



**Rules & Policies Agenda for Board Meeting
December 10, 2025**

- A. Rule Review Update
 - B. Respiratory Care Professional Rules
 - C. Department of Developmental Disabilities Proposed Rules
 - D. Annual Review of Disqualifying Offenses List
 - E. Office Based Surgery Rules
 - F. Legislative Update
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MEMORANDUM

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

FROM: Kimberly C. Anderson, Chief Legal Counsel

RE: Rule Review Update

DATE: November 25, 2025

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

Requested Action: No action requested.

Legal Dept. Rules Schedule

As of November 25, 2025

No Change-JCARR Jurisdiction Ends 1/28/26

Limited Branches of Medicine and Surgery

4731-1-02

4731-1-05

4731-1-06

Consult Agreements

4731-35-01

4731-35-02

Military Provisions

4731-36-03

4731-36-04

Prescribing Rules

4731-11-13

Respiratory Care Rules (Chapter 4761)

4761-2-03

4761-4-01

4761-4-02

4761-5-06

4761-7-03

4761-7-04

4761-7-05

4761-9-01

4761-9-03

4761-9-04

4761-9-05

4761-10-01

4761-10-02

4761-10-03

Rules Filed with JCARR 10/24/25, Public Hearing

12/3/25; JCARR Meeting 12/8/25

Criminal Records Checks

4731-4-01

4731-4-02

Military Provisions

4731-36-01

4731-36-02

Prescribing Rules

4731-11-01

4731-11-14

4731-29-01

Respiratory Care Rules (Chapter 4761)

4761-3-01

4761-5-02

4761-5-04

4761-6-01

4761-7-01

4761-8-01

Rules Proposed to File with CSI

Office Based Surgery Rules

4731-25-01 4731-25-05

4731-25-02 4731-25-06

4731-25-03 4731-25-07

4731-25-04 4731-25-08

Respiratory Care Professional Rules

4761-5-01 4761-9-02

4761-9-07

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4730-1-01	Regulation of Physician Assistants - Definitions		06/12/19	07/16/19	11/07/19	06/18/20	No change rule			09/16/20	06/18/25	Extension-12-15-25
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	Extension-12-15-25
4730-1-06	Licensure as a physician assistant	04/01/24	06/11/24	01/14/25	04/25/25	07/30/25	09/03/25	09/15/25	10/08/25	10/31/25	10/31/30	
4730-1-07	Miscellaneous Provisions	06/21/23	07/12/23	07/25/23	08/11/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	02/28/28	
4730-2-01	Physician Delegated Prescriptive Authority - Definitions		06/12/19	07/16/19	11/07/19	06/18/20	No change rule	01/30/23	02/08/23	02/28/23	02/28/28	
4730-2-04	Period of on-site supervision of physician-delegated prescriptive authority	04/01/24	06/11/24	01/14/25	04/25/25	07/30/25	No Change	10/28/25	NA	10/28/25 JE	07/30/30	
4730-2-05	Addition of valid prescriber number after initial licensure	04/01/24	06/11/24	01/14/25	04/25/25	07/30/25	No Change	10/28/25	NA	10/28/25 JE	07/30/30	
4730-2-07	Standards for Prescribing	02/12/22	05/11/22	05/16/22	09/22/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	5-2-25-Section (E) enjoined by court order
4730-2-10	Standards and Procedures for use of OARRS	04/01/24	06/11/24	01/14/25	04/25/25	07/30/25	No change	10/28/25	NA	10/28/25JE	07/30/30	
4730-4-01	Definitions	09/15/23	03/13/24	04/04/24	07/15/24	07/25/24	08/29/24	09/09/24	10/09/24	10/31/24	10/31/29	
4730-4-02	Standards and procedures for withdrawal management for drug or alcohol addiction	09/15/23	03/13/24	04/04/24	07/15/24	07/25/24	08/29/24	09/09/24	10/09/24	10/31/24	10/31/29	
4730-4-03	Office Based Treatment for Opioid addiction	09/15/23	03/13/24	04/04/24	07/15/24	07/25/24	08/29/24	09/09/24	10/09/24	10/31/24	10/31/29	
4730-4-04	Medication assisted treatment using naltrexone	09/15/23	03/13/24	04/04/24	07/15/24	07/25/24	08/29/24	09/09/24	10/09/24	10/31/24	10/31/29	
4731-1-01	Limited Practitioners - Definition of Terms	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-1-02	Application of Rules Governing Limited Branches of Medicine or Surgery	04/16/25	05/14/25	08/06/25	09/26/25	10/30/25	NA		NA	1/28/26 JE	10/30/30	
4731-1-03	General Prohibitions	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-1-04	Scope of Practice: Mechanotherapy	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-1-05	Scope of Practice: Massage Therapy	04/16/25	05/14/25	08/06/25	09/26/25	10/30/25	NA		NA	1/28/26 JE	10/30/30	
4731-1-06	Scope of Practice: Naprapathy	04/16/25	05/14/25	08/06/25	09/26/25	10/30/25	NA		NA	1/28/25 JE	10/30/30	
4731-1-07	Eligibility of Electrologists Licensed by the Ohio State Board of Cosmetology to Obtain Licensure as Cosmetic Therapists Pursuant to Chapter 4731 ORC and Subsequent Limitations	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4731-1-08	Continuing Cosmetic Therapy Education Requirements for Registration or Reinstatement of a License to Practice Cosmetic Therapy	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-1-09	Cosmetic Therapy Curriculum Requirements	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-1-10	Distance Education	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-1-11	Application and Certification for certificate to practice cosmetic therapy	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-1-12	Examination			09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-1-15	Determination of Standing of School, College or Institution	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-1-16	Massage Therapy curriculum rule (Five year review)	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-1-17	Instructional Staff	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-1-18	Grounds for Suspension, Revocation or Denial of Certificate of Good Standing, Hearing Rights	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-1-19	Probationary Status of a limited branch school	06/17/21		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-2-01	Public Notice of Rules Procedure	05/15/22			10/31/22	09/28/22				09/28/22	09/28/27	
4731-4-01	Criminal Records Checks - Definitions	01/15/25	04/09/25	04/22/25	09/02/25	10/24/25	12/03/25	12/08/25		09/30/19	09/30/24	
4731-4-02	Criminal Records Checks	01/15/25	04/09/25	04/22/25	09/02/25	10/24/25	12/03/25	12/08/25		09/30/19	09/30/24	
4731-5-01	Admission to Examinations	05/15/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-5-02	Examination Failure; Inspection and Regrading	05/15/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-5-03	Conduct During Examinations	05/15/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-5-04	Termination of Examinations	05/15/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-6-01	Medical or Osteopathic Licensure: Definitions	01/15/25	04/09/25	04/22/25	06/13/25	07/30/25	09/03/25	09/15/25	10/08/25	10/31/25	10/31/30	
4731-6-02	Preliminary Education for Medical and Osteopathic Licensure	01/15/25	04/09/25	04/22/25	06/13/25	07/30/25	No change	10/28/25	NA	10/28/25JE	07/30/30	
4731-6-04	Demonstration of proficiency in spoken English	05/15/22		09/22/22	10/31/22	11/14/22			no change	11/14/22	11/14/27	
4731-6-05	Format of Medical and Osteopathic Examination		09/08/21	09/24/21	10/27/21	10/29/21	12/03/21		01/12/22	01/31/22	01/31/27	
4731-6-14	Examination for physician licensure	01/15/25	04/09/25	04/22/25	06/13/25	07/30/25	09/03/25	09/15/25	10/08/25	10/31/25	10/31/30	
4731-6-15	Eligibility for Licensure of National Board Diplomats and Medical Council of Canada Licentiatees	01/15/25	04/09/25	04/22/25	06/13/25	07/30/25	09/03/25	09/15/25	10/08/25	10/31/25	Rescinded	
4731-6-21	Application Procedures for Certificate Issuance; Investigation; Notice of Hearing Rights	01/15/25	04/09/25	04/22/25	06/13/25	07/30/25	No change	10/28/25	NA	10/28/25JE	07/30/30	

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4731-6-22	Abandonment and Withdrawal of Medical and Osteopathic Licensure Applications	01/15/25	04/09/25	04/22/25	06/13/25	07/30/25	09/03/25	09/15/25	10/08/25	10/31/25	10/31/30	
4731-6-30	Training Certificates	01/15/25	04/09/25	04/22/25	06/13/25	07/30/25	09/03/25	09/15/25	10/08/25	10/31/25	10/31/30	
4731-6-31	Limited Preexamination Registration and Limited Certification	01/15/25	04/09/25	04/22/25	06/13/25	07/30/25	09/03/25	09/15/25	10/08/25	10/31/25	Rescinded	
4731-6-33	Special Activity Certificates	01/15/25	04/09/25	04/22/25	06/13/25	07/30/25	No change	10/28/25	NA	10/28/25	07/30/30	
4731-6-34	Volunteer's Certificates	01/15/25	04/09/25	04/22/25	06/13/25	07/30/25	09/03/25	09/15/25	10/08/25	10/31/25	10/31/30	
4731-7-01	Method of Notice of Meetings	03/04/24	04/10/24	11/26/24	01/13/25	01/27/25	N/A	04/08/25	NA	NA	04/27/30	
4731-8-01	Personal Information Systems	04/29/20		10/05/20	11/18/20	02/11/21			no change	02/11/21	02/11/26	
4731-8-02	Definitions	04/29/20		10/05/20	11/18/20	02/11/21			no change	02/11/21	02/11/26	
4731-8-03	Procedures for accessing confidential personal information	04/29/20		10/05/20	11/18/20	02/11/21			no change	02/11/21	02/11/26	
4731-8-04	Valid reasons for accessing confidential personal information	04/29/20		10/05/20	11/18/20	02/11/21	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26	
4731-8-05	Confidentiality Statutes	04/29/20		10/05/20	11/18/20	02/11/21	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26	
4731-8-06	Restricting & Logging access to confidential personal information	04/29/20		10/05/20	11/18/20	02/11/21	N/A		no change	02/11/21	02/11/26	
	Record of Board Meetings; Recording, Filming, and Photographing of Meetings	03/04/24	04/10/24	11/26/24	01/13/25	07/30/25	09/03/25	09/15/25	10/08/25	10/31/25	10/31/30	
4731-10-01	Definitions	10/25/19		05/26/20		Revised filing 11/3/20 10/30/20	12/04/20	12/07/20	05/12/21	05/31/21	05/31/26	
4731-10-02	Requisite Hours of Continuing Medical Education for License Renewal or Reinstatement	10/25/19		05/26/20		Revised filing 11/3/20 10/30/20	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26	
4731-10-03	CME Waiver	10/25/19		05/26/20		Revised filings 11/24 & 11/3 - orig 10/30/20	12/04/20	12/07/20	05/12/21	05/31/21	05/31/26	
4731-10-04	Continuing Medical Education Requirements for Restoration of a License	10/25/19		05/26/20		Revised filings 11/24 & 11/3 - orig 10/30/20	12/04/20	12/07/20	05/12/21	05/31/21	05/31/26	

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4371-10-08	Evidence of Continuing Medical Education	10/25/19		05/26/20		Revised filings 11/24 & 11/3 - orig 10/30/20	03/15/21	03/29/21	05/12/21	05/31/21	05/31/26	
4731-11-01	Controlled substances; General Provisions Definitions	04/16/25	05/14/25	08/06/25	09/26/25	10/24/25	12/03/25	12/08/25			10/31/25	
4731-11-02	Controlled Substances - General Provisions	07/26/19	11/13/19	10/05/20		05/27/21			no change		05/27/26	
4731-11-03	Schedule II Controlled Substance Stimulants			09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-11-04	Controlled Substances: Utilization for Weight Reduction			09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-11-04.1	Controlled substances: Utilization for chronic weight management			09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	Recinded	Rescinded
4731-11-07	Research Utilizing Controlled Substances	07/26/19	11/13/19	10/05/20		05/27/21			no change		05/27/26	
4731-11-08	Utilizing Controlled Substances for Self and Family Members	01/25/21	03/10/21	03/18/21	04/23/21	05/27/21			no change		05/27/26	
4731-11-09	Controlled Substance and telehealth prescribing	02/12/22	05/11/22	05/16/22	09/22/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-11-11	Standards and procedures for review of "Ohio Automated Rx Reporting System" (OARRS).	07/26/19	11/13/19	10/05/20		05/27/21	06/28/21		09/08/21	09/30/21	09/30/26	
4731-11-13	Prescribing of Opioid Analgesics for Acute Pain	04/16/25	05/14/25	08/06/25	09/26/25	10/30/25	NA		NA	1/28/26 JE	10/30/30	
4731-11-14	Prescribing for subacute and chronic pain	04/16/25	05/14/25	08/06/25	09/26/25	10/24/25	12/03/25	12/08/25			12/23/23	
4731-12-01	Preliminary Education for Licensure in Podiatric Medicine and Surgery	04/18/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-12-02	Standing of Colleges of Podiatric Surgery and Medicine	04/18/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/02/23	02/28/28	
4731-12-03	Eligibility for the Examination in Podiatric Surgery and Medicine	04/18/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-12-04	Eligibility of Licensure in Podiatric Medicine and Surgery by Endorsement from Another State	04/18/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-12-05	Application Procedures for Licensure in Podiatric Medicine and Surgery, Investigation, Notice of Hearing Rights.	04/18/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-12-06	Visiting Podiatric Faculty Certificates	04/18/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23		Rescinded
4731-12-07	Podiatric Training Certificates	04/18/22		09/22/22	10/31/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-13-01	Conduct of Hearings - Representative; Appearances	08/26/20	10/14/20	10/23/20	04/02/21	04/12/21	05/17/21	06/07/21	07/14/21	07/31/21	07/31/26	

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

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

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

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4731-22-04	Continuing Education Requirements	09/15/23	10/11/23	11/02/23	11/27/23	11/28/23	01/04/24	01/08/24	02/14/24	rescinded		
4731-22-06	Renewal of Cycle of Fees	09/15/23	10/11/23	11/02/23	11/27/23	11/28/23	01/04/24	01/08/24	02/14/24	rescinded		
4731-22-07	Change to Active Status	09/15/23	10/11/23	11/02/23	11/27/23	11/28/23	01/04/24	01/08/24	02/14/24	rescinded		
4731-22-08	Cancellation of or Refusal to Issue an Emeritus Registration	09/15/23	10/11/23	11/02/23	11/27/23	11/28/23	01/04/24	01/08/24	02/14/24	rescinded		
4731-23-01	Delegation of Medical Tasks - Definitions	01/25/21	03/10/21	03/18/21	04/23/21	05/27/21			no change		05/27/26	
4731-23-02	Delegation of Medical Tasks	01/25/21	03/10/21	03/18/21	04/23/21	refiled 7/14/21 5/27/2021	06/28/21		09/08/21	09/30/21	09/30/26	
4731-23-03	Delegation of Medical Tasks: Prohibitions	01/25/21	03/10/21	03/18/21	04/23/21	05/27/21			no change		05/27/26	
4731-23-04	Violations	01/25/21	03/10/21	03/18/21	04/23/21	05/27/21			no change		05/27/26	
4731-24-01	Anesthesiologist Assistants - Definitions	04/01/24	06/11/24	01/14/25	04/25/25	07/30/25	09/03/25	09/15/25	10/08/25	10/31/25	10/31/30	
4731-24-02	Anesthesiologist Assistants; Supervision	04/01/24	06/11/24	01/14/25	04/25/25	07/30/25	No change	10/28/25	NA	10/28/25 JE	07/30/30	
4731-24-03	Anesthesiologist Assistants; Enhanced Supervision	04/01/24	06/11/24	01/14/25	04/25/25	07/30/25	09/03/25	09/15/25	10/08/25	10/31/25	Rescinded	
4731-25-01	Office-Based Surgery - Definition of Terms	10/17/25									03/01/23	
4731-25-02	General Provisions	10/17/25									05/18/29	
4731-25-03	Standards for Surgery Using Moderate Sedation/Analgesia	10/17/25									08/31/23	
4731-25-04	Standards for Surgery Using Anesthesia Services	10/17/25									05/31/23	
4731-25-05	Liposuction in the Office Setting	10/17/25									03/01/23	
4731-25-07	Accreditation of Office Settings	10/17/25									05/31/23	
4731-25-08	Standards for Surgery	10/17/25									09/30/24	
4731-26-01	Sexual Misconduct - Definitions	01/25/21	03/10/21	03/18/21	04/23/21	refiled 7/14/21 5/27/2021	06/28/21		09/08/21	09/30/21	09/30/26	
4731-26-02	Prohibitions	01/25/21	03/10/21	03/18/21	04/23/21	05/27/21	06/28/21		09/08/21	09/30/21	09/30/26	
4731-26-03	Violations; Miscellaneous	01/25/21	03/10/21	03/18/21	04/23/21	05/27/21	06/28/21		09/08/21	09/30/21	09/30/26	
4731-27-01	Definitions	03/04/24	04/10/24	11/26/24	01/13/25	01/27/25	Not Applicable	04/08/25	NA	NA	04/27/30	
4731-27-02	Dismissing a patient from the medical practice	03/04/24	04/10/24	11/26/24	01/13/25	01/27/25	Not Applicable	04/08/25	NA	NA	04/27/30	

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4731-27-03	Notice of termination of physician employment or physician leaving a practice, selling a practice, or retiring from the practice of medicine	03/04/24	04/10/24	11/26/24	01/13/25	01/27/25	Not Applicable	04/08/25	NA	NA	04/27/30	
4731-28-01	Mental or Physical Impairment	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	Rescinded	
4731-28-02	Eligibility for confidential monitoring program	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	Rescinded	
4731-28-03	Participation in the confidential monitoring program	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	Rescinded	
4731-28-04	Disqualification from continued participation in the confidential monitoring program	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	Rescinded	
4731-28-05	Termination of the participation agreement for the confidential monitoring program	07/28/23	08/09/23	08/11/23	08/31/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	Rescinded	
4731-29-01	Standards and procedures for operation of a pain management clinic.	04/16/25	05/14/25	08/06/25	09/26/25	10/24/25	12/03/25	12/08/25			06/30/22	
4731-30-01	Internal Management Definitions	07/21/25				09/03/25				09/30/25	09/30/30	
4731-30-02	Internal Management Board Metrics	07/21/25				09/03/25				09/30/25	09/30/30	
4731-30-03	Approval of Licensure Applications	07/21/25				09/03/25				09/30/25	09/30/30	
4731-30-04	Maintenance of List of Disqualifying Criminal Offenses	08/13/21				refiled 11-4-21			09/08/21	12/31/21	12/31/26	
4731-31-01	Requirements for assessing and granting clearance for return to practice or competition. (concussion rule)	03/04/24	04/10/24	11/26/24	01/13/25	01/30/25	03/05/25	03/24/25	04/09/25	04/30/25	04/30/30	
4731-32-01	Definition of Terms	02/09/23	03/08/23	03/30/23	08/31/23	11/28/23	01/04/24	01/08/24	02/14/24	02/29/24	02/28/29	
4731-32-02	Certificate to Recommend Medical Marijuana	02/09/23	03/08/23	03/30/23	08/31/23	11/28/23	01/04/24	01/08/24	02/14/24	02/29/24	02/28/29	
4731-32-03	Standard of Care	02/09/23	03/08/23	03/30/23	08/31/23	11/28/23	01/04/24	01/08/24	02/14/24	02/29/24	02/28/29	
4731-32-04	Suspension and Revocation of Certificate to Recommend	02/09/23	03/08/23	03/30/23	08/31/23	11/28/23	No change rule	01/08/24	N/A	02/27/24	11/28/28	
4731-32-05	Petition to Request Additional Qualifying Condition or Disease	02/09/23	03/08/23	03/30/23	08/31/23	11/28/23	No change rule	01/08/24	N/A	02/27/24	11/28/28	
4731-33-01	Definitions	09/15/23	03/13/24	04/04/24	07/15/24	07/25/24	08/29/24	09/09/24	10/09/24	10/31/24	10/31/29	
4731-33-02	Standards and procedures for withdrawal management for drug or alcohol addiction	09/15/23	03/13/24	04/04/24	07/15/24	07/25/24	08/29/24	09/09/24	10/09/24	10/31/24	10/31/29	
4731-33-03	Office-Based Treatment for Opioid Addiction	09/15/23	03/13/24	04/04/24	07/15/24	07/25/24	08/29/24	09/09/24	10/09/24	10/31/24	10/31/29	
4731-33-04	Medication Assisted Treatment Using Naltrexone	09/15/23	03/13/24	04/04/24	07/15/24	07/25/24	08/29/24	09/09/24	10/09/24	10/31/24	10/31/29	

