of the measurement for median and average number of calendar days for public records requests. We do keep this information and will continue to do so, but given the range of public records requests received, the average or median number is not a meaningful measurement.

4731-30-03 Approval of Licensure Applications Recommend adding a provision in paragraph (D)(5) to allow the Board secretary to approve a waiver or pro rata reduction of continuing education hours for physician assistants, physicians, dietitians, and respiratory care professionals, as permitted by statute. Also recommend correcting a typographical error in paragraph (D)(4).

Requested Action: Approve internal management rules for initial circulation.

4731-30-01 **Definitions.**

(A) “Board” means the state medical board of Ohio.

(B) “Case” means a matter that has been assigned to investigation, enforcement, or the hearing unit of the board relating to a potential violation of Chapter 4730., 4731., 4759., 4760., 4761., 4762., 4774., or 4778. of the Revised Code.

(C) “Hearing” means a hearing held pursuant to Chapter 119. of the Revised Code, which involves the adjudication of a certificate to practice or an application for a certificate to practice issued under Chapter 4730., 4731., 4759., 4760., 4761., 4762., or 4774. of the Revised Code, or the adjudication of a license or an application for a license issued under Chapter 4778. of the Revised Code.

(D) “Hearing unit” means the subunit of the board staff which administers and conducts hearings on behalf of the board.

(E) “Enforcement section” means the subunit of the board staff that coordinates, develops and /or evaluates a case regarding possible disciplinary action.

(F) “Investigation section” means the subunit of the board staff which conducts the initial and follow-up investigation of a case.

(G) “License” means a certificate to practice issued under Chapter 4730., 4731., 4759., 4760., 4761., 4762., or 4774. of the Revised Code, or a license issued under Chapter 4778. of the Revised Code.

(H) “License application” means an application for a certificate to practice issued under Chapter 4730., 4731., 4759., 4760., 4761., 4762., or 4774. of the Revised Code, or an application for a license issued under Chapter 4778. of the Revised Code.

4731-30-02 **Board metrics.**

As set forth in this rule, the board shall prepare and publish metrics of the board's operations for each fiscal year.

(A) Licensure and renewal metrics:

(1) The total number of licenses issued by the board broken down by license type.

(2) The median and/or average number of days to issue a license for all license applications.

(3) The number of renewals processed by license type.

(B) Investigation metrics:

(1) The total number of reports of investigation completed.

(2) The total number of subpoenas issued by the investigation section.

(C) Enforcement metrics:

(1) The total number of cases assigned to the enforcement section.

(2) The total number of cases completed by the enforcement section.

(3) The total number of subpoenas issued by the enforcement section.

(4) The total number of depositions conducted by the enforcement section.

(5) The total number of interrogatories generated by the enforcement section.

(D) Outreach metrics:

(1) The total number of presentations provided by board staff, broken down by topic.

(E) Public records request metrics:

(1) The total number of public records requests processed by board staff.

~~(2) The median and/or average number of calendar days for public records requests from the date that each public records request was received by the board until the date that the public records request was addressed by way of correspondence and/or the provision of documents relevant to the public records request.~~

(F) Complaint metrics:

(1) The total number of complaints received by the board.

(2) The total number of complaints closed.

(3) The median and/or average number of calendar days from the date that each complaint was received by the board until the date that the complaint was closed.

(G) Fiscal metrics:

(1) Fiscal year expenditures by major activities.

(2) Fiscal year revenue by major activity and license type.

(3) The board's travel reimbursements by fiscal year.

(H) Hearing metrics:

(1) The median and/or average number of calendar days for all cases assigned to the board hearing unit from the date that a written request for hearing is received by the board until a hearing begins.

(2) The median and/or average number of calendar days for all cases assigned to the board hearing unit from the date that the hearing has been concluded until a written report and recommendation has been issued from the board hearing unit.

(3) The median and/or average number of calendar days for all cases from the date that the written report and recommendation has been issued until the board issues an order disposing of the case.

4731-30-03 **Approval of licensure applications.**

(A) For purposes of this rule, routine authorization means issuance of a license or certificate to an individual pursuant to an application that meets the following criteria:

(1) The applicant meets eligibility requirements for the license or certificate under the applicable provisions of the Revised Code and Administrative Code;

(2) If applicable, the secretary of the board has granted to the applicant a waiver of, or a determination of equivalency to, any eligibility requirement, as may be provided for under the applicable provisions of the Revised Code and Administrative Code;

(3) If applicable, the secretary of the board has determined that the applicant has demonstrated fitness to resume practice due to inactivity under the applicable provisions of the Revised Code and Administrative Code;

(4) The application presents no grounds for discipline under the applicable provisions of the Revised Code or Administrative Code.

(B) The board authorizes the secretary of the board to issue the following routine authorizations under the provisions of the Revised Code and Administrative Code, without prior consultation or approval by the board:

(1) Certificate of conceded eminence pursuant to section 4731.297 of the Revised Code;

(2) Clinical research faculty certificate pursuant to section 4731.293 of the Revised Code;

(3) Visiting clinical professional development certificate pursuant to section 4731.298 of the Revised Code;

(4) Special activity certificate pursuant to section 4731.294 of the Revised Code;

(5) Special activity license to practice as a genetic counselor pursuant to section 4778.09 of the Revised Code;

(6) Certificate to recommend medical use of marijuana pursuant to section 4731.30 of the Revised Code.

(C) The board authorizes the deputy director of licensure, or the deputy director's designee, to issue the following routine authorizations under the provisions of the Revised Code and Administrative Code, without prior consultation or approval by the board:

(1) License to practice as a physician assistant pursuant to section 4730.12 of the Revised Code;

(2) License to practice medicine and surgery or osteopathic medicine and surgery pursuant to section 4731.14 of the Revised Code;

(3) License to practice a limited branch of medicine pursuant to section 4731.17 of the Revised Code;

(4) Training certificate pursuant to section 4731.291 of the Revised Code;

(5) Volunteer's certificate pursuant to section 4731.295 of the Revised Code;

(6) License to practice podiatric medicine and surgery pursuant to section 4731.56 of the Revised Code;

(7) Visiting podiatric faculty certificate pursuant to section 4731.572 of the Revised Code;

(8) Podiatric training certificate pursuant to section 4731.573 of the Revised Code;

(9) License to practice dietetics and limited permit to practice dietetics pursuant to section 4759.06 of the Revised Code;

(10) Certificate to practice as an anesthesiologist assistant pursuant to section 4760.04 of the Revised Code;

(11) License to practice respiratory care and limited permit to practice respiratory care pursuant to section 4761.05 of the Revised Code;

(12) License to practice as an acupuncturist pursuant to section 4762.03 of the Revised Code;

(13) License to practice as a radiologist assistant pursuant to section 4774.04 of the Revised Code;

(14) License to practice as a genetic counselor pursuant to section 4778.05 of the Revised Code;

(15) Supervised practice license as a genetic counselor pursuant to section 4778.08 of the Revised Code;

(16) Temporary expedited license for members of the military and spouses who are licensed in another jurisdiction pursuant to section 4743.04 of the Revised Code.

(17) Licenses, certificates, and permits applied for under Chapter 4796. of the Revised Code.

(D) The board authorizes the secretary of the board to do the following:

(1) Grant a waiver pursuant to the provisions of rule 4731-6-05 of the Administrative Code;

(2) Determine graduate medical education equivalency pursuant to section 4731.09 of the Revised Code;

(3) Determine whether an applicant has demonstrated fitness to resume practice due to inactivity under the applicable provisions of the Revised Code and Administrative Code;

(4) Pursuant to the provisions of Chapter 4796. of the Revised Code, grant a waiver of the requirement that an applicant has been actively engaged in the practice of the profession, occupation, or occupational activity for the applicable minimum time period immediately ~~immedicately~~ preceding the date of application.

(5) Pursuant to the provisions of Chapters 4730., 4731., 4759., and 4761. Of the Revised Code and any applicable administrative rules, grant a waiver or pro rata reduction of continuing education hours.

(E) In the interest of operational efficiency, the secretary and supervising member of the board may approve the use of protocols whereby, if the deputy director of licensure, or the deputy director's designee, finds that the parameters of an approved protocol are met:

(1) A waiver pursuant to the provisions of rule 4731-6-05 of the Administrative

Code may be deemed granted.

(2) It may be deemed that an applicant's education, post-graduate medical training, experience, or other qualifications, is equivalent to the graduate medical education requirements set forth in section 4731.09 of the Revised Code.

