



Rules & Policies Agenda for Board Meeting October 12, 2022

- A. Rule Review Update
- B. Disqualifying Offenses List, 2022 Review
- C. Interstate Medical Licensing Compact Rule
- D. Legislative Update



MEMORANDUM

TO: Betty Montgomery, President
Members, State Medical Board of Ohio

FROM: Kimberly C. Anderson, Chief Legal Counsel

RE: Rule Review Update

DATE: October 5, 2022

Attached please find the Rule Schedule and Spreadsheet for October 2022.

Requested Action: No action requested.

Legal Dept. Rules Schedule

As of October 5, 2022

RULES TO OCTOBER BOARD MEETING

Rules Filed with CSI (comments due 10/14/22)

Massage Therapy Rules

4731-1-01	4731-1-02	4731-1-03
4731-1-04	4731-1-05	4731-1-07
4731-1-08	4731-1-09	4731-1-10
4731-1-11	4731-1-12	4731-1-15
4731-1-16	4731-1-17	4731-1-18
4731-1-19		

Light Based Medical Device Rules

4731-18-01 4731-18-02
4731-18-03

Controlled Substance & Weight Loss Rules

4731-11-03 4731-11-04 4731-11-04.1

Podiatric Licensure Rules

4731-12-01
4731-12-02
4731-12-03
4731-12-04
4731-12-05
4731-12-06
4731-12-07

Examinations

4731-5-01
4731-5-02
4731-5-03
4731-5-04

Demonstration of Proficiency in Spoken English

4731-6-04

Rules Filed with JCARR

Public Notice of Rules Procedures

4731-2-01-No change rule filed 9.28.22
JCARR jurisdiction ends 12.27.22

Rules Ready to File with JCARR

Telehealth Rules

4731-11-09 4731-37-01

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date
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	03/22/19	06/12/19	12/04/19		06/18/20	07/23/20	08/17/20	09/09/20	12/31/20	09/30/23
4730-1-07	Miscellaneous Provisions	02/12/22	05/11/22	05/16/22						12/31/21	09/30/23
4730-2-01	Physician Delegated Prescriptive Authority - Definitions		06/12/19	07/16/19	11/07/19	06/18/20	No change rule			09/18/20	06/18/25
4730-2-04	Period of on-site supervision of physician-delegated prescriptive authority		06/12/19	07/16/19	11/07/19	06/18/20	07/23/20	08/17/20	09/09/20	09/30/20	11/15/23
4730-2-05	Addition of valid prescriber number after initial licensure		06/12/19	07/16/19	11/07/19	06/18/20	07/23/20	08/17/20	09/09/20	09/30/20	09/30/23
4730-2-07	Standards for Prescribing	02/12/22	05/11/22	05/16/22						12/31/21	09/30/25
4730-2-10	Standards and Procedures for use of OARRS		06/12/19	07/16/19	11/07/19	06/18/20	07/23/20	08/17/20	09/09/20	09/30/20	09/30/23
4730-4-01	Definitions	05/09/19		11/15/19	05/20/20	06/18/20	07/23/20	08/17/20	10/14/20	10/31/20	04/30/24
4730-4-02	Standards and procedures for withdrawal management for drug or alcohol addiction	05/09/19		11/15/19	05/20/20	06/18/20	07/23/20	08/17/20	10/14/20	10/31/20	10/31/25
4730-4-03	Office Based Treatment for Opioid addiction									04/30/19	04/30/24
4730-4-04	Medication assisted treatment using naltrexone									04/30/19	04/30/24
4730-5-01											
4730-5-02											
4731-1-01	Limited Practitioners - Definition of Terms	06/17/21		09/22/22						03/30/20	03/30/25
4731-1-02	Application of Rules Governing Limited Branches of Medicine or Surgery	06/17/21		09/22/22						07/31/19	07/31/24
4731-1-03	General Prohibitions	06/17/21		09/22/22							08/31/23
4731-1-04	Scope of Practice: Mechanotherapy	06/17/21		09/22/22						12/31/18	12/31/23
4731-1-05	Scope of Practice: Massage Therapy	06/17/21		09/22/22						11/05/19	11/05/24
4731-1-06	Scope of Practice: Naprapathy									08/31/18	08/31/23

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date
4731-1-07	<i>Eligibility of Electrologists Licensed by the Ohio State Board of Cosmetology to Obtain Licensure as Cosmetic Therapists Pursuant to Chapter 4731 ORC and Subsequent Limitations</i>	06/17/21		09/22/22						12/31/18	12/31/23
4731-1-08	<i>Continuing Cosmetic Therapy Education Requirements for Registration or Reinstatement of a License to Practice Cosmetic Therapy</i>	06/17/21		09/22/22						09/30/19	09/30/24
4731-1-09	<i>Cosmetic Therapy Curriculum Requirements</i>	06/17/21		09/22/22							08/31/23
4731-1-10	<i>Distance Education</i>	06/17/21		09/22/22						01/31/19	01/31/24
4731-1-11	<i>Application and Certification for certificate to practice cosmetic therapy</i>	06/17/21		09/22/22						03/30/20	03/30/25
4731-1-12	<i>Examination</i>			09/22/22						11/30/16	11/30/21
4731-1-15	<i>Determination of Standing of School, College or Institution</i>	06/17/21		09/22/22						12/31/18	12/31/23
4731-1-16	<i>Massage Therapy curriculum rule (Five year review)</i>	06/17/21		09/22/22						01/31/19	11/30/21
4731-1-17	<i>Instructional Staff</i>	06/17/21		09/22/22						05/31/19	05/31/24
4731-1-18	<i>Grounds for Suspension, Revocation or Denial of Certificate of Good Standing, Hearing Rights</i>	06/17/21		09/22/22						03/30/20	03/30/25
4731-1- 19	<i>Probationary Status of a limited branch school</i>	06/17/21		09/22/22						03/30/20	03/30/25
4731-1-24	Massage Therapy Continuing Education	03/09/16		10/26/16	04/24/19	04/29/19	06/05/19				
4731-2-01	Public Notice of Rules Procedure	05/15/22				09/28/22				09/28/22	09/28/27
4731-4-01	Criminal Records Checks - Definitions									09/30/19	09/30/24
4731-4-02	Criminal Records Checks									09/30/19	09/30/24
4731-5-01	<i>Admission to Examinations</i>	05/15/22		09/22/22						06/09/17	06/09/22
4731-5-02	<i>Examination Failure; Inspection and Regrading</i>	05/15/22		09/22/22						06/09/17	06/09/22
4731-5-03	<i>Conduct During Examinations</i>	05/15/22		09/22/22						06/09/17	06/09/22
4731-5-04	<i>Termination of Examinations</i>	05/15/22		09/22/22						06/09/17	06/09/22
4731-6-01	Medical or Osteopathic Licensure: Definitions									07/31/19	07/31/24
4731-6-02	Preliminary Education for Medical and Osteopathic Licensure									07/31/19	07/31/24

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date
4731-6-04	Demonstration of proficiency in spoken English	05/15/22		09/22/22						06/09/17	06/09/22
4731-6-05	Format of Medical and Osteopathic Examination		09/08/21	09/24/21	10/27/21	10/29/21	12/03/21		01/12/22	01/31/22	01/31/27
4731-6-14	Examination for physician licensure	09/03/20								07/31/19	07/31/24
4731-6-15	Eligibility for Licensure of National Board Diplomats and Medical Council of Canada Licentiates									07/31/19	07/31/24
4731-6-21	Application Procedures for Certificate Issuance; Investigation; Notice of Hearing Rights									07/31/19	07/31/24
4731-6-22	Abandonment and Withdrawal of Medical and Osteopathic Licensure Applications									07/31/19	07/31/24
4731-6-30	Training Certificates									07/31/19	07/31/24
4731-6-31	Limited Preexamination Registration and Limited Certification									07/31/19	07/31/24
4731-6-33	Special Activity Certificates									07/31/19	07/31/24
4731-6-34	Volunteer's Certificates									07/31/19	07/31/24
4731-7-01	Method of Notice of Meetings									07/31/19	07/31/24
4731-8-01	Personal Information Systems	04/29/20		10/05/20	11/18/20	02/11/21			no change	02/11/21	02/11/26
4731-8-02	Definitions	04/29/20		10/05/20	11/18/20	02/11/21			no change	02/11/21	02/11/26
4731-8-03	Procedures for accessing confidential personal information	04/29/20		10/05/20	11/18/20	02/11/21			no change	02/11/21	02/11/26
4731-8-04	Valid reasons for accessing confidential personal information	04/29/20		10/05/20	11/18/20	02/11/21	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26
4731-8-05	Confidentiality Statutes	04/29/20		10/05/20	11/18/20	02/11/21	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26
4731-8-06	Restricting & Logging access to confidential personal information	04/29/20		10/05/20	11/18/20	02/11/21			no change	02/11/21	02/11/26
4731-9-01	Record of Board Meetings; Recording, Filming, and Photographing of Meetings									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

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date
4731-10-02	Requisite Hours of Continuing Medical Education for License Renewal or Reinstatement	10/25/19		05/26/20		Revised filing 11/3/20 10/30/20	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26
4731-10-03	CME Waiver	10/25/19		05/26/20		Revised filings 11/24 & 11/3 - orig 10/30/20	12/04/20	12/07/20	05/12/21	05/31/21	05/31/26
4731-10-04	Continuing Medical Education Requirements for Restoration of a License	10/25/19		05/26/20		Revised filings 11/24 & 11/3 - orig 10/30/20	12/04/20	12/07/20	05/12/21	05/31/21	05/31/26
4371-10-08	Evidence of Continuing Medical Education	10/25/19		05/26/20		Revised filings 11/24 & 11/3 - orig 10/30/20	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26
4731-11-01	Controlled substances; General Provisions Definitions	02/12/22								10/31/20	10/31/25
4731-11-02	Controlled Substances - General Provisions	07/26/19	11/13/19	10/05/20		05/27/21			no change		05/27/26
4731-11-03	Schedule II Controlled Substance Stimulants			09/22/22						12/31/15	12/31/20
4731-11-04	Controlled Substances: Utilization for Weight Reduction			09/22/22						02/29/16	02/28/21
4731-11-04.1	Controlled substances: Utilization for chronic weight management			09/22/22						12/31/15	12/31/20
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	Prescribing to persons the physician has never personally examined.	02/12/22	05/11/22	05/16/22						03/23/17	09/19/22

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date
4731-11-11	Standards and procedures for review of "Ohio Automated Rx Reporting System" (OARRS).	07/26/19	11/13/19	10/05/20		05/27/21	06/28/21		09/08/21	09/30/21	09/30/26
4731-11-13	Prescribing of Opioid Analgesics for Acute Pain									08/31/17	08/31/22
4731-11-14	Prescribing for subacute and chronic pain			3/21/19	11/14/19	corrected- 7/16/20 6/18/2020	07/23/20	08/17/20	10/14/20	10/31/20	12/23/23
4731-12-01	Preliminary Education for Licensure in Podiatric Medicine and Surgery	04/18/22		09/22/22						06/30/17	06/30/22
4731-12-02	Standing of Colleges of Podiatric Surgery and Medicine	04/18/22		09/22/22						06/30/17	06/30/22
4731-12-03	Eligibility for the Examination in Podiatric Surgery and Medicine (see note below)	04/18/22		09/22/22						04/19/17	10/16/22
4731-12-04	Eligibility of Licensure in Podiatric Medicine and Surgery by Endorsement from Another State	04/18/22		09/22/22						06/30/17	06/30/22
4731-12-05	Application Procedures for Licensure in Podiatric Medicine and Surgery, Investigation, Notice of Hearing Rights.	04/18/22		09/22/22						06/30/17	06/30/22
4731-12-06	Visiting Podiatric Faculty Certificates	04/18/22		09/22/22						06/30/17	06/30/22
4731-12-07	Podiatric Training Certificates	04/18/22		09/22/22						06/30/17	06/30/22
4731-13-01	Conduct of Hearings - Representative; Appearances	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	05/17/21	06/07/21	07/14/21	07/31/21	07/31/26
4731-13-02	Filing Request for Hearing	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	No change				04/12/26
4731-13-03	Authority and Duties of Hearing Examiners	08/26/20	10/14/20	amended filing 1/6/21 10/23/20	04/02/21	04/12/21	05/17/21	06/07/21	07/14/21	07/31/21	07/31/26
4731-13-04	Consolidation	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26
4731-13-05	Intervention	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	no change				04/12/26
4731-13-06	Continuance of Hearing	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	05/17/21	06/07/21	07/14/21	07/31/21	07/31/26
4731-13-07	Motions	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	05/17/21	06/07/21	07/14/21	07/31/21	07/31/26

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date
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
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

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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									11/17/17	05/17/23
4731-15-02	Healthcare Facility Reporting Requirement									11/17/17	05/17/23
4731-15-03	Malpractice Reporting Requirement									11/17/17	05/17/23
4731-15-04	Professional Society Reporting									11/17/17	05/17/23
4731-15-05	Liability; Reporting Forms; Confidentially and Disclosure									11/17/17	05/17/23
4731-16-01	Rules governing impaired physicians and approval of treatments programs - Definitions									11/17/17	05/17/23
4731-16-02	General Procedures in Impairment Cases	06/17/21	09/08/21	09/24/21	10/27/21	10/29/21	12/03/21		01/12/22	01/31/22	05/17/23
4731-16-04	Other Violations									11/17/17	05/17/23
4731-16-05	Examinations	06/17/21	09/08/21	09/24/21	10/27/21	10/29/21	12/03/21		01/12/22	01/31/22	05/17/23
4731-16-06	Consent Agreements and Orders for Reinstatement of Impaired Practitioners								01/12/22	01/31/22	05/17/23
4731-16-07	Treatment Provider Program Obligations									11/17/17	05/17/23
4731-16-08	Criteria for Approval	06/17/21	09/08/21	09/24/21	10/27/21	10/29/21	12/03/21			11/17/17	05/17/23
4731-16-09	Procedures for Approval									11/17/17	05/17/23
4731-16-10	Aftercare Contracts									11/17/17	05/17/23

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date
4731-16-11	Revocation, Suspension, or Denial of Certificate of Good Standing									11/17/17	05/17/23
4731-16-12	Out-of-State Impairment Cases									11/17/17	05/17/23
4731-16-13	Patient Consent; Revocation of Consent									11/17/17	05/17/23
4731-16-14	Caffeine, Nicotine, and Over-The Counter Drugs									11/17/17	05/17/23
4731-16-15	Patient Rights									11/17/17	05/17/23
4731-16-17	Requirements for the one-bite program									01/31/19	01/31/24
4731-16-18	Eligibility for the one-bite program									01/31/19	01/31/24
4731-16-19	Monitoring organization for one-bite program									01/31/19	01/31/24
4731-16-20	Treatment providers in the one-bite program									01/31/19	01/31/24
4731-16-21	Continuing care for the one-bite program									01/31/19	01/31/24
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						07/31/21	07/31/26
4731-18-02	Use of Light Based Medical Devices			09/22/22						07/31/21	07/31/26
4731-18-03	Delegation of the Use of Light Based Medical Devices			09/22/22						07/31/21	07/31/26
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									05/31/18	05/31/23
4731-20-02	Surgery: Ankle Joint									05/31/18	05/31/23
4731-22-01	Emeritus Registration - Definitions									08/31/17	08/31/22

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date
4731-22-02	Application									08/31/17	08/31/22
4731-22-03	Status of Registrant									05/12/17	05/12/22
4731-22-04	Continuing Education Requirements									05/12/17	05/12/22
4731-22-06	Renewal of Cycle of Fees									05/12/17	05/12/22
4731-22-07	Change to Active Status	06/17/21	09/08/21	09/24/21	10/27/21	10/29/21	12/03/21		01/12/22	01/31/22	08/31/22
4731-22-08	Cancellation of or Refusal to Issue an Emeritus Registration									05/12/17	05/12/22
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									07/31/19	07/31/24
4731-24-02	Anesthesiologist Assistants; Supervision									07/31/19	07/31/24
4731-24-03	Anesthesiologist Assistants; Enhanced Supervision									07/31/19	07/31/24
4731-25-01	Office-Based Surgery - Definition of Terms										03/01/23
4731-25-02	General Provisions									05/31/18	05/31/23
4731-25-03	Standards for Surgery Using Moderate Sedation/Analgesia									05/31/18	08/31/23
4731-25-04	Standards for Surgery Using Anesthesia Services									05/31/18	05/31/23
4731-25-05	Liposuction in the Office Setting									03/01/18	03/01/23
4731-25-07	Accreditation of Office Settings									05/31/18	05/31/23
4731-25-08	Standards for Surgery									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

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date
4731-27-01	Definitions									02/04/19	02/02/24
4731-27-02	Dismissing a patient from the medical practice									05/31/19	05/31/24
4731-27-03	Notice of termination of physician employment or physician leaving a practice, selling a practice, or retiring from the practice of medicine									05/31/19	05/31/24
4731-28-01	Mental or Physical Impairment									08/31/17	08/31/22
4731-28-02	Eligibility for confidential monitoring program									08/31/18	08/31/23
4731-28-03	Participation in the confidential monitoring program									08/31/18	08/31/23
4731-28-04	Disqualification from continued participation in the confidential monitoring program									08/31/18	08/31/23
4731-28-05	Termination of the participation agreement for the confidential monitoring program									08/31/18	08/31/23
4731-29-01	Standards and procedures for operation of a pain management clinic.									06/30/17	06/30/22
4731-30-01	Internal Management Definitions									09/23/18	09/23/23
4731-30-02	Internal Management Board Metrics	07/26/19								09/23/18	09/23/23
4731-30-03	Approval of Licensure Applications	06/17/21				refiled 11-4-21 5/7/2020			01/12/22	01/31/22	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)					04/10/19	05/13/19			11/30/19	11/30/24
4731-32-01	Definition of Terms									09/08/17	09/08/22
4731-32-02	Certificate to Recommend Medical Marijuana									09/08/17	09/08/22
4731-32-03	Standard of Care									09/08/17	09/08/22
4731-32-04	Suspension and Revocation of Certificate to Recommend									09/08/17	09/08/22
4731-32-05	Petition to Request Additional Qualifying Condition or Disease									09/08/17	09/08/22