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4731-34-01	Standards and Procedures to be followed by physicians when prescribing a dangerous drug that may be administered by a pharmacist by injection.	03/04/24	04/10/24	11/26/24	01/13/25	1/29/255	No change rule	04/08/25	NA	NA	04/27/30	
4731-35-01	Consult Agreements	04/16/25	05/14/25	08/06/25	09/26/25	10/30/25	NA		NA	1/28/26JE	10/30/30	
4731-35-02	Standards for managing drug therapy	04/16/25	05/14/25	08/06/25	09/26/25	10/30/25	NA		N/A	1/28/26JE	10/30/30	
4731-36-01	Military provisions related to education and experience requirements for licensure	04/16/25	05/14/25	08/06/25	09/26/25	10/24/25	12/03/25	12/08/25			01/31/27	
4731-36-02	Military provisions related to renewal of license and continuing education	04/16/25	05/14/25	08/06/25	09/26/25	10/24/25	12/03/25	12/08/25			12/31/20	
4731-36-03	Processing applications from service members, veterans, or spouses of service members or veterans.	04/16/25	05/14/25	08/06/25	09/26/25	10/30/25	NA		NA	1/28/26JE	10/30/30	
4731-36-04	Temporary license for military spouse	04/16/25	05/14/25	08/06/25	09/26/25	10/30/25	NA		NA	1/28/26JE	10/30/30	
4731-37-01	Telehealth	02/12/22	05/11/22	05/16/22	09/22/22	11/29/22	01/04/23	01/30/23	02/08/23	02/28/23	02/28/28	
4731-38-01	Licenses Issued or Renewed Under the Interstate Medical Licensure Compact	11/12/21	01/12/22	01/14/22	02/14/22	02/18/22	03/25/22		05/11/22	05/31/22	05/31/27	
4731-38-02	Issuance of Licenses to Out-of-State Licensees or Certificate Holders	06/21/23	07/12/23	07/25/23	08/11/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	11/30/28	
4759-2-01	Definitions	03/04/24	08/14/24	01/14/25	04/25/25	07/30/25	09/03/25	09/15/25	10/08/25	10/31/25	10/31/30	
4759-4-01	Applications	03/04/24	08/14/24	01/14/25	04/25/25	07/30/25	No change	10/28/25	NA	10/28/25 JE	07/30/30	
4759-4-02	Preprofessional experience	03/04/24	08/14/24	01/14/25	04/25/25	07/30/25	09/03/25	09/15/25	10/08/25	10/31/25	10/31/30	
4759-4-03	Examination	03/04/24	08/14/24	01/14/25	04/25/25	07/30/25	No change	10/28/25	NA	10/28/25 JE	07/30/30	
4759-4-04	Continuing Education	03/04/24	08/14/24	01/14/25	04/25/25	07/30/25	No change	10/28/25	NA	10/28/25 JE	07/30/30	
4759-4-08	Limited permit	03/04/24	08/14/24	01/14/25	04/25/25	07/30/25	No change	10/28/25	NA	10/28/25 JE	07/30/30	
4759-4-09	License certificates and permits	03/04/24	08/14/24	01/14/25	04/25/25	07/30/25	No change	10/28/25	NA	10/28/25 JE	07/30/30	
4759-5-01	Supervision of persons claiming exemption	03/04/24	08/14/24	01/14/25	04/25/25	07/30/25	09/03/25	09/15/25	10/08/25	10/31/25	10/31/30	
4759-5-02	Student practice exemption	03/04/24	08/14/24	01/14/25	04/25/25	07/30/25	No change	10/28/25	NA	10/28/25 JE	07/30/30	
4759-5-03	Plan of treatment exemption	03/04/24	08/14/24	01/14/25	04/25/25	07/30/25	No change	10/28/25	NA	10/28/25 JE	07/30/30	
4759-5-04	Additional nutritional activities exemption	03/04/24	08/14/24	01/14/25	04/25/25	07/30/25	09/03/25	09/15/25	10/08/25	10/31/25	10/31/30	

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date	Notes
4759-5-05	Distribution of literature exemption	03/04/24	08/14/24	01/14/25	04/25/25	07/30/25	No change	10/28/25	NA	10/28/25 JE	07/30/30	
4759-5-06	Weight control program exemption	03/04/24	08/14/24	01/14/25	04/25/25	07/30/25	No change	10/28/25	NA	10/28/25 JE	07/30/30	
4759-6-01	Standards of practice innutrition care	03/04/24	08/14/24	01/14/25	04/25/25	07/30/25	09/03/25	09/15/25	10/08/25	10/31/25	10/31/30	
4759-6-02	Standards of professional performance	03/04/24	08/14/24	01/14/25	04/25/25	07/30/25	09/03/25	09/15/25	10/08/25	10/31/25	10/31/30	
4759-6-03	Interpretation of standards	03/04/24	08/14/24	01/14/25	04/25/25	07/30/25	09/03/25	09/15/25	10/08/25	10/31/25	10/31/30	
4759-9-01	Severability	03/04/24	08/14/24	01/14/25	04/25/25	07/30/25	09/03/25	09/15/25	10/08/25	10/31/25	10/31/30	
4759-11-01	Miscellaneous Provisions	06/21/23	07/12/23	07/25/23	08/11/23	08/31/23	10/04/23	10/30/23	11/08/23	11/30/23	11/30/28	
4761-2-03	Board Records	01/14/25	05/14/25	08/06/25	09/26/25	10/30/25	NA		NA	1/28/26JE	10/30/30	
4761-3-01	Definition of terms	01/14/25	05/14/25	08/06/25	09/26/25	10/24/25	12/03/25	12/08/25			02/28/24	
4761-4-01	Approval of educational programs	01/14/25	05/14/25	08/06/25	09/26/25	10/30/25	NA		NA	1/28/26JE	10/30/30	
4761-4-02	Monitoring of Ohio respiratory care educational programs	01/14/25	05/14/25	08/06/25	09/26/25	10/30/25	NA		NA	1/28/26JE	10/30/30	
4761-5-01	Waiver of licensing requirements pursuant to division (B) of section 4761.04 or the Revised Code	10/24/25									09/30/25	9-12-25 Pulled from CSI to address new exam requirements.
4761-5-02	Admission to the Ohio credentialing examination	01/14/25	05/14/25	08/06/25	09/26/25	10/24/25	12/03/25	12/08/25			06/19/25	
4761-5-04	License application procedure	01/14/25	05/14/25	08/06/25	09/26/25	10/24/25	12/03/25	12/08/25			09/30/25	
4761-5-06	Respiratory care practice by polysomnographic technologists	01/14/25	05/14/25	08/06/25	09/26/25	10/30/25	NA		NA	1/28/26JE	10/30/30	
4761-6-01	Limited permit application procedure	01/14/25	05/14/25	08/06/25	09/26/25	10/24/25	12/03/25	12/08/25			02/28/24	
4761-7-01	Original license or permit, identification card or electronic license verification	01/14/25	05/14/25	08/06/25	09/26/25	10/24/25	12/03/25	12/08/25			02/28/24	
4761-7-03	Scope of respiratory care defined	01/14/25	05/14/25	08/06/25	09/26/25	10/30/25	NA		NA	1/28/26JE	10/30/30	
4761-7-04	Supervision	01/14/25	05/14/25	08/06/25	09/26/25	10/30/25	NA		NA	1/28/26JE	10/30/30	
4761-7-05	Administration of medicines	01/14/25	05/14/25	08/06/25	09/26/25	10/30/25	NA		NA	1/28/26JE	10/30/30	
4761-8-01	Renewal of license or permits	01/14/25	05/14/25	08/06/25	09/26/25	10/24/25	12/03/25	12/08/25			12/31/25	
4761-9-01	Definition of respiratory care continuing education	01/14/25	05/14/25	08/06/25	09/26/25	10/30/25	NA		NA	1/28/26JE	10/30/30	
4761-9-02	General RCCE requirements and reporting mechanism	10/24/25									12/31/25	9/12/25-Pulled from CSI to address CME period.
4761-9-03	Activities which do not meet the Ohio RCCE requirements	01/14/25	05/14/25	08/06/25	09/26/25	10/30/25	NA		NA	1/28/26JE	10/30/30	
4761-9-04	Ohio respiratory care law and professional ethics course criteria	01/14/25	05/14/25	08/06/25	09/26/25	10/30/25	NA		NA	1/28/26JE	10/30/30	

[illegible]



MEMORANDUM

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

FROM: Kimberly C. Anderson, Chief Legal Counsel

RE: Respiratory Care Professional Rules

DATE: December 4, 2025

The attached rules were circulated to interested parties with comments due November 7, 2025. Comments were received from the Ohio Society for Respiratory Care, and are attached for your review.

4761-5-01	Examination Requirements Pursuant to Division (A) of Section 4761.04 of the Revised Code	Proposed to Amend
4761-9-02	General RCCE Requirements and Reporting Mechanism	Proposed to Amend
4761-9-07	Auditing for Compliance with RCCE Requirements	Proposed to Amend

Rule 4761-5-01 is proposed to be amended to add an option for the Registered Respiratory Therapist ("RRT") credential from the Respiratory Therapy Examination which will become effective in January 2027.

Rules 4761-9-02 and 4761-9-07 are proposed to be amended to require the RCPs and limited permit holders to retain their CME records for two years.

OSRC indicated that it is in agreement with the amendments proposed in Rule 4761-5-01 and Rule 4761-9-07, OAC.

With respect to Rule 4761-9-02, OSRC is in agreement with the change to require CME records to be retained for two years. OSRC made the following comments regarding Paragraph (D) of Rule 4761-9-02, OAC:

- (D) In lieu of completing RCCE contact hours required under paragraphs....applicants may submit proof of successful completion of one of the following examinations: the Therapist Multiple Choice examination, or beginning January 2027, the Respiratory Therapy examination passing with the RRT cut score; the Pulmonary Function Technologist examination; the Neonatal/Pediatric Respiratory Care examination; Adult Critical Care Specialist examination;

Sleep Disorder Specialist examination; or the Asthma Educator Specialist examination. The Registered Polysomnographic examination administered by the Board of Registered Polysomnographic Technologists is also an acceptable examination in lieu of RCCE.

- Add new (E): In lieu of completing RCCE contact hours required under paragraphs... Certified Respiratory Therapists (CRT) credentialed licensees may submit proof of successful completion of the Therapist Multiple Choice examination achieving the CRT cut score.

After review, the language of paragraph (D), as written, encompasses the specific examinations provided by OSRC and is more flexible for licensees since the language permits licensees to meet the RCCE contact hours requirement with successful completion of any written professional examination administered by the NBRC. I am not recommending adoption of the language in the comment for paragraph (D) of Rule 4761-9-02, OAC.

Recommended Action: Approve filing the rules as proposed with the Common Sense Initiative.

4761-5-01

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

(A) To meet the requirement of division (A)(~~32~~) of section ~~4671.04~~4761.04 of the Revised Code, an applicant for licensure must provide evidence that the applicant has successfully completed: ~~both portions of the registered respiratory therapist (R.R.T.) examination administered by the national board for respiratory care, inc. (NBRC) or its successor organization.~~

(1) Both portions of the registered respiratory therapist (R.R.T.) examination administered by the national board for respiratory care, inc. (NBRC) or its successor organization; or

(2) The respiratory therapy examination with a passing score that earns the RRT credential at the time the exam is taken.

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

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

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

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

4761-9-02

General RCCE requirements and reporting mechanism.

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

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

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

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

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

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

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

(F) Waiver of RCCE requirements.

- (1) A first time license holder in the state of Ohio who has been licensed for more than six months, but less than one year from the license expiration date must complete at least one half of the RCCE requirements listed in paragraph (C)(1) of this rule, including one contact hour on Ohio respiratory care law or professional ethics. First time license holders who have held a license for less than six months from the biennial license expiration date will not be required to complete the RCCE requirements for the current term of collection, but will have to complete the RCCE requirements for the following biennial renewal period.
- (2) For purposes of obtaining a RCCE waiver, the applicant or licensee shall have the burden of establishing that the illness or absence affected the reasonable opportunity to participate in RCCE activities. No more than two hours will be subtracted from the RCCE requirement for each month which is approved for reduction of hours. Application for RCCE waiver shall be completed by the applicant or licensee and submitted to the board at least sixty days prior to the end of the RCCE period. Applicants shall not sign and submit the renewal application prior to receiving approval from the board of the waiver request.
- (3) The board shall not waive the total RCCE requirement for any RCCE period.
- (4) The board shall not grant a RCCE waiver for consecutive RCCE periods.
- (5) Applicants shall be eligible to apply for RCCE waiver only if the applicant's illness or absence from the United States lasted a minimum of six consecutive months and occurred in its entirety within a single RCCE period.

4761-9-07

Auditing for compliance with RCCE requirements.

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



Ohio Society for Respiratory Care (OSRC) Comments on OAC 4761 Rules for Initial Circulation with Proposed Amendments

November 6, 2025

The OSRC received the following Respiratory Care Rules with proposed amendments for initial review on October 24, 2025. We appreciate the opportunity to comment early in the rule review process. These are our comments:

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

- The proposed amendments correct two typographical errors in paragraphs (A) and (B).
- Exam changes: The current requirement for obtaining the RCP license in Ohio involves passing the National Board for Respiratory Care (NBRC) two-part Registered Respiratory Therapist (RRT) examination. However, in January 2027, the NBRC will change the credentialing exam to a single respiratory therapy examination with a lower cut score for the Certified Respiratory Therapists (CRT) and a higher cut score for the RRT credential. The amendment adds this new examination with the requirement to meet the higher score for RRT credentialing to qualify for the RCP license moving forward.
- New amendment (C) notes that this rule does not apply to licensure by reciprocity.

The OSRC agrees with all the amendments proposed in 4761-5-01

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

The proposed amendments to paragraph (D) identify the types of National Board for Respiratory Care credentialing or re-credentialing examinations which, when successfully completed, meet the license renewal requirements, in lieu of RCCE. The OSRC would recommend defining the NBRC examinations by their official names; all examinations are written, so this descriptor does not need to be repeated with each optional examination.

Note that the Pulmonary Function Technologist examination is an exam that allows the therapist to achieve the Certified Pulmonary Function Technologist credential (CPFT) at a lower cut score and the Registered Pulmonary Function Technologist (RPFT) at a higher cut score. Successful completion is at least the CPFT credential achievement.

Also, the NBRC's CRT recredentialing examination is no longer available. Passing the Therapist Multiple Choice (TMC) at the low-cut score is required for the CRT credential or re-credentialing. Beginning in January 2027, the Respiratory Therapy examination will be used instead of the TMC exam, achieving the CRT low cut score for credentialing or recredentialing. This appears to be only applicable to CRTs who are licensed under the grandfather clause defined in OAC 4761 5-01(B) or licensed under reciprocity.

These are our recommendations:

- (D) In lieu of completing RCCE contact hours required under paragraphs....applicants may submit proof of successful completion of one of the following examinations: the Therapist Multiple Choice examination, or beginning January 2027, the Respiratory Therapy examination passing with the RRT cut score; the Pulmonary Function Technologist examination; the Neonatal/Pediatric Respiratory Care examination; Adult Critical Care Specialist examination; Sleep Disorder Specialist examination; or the Asthma Educator Specialist examination. The Registered Polysomnographic examination administered by the Board of Registered Polysomnographic Technologists is also an acceptable examination in lieu of RCCE.
- Add new (E): In lieu of completing RCCE contact hours required under paragraphs... Certified Respiratory Therapists (CRT) credentialed licensees may submit proof of successful completion of the Therapist Multiple Choice examination achieving the CRT cut score.
- The amendment in the current paragraph (E) requires the licensee to maintain all RCCE records for a period of two years. This is acceptable to the OSRC.

4761-9-07 Auditing for compliance with RCCE requirements

The OSRC is agreeable with the amendment that SMBO audits of RCCE can occur anytime within the two years following the license renewal.

Thank you for this opportunity, if you have any questions, please feel free to contact me at susanciar@outlook.com

Sue Ciarlariello MBA RRT-NPS RCP, OSRC Legislative Co-Chair



MEMORANDUM

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

FROM: Kimberly C. Anderson, Chief Legal Counsel

RE: Department of Developmental Disabilities Proposed Rules

DATE: December 3, 2025

Section 5123.46, Ohio Revised Code requires the Department of Developmental Disabilities to consult with the State Medical Board, the Ohio Board of Nursing, the Ohio Nurses Association and the Ohio Society for Respiratory Care when adopting rules related to the administration of prescribed medications and performance of health-related activities by developmental disabilities personnel.

The Department of Developmental Disabilities is proposing amendments to its rules in Chapter 5123-6, Ohio Administrative Code. Attached please find a summary of the proposed revisions and copies of the rules.

Requested Action: Advise whether you have questions or concerns with the rules proposed by the Department of Developmental Disabilities.

11-6-2025

Below is a summary of the revisions to the Medication Administration rules.

Three rules in Chapter 5123-6 were reviewed due to changes to Revised Code:

- 5123-6-01 (Definitions of terms used in Chapter 5123-6 of the Administrative Code)
- 5123-6-03 (Authorization of developmental disabilities personnel to perform health-related activities and administer prescribed medication)
- 5123-6-05 (Qualifications and training of developmental disabilities personnel to activate a vagus nerve stimulator, use an epinephrine auto-injector, and administer topical over-the-counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces)

In 5123-6-01:

- Adding the definition of family member as defined in Revised Code 5123.41.
- Removing the definition of "vagus nerve stimulator" as the language was updated in Revised Code 5123.42

In 5123-6-03:

- Clarifying that adult day service setting requirements are based on the number of individuals authorized to receive services.
- Adding a provision for the administration of epinephrine intranasally.
- Adding a provision that prescribed medication for the treatment of metabolic glycemic disorders through subcutaneous injection may be administered where early intervention, preschool and school age services are provided.
- Adding language indicating family authorization of health care tasks must follow all the requirements in section 5123.47 of the Revised Code.
- Adding a provision that a family member acting as a paid developmental disabilities personnel may administer medications or perform health-related activities as described in section 5123.42 of the Revised Code without either of the following: nursing delegation or a certificate issued under section 5123.45 of the Revised Code.
- Adding clarifying language that when nurse delegation is required, individual specific training may be provided to the developmental disabilities personnel by the delegating nurse or another licensed nurse in coordination/communication with the delegating nurse.
- Adding a provision for employer responsibility when the employer discovers or is notified that developmental disabilities personnel have committed a medication or treatment error.
- Reformatting rule language for clarity.

In 5123-6-05:

- Adding the provision for administration of epinephrine intranasally.
- Reformatting rule language for clarity and consistency.

Clean-up amendments to the other four medication administration rules which were not impacted by the Revised Code change:

- 5123-6-02 (Self-administration or assistance with self-administration of prescribed medication)
- 5123-6-04 (Qualifications, training, and certification of registered nurse instructors and registered nurse trainers)
- 5123-6-06 (Qualifications, training, and certification of developmental disabilities personnel who perform health-related activities and administer prescribed medication)
- 5123-6-07 (General provisions and compliance for performance of health-related activities and administration of prescribed medication)

In 5123-6-02:

- Reformatting rule language for clarity.

In 5123-6-04:

- Clarifying language regarding valid licensure as a registered nurse to be consistent with Ohio board of nursing rule 4723-3-01 of the Administrative Code.
- Adding a provision that certification as a registered nurse instructor requires a minimum of sixty months experience as a registered nurse trainer.
- Adding a provision that the Department may audit a registered nurse trainer's training of developmental disabilities personnel to determine compliance with rule 5123-6-06 of the Administrative Code to determine eligibility for registered nurse instructor certification.
- Adding language clarifying registered nurse trainer and registered nurse instructor certification issuance dates.
- Adding a provision clarifying continuing education must be recognized by the Ohio board of nursing.

In 5123-6-06:

- Clarifying language regarding the certificate of high school equivalence.
- Clarifying that adult day service setting requirements are based on the number of individuals authorized to receive services.
- Adding a provision noting the requirements for registered nurse trainers to maintain specific training documentation for a period of seven years following the training.
- Adding a provision that a registered nurse trainer must comply with the Department's request for training documentation.
- Adding language clarifying that return demonstration of authorized skills includes transcription.
- Adding language clarifying that training in administration of prescribed epinephrine intranasally does not count toward required continuing education.
- Clean up of language to remove redundancy.

In 5123-6-07:

- Changes regarding registered nurse quality assessment reviews:

- Clarifying that reviews will be completed in adult day service setting based on the number of individuals authorized to receive services.
- Adding a provision regarding the responsibilities of the employer or developmental disabilities personnel or the independent provider.
- Adding language clarifying that the quality assessment review will include an in-person observation unless the in-person observation could impact the health and safety of the person served.
- Adding provisions regarding the employer or developmental disabilities personnel or the independent provider requirement to provide a written plan of improvement as indicated within sixty calendar days of receipt of the quality assessment review report.
- Adding provisions specifying when the quality assessment registered nurse will notify the county board and the department of the employer or independent providers failure to participate and cooperate in the review and failure to provide the required documentation within thirty days as requested.
- Adding a provision that when issues are identified during an audit of a registered nurse's training of developmental disabilities personnel, the department will work with the registered nurse trainer and provide technical assistance, require a corrective action plan, or may deny, suspend, or revoke the registered nurse trainer's certification for good cause.

5123-6-01

Definitions of terms used in Chapter 5123-6 of the Administrative Code.

The following definitions apply to Chapter 5123-6 of the Administrative Code:

- (A) "Adult services" has the same meaning as in section 5126.01 of the Revised Code.
- (B) "Annually" means within a three hundred sixty-five-day span of time.
- (C) "Business day" means a day of the week, excluding Saturday, Sunday, or a legal holiday as defined in section 1.14 of the Revised Code.
- (D) "Certified home and community-based services provider" means a person or government entity certified pursuant to section 5123.045 of the Revised Code.
- (E) "Certified supported living provider" means a person or government entity certified pursuant to section 5123.161 of the Revised Code.
- (F) "Contact hour" has the same meaning as in Chapter 4723-14 of the Administrative Code.
- (G) "County board" means a county board of developmental disabilities.
- (H) "Delegable nursing task" means a nursing task, which a licensed nurse has determined meets the provisions listed in Chapter 4723-13 of the Administrative Code.
- (I) "Delegating nurse" means the licensed nurse who transfers the responsibility for performance of selected nursing tasks and/or medication administration to developmental disabilities personnel who have been trained and/or certified to do so, while retaining accountability of outcome. The delegating nurse determines the level of supervision required to ensure adequate oversight of developmental disabilities personnel to perform nursing tasks and/or administer medication. The delegating nurse is not necessarily the same nurse as the nurse who trains developmental disabilities personnel to perform or administer the functions set forth in paragraphs ~~(KK)(1) to (KK)(8)~~ (LL)(1) to (LL)(8) of this rule.
- (J) "Department" means the Ohio department of developmental disabilities.
- (K) "Department-approved curriculum" means the standards for instruction, training, and performance approved by the Ohio department of developmental disabilities.

(L) "Developmental disabilities personnel" means the workers who provide specialized services to individuals with developmental disabilities:

- (1) Through direct employment with the Ohio department of developmental disabilities or a county board;
- (2) Through an entity under contract with the Ohio department of developmental disabilities or a county board;
- (3) Through direct employment or being under contract with private entities, including private entities that operate residential facilities; or
- (4) As an independent provider.