(3) It may be deemed that an applicant has demonstrated fitness to resume practice due to inactivity under the applicable provisions of the Revised Code and Administrative Code.

(4) A waiver pursuant to the provisions of Chapter 4796. of the Revised Code may be deemed granted.

(F) An application for a license or certificate that is ineligible for routine authorization under this rule will be referred to the board for determination of whether an applicant shall be granted a license. An affirmative vote of not fewer than six members of the board is necessary for issuance of a license or certificate pursuant to an application that is not eligible for routine authorization.

(G) Notwithstanding the provisions of this rule, the board may designate the referral of any class of applications to the board for approval. The secretary or deputy director for licensure may refer any individual application to the board for approval.

MEMORANDUM

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

FROM: Kimberly C. Anderson, Chief Legal Counsel

RE: Rules for CSI Filing-Limited Branch, Consult Agreements, Military Provisions, Controlled Substance Prescribing

DATE: May 7, 2025

The following rules were circulated for initial stakeholder review and comments were due no later than May 2, 2025. No comments have been received.

Limited Branch of Medicine:

4731-1-02	Application of Rules Governing Limited Branches of Medicine and Surgery	No change
4731-1-05	Scope of Practice: Massage Therapy	No change
4731-1-06	Scope of Practice: Naprapathy	No change

Consult Agreements:

4731-35-01	Consult Agreements	No change
4731-35-02	Standards for Managing Drug Therapy	No change

Military Provisions:

4731-36-01	Military Provisions Related to Education and Experience	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	No change

Controlled Substance Prescribing Rules

4731-11-01	Definitions	No change
4731-11-13	Prescribing of Opiate Analgesics for Acute Pain	No change

4731-11-14	Prescribing for Subacute and Chronic Pain	Proposed to amend
4731-29-01	Standards and Procedures for the Operation of a Pain Management Clinic	Proposed to amend

<u>Requested Action</u>: Approve rules related to limited branch of medicine, consult agreements, military provisions, and controlled substance prescribing for filing with the Common Sense Initiative.

30 E. Broad Street, 3rd Floor
Columbus, OH 43215 U.S.A.

Phone: 614 | 466 3934
med.ohio.gov

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.

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

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:

(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.~~

(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.

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

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.

4731-11-01 **Definitions.**

As used in Chapter 4731-11 of the Administrative Code:

(A) "Controlled substance" means a drug, compound, mixture, preparation, or substance included in schedule I, II, III, IV, or V pursuant to the provisions of Chapter 3719. of the Revised Code and Chapter 4729:9-1 of the Administrative Code.

(B) "Controlled substance stimulant" means any drug, compound, mixture, preparation, or substance which is classified as a stimulant in controlled substance schedule II, III, or IV listed in Chapter 4729:9-1 of the Administrative Code, or which is classified as a stimulant in controlled substances schedule II, III, or IV pursuant to Chapter 4729:9-1 of the Administrative Code.

(C) "Cross-coverage" means an agreement between an Ohio-licensed physician and another Ohio licensed physician or healthcare provider acting within the scope of their professional license under which the physician provides medical services for an active patient, as that term is defined in paragraph (D) of rule this rule, of the other physician or healthcare provider who is temporarily unavailable to conduct the evaluation of the patient.

(1) This type of agreement includes on-call coverage for after hours and weekends.

(2) The medical evaluation required by paragraph (C) of rule 4731-11-09 of the Administrative Code may be a limited evaluation conducted through interaction with the patient.

(D) For purposes of paragraph (D) of rule 4731-11-09 of the Administrative Code, "active patient" as that term is used in paragraph (C) of this rule, means that within the previous twenty-four months the physician or other healthcare provider acting within the scope of their professional license conducted at least one in-person medical evaluation of the patient or an evaluation of the patient through the practice of telemedicine as that term is defined in 21 C.F.R. 1300.04, in effect as of the effective date of this rule.

(E) "Utilize a controlled substance or controlled substance stimulant" means to prescribe, administer, dispense, supply, sell or give a controlled substance or controlled substance stimulant.

(F) "Recognized contraindication" means any contraindication to the use of a drug which is listed in the United States food and drug administration (hereinafter, "F.D.A.") approved labeling for the drug, or which the board determines to be accepted as a contraindication.

(G) "The board" means the state medical board of Ohio.

(H) "BMI" means body mass index, calculated as a person's weight in kilograms divided by height in meters squared.

(I) "Physician" means an individual holding a certificate under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery and practicing within his or her scope of practice as defined by section 4731.51 of the Revised Code.

(J) "Board certified addictionologist or addiction psychiatrist" means a medical doctor or doctor of osteopathic medicine and surgery who holds one of the following certifications:

(1) Subspecialty board certification in addiction psychiatry from the american board of psychiatry and neurology;

(2) Board certification in addiction medicine from the american board of addiction medicine;

(3) Certification from the American society of addiction medicine;

(4) Subspecialty certification in addiction medicine from the American board of preventive medicine; or

(5) Board certification with additional qualification in addiction medicine from the American osteopathic association.

(K) "Office based opioid treatment (OBOT)" "OBOT" means treatment of opioid addiction utilizing a schedule III, IV or V controlled substance narcotic.

(L) "Acute pain" means pain that normally fades with healing, is related to tissue damage, significantly alters a patient’s typical function and is expected to be time limited and not more than six weeks in duration.

(M) "Minor" has the same meaning as in section 3719.061 of the Revised Code.

(N) "Morphine equivalent daily dose (MED)" means a conversion of various opioid analgesics to a morphine equivalent dose by the use of accepted conversion tables provided by the state of Ohio board of pharmacy at: https://www.ohiopmp.gov/

(effective 2017).

(O) "Extended-release or long-acting opioid analgesic" means an opioid analgesic that:

(1) Has United States food and drug administration approved labeling indicating that it is an extended-release or controlled release formulation;

(2) Is administered via a transdermal route; or

(3) Contains methadone.

(P) "Opioid analgesic" has the same meaning as in section 3719.01 of the Revised Code and means a controlled substance that has analgesic pharmacologic activity at the opioid receptors of the central nervous system, including but not limited to the following drugs and their varying salt forms or chemical congeners: buprenorphine, butorphanol, codeine (including acetaminophen and other combination products), dihydrocodeine, fentanyl, hydrocodone (including acetaminophen combination products), hydromorphone, meperidine, methadone, morphine sulfate, oxycodone (including acetaminophen, aspirin, and other combination products), oxymorphone, tapentadol, and tramadol.

(Q) "Hospice care program" has the same meaning as in section 3712.01 of the Revised Code.

(R) "Palliative care" has the same meaning as in section 3712.01 of the Revised Code.

(S) "Terminal condition" means an irreversible, incurable, and untreatable condition caused by disease, illness, or injury from which, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by a physician who has examined the patient, both of the following apply:

(1) There can be no recovery.

(2) Death is likely to occur within a relatively short time if life-sustaining treatment is not administered.

(T) "Medication therapy management" has the same meaning as in rule 4729:5-12-01 of the Administrative Code.

(U) "Subacute pain" means pain that has persisted after reasonable medical efforts have

been made to relieve it and continues either episodically or continuously for more than six weeks but less than twelve weeks following initial onset of pain. It may be the result of underlying medical disease or condition, injury, medical or surgical treatment, inflammation, or unknown cause.

(V) "Chronic pain" means pain that has persisted after reasonable medical efforts have been made to relieve it and continues either episodically or continuously for twelve or more weeks following initial onset of pain. It may be the result of an underlying medical disease or condition, injury, medical treatment, inflammation, or unknown cause. "Chronic pain" does not include pain associated with a terminal condition or with a progressive disease that, in the normal course of progression, may reasonably be expected to result in a terminal condition.

(W) "Board certification in hospice and palliative care" means either of the following:

(1) Subspecialty certification in hospice and palliative medicine granted by a certification board that is a member of the American board of medical specialties.

(2) Certification of added qualification in hospice and palliative medicine by the American osteopathic association bureau of medical specialties.

(X) "Board certification in hematology" means specialty or subspecialty certification in hematology or a related hematology specialty or subspecialty by a certification board that is a member of the American board of medical specialties or by the American ostepathic association bureau of medical specialties.

(Y) "Board certification in oncology" means specialty or subspecialty certification in oncology or a related oncology specialty or subspecialty by a certification board that is a member of the American board of medical specialties or American osteopathic association bureau of medical specialties.