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date
4731-33-01	Definitions	05/09/19		11/15/19	05/20/20	06/18/20	07/23/20	08/17/20	10/14/20	10/31/20	04/30/24
4731-33-02	Standards and procedures for withdrawal management for drug or alcohol addiction	05/09/19		11/15/19	05/20/20	06/18/20	07/23/20	08/17/20	10/14/20	10/31/20	10/31/25
4731-33-03	Office-Based Treatment for Opioid Addiction									04/30/19	04/30/24
4731-33-04	Medication Assisted Treatment Using Naltrexone									04/30/19	04/30/24
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.									07/31/19	07/31/24
4731-35-01	Consult Agreements	01/25/21	04/14/21	04/26/21	06/04/21	09/22/21	10/29/21	11/08/21	12/08/21	12/31/21	10/31/25
4731-35-02	Standards for managing drug therapy	01/25/21	04/14/21	04/26/21	06/04/21	09/22/21	10/29/21	11/08/21	12/08/21	12/31/21	10/31/25
4731-36-01	Military provisions related to education and experience requirements for licensure	06/17/21	09/08/21	09/24/21	10/27/21	10/29/21	12/03/21		01/12/22	01/31/22	10/29/21
4731-36-02	Military provisions related to renewal of license and continuing education	03/22/19	06/12/19	12/05/19	09/11/20	09/25/20	10/27/20	11/16/20	12/09/20	12/31/20	12/31/25
4731-36-03	Processing applications from service members, veterans, or spouses of service members or veterans.	03/22/19	06/12/19	12/05/19	09/11/20	09/25/20	10/27/20	11/16/20	12/09/20	12/31/20	12/31/25
4731-36-04	Temporary license for military spouse	02/11/20	02/12/20	02/14/20		02/11/21	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26
4731-37-01	Telemedicine	02/12/22	05/11/22	05/16/22							
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
4759-2-01	Definitions									11/30/19	11/30/24
4759-4-01	Applications									11/30/19	11/30/24
4759-4-02	Preprofessional experience										08/28/24
4759-4-03	Examination									11/30/19	11/30/24
4759-4-04	Continuing Education	08/27/19		11/10/20	04/02/21	04/09/21	05/17/21	06/07/21	07/14/21	07/31/21	07/31/26
4759-4-08	Limited permit	8/27/19 4/19/18	07/11/18	11/10/20	04/02/21	04/09/21	05/17/21	06/07/21	07/14/21	07/31/21	07/31/26
4759-4-09	License certificates and permits	04/19/18	07/11/18	09/25/18						11/30/19	11/30/24
4759-5-01	Supervision of persons claiming exemption									08/28/19	08/28/24
4759-5-02	Student practice exemption									11/30/19	11/30/24
4759-5-03	Plan of treatment exemption									11/30/19	11/30/24

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date
4759-5-04	Additional nutritional activities exemption										07/01/24
4759-5-05	Distribution of literature exemption										07/01/24
4759-5-06	Weight control program exemption										07/01/24
4759-6-01	Standards of practice innutrition care									11/30/19	11/30/24
4759-6-02	Standards of professional performance	04/19/18	07/11/18	11/10/20	04/02/21	refiled 6/9/21 4/9/2021	05/17/21	06/25/21	07/14/21	07/31/21	07/31/26
4759-6-03	Interpretation of standards									11/30/19	11/30/24
4759-9-01	Severability									11/30/19	11/30/24
4759-11-01	Miscellaneous Provisions	02/12/22	05/11/22	05/16/22						11/30/19	11/30/24
4761-2-03	Board Records									02/28/19	02/28/24
4761-3-01	Definition of terms									02/28/19	02/28/24
4761-4-01	Approval of educational programs									02/28/19	02/28/24
4761-4-02	Monitoring of Ohio respiratory care educational programs									02/28/19	02/28/24
4761-5-01	Waiver of licensing requirements pursuant to division (B) of section 4761.04 or the Revised Code	04/23/19	06/12/19	11/06/19	01/10/20	06/18/20	07/23/20	08/17/20	09/09/20	09/30/20	09/30/25
4761-5-02	Admission to the Ohio credentialing examination	04/23/19	06/12/19	11/06/19	01/10/20	06/19/20	No change rule			09/19/20	06/19/25
4761-5-04	License application procedure	04/23/19	06/12/19	11/06/19	01/10/20	06/18/20	07/23/20	08/17/20	09/09/20	09/30/20	09/30/25
4761-5-06	Respiratory care practice by polysomnographic technologists	04/23/19	06/12/19	11/06/19	01/10/20	06/18/20	No change rule			09/18/20	06/18/25
4761-6-01	Limited permit application procedure	04/23/19	06/12/19	11/06/19	01/10/20	06/18/20	07/23/20	08/17/20	09/09/20	09/30/20	02/28/24
4761-7-01	Original license or permit, identification card or electronic license verification									02/28/19	02/28/24
4761-7-03	Scope of respiratory care defined										11/15/23
4761-7-04	Supervision			11/06/19	01/10/20	06/18/20	07/23/20	08/17/20	09/09/20	09/30/20	09/30/25
4761-7-05	Administration of medicines										11/15/23
4761-8-01	Renewal of license or permits	03/22/19	06/12/19	12/05/19	09/11/20	09/25/20	10/27/20	11/16/20	12/09/20	12/31/20	12/31/25
4761-9-01	Defnition of respiratory care continuing education			11/06/19	01/10/20	06/18/20	07/23/20	08/17/20	09/09/20	09/30/20	02/28/24
4761-9-02	General RCCE requirements and reporting mechanism	03/22/19	06/12/19	12/05/19	09/11/20	09/25/20	10/27/20	11/16/20	12/09/20	12/31/20	12/31/25

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date
4761-9-03	Activities which do not meet the Ohio RCCE requirements									02/28/19	02/28/24
4761-9-04	Ohio respiratory care law and professional ethics course criteria			11/06/19	01/10/20	Refiled 8/24/20 6/18/2020	9/24/20 7/23/2020	08/17/20	11/10/20		02/28/24
4761-9-05	Approved sources of RCCE			11/06/19	01/10/20	06/18/20	07/23/20	08/17/20	09/09/20	09/30/20	02/28/24
4761-9-07	Auditing for compliance with RCCE requirements			11/06/19	01/10/20	06/18/20	07/23/20	08/17/20	09/09/20	09/30/20	09/30/25
4761-10-01	Ethical and professional conduct									02/28/19	02/28/24
4761-10-02	Proper use of credentials										11/15/23
4761-10-03	Providing information to the Board	04/23/19	06/12/19	11/06/19	01/10/20	06/18/20	07/23/20	08/17/20	09/09/20	09/30/20	09/30/25
4761-15-01	Miscellaneous Provisions	02/12/22	05/11/22	05/16/22						02/28/19	02/28/24
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	04/29/20	10/14/20	10/23/20	11/24/20	02/11/21			no change	02/11/21	02/11/26
4778-1-01	Definition									01/29/19	01/24/24
4778-1-02	Application									04/30/19	04/30/24
4778-1-03	Special Activity License									01/24/19	01/24/24
4778-1-05	Collaboration Agreement									04/30/19	04/30/24
4778-1-06	Miscellaneous Provisions	02/12/22	05/11/22	05/16/22						04/30/19	04/30/24



MEMORANDUM

TO: Betty Montgomery, President, State Medical Board of Ohio
Members, State Medical Board of Ohio

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

DATE: October 5, 2022

RE: 2022 Annual Review of the Medical Board's disqualifying offense list

House Bill 263 (133rd GA) requires all licensing authorities to establish “a list of specific criminal offenses for which a conviction, judicial finding of guilt, or plea of guilty **may** disqualify an individual from obtaining an initial license.” When reviewing an initial license application, the licensing authority may only consider criminal offenses which are on this list. The ability of the licensing authority to consider criminal offenses on the list is time limited for most convictions, except for offenses of violence and sexually oriented offenses.

Further, the conviction cannot be the sole basis for the denial of the license. Pursuant to R.C. 9.79(D)(1), the licensing authority shall weigh the following factors in deciding, under a preponderance of the evidence standard, whether the conviction disqualifies the individual from receiving the license:

- (a) The nature and seriousness of the offense for which the individual was convicted, found guilty pursuant to a judicial finding, or pleaded guilty;
- (b) The passage of time since the individual committed the offense;
- (c) The relationship of the offense to the ability, capacity, and fitness required to perform the duties and discharge the responsibilities of the occupation;
- (d) Any evidence of mitigating rehabilitation or treatment undertaken by the individual, including whether the individual has been issued a certificate of qualification for employment (R.C. 2953.25) or a certificate of achievement and employability (R.C. 2961.22);
- (e) Whether the denial of a license is reasonably necessary to ensure public safety.

R.C. 9.79(B) requires that the licensing authority shall only include on its list criminal offenses that are directly related to the duties and responsibilities of the licensed occupation. Further, the licensing authority shall identify each disqualifying offense by name or by the Revised Code section number that creates the offense. The licensing authority may include in the list an existing or former municipal ordinance or law of this or any other state or the United States that is substantially equivalent to any section or offense included in the list.

The Medical Board approved its disqualifying offense list on October 9, 2021. This list is attached for your review. Ohio Administrative Code rule 4731-30-04 requires the Medical Board to perform an annual calendar year review of the Medical Board's list of disqualifying offenses, and states

that “the board may approve the addition, deletion or modification of specific criminal offenses on the list of disqualifying criminal offenses.”

For the 2022 calendar year review, I have surveyed Medical Board staff in licensure, investigation, and enforcement for their recommendations regarding the list. There were no recommendations for additions or deletions to the list. One comment stated that no changes were recommended given the limited utilization of the list for denial of a license due to the recency of the Board’s adoption of the disqualifying offense list.

Also, I have reviewed the bills in the 134th General Assembly that have been enacted into law. Based on this research, I recommend adding the following criminal offenses (statutes attached to the memo) to the Medical Board’s disqualifying offense list:

R.C. 3721.66/3721.99 Tampering and unauthorized use

R.C. 2903.31 Hazing

R.C. 2903.311 Reckless failure to immediately report knowledge of hazing

Requested Action:

Review the Medical Board disqualifying offense list and approve adding the recommended criminal offenses to the Medical Board’s disqualifying offense list.



Ohio Revised Code

Section 3721.66 Tampering and unauthorized use.

Effective: [March 23, 2022](#)

Legislation: [Senate Bill 58 - 134th General Assembly](#)

(A) No person other than the resident or resident's guardian or attorney in fact who authorized the installation and use of an electronic monitoring device in the resident's room in a long-term care facility shall intentionally obstruct, tamper with, or destroy the device or a recording made by the device.

(B) Except as provided in division (C) of this section, no person other than the following shall intentionally view or listen to the images displayed or sounds recorded by an electronic monitoring device installed in a resident's room:

- (1) The resident;
- (2) The resident's guardian or attorney in fact;
- (3) Law enforcement personnel.

(C) A resident or resident's guardian or attorney in fact may authorize a person to view or listen to the images displayed or sounds recorded by an electronic monitoring device installed in a resident's room.



Ohio Revised Code Section 3721.99 Penalty.

Effective: [March 23, 2022](#)

Legislation: [Senate Bill 58](#)

(A) Whoever violates section 3721.021, division (B), (D), or (E) of section 3721.05, division (A), (C), or (D) of section 3721.051, section 3721.06, division (A) of section 3721.22, division (A) or (B) of section 3721.24, division (E) or (F) of section 3721.30, or section 3721.65 of the Revised Code shall be fined one hundred dollars for a first offense. For each subsequent offense, the violator shall be fined five hundred dollars.

(B) Whoever violates division (A) or (C) of section 3721.05 or division (B) of section 3721.051 of the Revised Code shall be fined five thousand dollars for a first offense. For each subsequent offense, the violator shall be fined ten thousand dollars.

(C) Whoever violates division (D) of section 3721.031 or division (E) of section 3721.22 of the Revised Code is guilty of registering a false complaint, a misdemeanor of the first degree.

(D) Whoever violates section 3721.66 of the Revised Code is guilty of tampering with an electronic monitoring device, a misdemeanor of the first degree.



Ohio Revised Code Section 2903.31 Hazing.

Effective: October 7, 2021

Legislation: Senate Bill 126

(A) As used in this section:

(1) "Hazing" means doing any act or coercing another, including the victim, to do any act of initiation into any student or other organization or any act to continue or reinstate membership in or affiliation with any student or other organization that causes or creates a substantial risk of causing mental or physical harm to any person, including coercing another to consume alcohol or a drug of abuse, as defined in section 3719.011 of the Revised Code.

(2) "Organization" includes a national or international organization with which a fraternity or sorority is affiliated.

(B)(1) No person shall recklessly participate in the hazing of another.

(2) No administrator, employee, faculty member, teacher, consultant, alumnus, or volunteer of any organization, including any primary, secondary, or post-secondary school or any other educational institution, public or private, shall recklessly permit the hazing of any person associated with the organization.

(C)(1) No person shall recklessly participate in the hazing of another when the hazing includes coerced consumption of alcohol or drugs of abuse resulting in serious physical harm to the other person.

(2) No administrator, employee, faculty member, teacher, consultant, alumnus, or volunteer of any organization, including any primary, secondary, or post-secondary school or any other educational institution, public or private, shall recklessly permit the hazing of any person associated with the organization when the hazing includes coerced consumption of alcohol or drugs of abuse resulting in serious physical harm to that person.



(D) Whoever violates this section is guilty of hazing. A violation of division (B)(1) or (2) of this section is a misdemeanor of the second degree. A violation of division (C)(1) or (2) of this section is a felony of the third degree.



Ohio Revised Code

Section 2903.311 Reckless failure to immediately report knowledge of hazing.

Effective: October 7, 2021

Legislation: Senate Bill 126 - 134th General Assembly

(A) As used in this section, "hazing" and "organization" have the same meanings as in section 2903.31 of the Revised Code.

(B) No administrator, employee, faculty member, teacher, consultant, alumnus, or volunteer of any organization, including any primary, secondary, or post-secondary school or any other public or private educational institution, who is acting in an official and professional capacity shall recklessly fail to immediately report the knowledge of hazing to a law enforcement agency in the county in which the victim of hazing resides or in which the hazing is occurring or has occurred.

(C) A violation of this section is a misdemeanor of the fourth degree, except that the violation is a misdemeanor of the first degree if the hazing causes serious physical harm.

State Medical Board of Ohio Disqualifying Offense List

Effective 10/09/2021

Statute	Criminal Offense
R.C. 102.99	Ethics Law criminal offenses
R.C. 959.99	Penalties for criminal offenses related to animals
R.C. 1547.10	Stopping and furnishing information upon accident or collision
R.C. 1547.99	Penalty (Watercraft and Waterways)
R.C. 2151.99	Failure to Report Child Abuse or Neglect
R.C. 2901.01(A)(9)(b)	Offense of Violence - A violation of an existing or former municipal ordinance or law of this or any other state or the United States, substantially equivalent to any section, division, or offense listed in division (A)(9)(a) of R.C. 2901.01.
R.C. 2901.01(A)(9)(c)	Offense of violence - An offense, other than a traffic offense, under an existing or former municipal ordinance or law of this or any other state or the United States, committed purposely or knowingly, and involving physical harm to persons or a risk of serious physical harm to persons;
R.C. 2901.01(A)(9)(d)	Offense of Violence - A conspiracy or attempt to commit, or complicity in committing, any offense under division (A)(9)(a), (b), or (c) of R.C. 2901.01.
R.C. 2903.01	Aggravated Murder
R.C. 2903.02	Murder
R.C. 2903.03	Voluntary manslaughter
R.C. 2903.04	Involuntary manslaughter
R.C. 2903.041	Reckless Homicide
R.C. 2903.05	Negligent Homicide
R.C. 2903.06	Aggravated vehicular homicide - vehicular homicide - vehicular manslaughter
R.C. 2903.08	Aggravated Vehicular Assault; vehicular assault
R.C. 2903.11	Felonious assault
R.C. 2903.12	Aggravated assault
R.C. 2903.13	Assault
R.C. 2903.14	Negligent Assault
R.C. 2903.15	Permitting child abuse
R.C. 2903.16	Failure to provide for a functionally impaired person

R.C. 2903.21	Aggravated menacing
R.C. 2903.211	Menacing by stalking
R.C. 2903.22	Menacing
R.C. 2903.32	Female Genital Mutilation
R.C. 2903.34	Patient abuse or neglect
R.C. 2903.341	Patient endangerment
R.C. 2903.35	Filing false patient abuse or neglect complaints
R.C. 2905.01	Kidnapping
R.C. 2905.02	Abduction
R.C. 2905.03	Unlawful restraint
R.C. 2905.05	Criminal child enticement
R.C. 2905.11	Extortion
R.C. 2905.32	Trafficking in persons
R.C. 2905.33	Unlawful conduct with respect to documents
R.C. 2907.02	Rape
R.C. 2907.03	Sexual Battery
R.C. 2907.04	Unlawful Sexual Contact with a Minor
R.C. 2907.05	Gross Sexual Imposition
R.C. 2907.06	Sexual Imposition
R.C. 2907.07	Importuning
R.C. 2907.08	Voyeurism
R.C. 2907.09	Public Indecency
violation of former R.C. 2907.12 (referenced by R.C. 2901.01(A)(9)(a))	Felonious sexual penetration
R.C. 2907.19	Commercial sexual exploitation of a minor
R.C. 2907.21	Compelling prostitution
R.C. 2907.22	Promoting prostitution
R.C. 2907.23	Enticement or solicitation to patronize a prostitute; procurement of a prostitute for another
R.C. 2907.231	Engaging in prostitution
R.C. 2907.24	Soliciting; solicitation after positive HIV test
R.C. 2907.241	Loitering to Engage in Solicitation; loitering to engage in solicitation after positive HIV test
R.C. 2907.25	Prostitution; prostitution after positive HIV test
R.C. 2907.31	Disseminating Matter Harmful to Juveniles
R.C. 2907.32	Pandering obscenity
R.C. 2907.321	Pandering obscenity involving a minor or impaired person
R.C. 2907.322	Pandering sexually oriented matter involving a minor or impaired person
R.C. 2907.323	Illegal use of a minor or impaired person in nudity-oriented material or performance
R.C. 2907.33	Deception to obtain matter harmful to juveniles