(M) "Director" means the director of the Ohio department of developmental disabilities or that person's designee.

(N) "Drug" has the same meaning as in section 4729.01 of the Revised Code.

(O) "Employer oversight" means the monitoring of developmental disabilities personnel and ensuring developmental disabilities personnel perform health-related activities and administer medication in accordance with this chapter.

(P) "Family member" means a parent, sibling, spouse, son, daughter, grandparent, aunt, uncle, cousin, or guardian of an individual with a developmental disability if the individual with a developmental disability lives with the person and is dependent on the person to the extent that, if the supports were withdaawn, another living arrangement would have to be found.

~~(P)~~(Q) "Family support services" has the same meaning as in section 5126.01 of the Revised Code.

~~(P)~~(R) "Health-related activities" means only:

- (1) Taking vital signs (i.e., temperature, pulse, respiration, and blood pressure);
- (2) Application of clean dressings that do not require health assessment;
- (3) Basic measurement of bodily intake and output;

- (4) Oral suctioning;
- (5) Use of glucometers;
- (6) External urinary catheter care;
- (7) Emptying and replacing ostomy bags;
- (8) Obtaining pulse oximetry reading;
- (9) Use of continuous positive airway pressure machines, including biphasic positive airway pressure machines;
- (10) Application of percussion vests;
- (11) Use of cough assist devices and insufflators;
- (12) Application of prescribed compression hosiery; and
- (13) Collection of specimens by noninvasive means.

~~(R)~~(S) "Independent provider" has the same meaning as in section 5123.16 of the Revised Code.

~~(S)~~(T) "Individual" means a person with a developmental disability.

~~(T)~~(U) "Individual service plan" means the written description of services, supports, and activities to be provided to an individual and includes an "individual program plan" as that term is used in 42 C.F.R. 483.440 ~~as in effect on the effective date of this rule.~~

~~(U)~~(V) "Individual-specific training" means training provided to developmental disabilities personnel by a licensed nurse or by an employer of developmental disabilities personnel through employer oversight, which addresses:

- (1) The unique needs of the individual being served;
- (2) A summary of the individual's relevant health care information; and

(3) Implementation of the individual's health care plan as part of the individual service plan.

~~(W)~~(W) "Licensed health professional authorized to prescribe drugs" has the same meaning as in section 4729.01 of the Revised Code.

~~(W)~~(X) "Licensed nurse" means a registered nurse or a licensed practical nurse who holds a current valid license to practice nursing in Ohio pursuant to Chapter 4723. of the Revised Code.

~~(Y)~~(Y) "Major unusual incident" has the same meaning as in rule 5123-17-02 of the Administrative Code.

~~(Z)~~(Z) "Medicaid" has the same meaning as in section 5162.03 of the Revised Code.

~~(AA)~~(AA) "Medication/treatment error" means:

- (1) Wrong prescribed medication/treatment administered or performed;
- (2) Medication/treatment administered or performed at the wrong time;
- (3) Medication/treatment administered or performed by a route not prescribed or in the case of over-the-counter medication, not as indicated by the manufacturer;
- (4) Incorrect dose or amount of medication/treatment administered or performed;
- (5) Expired medication/treatment administered or performed;
- (6) Contaminated medication/treatment administered or performed;
- (7) Improperly stored medication/treatment administered or performed;
- (8) Medication/treatment, other than over-the-counter medication authorized in accordance with section 5123.42 of the Revised Code, administered or performed without corresponding order from a licensed health professional authorized to prescribe drugs;
- (9) Not performing or administering a prescribed medication/treatment during the prescribed time, including but not limited to, failure to ensure the

medication/treatment, equipment, or supplies needed to administer or perform the medication/treatment are available at the prescribed time or declination of a prescribed medication/treatment by an individual;

- (10) Not documenting a medication/treatment that was administered or performed;
- (11) Administration or performance of prescribed medication/treatment by developmental disabilities personnel without certification or whose certification has expired;
- (12) Administration of over-the-counter medication authorized in accordance with section 5123.42 of the Revised Code by developmental disabilities personnel without required training; and
- (13) Administration or performance of medication/treatment without nursing delegation when nursing delegation is required.

~~(AA)~~(BB) "Mentally alert" means the ability of an individual to cognitively understand and communicate specific information pertaining to the individual's health, safety, and medication.

~~(BB)~~(CC) "Metabolic glycemic disorders" means medical conditions specifically related to metabolism of glucose such as diabetes, pre-diabetes, and metabolic syndrome.

~~(CC)~~(DD) "Metered dose inhaled medication" means a pre-measured medication administered by inhalation using a hand-held dispenser or aerosol nebulizer.

~~(DD)~~(EE) "Nursing delegation" means the process established in rules adopted by the Ohio board of nursing pursuant to Chapter 4723. of the Revised Code under which a registered nurse or licensed practical nurse acting at the direction of a registered nurse transfers responsibility for the performance of a particular nursing activity, task, or prescribed medication administration to another person who is not otherwise authorized to perform the activity, task, or prescribed medication administration.

~~(EE)~~(FF) "Nursing task" means those activities that constitute the practice of nursing as a licensed nurse and may include but is not limited to, assistance with activities that are performed to maintain or improve an individual's wellbeing when the individual is unable to perform those activities without assistance.

~~(FF)~~(GG) "Oral prescribed medication" means any prescribed medication that can be

ingested through the mouth.

~~(GG)~~(HH) "Over-the-counter medication" means a drug that may be sold and purchased without a prescription, but that unless specifically authorized in division (B)(1)(c) of section 5123.42 of the Revised Code, requires a prescription for administration by unlicensed personnel to a person who is not able to self-administer.

~~(HH)~~(II) "Prescribed medication" means a drug that is to be administered according to the instructions of a licensed health professional authorized to prescribe drugs.

~~(HH)~~(JJ) "Qualified intellectual disability professional" has the same meaning as in 42 C.F.R. 483.430 ~~in effect on the effective date of this rule.~~

~~(JJ)~~(KK) "Quality assessment registered nurse" means a registered nurse who is a registered nurse instructor or registered nurse trainer employed by or under contract with a county board and who assists with consultation and quality assessment oversight as set forth in rule 5123-6-07 of the Administrative Code.

~~(KK)~~(LL) "Registered nurse instructor" means a registered nurse who is certified by the Ohio department of developmental disabilities in accordance with rule 5123-6-04 of the Administrative Code to plan, develop, coordinate, and deliver the registered nurse train-the-trainer program to prepare other registered nurses to train developmental disabilities personnel to:

- (1) Perform health-related activities;
- (2) Administer oral prescribed medication;
- (3) Administer topical prescribed medication;
- (4) Administer topical over-the-counter musculoskeletal medication;
- (5) Administer oxygen and metered dose inhaled medication;
- (6) Administer prescribed medication through gastrostomy and jejunostomy tubes, if the tubes being used are stable and labeled;
- (7) Administer prescribed insulin through subcutaneous injection, inhalation, and insulin pump; and
- (8) Administer prescribed medication for the treatment of metabolic glycemc

disorders through subcutaneous injection.

~~(LL)~~(MM) "Registered nurse trainer" means a registered nurse who is certified by the Ohio department of developmental disabilities in accordance with rule 5123-6-04 of the Administrative Code to train developmental disabilities personnel to perform or administer the functions set forth in paragraphs ~~(KK)(1) to (KK)(8)~~ (LL)(1) to (LL)(8) of this rule.

~~(MM)~~(NN) "Residential facility" has the same meaning as in section 5123.19 of the Revised Code.

~~(NN)~~(OO) "Service and support administrator" means a person, regardless of title, employed by or under contract with a county board to perform the functions of service and support administration and who holds the appropriate certification in accordance with rule 5123-5-02 of the Administrative Code.

~~(OO)~~(PP) "Specialized services" has the same meaning as in section 5123.50 of the Revised Code.

~~(PP)~~(QQ) "Task" means a task that is prescribed, ordered, delegated, or otherwise directed by a health care professional acting within the scope of professional practice.

~~(QQ)~~(RR) "Topical over-the-counter musculoskeletal medication" means an over-the-counter medication that is applied topically or passes through the skin to provide relief from discomfort in the muscles, joints, or bones.

~~(RR)~~(SS) "Topical prescribed medication" means any prescribed medication that is applied to the outer skin and drops applied to the eye, ear, or nose. "Topical prescribed medication" may include transdermal prescribed medication or vaginal or rectal suppositories.

~~(SS)~~(TT) "Unusual incident" has the same meaning as in rule 5123-17-02 of the Administrative Code.

~~(TT) "Vagus nerve stimulator" has the same meaning as "vagal nerve stimulator" as that term is used in section 5123.42 of the Revised Code.~~

5123-6-02

Self-administration or assistance with self-administration of prescribed medication.

(A) Purpose

This rule sets forth the right of an individual who can safely self-administer prescribed medication or receive assistance with self-administration of prescribed medication to do so, establishes procedures for determining whether an individual can safely self-administer or receive assistance with self-administration ~~of prescribed medication~~ or is unable to self-administer medication with or without assistance, and defines parameters for providing assistance with self-administration of prescribed medication.

(B) Right to self-administer or receive assistance with self-administration of prescribed medication

An individual who can safely self-administer prescribed medication or receive assistance with self-administration of prescribed medication has the right to self-administer or receive assistance with self-administration.

(C) Self-administration assessment

(1) Prior to restricting an individual's right to self-administer prescribed medication, the service and support administrator or qualified intellectual disability professional, as applicable, will ensure the department-approved self-administration assessment is completed for an individual who requires prescribed medication administration.

~~(1)(2) Prior to restriction of an individual's right to self-administer prescribed medication, the service and support administrator or qualified intellectual disability professional, as applicable, will ensure that a department-approved self-administration assessment is completed for an individual who requires prescribed medication administration. Based on the outcome of the self-administration assessment, the individual service plan will document when the individual cannot safely self-administer prescribed medication or receive assistance with self-administration of prescribed medication. The service and support administrator or qualified intellectual disability professional, as applicable, will ensure that the self-administration assessment is reviewed annually to confirm continued need for support for medication administration. A new self-administration assessment will be completed at least once every three years or more often when there is a change that affects the individual's medication routine such as a change in medication route, service setting, service provider, or health status.~~

(3) The service and support administrator or qualified intellectual disability professional, as applicable, will:

(a) Review the self-administration assessment annually to confirm the individual's level of support with self-administration;

(b) Complete a self-administration assessment when there is a change that affects the individual's medication routine (such as a change in medication route, service setting, service provider, or health status); and

(c) Complete a new self-administration assessment at least once every three years.

~~(2)~~(4) Each individual service plan will indicate ~~when the individual is able to safely self-administer prescribed medication or receive assistance with self-administration of prescribed medication~~ the results of the self-administration assessment, including:

(a) When the individual is able to safely self-administer medication independently;

(b) When the individual is able to safely self-administer medication with assistance; and

(c) When the individual is not able to successfully self-administer medication with or without assistance and include a statement of how medication administration will be completed.

~~(3)~~(5) When the self-administration assessment indicates an individual cannot safely self-administer prescribed medication or receive assistance with self-administration of prescribed medication:

(a) Further assessment will be conducted to determine exactly what specific steps of self-administration of medication the individual is able to safely complete. The individual will participate in these steps under the supervision of developmental disabilities personnel who have current certification in health-related activities and prescribed medication administration and have received individual-specific training.

(b) The details of the individual's specific abilities and the specific necessary support from licensed or certified personnel to complete medication administration will be noted in the individual service plan.

(D) Providing assistance with self-administration

- (1) Developmental disabilities personnel ~~who are not specifically authorized by other provisions of the Revised Code to provide assistance in the self-administration of prescribed medication~~ may, under section 5123.651 of the Revised Code ~~and this rule~~, provide ~~that~~ the assistance ~~as part of the services they provide to individuals described in paragraphs (D)(2)(a) to (D)(2)(c) of this rule~~. To provide assistance with self-administration of prescribed medication, developmental disabilities personnel are not required to be trained or certified in accordance with section 5123.42 of the Revised Code and rules 5123-6-05 and 5123-6-06 of the Administrative Code. When assisting in the self-administration of prescribed medication, developmental disabilities personnel will take only the following actions as needed and identified in the individual service plan:
- (2) When assisting in the self-administration of prescribed medication, developmental disabilities personnel will take only the following actions as needed and identified in the individual service plan:
 - (a) Remind an individual when to take the medication and observe the individual to ensure ~~that~~ the individual follows the directions on the container;
 - (b) Assist an individual by taking the medication in its container from the area where it is stored, handing the container with the medication in it to the individual, and opening the container, if the individual is physically unable to open the container; or
 - (c) Assist, on request by or with the consent of, a physically impaired but mentally alert individual, with removal of oral prescribed medication or topical prescribed medication from the container and physically assist with the individual's taking or applying of the medication. If an individual is physically unable to place a dose of oral prescribed medication to the individual's mouth without spilling or dropping it, developmental disabilities personnel may place the dose in another container and place that container to the individual's mouth.
- (3) When an individual has been assessed as able to safely self-administer prescribed medication or self-administer prescribed medication with assistance, developmental disabilities personnel are not authorized to verify the accuracy of medication being taken by the individual on a routine basis unless specified in the individual service plan. When there is reason to question the individual's self-administration skills, a new self-administration assessment will be completed.

5123-6-03

Authorization of developmental disabilities personnel to perform health-related activities and administer prescribed medication.

(A) Purpose

This rule sets forth conditions under which developmental disabilities personnel may perform health-related activities and administer prescribed medication.

(B) Individuals for whom developmental disabilities personnel may perform health-related activities and administer prescribed medication

Developmental disabilities personnel who are not ~~specifically~~ authorized by other provisions of the Revised Code to perform health-related activities or administer prescribed medication may do so pursuant to section 5123.42 of the Revised Code and rules adopted by the department under this chapter as part of the specialized services the developmental disabilities personnel provide to individuals who receive:

- (1) ~~Are receiving early~~Early intervention, preschool, and school age services offered or provided pursuant to Chapter 5123. or Chapter 5126. of the Revised Code;
- (2) ~~Are receiving adult~~Adult services offered or provided pursuant to Chapter 5123. or Chapter 5126. of the Revised Code in a setting where seventeen or more individuals ~~are receiving the~~ have been authorized to receive services;
- (3) ~~Are receiving adult~~Adult services offered or provided pursuant to Chapter 5123. or Chapter 5126. of the Revised Code in a setting where sixteen or fewer individuals ~~are receiving the~~ have been authorized to receive services;
- (4) ~~Are receiving family~~Family support services offered or provided pursuant to Chapter 5123. or Chapter 5126. of the Revised Code;
- (5) ~~Are receiving services~~Services from certified supported living providers, if the services are offered or provided pursuant to Chapter 5123. or Chapter 5126. of the Revised Code;
- (6) ~~Are receiving residential~~Residential support services from certified home and community-based services providers, if the services are received in a community living arrangement that includes not more than four individuals and the services are offered or provided pursuant to Chapter 5123. or Chapter 5126. of the Revised Code;

- (7) ~~Are receiving services~~ Services not described in paragraphs (B)(1) to (B)(6) of this rule that are offered or provided pursuant to Chapter 5123. or Chapter 5126. of the Revised Code;
 - (8) ~~Reside~~ Services while residing in a residential facility with five or fewer beds; or
 - (9) ~~Reside~~ Services while residing in a residential facility with six or more beds.
- (C) Authorization of developmental disabilities personnel to activate a vagus nerve stimulator, ~~use an epinephrine auto-injector~~ administer prescribed epinephrine either by autoinjector or intranasally, and administer topical over-the-counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces

In the case of individuals receiving services described in paragraphs (B)(1) to (B)(9) of this rule, developmental disabilities personnel, without nursing delegation and without certification issued in accordance with rule 5123-6-06 of the Administrative Code, may:

- (1) Activate a vagus nerve stimulator if all provisions of paragraph ~~(B)~~ (C) of rule 5123-6-05 of the Administrative Code are being followed~~;~~.
- (2) ~~Use an epinephrine auto-injector~~ Administer prescribed epinephrine either by autoinjector or intranasally for urgent or emergency treatment of allergic reaction and anaphylaxis if all provisions of paragraph ~~(C)~~ (D) of rule 5123-6-05 of the Administrative Code are being followed~~;~~~~or~~.
- (3) Administer topical over-the-counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces provided that:
 - (a) The topical over-the-counter medication is not being applied to an open wound;
 - (b) The topical over-the-counter medication is not being applied for specific treatment of a condition that requires a medical diagnosis including fungal infections; and
 - (c) All provisions of paragraph (E) of rule 5123-6-05 of the Administrative Code ~~and paragraph (D) of this rule~~ are being followed.

(D) Authorization of developmental disabilities personnel to perform health-related activities and administer prescribed medication

(1) ~~In the case of individuals receiving~~When an individual receives services described in paragraph (B)(1) of this rule, trained and certified developmental disabilities personnel may, with nursing delegation:

- (a) Perform health-related activities;
- (b) Administer oral prescribed medication, administer topical prescribed medication, and administer topical over-the-counter musculoskeletal medication;
- (c) Administer oxygen and metered dose inhaled medication;
- (d) Administer prescribed medication through gastrostomy and jejunostomy tubes, if the tubes being used are stable and labeled; ~~and~~
- (e) Administer prescribed insulin through subcutaneous injection, inhalation, and insulin pump; ~~and~~
- (f) Administer prescribed medication for the treatment of metabolic glyceimic disorders through subcutaneous injection.

(2) ~~In the case of individuals receiving~~When an individual receives services described in paragraphs (B)(2), (B)(7), and (B)(9) of this rule, trained and certified developmental disabilities personnel may, with nursing delegation:

- (a) Perform health-related activities;
- (b) Administer oral prescribed medication, administer topical prescribed medication, and administer topical over-the-counter musculoskeletal medication;
- (c) Administer oxygen and metered dose inhaled medication;
- (d) Administer prescribed medication through gastrostomy and jejunostomy tubes, if the tubes being used are stable and labeled;
- (e) Administer prescribed insulin through subcutaneous injection, inhalation,

and insulin pump; and

(f) Administer prescribed medication for the treatment of metabolic glycemic disorders through subcutaneous injection.

(3) ~~In the case of individuals receiving~~ When an individual receives services described in paragraphs (B)(3), (B)(4), (B)(5), (B)(6), and (B)(8) of this rule:

(a) Without nursing delegation, trained and certified developmental disabilities personnel may:

(i) Perform health-related activities;

(ii) Administer oral prescribed medication, administer topical prescribed medication, and administer topical over-the-counter musculoskeletal medication; and

(iii) Administer oxygen and metered dose inhaled medication.

(b) With nursing delegation, trained and certified developmental disabilities personnel may administer:

(i) ~~Administer prescribed~~ Prescribed medication through gastrostomy and jejunostomy tubes, if the tubes being used are stable and labeled;

(ii) ~~Administer prescribed~~ Prescribed insulin through subcutaneous injection, inhalation, and insulin pump; and

(iii) ~~Administer prescribed~~ Prescribed medication for the treatment of metabolic glycemic disorders through subcutaneous injection.

(4) ~~In the case of individuals~~ When an individual living in a family home ~~receiving~~ receives services from an unlicensed in-home care worker ~~providing the care through employment or other arrangement entered into directly with a family member of the individual and who is not otherwise employed by or under contract with a person or government entity to provide services to individuals with developmental disabilities, the a~~ family member living in the home may be able to ~~delegate~~ authorize health care tasks according to the provisions of section 5123.47 of the Revised Code. All requirements in section 5123.47 of

the Revised Code must be met for family authorization to occur.

(5) A family member acting as paid developmental disabilities personnel may administer medication or perform health-related activities as described in section 5123.42 of the Revised Code without nursing delegation or a certificate issued under section 5123.45 of the Revised Code.

(E) Requirements that apply when developmental disabilities personnel activate a vagus nerve stimulator, ~~use an epinephrine auto-injector~~ administer prescribed epinephrine either by autoinjector or intranasally, or administer topical over-the-counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces pursuant to section 5123.42 of the Revised Code

(1) Developmental disabilities personnel will successfully complete, initially and annually thereafter, a training course or courses as specified in rule 5123-6-05 of the Administrative Code.

(2) Developmental disabilities personnel may activate a vagus nerve stimulator, ~~use an epinephrine auto-injector~~ administer prescribed epinephrine either by autoinjector or intranasally, or administer topical over-the-counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces only as authorized by the training courses completed and according to manufacturer's instructions and individual-specific indications.

(3) If an employer of developmental disabilities personnel or a county board believes the developmental disabilities personnel have not or will not safely activate a vagus nerve stimulator or ~~use an epinephrine auto-injector~~ administer prescribed epinephrine either by autoinjector or intranasally, the employer or county board will prohibit the developmental disabilities personnel from continuing or commencing to do so and make appropriate arrangements for emergency interventions by another means ~~for individuals who have a specified need for activation of a vagus nerve stimulator or use of an epinephrine auto-injector.~~

(4) If an employer of developmental disabilities personnel or a county board believes the developmental disabilities personnel have not or will not safely administer topical over-the-counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces, the employer or county board will prohibit the developmental disabilities personnel from continuing or commencing to do so.