(Z) "Board certification in pain medicine" means any of the following:

(1) Current subspecialty certification in pain medicine by a member board of the American board of medical specialties, or current certificate of added qualification in pain medicine by the American osteopathic association bureau of osteopathic specialists;

(2) Current board certification by the American board of pain medicine; or

(3) Current board certification by the American board of interventional pain physicians.

4731-11-13 **Prescribing of opiate analgesics for acute pain.**

(A) For the treatment of acute pain, the physician shall comply with the following:

(1) Extended-release or long-acting opioid analgesics shall not be prescribed for treatment of acute pain;

(2) Before prescribing an opioid analgesic, the physician shall first consider non-opioid treatment options. If opioid analgesic medications are required as determined by a history and physical examination, the physician shall prescribe for the minimum quantity and potency needed to treat the expected duration of pain, with a presumption that a three-day supply or less is frequently sufficient and that limiting the duration of opioid use to the necessary period will decrease the likelihood of subsequent chronic use or dependence;

(3) In all circumstances where opioid analgesics are prescribed for acute pain:

(a) Except as provided in paragraph (B) of this rule, the duration of the first opioid analgesic prescription for the treatment of an episode of acute pain shall be:

(i) For adults, not more than a seven-day supply with no refills;

(ii) For minors, not more than a five-day supply with no refills. A physician shall comply with section 3719.061 of the Revised Code, including but not limited to obtaining from the parent, guardian, or another adult who is authorized to consent to the minor's medical treatment written consent prior to prescribing an opioid analgesic to a minor;

(iii) The seven-day limit for adults and five-day limit for minors may be exceeded for pain that is expected to persist for longer than seven days based on the pathology causing the pain. In this circumstance, the reason that the limits are being exceeded and the reason that a non-opioid medication was not appropriate to treat the patient’s conditions shall be documented in the patient’s medical record. The number of days of the prescription shall not exceed the amount required to treat the expected duration of the pain as noted in paragraph (A) (2) of this rule; and

(iv) If a patient is allergic to or otherwise unable to tolerate the initially prescribed opioid medication, a prescription for a different,

appropriate opioid may be issued at any time during the initial seven or five-day dosing period and shall be subject to all other provisions of this rule. The allergy and/or intolerance shall be documented in the patient's medical record. The patient or the minor patient's parent, guardian or another adult who is authorized to consent to the minor's medical treatment must be provided education of the safe disposal of the unused medication.

(b) The patient, or a minor's parent or guardian, shall be advised of the benefits and risks of the opioid analgesic, including the potential for addiction, and the advice shall be documented in the patient's medical record; and

(c) The total morphine equivalent dose (MED) of a prescription for opioid analgesics for treatment of acute pain shall not exceed an average of thirty MED per day, except when all of the following apply:

(i) The patient suffers from medical conditions, surgical outcomes or injuries of such severity that pain cannot be managed within the thirty MED average limit as determined by the treating physician based upon prevailing standards of medical care, such as:

(a) Traumatic crushing of tissue;

(b) Amputation;

(c) Major orthopedic surgery;

(d) Severe burns

(ii) The physician determines that exceeding the thirty MED average limit is necessary based on the physician's clinical judgment and the patient's needs.

(iii) The physician shall document in the patient's medical record the reason for exceeding the thirty MED average and the reason it is the lowest dose consistent with the patient's medical condition.

(iv) Only the prescribing physician for the conditions in paragraph (A)(3)(c)(i) of this rule may exceed the thirty MED average. The prescribing physician shall be held singularly accountable for

prescriptions that exceed the thirty MED average.

(v) In circumstances when the thirty MED average is exceeded, the dose shall not exceed the dose required to treat the severity of the pain as noted in paragraph (A)(2) of this rule.

(d) Prescriptions that exceed the five or seven day supply or thirty MED average daily dose are subject to additional review by the state medical board. The dosage, days supplied, and condition for which the opioid analgesic is prescribed will be considered as part of this additional review.

(B) The requirements of paragraph (A) of this rule apply to treatment of acute pain and do not apply when an opioid analgesic is prescribed:

(1) To an individual who is a hospice patient or in a hospice care program;

(2) To an individual receiving palliative care;

(3) To an individual who has been diagnosed with a terminal condition; or

(4) To an individual who has cancer or another condition associated with the individual’s cancer or history of cancer.

(C) This rule does not apply to prescriptions for opioid analgesics for the treatment of opioid addiction utilizing a schedule III, IV or V controlled substance narcotic that is approved by the federal drug administration for opioid detoxification or maintenance treatment.

(D) This rule does not apply to inpatient prescriptions as defined in Chapter 4729. of the Revised Code.

4731-11-14 **Prescribing for subacute and chronic pain.**

(A) Prior to treating, or continuing to treat subacute or chronic pain with an opioid analgesic, the physician shall first consider and document non-medication and non-opioid treatment options.

(1) If opioid analgesic medications are required as determined by a history and physical examination, the physician shall prescribe for the minimum quantity and potency needed to treat the expected duration of pain and improve the patient's ability to function.

(2) The physician shall comply with the requirements of rule 4731-11-02 of the Administrative Code.

(B) Before prescribing an opioid analgesic for subacute or chronic pain, the physician shall complete or update and document in the patient record assessment activities to assure the appropriateness and safety of the medication including:

(1) History and physical examination including review of previous treatment and response to treatment, patient's adherence to medication and non-medication treatment, and screening for substance misuse or substance use disorder;

(2) Laboratory or diagnostic testing or documented review of any available relevant laboratory or diagnostic test results. If evidence of substance misuse or substance use disorder exists, diagnostic testing shall include urine drug screening;

(3) Review the results of an OARRS check in compliance with rule 4731-11-11 of the Administrative Code;

(4) A functional pain assessment which includes the patient's ability to engage in work or other purposeful activities, the pain intensity and its interference with activities of daily living, quality of family life and social activities, and the physical activity of the patient;

(5) A treatment plan based upon the clinical information obtained, to include all of the following components:

(a) Diagnosis;

(b) Objective goals for treatment;

(c) Rationale for the medication choice and dosage; and

(d) Planned duration of treatment and steps for further assessment and follow-up.

(6) Discussion with the patient or guardian regarding:

(a) Benefits and risks of the medication, including potential for addiction and risk of overdose; and

(b) The patient's responsibility to safely store and appropriately dispose of the medication.

(7) The physician shall offer a prescription for an overdose reversal drug to the patient receiving an opioid analgesic prescription under any of the following circumstances:

(a) The patient has a history of prior opioid overdose;

(b) The dosage prescribed exceeds a daily average of eighty MED or at lower doses if the patient is co-prescribed a benzodiazepine, sedative hypnotic drug, carisprodol, tramadol, or gabapentin; or

(c) The patient has a concurrent substance use disorder.

(C) Prior to increasing the opioid dosage to a daily average of fifty MED or greater the physician shall complete and document the following in the patient's medical record:

(1) The physician shall review and update the assessment completed in paragraph (B) of this rule, if needed. The physician may rely on an appropriate assessment completed within a reasonable time if the physician is satisfied that he or she may rely on that information for purposes of meeting the further requirements of this chapter of the Administrative Code;

(2) The physician shall update or formulate a new treatment plan, if needed;

(3) The physician shall obtain from the patient or the patient's guardian written informed consent which includes discussion of all of the following:

(a) Benefits and risks of the medication, including potential for addiction and risk of overdose.

(b) The patient's responsibility to safely store and appropriately dispose of the medication.

(4) Except when the patient was prescribed an average daily dosage that exceeded fifty MED before the effective date of this rule, the physician who is neither a specialist in the area of the body affected by the pain nor a pain management specialist shall document consideration of the following:

(a) Consultation with a specialist in the area of the body affected by the pain;

(b) Consultation with a pain management specialist;

(c) Obtaining a medication therapy management review by a pharmacist; and

(d) Consultation with a specialist in addiction medicine or addiction psychiatry, if aberrant behaviors indicating medication misuse or substance use disorder are noted.

(5) The physician shall consider offering a prescription for an overdose reversal drug to mitigate risk of overdose.