R.C. 2907.34	Compelling acceptance of objectionable materials
R.C. 2909.02	Aggravated arson
R.C. 2909.03	Arson
R.C. 2909.04	Disrupting public services
R.C. 2909.05	Vandalism
R.C. 2909.06	Criminal damaging or endangering
R.C. 2909.07	Criminal Mischief
R.C. 2909.22	Soliciting or providing support for act of terrorism
R.C. 2909.23	Making terroristic threat
R.C. 2909.24	Terrorism
R.C. 2909.26	Criminal possession of chemical, biological, radiological or nuclear weapon or explosive device
R.C. 2909.27	Criminal use of chemical, biological, radiological, or nuclear weapon or explosive device
R.C. 2909.28	Illegal assembly or possession of chemicals or substances for manufacture of prohibited weapons
R.C. 2909.29	Money laundering in support of terrorism
R.C. 2911.01	Aggravated robbery
R.C. 2911.02	Robbery
R.C. 2911.11	Aggravated burglary
R.C. 2911.12	Burglary
R.C. 2911.13	Breaking and Entering
R.C. 2911.211	Aggravated Trespass
R.C. 2911.31	Safecracking
R.C. 2911.32	Tampering with coin machines
R.C. 2913.02	Theft
R.C. 2913.03	Unauthorized Use of a Motor Vehicle
R.C. 2913.04	Unauthorized Use of Property
R.C. 2913.041	Possession or sale of unauthorized cable television device
R.C. 2913.05	Telecommunications Fraud
R.C. 2913.06	Unlawful use of telecommunications device
R.C. 2913.11	Passing bad checks
R.C. 2913.21	Misuse of credit cards
R.C. 2913.30	Counterfeiting
R.C. 2913.31	Forgery
R.C. 2913.32	Criminal simulation
R.C. 2913.33	Making or using slugs
R.C. 2913.40	Medicaid Fraud
R.C. 2913.401	Medicaid eligibility fraud
R.C. 2913.42	Tampering with Records
R.C. 2913.421	Illegally transmitting multiple commercial electronic mail messages (spamming) - unauthorized access of computer
R.C. 2913.43	Securing writings by deception

R.C. 2913.44	Personating an officer
R.C. 2913.45	Defrauding creditors
R.C. 2913.46	Illegal use of food stamps or WIC program benefits
R.C. 2913.47	Insurance Fraud
R.C. 2913.48	Workers' Compensation Fraud
R.C. 2913.49	Identity Fraud
R.C. 2913.51	Receiving Stolen Property
R.C. 2915.05	Cheating - corrupting sports
R.C. 2917.01	Inciting to Violence
R.C. 2917.02	Aggravated riot
R.C. 2917.03	Riot
R.C. 2917.11	Disorderly Conduct
R.C. 2917.21	Telecommunications Harassment
R.C. 2917.211	Nonconsensual dissemination of private sexual images
R.C. 2917.31	Inducing panic
R.C. 2917.32	Making false alarms
R.C. 2917.33	Unlawful possession or use of a hoax weapon of mass destruction
R.C. 2917.47	Improperly handling infectious agents
R.C. 2919.10	Abortion related to finding of down syndrome
R.C. 2919.12	Unlawful Abortion
R.C. 2919.121	Unlawful Abortion upon minor
R.C. 2919.123	Unlawful distribution of an abortion-inducing drug
R.C. 2919.124	Unlawful performance of a drug-induced abortion
R.C. 2919.13	Abortion manslaughter
R.C. 2919.14	Abortion trafficking
R.C. 2919.15	Dismemberment feticide
R.C. 2919.151	Partial birth feticide
R.C. 2919.17	Terminating or attempting to terminate a human pregnancy after viability
R.C. 2919.171	Abortion report falsification
R.C. 2919.18	Failure to perform viability testing
R.C. 2919.193	Performing or inducing an abortion before determining whether there is a detectable fetal heartbeat
R.C. 2919.194	Performing or inducing an abortion without informed consent when there is a detectable fetal heartbeat
R.C. 2919.195	Performing or inducing an abortion after the detection of a fetal heartbeat
R.C. 2919.201	Terminating or attempting to terminate pregnancy of pain-capable unborn child (Abortion after gestational age of 20 weeks)
R.C. 2919.202	Pain-capable unborn child abortion report falsification
R.C. 2919.203	Failure to perform probable post-fertilization age testing

R.C. 2919.21	Nonsupport of dependents
R.C. 2919.22	Endangering Children
R.C. 2919.23	Interference with custody
R.C. 2919.24	Contributing to the unruliness or delinquency of a child
R.C. 2919.25	Domestic Violence
R.C. 2919.27	Violating a protection order, consent agreement, or anti-stalking protection order; protection order issued by court of another state
R.C. 2921.02	Bribery
R.C. 2921.03	Intimidation
R.C. 2921.04	Intimidation of an attorney, victim, or witness in a criminal case or delinquent child action proceeding
R.C. 2921.05	Retaliation
R.C. 2921.11	Perjury
R.C. 2921.12	Tampering with Evidence
R.C. 2921.13	Falsification
R.C. 2921.14	Making or causing false report of child abuse or neglect
R.C. 2921.15	Making false allegation of peace officer misconduct
R.C. 2921.22	Failure to Report a Crime or Knowledge of a Death or Burn Injury
R.C. 2921.29	Failure to disclose personal information
R.C. 2921.31	Obstructing Official Business
R.C. 2921.32	Obstructing justice
R.C. 2921.321	Assaulting or harassing police dog or horse or service dog
R.C. 2921.33	Resisting arrest
R.C. 2921.331	Failure to Comply with Order or Signal of Police Officer
R.C. 2921.34	Escape
R.C. 2921.35	Aiding escape or resistance to lawful authority
R.C. 2921.36	Illegal conveyance of weapons, drugs or other prohibited items onto grounds of detention facility or institution
R.C. 2921.38	Harassment by inmate
R.C. 2921.41	Theft in office
R.C. 2921.42	Having an unlawful interest in a public contract
R.C. 2921.44	Dereliction of duty
R.C. 2921.45	Interfering with civil rights
R.C. 2923.01	Conspiracy to commit any offense in this disqualifying offense list
R.C. 2923.02	Attempt to commit any offense in this disqualifying offense list
R.C. 2923.03	Complicity in committing any offense in this disqualifying offense list
R.C. 2923.12	Carrying Concealed Weapons
R.C. 2923.1211	Falsification of a concealed handgun license; possessing a revoked or suspended concealed handgun license

R.C. 2923.13	Having Weapons While Under Disability
R.C. 2923.131	Possession of deadly weapon while under detention
R.C. 2923.132	Use of firearm or dangerous ordnance by violent career criminal
R.C. 2923.15	Using weapons while intoxicated
R.C. 2923.16	Improperly handling firearms in a motor vehicle
R.C. 2923.161	Improperly discharging a firearm at or into a habitation, in a school safety zone, or with the intent to cause harm or panic to persons in a school building or at a school function
R.C. 2923.17	Unlawful Possession of Dangerous Ordnance; illegally manufacturing or processing explosives
R.C. 2923.20	Unlawful transaction in weapons
R.C. 2923.21	Improperly furnishing firearms to a minor
R.C. 2923.24	Possessing Criminal Tools
R.C. 2923.241	Hidden compartments in vehicles
R.C. 2923.32	Engaging in a Pattern of Corrupt Activity
R.C. 2923.42	Participating in criminal gang
R.C. 2925.02	Corrupting Another with Drugs
R.C. 2925.03	Trafficking in Drugs; aggravated trafficking in drugs
R.C. 2925.04	Illegal manufacture of drugs; illegal cultivation of marihuana
R.C. 2925.041	Illegal assembly or possession of chemicals for manufacture of drugs
R.C. 2925.05	Aggravated funding of drug trafficking; funding of drug trafficking; funding of marihuana trafficking
R.C. 2925.06	Illegal administration or distribution of anabolic steroids
R.C. 2925.09	Sale or use of drugs not approved by Food and Drug Administration
R.C. 2925.11	Possession of controlled substances
R.C. 2925.11	Aggravated Possession of Drugs
R.C. 2925.12	Possessing drug abuse instruments
R.C. 2925.13	Permitting Drug Abuse
R.C. 2925.14	Illegal use or possession of drug paraphernalia
R.C. 2925.141	Illegal use or possession of marihuana drug paraphernalia
R.C. 2925.22	Deception to Obtain Dangerous Drugs
R.C. 2925.23	Illegal Processing of Drug Documents
R.C. 2925.24	Tampering with drugs
R.C. 2925.31	Abusing harmful intoxicants
R.C. 2925.32	Trafficking in harmful intoxicants - improperly dispensing or distributing nitrous oxide
R.C. 2925.36	Illegal dispensing of drug samples
R.C. 2925.37	Counterfeit controlled substance offenses
R.C. 2925.55	Unlawful purchase of pseudoephedrine or ephedrine product
R.C. 2925.56	Unlawful sale of pseudoephedrine or ephedrine product

R.C. 2925.57	Illegal pseudoephedrine or ephedrine product transaction scan
R.C. 2927.01	Abuse of a corpse; Gross abuse of a corpse
R.C. 2927.03	Injure, intimidate, or interfere with fair housing rights
R.C. 2927.11	Desecration
R.C. 2927.12	Ethnic Intimidation
R.C. 2927.13	Selling or donating contaminated blood
R.C. 2927.15	Unlawful collection of a bodily substance
R.C. 2927.17	Advertising of massage services
R.C. 2927.21	Receiving proceeds of an offense subject to forfeiture proceedings
R.C. 2927.24	Contaminating substance for human consumption or use or contamination with hazardous chemical, biological, or radioactive substance - spreading false report of contamination.
R.C. 2950.01(A)(13)	A violation of any former law of this state, any existing or former municipal ordinance or law of another state or the United States, any existing or former law applicable in a military court or in an Indian tribal court, or any existing or former law of any nation other than the United States that is or was substantially equivalent to any offense listed in division (A)(1), (2), (3), (4), (5), (6), (7), (8), (9), (10), (11), or (12) of R.C. 2950.01.
R.C. 2950.01(A)(14)	Any attempt to commit, conspiracy to commit, or complicity in committing any offense listed in division (A)(1), (2), (3), (4), (5), (6), (7), (8), (9), (10), (11), (12), or (13) of R.C. 2950.01.
A violation of any law that requires sex offender registration as described in R.C. 2950.01(B). This includes any existing or former municipal ordinance or law of Ohio, any other state of the United States or of the United States that is substantially equivalent.	Sex offender registration
R.C. 2950.99	Penalties for failure of sex offender to register, provide notice of change of address, or verify current residence, school, institution of higher education or place of employment.
R.C. 3715.99	Pure food and drug law criminal offenses
R.C. 3719.99	Controlled substances law criminal offenses
R.C. 3999.22	Kickbacks, bribes, and rebates prohibited
R.C. 4511.19	Operating a vehicle under the influence of alcohol or drugs
R.C. 4549.02	Failure to stop after an accident
R.C. 4549.021	Failure to stop after a nonpublic road accident
R.C. 4715.99	Dentistry law criminal offenses
R.C. 4723.99	Nursing law criminal offenses
R.C. 4725.99	Optometry law criminal offenses

R.C. 4729.99	Pharmacy law criminal offenses
R.C. 4730.99	Physician Assistant law criminal offenses
R.C. 4731.99	Physician and limited practitioners law criminal offenses
R.C. 4732.99	Psychologist law criminal offenses
R.C. 4734.99	Chiropractor law criminal offenses
R.C. 4759.99	Dietetics law criminal offenses
R.C. 4760.99	Anesthesiologist assistant law criminal offenses
R.C. 4761.99	Respiratory care law criminal offenses
R.C. 4762.99	Acupuncture law criminal offenses
R.C. 4765.99	Emergency medical services law criminal offenses
R.C. 4774.99	Radiologist assistant law criminal offenses
R.C. 4778.99	Genetic counselor law criminal offenses
R.C. 5747.99	Income tax criminal law offenses

This disqualifying offense list includes a violation of an existing or former law of Ohio, any other state, or the United States that is substantially equivalent to any of the offenses listed above.

Further, this disqualifying offense list also includes an attempt to commit, complicity in committing, or conspiracy to commit any offense listed above or an offense that is a violation of any other existing or former law of Ohio, any other state, or the United States that is substantially equivalent to any of the offenses listed above.

<u>Additional federal disqualifying offenses on this Disqualifying Offense List (federal offenses on which the Medical Board has previously taken formal action)</u>	
8 U.S.C. 1325	Improper entry by alien
18 U.S.C. 152	Concealment of Assets; false oaths and claims; bribery
18 U.S.C. 844	Penalties
18 U.S.C. 1001	Statements or entreaties generally
18 U.S.C. 1035	False Statements Relating to Health Care Matters
18 U.S.C. 1167	Theft from gaming establishments on Indian lands
18 U.S.C. 1341	Frauds and swindles
18 U.S.C. 1343	Fraud by wire, radio or television
18 U.S.C. 1347	Health care fraud
18 U.S.C. 1512	Tampering with a witness, victim, or informant
18 U.S.C. 1546	Fraud and Misuse of visas, permits and other documents
18 U.S.C. 1952	Interstate and foreign travel or transportation in aid of racketeering enterprise
18 U.S.C. 1956	Laundering of monetary instruments

18 U.S.C. 1957	Engaging in monetary transactions in property derived from specified unlawful activity
18 U.S.C. 2113	Bank Robbery and incidental crimes
18 U.S.C. 2252	Certain activities relating to material involving the sexual exploitation of minors
18 U.S.C. 2252A	Certain activities relating to material constituting or containing child pornography
18 U.S.C. 2422	Coercion and Enticement
18 U.S.C. 287	False, Fictitious or Fraudulent Claims
18 U.S.C. 371	Conspiracy to commit offense or to defraud the United States
18 U.S.C. 513	Securities of the States and private entities
18 U.S.C. 641	Public money, property or records
18 U.S.C. 827	False Claims
21 U.S.C. 331	Prohibited Acts
21 U.S.C. 333	Penalties
21 U.S.C. 352	Misbranded drugs and devices
21 U.S.C. 353	Exemptions and consideration for certain drugs, devices, and biological products
21 U.S.C. 355	New drugs
21 U.S.C. 822	Persons required to register
21 U.S.C. 841	Prohibited Acts A
21 U.S.C. 842	Prohibited Acts B
21 U.S.C. 843	Prohibited Acts C
21 U.S.C. 853	Criminal forfeitures
21 U.S.C. 856	Maintaining drug-involved premises
21 U.S.C. 952	Importation of controlled substances
21 U.S.C. 960	Prohibited acts A
26 U.S.C. 7201	Attempt to Evade or Defeat Tax
26 U.S.C. 7202	Willful Failure to Collect or Pay Over Tax
26 U.S.C. 7203	Willful failure to file return, supply information, or pay tax
26 U.S.C. 7206	Fraud and false statements
26 U.S.C. 7207	Fraudulent returns, statements, or other documents
31 U.S.C. 5314	Records and reports on foreign financial agency transactions
31 U.S.C. 5322	Criminal Penalties
31 U.S.C. 5324	Structuring transactions to evade reporting requirement prohibited
42 U.S.C. 1320a-7b	Criminal penalties for acts involving Federal health care programs
49 U.S.C. 46505	Carrying a weapon or explosive on an aircraft
50 U.S.C. 1702	Presidential authorities
50 U.S.C. 1705	Penalties

This disqualifying offense list also includes an attempt to commit, complicity in committing, or conspiracy to commit any of the specified federal offenses listed above.

NOTE: The disqualifying offense list contains criminal offenses that can be considered by the Medical Board in reviewing the applications for all Medical Board initial licenses, training certificates, or limited permits, including, but not limited to, physicians (MD, DO, DPM), massage therapists, physician assistants, dietitians, anesthesiology assistants, respiratory care professionals, acupuncturists, radiologist assistants, and genetic counselors.



MEMORANDUM

TO: Betty Montgomery, President, State Medical Board of Ohio
Members, State Medical Board of Ohio

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

DATE: October 7, 2022

RE: Draft comment on proposed IMLCC Rule Chapter 6

At the September Board meeting, you reviewed proposed rule changes from the Interstate Medical Licensure Compact Commission (IMLCC). After receiving feedback from our Board and others, the IMLCC posted the proposed amended IMLCC Rule Chapter 6 rules for comment on its website on October 7, 2022. These proposed amended rules differ substantially from the initial version that the Board commented on in September. In its notice of the November 8, 2022 rulemaking hearing, the IMLCC invited written comments. The full IMLC Commission will vote on the proposed amended Rule Chapter 6 right after the hearing.

I have drafted a comment on the proposed amended rules for the Medical Board's review and approval for filing with the IMLCC. I have attached the proposed amended rules, the IMLCC notice of rulemaking, and the IMLC statute.