- (5) Developmental disabilities personnel will not engage in an action ~~or actions subject to an employer's or county board's prohibition that has been prohibited by their employer or a county board.~~
- (F) Requirements that apply when developmental disabilities personnel perform health-related activities and administer prescribed medication pursuant to section 5123.42 of the Revised Code
- (1) To perform health-related activities; administer oral prescribed medication; administer topical prescribed medication; administer topical over-the-counter musculoskeletal medication; administer oxygen and metered dose inhaled medication; administer prescribed medication through stable labeled gastrostomy and jejunostomy tubes; administer prescribed insulin through subcutaneous injection, inhalation, and insulin pump; and administer prescribed medication for the treatment of metabolic glycemic disorders through subcutaneous injection for individuals in the categories specified in paragraphs (B)(1) to (B)(9) of this rule and in accordance with paragraph (D) of this rule, developmental disabilities personnel will:
- (a) ~~Developmental disabilities personnel will obtain~~Obtain the certification or certifications required by the department and issued in accordance with rule 5123-6-06 of the Administrative Code;
 - (b) ~~Developmental disabilities personnel will perform~~Perform health-related activities and administer prescribed medication only as authorized by the certification or certifications held;
 - (c) ~~Developmental disabilities personnel will not~~Not perform health-related activities or administer prescribed medication for any individual for whom they have not received individual-specific training; and
 - (d) ~~When nursing delegation is required in accordance with paragraph (D) of this rule, developmental disabilities personnel will not~~Not act without nursing delegation or act in a manner that is inconsistent with nursing delegation when nursing delegation is required in accordance with paragraph (D) of this rule.
- (2) Prior to delegating to developmental disabilities personnel ~~under this rule~~ and in accordance with all standards and conditions set forth in Chapter 4723-13 of the Administrative Code, the delegating nurse will:
- (a) Assess the individual and complete an evaluation of the conditions under

which the delegated tasks or delegated prescribed medication administration will be done.

(b) Select developmental disabilities personnel that, as applicable:

(i) Are certified pursuant to rule 5123-6-06 of the Administrative Code; and

(ii) Comply with all standards and conditions set forth in Chapter 4723-13 of the Administrative Code.

(c) Ensure developmental disabilities personnel have received individual-specific training for each individual for whom they perform health-related activities; ~~administer oral prescribed medication; administer topical prescribed medication; administer topical over-the-counter musculoskeletal medication; administer oxygen and metered dose inhaled medication; administer prescribed medication through stable labeled gastrostomy and jejunostomy tubes; administer prescribed insulin through subcutaneous injection, inhalation, and insulin pump; or administer prescribed medication for the treatment of metabolic glyceemic disorders through subcutaneous injection~~ or administer medication.

(d) Document the assessment of the individual and individual-specific training.

(e) Comply with all standards and conditions for nursing delegation in accordance with Chapter 4723-13 of the Administrative Code.

(3) When delegating nursing tasks that are not taught as part of the curriculum specified in rule 5123-6-06 of the Administrative Code, the delegating nurse will train and verify the skills of developmental disabilities personnel in accordance with Chapter 4723-13 of the Administrative Code.

(4) The employer of developmental disabilities personnel, or the county board for independent providers, will ensure that developmental disabilities personnel have received individual-specific training for each individual for whom they perform health-related activities or administer prescribed medication. Developmental disabilities personnel will not perform health-related activities or administer prescribed medication for any individual for whom they have not been specifically trained.

- (5) ~~In situations in which~~ When nursing delegation is required, the delegating nurse will ~~also~~ ensure that developmental disabilities personnel have received individual-specific training provided by the delegating nurse or by another licensed nurse in coordination/communication with the delegating nurse for each individual for whom the developmental disabilities personnel perform health-related activities or administer prescribed medication.
- (6) If the employer of developmental disabilities personnel believes or is notified by the county board, the department, a delegating nurse, or the quality assessment registered nurse that developmental disabilities personnel have not safely performed or will not safely perform health-related activities, or have not safely administered or will not safely administer prescribed medication, the employer will:
- (a) Prohibit the action from commencing or continuing;
 - (b) Immediately make other staffing arrangements so that performance of health-related activities or administration of prescribed medication are completed as prescribed, ~~including~~ and in compliance with the requirements of this chapter;
 - (c) If applicable, immediately notify the county board via the major unusual incident reporting system pursuant to rule 5123-17-02 of the Administrative Code; if applicable, the county board will notify the quality assessment registered nurse; ~~and~~
 - (d) If applicable, immediately notify the delegating nurse ~~;~~ and
 - (e) Enter a notation in the certification record of the developmental disabilities personnel in the medication administration information system database described in rule 5123-6-07 of the Administrative Code.
- (7) If the employer of developmental disabilities personnel discovers or is notified by the county board, the department, a delegating nurse, or the quality assessment registered nurse that developmental disabilities personnel have committed a medication/treatment error, the employer will:
- (a) Prohibit the action from commencing or continuing;
 - (b) Immediately make other staffing arrangements so that performance of health-related activities or administration of prescribed medication are completed as prescribed and in compliance with the requirements of

this chapter:

(c) If applicable, immediately notify the county board via the major unusual incident reporting system pursuant to rule 5123-17-02 of the Administrative Code; if applicable, the county board will notify the quality assessment registered nurse;

(d) If applicable, immediately notify the delegating nurse; and

(e) Enter a notation in the certification record of the developmental disabilities personnel in the medication administration information system database described in rule 5123-6-07 of the Administrative Code.

~~(7)~~(8) If the delegating nurse believes that developmental disabilities personnel have not safely performed or will not safely perform health-related activities, or have not safely administered or will not safely administer prescribed medication, the delegating nurse will:

(a) Prohibit the action from commencing or continuing;

(b) Immediately notify the employer of the developmental disabilities personnel;

(c) If applicable, immediately notify the county board via the major unusual incident reporting system pursuant to rule 5123-17-02 of the Administrative Code; if applicable, the county board will notify the quality assessment registered nurse; and

(d) Enter a notation in the certification record of the developmental disabilities personnel in the medication administration information system database described in rule 5123-6-07 of the Administrative Code.

~~(8)~~(9) Developmental disabilities personnel will not engage in an action ~~or actions subject to an employer's prohibition or a delegating nurse's prohibition that has been prohibited by their employer or the delegating nurse.~~

~~(9)~~(10) A registered nurse will reassess nursing delegation and the needs of the individual on an ongoing basis, but at least annually. The frequency of reassessment ~~may be more frequent if necessary in the judgment of is determined by~~ the delegating registered nurse. The reassessment will include a determination that:

- (a) Nursing delegation continues to be necessary;
- (b) The individual and circumstances continue to adhere to standards and conditions for nursing delegation in accordance with Chapter 4723-13 of the Administrative Code; and
- (c) The developmental disabilities personnel continue to demonstrate the skill to accurately perform the nursing tasks, health-related activities, and prescribed medication administration being delegated.

5123-6-04

Qualifications, training, and certification of registered nurse instructors and registered nurse trainers.

(A) Purpose

This rule establishes requirements for registered nurse instructors and registered nurse trainers as well as the curriculum for the registered nurse train-the-trainer program.

(B) Requirements for registered nurse instructors

(1) Only a registered nurse certified by the department as a registered nurse instructor may ~~plan~~, develop, coordinate, and deliver the registered nurse train-the-trainer program that prepares registered nurses to train developmental disabilities personnel to:

- (a) Perform health-related activities;
- (b) Administer oral prescribed medication;
- (c) Administer topical prescribed medication;
- (d) Administer topical over-the-counter musculoskeletal medication;
- (e) Administer oxygen and metered dose inhaled medication;
- (f) Administer prescribed medication through stable labeled gastrostomy and jejunostomy tubes;
- (g) Administer prescribed insulin through subcutaneous injection, inhalation, and insulin pump; and
- (h) Administer prescribed medication for the treatment of metabolic glycemic disorders through subcutaneous injection.

(2) Only a registered nurse who meets the following requirements may be certified as a registered nurse instructor:

- (a) Current valid licensure as a registered nurse ~~in good standing~~ to practice nursing in Ohio pursuant to Chapter 4723. of the Revised Code and rule 4723-3-01 of the Administrative Code.

- (b) A minimum of sixty months full-time (or equivalent part-time) experience in the practice of nursing as a registered nurse, of which at least twenty-four months have been in the field of developmental disabilities.
 - (c) Knowledge of the current laws and rules which regulate the practice of nursing, sections 5123.41 to 5123.47 of the Revised Code, and this chapter.
 - (d) Knowledge of and experience with the principles of adult education.
 - (e) Current certification with a minimum of sixty months of experience as a registered nurse trainer ~~in accordance with this rule~~.
 - (f) The department may conduct an audit of a registered nurse's training of developmental disabilities personnel to determine compliance with rule 5123-6-06 of the Administrative Code to determine eligibility for registered nurse instructor certification.
 - ~~(f)(g)~~ Successful completion of the department-provided registered nurse instructor orientation program and maintenance of registered nurse instructor certification ~~pursuant to this rule~~.
 - (3) The department will certify a registered nurse who meets the requirements of this rule as a registered nurse instructor for a period of two years. When the certification is first issued by the department on or after September first of an odd-numbered year, that certification will be current through August thirty-first of the next odd-numbered year.
 - (4) Registered nurse instructors will make entries in the medication administration information system database described in rule 5123-6-07 of the Administrative Code in accordance with procedures established by the department for renewal of registered nurse instructor certification.
- (C) Requirements for registered nurse trainers
- (1) Only a registered nurse certified by the department as a registered nurse trainer may ~~plan~~, develop, coordinate, and train developmental disabilities personnel to perform or administer the functions set forth in paragraphs (B)(1)(a) to (B)(1)(h) of this rule.
 - (2) Only a registered nurse who meets the following requirements may be certified

as a registered nurse trainer:

- (a) Current valid licensure as a registered nurse ~~in good standing~~ to practice nursing in Ohio pursuant to Chapter 4723. of the Revised Code and rule 4723-3-01 of the Administrative Code.
 - (b) A minimum of eighteen months full-time (or equivalent part-time) experience in the practice of nursing as a registered nurse.
 - (c) Previous experience caring for an individual with developmental disabilities.
 - (d) Computer and internet access and computer literacy sufficient for entering data in the medication administration information system database described in rule 5123-6-07 of the Administrative Code; receiving and sending electronic mail; and creating, saving, and sending electronic file attachments.
 - (e) Successful completion of a registered nurse train-the-trainer program that has been authorized by an Ohio board of nursing continuing education approver unit. Successful completion of the registered nurse train-the-trainer program requires the registered nurse to:
 - (i) Submit a completed application to the registered nurse instructor;
 - (ii) Attend the entire registered nurse train-the-trainer program;
 - (iii) Participate in registered nurse train-the-trainer program class discussions and activities;
 - (iv) Successfully complete the post-program requirements to demonstrate core knowledge and preparedness for teaching; and
 - (v) Submit a completed program evaluation to the registered nurse instructor.
- (3) The department will certify a registered nurse who meets the requirements of this rule as a registered nurse trainer for a period of two years. When the certification is first issued by the department on or after September first of an odd-numbered year, that certification will be current through August

thirty-first of the next odd-numbered year.

- (4) To maintain certification as a registered nurse trainer, the registered nurse will, during the effective period of the certification complete, at a minimum, four contact hours of Ohio board of nursing-recognized continuing education related to information addressed in the registered nurse train-the-trainer program or that will enhance the role of the registered nurse trainer. Training in cardiopulmonary resuscitation, first aid, or universal precautions for infection control will not count toward the four contact hours. The four contact hours may be part of the continuing education required by the Ohio board of nursing to maintain licensure as a registered nurse.
- (5) The department may conduct an audit of proof of completion of continuing education to ensure compliance with paragraph (C)(4) of this rule. When a registered nurse fails to meet or cannot show proof of meeting the requirements set forth in paragraph (C)(4) of this rule, the registered nurse will be required to repeat the registered nurse train-the-trainer program in its entirety. Until such time that the registered nurse successfully repeats the registered nurse train-the-trainer program in its entirety, the registered nurse will not ~~plan~~, develop, or coordinate the program of instruction for developmental disabilities personnel to perform or administer the functions set forth in paragraphs (B)(1)(a) to (B)(1)(h) of this rule.

(D) Minimum curriculum for the registered nurse train-the-trainer program

- (1) The registered nurse train-the-trainer program will be at a minimum eight hours; one hour equals sixty minutes of classroom instruction. The registered nurse train-the-trainer program will address:
 - (a) Review of sections 4723.071 and 5123.41 to 5123.47 of the Revised Code, rules adopted under this chapter, and other applicable sections of the Revised Code and rules of the Administrative Code pertaining to the functioning of a county board, nursing delegation, and developmental disabilities personnel.
 - (b) Review of all components required when teaching developmental disabilities personnel to perform or administer the functions set forth in paragraphs (B)(1)(a) to (B)(1)(h) of this rule.
 - (c) Quality measures and quality assessment requirements ~~pursuant to this chapter.~~

- (d) Documentation requirements for licensed nurses and developmental disabilities personnel.
- (e) Principles of developmental disabilities personnel certification and nursing delegation including, ~~but not limited to:~~
 - (i) The scope of authority granted to developmental disabilities personnel by certification and the responsibilities of developmental disabilities personnel to acquire and maintain certification ~~as required~~ for medication administration;
 - (ii) Direct and indirect supervision and determination of the appropriate type of supervision pursuant to this chapter;
 - (iii) Explanation that nursing delegation requires developmental disabilities personnel to receive individual-specific training for each individual served; and
 - (iv) Explanation that nursing delegation is expressly authorized for a specific individual served and does not confer nursing delegation authority to or for another individual.
- (f) How to provide indirect supervision, including methods for remaining accessible and training developmental disabilities personnel how and when to access help.
- (g) How to evaluate the skills of developmental disabilities personnel, including developing and using a skills check list ~~in the training program that teaches developmental disabilities personnel to perform or administer~~ that addresses the functions set forth in paragraphs (B)(1)(a) to (B)(1)(h) of this rule.
- (h) Responsibility and accountability pursuant to rule 5123-6-07 of the Administrative Code related to the use of the medication administration information system database and prohibition of actions by developmental disabilities personnel who the registered nurse or employer believes have not or will not safely perform or administer the functions set forth in paragraphs (B)(1)(a) to (B)(1)(h) of this rule.
- (i) Responsibility and accountability pursuant to Chapter 4723-4 of the Administrative Code relating to standards of competent nursing practice

including but not limited to, demonstration of competence and accountability in all areas of practice in which the nurse is engaged.

- (j) General principles of adult basic education.
 - (k) Instruction that health-related activities and medication administration certification applies only while providing services in settings under the administrative oversight of the department and that such certification does not confer authority or apply in any other setting or course of medication administration.
 - (l) Information and instruction regarding the medication administration information system database described in rule 5123-6-07 of the Administrative Code, including required entry of data regarding developmental disabilities personnel trained.
 - (m) Instruction that only a department-approved curriculum will be used to train developmental disabilities personnel to perform or administer the functions set forth in paragraphs (B)(1)(a) to (B)(1)(h) of this rule.
- (2) A registered nurse instructor may engage other licensed health care professionals to assist with instruction of the registered nurse train-the-trainer program as long as the other licensed health care professionals have received instruction on the material and are acting within the scope of their professional practice as outlined in the Revised Code.

5123-6-05

Qualifications and training of developmental disabilities personnel to activate a vagus nerve stimulator; ~~use an epinephrine auto-injector~~ administer prescribed epinephrine either by autoinjector or intranasally; and administer topical over-the-counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces.

(A) Purpose

This rule establishes requirements for developmental disabilities personnel to activate a vagus nerve stimulator; ~~use an epinephrine auto-injector~~ administer prescribed epinephrine either by autoinjector or intranasally; and administer topical over-the-counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces.

(B) Basic requirements

- (1) To be eligible to receive the training described in this rule, developmental disabilities personnel must be able to read, write, and understand English at a level sufficient to comply with all requirements set forth in administrative rules governing the services provided.
- (2) Only a licensed nurse or developmental disabilities personnel with current health-related activities and prescribed medication administration certification in accordance with rule 5123-6-06 of the Administrative Code may provide the training described in this rule.

~~(B)~~(C) Qualifications for developmental disabilities personnel to activate a vagus nerve stimulator

- (1) Developmental disabilities personnel will complete department-approved training prior to activating a vagus nerve stimulator and at least annually thereafter that includes:
 - ~~(a) All content in the department approved curriculum for activation of a vagus nerve stimulator including:~~
 - ~~(i)~~(a) Signs and symptoms of seizure;
 - ~~(ii)~~(b) Seizure first aid;
 - ~~(iii)~~(c) Correct care and use of the stimulator magnet;
 - ~~(iv)~~(d) Ensuring availability of the stimulator magnet at all times;

~~(v)~~(e) Reporting potential side effects and seizure-related problems to a healthcare professional; and

~~(vi)~~(f) Documentation of seizure activity and stimulator magnet use.

~~(b)~~(2) ~~Demonstration by the developmental~~Developmental disabilities personnel ~~of will demonstrate~~ the skills and information on the department-approved skills checklist ~~for~~ prior to activation of a vagus nerve stimulator and annually thereafter.

~~(e)~~(3) ~~Individual-specific~~Developmental disabilities personnel will complete individual-specific training about ~~any individuals~~ an individual for whom the developmental disabilities personnel are going to activate a vagus nerve stimulator, including individual-specific indications for use of the stimulator magnet, seizure first aid, and ~~at a minimum~~ the information on the individual-specific training guidelines for ~~individuals~~ an individual with an implanted vagus nerve stimulator prior to activating a vagus nerve stimulator for that individual.

~~(2)~~ ~~To be eligible to receive training to activate a vagus nerve stimulator, developmental disabilities personnel must be able to read, write, and understand English at a level sufficient to comply with all requirements set forth in administrative rules governing the services provided.~~

~~(3)~~ ~~Only a licensed nurse or developmental disabilities personnel with health-related activities and prescribed medication administration certification in accordance with rule 5123-6-06 of the Administrative Code may provide the training for activation of a vagus nerve stimulator and only according to the department-approved curriculum.~~

~~(E)~~(D) Qualifications for developmental disabilities personnel to ~~use an epinephrine auto-injector~~ administer prescribed epinephrine either by autoinjector or intranasally for urgent or emergency treatment of allergic reaction and anaphylaxis

(1) Developmental disabilities personnel will complete department-approved training prior to ~~using an epinephrine auto-injector~~ administering prescribed epinephrine either by autoinjector or intranasally for urgent or emergency treatment of allergic reaction and anaphylaxis and at least annually thereafter that includes:

~~(a)~~ ~~All content in the department-approved curriculum for use of an epinephrine auto-injector including:~~

- (i)(a) Signs and symptoms of allergic reaction;
 - (ii)(b) Correct care and use of the epinephrine ~~auto-injector~~ autoinjector and epinephrine nasal spray;
 - (iii)(c) Ensuring availability of the epinephrine ~~auto-injector~~ autoinjector and epinephrine nasal spray at all times;
 - (iv)(d) Medical follow-up after use of an epinephrine ~~auto-injector~~ autoinjector or epinephrine nasal spray; and
 - (v)(e) Documentation of major unusual incidents and unusual incidents involving use of an epinephrine ~~auto-injector~~ autoinjector or epinephrine nasal spray in accordance with rule 5123-17-02 of the Administrative Code.
- (b)(2) ~~Demonstration by the developmental~~ Developmental disabilities personnel ~~of will demonstrate~~ the skills and information on the department-approved skills checklist ~~for use of an epinephrine auto-injector~~ prior to administering prescribed epinephrine either by autoinjector and intranasally and annually thereafter.
- (e)(3) ~~Individual-specific~~ Developmental disabilities personnel will complete individual-specific training about ~~any individuals~~ an individual for whom the developmental disabilities personnel are going to ~~use an epinephrine auto-injector~~ administer prescribed epinephrine either by autoinjector or intranasally, including individual-specific indications for known allergens and symptoms associated with personal history of allergic reactions and ~~at a minimum~~ the information on the individual-specific training guidelines for ~~individuals who have~~ an individual who has been prescribed an epinephrine ~~auto-injector~~ autoinjector or epinephrine nasal spray prior to administering prescribed epinephrine to that individual.
- (2) ~~To be eligible to receive training to use an epinephrine auto-injector, developmental disabilities personnel must be able to read, write, and understand English at a level sufficient to comply with all requirements set forth in administrative rules governing the services provided.~~
- (3) ~~Only a licensed nurse or developmental disabilities personnel with health-related activities and prescribed medication administration certification in accordance with rule 5123-6-06 of the Administrative Code may provide the training for use of an epinephrine auto-injector and only according to the~~

~~department-approved curriculum.~~

- (4) Developmental disabilities personnel who have documentation of having received training in the use of an epinephrine ~~auto-injector~~ autoinjector or epinephrine nasal spray as part of another recognized certification training (such as "American Red Cross" first aid) may use an epinephrine ~~auto-injector~~ autoinjector or epinephrine nasal spray according to that certification while that certification is in effect without the training specified in paragraph ~~(C)(1)~~ (D)(1) of this rule.
- ~~(D)~~(E) Qualifications for developmental disabilities personnel to administer topical over-the-counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces
- (1) Developmental disabilities personnel will complete department-approved training prior to administering topical over-the-counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces and at least annually thereafter that includes:
- ~~(a) All content in the department-approved curriculum for administration of topical over-the-counter medication including:~~
- ~~(i)~~(a) That topical over-the-counter medication is not to be applied to an open wound;
- ~~(ii)~~(b) That topical over-the-counter medication is not to be applied for specific treatment of a condition that requires a medical diagnosis including but not limited to, fungal infection;
- ~~(iii)~~(c) That an individual's known allergies must be confirmed as not present in the topical over-the-counter medication each time before the topical over-the-counter medication is administered;
- ~~(iv)~~(d) That the manufacturer's label directions for amount and frequency must be followed unless a prescription to administer at an alternate amount or frequency has been provided by a licensed health professional authorized to prescribe drugs;
- ~~(v)~~(e) That over-the-counter medication for oral consumption requires a prescription from a licensed health professional authorized to prescribe drugs and will only be administered by developmental disabilities personnel with health-related activities and prescribed medication administration certification in accordance with rule 5123-6-06 of

Administrative Code and section 5123.42 of the Revised Code;

- ~~(vi)~~(f) That topical over-the-counter medication for any purpose other than cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces may be applied only by developmental disabilities personnel with health-related activities and prescribed medication administration certification in accordance with rule 5123-6-06 of Administrative Code and section 5123.42 of the Revised Code; and
- ~~(vii)~~(g) Appropriate documentation of the use of topical over-the-counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces.
- ~~(b)(2) Demonstration by the developmental~~Developmental disabilities personnel ~~of~~ will demonstrate the skills and information on the department-approved skills checklist ~~for prior to~~ administration of topical over-the-counter medication and annually thereafter.
- ~~(e)(3) Individual-specific~~Developmental disabilities personnel will complete individual-specific training about ~~any individuals~~ an individual for whom the developmental disabilities personnel are going to administer topical over-the-counter medication including individual-specific allergies and history of the use of topical over-the-counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces and ~~at a minimum~~ the information on the individual-specific training guidelines for ~~individuals~~ an individual for whom developmental disabilities personnel will be administering topical over-the-counter medication without a prescription prior to administering topical over-the-counter medication to that individual.
- ~~(2) To be eligible to receive training to administer topical over-the-counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces, developmental disabilities personnel must be able to read, write, and understand English at a level sufficient to comply with all requirements set forth in administrative rules governing the services provided.~~
- ~~(3) Only a licensed nurse or developmental disabilities personnel with health-related activities and prescribed medication administration certification in accordance with rule 5123-6-06 of the Administrative Code may provide the training for administration of topical over-the-counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces.~~

5123-6-06

Qualifications, training, and certification of developmental disabilities personnel who perform health-related activities and administer prescribed medication.