(D) Prior to increasing the opioid dosage to a daily average of eighty MED or greater, the physician shall complete all of the following:

(1) Enter into a written pain treatment agreement with the patient that outlines the physician's and patient's responsibilities during treatment and requires the patient or patient guardian's agreement to all of the following provisions:

(a) Permission for drug screening and release to speak with other practitioners concerning the patient's condition or treatment;

(b) Cooperation with pill counts or other checks designed to assure compliance with the treatment plan and to minimize the risk of misuse or diversion;

(c) The understanding that the patient shall only receive opioid medications from the physician treating the chronic pain unless there is written

agreement among all of the prescribers of opioids outlining the responsibilities and boundaries of prescribing for the patient; and

(d) The understanding that the dosage may be tapered if not effective or if the patient does not abide by the treatment agreement.

(2) Offer a prescription for an overdose reversal drug to the patient as described in paragraph (B) of this rule.

(3) Except when the patient was prescribed an average daily dosage that exceeded eighty MED before the effective date of this rule, the physician who is neither a specialist in the area of the body affected by the pain nor a pain management specialist shall obtain at least one of the following based upon the patient's clinical presentation:

(a) Consultation with a specialist in the area of the body affected by the pain;

(b) Consultation with a pain management specialist;

(c) Obtain a medication therapy management review; or

(d) Consultation with a specialist in addiction medicine or addiction psychiatry if aberrant behavior indicating medication misuse or substance use disorder may be present.

(E) The physician shall not prescribe a dosage that exceeds an average of one hundred twenty MED per day. This prohibition shall not apply in the following circumstances:

(1) The physician holds board certification in pain medicine, board certification in hospice and palliative care, board certification in hematology, or board certification in oncology;

(2) The physician has received a written recommendation for a dosage exceeding an average of one hundred twenty MED per day from a board certified pain medicine physician or board certified hospice and palliative care physician who based the recommendation on a face-to-face visit and examination of the patient. The prescribing physician shall maintain the written recommendation in the patient's record; or

(3) The patient was receiving an average daily dose of one hundred twenty MED or more prior to the effective date of this rule. The physician shall follow the steps in paragraph (E)(2) of this rule prior to escalating the patient's dose.

(F) During the course of treatment with an opioid analgesic at doses below the average of fifty MED per day, the physician shall provide periodic follow-up assessment and documentation of the patient's functional status, the patient's progress toward treatment objectives, indicators of possible addiction, drug abuse or drug diversion and the notation of any adverse drug effects.

(G) During the course of treatment with an opioid analgesic at doses at or above the average of fifty MED per day, the physician shall complete and document in the patient record the following no less than every three months:

(1) Review of the course of treatment and the patient's response and adherence to treatment.

(2) The assessment shall include a review of any complications or exacerbation of the underlying condition causing the pain through appropriate interval history, physical examination, any appropriate diagnostic tests, and specific treatments to address the findings.

(3) The assessment of the patient's adherence to treatment including any prescribed non-pharmacological and non-opioid treatment modalities;

(4) Rationale for continuing opioid treatment and nature of continued benefit, if present.

(5) The results of an OARRS check in compliance with rule 4731-11-11 of the Administrative Code.

(6) Screening for medication misuse or substance use disorder. Urine drug screen should be obtained based on clinical assessment of the physician with frequency based upon presence or absence of aberrant behaviors or other indications of addiction or drug abuse.

(7) Evaluation of other forms of treatment and the tapering of opioid medication if continued benefit cannot be established.

(H) This rule does not apply to the physician who prescribes an opioid in any of the following situations:

(1) The medication is for a patient in hospice care.

(2) The patient has terminal cancer or another terminal condition, as that term is defined in rule 4731-11-01 of the Administrative Code.

(I) This rule does not apply to inpatient prescriptions or medication orders as defined in paragraph (J) of rule 4729:5-9-01~~4729-17-01~~ of the Administrative Code.

4731-29-01 **Standards and procedures for the operation of a pain management clinic.**

(A) For the purposes of this rule:

(1) "Board" means state medical board of Ohio.

(2) "Chronic pain" means pain that has persisted after reasonable medical efforts have been made to relieve the pain or cure its cause and that has continued, either continuously, or episodically, for longer than three continuous months. "Chronic pain" does not include pain associated with a terminal condition or with a progressive disease that, in the normal course of progression, may reasonably be expected to result in a terminal condition.

(3) "Hospital" means an institution or facility that provides inpatient medical or surgical services for a continuous period longer than twenty-four hours as defined in section 3722.01 ~~hospital registered with the department of health under section 3701.07~~ of the Revised Code.

(4) "Informed consent" means a process of communication between a patient and physician that results in the patient's signed authorization or agreement to undergo a specific medical intervention after all of the following subjects are discussed:

(a) The patient's diagnosis;

(b) The nature and purpose of the proposed treatment or procedure;

(c) The risks and benefits of a proposed treatment or procedure;

(d) Alternatives regardless of their costs or the extent to which the treatment options are covered by health insurance;

(e) The risks and benefits of the alternative treatment or procedure; and

(f) The risks and benefits of not receiving or undergoing a treatment or procedure.

(5) "Owner" means each person included on the list maintained under division (B)(5) of section 4729.552 of the Revised Code.

(6) "Pain management clinic" means a facility in which the majority of patients of the prescribers at the facility are provided treatment for chronic pain that includes the use of controlled substances. In determining whether the facility

meets the requirements of this paragraph:

(a) Calculation of the majority of patients will be based upon the number of patients treated in a calendar month;

(b) Patients receiving controlled substances for treatment of an injury or illness that lasts or is expected to last thirty days or less shall not be considered in the calculation of the majority.

(7) "Pain management clinic" does not include the following:

(a) A hospital;

(b) A facility operated by a hospital for the treatment of pain or chronic pain;

(c) A physician practice owned or controlled, in whole or in part, by a hospital or by an entity that owns or controls, in whole or in part, one or more hospitals;

(d) A school, college, university, or other educational institution or program to the extent that it provides instruction to individuals preparing to practice as physicians, podiatrists, dentists, nurses, physician assistants, optometrists, or veterinarians or any affiliated facility to the extent that it participates in the provision of that instruction;

(e) A hospice program licensed under Chapter 3712. of the Revised Code;

(f) An ambulatory surgical facility licensed under section 3702.30 of the Revised Code;

(g) An interdisciplinary pain rehabilitation program with three-year accreditation from the commission on accreditation of rehabilitation facilities;

(h) A nursing home licensed under section 3721.02 of the Revised Code or by a political subdivision certified under section 3721.09 of the Revised Code; or

(i) A facility conducting only clinical research that may use controlled substances in studies approved by a hospital-based institutional review

board or an institutional review board accredited by the association for the accreditation of human research protection programs.

(8) "Physician" means an individual authorized under chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

(9) "Prescriber" has the same meaning as in section 4729.01 of the Revised Code.

(B) In the operation of a pain management clinic, the following requirements shall be met:

(1) The pain management clinic shall be owned and operated by one or more physicians. Each physician owner of a pain management clinic shall complete at least twenty hours of category I continuing medical education in pain medicine every two years, to include one or more courses addressing the potential for addiction. The courses completed in compliance with this rule shall be accepted toward meeting the category I requirement for certificate of registration renewal for the physician.

(2) Each physician owner of a pain management clinic must meet one of the following requirements:

(a) Hold current subspecialty certification in pain medicine by the American board of medical specialties, or hold a current certificate of added qualification in pain medicine by the American osteopathic association bureau of osteopathic specialists; or

(b) Hold current subspecialty certification in hospice and palliative medicine by the American board of medical specialties, or hold a current certificate of added qualification in hospice and palliative medicine by the American osteopathic association bureau of osteopathic specialists; or

(c) Hold current board certification by the American board of pain medicine; or

(d) Hold current board certification by the American board of interventional pain physicians; or

(e) Meet both of the following:

(i) Hold current board certification in anesthesiology, psychiatry, neurology, physical medicine and rehabilitation, occupational medicine, or rheumatology by the American board of medical specialties or hold current primary certification in anesthesiology, psychiatry, neurology, physical medicine and rehabilitation, occupational medicine, or rheumatology by the American osteopathic association bureau of osteopathic specialists.

(ii) Demonstrate conformance with the minimal standards of care.

(3) To demonstrate conformance with the minimal standards of care pursuant to paragraph (B)(2)(e)(ii) of this rule, the board shall conduct an inspection of the facility pursuant to division (E) of section 4731.054 of the Revised Code.

(4) The pain management clinic shall be licensed as a category III terminal distributor of dangerous drugs with a pain management clinic classification under section 4729.552 of the Revised Code.