Draft Comment:

Commissioners of the Interstate Medical Licensure Compact:

The State Medical Board of Ohio ("SMBO") appreciates the opportunity to comment on the proposed amended Interstate Medical Licensure Compact Commission ("IMLCC") Rule Chapter 6. SMBO has concerns that the amended proposed rules (1) conflict with and violate the IMLC statute; (2) were promulgated in a hurried and procedurally deficient manner; and (3) lacked consideration of the proposed rule's interplay with license renewal.

Proposed amended rules conflict with and violate IMLC statute

The amended proposed rules conflict with and violate IMLC statute Sections 10(b) and 10(d) in several ways. First, proposed rule 6.6 states that: "A member board authorized or required to impose an automatic licensing action against a Compact physician, under IMLC Statute, Section 10(b) and (d), may immediately terminate, reverse, or rescind such automatic action pursuant to the Medical Practice Act of that state." This language conflicts with and violates both Sections 10(b) and 10(d).

In Section 10(b), when the Member Board in the state of principal license revokes, surrenders or relinquishes the license in lieu of discipline, or suspends the license, that license is automatically placed on the same status in all Member Boards. Because all IMLC licenses issued by Member Boards derive from the initial grant of license from the Member Board in the state of principal license, the automatic discipline by the member boards cannot be changed

unless and until the member board in the state of principal license reinstates the physician's license. The text of Section 10(b) only provides for the reinstatement of a Member Board license if the state of principal license Member Board first reinstates the license.¹ Section 10(b) of the IMLC statute does not allow a Member Board to unilaterally immediately terminate, reverse, or rescind the automatic discipline as rule 6.6 proposes.

Proposed rule 6.6 is also in conflict with Section 10(d) of the IMLC statute. In Section 10(d), when any Member board revokes, surrenders or relinquishes in lieu of discipline, or suspends the IMLC license, that license is automatically suspended for 90 days by all other Member Boards. This ninety (90) day suspension is provided "to permit the member board(s) to investigate the basis for the action under the Medical Practice Act of that state" pursuant to IMLC statute Section 10(d). By allowing a Member Board to "immediately terminate, reverse or rescind" the automatic action, proposed rule 6.6 renders the statutorily required investigation meaningless. Instead, proposed rule 6.6 encourages Member Boards to take hasty action without the evidence and information that would be obtained by the statutorily required investigation.

Proposed rule 6.6 is both in conflict with the statute and unnecessary because Section 10(d) already allows a Member Board to terminate the automatic suspension prior to the completion of the ninety (90) day suspension consistent with the Medical Practice Act of that Member Board's state after an investigation has occurred.

Proposed amended rule 6.5(h) also conflicts with Section 10(d) because it removes the statutory requirement of an investigation before a change in the ninety (90) day suspension can occur.

Overall, proposed amended Rule Chapter 6 attempts to change the statutorily required automatic discipline in Sections 10(b) and 10(d) into discipline that is "authorized" but allowed to be immediately undone at the discretion of a Member Board. This misuse of the rules process to override or undo requirements in the IMLC statute is troubling. The discussion during the October 3rd Rules and Administrative Procedures Committee meeting confirmed that the first draft of the proposed rules attempted to make statutorily required automatic discipline discretionary in the rules, in effect telling Member Boards to follow the proposed rules instead of IMLC statute Sections 10(b) and 10(d). Now, the revised draft offers a more sophisticated, but equally objectionable method to avoid following the statute by crafting a rule that proposes to allow a Member Board to immediately and selectively undo any statutorily required automatic discipline that it does not like.

If the IMLCC does not like certain sections of the IMLC statute, then the proper avenue for changing the statute is not the rulemaking process, but rather a vote by the state legislatures on amending the IMLC statute pursuant to IMLC statute Section 20(d).

The proposed revised Rule Chapter 6 conflicts with and exceeds the scope of the IMLC statute. Section 15(a) of the IMLC statute states that "in the event the Interstate Commission

¹ (b) If a license granted to a physician by the member board in the state of principal license is revoked, surrendered or relinquished in lieu of discipline, or suspended, then all licenses issued to the physician by member boards shall automatically be placed, without further action necessary by any member board, on the same status. **If the member board in the state of principal license subsequently reinstates the physician's license, a license issued to the physician by any other member board shall remain encumbered until that respective member board takes action to reinstate the license in a manner consistent with the Medical Practice Act of that state.**

exercises its rulemaking authority in a manner that is beyond the scope of the purposes of the Compact, or the powers granted hereunder, then such an action by the Interstate Commission shall be invalid and have no force or effect.”

Procedural Deficiencies

Making disciplinary rules is among the IMLCC’s most important duties because it directly impacts patient safety. A deliberate and methodical process that maximizes transparency and the input of all committee members and the public should be expected in fulfilling this significant responsibility. The rulemaking process has failed to meet this expectation.

Instead, the amended proposed rules have been rushed without opportunity for measured review or comment so that they can be voted on at the IMLC Commission’s annual meeting on November 8, 2022. The chronology of the rulemaking process shows a hurried process with missed opportunities for commissioner input and public comment.

On September 26, 2022, the Rules and Administrative Committee met to discuss the 13 comments received on the original proposed rule action. Then, on September 28, 2022 significant changes were made to the rule after the September 26th public meeting and published on the IMLCC website without an opportunity for public comment. Five days later, these major changes were discussed at the October 3rd committee meeting without the benefit of public comments. At the October 3rd meeting, even more changes were made and then approved with only a fraction of the committee membership present. A scheduled October 4th committee meeting that could have allowed more members of the committee to undertake a comprehensive review of all of the changes was also cancelled. Despite this cancellation, the proposed amended rules were not published until four (4) days later on October 7th leaving the minimum required thirty (30) days for notice of rulemaking.

The rush to have these rules voted on by November 8th has created the illogical result that the same rule chapter (Chapter 6) will be undergoing a comprehensive review that could start on November 8th. Discussion at the September 26th committee meeting generated a desire to perform a complete review of the entire IMLCC rule Chapter 6 as a second track of rulemaking related to this rule chapter. The IMLCC will be discussing whether or not to undertake this more comprehensive review on the complete set of Chapter 6 rules at its November 8th meeting when it will be voting on rushed revised rule 6.5 and proposed rule 6.6 minutes after the public hearing has ended.

Also, the urgency to have the rules approved by November 8th has resulted in less than desirable committee member participation in the formulation and approval of the rules. The revisions to Chapter 6 were voted on by less than half of the 14 members assigned to the committee. In fact, the major changes proposed in rule 6.6 were approved by only 5 committee members. Further, even though the IMLCC has placed the issue of whether ex officio members of committees should be allowed to vote in committees on its November 8, 2022 annual meeting agenda, ex officio members of the committee were allowed to vote on changes to the proposed rules at the October 3rd committee meeting.

This rush to have a rule approved by November 8th has resulted in procedural irregularities and the substantive issues described above.

Interaction of revised rule with license renewal

Also, the rushed process did not facilitate a discussion on the interaction of this revised rule with IMLC license renewal. This interaction has not been fully considered to determine whether this rule change is necessary, desirable, or a prudent use of IMLCC and Member Board resources.

Section 7(a)(3) of the IMLC statute is clear that for a physician to qualify for license renewal the physician shall not have “a license authorizing the practice of medicine subject to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to non-payment of fees related to a license.” Pursuant to Section 7(a)(3), the revocation, surrender or relinquishment of a license in lieu of discipline, or suspension of a license by a Member Board under Section 10(b) or 10(d) that triggers the automatic discipline by other Member Boards disqualifies a physician from license renewal. In light of this, it is difficult to discern what purpose is served by proposed rule 6.6 in allowing a Member Board to immediately terminate, reverse, or rescind the automatic discipline as the physician would already be ineligible for IMLC license renewal in all Member Board states.

Conclusion

The rushed rulemaking process has led to the proposed amended Rule Chapter 6 that conflicts with and violates the IMLC statute. The State Medical Board of Ohio appreciates the opportunity to voice its concerns and urges the Commissioners forego these hurried rule changes and instead include all existing Chapter 6 rules in the comprehensive Rule Chapter 6 review that is likely to be initiated at the November 8th annual meeting. In the alternative, the State Medical Board of Ohio requests that the proposed revisions to Rule Chapter 6 be changed to comply with the IMLC statute including the removal of proposed rule 6.6.

INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

RULE ON COORDINATED INFORMATION SYSTEM, JOINT INVESTIGATIONS AND DISCIPLINARY ACTIONS

ADOPTED: November 16, 2018

EFFECTIVE: November 16, 2018

REVIEWED:

AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):

1. Section 6.5, paragraphs (a), (b)(1), (g) and (h), amended to reflect statutory requirements – November 8, 2022
2. Section 6.6, was added – November 8, 2022

CHAPTER 6 – COORDINATED INFORMATION SYSTEM, JOINT INVESTIGATIONS AND DISCIPLINARY ACTIONS

6.1 Authority

This chapter is promulgated by the Interstate Commission pursuant to the Interstate Medical Licensure Compact Sections 8, 9, 10 and 15. The rule shall become effective upon adoption by the Interstate Commission.

6.2 Definitions

In addition to the definitions set forth in the Interstate Medical Licensure Compact, as used in these rules, the following definitions apply:

“Applicant” means a physician who seeks expedited licensure through the Interstate Medical Licensure Compact. See Rule 5.2(g).

“Confidential and filed under seal” means all information and documents shared shall be sent in an envelope or sent through an encrypted service and may not be discoverable in civil litigation, re-disclosed voluntarily or pursuant to a Freedom of Information Act or Public Information Act, produced pursuant to civil or criminal subpoena, except that such information may be used for the purpose of investigating and taking disciplinary action and may be disclosed as part of any public disciplinary action resulting from the investigation.

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“Compact physician” means a physician who has obtained a license through the Compact.

“Coordinated information system” means the database established and maintained by the Interstate Commission as set forth in the Compact. See Rule 2.2.

“Disciplining Board” means a member Board that imposes discipline upon a Compact physician.

“Investigative, litigation or compliance materials” means licensure records, disciplinary records, litigation records, application records, and compliance records for a Compact physician, but does not mean criminal history record information in accordance with Rule 2.6.

“Joint investigation” means an investigation involving multiple member Boards.

“Lead investigative Board” means a member Board chosen to coordinate a joint investigation.

“Medical Practice Act” means a member state’s practice act governing the practice of medicine.

“Member Board” means a state that has enacted the Compact. See Rule 5.2(bb).

“Necessary and proper disciplinary and investigatory information” means:

1. The type of action:
 - a. complaint;
 - b. charge;
 - c. non-final public action;
 - d. final public action; or
 - e. non-public action;
2. Date action was taken;
3. Whether the action results in the removal of the physician’s Compact license, such as a suspension, revocation, surrender or relinquishment in lieu of discipline;
4. Whether the action is to initiate a joint investigation;
5. Name of Board, Agency, or Entity that took the action specified in this report; and
6. Current Status and changes in status of any action:
 - a. investigation continuing;
 - b. charges issued, but no final action taken;
 - c. final action issued pending appeal;

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- d. final action with all judicial remedies exhausted;
- e. closed without resulting discipline.

“Nonpublic complaint” means allegations that a physician violated a state’s Medical Practice Act that have not been made public.

“Nonpublic complaint resolution” means a non-disciplinary board action, advisory letter, letter of education, letter of concern, nonpublic disposition agreement, nonpublic consent order, corrective action agreement, or any other type of nonpublic actions taken by a member Board.

“Public action” means disciplinary actions, disciplinary fines, reprimands, probations, conditions or restrictions on a licensee, suspensions, summary suspensions, cease and desist orders, revocations, denials of licensure, or any other type of action taken by a member Board that is public.

“Public complaint” means a public charging document or allegations that a physician violated a state’s Medical Practice Act that have been made public by a member Board.

“Share information” means that a member Board shall disclose the relevant information to the Interstate Commission or other member Board.

“State of principal license” means a member state where a physician holds a license to practice medicine and which has been designated as such by the physician for purposes of registration and participation in the Compact. See Rule 5.2(gg).

6.3 Coordinated Information System

- a. The Interstate Commission shall establish a database of all applicants and Compact physicians. The database will contain the core data set and necessary and proper disciplinary or investigatory information. The database will be available for all member Boards to report and query information, as appropriate.
- b. Each member Board shall report the name, NPI number, and all necessary and proper disciplinary or investigatory information of a public complaint or public action on a form provided by the Interstate Commission to the Interstate Commission as soon as reasonably possible, but no later than 10 business days after a public complaint or public action against an applicant or Compact physician has been entered. The member Board shall attach a copy of the public complaint or public action.

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- c. Each member Board shall submit an updated report to the Interstate Commission upon changes to the status of any reported action.
- d. When the Commission receives notice of a final public action by a member Board, the Commission shall notify the member Boards for all other member states where the disciplined Compact physician is licensed.
- e. Each member Board may disclose any nonpublic complaint or nonpublic complaint resolution to the Interstate Commission.
- f. On request of another member Board, each member Board shall share the requested information from an investigative file as soon as reasonably possible, and that information shall be confidential and filed under seal.
- g. All information provided to the Coordinated Information System and documents obtained or shared through Compact Sections 8 or 9 or Rule 6.3(e) are confidential and filed under seal and may only be used by member Boards for investigations or during disciplinary processes and may be made public in disciplinary actions but may not be redisclosed to any person or non-member Board.

6.4 Joint Investigations

- a. A member Board may participate with other member Boards in joint investigations of a Compact physician or applicant.
- b. Upon initiating a joint investigation, the lead investigative Board shall notify the Interstate Commission of the joint investigation and inform the Interstate Commission which member Boards are part of the joint investigation. The Interstate Commission shall notify any other member Boards where the Compact physician is licensed of the identity of the individual under investigation and the contact information for the lead investigative Board.
- c. In a joint investigation, the lead investigative Board may be the member Board in the member state where the alleged conduct occurred, the state that initiated the joint investigation, or any member Board chosen by the participating member Boards to be the lead investigative Board.
- d. The lead investigative Board shall direct the investigation and update the participating member Boards upon any significant developments in the investigation.

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- e. The lead investigative Board may request the other member Boards participating in the joint investigation to conduct investigatory tasks in their own states.
- f. A non-lead investigative Board may continue its own investigation but shall keep the lead investigative Board apprised of its investigatory actions and shall coordinate its actions with the lead investigative Board.
- g. A subpoena issued by a member Board shall be enforceable in other member states, whether or not the subpoena concerns a Compact physician or applicant.
- h. Should an individual or entity refuse to comply with the enforceable subpoena, the member Board that issued the subpoena may request the local member Board to issue a subpoena on the investigating member Board's behalf. The local member Board shall issue such a subpoena and shall share the resulting information with the investigating member Board.
- i. All member Boards participating in a joint investigation shall share investigative information, litigation, or compliance materials upon request of any member Board where the Compact physician under investigation is licensed.
- j. Any member Board may investigate actual or alleged violations of a statute authorizing the practice of medicine in any other member state in which a physician holds a license to practice medicine. The investigating member Board shall contact the other member Board and inform them about the investigation prior to initiating the investigation in that state. Upon conclusion of the investigation, the investigating member Board shall inform the other member Board about the results of the investigation.
- k. The final outcome or disposition of any joint investigation shall be reported to the Interstate Commission by the lead investigative Board.

6.5 Disciplinary Actions

- a. Any disciplinary action by a disciplining Board shall be considered unprofessional conduct and ~~is subject to~~ **may be a basis for** discipline by other member Boards. This ~~shall~~ **includes** any action that does not have a corresponding ground by the other member Board's Medical Practice Act or in addition to any other specific violation of the Medical Practice Act in the other member state.
- b. Any member Board, including the state of principal license, may:

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- (1) Administratively take reciprocal action against a compact physician who was disciplined by a disciplining Board. The administrative reciprocal action of the disciplinary Board is deemed conclusive as to matters of law and fact, and a member Board may impose the same or lesser sanction that is consistent with the Medical Practice Act of ~~that the member Board~~ state;
 - (2) Pursue disciplinary action in accordance with the member Board's Medical Practice Act against a Compact physician who was disciplined by a disciplining Board. The action of the disciplinary Board is deemed conclusive as to matters of law and fact and a member Board may impose a more severe sanction; or
 - (3) Take no action.
- c. If a license issued by a member state through the Compact is revoked, surrendered, suspended or relinquished in lieu of discipline, then the member Board shall notify the Interstate Commission as soon as reasonably possible, but no later than 5 business days from the date of the action and shall send a copy of the action to the Interstate Commission.
 - d. The Interstate Commission shall immediately notify all other member Boards that have licensed the physician and shall send a copy of the action to the other member Boards.
 - e. Upon receipt of notice from the Interstate Commission of an action taken by the state of principal license, the other member Boards shall immediately place the Compact physician on the same status as the state of principal license.
 - f. If the state of principal license reinstates the disciplined Compact physician's license, it shall notify the Interstate Commission that the suspension has been terminated as soon as reasonably possible, but no later than 5 business days after the suspension has ended. The Interstate Commission shall immediately notify the other member Boards. Those member Boards shall reinstate the license in accordance with the Medical Practice Act of that state.
 - g. Upon receipt of notice from the Interstate Commission ~~that a license granted to a physician by a non-state of principal license member state is revoked, surrendered, suspended or relinquished in lieu of discipline, then any license(s) issued by any member board(s) shall be automatically and immediately~~

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~~suspended by the other member board(s) of an action taken by a non-state of principal license, the other member Boards shall suspend the Compact physician~~ for 90 calendar days on entry of the order of the disciplining Board to permit the member Board to investigate under the Medical Practice Act of that state.