(A) Purpose

This rule sets forth eligibility and requirements for three types of training programs and resulting certification held by developmental disabilities personnel:

- (1) Health-related activities and prescribed medication administration;
- (2) Prescribed medication administration through gastrostomy and jejunostomy tube by nursing delegation; and
- (3) Administration of insulin and medication for the treatment of metabolic glycemic disorders by nursing delegation.

(B) Eligibility to take a training program required to perform health-related activities and administer prescribed medication

- (1) To be eligible to take a training program described in paragraph (C) of this rule, developmental disabilities personnel will:
 - (a) Be at least eighteen years of age;
 - (b) Hold a high school diploma or ~~general education development~~ of high school equivalence; and
 - (c) Be able to read, write, and understand English at a level sufficient to comply with all requirements set forth in administrative rules governing the services provided.
- (2) Prior to permitting developmental disabilities personnel to enroll in a training program described in paragraph (C) of this rule, the registered nurse trainer will, ~~as applicable~~:
 - (a) Secure an attestation from the employer of developmental disabilities personnel that the developmental disabilities personnel has been subject to a completed background check conducted in accordance with rule 5123-2-02 of the Administrative Code with results received; or
 - (b) Verify that the developmental disabilities personnel holds independent

provider certification issued by the department.

(C) Training programs for developmental disabilities personnel

(1) Health-related activities and prescribed medication administration training program

(a) A health-related activities and prescribed medication administration training program provided pursuant to this rule, to prepare developmental disabilities personnel to perform health-related activities, administer oral prescribed medication, administer topical prescribed medication, administer topical over-the-counter musculoskeletal medication, and administer oxygen and metered dose inhaled medication, will be at a minimum a fourteen-hour course; one hour equals sixty minutes of classroom instruction. Relevant agency-specific and/or facility-specific material may be added to the department-approved curriculum described in paragraph (C)(1)(c) of this rule only with additional corresponding classroom instruction time beyond the fourteen-hour course.

(b) The department may authorize a registered nurse trainer to provide a portion of the health-related activities and prescribed medication administration training program by audio-visual distance learning. The department's authorization will be based upon review and approval of a training program syllabus and supporting documentation submitted by the registered nurse trainer that demonstrate the audio-visual distance learning meets the following requirements:

(i) The registered nurse trainer will develop a syllabus that:

(a) Outlines specific content and number of hours of the training program to be conducted by audio-visual distance learning and by in-person classroom instruction;

(b) Describes methods for providing students with training manuals and materials;

(c) Reflects incorporation of evidence-based principles of adult learning in the instructional design;

(d) Includes interactive learning activities to achieve student

engagement with the registered nurse trainer and other students;

(e) Describes methods to be used by the registered nurse trainer to verify student comprehension of information and skills;

(f) Sets forth that a student will complete the return demonstration of proficiency, including transcription, described in paragraph (E)(1)(c) of this rule, the written examination described in paragraph (E)(1)(d) of this rule, and the evaluation of the training program described in paragraph (E)(1)(e) of this rule during the in-person classroom instruction portion of the training program; and

(g) Provides sufficient detail to demonstrate how the requirements set forth in paragraphs (C)(1)(b)(ii) and (C)(1)(b)(iii) of this rule will be met.

(ii) Audio-visual distance learning will be conducted using conferencing software that provides for:

(a) Two-way audio and video interactive capability by all participants;

(b) All participants to see one another including each participant's face and upper body from the desktop and above;

(c) The registered nurse trainer to share and present materials on screen;

(d) A private chat feature that enables a student to chat with the registered nurse trainer and ask questions if muted;

(e) Authenticated log-on by participants;

(f) An enabled waiting room so that the registered nurse trainer controls admission of students;

(g) The registered nurse trainer to track a student's attendance and presence in the meeting room;

- (h) Prevention of anyone other than the registered nurse trainer from recording the training program; and
 - (i) The registered nurse trainer to control and disable a student's audio and video capability and remove a student when necessary.
 - (iii) The registered nurse trainer is responsible for ensuring:
 - (a) A student's video monitor is large enough to allow clear visualization of the registered nurse trainer, the presented materials, and demonstrations. Neither a student nor the registered nurse trainer is permitted to participate in the audio-visual distance learning via a hand-held cellular telephone.
 - (b) The class size is such that the registered nurse trainer clearly visualizes each student on the registered nurse trainer's video monitor.
 - (c) A student experiencing technical difficulties with the audio-visual conferencing software is not considered in attendance for that portion of the training program.
- (c) The health-related activities and prescribed medication administration training program will address:
 - (i) A review of an individual's right to self-administer medication, self-administer medication with assistance, and participate in steps of medication administration when not able to self-administer medication or self-administer medication with assistance.
 - (ii) Concepts of person-centered planning relevant to an individual's consent or declination of prescribed medication.
 - (iii) Universal precautions for infection control. The registered nurse trainer may waive the universal precautions for infection control instruction material and instruction time of the program if the developmental disabilities personnel can document training on that topic within the previous year.

- (iv) A review of applicable federal and state drug laws and rules.
- (v) Information and instruction on the concepts underlying each step for correctly administering oral prescribed medication, administering topical prescribed medication, administering topical over-the-counter musculoskeletal medication, and administering oxygen and metered dose inhaled medication according to current standards of safe practice, procedures, and techniques.
- (vi) Information and instruction to train the developmental disabilities personnel to administer the right medication, at the right dose, to the right individual, by the right route, at the right time and with the right documentation.
- (vii) Written step-by-step directions on how to administer oral prescribed medication, administer topical prescribed medication, administer topical over-the-counter musculoskeletal medication, and administer oxygen and metered dose inhaled medication.
- (viii) Instruction in safe storage and transport of oxygen.
- (ix) Instruction in taking vital signs (i.e., temperature, pulse, respiration, and blood pressure).
- (x) Instruction in application of clean dressings that do not require health assessment.
- (xi) Instruction in basic measurement of bodily intake and output.
- (xii) Instruction in oral suctioning.
- (xiii) Instruction in use of glucometers.
- (xiv) Instruction in external urinary catheter care.
- (xv) Instruction in emptying and replacing ostomy bags.
- (xvi) Instruction in application of prescribed compression hosiery.
- (xvii) Instruction in collection of specimens by noninvasive means.

- (xviii) Instruction in the use of pulse oximetry to accurately record an individual's oxygen saturation as prescribed by a licensed health professional authorized to prescribe drugs.
- (xix) Instruction in the use of continuous positive airway pressure machines, including biphasic positive airway pressure machines, for the intermittent delivery of continuous positive airway pressure to treat obstructive sleep apnea or sleep-related hypoventilation as prescribed by a licensed health professional authorized to prescribe drugs.
- (xx) Instruction in the application of percussion vests to promote airway secretion clearance as prescribed by a licensed health professional authorized to prescribe drugs.
- (xxi) Instruction in the use of cough assist devices and insufflators to promote the removal of airway secretions in those with respiratory muscle weakness as prescribed by a licensed health professional authorized to prescribe drugs.
- (xxii) Instruction in the use of metered dose inhaled medication administered by a hand-held dispenser and the use of an aerosol nebulizer to administer a pre-measured medication for the treatment of asthma or other respiratory condition as prescribed by a licensed health professional authorized to prescribe drugs.
- (xxiii) Information and instruction in responsibility of developmental disabilities personnel for following the step-by-step procedures for administration of all medication and performance of health-related activities and completing additional training before attempting any action for which the developmental disabilities personnel is not competent.
- (xxiv) Information and instruction in responsibility of developmental disabilities personnel for knowing the purpose of medication and health-related activities being performed or administered and facilitating the reporting of problems, including lack of effectiveness and potential side effects, to a healthcare professional.
- (xxv) Instruction in quality measures, including but not limited to, procedures for reporting and documenting medication/treatment

errors that may occur when performing health-related activities, administering oral prescribed medication, administering topical prescribed medication, administering topical over-the-counter musculoskeletal medication, and administering oxygen and metered dose inhaled medication.

- (xxvi) Procedures to be followed in case of medication emergency including when, why, and how to contact the employer of developmental disabilities personnel or designee, a healthcare professional, or the supervising licensed nurse when medication is administered or a nursing task is performed pursuant to nursing delegation.
- (xxvii) Information about what developmental disabilities personnel may be authorized to perform with respect to administering oral prescribed medication, administering topical prescribed medication, administering topical over-the-counter musculoskeletal medication, or administering oxygen and metered dose inhaled medication.
- (xxviii) Limitations with respect to "as needed" (or "PRN") prescribed medication, which state that developmental disabilities personnel will not administer a prescribed medication ordered by a physician or other licensed health professional authorized to prescribe drugs when the prescribed medication is to be administered as needed, unless the order is written with specific parameters which preclude independent judgment.
- (xxix) Limitations with respect to over-the-counter medication which include the need for a prescription from a licensed health professional authorized to prescribe drugs to administer all over-the-counter medication not authorized for administration by developmental disabilities personnel pursuant to section 5123.42 of the Revised Code.
- (xxx) The requirement for specialized training pursuant to this rule for the administration of topical over-the-counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces.
- (xxxi) Instruction in the use of topical over-the-counter musculoskeletal medication.

(xxxii) Information about what developmental disabilities personnel are prohibited from administering, which includes but is not limited to:

(a) An intramuscular injection;

(b) An intravenous injection;

(c) A subcutaneous injection, except a subcutaneous injection of insulin or prescribed medication for the treatment of metabolic glyceimic disorders, provided the developmental disabilities personnel are trained and hold administration of insulin and medication for the treatment of metabolic glyceimic disorders by nursing delegation certification in accordance with this rule and the subcutaneous injection of insulin or prescribed medication for the treatment of metabolic glyceimic disorders is delegated to a specific person by a licensed nurse pursuant to section 5123.42 of the Revised Code and this chapter;

(d) Any prescribed medication administered through a nasogastric tube or an unstable or unlabeled gastrostomy tube or an unstable or unlabeled jejunostomy tube; and

(e) Any debriding agent used in the treatment of a skin condition or minor abrasion.

(xxxiii) Instruction in the use of commercially packaged rectal diazepam gel for the treatment of epilepsy as prescribed by a licensed health professional authorized to prescribe drugs.

(xxxiv) Instruction in the use of commercially packaged glucagon for the treatment of hypoglycemia as prescribed by a licensed health professional authorized to prescribe drugs. Teaching must be completed and nursing delegation must be in place prior to administration of glucagon.

(xxxv) Instruction in potential drug reactions, including known side effects, interactions, and the proper course of action if a side effect occurs, and sources for prescribed medication information (such as pharmacist, physician, nurse, or poison control center).

- (xxxvi) The requirements for documentation of prescribed medication administered, missed, held, or declined to, by, or for each individual.
- (xxxvii) The definition of a medication/treatment error and requirements for documentation and notification of unusual incidents and major unusual incidents related to medication/treatment errors.
- (xxxviii) Information regarding the appropriate and secure storage and care of prescribed medication.
- (xxxix) Instruction that in settings where developmental disabilities personnel are administering prescribed medication, with or without nursing delegation, medication may be administered only from pharmacy-labeled or manufacturer-labeled containers and only by the person who prepared the dosage from those containers.
- (xl) Information and instruction about who may receive and who may transcribe physician orders and prescriptions on to a medication administration record or treatment administration record specific to each category pursuant to rule 5123-6-03 of the Administrative Code.
- (xli) Performance of a successful return demonstration for each route of prescribed medication administration in which developmental disabilities personnel are trained.
- (xlii) Performance of a successful return demonstration for each health-related activity in which developmental disabilities personnel are trained.
- (xliii) Information that health-related activities are performed only pursuant to nursing delegation except for individuals:
 - (a) Receiving family support services or services from certified supported living providers, if the services are offered or provided pursuant to Chapter 5123. or Chapter 5126. of the Revised Code;

- (b) Receiving residential support services from certified home and community-based services providers, if the services are received in a community living arrangement that includes no more than four individuals;
 - (c) Residing in a residential facility with five or fewer beds; or
 - (d) Receiving adult day services in a setting where ~~services are provided to~~ sixteen or fewer individuals have been authorized to receive services.
 - (xliv) Information and instruction on the concepts underlying each step for performing health-related activities according to current standards of safe practice, including instruction in the correct and safe practices, procedures, and techniques for performing health-related activities.
 - (xlv) Instruction in the usual parameters of health-related activities and instruction in the course of action to be taken when parameters of health-related activities are above or below those taught.
 - (xlvi) Completion of written examination pursuant to paragraph (E)(1)(d) of this rule.
 - (xlvii) Requirements for individual-specific training which will occur after certification and prior to administration of prescribed medication or performance of health-related activities. The employer of developmental disabilities personnel, the delegating nurse, or the county board will ensure ~~that~~ developmental disabilities personnel receive individual-specific training.
- (2) Prescribed medication administration through gastrostomy and jejunostomy tube by nursing delegation training program
- (a) A prescribed medication administration through gastrostomy and jejunostomy tube by nursing delegation training program provided pursuant to this rule to prepare developmental disabilities personnel to administer prescribed medication through stable labeled gastrostomy and jejunostomy tubes will be at a minimum a four-hour course ~~and will be in addition to the health-related activities and prescribed medication administration training program described in paragraph (C)(1) of this rule~~; one hour equals sixty minutes of classroom

instruction. Relevant agency-specific and/or facility-specific material may be added to the department-approved curriculum described in paragraph (C)(2)(b) of this rule only with additional corresponding classroom instruction time beyond the four-hour course. Developmental disabilities personnel will successfully complete the health-related activities and prescribed medication administration training program described in paragraph (C)(1) of this rule prior to participating in the prescribed medication administration through gastrostomy and jejunostomy tube by nursing delegation training program.

- (b) The prescribed medication administration through gastrostomy and jejunostomy tube by nursing delegation training program will address:
 - (i) Correct and safe practices, procedures, and techniques for administering prescribed medication through stable labeled gastrostomy and jejunostomy tubes, including possible signs and symptoms of gastrostomy or jejunostomy tube malfunction or tube problems, complication or intolerance of prescribed medication by the individual, and appropriate response to a gastrostomy or jejunostomy tube that becomes dislodged.
 - (ii) Requirements for documentation of prescribed medication administered, missed, held, or declined to, by, or for each individual through stable labeled gastrostomy or jejunostomy tube.
 - (iii) Requirements for documentation and notification of prescribed medication errors through stable labeled gastrostomy or jejunostomy tube.
 - (iv) Information regarding the proper storage, care, and preparation of prescribed medication to be administered through stable labeled gastrostomy or jejunostomy tube.
 - (v) Information regarding the proper storage and care of gastrostomy and jejunostomy tubes.
 - (vi) Requirements for nursing delegation of prescribed medication administration through stable labeled gastrostomy and jejunostomy tubes.
 - (vii) Instruction that only the delegating nurse or a licensed nurse in

coordination/communication with the delegating nurse will receive prescriptions for prescribed medication to be administered through stable labeled gastrostomy or jejunostomy tube and only the delegating nurse or a licensed nurse in coordination/communication with the delegating nurse will transcribe these prescriptions on to a medication administration record or treatment administration record.

- (viii) Performance of successful return demonstration of proficiency in administering prescribed medication through stable labeled gastrostomy and jejunostomy tubes.
 - (ix) Completion of written examination pursuant to paragraph (E)(1)(d) of this rule.
 - (x) Requirements for individual-specific training which will occur after certification and prior to administration of prescribed medication through stable labeled gastrostomy or jejunostomy tube. The delegating nurse is responsible for the individual-specific training.
- (3) Administration of insulin and medication for the treatment of metabolic glycemic disorders by nursing delegation training program
- (a) An administration of insulin and medication for the treatment of metabolic glycemic disorders by nursing delegation training program provided pursuant to this rule to prepare developmental disabilities personnel to administer insulin through subcutaneous injection, inhalation, and insulin pump and administer prescribed medication for the treatment of metabolic glycemic disorders through subcutaneous injection by nursing delegation will be a minimum a four-hour course ~~and will be in addition to the health-related activities and prescribed medication administration training program described in paragraph (C)(1) of this rule~~; one hour equals sixty minutes of classroom instruction. Relevant agency-specific and/or facility-specific material may be added to the department-approved curriculum described in paragraph (C)(3)(b) of this rule only with additional corresponding classroom instruction time beyond the four-hour course. Developmental disabilities personnel will successfully complete the health-related activities and prescribed medication administration training program described in paragraph (C)(1) of this rule prior to participating in the administration of insulin and medication for the treatment of metabolic glycemic disorders by nursing delegation training program.

- (b) The administration of insulin and medication for the treatment of metabolic glyceimic disorders by nursing delegation training program will address:
 - (i) Information on the basic pathophysiology of metabolic glyceimic disorders.
 - (ii) Correct and safe practices, procedures, and techniques for administering insulin and subcutaneous injections, possible signs and symptoms of subcutaneous injection complication, and instruction in safe handling and disposal of sharps.
 - (iii) The requirements for documentation of subcutaneous injections administered, missed, held, or declined to, by, or for each individual.
 - (iv) Requirements for documentation and notification of prescribed medication errors and subcutaneous injection errors.
 - (v) Information regarding the proper storage, care, and preparation of insulin or prescribed medication for treatment of metabolic glyceimic disorders to be administered by subcutaneous injection.
 - (vi) Signs and symptoms of hypoglycemia and hyperglycemia and procedure for intervention and notification of nurse, physician, or emergency medical services.
 - (vii) Instruction in the use of commercially packaged glucagon for the treatment of hypoglycemia as prescribed by a licensed health professional authorized to prescribe drugs. Teaching must be completed and nursing delegation must be in place prior to administration of glucagon.
 - (viii) Instruction that only the delegating nurse or a licensed nurse in coordination/communication with the delegating nurse will transcribe a prescription for insulin or prescribed medication for treatment of metabolic glyceimic disorders on to a medication administration record.
 - (ix) Performance of successful return demonstration of proficiency in administering insulin and subcutaneous injections.

- (x) Completion of written examination pursuant to paragraph (E)(1)(d) of this rule.
- (xi) Requirements for nursing delegation of administration of insulin through subcutaneous injection, inhalation, and insulin pump and administration of prescribed medication for the treatment of metabolic glycemic disorders through subcutaneous injection.
- (xii) Requirements for individual-specific training which will occur after certification and prior to administration of insulin through subcutaneous injection, inhalation, and insulin pump and administration of prescribed medication for the treatment of metabolic glycemic disorders through subcutaneous injection. The delegating nurse is responsible for the individual-specific training.

(D) Requirements for training programs

- (1) ~~The health-related activities and prescribed medication administration training program, the prescribed medication administration through gastrostomy or jejunostomy tube by nursing delegation training program, and the administration of insulin and medication for the treatment of metabolic glycemic disorders by nursing delegation training program~~Training programs described in this rule will be ~~planned,~~ developed, and delivered by a registered nurse trainer certified by the department in accordance with rule 5123-6-04 of the Administrative Code. The registered nurse trainer will ensure ~~that~~ training programs are conducted in accordance with requirements set forth in this chapter.
- (2) A registered nurse trainer will use only a department-approved curriculum for ~~the health-related activities and prescribed medication administration training program, the prescribed medication administration through gastrostomy and jejunostomy tube by nursing delegation training program, or the administration of insulin and medication for the treatment of metabolic glycemic disorders by nursing delegation~~ a training program described in this rule.
- (3) A registered nurse trainer will personally conduct the majority of a training program but may utilize other licensed health professionals to assist with conducting the training program as long as the other licensed health professionals have received instruction on the material and are acting within their professional scope of practice as outlined in the Revised Code.

(4) A registered nurse trainer will maintain for a period of seven years, the following training documentation:

(a) Completed developmental disabilities personnel certification course applications;

(b) Attendance verification sign-in sheets; and

(c) Training program agenda.

(5) A registered nurse trainer will comply with a request for training documentation from the department.

(E) Initial certification of developmental disabilities personnel

(1) To receive initial certification in health-related activities and prescribed medication administration, prescribed medication administration through gastrostomy and jejunostomy tube by nursing delegation, or administration of insulin and medication for the treatment of metabolic glycemic disorders by nursing delegation, developmental disabilities personnel will:

(a) Attend the entire applicable training program.

(b) Actively participate in the training program class discussions and activities.

(c) Successfully perform a return demonstration of proficiency, including transcription.

(d) Complete the closed book final written examination for the training program with a score of at least eighty per cent. Developmental disabilities personnel scoring less than eighty per cent on the final written examination will retake the training program in its entirety to be eligible to retake the final written examination. The final written examination developed and maintained by the department will be the only final written examination used.

(e) Complete and submit to the registered nurse trainer the evaluation of the training program.

(2) Certification in health-related activities and prescribed medication administration is a prerequisite for certification in prescribed medication

administration through gastrostomy and jejunostomy tube by nursing delegation or certification in administration of insulin and medication for the treatment of metabolic glycemic disorders by nursing delegation.