~~(5)~~ The pain management clinic shall be operated in compliance with ~~the drug prevention and control act, 21 U.S.C. 801 to 971, in effect as of May 1, 2016, and~~ Chapters 3719., 4729., 4730., and 4731. of the Revised Code, and all applicable provisions of federal law governing the possession, distribution or use of controlled substances.

(6) The pain management clinic shall have proper equipment, materials, and personnel on premises to provide appropriate medical treatment, as required by the minimal standards of care.

(C) Each physician who provides care at a pain management clinic shall complete at least twenty hours of category I continuing medical education in pain medicine every two years, to include one or more courses addressing the potential for addiction. The courses completed in compliance with this rule shall be accepted toward meeting the category I requirement for certificate of registration renewal for the physician.

(D) No physician owner of a pain management clinic, employee of the clinic, or person with whom the clinic contracts for services shall:

(1) Have ever been denied a license to prescribe, dispense, administer, supply, or sell a controlled substance by the drug enforcement administration or appropriate issuing body of any state or jurisdiction, based, in whole or in part, on the prescriber's inappropriate prescribing, dispensing, administering, supplying or selling a controlled substance or other dangerous drug.

(2) Have held a license issued by the drug enforcement administration or a state licensing agency in any jurisdiction, under which the person may prescribe, dispense, administer, supply or sell a controlled substance, that has ever been restricted, based, in whole or in part, on the prescriber's inappropriate prescribing, dispensing, administering, supplying, or selling a controlled substance or other dangerous drug.

(3) Have been subject to disciplinary action by any licensing entity that was based, in whole or in part, on the prescribers inappropriate prescribing, dispensing, diverting, administering, supplying or selling a controlled substance or other dangerous drug.

(E) In providing supervision, direction, and control of individuals at a pain management clinic the physician owner shall establish and ensure compliance with the following:

(1) A requirement that a log of patients be maintained for each day the clinic is in operation.

(a) Each log sheet shall contain the month, day, and year;

(b) Each log entry shall include the legible first and last name of each patient;

(c) Each patient shall be required to sign the log at each visit; and

(d) Patient logs shall be maintained for seven years.

(2) A requirement that providers obtain informed consent for each patient prior to the commencement of treatment.

(3) An on-going quality assurance program that objectively and systematically monitors and evaluates the quality and appropriateness of patient care, evaluates methods to improve patient care, identifies and corrects deficiencies within the clinic, and provides the opportunities to improve the clinic's performance and quality of care.

(4) A requirement that the background, training, certification, and licensure of all clinical staff be documented. Verification of certification and licensure shall be made on an annual basis.

(5) A requirement that adequate billing records are maintained for all patients and made available to the board, immediately upon request.

(a) Billing records shall include the amount paid, method of payment, description of services, sufficient information to identify the patient, and the amounts charged to the patient for each date of service,

(b) Billing records shall be maintained for seven years from the last date of treatment of the patient.

(6) A requirement that adequate patient records are maintained for all patients and made available to the board, immediately upon request.

(a) Patient records shall contain sufficient information to identify the patient, support the diagnosis, justify the treatment and document the course and results of treatment accurately, by including, at a minimum:

(i) Patient history and physical examination, including history of drug abuse or dependence;

(ii) Diagnostic, therapeutic, and laboratory results, including drug testing results;

(iii) Reports of evaluations, consultations, and hospitalizations;

(iv) Treatment objectives, including discussion of risks and benefits;

(v) Records of drugs prescribed, dispensed or administered, including the date, type, and dosage;

(vi) Treatments;

(vii) Receipt and assessment of drug database or prescription monitoring program reports;

(viii) Copies of records or reports or other documentation obtained from other health care practitioners at the request of the physician and relied upon by the physician in determining the appropriate treatment of the patient. Records provided by the patient shall be designated as such.

(b) Patient records shall be maintained for seven years from the last date of treatment of the patient.

(c) In the treatment of chronic pain the patient records shall contain the information required in rule ~~4731-21-02~~ 4731-11-14 of the Administrative Code in lieu of the requirements of paragraphs (E)(6)(a)(i) to (E)(6)(a)(vi) of this rule.

JOINT REGULATORY STATEMENT OF THE STATE MEDICAL BOARD OF OHIO, OHIO BOARD OF PHARMACY, AND OHIO BOARD OF NURSING REGARDING RETAIL IV THERAPY CLINICS

This statement highlights existing law and is intended for the benefit of practitioners and the public to promote better understanding of the laws governing the practice of medicine, nursing, and pharmacy.

Introduction

As with the rest of the country, the number of retail IV therapy clinics is increasing in Ohio. Many of the clinics are adopting business and/or practice models without realizing the selection, prescribing, preparation, and administration of IV therapy constitutes the practice of medicine, nursing, and pharmacy. Because of the concern over the proliferation of retail IV therapy clinics, the lack of any industry-specific guidelines, and the potential harm to the citizens of this state, the State Medical Board of Ohio, the Ohio Board of Pharmacy, and the Ohio Board of Nursing (collectively the "Boards") have issued this joint regulatory statement. This regulatory statement is based upon the existing Ohio laws and rules governing the scope and standards of care and compounding of drugs that are performed by individuals within these clinics.

Description of Current Practice at Retail IV Therapy Clinic

A retail IV therapy clinic offers the administration of IV fluids through drip IV infusion tubing into a patient's vein. The type or composition of the IV fluids is selected from a menu of pre-selected mixtures ("cocktails") or additives to basic saline. Some common examples include amino acids, vitamin C and vitamin B complex, Myers' Cocktail (magnesium, calcium, vitamin B complex, and vitamin C), Toradol (ketorolac), famotidine, and ondansetron. The cocktails are often offered to patients for the treatment of conditions such as dehydration, migraine relief, hangover recovery, nausea, athletic recovery, appetite regulation, and inflammation support.

Generally, a patient will walk into the business, review the menu of treatment options, complete a health screening questionnaire, and undergo a precursory evaluation (including pulse oximetry, heart rate, blood pressure, review of medications, and allergies) with an

employee who is not a prescriber, usually a registered nurse or a paramedic.[1] [2] The employee will then recommend an IV cocktail, with or without additives, based on the "protocol" established by a licensed prescriber, which could be a physician (MD/DO), APRN, or PA.[3] The employee prepares the IV cocktail and administers the IV therapy to the patient. The employee assesses the patient's treatment and observes any complications. Once the IV therapy is complete, the patient is then discharged.

In many instances, the registered nurse or paramedic may be the only licensed health care professional interacting with the patient or present at the facility. The Boards are concerned about whether qualified individuals are making appropriate diagnoses and preparing and administering these IVs in a sterile manner consistent with state law based upon their statutorily defined scopes of practice and are complying with all the laws governing the practice of medicine, nursing, and pharmacy.

Application of Pharmacist, Physician, PA, and APRN Scope of Practice to IV Therapy

Practice of Pharmacy - Compounding

Ohio law defines compounding as the preparation, mixing, assembling, packaging, and labeling of one or more drugs pursuant to a prescription issued by a licensed health professional authorized to prescribe drugs.[4] Compounding may only be performed by a licensed pharmacist or licensed health professional authorized to prescribe drugs.[5] [6] The preparation of IV cocktails as previously described is considered compounding under Ohio

[1] The State Board of Emergency Medical, Fire, and Transportation Services (EMFTS) determines the scope of practice for all certified Ohio EMS providers. The Board also authorizes the services respective for each level of Ohio EMS certification within the Ohio EMS scope of practice. Please note that the administration of IV fluids has not been authorized by the EMFTS Board for certified Ohio emergency medical technicians (formerly EMT-Basics). The administration of medicated IV fluids has been authorized solely for certified Ohio paramedics and is not permitted for advanced emergency medical technicians (formerly EMT-Intermediates). For additional questions regarding permitted activities by paramedics with retail IV therapy clinics, please contact the EMFTS Board.

[2] Licensed practical nurses have limited and dependent authority to administer only certain types of IV fluids, and in retail IV therapy clinics the authority is predicated on the RN or physician's presence on site (See ORC 4723.18).

[3] "APRN" is used throughout to refer to CNPs, CNSs, and CNMs, but not CRNAs, as CRNAs do not have prescriptive authority outside of a hospital setting. In an IV clinic, a CRNA can only function as an RN and must follow those rules applicable to RNs.