- h. ~~After an investigation has been completed, but within~~ Within 90 calendar days of the suspension, ~~as established in paragraph (g) above~~, one of the following may occur:

- (1) a state of principal license may terminate the suspension of the license;
- (2) a non-state of principal license may terminate the suspension if the state of principal license has already terminated the suspension;
- (3) any member Board may impose reciprocal discipline or pursue reciprocal discipline pursuant to Rule 6.5(b) or (c); or
- (4) any member Board may continue the suspension until the member Board that initially took the action has taken a final action.

6.6 State Authority regarding Disciplinary Actions

~~A member board authorized or required to impose an automatic licensing action against a Compact physician, under IMLC Statute, Section 10(b) and (d), may immediately terminate, reverse, or rescind such automatic action pursuant to the Medical Practice Act of that state.~~



Ohio Revised Code

Section 4731.11 Interstate medical licensure compact.

Effective: September 30, 2021

Legislation: Senate Bill 6 - 134th General Assembly

The "Interstate Medical Licensure Compact" is hereby ratified, enacted into law, and entered into by the state of Ohio as a party to the compact with any other state that has legally joined in the compact as follows:

INTERSTATE MEDICAL LICENSURE COMPACT

SECTION 1. PURPOSE

In order to strengthen access to health care, and in recognition of the advances in the delivery of health care, the member states of the Interstate Medical Licensure Compact have allied in common purpose to develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards, provides a streamlined process that allows physicians to become licensed in multiple states, thereby enhancing the portability of a medical license and ensuring the safety of patients. The Compact creates another pathway for licensure and does not otherwise change a state's existing Medical Practice Act. The Compact also adopts the prevailing standard for licensure and affirms that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter, and therefore, requires the physician to be under the jurisdiction of the state medical board where the patient is located. State medical boards that participate in the Compact retain the jurisdiction to impose an adverse action against a license to practice medicine in that state issued to a physician through the procedures in the Compact.

SECTION 2. DEFINITIONS

In this compact:

- (a) "Bylaws" means those bylaws established by the Interstate Commission pursuant to Section 11.
- (b) "Commissioner" means the voting representative appointed by each member board pursuant to



Section 11.

(c) "Conviction" means a finding by a court that an individual is guilty of a criminal offense through adjudication, or entry of a plea of guilt or no contest to the charge by the offender. Evidence of an entry of a conviction of a criminal offense by the court shall be considered final for purposes of disciplinary action by a member board.

(d) "Expedited License" means a full and unrestricted medical license granted by a member state to an eligible physician through the process set forth in the Compact.

(e) "Interstate Commission" means the interstate commission created pursuant to Section 11.

(f) "License" means authorization by a member state for a physician to engage in the practice of medicine, which would be unlawful without authorization.

(g) "Medical Practice Act" means laws and regulations governing the practice of allopathic and osteopathic medicine within a member state.

(h) "Member Board" means a state agency in a member state that acts in the sovereign interests of the state by protecting the public through licensure, regulation, and education of physicians as directed by the state government.

(i) "Member State" means a state that has enacted the Compact.

(j) "Practice of Medicine" means that clinical prevention, diagnosis, or treatment of human disease, injury, or condition requiring a physician to obtain and maintain a license in compliance with the Medical Practice Act of a member state.

(k) "Physician" means any person who:

1) Is a graduate of a medical school accredited by the Liaison Committee on Medical Education, the Commission on Osteopathic College Accreditation, or a medical school listed in the International Medical Education Directory or its equivalent;



- 2) Passed each component of the United State Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) within three attempts, or any of its predecessor examinations accepted by a state medical board as an equivalent examination for licensure purposes;
 - 3) Successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association;
 - 4) Holds specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists;
 - 5) Possesses a full and unrestricted license to engage in the practice of medicine issued by a member board;
 - 6) Has never been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;
 - 7) Has never held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to non-payment of fees related to a license;
 - 8) Has never had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration; and
 - 9) Is not under active investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.
- (l) "Offense" means a felony, gross misdemeanor, or crime of moral turpitude.
- (m) "Rule" means a written statement by the Interstate Commission promulgated pursuant to Section 12 of the Compact that is of general applicability, implements, interprets, or prescribes a policy or



provision of the Compact, or an organizational, procedural, or practice requirement of the Interstate Commission, and has the force and effect of statutory law in a member state, and includes the amendment, repeal, or suspension of an existing rule.

(n) "State" means any state, commonwealth, district, or territory of the United States.

(o) "State of Principal License" means a member state where a physician holds a license to practice medicine and which has been designated as such by the physician for purposes of registration and participation in the Compact.

SECTION 3. ELIGIBILITY

(a) A physician must meet the eligibility requirements as defined in Section 2(k) to receive an expedited license under the terms and provisions of the Compact.

(b) A physician who does not meet the requirements of Section 2(k) may obtain a license to practice medicine in a member state if the individual complies with all laws and requirements, other than the Compact, relating to the issuance of a license to practice medicine in that state.

SECTION 4. DESIGNATION OF STATE OF PRINCIPAL LICENSE

(a) A physician shall designate a member state as the state of principal license for purposes of registration for expedited licensure through the Compact if the physician possesses a full and unrestricted license to practice medicine in that state, and the state is:

- 1) The state of principal residence for the physician, or
- 2) The state where at least 25% of the practice of medicine occurs, or
- 3) The location of the physician's employer, or
- 4) If no state qualifies under subsection (1), subsection (2), or subsection (3), the state designated as state of residence for purpose of federal income tax.



(b) A physician may redesignate a member state as state of principal license at any time, as long as the state meets the requirements of subsection (a).

(c) The Interstate Commission is authorized to develop rules to facilitate redesignation of another member state as the state of principal license.

SECTION 5. APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE

(a) A physician seeking licensure through the Compact shall file an application for an expedited license with the member board of the state selected by the physician as the state of principal license.

(b) Upon receipt of an application for an expedited license, the member board within the state selected as the state of principal license shall evaluate whether the physician is eligible for expedited licensure and issue a letter of qualification, verifying or denying the physician's eligibility, to the Interstate Commission.

1) Static qualifications, which include verification of medical education, graduate medical education, results of any medical or licensing examination, and other qualifications as determined by the Interstate Commission through rule, shall not be subject to additional primary source verification where already primary source verified by the state of principal license.

2) The member board within the state selected as the state of principal license shall, in the course of verifying eligibility, perform a criminal background check of an applicant, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation, with the exception of federal employees who have suitability determination in accordance with 5 C.F.R. §731.202.

3) Appeal on the determination of eligibility shall be made to the member state where the application was filed and shall be subject to the law of that state.

(c) Upon verification in subsection (b), physicians eligible for an expedited license shall complete the registration process established by the Interstate Commission to receive a license in a member



state selected pursuant to subsection (a), including the payment of any applicable fees.

(d) After receiving verification of eligibility under subsection (b) and any fees under subsection (c), a member board shall issue an expedited license to the physician. This license shall authorize the physician to practice medicine in the issuing state consistent with the Medical Practice Act and all applicable laws and regulations of the issuing member board and member state.

(e) An expedited license shall be valid for a period consistent with the licensure period in the member state and in the same manner as required for other physicians holding a full and unrestricted license within the member state.

(f) An expedited license obtained through the Compact shall be terminated if a physician fails to maintain a license in the state of principal licensure for a non disciplinary reason, without redesignation of a new state of principal licensure.

(g) The Interstate Commission is authorized to develop rules regarding the application process, including payment of any applicable fees, and the issuance of an expedited license.

SECTION 6. FEES FOR EXPEDITED LICENSURE

(a) A member state issuing an expedited license authorizing the practice of medicine in that state may impose a fee for a license issued or renewed through the Compact.

(b) The Interstate Commission is authorized to develop rules regarding fees for expedited licenses.

SECTION 7. RENEWAL AND CONTINUED PARTICIPATION

(a) A physician seeking to renew an expedited license granted in a member state shall complete a renewal process with the Interstate Commission if the physician:

- 1) Maintains a full and unrestricted license in a state of principal license;
- 2) Has not been convicted, received adjudication, deferred adjudication, community supervision, or



deferred disposition for any offense by a court of appropriate jurisdiction;

- 3) Has not had a license authorizing the practice of medicine subject to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to non-payment of fees related to a license; and
 - 4) Has not had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration.
- (b) Physicians shall comply with all continuing professional development or continuing medical education requirements for renewal of a license issued by a member state.
- (c) The Interstate Commission shall collect any renewal fees charged for the renewal of a license and distribute the fees to the applicable member board.
- (d) Upon receipt of any renewal fees collected in subsection (c), a member board shall renew the physician's license.
- (e) Physician information collected by the Interstate Commission during the renewal process will be distributed to all member boards.
- (f) The Interstate Commission is authorized to develop rules to address renewal of licenses obtained through the Compact.

SECTION 8. COORDINATED INFORMATION SYSTEM

- (a) The Interstate Commission shall establish a database of all physicians licensed, or who have applied for licensure, under Section 5.
- (b) Notwithstanding any other provision of law, member boards shall report to the Interstate Commission any public action or complaints against a licensed physician who has applied or received an expedited license through the Compact.



(c) Member boards shall report disciplinary or investigatory information determined as necessary and proper by rule of the Interstate Commission.

(d) Member boards may report any non-public complaint, disciplinary, or investigatory information not required by subsection (c) to the Interstate Commission.

(e) Member boards shall share complaint or disciplinary information about a physician upon request of another member board.

(f) All information provided to the Interstate Commission or distributed by member boards shall be confidential, filed under seal, and used only for investigatory or disciplinary matters.

(g) The Interstate Commission is authorized to develop rules for mandated or discretionary sharing of information by member boards.

SECTION 9. JOINT INVESTIGATIONS

(a) Licensure and disciplinary records of physicians are deemed investigative.

(b) In addition to the authority granted to a member board by its respective Medical Practice Act or other applicable state law, a member board may participate with other member boards in joint investigations of physicians licensed by the member boards.

(c) A subpoena issued by a member state shall be enforceable in other member states.

(d) Member boards may share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiate under the Compact.

(e) Any member state may investigate actual or alleged violations of the statutes authorizing the practice of medicine in any other member state in which a physician holds a license to practice medicine.

SECTION 10. DISCIPLINARY ACTIONS



- (a) Any disciplinary action taken by any member board against a physician licensed through the Compact shall be deemed unprofessional conduct which may be subject to discipline by other member boards, in addition to any violation of the Medical Practice Act or regulations in that state.
- (b) If a license granted to a physician by the member board in the state of principal license is revoked, surrendered or relinquished in lieu of discipline, or suspended, then all licenses issued to the physician by member boards shall automatically be placed, without further action necessary by any member board, on the same status. If the member board in the state of principal license subsequently reinstates the physician's license, a license issued to the physician by any other member board shall remain encumbered until that respective member board takes action to reinstate the license in a manner consistent with the Medical Practice Act of that state.
- (c) If disciplinary action is taken against a physician by a member board not in the state of principal license, any other member board may deem the action conclusive as to matter of law and fact decided, and:
- 1) Impose the same or lesser sanction(s) against the physician so long as such sanctions are consistent with the Medical Practice Act of that state; or
 - 2) Pursue separate disciplinary action against the physician under its respective Medical Practice Act, regardless of the action taken in other member states.
- (d) If a license granted to a physician by a member board is revoked, surrendered or relinquished in lieu of discipline, or suspended, then any license(s) issued to the physician by any other member board(s) shall be suspended, automatically and immediately without further action necessary by the other member board(s), for ninety (90) days upon entry of the order by the disciplining board, to permit the member board(s) to investigate the basis for the action under the Medical Practice Act of that state. A member board may terminate the automatic suspension of the license it issued prior to the completion of the ninety (90) day suspension period in a manner consistent with the Medical Practice Act of that state.

SECTION 11. INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION



(a) The member states hereby create the "Interstate Medical Licensure Compact Commission".

(b) The purpose of the Interstate Commission is the administration of the Interstate Medical Licensure Compact, which is a discretionary state function.

(c) The Interstate Commission shall be a body corporate and joint agency of the member states and shall have all the responsibilities, powers, and duties set forth in the Compact, and such additional powers as may be conferred upon it by a subsequent concurrent action of the respective legislatures of the member states in accordance with the terms of the Compact.

(d) The Interstate Commission shall consist of two voting representatives appointed by each member state who shall serve as Commissioners. In states where allopathic and osteopathic physicians are regulated by separate member boards, or if the licensing and disciplinary authority is split between separate member boards, or if the licensing and disciplinary authority is split between multiple member boards within a member state, the member state shall appoint one representative from each member board. A Commissioner shall be a(n):

- 1) Allopathic or osteopathic physician appointed to a member board;
- 2) Executive director, executive secretary, or similar executive of a member board; or
- 3) Member of the public appointed to a member board.

(e) The Interstate Commission shall meet at least once each calendar year. A portion of this meeting shall be a business meeting to address such matters as may properly come before the Commission, including the election of officers. The chairperson may call additional meetings and shall call for a meeting upon the request of a majority of the member states.

(f) The bylaws may provide for meetings of the Interstate Commission to be conducted by telecommunication or electronic communication.

(g) Each Commissioner participating at a meeting of the Interstate Commission is entitled to one



vote. A majority of Commissioners shall constitute a quorum for the transaction of business, unless a larger quorum is required by the bylaws of the Interstate Commission. A Commission shall not delegate a vote to another Commissioner. In the absence of its Commissioner, a member state may delegate voting authority for a specified meeting to another person from that state who shall meet the requirements of subsection (d).

(h) The Interstate Commission shall provide public notice of all meetings and all meetings shall be open to the public. The Interstate Commission may close a meeting, in full or in portion, where it determines by a two-thirds vote of the Commissioners present that an open meeting would be likely to:

- 1) Relate solely to the internal personnel practice and procedures of the Interstate Commission;
 - 2) Discuss matters specifically exempted from disclosure by federal statute;
 - 3) Discuss trade secrets, commercial, or financial information that is privileged or confidential;
 - 4) Involve accusing a person of a crime, or formally censuring a person;
 - 5) Discuss information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
 - 6) Discuss investigative records compiled for law enforcement purposes; or
 - 7) Specifically relate to the participation in a civil action or other legal proceeding.
- (i) The Interstate Commission shall keep minutes which shall fully describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, including record of any roll call votes.
- (j) The Interstate Commission shall make its information and official records, to the extent not otherwise designated in the Compact or by its rules, available to the public for inspection.



(k) The Interstate Commission shall establish an executive committee, which shall include officers, members, and others as determined by the bylaws. The executive committee shall have the power to act on behalf of the Interstate Commission, with the exception of rulemaking, during periods when the Interstate Commission is not in session. When acting on behalf of the Interstate Commission, the executive committee shall oversee the administration of the Compact including enforcement and compliance with the provisions of the Compact, its bylaws and rules, and other such duties as necessary.

(l) The Interstate Commission shall establish other committees for governance and administration of the Compact.

SECTION 12. POWERS AND DUTIES OF THE INTERSTATE COMMISSION

(a) Oversee and maintain the administration of the Compact;

(b) Promulgate rules which shall be binding to the extent and in the manner provided for in the Compact;

(c) Issue, upon the request of a member state or member board, advisory opinions concerning the meaning or interpretation of the Compact, its bylaws, rules, and actions;

(d) Enforce compliance with Compact provisions, the rules promulgated by the Interstate Commission, and the bylaws, using all necessary and proper means, including but not limited to the use of judicial process;

(e) Establish and appoint committees including, but not limited to, an executive committee as required by Section 11, which shall have the power to act on behalf of the Interstate Commission in carrying out its powers and duties;

(f) Pay, or provide for the payment of the expenses related to the establishment, organization, and ongoing activities of the Interstate Commission;

(g) Establish and maintain one or more offices;



- (h) Borrow, accept, hire, or contract for services of personnel;
- (i) Purchase and maintain insurance and bonds;
- (j) Employ an executive director who shall have such powers to employ, select or appoint employees, agents, or consultants, and to determine their qualifications, define their duties, and fix their compensation;
- (k) Establish personnel policies and programs relating to conflicts of interest, rates of compensation, and qualifications of personnel;
- (l) Accept donations and grants of money, equipment, supplies, materials, and services and to receive, utilize, and dispose of it in a manner consistent with the conflict of interest policies established by the Interstate Commission;
- (m) Lease, purchase, accept contributions or donations of, or otherwise to own, hold, improve or use, any property, real, personal, or mixed;
- (n) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, real, personal, or mixed;
- (o) Establish a budget and make expenditures;
- (p) Adopt a seal and bylaws governing the management and operation of the Interstate Commission;
- (q) Report annually to the legislatures and governors of the member states concerning the activities of the Interstate Commission during the preceding year. Such reports shall also include reports of financial audits and any recommendations that may have been adopted by the Interstate Commission;
- (r) Coordinate education, training, and public awareness regarding the Compact, its implementation, and its operation;



- (s) Maintain records in accordance with the bylaws;
- (t) Seek and obtain trademarks, copyrights, and patents; and
- (u) Perform such functions as may be necessary or appropriate to achieve the purpose of the Compact.

SECTION 13. FINANCE POWERS

- (a) The Interstate Commission may levy on and collect an annual assessment from each member state to cover the cost of the operations and activities of the Interstate Commission and its staff. The total assessment must be sufficient to cover the annual budget approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated upon a formula to be determined by the Interstate Commission, which shall promulgate a rule binding upon all member states.
- (b) The Interstate Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same.
- (c) The Interstate Commission shall not pledge the credit of any of the member states, except by, and with the authority of, the member state.
- (d) The Interstate Commission shall be subject to a yearly financial audit conducted by a certified or licensed accountant and the report of the audit shall be included in the annual report of the Interstate Commission.