- (3) The registered nurse trainer will ensure developmental disabilities personnel meet all requirements for initial certification before indicating so in the medication administration information system database.

(F) Maintenance of developmental disabilities personnel certification

- (1) To maintain certification ~~in health-related activities and prescribed medication administration, prescribed medication administration through gastrostomy and jejunostomy tube by nursing delegation, or administration of insulin and medication for the treatment of metabolic glycemic disorders by nursing delegation~~, developmental disabilities personnel will annually complete continuing education that will enhance the role of developmental disabilities personnel who have completed the training program as determined by the registered nurse trainer. Developmental disabilities personnel will provide documentation of completion of the required continuing education to the registered nurse trainer.
 - (a) To maintain certification in health-related activities and prescribed medication administration, developmental disabilities personnel will annually complete at least two hours of continuing education that relates to the information taught in the health-related activities and prescribed medication administration training program (as determined by the registered nurse trainer) and perform a successful return demonstration of skills.
 - (b) To maintain certification in prescribed medication administration through gastrostomy and jejunostomy tube by nursing delegation, developmental disabilities personnel will annually complete at least one hour of continuing education that relates to the information taught in the prescribed medication administration through gastrostomy and jejunostomy tube by nursing delegation training program (as determined by the registered nurse trainer) and perform a successful return demonstration of skills. The continuing education required in this paragraph is in addition to the two hours of continuing education required for health-related activities and prescribed medication administration certification and, if applicable, the one hour of continuing education required for administration of insulin and medication for the treatment of metabolic glycemic disorders by nursing delegation certification.

- (c) To maintain certification in administration of insulin and medication for the treatment of metabolic glyceimic disorders by nursing delegation, the developmental disabilities personnel will annually complete at least one hour of continuing education that relates to the information taught in the administration of insulin and medication for the treatment of metabolic glyceimic disorders by nursing delegation training program (as determined by the registered nurse trainer) and perform a successful return demonstration of skills. The continuing education required in this paragraph is in addition to the two hours of continuing education required for health-related activities and prescribed medication administration certification and, if applicable, the one hour of continuing education required for prescribed medication administration through gastrostomy and jejunostomy tube by nursing delegation certification.
- (2) Training in cardiopulmonary resuscitation, first aid, activation of a vagus nerve stimulator, ~~use of an epinephrine auto-injector~~ administration of prescribed epinephrine either by autoinjector or intranasally, administration of topical over-the-counter medication, or universal precautions for infection control will not count toward continuing education required by paragraph (F)(1)(a), (F)(1)(b), or (F)(1)(c) of this rule.
- (3) Maintaining certification in health-related activities and prescribed medication administration is required to maintain certification in prescribed medication administration through gastrostomy and jejunostomy tube by nursing delegation and certification in administration of insulin and medication for the treatment of metabolic glyceimic disorders by nursing delegation.
- (4) When developmental disabilities personnel fail to complete the required continuing education and return demonstration of skills by the annual certification expiration date, the certification of the developmental disabilities personnel will be temporarily inactive for a maximum period of sixty calendar days, during which time the developmental disabilities personnel will complete the required continuing education and return demonstration of skills. If the developmental disabilities personnel fail to complete the required continuing education and return demonstration of skills within the sixty-day suspension period, the developmental disabilities personnel will be required to repeat each training program in its entirety to become recertified.
- (5) While the certification of developmental disabilities personnel is temporarily inactive in accordance with paragraph (F)(4) of this rule, the developmental disabilities personnel will not:

- (a) Perform health-related activities;
 - (b) Administer oral prescribed medication;
 - (c) Administer topical prescribed medication;
 - (d) Administer topical over-the-counter musculoskeletal medication;
 - (e) Administer oxygen or metered dose inhaled medication;
 - (f) Administer prescribed medication through gastrostomy or jejunostomy tubes;
 - (g) Receive nursing delegation to administer prescribed medication through gastrostomy or jejunostomy tubes;
 - (h) Administer prescribed insulin through subcutaneous injection, inhalation, or insulin pump;
 - (i) Receive nursing delegation to administer prescribed insulin through subcutaneous injection, inhalation, or insulin pump;
 - (j) Administer prescribed medication for the treatment of metabolic glycemic disorders through subcutaneous injection; or
 - (k) Receive nursing delegation to administer prescribed medication for the treatment of metabolic glycemic disorders through subcutaneous injection.
- (6) The registered nurse trainer will ensure developmental disabilities personnel meet all requirements for renewal certification before indicating so in the medication administration information system database.
- (G) For adequate reasons and when requested in writing, the director may waive a condition or specific requirement of this rule. Approval to waive a condition or specific requirement will not be contrary to the rights, health, or safety of individuals served. The decision to grant or deny a rule waiver is not subject to appeal.
- (H) The standards established by the Ohio board of nursing pursuant to Chapter 4723-13

of the Administrative Code will apply when an unlicensed person is performing delegable nursing tasks that are not defined as health-related activities.

5123-6-07

General provisions and compliance for performance of health-related activities and administration of prescribed medication.

(A) Purpose

This rule sets forth requirements for the medication administration information system database, documentation of performance of health-related activities and administration of medication, compliance and quality assessment, and actions that may be taken by the department regarding certification issued pursuant to ~~Chapter 5123-6 of the Administrative Code~~ [this chapter](#).

(B) Medication administration information system database

- (1) The department will operate and maintain the medication administration information system database of registered nurse instructors and registered nurse trainers holding valid certification issued in accordance with rule 5123-6-04 of the Administrative Code and developmental disabilities personnel holding valid certification issued in accordance with rule 5123-6-06 of the Administrative Code in health-related activities and prescribed medication administration, prescribed medication administration through gastrostomy and jejunostomy tube by nursing delegation, and administration of insulin and medication for the treatment of metabolic glyceimic disorders by nursing delegation.
- (2) The department will provide read and write access to the medication administration information system database to all registered nurse instructors. Each registered nurse instructor will enter in the database initial information about each registered nurse the registered nurse instructor trained to be a registered nurse trainer in accordance with rule 5123-6-04 of the Administrative Code.
- (3) The department will provide read and write access to the medication administration information system database to all registered nurse trainers. Each registered nurse trainer will enter in the database current information about developmental disabilities personnel the registered nurse trainer trained in accordance with rule 5123-6-06 of the Administrative Code at the time of certification and recertification of the developmental disabilities personnel.
- (4) Registered nurse trainers will enter in the medication administration information system database:
 - (a) Information about themselves at the time of their recertification and thereafter, within sixty calendar days of any change of information.

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- (b) Information required for renewal of their registered nurse trainer certification prior to expiration of the certification.
- (5) The department will provide read only access to the medication administration information system database to the public.
- (C) Documentation of performance of health-related activities and administration of prescribed medication by developmental disabilities personnel
 - (1) All prescribed medication administered pursuant to this chapter will be administered according to the written directions of a licensed health professional authorized to prescribe drugs and according to the training received by developmental disabilities personnel in accordance with rule 5123-6-06 of the Administrative Code.
 - (2) Performance of health-related activities and administration of prescribed medication and treatments will be documented in a medication/treatment administration record indicating the completion of prescribed orders, including the signature or initials of the developmental disabilities personnel administering the prescribed medication or treatment, date, time, and when appropriate, observations or difficulties noted. This written documentation is required for all prescribed medication and treatments performed, administered, missed, held, or declined, including:
 - (a) Routine and as-needed prescribed medication and treatments;
 - (b) Health-related activities; and
 - (c) Administration of insulin and subcutaneous injections of prescribed medication for the treatment of metabolic glycemic disorders.
 - (3) Medication/treatment administration records will include at a minimum:
 - (a) Name of individual served;
 - (b) All allergies of individual served;
 - (c) Day, month, and year of documentation;
 - (d) Name of drug or treatment;

- (e) Complete dosage and frequency of prescribed medication;
 - (f) Route of prescribed medication administration;
 - (g) Scheduled/prescribed time or intervals for administration;
 - (h) Any special instructions regarding each medication administration or treatment as provided by the pharmacy, physician, or prescriber; and
 - (i) Parameters provided by the physician or licensed health professional for ordered health-related activities.
- (4) The employer of developmental disabilities personnel will maintain a means of identifying signatures and initials of developmental disabilities personnel making entries in the medication/treatment administration record. Identification will be included in the medication/treatment administration record or by using a separate master signatures/initials log.
- (5) Certified developmental disabilities personnel transcribing any information in a medication/treatment administration record or checking the accuracy of information transcribed in the medication/treatment administration record will document when transcription and/or check has been completed, including the date, ~~time~~, and signature or initials.
- (a) Only a licensed nurse or developmental disabilities personnel with health-related activities and prescribed medication administration certification may transcribe information in a medication/treatment administration record or check the accuracy of information transcribed in the medication/treatment administration record.
 - (b) Checking the accuracy of transcriptions will include:
 - (i) Verifying changes are transcribed as specified by the prescriber;
 - (ii) Verifying special instructions are indicated as instructed by pharmacy or prescriber directives; and
 - (iii) Ensuring the availability of equipment and/or supplies required to administer medication or perform the task in the setting.

- (6) With any change to medication and/or treatment orders, the employer of developmental disabilities personnel or delegating nurse will ensure the medication/treatment administration record has been checked.
 - (7) Employers of developmental disabilities personnel and independent providers will ensure documentation, including the date, time, and signature or initials of certified developmental disabilities personnel who sign the medication/treatment administration record is completed in accordance with this rule.
- (D) Requirements for developmental disabilities personnel to report medication/treatment errors
- (1) Any medication/treatment error in the performance of health-related activities or administration of medication that results in physical harm to the individual will be immediately reported to an appropriate licensed health care professional. The requirement to immediately report medication/treatment errors applies to errors involving prescribed medication, treatments, over-the-counter medication, and health-related activities.
 - (2) Any medication/treatment error will be reported in accordance with rule 5123-17-02 of the Administrative Code when the medication/treatment error meets the definition of major unusual incident or unusual incident.
 - (3) All medication/treatment errors will be documented in an unusual incident report in accordance with rule 5123-17-02 of the Administrative Code. Developmental disabilities personnel who observe, identify, or become aware of a medication/treatment error will report to the delegating nurse and/or supervisory staff immediately in accordance with the employer's written policy and procedure.
 - (4) The employer of developmental disabilities personnel will train developmental disabilities personnel in accordance with the employer's written policy and procedure that medication/treatment errors and related plans of prevention will be documented in an unusual incident report.
- (E) Compliance and quality assessment
- (1) Each county board will employ or enter into a contract with a registered nurse instructor or a registered nurse trainer who will serve as a quality assessment registered nurse to assist with consultation and quality assessment oversight.

- (2) Quality assessment reviews will be conducted when certified developmental disabilities personnel perform health-related activities, administer oral prescribed medication, administer topical prescribed medication, administer topical over-the-counter musculoskeletal medication, administer oxygen, or administer metered dose inhaled medication for individuals who:
 - (a) Receive services from certified supported living providers;
 - (b) Receive residential support services from certified home and community-based services providers, if the services are received in a community living arrangement that includes not more than four individuals;
 - (c) Receive adult services in a setting where sixteen or fewer individuals have been authorized to receive services; and
 - (d) Reside in residential facilities of five or fewer beds, excluding intermediate care facilities for individuals with intellectual disabilities.
- (3) The quality assessment registered nurse will complete quality assessment reviews so that a review of each provider location in the county where certified developmental disabilities personnel perform health-related activities, administer oral prescribed medication, administer topical prescribed medication, administer topical over-the-counter musculoskeletal medication, administer oxygen, or administer metered dose inhaled medication is conducted at least once every three years. The quality assessment registered nurse may conduct more frequent reviews if the quality assessment registered nurse, county board, provider, or department determines there are issues to warrant such.
- (4) The employer of developmental disabilities personnel or the independent provider, as applicable, will in the settings described in paragraph (E)(2) of this rule:
 - (a) Agree to schedule and participate in the review and provide the required documentation;
 - (b) Submit a written plan of improvement within thirty calendar days of receipt of the quality assessment review report; and
 - (c) Implement the written plan of improvement within sixty calendar days of receipt of the quality assessment review report.

~~(4)~~(5) Quality assessment reviews will be completed in a format prescribed by the department.

~~(5)~~(6) Quality assessment reviews will include, but are not limited to:

- (a) ~~Observation~~In-person observation of performance of health-related activities and administration of prescribed medication~~;~~. A virtual observation may be arranged only when an in-person observation could adversely impact the health and safety of the individual served.
- (b) Review of the system of communication and supports related to performance of health-related activities and administration of prescribed medication for the provider location being assessed to ensure complete and accurate administration of health care directives given by health care professionals for the individuals being served at the provider location~~;~~.
- (c) Review of documentation of performance of health-related activities and administration of prescribed medication for completeness of documentation and for documentation of appropriate actions taken based on parameters provided in the health-related activities and prescribed medication administration training program described in rule 5123-6-06 of the Administrative Code~~;~~.
- (d) Review of all medication/treatment errors from the past twelve months~~;~~
~~and~~.
- (e) Review of the system of processes and procedures used by the employer of developmental disabilities personnel or independent provider to monitor and document completeness and correct techniques used during performance of health-related activities, administration of oral prescribed medication, and administration of topical prescribed medication.

~~(6)~~(7) The quality assessment registered nurse will evaluate for patterns of failure to comply or maintain compliance with this chapter.

~~(7)~~(8) The quality assessment registered nurse will provide a copy of the quality assessment review report to the county board and the provider of services within ten business days of the quality assessment review. The quality assessment review report will identify findings specific to provisions of this chapter and may recommend to the county board and the provider of services

steps to be taken to improve the systems and procedures used by the provider to support the functioning of the trained developmental disabilities personnel and suggestions for improving quality related to performance of health-related activities and administration of prescribed medication and maintaining compliance with this chapter.

~~(8)~~(9) The quality assessment registered nurse will maintain a copy of each quality assessment review performed in accordance with paragraph (E)(3) of this rule.

~~(9)~~(10) The quality assessment registered nurse will coordinate with, as applicable, the county board, the employer of developmental disabilities personnel, or independent provider to ensure that safety concerns are immediately addressed.

~~(10)~~(11) The employer of developmental disabilities personnel or the independent provider, as applicable, will submit a written plan of improvement to the quality assessment registered nurse that addresses specific rule violations identified in the quality assessment review within thirty calendar days of receipt of the quality assessment review report.

(a) The written plan of improvement will address all areas that identified a lack of process, an incomplete process, or an ineffective process.

(b) The employer of developmental disabilities personnel or the independent provider, as applicable, will implement a written plan of improvement that addresses specific rule violations identified in the quality assessment review within sixty calendar days of receipt of the quality assessment review report.

~~(11)~~(12) The quality assessment registered nurse will notify the county board and the department when the employer of developmental disabilities personnel or the independent provider fails to:

(a) Participate in or cooperate with the requirements of the review;

(b) Provide required documentation within thirty calendar days of receipt of the request;

~~(a)~~(c) Submit a written plan of improvement within sixty calendar days of receipt of the quality assessment review report; or

~~(b)~~(d) Successfully implement the written plan of improvement within sixty calendar days of submission of the plan to the quality assessment

registered nurse.

~~(12)~~(13) The quality assessment registered nurse will serve as a resource for the county board and providers of services concerning health management issues and may assist in expanding health care services in the community.

(F) Prohibition on performance of health-related activities and administration of prescribed medication by developmental disabilities personnel

(1) If an employer of developmental disabilities personnel believes or is notified by the county board, the department, a delegating nurse, or the quality assessment registered nurse that developmental disabilities personnel have not or will not safely perform health-related activities or administer prescribed medication, the employer will prohibit the action from continuing or commencing. Developmental disabilities personnel will not engage in the action or actions subject to an employer's prohibition.

(2) When the employer prohibits the action from continuing or commencing, the employer will:

(a) Notify the developmental disabilities personnel of the prohibition and immediately make other staffing arrangements so that the needs of individuals served are met in a manner that ensures compliance with the requirements of this chapter;

(b) Immediately notify the department by making a notation regarding the prohibition of the developmental disabilities personnel in the medication administration information system database;

(c) If applicable, immediately notify the county board via the major unusual incident reporting system in accordance with rule 5123-17-02 of the Administrative Code; the county board, as applicable, will notify the quality assessment registered nurse; and

(d) If applicable, immediately notify the delegating nurse.

(3) The employer will ensure corrective action is taken prior to allowing the developmental disabilities personnel to resume the performance of health-related activities or the administration of prescribed medication.

(4) The employer will notify the department by making an entry regarding the corrective action and end of prohibition of the developmental disabilities

personnel in the medication administration information system database and, as applicable, the county board, the quality assessment registered nurse, and/or the delegating nurse of the corrective action taken.

(G) Denial, suspension, or revocation of certification issued pursuant to this chapter

(1) The department may deny, suspend, or revoke a certificate holder's certification issued pursuant to this chapter for good cause including:

- (a) Mifeasance;
- (b) Malfeasance;
- (c) Nonfeasance;
- (d) Substantiated abuse or neglect;
- (e) A violation of sections 5123.41 to 5123.45 of the Revised Code or rules adopted pursuant to this chapter;
- (f) The conviction or plea of guilty to a disqualifying offense as set forth in paragraph (E) of rule 5123-2-02 of the Administrative Code and the corresponding exclusionary period has not elapsed;
- (g) Other conduct the department determines to be injurious to individuals being served; or
- (h) The board of nursing has taken disciplinary action against a certificate holder pursuant to Chapter 4723. of the Revised Code.

(2) When denying, suspending, or revoking certification pursuant to this rule, the department will comply with the notice and hearing requirements of Chapter 119. of the Revised Code and section 5123.452 of the Revised Code.

(H) Procedures for accepting complaints and conducting investigations

- (1) Any complaint regarding the performance of health-related activities or administration of prescribed medication by developmental disabilities personnel pursuant to the authority granted pursuant to section 5123.42 of the Revised Code or compliance with rules adopted pursuant to this chapter will

be made to a county board or the department. This paragraph will not be construed to allow developmental disabilities personnel, a representative of developmental disabilities personnel, or an employee organization as defined in Chapter 4117. of the Revised Code to make a complaint to a county board or the department regarding a personnel action.

- (2) Any complaints related to the scope of nursing practice will be referred to the Ohio board of nursing.
- (3) Any complaints regarding registered nurses related to training of developmental disabilities personnel will be referred to the department.
- (4) The department may conduct an audit of a registered nurse's training of developmental disabilities personnel to determine compliance with ~~rule 5123-6-06 of the Administrative Code~~ the requirements set forth in this chapter. When issues are identified, the department may:
 - (a) Work with the registered nurse trainer to provide technical assistance;
 - (b) Require a corrective action plan; or
 - (c) Deny, suspend, or revoke the registered nurse trainer's certification for good cause in accordance with paragraph (G)(1) of this rule.
- (5) When a quality assessment registered nurse receives a complaint or identifies concerns based on a quality assessment review conducted pursuant to paragraph (E) of this rule related to the performance or qualifications of developmental disabilities personnel, the quality assessment registered nurse will conduct an initial investigation which includes a discussion with the developmental disabilities personnel and the employer. After completing the initial investigation, the quality assessment registered nurse will contact and work with the department's designee to ensure that the cases are handled in a consistent manner statewide.

(I) Immunity from liability

Developmental disabilities personnel who perform health-related activities or administer medication pursuant to the authority granted pursuant to section 5123.42 of the Revised Code and rule 5123-6-03 of the Administrative Code are not liable for any injury caused by performing the health-related activity or administering the medication when:

- (1) The developmental disabilities personnel acted in accordance with the methods

taught in training completed in compliance with section 5123.42 of the Revised Code and rules 5123-6-05 and 5123-6-06 of the Administrative Code; and

- (2) The developmental disabilities personnel did not act in a manner that constitutes wanton or reckless misconduct.



To: Yeshwant P. Reddy, MD. President, State Medical Board of Ohio
Members, State Medical Board of Ohio
From: Laura A. Monick, SMBO Attorney
Re: 2025 Annual Review of the Medical Board's disqualifying offense list
Date: December 10, 2025

Ohio Revised Code (ORC) section 9.79 requires the Medical Board 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 Board may only consider criminal offenses which are on this list. ORC 9.79(B) requires that the Board only include criminal offenses that are directly related to the duties and responsibilities of the licensed occupations.

Further, the conviction cannot be the sole basis for the denial of the license. Pursuant to ORC 9.79(D)(1), the Board 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 (ORC 2953.25) or a certificate of achievement and employability (ORC 2961.22);
- (e) Whether the denial of a license is reasonably necessary to ensure public safety.

Ohio Administrative Code rule 4731-30-04 requires the Board to annually review its disqualifying offense list which is located on the Board's website. In April 2023, the Ohio General Assembly amended ORC 9.79 by placing a moratorium on adding newly enacted offenses to the disqualifying offense list for two years. See ORC 9.79(L). That moratorium has now passed.

For the review, I have surveyed Medical Board staff and reviewed legislative bills that have been enacted into law since the April 2023 moratorium. Based on this research, I recommend the following criminal offenses (statutes attached to the memo) be added to the Medical Board's disqualifying offense list:

- ORC 2903.18 Strangulation
- ORC 2907.071 Grooming
- ORC 2907.13 Fraudulent assisted reproduction
- ORC 2917.321 Swatting
- ORC 4772.99 Certified Mental Health Assistants Penalties
- ORC 5101.63 Reporting abuse, neglect or exploitation of adult

Requested Action:

Approve adding the recommended criminal offenses to the Medical Board's disqualifying offense list.



Ohio Revised Code

Section 2903.18 Strangulation.

Effective: April 4, 2023

Legislation: Senate Bill 288 - 134th General Assembly

(A) As used in this section:

(1) "Strangulation or suffocation" means any act that impedes the normal breathing or circulation of the blood by applying pressure to the throat or neck, or by covering the nose and mouth.

(2) "Dating relationship" has the same meaning as in section 3113.31 of the Revised Code.

(3) "Family or household member" has the same meaning as in section 2919.25 of the Revised Code.