[4] See ORC 4729.01 (C)

[5] See ORC 4729.01, OAC 4729:7-2, OAC 4729:7-3

[6] The compounding of certain types of drugs in a clinic setting may be delegated to a nurse or nurses. However, a prescriber is required to verify the final product before it is administered to the patient or is required to be physically on-site if verified by a nurse (See OAC 4729:7-3-04)

law and the clinic is required to obtain a license as a terminal distributor of dangerous drugs (TDDD) from the Ohio Board of Pharmacy.

While compounded drugs can serve an important medical need for certain patients, they may also present a risk to patients. Compounded drugs are not FDA approved. In other words, the FDA has not reviewed these drugs to evaluate their safety, effectiveness, or quality. Further, there have been instances when compounded medications - primarily those injectable/IV medications that are intended to be sterile - have endangered public health due to unsanitary conditions or improper storage.

Practice of Medicine – Examination, Evaluation, Diagnosis, and/or Assessment of Patients, as well as Prescribing/Ordering Drugs

The operation of a retail IV therapy clinic involves the practice of medicine, nursing, and pharmacy. The practice of these professions requires a license and adherence to a scope of practice established by Ohio law. A license to practice these professions is specific to the licensee and does not generally permit the delegation of their scope of practice to any other unlicensed person except under specific laws and rules. Only licensed prescribers may diagnose a patient, assess their symptoms, and prescribe/order the administration of sterile compounded medications.

The services provided by retail IV therapy clinics constitute the practice of medicine or osteopathic medicine. The practice of medicine includes examining or diagnosing patients as well as prescribing, advising, recommending, administering, or dispensing a drug or medicine, application, operation, or treatment, of whatever nature, "for the cure or relief of a wound, fracture or bodily injury, infirmity, or disease."[7] Physicians and other prescribers (APRN/PA) must follow the standard of care for their health care profession and are each responsible and accountable for their clinical decisions.

Only the following individuals may diagnose, treat, or prescribe IV medication:

(1) A physician licensed pursuant to Chapter 4731. of the Ohio Revised Code;
(2) A physician assistant, licensed under Chapter 4730. of the Ohio Revised Code, who holds a valid prescriber number issued by the State Medical Board of Ohio and who has been granted physician-delegated prescriptive authority for this purpose; or
(3) A certified nurse practitioner, certified nurse midwife, or clinical nurse specialist licensed pursuant to Chapter 4723. of the Ohio Revised Code.

[7] See ORC 4731.34 (A)

Licensees of the State Medical Board of Ohio, the Ohio Board of Pharmacy, and the Ohio Board of Nursing are cautioned to practice within their statutorily defined scope of practice, comply with the clinic licensure requirements of the Ohio Board of Pharmacy, and to neither aid nor abet the unlicensed practice of others.

Legal Restrictions and Prohibitions on Protocols, Nurses, Paramedics, and Unlicensed Individuals

Use of Protocols for Administration of IV Therapy is Prohibited

The use of protocols (sometimes referred to as standing orders) for the recommendation, compounding, and administration of IV medications is not authorized under Ohio law. The Boards have observed clinics where a nurse or paramedic is making recommendations with the assistance of a protocol.

To address the appropriate use of protocols for drug administration, the Boards collaborated to develop OAC 4729:5-3-12. This rule was developed based upon an earlier joint regulatory statement issued by the Boards and authorizes the use of protocols in the following scenarios.

> *(1) The provision of medical services to individuals in an emergency situation when the services of a prescriber authorized by the revised code to prescribe dangerous drugs as part of their professional practice are not immediately available. An emergency situation may manifest itself by acute symptoms of sufficient severity that an authorized individual providing medical services under this paragraph could reasonably expect the absence of immediate medical attention to result in placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part. Examples of emergency situations include cases such as heart attacks, severe burns, extravasation, overdoses, cyanide poisonings, electrocutions, or severe asthmatic attacks;*
>
> *(2) The administration of biologicals or vaccines to individuals for the purpose of preventing diseases;*
>
> *(3) The administration of vitamin K for prevention of vitamin K deficient bleeding in newborns;*
>
> *(4) The administration of erythromycin for prevention of ophthalmia neonatorum; and*
>
> *(5) The administration of influenza antiviral treatment and chemoprophylaxis to residents and health care personnel at an institutional facility, as defined in agency 4729.*

of the Administrative Code, according to current guidance issued by the United States center for disease control and prevention.

None of the scenarios listed above apply to the administration of IV therapies provided by retail IV therapy clinics. Therefore, the use of protocols by a retail IV therapy clinic for this purpose would be considered a violation of Ohio law.

Diagnosis of Patient and Recommendation of IV Therapy by Nurse or Paramedic is Prohibited

The diagnosis of the patient's condition and the recommendation of IV therapy constitutes the practice of medicine. This act is outside the scope of practice for a nurse or paramedic. Only a physician, PA, or APRN has the statutory authority to diagnose a patient's condition and to make the decision to provide medication, by injection or otherwise, to a patient.

The discussion with the patient and recommendation of an IV and additives thereto, including "cocktails" and prescription drugs, are also outside the scope of practice of a registered nurse or paramedic. Only a licensed physician, PA, or APRN may diagnose a patient's condition and recommend IV treatment for the patient's condition.[8]

While some retail IV therapy businesses have a physician owner, co-owner, investor, or associate, it has been reported that the physician or another licensed prescriber may not be the individual who actually evaluates the patient. Instead, a physician, PA, or APRN may be identified as "a medical director," "on staff," or "available," but it is only the nurse or paramedic who interacts with and treats the patient, aside from the patient's specific request for medications. This is insufficient to establish a valid practitioner-patient relationship, which is required before the administration of prescribed drugs.

Use of Unlicensed Individuals is Prohibited

Ohio laws prohibit a physician, PA, or APRN from delegating the administration of intravenous drugs or controlled substances to an unlicensed individual.[9] Further, ORC 4729.01 defines "drug" broadly to include any article or supplement to an article intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals. Cumulatively, these laws prohibit unlicensed persons from administering IV drugs at an IV clinic.

<u>Standard of Care for Physicians, PAs, and APRNs</u>

[8] See ORC 4731.34 (A), ORC 4730.20, and ORC 4723.43
[9] See ORC 4731.053, ORC 4730.203, and ORC 4723.489

The physician, PA, or APRN must personally evaluate the patient, diagnose the patient, and make the treatment recommendations. The physician, PA, or APRN must further create a comprehensive medical record that complies with the standard of care. If the physician, PA, or APRN decides to prescribe IV therapy, that prescriber must issue a prescription or medication order, and only then may the IV therapy be administered. It is the obligation of the physician, PA, or APRN to exercise their medical judgment in determining that the treatment will actually benefit the patient and is for a legitimate medical purpose. A licensed person other than the physician, PA, or APRN may administer the IV only if administration of IVs is within that licensee's scope of practice.

In addition to creating a comprehensive medical record that complies with the standard of care, the prescriber must obtain informed consent and document it in the medical record prior to the delivery of care. It is important to recognize that obtaining informed consent is an educational process involving the patient in shared decision-making. In obtaining informed consent, the health care provider should assess the patient's ability to understand relevant medical information and the implications of treatment alternatives and to make an independent, voluntary decision and present relevant information accurately and sensitively, in keeping with the patient's preferences for receiving medical information. Information should include: (1) the diagnosis; (2) the nature and purpose of recommended interventions; (3) the burdens, risks, and expected benefits of all options, including forgoing treatment; (4) document the informed consent conversation, or written consent; and (5) the patient's decision in the medical record in some manner.

Use of Telehealth

The relationship between health care professionals, such as physicians, PAs, and APRNs, and a patient may be established via telehealth in accordance with ORC 4743.09 and telehealth rules implementing this section.[10] The Medical Board's telehealth rule in OAC 4731-37-01 is applicable to physicians as well as PAs and APRNs.

Pursuant to these telehealth laws and rules, a physician, PA, or APRN who establishes a prescriber-patient relationship via telehealth shall adhere to the same standard of care for telehealth visits as the standard of care for an in-person visit.