SECTION 14. ORGANIZATION AND OPERATION OF THE INTERSTATE COMMISSION

- (a) The Interstate Commission shall, by a majority of Commissioners present and voting, adopt bylaws to govern its conduct as may be necessary or appropriate to carry out the purposes of the Compact within twelve (12) months of the first Interstate Commission meeting.
- (b) The Interstate Commission shall elect or appoint annually from among its Commissioners a



chairperson, a vice-chairperson, and a treasurer, each of whom shall have such authority and duties as may be specified in the bylaws. The chairperson, or in the chairperson's absence or disability, the vice-chairperson, shall preside at all meetings of the Interstate Commission.

(c) Officers selected in subsection (b) shall serve without remuneration for the Interstate Commission.

(d) The officers and employees of the Interstate Commission shall be immune from suit and liability, either personally or in their official capacity, for a claim for damage to or loss of property or personal injury or other civil liability caused or arising out of, or relating to, an actual or alleged act, error, or omission that occurred, or that such person had a reasonable basis for believing occurred, within the scope of Interstate Commission employment, duties, or responsibilities; provided that such person shall not be protected from suit or liability for damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct of such person.

(e) The liability of the executive director and employees of the Interstate Commission or representatives of the Interstate Commission, acting within the scope of such person's employment or duties for acts, errors, or omissions occurring within such person's state, may not exceed the limits of liability set forth under the constitution and laws of that state for state officials, employees, and agents. The Interstate Commission is considered to be an instrumentality of the states for the purpose of any such action. Nothing in this subsection shall be construed to protect such person from suit or liability for damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct of such person.

(f) The Interstate Commission shall defend the executive director, its employees, and subject to the approval of the attorney general or other appropriate legal counsel of the member state represented by an Interstate Commission representative, shall defend such Interstate Commission representative in any civil action seeking to impose liability arising out of an actual or alleged act, error or omission that occurred within the scope of Interstate Commission employment, duties or responsibilities, or that the defendant had a reasonable basis for believing occurred within the scope of Interstate Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from intentional or willful and wanton misconduct on the part of such person.



(g) To the extent not covered by the state involved, member state, or the Interstate Commission, the representatives or employees of the Interstate Commission shall be held harmless in the amount of a settlement or judgement, including attorney's fees and costs, obtained against such persons arising out of an actual or alleged act, error, or omission that occurred within the scope of the Interstate Commission employment, duties, or responsibilities, or that such persons had a reasonable basis for believing occurred within the scope of Interstate Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from intentional or willful and wanton misconduct on the part of such person.

SECTION 15. RULEMAKING FUNCTIONS OF THE INTERSTATE COMMISSION

(a) The Interstate Commission shall promulgate reasonable rules in order to effectively and efficiently achieve the purpose of the Compact. Notwithstanding the foregoing, in the event the Interstate Commission exercises its rulemaking authority in a manner that is beyond the scope of the purposes of the Compact, or the powers granted hereunder, then such an action by the Interstate Commission shall be invalid and have no force or effect.

(b) Rules deemed appropriate for the operations of the Interstate Commission shall be made pursuant to a rulemaking process that substantially conforms to the "Model State Administrative Procedure Act" of 2010, and subsequent amendments thereto.

(c) Not later than thirty (30) days after a rule is promulgated, any person may file a petition for judicial review of the rule in the United States District Court for the District of Columbia or the federal district where the Interstate Commission has its principal offices, provided that the filing of such a petition shall not stay or otherwise prevent the rule from becoming effective unless the court finds that the petitioner has a substantial likelihood of success. The court shall give deference to the actions of the Interstate Commission consistent with applicable law and shall not find the rule to be unlawful if the rule represents a reasonable exercise of the authority granted to the Interstate Commission.

SECTION 16. OVERSIGHT OF INTERSTATE COMPACT

(a) The executive, legislative, and judicial branches of state government in each member state shall



enforce the Compact and shall take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of the Compact and the rules promulgated hereunder shall have standing as statutory law but shall not override existing state authority to regulate the practice of medicine.

(b) All courts shall take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of the Compact which may affect the powers, responsibilities or actions of the Interstate Commission.

(c) The Interstate Commission shall be entitled to receive all services of process in any such proceeding, and shall have standing to intervene in the proceeding for all purposes. Failure to provide service of process to the Interstate Commission shall render a judgment or order void as to the Interstate Commission, the Compact, or promulgated rules.

SECTION 17. ENFORCEMENT OF INTERSTATE COMPACT

(a) The Interstate Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of the Compact.

(b) The Interstate Commission may, by majority vote of the Commissioners, initiate legal action in the United States Court for the District of Columbia, or, at the discretion of the Interstate Commission, in the federal district where the Interstate Commission has its principal offices, to enforce compliance with the provisions of the Compact, and its promulgated rules and bylaws, against a member state in default. The relief sought may including both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation including reasonable attorney's fees.

(c) The remedies herein shall not be the exclusive remedies of the Interstate Commission. The Interstate Commission may avail itself of any other remedies available under state law or regulation of a profession.

SECTION 18. DEFAULT PROCEDURES



(a) The grounds for default include, but are not limited to, failure of a member state to perform such obligations or responsibilities imposed upon it by the Compact, or the rules and bylaws of the Interstate Commission promulgated under the Compact.

(b) If the Interstate Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under the Compact, or the bylaws or promulgated rules, the Interstate Commission shall:

1) Provide written notice to the defaulting state and other member states, of the nature of the default, the means of curing the default, and any action taken by the Interstate Commission. The Interstate Commission shall specify the conditions by which the defaulting state must cure its default; and

2) Provide remedial training and specific technical assistance regarding the default.

(c) If the defaulting state fails to cure the default, the defaulting state shall be terminated from the Compact upon an affirmative vote of a majority of the Commissioners and all rights, privileges, and benefits conferred by the Compact shall terminate on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of the default.

(d) Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to terminate shall be given by the Interstate Commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.

(e) The Interstate Commission shall establish rules and procedures to address licenses and physicians that are materially impacted by the termination of a member state, or the withdrawal of a member state.

(f) The member state which has been terminated is responsible for all due, obligations, and liabilities incurred through the effective date of termination including obligations, the performance of which extends beyond the effective date of termination.



(g) The Interstate Commission shall not bear any costs relating to any state that has been found to be in default or which has been terminated from the Compact, unless otherwise mutually agreed upon in writing between the Interstate Commission and the defaulting state.

(h) The defaulting state may appeal the action of the Interstate Commission by petitioning the United States District Court for the District of Columbia or the federal district where the Interstate Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation including reasonable attorney's fees.

SECTION 19. DISPUTE RESOLUTION

(a) The Interstate Commission shall attempt, upon the request of a member state, to resolve disputes which are subject to the Compact and which may arise among member states or member boards.

(b) The Interstate Commission shall promulgate rules providing for both mediation and binding dispute resolution as appropriate.

SECTION 20. MEMBER STATES, EFFECTIVE DATE AND AMENDMENT

(a) Any state is eligible to become a member of the Compact.

(b) The Compact shall become effective and binding upon legislative enactment of the Compact into law by no less than seven (7) states. Thereafter, it shall become effective and binding on a state upon enactment of the Compact into law by that state.

(c) The governors of non-member states, or their designees, shall be invited to participate in the activities of the Interstate Commission on a non-voting basis prior to adoption of the Compact by all states.

(d) The Interstate Commission may propose amendments to the Compact for enactment by the member states. No amendment shall become effective and binding upon the Interstate Commission and the member states unless and until it is enacted into law by unanimous consent of the member states.



SECTION 21. WITHDRAWAL

- (a) Once effective, the Compact shall continue in force and remain binding upon each and every member state; provided that a member state may withdraw from the Compact by specifically repealing the statute which enacted the Compact into law.
- (b) Withdrawal from the Compact shall be by the enactment of a statute repealing the same, but shall not take effect until one (1) year after the effective date of such statute and until written notice of the withdrawal has been given by the withdrawing state to the governor of each other member state.
- (c) The withdrawing state shall immediately notify the chairperson of the Interstate Commission in writing upon the introduction of legislation repealing the Compact in the withdrawing state.
- (d) The Interstate Commission shall notify the other member states of the withdrawing state's intent to withdraw within sixty (60) days of its receipt of notice provided under subsection (c).
- (e) The withdrawing state is responsible for all dues, obligations and liabilities incurred through the effective date of withdrawal, including obligations, the performance of which extend beyond the effective date of withdrawal.
- (f) Reinstatement following withdrawal of a member state shall occur upon the withdrawing date reenacting the Compact or upon such later date as determined by the Interstate Commission.
- (g) The Interstate Commission is authorized to develop rules to address the impact of the withdrawal of a member state on licenses granted in other member states to physicians who designated the withdrawing member state as the state of principal license.

SECTION 22. DISSOLUTION

- (a) The Compact shall dissolve effective upon the date of the withdrawal or default of the member state which reduces the membership of the Compact to one (1) member state.



(b) Upon the dissolution of the Compact, the Compact becomes null and void and shall be of no further force or effect, and the business and affairs of the Interstate Commission shall be concluded, and surplus funds shall be distributed in accordance with the bylaws.

SECTION 23. SEVERABILITY AND CONSTRUCTION

(a) The provisions of the Compact shall be severable, and if any phrase, clause, sentence, or provision is deemed unenforceable, the remaining provisions of the Compact shall be enforceable.

(b) The provisions of the Compact shall be liberally construed to effectuate its purposes.

(c) Nothing in the Compact shall be construed to prohibit the applicability of other interstate compacts to which the member states are members.

SECTION 24. BINDING EFFECT OF COMPACT AND OTHER LAWS

(a) Nothing herein prevents the enforcement of any other law of a member state that is not inconsistent with the Compact.

(b) All laws in a member state in conflict with the Compact are superseded to the extent of the conflict.

(c) All lawful actions of the Interstate Commission, including all rules and bylaws promulgated by the Commission, are binding upon the member states.

(d) All agreements between the Interstate Commission and the member states are binding in accordance with their terms.

(e) In the event any provision of the Compact exceeds the constitutional limits imposed on the legislature of any member state, such provision shall be ineffective to the extent of the conflict with the constitutional provision in question in that member state.



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IMLC COMMISSION

Rulemaking Information

(mailto:rulemaking@imlcc.net)
621-
9464)

Roster of IMLCC Commissioners
(<https://www.imlcc.org/imlc-commission/roster-of-imlcc-commissioners/>)

IMLC Strategic Plan and Vision Statement
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Compact Policies, Rules and Laws
(<https://www.imlcc.org/imlc-commission/compact-policies-rules-and-laws/>)

Proposed Rules - There is one (1) rule under consideration for amendments at this time.

IMLC Rule Chapter 6

10/7/2022

The Interstate Medical Licensure Compact Commission intends to hold a rulemaking hearing to amend IMLC Rule Chapter 6.

Persons and/or organizations wishing to provide a verbal comment or testimony may do so by complying with the instructions below. Generally, a three (3) minute limit will be observed to provide verbal testimony; however, the Chair reserves the right to restrict or extend, at the Chair's sole discretion, the time allotted for comments or testimony.

Persons and/or organizations wishing to provide written statements may do so by complying with the instructions below. The written comments will be entered into the record and posted on this web page.

There will also be an opportunity during the rulemaking hearing to sign up to provide verbal

There will also be an opportunity during the rulemaking hearing to sign up to provide verbal comments or testimony. The Chair reserves the right to restrict or extend, at the Chair's sole discretion, the time allotted to provide comments or testimony.

Written statements will also be accepted at the rulemaking hearing, at least one copy of the written statement must be provided to the Chair so that it can be read into the record. Providing copies to the Commissioners present is the responsibility of the statement provider and it will not be available to Commissioners attending the hearing virtually.

The proposed IMLCC Rule Chapter 6 is posted below:

- **IMLC Rule, Chapter 6 - PROPOSED** (<https://www.imlcc.org/wp-content/uploads/2022/10/IMLCC-Rule-Chapter-6-Coordinated-Information-System-Joint-Investigations-and-Disciplinary-Actions-Adopted-November-16-2018-Rulemaking-Hearing-Draft-11-8-2022.pdf>)

The rulemaking hearing is scheduled as follows:

- **Tuesday, November 8, 2022**
- **2:00 PM Eastern Time**

To attend in-person: Gulfview Ballroom, The Lodge at Gulf Shore State Park, 21196 E Beach Blvd, Gulf Shores, AL 36542

To attend virtually:

- **Via telephone**
 - **1-719-359-4580**
 - **Meeting ID: 824 3122 4407**
 - **Passcode: 580155**
- **Via computer, tablet, smartphone**
 - **<https://imageav.zoom.us/j/82431224407?pwd=THdiOHdPSlpSblZtQWEzWIM3bitEQT09>**
(<https://imageav.zoom.us/j/82431224407?pwd=THdiOHdPSlpSblZtQWEzWIM3bitEQT09>)
 - **Meeting ID: 824 3122 4407**
 - **Passcode: 580155**

Instructions to request to testify in person. No later than 5:00 PM Eastern Time, November 2, 2022, you must:

- **Email your request to imlccexecutivedirector@imlcc.net (imlccexecutivedirector@imlcc.net)**
- **Provide your full name and a method to contact you, either via telephone or email.**
- **Include the words "IMLC Rule Chapter 6 Comments" in the subject line of the email.**

Instructions to provide written statements, no later than 5:00 PM Eastern Time, November 2, 2022, you must:

- **Email a copy of the written statement to imlccexecutivedirector@imlcc.net (imlccexecutivedirector@imlcc.net)**
- **Either provide the statement in the body of the email or attach a ".pdf" document to the email.**
- **Include the words "IMLC Rule Chapter 6 Comments" in the subject line of the email.**

10/3/2022

The Rules & Administrative Procedures Committee met to discuss the revised draft amendments to IMLC Rule Chapter 6 and to determine if a rulemaking hearing should be held at the Commission Meeting scheduled for November 8, 2022.

The proposed changes were reviewed line by line by the committee, with discussion on each proposed change. After discussion, a final version of the proposed amendments to IMLC Rule Chapter 6 were put to a vote by the committee and approved.

After further discussion, the committee voted that a rulemaking hearing should be held at the November 8, 2022 Commission meeting and instructed the executive director to provide notice about the hearing, including instructions about providing comments.

9/28/2022

A revised version of the proposed changes to IMLC Rule Chapter 6 has been developed. The latest version is the result of the committee's deliberations and review of the comments received.

- **Revised draft amendments to IMLC Rule, Chapter 6 for consideration on 10-3-2022 (<https://www.imlcc.org/wp-content/uploads/2022/09/IMLCC-Rule-Chapter-6-Coordinated-Information-System-Joint-Investigations-and-Disciplinary-Actions-Adopted-November-16-2018-10-3-2022-Committee-discussion-version.pdf>)**

9/26/2022

The Rules & Administrative Procedures Committee met to discuss the proposed changes to IMLC Rule Chapter 6. Each comment that was received was considered and discussed. After deliberation, the Committee determined that a special meeting would be scheduled so that the committee could continue its deliberations prior to making a decision about:

- **How/if IMLC Rule Chapter 6 should be amended, and**
- **About holding a rulemaking hearing on November 8, 2022.**

The Committee has scheduled a special meeting for 11:30 AM Eastern Time, Monday, October 3, 2022.

Should additional time be needed for deliberations, a second meeting is scheduled for 2:00 PM Eastern time, Tuesday, October 4, 2022.

For information about attending the October 3rd and/or October 4th Rules & Administrative Procedures Committee meeting, please email your request to: imlccexecutivedirector@imlcc.net (<mailto:imlccexecutivedirector@imlcc.net>)

9/21/2022

The following comment was received after the established deadline. Please click on the name of the commentor to view the comments.

- **American Board of Medical Specialties** (<https://www.imlcc.org/wp-content/uploads/2022/09/Comments-Rule-Chapter-6-American-Board-of-Medical-Specialties-9-21-2022.pdf>)

9/20/2022

There were twelve (12) comments received by the established deadline of 7:00 PM Eastern Time, September 20, 2022. The comments received are listed below in alphabetic order. Please click on the name of the commentor to view their comments.

- **Alabama State Board of Medical Examiners** (<https://www.imlcc.org/wp-content/uploads/2022/09/Comments-Rule-Chapter-6-Alabama-State-Board-of-Medical-Examiners.pdf>)
- **American College of Obstetricians and Gynecologists** (<https://www.imlcc.org/wp-content/uploads/2022/09/Comments-Rule-Chapter-6-American-College-of-Obstetricians-and-Gynecologists.pdf>)
- **American Medical Association** (<https://www.imlcc.org/wp-content/uploads/2022/09/Comments-Rule-Chapter-6-American-Medical-Association.pdf>)
- **Jeremy Snavelly** (<https://www.imlcc.org/wp-content/uploads/2022/09/Comments-Rule-Chapter-6-Jeremy-Snavelly.pdf>)
- **Maine Board of Licensure in Medicine** (<https://www.imlcc.org/wp-content/uploads/2022/09/Comments-Rule-Chapter-6-Maine-Board-of-Licensure-in-Medicine.pdf>)

- **Maryland Board of Physicians** (<https://www.imlcc.org/wp-content/uploads/2022/09/Comments-Rule-Chapter-6-Maryland-Board-of-Physicians.pdf>)
- **Minnesota Medical Association** (<https://www.imlcc.org/wp-content/uploads/2022/09/Comments-Rule-Chapter-6-Minnesota-Medical-Association.pdf>)
- **Mississippi State Board of Medical Licensure** (<https://www.imlcc.org/wp-content/uploads/2022/09/Comments-Rule-Chapter-6-Mississippi-State-Board-of-Medical-Licensure.pdf>)
- **State Medical Board of Ohio** (<https://www.imlcc.org/wp-content/uploads/2022/09/Comments-Rule-Chapter-6-State-Medical-Board-of-Ohio-IMLC-Rule-Chapter-6-Comments-signed-9-15-22.pdf>)
- **Vermont Board of Medical Practice** (<https://www.imlcc.org/wp-content/uploads/2022/09/Comments-Rule-Chapter-6-Vermont-Board-of-Medical-Practice.pdf>)
- **Washington State Medical Association** (<https://www.imlcc.org/wp-content/uploads/2022/09/Comments-Rule-Chapter-6-Washington-State-Medical-Association.pdf>)
- **West Virginia Board of Medicine** (<https://www.imlcc.org/wp-content/uploads/2022/09/Comments-Rule-Chapter-6-West-Virginia-Board-of-Medicine.pdf>)

On Monday, September 26, 2022 at 11:30 AM Eastern Time, the Rules & Administrative Procedures Committee will hold a meeting to consider the comments received. At that meeting, the Committee will determine if, based on the comments received, the draft rule should be changed and/or if the rulemaking process should continue. If a rulemaking process is continued, a final draft rule will be made available for comments, with instructions regarding how to comment provided on or about Friday, October 7, 2022.