(4) "Person with whom the offender is or was in a dating relationship" means a person who at the time of the conduct in question is in a dating relationship with the defendant or who, within the twelve months preceding the conduct in question, has had a dating relationship with the defendant.

(B) No person shall knowingly do any of the following:

(1) Cause serious physical harm to another by means of strangulation or suffocation;

(2) Create a substantial risk of serious physical harm to another by means of strangulation or suffocation;

(3) Cause or create a substantial risk of physical harm to another by means of strangulation or suffocation.

(C) Whoever violates this section is guilty of strangulation.

(1) A violation of division (B)(1) of this section is a felony of the second degree.

(2) A violation of division (B)(2) of this section is a felony of the third degree.



(3) A violation of division (B)(3) of this section is a felony of the fifth degree. If the victim of the violation of division (B)(3) of this section is a family or household member, or is a person with whom the offender is or was in a dating relationship, a violation of division (B)(3) of this section is a felony of the fourth degree. If the victim of the offense is a family or household member, or is a person with whom the offender is or was in a dating relationship, and the offender previously has been convicted of or pleaded guilty to a felony offense of violence, or if the offender knew that the victim of the violation was pregnant at the time of the violation, a violation of division (B)(3) of this section is a felony of the third degree.

(D) It is an affirmative defense to a charge under division (B) of this section that the act was done as part of a medical or other procedure undertaken to aid or benefit the victim.



Ohio Revised Code Section 2907.071 Grooming.

Effective: April 9, 2025

Legislation: House Bill 322 - 135th General Assembly

(A) As used in this section, "pattern of conduct" has the same meaning as in section 2903.211 of the Revised Code.

(B) No person who is eighteen years of age or older shall engage in a pattern of conduct with a minor who is less than sixteen years of age and who is four or more years younger than the person, when the pattern of conduct would cause a reasonable adult person to believe that the person is communicating with the minor with purpose to do either of the following:

(1) Entice, coerce, or solicit the minor to engage in sexual activity, and when the person's purpose in engaging in the pattern of conduct is to entice, coerce, or solicit the minor to engage in sexual activity with the person or a third person;

(2) Prepare the minor to engage in sexual activity, and when the person's purpose in engaging in the pattern of conduct is to prepare the minor to engage in sexual activity with the person or a third person that would be a violation of section 2907.02, 2907.03, 2907.04, 2907.05, 2907.06, or 2907.07 of the Revised Code.

(C) No person who is eighteen years of age or older shall engage in a pattern of conduct with a minor if the person and the minor are in any of the relationships described in divisions (A)(5) to (13) of section 2907.03 of the Revised Code, when the pattern of conduct would cause a reasonable adult person to believe that the person is communicating with the minor with purpose to do either of the following:

(1) Entice, coerce, or solicit the minor to engage in sexual activity, and when the person's purpose in engaging in the pattern of conduct is to entice, coerce, or solicit the minor to engage in sexual activity with the person or a third person;

(2) Prepare the minor to engage in sexual activity, and when the person's purpose in engaging in the



pattern of conduct is to prepare the minor to engage in sexual activity with the person or a third person that would be a violation of section 2907.02, 2907.03, 2907.04, 2907.05, 2907.06, or 2907.07 of the Revised Code.

(D) Whoever violates this section is guilty of grooming.

(1) Except as otherwise provided in this division, a violation of division (B) of this section is a misdemeanor of the second degree. If the victim of the offense is less than thirteen years of age or if the offender supplied alcohol or a drug of abuse to the victim of the offense, a violation of division (B) of this section is a felony of the fifth degree. If the victim of the offense is less than thirteen years of age and if the offender previously has been convicted of or pleaded guilty to a violation of this section or a sexually oriented offense or a child-victim oriented offense or the offender supplied alcohol or a drug of abuse to the victim of the offense, a violation of division (B) of this section is a felony of the fourth degree. If the offender previously has been convicted of or pleaded guilty to a violation of this section or a sexually oriented offense or a child-victim oriented offense and the offender supplied alcohol or a drug of abuse to the victim of the offense, a violation of division (B) of this section is a felony of the third degree.

(2) Except as otherwise provided in this division, a violation of division (C) of this section is a misdemeanor of the first degree. If the offender supplied alcohol or a drug of abuse to the victim of the offense, a violation of division (C) of this section is a felony of the fifth degree. If the victim of the offense is less than thirteen years of age or if the offender previously has been convicted of or pleaded guilty to a violation of this section or a sexually oriented offense or a child-victim oriented offense, a violation of division (C) of this section is a felony of the fourth degree. If the victim of the offense is less than thirteen years of age and if the offender previously has been convicted of or pleaded guilty to a violation of this section or a sexually oriented offense or a child-victim oriented offense or the offender supplied alcohol or a drug of abuse to the victim of the offense, a violation of division (C) of this section is a felony of the third degree.

(E) A prosecution for a violation of this section does not preclude a prosecution of a violation of any other section of the Revised Code. One or more acts, a series of acts, or a course of behavior that can be prosecuted under this section or any other section of the Revised Code may be prosecuted under this section, the other section of the Revised Code, or both sections.



Ohio Revised Code

Section 2907.13 Fraudulent assisted reproduction.

Effective: October 3, 2023

Legislation: House Bill 33

(A) As used in this section:

(1) "Human reproductive material" means:

(a) Human spermatozoa or ova;

(b) A human organism at any stage of development from fertilized ovum to embryo.

(2) "Assisted reproduction" means a method of causing pregnancy other than through sexual intercourse including all of the following:

(a) Intrauterine insemination;

(b) Human reproductive material donation;

(c) In vitro fertilization and transfer of embryos;

(d) Intracytoplasmic sperm injection.

(3) "Donor" means an individual who provides human reproductive material to a health care professional to be used for assisted reproduction, regardless of whether the human reproductive material is provided for consideration. The term does not include any of the following:

(a) A husband or a wife who provides human reproductive material to be used for assisted reproduction by the wife;

(b) A woman who gives birth to a child by means of assisted reproduction;



(c) An unmarried man who, with the intent to be the father of the resulting child, provides human reproductive material to be used for assisted reproduction by an unmarried woman.

(4) "Health care professional" means any of the following:

(a) A physician;

(b) An advanced practice registered nurse;

(c) A certified nurse practitioner;

(d) A clinical nurse specialist;

(e) A physician's assistant;

(f) A certified nurse-midwife.

(B) No health care professional shall, in connection with an assisted reproduction procedure, knowingly do any of the following:

(1) Use human reproductive material from the health care professional, donor, or any other person while performing the procedure if the patient receiving the procedure has not expressly consented to the use of that material;

(2) Fail to comply with the standards or requirements of sections 3111.88 to 3111.96 of the Revised Code, including the terms of the required written consent form;

(3) Misrepresent to the patient receiving the procedure any material information about the donor's profile, including the types of information listed in division (A)(2) of section 3111.93 of the Revised Code, or the manner or extent to which the material will be used.

(C) Whoever violates this section is guilty of fraudulent assisted reproduction, a felony of the third degree. If an offender commits a violation of division (B) of this section and the violation occurs as



part of a course of conduct involving other violations of division (B) of this section, a violation of this section is a felony of the second degree. The course of conduct may involve one victim or more than one victim.

(D) Patient consent to the use of human reproductive material from an anonymous donor is not effective to provide consent for use of human reproductive material of the health care professional performing the procedure.

(E) It is not a defense to a violation of this section that a patient expressly consented in writing, or by any other means, to the use of human reproductive material from an anonymous donor.



Ohio Revised Code

Section 2917.321 Swatting.

Effective: April 3, 2023

Legislation: House Bill 462 - 134th General Assembly

(A) As used in this section:

(1) "Emergency response" means an action taken by a law enforcement agency to preserve the life, health, safety, or property of any person.

(2) "Public safety answering point" and "emergency service provider" have the same meanings as in section 128.01 of the Revised Code.

(3) "Telecommunications device" and "telecommunications service" have the same meanings as in section 2913.01 of the Revised Code.

(B) No person by means of a telecommunications device or telecommunications service shall report or cause to be reported false or misleading information to a law enforcement agency, emergency service provider, or public safety answering point, knowing the information to be false or misleading, with reckless disregard as to whether the report may cause bodily harm to any individual as a direct result of an emergency response to the report, and under circumstances where the report is reasonably likely to cause an emergency response from a law enforcement agency, emergency service provider, or public safety answering point and the report does cause an emergency response.

(C) This section does not apply to any person conducting an authorized emergency drill.

(D)(1) Whoever violates this section is guilty of swatting.

(2) Except as otherwise provided in division (D)(3) of this section, swatting is a felony of the fourth degree.

(3) If a violation of this section results in serious physical harm to any person, it is a felony of the second degree.



(E) Prior to the sentencing of a person who has been convicted of or pleaded guilty to a violation of this section, the court shall enter an order that directs any law enforcement agency or emergency service provider involved in the emergency response that wishes to be reimbursed for the costs incurred by the agency or provider during the emergency response, to file with the court within a specified time an itemized statement of those costs. The court may then order the offender to reimburse the agency for all or a portion of those costs under section 2929.18 of the Revised Code.

(F) Any act that is a violation of this section and any other section of the Revised Code may be prosecuted under this section, the other section, or both sections.



Ohio Revised Code Section 4772.99 Penalties.

Effective: September 30, 2025

Legislation: House Bill 96

(A) Whoever violates section 4772.02 of the Revised Code is guilty of a misdemeanor of the first degree on a first offense; on each subsequent offense, the person is guilty of a felony of the fourth degree.

(B)(1) Whoever violates division (B)(1), (C)(1), (C)(2), (D), or (E) of section 4772.23 of the Revised Code is guilty of a minor misdemeanor on a first offense; on each subsequent offense the person is guilty of a misdemeanor of the fourth degree, except that an individual guilty of a subsequent offense shall not be subject to imprisonment, but to a fine alone of up to one thousand dollars for each offense.

(2) Whoever violates division (B)(2) or (C)(3) of section 4772.23 of the Revised Code is guilty of a misdemeanor of the fourth degree; on each subsequent offense, the person is guilty of a misdemeanor of the first degree.

(C) Whoever violates division (E) of section 4772.21 of the Revised Code is guilty of a misdemeanor of the first degree.



Ohio Revised Code

Section 5101.63 Reporting abuse, neglect or exploitation of adult.

Effective: April 4, 2023

Legislation: Senate Bill 288

(A)(1) No person listed in division (A)(2) of this section having reasonable cause to believe that an adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation shall knowingly fail to immediately report such belief to the county department of job and family services.

(2) All of the following are subject to division (A)(1) of this section:

- (a) An attorney admitted to the practice of law in this state;
- (b) An individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery;
- (c) An individual licensed under Chapter 4734. of the Revised Code as a chiropractor;
- (d) An individual licensed under Chapter 4715. of the Revised Code as a dentist;
- (e) An individual licensed under Chapter 4723. of the Revised Code as a registered nurse or licensed practical nurse;
- (f) An individual licensed under Chapter 4732. of the Revised Code as a psychologist;
- (g) An individual licensed under Chapter 4757. of the Revised Code as a social worker, independent social worker, professional counselor, professional clinical counselor, marriage and family therapist, or independent marriage and family therapist;
- (h) An individual licensed under Chapter 4729. of the Revised Code as a pharmacist;
- (i) An individual holding a certificate to practice as a dialysis technician issued under Chapter 4723.



of the Revised Code;

(j) An employee of a home health agency, as defined in section 3701.881 of the Revised Code;

(k) An employee of an outpatient health facility;

(l) An employee of a hospital, as defined in section 3727.01 of the Revised Code;

(m) An employee of a hospital or public hospital, as defined in section 5122.01 of the Revised Code;

(n) An employee of a nursing home or residential care facility, as defined in section 3721.01 of the Revised Code;

(o) An employee of a residential facility licensed under section 5119.22 of the Revised Code that provides accommodations, supervision, and personal care services for three to sixteen unrelated adults;

(p) An employee of a health department operated by the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code;

(q) An employee of a community mental health agency, as defined in section 5122.01 of the Revised Code;

(r) A humane society agent appointed under section 1717.06 of the Revised Code;

(s) An individual who is a firefighter for a lawfully constituted fire department;

(t) An individual who is an ambulance driver for an emergency medical service organization, as defined in section 4765.01 of the Revised Code;

(u) A first responder, emergency medical technician-basic, emergency medical technician-intermediate, or paramedic, as those terms are defined in section 4765.01 of the Revised Code;



- (v) An official employed by a local building department to conduct inspections of houses and other residential buildings;
- (w) A peace officer;
- (x) A coroner;
- (y) A member of the clergy;
- (z) An individual who holds a certificate issued under Chapter 4701. of the Revised Code as a certified public accountant or is registered under that chapter as a public accountant;
- (aa) An individual licensed under Chapter 4735. of the Revised Code as a real estate broker or real estate salesperson;
- (bb) An individual appointed and commissioned under section 147.01 of the Revised Code as a notary public;
- (cc) An employee of a bank, savings bank, savings and loan association, or credit union organized under the laws of this state, another state, or the United States;
- (dd) A dealer, investment adviser, sales person, or investment advisor representative licensed under Chapter 1707. of the Revised Code;
- (ee) A financial planner accredited by a national accreditation agency;
- (ff) Any other individual who is a senior service provider, other than a representative of the office of the state long-term care ombudsman program as defined in section 173.14 of the Revised Code.
- (B) Any person having reasonable cause to believe that an adult has suffered abuse, neglect, or exploitation may report, or cause a report to be made of such belief to the county department of job and family services.



This division applies to a representative of the office of the state long-term care ombudsman program only to the extent permitted by federal law.

(C) The reports made under this section shall be made orally or in writing except that oral reports shall be followed by a written report if a written report is requested by the department. Written reports shall include:

- (1) The name, address, and approximate age of the adult who is the subject of the report;
- (2) The name and address of the individual responsible for the adult's care, if any individual is, and if the individual is known;
- (3) The nature and extent of the alleged abuse, neglect, or exploitation of the adult;
- (4) The basis of the reporter's belief that the adult has been abused, neglected, or exploited.

(D) Any person with reasonable cause to believe that an adult is suffering abuse, neglect, or exploitation who makes a report pursuant to this section or who testifies in any administrative or judicial proceeding arising from such a report, or any employee of the state or any of its subdivisions who is discharging responsibilities under section 5101.65 of the Revised Code shall be immune from civil or criminal liability on account of such investigation, report, or testimony, except liability for perjury, unless the person has acted in bad faith or with malicious purpose.

(E) No employer or any other person with the authority to do so shall do any of the following as a result of an employee's having filed a report under this section:

- (1) Discharge, demote, transfer, or prepare a negative work performance evaluation;
- (2) Reduce benefits, pay, or work privileges;
- (3) Take any other action detrimental to an employee or in any way retaliate against the employee.



(F) The written or oral report provided for in this section and the investigatory report provided for in section 5101.65 of the Revised Code are confidential and are not public records, as defined in section 149.43 of the Revised Code. In accordance with rules adopted by the department of job and family services, information contained in the report shall upon request be made available to the adult who is the subject of the report and to legal counsel for the adult. If it determines that there is a risk of harm to a person who makes a report under this section or to the adult who is the subject of the report, the county department of job and family services may redact the name and identifying information related to the person who made the report.

(G) The county department of job and family services shall be available to receive the written or oral report provided for in this section twenty-four hours a day and seven days a week.



MEMORANDUM

TO: Yeshwant P. Reddy, MD, President, State Medical Board of Ohio
Members, State Medical Board of Ohio

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

DATE: December 4, 2025

RE: OAC 4731-25 Office Based Surgery proposed rules for filing with CSI with recommended changes resulting from comments received in initial circulation of rules on October 17, 2025.

On October 17, 2025, the proposed Office Based Surgery rules were posted on the Board's website and emailed to interested parties for comment. Eight (8) comments were received. This memo discusses the comments and recommends whether proposed changes should be made in response to the comments. Attached to this memo are the proposed rules for filing with CSI with the recommended changes made for your reference in discussing the proposed changes.

General comments to rules:

- The Ohio Society of Anesthesiologists supports the proposed rules and states: "The revisions in the new rule 03 modernize the rule and make clear what requirements are needed for optimal patient care and safety. Further we support the new rule being proposed (06) that clearly defines what the standard of care is physicians performing surgery as well as those administering or supervising the administration of anesthesia in the office setting."
- Ohio Society for Respiratory Care: No concerns or objections to the proposed rules.

Specific comments to rules:

4731-25-03 Standards for moderate sedation/analgesia

4731-25-04 Standards for surgery using anesthesia services.

The Ohio Foot and Ankle Medical Association requests only a technical change in OAC 4731-25-03(A)(1)(b) and 4731-25-04(A)(1)(b) to change American board of podiatric surgery to American board of foot and ankle surgery to reflect the change in the certifying board's name.

Recommendation: Make changes requested.

4731-25-05 Liposuction in the office setting

- **4731-25-05(C):** A physician comment proposes to change the current limit on the amount of fluid that can be removed during a liposuction procedure in an office-based setting from 4500 milliliters of total aspirate to 4500 milliliters of supernatant fat.

Recommendation: No changes recommended. Both research of other states and discussions with interested parties from OHA, OOA, and OSMA that occurred in 2023 favor measuring the fluid removed by total aspirate which includes the supernatant fat as well as other fluids. Also, the American Society of Plastic Surgeons (ASPS) Practice Advisory on Liposuction: Executive Summary (2003) confirms that total aspirate should be the method used when tracking the volume of liposuction removed.

- **4731-25-05(F):** In response to comments received during the initial circulation of the current rules in 2023, Medical Board staff revised paragraph (F) as follows:

(F) ~~Nothing in this rule shall be interpreted to prohibit a physician from performing in the office setting procedures~~ A physician may perform liposuction in the office setting in combination with the main procedure provided that the liposuction does not exceed one thousand milliliters of aspirate, occurs in the area of the main procedure, and ~~involving a focused, local small liposuction that is a routine part of the main procedure,~~ provided that the physician complies with all other applicable rules.

Note: paragraph (F) is an exception to the general prohibition in paragraph (B)(8) of this rule that “Liposuction shall not be performed in an office setting in combination with other procedures except as specifically authorized in paragraph (F) of this rule.”

Despite the revisions responsive to the comments received in 2023 in paragraph (F), four (4) comments were received to this proposed amendment of paragraph (F) in the initial circulation of the proposed rules in 2025.

- A physician who had previously commented requests that the limit of aspirate for liposuction performed in combination with the main procedure be raised from 1,000 ml of aspirate to 2,500 ml of aspirate. In addition, he requests the deletion of the requirement that liposuction performed in combination with other procedures be confined to the area of the main procedure.
- An office staff member of the physician commenter **and** another commenter submitted an identical comment that requested removal of the limit on the amount of aspirate to be performed in combination with the main procedure and the requirement that this liposuction occur in the area of the main procedure.
- The Ohio State Medical Association (OSMA) shared their appreciation for the Board’s response to their previous comment to modernize and clarify paragraph (F). OSMA offers an additional suggestion to apply paragraph (F) to only those office settings that do not operate under accreditation programs and clinical infrastructure that are similar to an Ambulatory Surgical Centers. This comment also proposed to allow facilities that “can demonstrate

comparable accreditation, equipment, and staffing—such as those accredited by QUAD A (AAAASF), AAAHC, The Joint Commission, or similar” to perform liposuction procedures in combination with other procedures without limitation except for the overall 4500 ml limit on total liposuction.

Recommendation:

In an effort to be responsive to comments received in this area, the following change is recommended: Remove the requirement that the liposuction be confined to the area of the body where the main procedure was performed, but keep the 1,000 ml limit on liposuction performed in combination with the main procedure. The more aspirate that is removed through liposuction in combination with another procedure, the greater the risk for hypovolemia and the longer the surgery lasts, both of which would increase risk of patient harm. Office settings using moderate sedation/analgesia or anesthesia services are already required to be accredited so that recommended safeguard is already present in the current rules.

With the recommended change, proposed OAC 4731-25-05(F) would state:

(F) ~~Nothing in this rule shall be interpreted to prohibit a physician from performing in the office setting procedures~~ A physician may perform liposuction in the office setting in combination with the main procedure provided that the liposuction does not exceed one thousand milliliters of aspirate and ~~involving a focused, local small liposuction that is a routine part of the main procedure,~~ provided that the physician complies with all other applicable rules.

Action Requested: Approve the proposed Office Based Surgery rules with the recommended changes for filing with the Common Sense Initiative.

4731-25-01

Definition of terms.