If a health care professional (physician, PA, or APRN) determines at any time during the provision of telehealth services that a telehealth visit will not meet the standard of care for the medical condition of the patient or if additional in-person care is necessary, the health care

[10] See ORC 4723.94, ORC 4730.60, ORC 4731.741, OAC 4731-37-01, OAC 4731-11-09, OAC 4730-1-07 (B), and OAC 4723-8-02 (D)

professional shall see the patient in a reasonable timeframe or make the appropriate referral to another health care professional to meet the standard of care.[11]

When a telehealth visit is conducted by a health care professional, pursuant to OAC 4731-37-01, the health care professional shall comply with all standard of care requirements to provide telehealth services to a patient including, but not limited to:

(1) Verify the patient's identity and physical location in Ohio, communicate the health care professional's name and type of active Ohio license, and document this in the patient's medical records;
(2) Document the consent for telehealth treatment of the patient;
(3) Comply with patient privacy and security requirements for the patient and their protected health information required by Ohio and federal law;
(4) Through interaction with the patient, the health care professional shall complete a medical evaluation that is appropriate for the patient and the condition with which the patient presents and that meets the minimal standards of care for an in-person visit;
(5) Establish or confirm a diagnosis and treatment plan including documentation of the necessity for the utilization of a prescription drug;
(6) Document in the patient's medical record the consent for treatment, pertinent history, evaluation, diagnosis, treatment plan, underlying conditions, any contraindications, and any referrals to appropriate health care providers, including primary care providers or health care facilities. The complete medical record shall be available to the patient and other treating health care professionals.

Further, physicians and PAs who hold a valid prescriber number issued by the State Medical Board of Ohio and who have been granted physician-delegated prescriptive authority may prescribe non-controlled drugs through telehealth provided that they comply with the requirements of OAC 4731-37-01 which include an appropriate medical evaluation through interaction with the patient. If the telehealth prescribing involves controlled substances, the physician or PA must also comply with state and federal laws and rules regarding the prescription of controlled substances, including the requirements in OAC 4731-11-09.

The prescriptive authority of PAs and APRNs shall not exceed the prescriptive authority of the supervising or collaborating physician respectively and shall comply with all applicable state and federal laws and regulations.

Additional Legal and Scope of Practice Requirements

[11] See OAC 4731-37-01 (B)(4)

Compliance with Prescriber Compounding Rules

As previously stated, the addition of drugs or vitamins to an IV solution is considered compounding under Ohio law and requires the clinic to obtain a license as a terminal distributor of dangerous drugs (TDDD) from the Ohio Board of Pharmacy. While there are some exceptions to Ohio Board of Pharmacy licensure for clinics that possess prescription medications (referred to in law as dangerous drugs), those exceptions do not apply if the clinic is engaged in sterile drug compounding. This means that retail IV therapy clinics are required to be licensed and comply with Ohio's prescriber compounding rules established by the Ohio Board of Pharmacy.

Generally, the compounding of IVs can be done under the Ohio Board of Pharmacy's immediate-use rule[12] if the sterile compounding involves not more than two entries into any one package (e.g., bag, vial) of sterile infusion solution or administration container/device using commercially manufactured sterile, non-hazardous drugs from the manufacturer's original container. Additionally, any IV prepared under this rule must be administered no later than six hours following preparation of the drug. Other compounding activities may require compliance with more advanced compounding standards, including USP 797 (see table 1).

Table 1. Ohio Prescriber Compounding Requirements[13]

Type of Drug Preparation	Compounding	Requirements
Admixing or compounding NO MORE than three commercial products and NO MORE than two entries into any one container.	Immediate Use	Comply with OAC 4729:7-3-04 Beyond-Use Date: 6 hours following preparation Compounding must be prepared in a designated clean medication area. Prohibits anticipatory compounding (compounding in advance) Prohibits personally furnishing of compounded products A licensed prescriber is on-site and immediately available

[12] See OAC 4729:7-3-04

[13] For more information on prescriber compounding requirements, visit: www.pharmacy.ohio.gov/prescribercomp.

Admixing or compounding more than three commercial products or more than two entries into any one container.	Compounding (Medium Risk/ Category 2 CSP)	Comply with OAC 4729:7-3-03 and USP 797 Compliance A licensed prescriber is on-site and immediately available
Repackaging and relabeling sterile products to individual doses.	Compounding (Medium Risk/ Category 2 CSP)	Comply with OAC 4729:7-3-03 and USP 797 Compliance A licensed prescriber is on-site and immediately available
Admixing or compounding a nonsterile powder to use as sterile injection.	Compounding (High Risk/ Category 3 CSP)	Comply with OAC 4729:7-3-03 and USP 797 Compliance A licensed prescriber is on-site and immediately available
Reconstitution NOT according to manufacturer's labeling (i.e. using other diluents or amounts of diluents).	Compounding (Immediate Use or Low Risk/ Category 1 CSP)	Comply with OAC 4729:7-3-04 or USP 797 Compliance A licensed prescriber is on-site and immediately available
Reconstitution according to the manufacturer's labeling.	This is not considered compounding under Ohio law	Use aseptic technique

The compounding of drugs in a prescriber setting may be delegated to a nurse or nurses. However, a prescriber is required to verify the final product before it is administered to the patient or is required to be physically on-site if verified by a nurse. Unlike a nurse, a paramedic is not permitted to independently verify a compounded medication prior to administration under any circumstances. Failure to adhere to these standards is considered a violation of Ohio law and could subject the clinic to administrative discipline.

Please be advised that a full list of the requirements for prescriber compounding can be found in the Ohio Board of Pharmacy's prescriber compounding inspection guide that can be accessed by visiting: www.pharmacy.ohio.gov/prescribercomp.

As part of the Ohio Board of Pharmacy's TDDD licensing process, each license is required to have a responsible person at all times. By rule, the responsible person on the TDDD license is responsible for compliance with all state and federal laws, regulations, and rules governing the distribution of dangerous drugs. The Board of Pharmacy is growing concerned that those who agree to serve as the responsible person on a TDDD license are not exercising an

appropriate level of supervision of the activities of the clinic. The rules require the responsible person to be physically present at the location for a sufficient amount of time to provide supervision and control of dangerous drugs on-site.[14] For example, some licensees have responsible persons listed who are not physically located in the state. Having a responsible person "in name only" puts the clinic, staff, and patients at risk and may subject the clinic and the responsible person to administrative discipline.

Regardless of the ownership structure of the retail IV therapy clinic, neither the business nor the business owner is permitted to exercise any control over the way physicians and other health care professionals provide medical, nursing, or pharmacy services. Owners cannot interfere with the responsible person's obligation to ensure compliance with the law, nor the medical judgment of prescribers employed by the clinic. Physicians and other prescribers are cautioned to understand Ohio laws and rules before entering employment or partnership with these and similar businesses, especially if they agree to serve as the responsible person on the clinic's TDDD license.

Lastly, a retail IV therapy clinic is only permitted to purchase from Ohio Board of Pharmacy license holders. To ensure that a clinic is purchasing from a licensed drug distributor (e.g., wholesaler, manufacturer, outsourcing facility, etc.), each TDDD is required, per OAC 4729:5-3-04, to verify the seller is appropriately licensed with the Ohio Board of Pharmacy. This verification, which can be performed using Ohio's eLicense system, must be done prior to an initial purchase and then annually if the clinic continues to purchase from that drug distributor. By verifying a supplier is legally authorized to sell drugs in Ohio, licensees can avoid the purchase of counterfeit medications. For more information about avoiding counterfeit medications, visit: www.pharmacy.ohio.gov/counterfeit.

Ohio Board of Nursing and the Nurse Practice Act

The Ohio Board of Nursing joins with the State Medical Board of Ohio and the Ohio Board of Pharmacy in their concern about the rise of retail IV therapy clinics and the possibility that nurses are working outside the confines of the laws and rules of the Boards. Specifically, the Board of Nursing is concerned that nursing licensees participating in retail IV therapy may be practicing beyond their scope and without the proper steps in place to ensure safe and legal administration.

[14] See OAC 4729:2-1-01

IV therapy is a complex, learned skill. Registered nurses (RNs) and APRNs choosing to provide this therapy must ensure they are properly educated and fully compliant with all the requirements under the law.

LPNs

A licensed practical nurse (LPN) is not authorized to administer IV solutions at a retail IV therapy clinic. While an LPN may administer some IV solutions[15] for individuals aged eighteen or older and only when directed to do so by a licensed physician, physician assistant, dentist, optometrist, podiatrist, or registered nurse in accordance with ORC 4723.18, they are not permitted to initiate the administration of IV solutions containing vitamins or electrolytes.[16] Therefore, utilizing an LPN to initiate an IV therapy containing the additives is not permissible.