For information about attending the September 26, 2022 Rules & Administrative Procedures Committee meeting, please email your request to: imlccexecutivedirector@imlcc.net (<mailto:imlccexecutivedirector@imlcc.net>)

8/26/2022

The Rules and Administrative Procedures Committee, at a special meeting, reviewed a draft of amendments to IMLC Rule Chapter 6. After discussion, the committee unanimously approved a motion that the rulemaking process should be initiated, comments should be gathered on the proposed amendments, and instructed the executive director to publish the proposed amendments.

It is the intention of the Interstate Medical Licensure Compact Commission to hold a rulemaking hearing with the purpose of amending IMLC Rule Chapter 6 at its November 8, 2022 meeting.

- **Draft amended IMLC Rule Chapter 6** (<https://www.imlcc.org/wp-content/uploads/2022/08/IMLCC-Rule-Chapter-6-Coordination-Information-System-Joint-Investigations-and-Disciplinary-Actions.pdf>)

Rule-Chapter-6-Coordinated-Information-System-Joint-Investigations-and-Disciplinary-Actions-Adopted-November-16-2018-Proposed-Amendments-8-29-2022.pdf)

Only written comments are being accepted at this time. All comments received will be published on this webpage, including the name or email address of the author, and will be provided to the Rules and Administrative Procedures Committee for their consideration.

Instructions to provide written statements:

- **Comments must be received no later than 7:00 PM Eastern Time on Tuesday, September 20, 2022**
- **Email a copy of the written statement to: imlccexecutivedirector@imlcc.net**
- **Either provide the statement in the body of the email or attach a ".pdf" document to the email.**
- **Include the words "IMLC Rule Chapter 6 Comments" in the subject line of the email.**

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**SMBO Legislative Update:
October 2022**

Recent activity:

HB 714 – Respiratory Therapists (Rep. T. Young and Rep. John)

To license advanced practice respiratory therapists (APRT)

Of Note:

- Allows for an APRT licensed under 4761.31 to exercise physician-delegated prescriptive authority. Prohibits a prescription for a controlled substance to be used outside of the healthcare facility the APRT is practicing
- Defines “Health Care Facility” as a hospital, A site where a medical practice is operated and provides direct patient care, an entity 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, and any other facility designated in rule by the state medical board
- Requires supervising physician to be physically present at the location where the APRT is practicing or be readily available to the APRT through telecommunication in a location reasonably close to where the APRT is practicing

Status: Introduced in the House 8/31/2022.

HB 203 – Occupational Licenses (Rep. Powell) (companion SB 131)

To require an occupational licensing authority to issue a license or government certification to an applicant who holds a license, government certification, or private certification or has satisfactory work experience in another state under certain circumstances.

Of Note:

- Requires automatic licensure of out of state applicants that meet certain criteria.

Status: Introduced in the House 3/10/2021. 1st House State & Local Government hearing 4/21/2021. 2nd House State & Local Government hearing 5/5/2021. 3rd House State & Local Government Hearing 6/10/2021. 4th House State and Local Government hearing 10/27/2021. 5th hearing House State and Local Government 1/26/2022. Reported out of House State & Local 4/6/2022. Passed the House 6/1/2022

SB 131 – Occupational Licensing (Reciprocity) (Sen. Roegner and Sen. McColley) (companion HB 203)

To require an occupational licensing authority to issue a license or government certification to an applicant who holds a license, government certification, or private certification or has satisfactory work experience in another state under certain circumstances.

Of note:

- Requires automatic licensure of out of state applicants that meet certain criteria.
- Allows for the licensing authority to take disciplinary action against an applicant, deny an application and determine fitness to practice of an applicant.
- Amended – A person who holds a license issued through an interstate licensure compact to which Ohio is a party is not required to obtain a license through reciprocity
- Amended – Delays the bill's effective date to 270 days after the bill's effective date

Status: Introduced in the Senate 3/16/2021. 1st Senate Workforce & Higher Education hearing 5/19/2021. 2nd Senate Workforce & Higher Education hearing 5/26/2021. 3rd Senate Workforce & Higher Education hearing 3/22/2022. 4th Senate Workforce & Higher Education hearing 5/18/2022. 5th Senate Workforce & Higher Education hearing 5/25/2022. Reported out of Senate Workforce & Higher Education 5/25/2022. Passed the Senate 6/1/2022.

HB 196 – Surgical Assistants (Rep. Kelly and Rep. Carruthers) To Regulate the practice of surgical assistants.

Of Note:

- Creates a new license type for surgical assistants to be overseen by the Medical Board.
- Amended – Revises the bill's provision allowing an applicant who is not credentialed by a national organization as a surgical assistant to be eligible for licensure if the applicant has instead practiced as a surgical assistant at an Ohio hospital or facility during any part of the 6 month period that precedes the bill's effective date by increasing that period to 18 months

Status: Introduced in the House 3/9/2021. 1st House Health hearing 4/20/2021. 2nd House Health hearing 5/11/2021. 3rd House Health hearing 12/7/21. 4th House Health hearing 2/15/2022. 5th House Health hearing 3/1/2022 *Approved sub bill. 6th House Health hearing 5/17/2022. 7th House Health hearing 5/24/2022. Reported out of House Health 5/24/2022

HB 81 – Massage Therapy (Rep. Plummer and Rep. Manchester) (companion bill SB 55) To make changes to the laws governing massage establishments and massage therapy.

Of note:

- Change current law to no longer limit “massage therapy” to the treatment of disorders of the human body
- Standardizes, for purposes of regulation by the State Medical Board, townships, and municipal corporations, terminology regarding massage therapy and individuals authorized to perform massage therapy
- Eliminates township authority to issue licenses to individuals who perform massage therapy
- Requires that if a township opts to regulate massage establishments, the regulations must require all massage therapy to be performed only by specified state-licensed professionals or massage therapy students

Status: Introduced in the House 2/9/2021. Passed out of the House 6/24/2021. Referred to Senate Health 9/8/2021. 1st Senate Health hearing 5/18/2022. 2nd Senate Health hearing 6/1/2022.

Actively Monitoring

SB 322 – Sex Offenses (Sen. Hackett)

Regarding sex offenses and individuals regulated by the State Medical Board

Of Note:

- Modifies the law governing sex offenses and medical professionals
- 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; Adding a public member of the board to the internal investigatory process, to allow additional board insight into the handling of sexual misconduct

Status: Introduced in the Senate 4/12/2022. Referred to Senate Health committee 5/18/2022

SB 261- Changes to Medical Marijuana law (Sen. S. Huffman)

Of Note:

- Transfers portions of the Medical Marijuana Program from the Board of Pharmacy to the Department of Commerce; Expands the types of qualifying medical conditions; Adds a telehealth provision; Modifies the requirement that a CTR applicant demonstrate they don't have ownership or investment interest with an entity licensed as a dispensary; Allows the medical director of a dispensary who is a licensed CTR to recommend medical marijuana.

Status: Passed Senate 12/15/2022. 1st House Government Oversight hearing 2/17/22. 2nd Government Oversight hearing 3/16/2022. 3rd House Government Oversight hearing 3/24/2022. 4th Government Oversight hearing 4/27/2022

HB 60 – Authorize medical marijuana for autism spectrum disorder (Rep. Brent and Rep. Seitz)

Of Note:

- Allows Autism Spectrum Disorder to be included in qualifying conditions.

Status: Passed House 3/2/2022. 1st Senate Health Hearing 3/30/2022

HB 286 – Court of Common Pleas (Rep. Bill Seitz) (companion SB 189)

To generally change the venue in which appeal from an agency order is proper to the local court of common pleas.

Of note:

- Modifies the current Administrative Procedure Act by generally providing that a party adversely affected by an order of an agency may appeal from the order to the court of common pleas of the county in which the place of business of the party is located or the county in which the party is a resident.
- Removes the current provision that any party adversely affected by an order of an agency issued pursuant to any other adjudication may appeal, with certain exceptions, to the Franklin County Court of Common Pleas.
- Amended - Requires appeals from an administrative order by any party who is not a resident of Ohio must be to the Franklin County Court of Common Pleas.

Status: Passed out of the House 3/30/2022. Referred to Senate Judiciary Committee 4/6/2022. 1st Senate Judiciary hearing 5/17/2022. 2nd Senate Judiciary hearing 5/24/2022

SB 189 – Change venue for appeal from an agency order (Sen. Lang and Sen. McColley) (companion SB 286)

Of Note:

- To generally change the venue in which appeal from an agency order is proper to the local court of common pleas.
- Modifies the current Administrative Procedure Act by generally providing that a party adversely affected by an order of an agency may appeal from the order to the court of common pleas of the county in which the place of business of the party is located or the county in which the party is a resident.
- Removes the current provision that any party adversely affected by an order of an agency issued pursuant to any other adjudication may appeal, with certain exceptions, to the Franklin County Court of Common Pleas.

Status: Introduced in the Senate 5/26/2021. 1st Senate Judiciary hearing 6/16/2021. 2nd Senate Judiciary Hearing 9/28/2021. 3rd Senate Judiciary hearing 10/5/2021. 4th Senate Judiciary hearing 10/26/2021. 5th Senate Judiciary hearing 3/29/2022.

HB 318 – Anesthesiologist Assistants (Rep. Swearingen and Rep. Plummer)

To revise the law governing the practice of anesthesiologist assistants.

Of Note:

- Adds anesthesiologist assistants to the list of individuals authorized to prescribe drugs or dangerous drugs or drug therapy related devices during professional practice.
- Adds anesthesiologist assistant list of practitioners from which a respiratory care therapist may receive orders or prescriptions.

Status: First House Health Hearing 10/12/2021. Second House Health Hearing 2/8/2022. Third House Health Hearing 3/1/2022 *Approved sub bill. 4th House Health hearing 5/31/2022
*Approved sub bill. Passed out of House Health Committee 5/31/2022

HB 509 – Revise and streamline occupational regulations (Rep. John and Rep. Fowler Arthur)

Of Note:

- Requires each occupational licensing board to prepare a report including fee structure for each license issued by the board, whether the fee structure can competitively align with neighboring states, whether the fee structure is a financial barrier for license holders.
- Requires the report be submitted to the Senate President, Speaker of the House and chairpersons of committees responsible for reviewing occupational licensing boards

Status: Passed out of the House 3/23/2022. Referred to Senate Workforce & Higher Education 3/29/2022. 1st Senate Workforce & Higher Education hearing 5/25/2022

SB 55 – Massage Therapy (Sen. Brenner) (companion bill HB 81)

To make changes to the laws governing massage establishments and massage therapy.

Of Note:

- Requires any individual practicing massage within the state to obtain the current massage therapy license issued by the State Medical Board.

Status: Introduced in Senate 2/9/2021. 1st Senate Health hearing 2/24/2021. 2nd Senate Health hearing 3/3/2021. 3rd Senate Health hearing 3/10/2021. 4th Senate Health hearing 3/17/2021. 5th Senate Health hearing 5/19/2021. Passed out of Senate Health Committee 5/19/2021.

HB 356 – Drugs (Rep. Loychik and Rep. Bird)

Regarding drug offenses and treatment.

Of Note:

- Proposes to reduce the abuse of prescription opioids, establish addiction treatment facilities, increase penalties for drug trafficking violations, modify penalties for drug possession, require an offender convicted of a drug possession or drug trafficking offense involving certain drugs to be subject to ten years of post-release control, allow a criminal defendant who has a severe substance use disorder involving certain drugs to be confined by a state detoxification provider while awaiting trial, create restitution work programs, and make an appropriation.
- Limits opioid prescriptions for acute pain to three days. Then, re-examination of the patient is required, and the prescriber may issue a new prescription for more than 3 days.
- Allows health related licensing board to adopt rules specifying circumstances under which a prescriber may issue an initial prescription for an opioid to treat acute pain in an amount that exceeds three days.

Status: Introduced in the House 6/21/2021. 1st House Criminal Justice hearing 11/10/2021. 2nd House Criminal Justice hearing 3/24/2022. 3rd House Criminal Justice hearing 4/6/2022

HB 476 – Create Parkinson’s disease registry; change awareness month (Rep. Bird and Rep. Lightbody)

Establish a Parkinson's disease registry and to change the observance of "Parkinson's Disease Awareness Month" from September to April

Of Note:

- Requires that each individual case of Parkinson's disease be reported to the registry by the physician, physician assistant, group practice, hospital or health care facility that employs the professional who diagnosed or treated the patients Parkinson's disease
- A health care provider may be disciplined by the provider's licensing board for failure to comply with the bill's reporting requirements

Status: Passed out of the House 4/6/2022. Referred to Senate Health committee 5/18/2022

HB 631 – Promote Alternative Treatments for COVID (Rep. Jordan)

To protect the health care professional-patient relationship, to promote alternative drugs and therapies for the treatment of SARS-CoV-2, including its variants, and COVID-19.

Of Note:

- Allows for off label drug use for patients diagnosed with COVID-19 or its variants
- Requires each health board and department to promote and increase distribution of these drugs
- Denies the department of health, state medical board or board of nursing from suppressing the promotion or access to these drugs
- Denies reprimand of health care professionals for prescribing or promoting these drugs

Status: Introduced in House 4/21/2022. Referred to House Civil Justice committee 5/17/2022

SB 296 – Narcotics (Sen. Manning and Sen. S. Huffman)

Regards access to naloxone and certain narcotics testing products

Of Note:

- Adds physician assistants and advanced practice registered nurses to those who may authorize a pharmacist or pharmacy intern to dispense naloxone without a prescription.

Status: Introduced in the Senate 2/15/2022. 1st Senate Health hearing 3/16/2022. 2nd Senate Health hearing 3/23/22. 3rd Senate Health hearing 3/30/2022. 4th Senate Health hearing 4/6/2022

SB 311 – Coroners and Death Certificates (Sen. S. Huffman and Sen. Johnson)

Revise the law governing coroners and death certificates

Of Note:

- Requires that collaboration agreements between APRN's and collaborating physicians, and supervision agreements between physician assistants and supervising physicians, contain an agreement that the physician must complete and sign the medical certificate of death, regardless of coroner jurisdiction

Status: Introduced in the Senate 3/10/2022. 1st Senate Health hearing 3/30/2022. 2nd Senate Health hearing 4/6/2022

HB 64 – Regards fraudulent assisted reproduction (Rep. Powell)

To create the crime of fraudulent assisted reproduction and civil actions for an assisted reproduction procedure without consent.

Of Note:

- Prohibits a health care professional from purposely or knowingly using human reproductive material from a donor while performing an assisted reproduction procedure if the person receiving the procedure has not expressly consented to the use of that donor's material.
- Creates the crime of fraudulent assisted reproduction, making it a third-degree felony and allows for civil action against a fertility doctor within ten years of the offense.

Status: Introduced in the House 2/4/2021. 1st House Criminal Justice hearing 2/25/2021. 2nd House Criminal Justice hearing 3/17/2021. 3rd House Criminal Justice hearing 3/3/2022. 4th House Criminal Justice hearing 4/6/2022. Reported out of House Criminal Justice 4/6/2022

HB 451- Physician administered drugs (Rep. Manning, Rep. Oelslager)

To amend the law related to physician-administered drugs

Of Note:

- Prohibits a health benefit plan from requiring that physician-administered drugs be dispensed by a pharmacy, limiting coverage when such drugs are not dispensed by a pharmacy or affiliated pharmacy, or covering such drugs with higher cost-sharing if dispensed in a setting other than a pharmacy

Status: 1st House Insurance hearing 1/26/22. 2nd House Insurance hearing 2/9/2022. 3rd House Insurance hearing 3/23/2022. 4th House Insurance hearing 5/18/2022. 5th House Insurance hearing 5/25/2022

HB 50 – Medical Devices (Rep. Miranda)

Enact Paige's Law re: medical identifying devices

Of Note:

- Modifies the law governing the use of medical identifying devices, including by recognizing devices containing bar or quick response codes that may be scanned to obtain medical information in an emergency

Status: Introduced in the House 2/4/2021. 1st House Health hearing 1/25/2022. 2nd House Health hearing 2/15/2022. 3rd House Health hearing 5/17/2022

HB 378 – Abortion Reversal (Rep. Koehler and Rep. Fowler Arthur)

Regarding pretreatment notice about the possibility of reversing a mifepristone abortion.

Of Note:

- Prohibits a physician from performing a mifepristone abortion without both informing the patient of the possibility to reverse the mifepristone abortion if she changes her mind and providing information from the Department of Health website on assistance with reversing the effects of the of the mifepristone abortion
- Criminalizes violations of the previous requirements as a misdemeanor of the first degree.
- Allows a patient who a mifepristone abortion is performed on to file a wrongful death suit against an individual who fails to inform the patient of the possibility of reversal.

Status: Introduced in the House 7/15/2021. Referred to House Health 9/16/2021. 1st House Health hearing 2/15/2022. 2nd House Health hearing 3/8/2022. 3rd House Health hearing 3/22/2022

Closely monitoring

HB 41– Exempt mental health care providers' info from Public Records Law (Rep. Lanese and Rep. Liston)

To exempt certain mental health care providers' residential and familial information from disclosure under the Public Records Law.