RNs

A registered nurse (RN) can only administer intravenous fluids, nutrient therapies, vitamin infusions, and medications after obtaining a valid prescription or order that was issued by a physician, PA, or APRN. The prescription or order must be part of a medically prescribed plan of care that includes a personal examination and a bona fide patient relationship. "Protocols," as discussed previously in this document, are not permitted under Ohio law. An RN cannot order IV hydration fluids and cannot determine the dosage, route, or frequency.[17]

An RN may engage in the preparation of a compounded IV therapy.[18] However, a prescriber is required to verify the final product prior to administration or is required to be physically present on site to answer any questions the nurse may have regarding the compounding process.[19]

An RN administering IV therapy must have the knowledge, skill, and competency necessary to carry out the administration procedures and monitor the client in a safe manner. An RN should perform a nursing assessment of the patient to include vital signs. An RN should monitor the patient while the patient undergoes the IV administration. The RN should monitor the patient for such things as side effects, toxic effects, allergic reactions, unusual and unexpected effects, changes in a client's condition that contraindicate continued

[15] Five per cent dextrose and water; five per cent dextrose and lactated ringers; five per cent dextrose and normal saline; normal saline; lactated ringers; 0.45 per cent sodium chloride and water; 0.2 per cent sodium chloride and water; or 0.3 per cent sodium chloride and water.
[16] An LPN is not permitted to administer IV solutions containing vitamins or electrolytes unless a registered nurse initiates the first infusion of the solution containing vitamins or electrolytes.
[17] See ORC 4723.151(A)
[18] See OAC 4729:7-3
[19] See OAC 4729:7-3-04

administration of the pharmaceutical or treatment regimen, those effects that may rapidly endanger a client's life or well-being, and must be prepared to make judgments and decisions concerning actions to take in the event such effects occur.

An RN is expected to document all nursing acts performed by the RN in carrying out the IV administration and noted during the monitoring of the patient during administration.

APRNs

APRNs are held to the same standard as a physician or PA working in a retail IV hydration clinic. An APRN must have the appropriate prescriptive authority to prescribe medications under Ohio law and in accordance with the standards set forth in this statement.

APRNs should carefully review the portion of this statement applicable to prescribers to understand their obligations while working in a retail IV therapy clinic. An APRN must also include a retail IV therapy clinic as part of their collaborative agreement prior to undertaking this role.

Physician Agreements with PAs and APRNs

A PA must have a signed supervision agreement with a physician licensed in Ohio to provide services to patients located in Ohio including in a retail IV therapy clinic.[20] The physician shall supervise the services provided by the PA and only allow the PA to perform services that are within the physician's normal course of practice and expertise.[21]

The physician shall be continuously available for direct communication with the PA by either being physically present at the location where the PA is practicing or being readily available through telecommunication and being in a location that is a distance from the location where the PA is practicing "that reasonably allows the physician to assure proper care of patients." A physician may not supervise more than five (5) PAs at any one time.[22]

The physician shall personally and actively review the PA's activities, and also establish a quality assurance system which, among other activities, requires the physician to routinely review patient records and PA orders regarding selected patients.[23] The physician and PA are required to have a copy of the supervision agreement and records of the required quality assurance activities.[24]

---

[20] See ORC 4730.19
[21] See ORC 4730.02
[22] See ORC 4730.21
[23] See ORC 4730.21
[24] See ORC 4730.19 and ORC 4730.21

Similarly, an APRN must have a written standard care arrangement with a physician licensed in Ohio to provide services anywhere, including in a retail IV therapy clinic.[25] The physician that the APRN is collaborating with must be licensed in Ohio and must be practicing in a specialty that is the same as or similar to the APRN's specialty.[26]

Likewise, the physician with whom the APRN has entered into a standard care arrangement must be continuously available to communicate either in person or by electronic means.[27] A physician may not collaborate with more than five (5) APRNs in the prescribing component of their practices.[28] A physician and APRN in a standard care arrangement must participate in a quality assurance process that includes periodic random chart review, which includes review of prescribing patterns.[29]

CONCLUSION

The diagnosis of a condition that results in the ordering of IV-delivered drugs, amino acids, or vitamins is the practice of medicine and the preparation of these drugs is considered drug compounding. Failure to obtain licensure as a terminal distributor of dangerous drugs is a violation of Ohio law and may subject a retail IV therapy clinic to administrative and/or criminal penalties. Meanwhile, the failure of licensees to follow the laws and rules governing their practice(s) could result in disciplinary proceedings and sanctions by their respective boards; by law, sanctions may include monetary fines, probation of a license, suspension of a license, or even revocation of a license, as set forth in each of the practice acts.

Most important, however, is the safety of Ohio patients who seek IV treatment through these clinics. Patients must be evaluated by an appropriate practitioner. The IV medications must be compounded in a safe and sterile environment. Administration of the IV must be done by those with the education, training, and skills to do so. Each of these roles in the process requires that the individual be licensed and requires them to carry out their obligations in the same manner that is required of them for any other task within their scope of practice. Each of the Boards is dedicated to ensuring the law in these areas of practice is followed, as that is how the public is best protected.

[25] See ORC 4731.27 and ORC 4723.431
[26] See ORC 4723.431
[27] See ORC 4723.01
[28] See ORC 4723.431
[29] See OAC 4723-8-05

Legislative Update:
Austin Lucous, Legislative Director
May 2025

Recent activity

Introduced:

- H.B. 253 – License advanced practice respiratory therapists (Rep. John / Rep. Young)
  - Recognizes and regulates the practice of advanced practice respiratory therapists, who are individuals that perform services – pursuant to a supervision agreement with a physician – for the diagnosis and treatment of cardiopulmonary diseases or conditions.
  - Requires an advanced practice respiratory therapist to hold a license issued by the State Medical Board and establishes criminal penalties for violators.
  - Allows the holder of an advanced practice respiratory therapist license to perform certain services authorized by the supervising physician, which may include ordering, prescribing, and administering drugs and medical devices.
  - Coordinates the State Medical Board's licensing and regulatory procedures for advanced practice respiratory therapists with those for respiratory therapists and other health care professionals also regulated by the Board.
  - **Referred to House Health Committee**

Committee Hearings:

- 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
  - **Third Hearing (Opponent) in House Health Committee on 5/7/2025**
    - **SMBO submitted written opponent testimony**

- H.B. 96 – Make state operating appropriations for FY 2026-27 (Rep. Stewart)
  As Introduced
  - Medical Board funding of $14,315,005 in FY2026 and $14,891,225 in FY2027.
  House Substitute Bill
  - Medical Board funding of $14,315,005 in FY2026 and $14,891,225 in FY2027.

30 E. Broad Street, 3rd Floor
Columbus, OH 43215 U.S.A.
Phone: 614 | 466 3934
med.ohio.gov

- When an individual applies for or renews their license, the board shall ask the individual if the individual wishes to contribute, on a voluntary basis, to the save our sight fund. (ORC 4743.12)

House Omnibus

- Adopted on 4/8/2025.

Senate Substitute Bill

- Amendment deadline – 5/16/2025

Pending Legislation:

- 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.
  - **Pending in House Health Committee**

- S.B. 149 – Enter into the Respiratory Care Compact (Sen. Roegner)
  - Enters Ohio into the Respiratory Care Interstate Compact to enhance the portability of respiratory care therapist licenses through a comprehensive process that complements the existing authority of the State Medical Board to license and discipline Ohio-licensed respiratory care therapists.
  - As a member of the Compact, requires Ohio to extend the privilege to practice to a respiratory care therapist who is licensed in another state participating in the Compact, subject to Ohio's laws and rules governing respiratory care therapists.
  - **Pending in Senate Health Committee**

- S.B. 179 – Right to Try 2.0 (Sen. Huffman / Sen. Roegner)
  - Builds upon current right to try law and limits a licensing agency's ability to discipline a licensee in instances when a patient has been diagnosed with a life-threatening or severely debilitating illness; has considered approved treatment options; has a recommendation for an investigative individualized treatment from their physician; and has given written informed consent regarding the risks associated with taking the investigational treatment.
  - "Individualized investigational treatment" is defined as a drug, biological product, or device that is unique to and produced exclusively for use by an individual patient, based on the patient's own genetic profile, including individualized gene therapy antisense oligonucleotides and individualized neoantigen vaccines.
  - **Pending in Senate 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.
    - **Second Hearing (Proponent) in Senate Health Committee on 4/2/2025**

- 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.
    - **Third Hearing (Opponent) in House Government Oversight Committee on 3/25/2025**

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)**