Of Note:

- Adds forensic mental health providers, mental health evaluation providers, and regional psychiatric hospital employees to the list of professions, consolidated in continuing law into the term “designated public service worker,” whose residential and familial information is exempted from disclosure under the Public Records Law.

Status: Passed out the House 2/4/2021. 1st Senate Health hearing 3/24/2021. 2nd Senate Health hearing 10/6/2021

HB 435 – Vaccinations (Rep. Carfagna and Rep. Seitz)

To extend certain timelines for qualified civil immunity and expand immunity to include hearing aid dealers and hearing aid fitters; to authorize emergency medical technicians to administer COVID-19 tests; to expressly cover COVID-19 vaccine injuries under the workers' compensation system.

Of Note:

- Sunsets June 30, 2023
- Provides vaccine mandate exemption for vaccines that have not received an FDA biologics license.
- Most public and private sector would be able to receive exemptions:
 - a) Medical contraindications; - shall provide a written statement from primary care provider
 - b) Natural immunity: - responsible for any costs or fees associated with demonstrating natural immunity to the employer.

- c) Reasons of conscience, including religious convictions. -shall provide a written statement

Status: Introduced in the House 9/28/2021. Reported 9/29/2021. Re-referred to House Rules and Reference 9/29/2021.

SB 150 – Physician Contracts (Sen. Johnson and Sen. Williams)

To prohibit the use of noncompete provisions in physician employment contracts.

Of Note:

- Would prohibit the use of noncompete provisions in physician employment contracts.

Status: Introduced in the Senate 3/31/2021. 1st Senate Small Business & Economic Opportunity hearing 5/5/2021. 2nd Senate Small Business & Economic Opportunity hearing 5/12/2021. 3rd Senate Small Business & Economic Opportunity hearing 10/27/21.

SB 151 – Infant Medical Treatment (Sen. Johnson)

To establish standards for the medical treatment of certain infants and to name the act Emery and Elliot's Law.

Of Note:

- Outlines medical treatment for mothers and infants in emergency situations or infants with a disability.

Status: Introduced in the Senate 3/31/2021. 1st Senate Health hearing 6/2/2021. 2nd Senate Health hearing 9/15/2021

SB 48 – Cultural Competency (Sen. Maharath and Sen. Antonio)

To require certain health care professionals to complete instruction in cultural competency.

Of Note:

- Requires certain health care professionals to complete instruction in cultural competency and provide proof of completion at initial application for licensure and at renewal.
- Includes: dentists, nurses, pharmacists, physicians, psychologists, and social workers.

Status: Introduced in the Senate 2/3/2021. 1st Senate Health hearing 6/16/2021.

HB 160 – Health Estimates (Health care price transparency) (Rep. Holmes)

Regarding the provision of health care cost estimates.

Of Note:

- Authorizes the relevant regulatory boards to impose administrative remedies on a health plan issuer or health care provider who fails to comply with the bill's health care price transparency provisions.

Status: Introduced in the House 2/18/2021. 1st House Insurance Hearing 3/10/2021.

HB 43– Authorize public bodies to meet via video- and teleconference (Rep. Sobecki and Rep. Hoops)

To authorize public bodies to meet via teleconference and video conference.

Of Note:

- Allows public bodies to meet and hold hearings via teleconference or video conference.
- Requires public bodies to provide the public with access to meetings and hearings commensurate with the method in which the meeting is being conducted.

Status: Introduced in the House 2/4/2021. Referred to House Government Oversight committee 2/4/2022. 1st House Government Oversight hearing 2/11/2021.

SB 123 – Abortion (Sen. Roegner and Sen. O'Brien) (companion HB 598)

To enact the Human Life Protection Act to prohibit abortions based upon a condition precedent.

Of Note:

- Prohibits, as the crime of criminal abortion, a person from purposely causing or inducing an abortion by using a drug or substance or an instrument or other means.
- Provides that criminal abortion is a felony of the fourth degree.
- Provides an affirmative defense to a criminal abortion charge if the physician performed or induced the abortion, or attempted to do so, under the determination that it was necessary to prevent the woman's death or a serious risk of the substantial and irreversible impairment of a major bodily function.
- Requires the State Medical Board to revoke a physician's license to practice if the physician is guilty of abortion manslaughter, criminal abortion, or promoting abortion.

Status: Introduced in the Senate 3/9/2021. 1st Senate Health hearing 9/29/2021. 2nd Senate Health Hearing 10/27/2021.

HB 598 – Abortion (Rep. Schmidt) (companion SB 123)

To enact the Human Life Protection Act to prohibit abortions based upon a condition precedent

Of Note:

- Prohibits, as the crime of criminal abortion, a person from purposely causing or inducing an abortion by using a drug or substance or an instrument or other means.
- Provides that criminal abortion is a felony of the fourth degree.
- Provides an affirmative defense to a criminal abortion charge if the physician performed or induced the abortion, or attempted to do so, under the determination that it was necessary to prevent the woman's death or a serious risk of the substantial and irreversible impairment of a major bodily function.
- Requires the State Medical Board to revoke a physician's license to practice if the physician is guilty of abortion manslaughter, criminal abortion, or promoting abortion.

Status: Introduced in the House 3/15/2022. Referred to House Government Oversight 3/22/2022. 1st House Government Oversight hearing 4/27/2022. 2nd House Government Oversight hearing 5/19/2022. 3rd House Government Oversight hearing 5/26/2022.

SB 161 – Surgical Smoke (Sen. Brenner)

Regards surgical smoke.

Of Note:

- Requires that not later than one year after the effective date of enactment, each ambulatory surgical facility shall adopt and implement a policy designed to prevent human exposure to surgical smoke during any planned surgical procedure that is likely to generate surgical smoke.
- The policy shall include the use of a surgical smoke evacuation system.

Status: Introduced in the Senate 4/15/2021. 1st Senate Health hearing 9/22/2021. 2nd Senate Health hearing 11/10/2021. 3rd Senate Health hearing 3/16/2022.

SB 206 – Art & Music Therapists (Sen. Yuko and Sen. Brenner) (companion HB 359)

To license and regulate art therapists and music therapists.

Of Note:

- Creates a new license type for music therapists to be regulated under the Medical Board

Status: Introduced in the Senate 7/1/2021. Assigned to Senate Health 9/8/2021. 1st Senate Health hearing 5/18/2022

HB 359 – Art & Music Therapists (Rep. Russo and Rep. Callender) (companion SB 206)

To license and regulate art therapists and music therapists.

Of Note:

- Creates a new license type for music therapists to be regulated under the Medical Board

Status: Introduced in the House 6/24/2021. Referred to House State and Local Government 9/21/2021. Referred to House Primary & Secondary Education 6/25/2021

HB 221 – Advanced Practice Registered Nurses (Rep. Brinkman and Rep. Gross)

To modify the laws governing the practice of advanced practice registered nurses and to designate these provisions as the Better Access, Better Care Act.

Of Note:

- Would allow an APRN who has completed 2,000 clinical practice hours under a standard care arrangement the option to practice without a collaboration agreement.
- Allows an APRN who has not completed the required hours to enter into a standard care arrangement with an APRN who has completed 2,000 clinical practice hours.

Status: Introduced in the House 3/17/2021. Referred to House Health 3/23/2021.

HB 355 – Pregnancy (Rep. Boggs and Rep. Hicks-Hudson)

To authorize a pregnant minor to consent to receive health care to maintain or improve her life or the life of the unborn child she is carrying.

Of Note:

- Allows a pregnant minor to consent to receive health care, such as prenatal health care, health care during delivery, post-delivery health care, and family planning services, to maintain or improve her life or the life of the unborn child she is carrying.
- States that the bill does not remove or limit any person's responsibility under Ohio law to report child abuse or neglect.

Status: Introduced in the House 5/19/2021. Referred to House Families, Aging and Human Services 6/24/2021.

HB 388 – Vaccine Refusal (Rep. Jordan)

To prohibit taking certain actions against an individual because the individual refuses to be vaccinated against a disease.

Of Note:

- Prohibits certain discriminatory actions against unvaccinated people

Status: Introduced in the House 8/12/2021.

HB 402 – Ohio Midwife Practice Act (Rep. Boyd and Rep. Hicks-Hudson)

To regulate the practice of certified professional midwives and to name this act the Ohio Midwife Practice Act.

Of Note:

- Regulates the practice of certified professional midwives

Status: Introduced in the House 8/12/2021. Referred to House Families, Aging and Human Services 9/21/2021.

HB 495- Create Patient Protection Act (Representative Gross)

Of Note:

- Requires specified health care professionals (including physicians, PA's, anesthesiology assistants, limited branch licensees, acupuncturists and genetic counselors) to offer patients medical chaperones and to establish certain mandatory reporting requirements for health care professionals.
- The health care professional may refuse to conduct an exam if the patient or patient's representative declines to have a medical chaperone present during the exam

Status: Introduced in the House 11/23/2021. Referred to the House Families Aging and Human Services 12/7/2021

HB 496 – Regulate the Practice of Certified Midwives (Rep. Koehler)

To regulate the practice of certified nurse-midwives, certified midwives, and certified professional midwives

Of Note:

- Regulates the practice of certified professional midwives

Status: Introduced in the House 11/29/2021. Referred to House Families Aging and Human Services 12/7/21. 1st House Families, Aging & Human Services hearing 2/7/2022. 2nd House Families, Aging & Human Services hearing 5/19/2022

HB 645 – Dispensing Pharmacies (Rep. Fraizer and Rep. Holmes)

To authorize the operation of remote dispensing pharmacies

Of Note:

- Authorized the operation of remote dispensing pharmacies and charges the State Board of Pharmacy with their regulations
- Requires a remote dispensing pharmacy to be staffed by two or more pharmacy interns or certified pharmacy technicians and overseen and operated by both a supervising pharmacy and pharmacist through the use of a telepharmacy system.

Status: Introduced in the House 5/11/2022. Referred to House Health 5/17/2022. 1st House Health hearing 5/24/2022.

HB 652 – Automated Rx Reporting System (Rep. Plummer and Rep. T. Young)

To revise the law governing the review of patient information in the Ohio Automated Rx Reporting System, to establish requirements on the dispensing of opioid analgesics, to provide for a cash transfer.

Of Note:

- Requires health related licensing boards to adopt guidelines regarding patient counseling and education to be provided by a health care professional when prescribing an opioid analgesic for five or more days
- Revises the law requiring prescribers to review patient information in OARRS, by eliminating an exception for an opioid analgesic prescribed or personally furnished for seven days

Status: Introduced in the House 5/12/2022. Referred to House Health committee 5/17/2022. 1st House Health hearing 5/24/2022

HB 680 – Preventative Care Act (Rep. T. Young and Rep. Stein)

Regards certain off-label use of drugs, products, and devices approved or authorized by the USFDA

Of Note:

- Allows for off-label drug treatment for patients at risk of having another qualifying condition
- Other qualifying condition means a preventable, acute or chronic health condition caused by a contagion that has resulted in the death of at least one person in this state

Status: Introduced in the House 5/16/2022. Referred to House Health committee 5/18/2022

HB 454 – Sex Alteration (Rep. Glick and Rep. Grendell)

Enact the Save Adolescents from Experimentation (SAFE) Act

Of Note:

- Bans physicians, mental health providers, or other medical health care professionals from performing gender transition procedures or referring to a medical health care professional for gender transition procedures if the individual is under 18 years old
- Any violation will be considered unprofessional conduct and subject to disciplinary action from the licensing body

Status: Introduced in the House 10/19/2021. Referred to House Families, Aging and Human Services 10/26/2021. 1st House Families, Aging and Human Services hearing 2/17/2022. 2nd House Families, Aging and Human Services hearing 5/19/2022. 3rd House Families, Aging and Human Services hearing 5/26/2022. 4th House Families, Aging and Human Services hearing 6/1/2022.

Operationalizing

SB 6 – Join Interstate Medical Licensure Compact (Sen. Roegner and Sen. Steve Huffman)

Of Note:

- Actively working through implementation

Status: Passed out of the legislature 6/24/2021. Signed by Governor DeWine 7/1/2021. Required to be operational by 9/28/2022.

HB 110 – State Operating Budget (Rep. Oelslager)

Creates appropriations for FY 2022-2023.

Of Note:

- The Medical Board budget request was granted in the first version of the bill and remained in the final version.

Status: Passed out of the legislature 6/28/2021. Signed by Governor DeWine 6/30/2021. Provisions with appropriations are effective 6/30/2021. All other provisions are effective 9/30/2021.

Sub HB 51- Valuation determinations for property damage from natural events with language to reauthorize remote hearing authority for Ohio public entities. Contains emergency clause.

Of Note:

- Public bodies could choose to meet remotely through June 30.

Status: House concurred in Senate Amendments 2/9/2022. Signed by Governor DeWine (2/17/2022). Effective date 2/17/2022

SB 9 – Regulations (Sen. McColley and Sen. Roegner)

To reduce regulatory restrictions in administrative rules.

Of Note:

- Requires certain agencies to reduce the number of regulatory restrictions in their administrative rules.
- Changes the criteria that all agencies must use when conducting a five-year review of an existing rule to match the act's criteria for elimination of regulatory restrictions

Status: Passed out of the Senate 3/10/2021. Third hearing in House Government Oversight held 10/28/2021. Passed House 3/2/2022. Senate concurred in House Amendments 3/2/2022. Signed by Governor DeWine 3/10/2022. Effective Date: 6/7/2022

HB 193 – Electronic Prescriptions (Rep. Cutrona and Rep. Pavliga)

Regarding electronic prescriptions and schedule II-controlled substances.

Of Note:

- Requires that all schedule II drugs be prescribed electronically.
- Exceptions a prescriber may issue a written rather than electronic prescriptions for a schedule II controlled substance: temporary technical, electrical, or broadband failure; prescription is issued for a nursing home resident or hospice care patient; the prescriber is employed by or under contract with the same entity that operates the pharmacy; the prescriber determines that an electronic prescription cannot be issued in

a timely manner and the patient's medical condition is at risk; the prescriber issues per year not more than 50 prescriptions for schedule II controlled substances; prescription issued from a health care facility or emergency department and the prescriber determines an electronic prescription would be impractical

- Amended – Modifies a provision of existing law, which allows a physician licensed in another state or territory, but unlicensed in Ohio, to provide consultation to physician licensed in Ohio, by requiring that the Ohio-licensed physician who receives the consultation from the out-of-state physician must have an established physician-patient relationship with the patient who is the subject of the consultation

Status: Passed out of the House 6/23/2021. 1st Senate Health hearing 10/20/2021. 2nd Senate Health hearing 11/17/21. 3rd Senate Health hearing 1/26/2022. 4th Senate Health hearing 6/1/2022. Reported out of Senate Health 6/1/2022. Passed out of the Senate 6/1/2022. House concurred with Senate amendments 6/1/2022. Signed by Governor 6/24/2022. Effective 9/24/2022

Enacted but no operational changes needed

HB 6 – Modify laws governing certain professions due to COVID-19 (Rep. Roemer)

To modify the laws governing certain health professionals and educator preparation programs due to COVID-19.

Of Note:

- Allows pharmacists to administer immunization for influenza, COVID-19, and any other disease but only pursuant to prescription for persons seven or older.
- Allows pharmacists to administer immunizations for a disease to those 13 and older.
- Allows podiatrists to administer vaccinations for individuals seven and older for influenza and COVID-1.

Status: Enacted 5/14/2021. Certain provisions effective 10/9/2021.

HB 176 – Athletic Training (Rep. Carfagna and Rep. Hall)

To revise the law governing the practice of athletic training.

Of note:

- Makes changes to the law governing the practice of athletic training, including by requiring an athletic trainer to practice under a collaboration agreement with a physician or podiatrist.
- Amendment was included in the final version to prohibit an athletic trainer from administering intratendinous and intra-articular injections.

Status: Passed out of the House 5/5/2021. Passed out of the Senate 9/28/2021. Signed 10/28/2021. Effective 1/25/2022.

HB 37– Emergency Prescription Refills (Rep. Gayle Manning)

Regards emergency prescription refills.

Of Note:

- Increases from one to three the number of times that a pharmacist may dispense, without a prescription, certain drugs (dangerous drugs, other than a schedule II controlled substance) to a specific patient within a 12-month period.

Status: Passed out the House 5/5/2021. Third Senate Health hearing 10/6/2021. 1/26/22, voted out of Senate Health Committee with one technical amendment from LSC. Passed Senate 2/9/2022. House concurred in Senate Amendments 2/16/2022. Signed by Governor DeWine 3/2/2022. Effective 6/1/2022

HB 138 – Emergency Medical Services (Rep. Baldridge)

Regarding the scope of emergency medical services provided by emergency medical service personnel.

Of Note:

- Eliminates the enumeration of specific services that may be provided by emergency medical services (EMS) personnel.
- Requires the State Board of Emergency Medical, Fire, and Transportation Services to establish the scope of practice for EMS personnel through rulemaking.
- Permits EMS personnel to comply with a do-not-resuscitate order issued by a physician assistant or advanced practice registered nurse.
- Requires the medical director or cooperating physician advisory board of each EMS organization to establish protocols for EMS personnel to follow when providing services at all times.

Status: Passed out of the House 6/16/2021. 1st Senate Health hearing 9/29/2021. 2nd Senate Health hearing 10/20/2021. 3rd Senate Health hearing 2/9/2022. 4th Senate Health hearing. Reported out of Senate Health 3/2/2022. Passed out of the Senate 3/16/2022. House Concurred in Senate Amendments 3/23/2022. Signed by Gov. DeWine 4/6/2022, Effective Date 7/4/2022