As used in [rules 4731-25-02 through 4731-25-07](#)~~this chapter~~ of the Administrative Code:

- (A) "Anesthesia services" means administration of any drug or combination of drugs with the purpose of creating deep sedation/analgesia, regional anesthesia or general anesthesia. Anesthesia services shall not include the administration of topical or local anesthesia or moderate sedation/analgesia;
- (B) "Certified copy of a patient record" means a copy of the patient record with a separate statement, signed by the person making the copy and notarized, attesting that the copy is a "true and accurate copy of the complete patient record";
- (C) "Deep sedation/analgesia" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained;
- (D) "General anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired;
- (E) "Local anesthesia" means the injection of a drug or combination of drugs to stop or prevent a painful sensation in a circumscribed area of the body where a painful procedure is to be performed. Local anesthesia includes local infiltration anesthesia, digital blocks and pudendal blocks. Local anesthesia does not involve any systemic sedation;
- (F) "Minimal sedation (anxiolysis)" means a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected. "Minimal sedation" shall not include sedation achieved through intravenous administration of drugs;
- (G) "Minor surgery" means surgery that can safely and comfortably be performed under topical or local anesthesia without more than minimal oral or intramuscular preoperative sedation. Minor surgery includes, but is not limited to, surgery of the skin, subcutaneous tissue and other adjacent tissue, the incision and drainage of superficial abscesses, limited endoscopies such as proctoscopies, arthrocentesis and

closed reduction of simple fractures or small joint dislocations;

- (H) "Moderate sedation/analgesia" means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. Reflex withdrawal from a painful stimulus is not a purposeful response. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is maintained;
- (I) "Office setting" means an office or portion thereof which is utilized to provide medical and/or surgical services to the physician's own patients. Office setting does not include an office or portion thereof licensed as an ambulatory surgical facility by the department of health pursuant to division (E)(1) of section 3702.30 of the Revised Code, a hospital ~~registered with~~licensed by the department of health pursuant to section ~~3701.07~~3722.02 of the Revised Code, including those locations of the hospital identified in the licensure application of the hospital that are providing outpatient surgical services as described in rule 3701-22-03 of the Ohio Administrative Code, or an emergency department located within such a hospital;
- (J) "Regional anesthesia" means the administration of a drug or combination of drugs to interrupt nerve impulses without loss of consciousness and includes epidural, caudal, spinal, axillary, stellate ganglion blocks, regional blocks (such as axillary, bier, ~~retobulbar~~retrobulbar, peribulbar, interscalene, subarachnoid, supraclavicular, and infraclavicular), and brachial anesthesia. Regional anesthesia does not include digital or pudendal blocks;
- (K) "Special procedure" means a diagnostic or therapeutic procedure which is not surgery which requires entering the body with instruments in a potentially painful manner, or which requires the patient to be immobile, and which requires the provision of anesthesia services. Special procedures include, but are not limited to, diagnostic or therapeutic endoscopy that explores existing channels and involves no transverse of a body wall; invasive radiologic procedures; pediatric magnetic resonance imaging; manipulation under anesthesia; or endoscopic examination with the use of general anesthesia;
- (L) "Surgery" means the excision or resection, partial or complete, destruction, incision or other structural alteration of human tissue by any means, including through the use of lasers, performed upon the body of a living human being for the purposes of preserving health, diagnosing or curing disease, repairing injury, correcting deformity or defects, prolonging life, relieving suffering, or for aesthetic, reconstructive or cosmetic purposes, to include, but not be limited to: incision or curettage of tissue or an organ; suture or other repair of tissue or organ, including a closed or an open reduction of a fracture; extraction of tissue, including premature

extraction of the products of conception from the uterus; and, insertion of natural or artificial implants. Surgery shall not include the suturing of minor lacerations;

(M) "Topical anesthesia" means the application of a drug or combination of drugs directly or by spray to the skin or mucous membranes which is intended to produce a transient and reversible loss of sensation to a circumscribed area.

(N) "Tumescent local anesthesia" means subcutaneous infiltration of high volumes of crystalloid fluid containing low concentrations of lidocaine and epinephrine. For purposes of this chapter of the Administrative Code, "tumescent local anesthesia" shall be considered "local anesthesia" as that term is defined in paragraph (E) of this rule.

(O) "Informed consent" to a special procedure or surgery in the office setting means a process of communication between a patient or, if applicable, the patient's legal representative and the physician discussing the risks and benefits of the special procedure or surgery itself and the performance of that special procedure or surgery in the office setting, as well as alternatives to performing the special procedure or surgery in the office setting that results in the signed authorization for the special procedure or surgery in the office setting by the patient or, if applicable the patient's legal representative.

(P) Level I of the American Society of Anesthesiologists Physical Status Classification System means that a patient is in good health.

(Q) Level II of the American Society of Anesthesiologists Physical Status Classification System means that a patient has mild systemic disease or condition that is well managed and does not substantively limit the patient's bodily functions.

4731-25-02

General provisions.

- (A) Anesthesia services in the office setting shall be provided only by physicians and osteopathic physicians licensed pursuant to Chapter 4731. of the Revised Code; podiatric physicians licensed pursuant to Chapter 4731. of the Revised Code and practicing within the scope of practice for podiatric physicians; and certified registered nurse anesthetists licensed pursuant to Chapter 4723. of the Revised Code and practicing within the scope of practice for certified registered nurse anesthetists; and only in accordance with Chapter 4731-25 of the Administrative Code.
- (B) Nothing in this chapter of the Administrative Code shall be interpreted to permit a podiatric physician to perform surgery or special procedures in an office setting using general anesthesia.
- (C) Nothing in this chapter of the Administrative Code shall be interpreted to prohibit a registered nurse with the appropriate education and training from carrying out a physician's order to maintain a patient within an intensive care unit of a hospital at the level of sedation determined by the physician to be appropriate and necessary for that patient's care, so long as the patient remains within the intensive care unit with appropriate monitoring and so long as the physician's order is written in compliance with all applicable laws.
- (D) A physician or podiatric physician shall not perform ~~on more than one patient at the same time~~ special procedures or surgery using moderate sedation/analgesia or anesthesia services on more than one patient at the same time.
- (E) A certified registered nurse anesthetist providing moderate sedation/analgesia or anesthesia services in the office setting shall be under the direction of a podiatric physician acting within the podiatric physician's scope of practice in accordance with section 4731.51 of the Revised Code or a physician, and, when administering anesthesia, the certified registered nurse anesthetist shall be in the immediate presence of the podiatric physician or physician. For purposes of this chapter of the Administrative Code, a physician shall not be considered to have supervised the administration and monitoring of moderate sedation/analgesia or anesthesia services if the moderate sedation/analgesia or anesthesia services were administered and monitored by a physician anesthesiologist.
- (F) "Surgery" shall not be interpreted so as to prohibit a registered nurse from performing tasks that are within the scope of practice of the registered nurse, so long as the registered nurse's activities are in accordance with Chapter 4723. of the Revised Code.
- (G) This chapter of the Administrative Code shall not apply to surgeries or special

procedures in which the level of anesthesia is limited to minimal sedation as that term is defined in this chapter of the Administrative Code, or which use only local or topical anesthetic agents, and which are performed in an office setting except that liposuction procedures performed under tumescent local anesthesia shall be subject to the provisions of ~~rule~~ [rules 4731-25-03](#), 4731-25-05, and 4731-25-06 of the Administrative Code.

- (H) Special procedures or surgery utilizing moderate sedation/analgesia or anesthesia services shall be performed in the office setting only on patients who are evaluated as level ~~P1~~ [I](#) or ~~P2~~ [level II](#) according to the American society of anesthesiologists physical status classification system. ~~current at the effective date of this rule.~~
- (I) A special procedure or surgery that is prohibited by rule of the Administrative Code or law of the Revised Code to be performed in a hospital or ambulatory surgical facility shall not be performed in an office setting.

4731-25-03

Standards for surgery using moderate sedation/analgesia.

To be rescinded

(A) A physician or podiatric physician performing special procedures or surgery in the office setting during which moderate sedation/analgesia is administered shall:

(1) Demonstrate sufficient education, training and experience needed to conform to the minimal standards of care of similar practitioners under the same or similar circumstances by meeting at least one of the following criteria:

(a) Holding current privileges at a local hospital accredited by the joint commission on accreditation of healthcare organizations or the American osteopathic association or at a local ambulatory surgical facility licensed by the department of health for the special procedure or surgery being performed;

(b) Being board certified by a specialty board recognized by the American board of medical specialties or the American osteopathic association or, if a podiatric physician, is board certified by the American board of podiatric surgery; and the surgery or special procedure being performed is generally recognized as being within the usual course of practice of that specialty;

(c) Having successfully completed a residency training program approved by the accreditation council for graduate medical education of the American medical association or the American osteopathic association or, if a podiatric physician, having successfully completed at least a twelve month residency in podiatric surgery approved by the council on podiatric medical education; and the surgery or special procedure being performed is generally recognized as being within the usual course of practice of that specialty; or

(d) Having successfully completed a didactic course supplemented by direct hands-on, monitored experience in the surgery or procedure being performed, and the surgery or special procedure being performed is generally recognized as being within the usual course of practice of the specialty of the physician.

(2) Have current (within the immediately previous two years) advanced cardiac life support/advanced trauma life support training, or, in the case of pediatric patients under the age of thirteen, have current (within the immediately previous two years) pediatric advanced life support training.

(3) Ensure that assisting personnel are competent to administer and monitor moderate sedation/analgesia and to manage emergencies such as loss of

airway, compromise of cardiovascular functions or anaphylaxis.

- (4) A physician or podiatric physician performing surgeries or special procedures using moderate sedation/analgesia in the office setting shall:
 - (a) Hold privileges to provide moderate sedation/analgesia from a local hospital accredited by the joint commission on accreditation of healthcare organizations or the American osteopathic association or from a local ambulatory surgical facility licensed by the department of health; or
 - (b) Have documented evidence of having completed at least five hours of category I continuing medical education relating to the delivery of moderate sedation/analgesia during the current or most recent past biennial registration period.
- (B) Moderate sedation/analgesia may be administered in the office setting by only the following:
 - (1) A physician who holds privileges to provide moderate sedation/analgesia from a local hospital accredited by the joint commission on accreditation of healthcare organizations or the American osteopathic association or from a local ambulatory surgical facility licensed by the department of health;
 - (2) A certified registered nurse anesthetist who is acting under the supervision of and in the immediate presence of a physician or podiatric physician;
 - (3) A registered nurse who is acting under the supervision and in the immediate presence of a physician or podiatric physician, provided that such registered nurse shall only administer specifically prescribed doses of drugs selected by the physician or podiatric physician who shall be continuously present in the anesthetizing location during the administration of those drugs.
- (C) The person administering and monitoring the moderate sedation/analgesia shall be at all times present in the anesthetizing location with the patient and cannot be the practitioner while performing the surgery or procedure. Further, the person administering and monitoring the moderate sedation/analgesia shall meet the training requirements of paragraph (A)(2) of this rule.
- (D) A violation of any provision of this rule, as determined by the board, shall constitute "a departure from, or the failure to conform to, minimal standards of care of similar

practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in division (B)(6) of section 4731.22 of the Revised Code.

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4731-25-03

Standards for surgery using moderate sedation/analgesia.

(A) A physician or podiatric physician performing surgery or special procedures in the office setting during which moderate sedation/analgesia is administered shall meet the following requirements:

(1) Except as provided in paragraph (A)(2) of this rule, a physician or podiatric physician shall meet the education, training and experience requirement to perform a surgery or special procedure in the office setting during which moderate sedation/analgesia is administered by meeting at least one of the following:

(a) Holding current unrestricted privileges at a local hospital accredited by the joint commission on accreditation of healthcare organizations or the American osteopathic association or at a local ambulatory surgical facility licensed by the department of health for the special procedure or surgery being performed;

(b) Being board certified by a specialty board recognized by the American board of medical specialties or the American osteopathic association or, if a podiatric physician, is board certified by the American board of foot and ankle surgery; and the surgery or special procedure being performed is generally recognized as being within the usual course of practice of that specialty;

(c) Having successfully completed a residency training program approved by the accreditation council for graduate medical education of the American medical association or the American osteopathic association or, if a podiatric physician, having successfully completed at least a twelve month residency in podiatric surgery approved by the council on podiatric medical education; and the surgery or special procedure being performed is generally recognized as being within the usual course of practice of that specialty;. A physician or podiatric physician shall have maintained current competency in the surgery or special procedure being performed through active and continuous practice in that specialty since the completion of the residency; or

(d) Having successfully completed the following education and clinical training for each type of surgery or special procedure performed:

(i) a didactic course that shall include at least twelve hours of instruction that is specifically approved by the accreditation council for continuing medical education or given by a hospital or health system accredited by the accreditation council for continuing medical education;

(ii) In-person observation of twenty of the surgery or special procedure

being performed. The observation shall include the entire surgery or special procedure. The surgery or special procedure observed shall be performed by a physician who holds current privileges as described in paragraph (A)(1)(a) of this rule and for whom the use of this special procedure or surgery is within the physician's normal course of practice and expertise;

(iii) Performance of thirty of the surgery or special procedure as the operative physician being performed under the direct, in-person oversight of a physician who holds current privileges as described in paragraph (A)(1)(a) of this rule and for whom the use of this special procedure or surgery is within the physician's normal course of practice and expertise. The supervising physician shall be directly supervising the surgery or special procedure in person for the entirety of the surgery or special procedure; and

(iv) Satisfactory completion of the education and clinical training shall be documented and retained by the physician or podiatric physician.

(2) A physician or podiatric physician performing specific surgeries or special procedures in the office setting during which moderate sedation/analgesia is administered by July 1, 2026 may meet the education, training, and experience requirement to perform those surgeries or special procedures by having successfully completed a didactic course supplemented by direct hands-on, monitored experience in the surgery or procedure being performed, and the surgery or special procedure being performed is generally recognized as being within the usual course of practice of the specialty of the physician.

(3) Obtain and maintain certification in advanced cardiac life support training, and/or, in the case of pediatric patients under the age of thirteen, pediatric advanced life support training.

(4) Ensure that assisting personnel are competent to administer and monitor moderate sedation/analgesia and to manage emergencies such as loss of airway, compromise of cardiovascular functions or anaphylaxis.

(5) Have one of the following qualifications related to moderate sedation/analgesia:

(a) Hold unrestricted privileges to provide moderate sedation/analgesia from a local hospital accredited by the joint commission on accreditation of healthcare organizations or the American osteopathic association or from a local ambulatory surgical facility licensed by the department of health; or

(b) Have documented evidence of having completed at least five hours of category I continuing medical education relating to the delivery of

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4731-25-03

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moderate sedation/analgesia during the current or most recent past biennial registration period.

(B) Moderate sedation/analgesia may be administered in the office setting by only the following:

(1) A physician who holds unrestricted privileges to provide moderate sedation/analgesia from a local hospital accredited by the joint commission on accreditation of healthcare organizations or the American osteopathic association or from a local ambulatory surgical facility licensed by the department of health;

(2) A certified registered nurse anesthetist who is acting under the supervision of and in the immediate presence of a physician or podiatric physician;

(3) A registered nurse who is acting under the supervision and in the immediate presence of a physician or podiatric physician, provided that such registered nurse shall only administer specifically prescribed doses of drugs selected by the physician or podiatric physician who shall be continuously present in the anesthetizing location during the administration of those drugs.

(C) The person administering and monitoring the moderate sedation/analgesia shall be at all times present in the anesthetizing location with the patient and cannot be the practitioner while performing the surgery or special procedure. Further, the person administering and monitoring the moderate sedation/analgesia shall meet the training requirements of paragraph (A)(2) of this rule.

(D) A violation of any provision of this rule, as determined by the board, shall constitute "a departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in division (B)(6) of section 4731.22 of the Revised Code.

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4731-25-04

Standards for surgery using anesthesia services.

(A) A physician or podiatric physician performing surgery or special procedures ~~or surgery~~ in the office setting during which anesthesia services are provided shall meet the following requirements:

- (1) A physician or podiatric physician shall meet the~~Demonstrate sufficient~~ education, training and experience requirement to perform a surgery or special procedure in the office setting during which anesthesia services are provided ~~needed to conform to the minimal standards of care of similar practitioners under the same or similar circumstances~~ by meeting at least one of the following: ~~criteria:~~
 - (a) Holding current unrestricted privileges at a local hospital accredited by the joint commission on accreditation of healthcare organizations or the American osteopathic association or at a local ambulatory surgical facility licensed by the department of health for the special procedure or surgery being performed;
 - (b) Being board certified by a specialty board recognized by the American board of medical specialties or the American osteopathic association or, if a podiatric physician, is board certified by the American board of ~~podiatric~~ foot and ankle surgery; and the surgery or special procedure being performed is generally recognized as being within the usual course of practice of that specialty; or,
 - (c) Having successfully completed a residency training program approved by the accreditation council for graduate medical education of the American medical association or the American osteopathic association or, if a podiatric physician, having successfully completed at least a twelve month residency in podiatric surgery approved by the council on podiatric medical education; and the surgery or special procedure being performed is generally recognized as being within the usual course of practice of that specialty. A physician or podiatric physician shall have maintained current competency in the surgery or special procedure being performed through active and continuous practice in that specialty since the completion of the residency.
- (2) Obtain and maintain certification in ~~Have current (within the immediately previous two years)~~ advanced cardiac life support ~~/advanced trauma life support~~ training and/or, in the case of pediatric patients under the age of thirteen, ~~have current (within the immediately previous two years)~~ pediatric advanced life support training.

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- (3) Ensure that assisting personnel are competent to administer and monitor anesthesia services and to manage emergencies.
 - (4) ~~A physician or podiatric physician performing surgeries or special procedures using anesthesia services in the office setting shall~~ Have one of the following qualifications related to anesthesia services:
 - (a) Hold unrestricted privileges to provide anesthesia services from a local hospital accredited by the joint commission on accreditation of healthcare organizations or the American osteopathic association or from a local ambulatory surgical facility licensed by the department of health; or
 - (b) Have successfully completed a residency training program approved by the accreditation council for graduate medical education of the American medical association or the American osteopathic association in anesthesia; or
 - (c) Have documented evidence of having completed at least twenty hours of category I continuing medical education relating to the delivery of anesthesia services during the current or most recent past biennial registration period.
- (B) Anesthesia services may be administered in the office setting by only the following:
- (1) A physician who holds unrestricted privileges to provide anesthesia services from a local hospital accredited by the joint commission on accreditation of healthcare organizations or the American osteopathic association or from a local ambulatory surgical facility licensed by the department of health;
 - (2) A physician who has successfully completed a residency training program approved by the accreditation council for graduate medical education of the American medical association or the American osteopathic association in anesthesia and who is actively and directly engaged in the clinical practice of medicine as an anesthesiologist;
 - (3) A certified registered nurse anesthetist who is acting under the supervision and in the immediate presence of a physician or podiatric physician.
- (C) The person administering and monitoring the anesthesia services shall be at all times present in the anesthetizing location with the patient and shall not function in any

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4731-25-04

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other capacity during the surgery or special procedure. Further, the person administering and monitoring the anesthesia services shall meet the training requirements of paragraph (A)(2) of this rule.

- (D) Whenever general anesthesia is being administered to a patient in the office setting, the office shall have sufficient equipment and supplies to appropriately manage malignant hyperthermia.
- (E) A violation of any provision of this rule, as determined by the board, shall constitute "a departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in division (B)(6) of section 4731.22 of the Revised Code.

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4731-25-05

Liposuction in the office setting.

- (A) A physician performing liposuction in the office setting shall meet the training requirements set forth in paragraph (A) of rule 4731-25-03 of the Administrative Code and shall ~~must~~ be in compliance with this rule.
- (B) Liposuction in the office setting shall be performed in compliance with rules 4731-25-03 and 4731-25-04 of the Administrative Code as appropriate to the level of sedation being administered and in compliance with the standard of care requirements in rule 4731-25-06 of the Administrative Code and the following standards:
- (1) The cannula utilized shall be no larger than 4.5 millimeters in diameter;
 - (2) The concentration of lidocaine in the solution shall not be greater than 0.1 per cent and the total dosage of lidocaine received by the patient during the procedure shall not exceed fifty milligrams per kilogram of body weight;
 - (3) The concentration of epinephrine in the solution shall not be greater than 1.5:1,000,000 and the total dosage of epinephrine received by the patient during the procedure shall not exceed fifty micrograms per kilogram of body weight;
 - (4) Depending on the physician's evaluation of the patient, intravenous ~~Intravenous~~ access may ~~shall~~ be maintained if the total aspirate is less than or equal to one hundred milliliters;
 - (5) If the total aspirate is more than one hundred milliliters, an intravenous line shall be running at a rate sufficient to prevent hypovolemia and must be monitored appropriately;
 - (6) Appropriate monitoring shall be performed. Such monitoring shall include:
 - (a) Recording the baseline vital signs, including blood pressure and heart rate, both preoperatively and postoperatively.
 - (b) If more than one hundred milliliters of aspirate ~~is~~ are to be removed, a second person who is a health care professional as that term is defined in section 2305.234 of the Revised Code and who is acting within that health care professional's scope of practice shall be continuously within the room to monitor the patient. Continuous blood pressure monitoring and cardiac monitoring with pulse oximetry shall be performed and documented; supplemental oxygen shall be available.

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4731-25-05

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- (c) Patients who receive oral anxiolytics, sedatives, narcotic analgesics, moderate sedation or anesthesia services shall be monitored postoperatively until fully recovered and ready for discharge.
- (7) Liposuction in the office setting shall be performed only on patients who are evaluated as level ~~P1 I~~ or ~~P2 according to the version~~ level II of the American society of anesthesiologists physical status classification system; ~~current at the effective date of this rule;~~
- (8) Liposuction shall not be performed in an office setting in combination with other procedures except as specifically authorized in paragraph (F) of this rule.
- (C) Liposuction performed in an office setting shall not exceed four thousand five hundred milliliters of total aspirate.
- (D) Liposuction using moderate sedation/analgesia or anesthesia services performed in an office setting shall be accredited in accordance with rule 4731-25-07 of the Administrative Code.
- (E) The written discharge instructions given to the patient shall include specific information concerning the symptoms of lidocaine toxicity, the period of time during which such symptoms might appear and specific instructions for the patient to follow should the patient experience such symptoms.
- (F) ~~Nothing in this rule shall be interpreted to prohibit a physician from performing in the office setting procedures~~ A physician may perform liposuction in the office setting in combination with the main procedure provided that the liposuction does not exceed one thousand milliliters of aspirate and ~~involving a focused, local small liposuction that is a routine part of the main procedure;~~ provided that the physician complies with all other applicable rules.
- (G) A violation of any provision of this rule, as determined by the board, shall constitute "a departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in division (B)(6) of section 4731.22 of the Revised Code.

4731-25-06

Standard of Care for Surgery or Special Procedures in the Office Setting.

(A) Physicians or podiatric physicians performing surgery or special procedures in the office setting using moderate sedation/analgesia or anesthesia services and physicians performing liposuction in the office setting shall comply with the following standards of care:

(1) Physicians or podiatric physicians shall provide pre-procedure evaluation of the patient as follows:

(a) Obtain and review the patient's records provided by the patient or the referring physician or other health care practitioner.

(b) Perform an appropriate examination, including collection of medical history, of the patient within thirty days of the planned surgery or special procedure for the purpose of assessing the patient's medical condition for the surgery or special procedure to be performed and type of anesthesia to be administered.

(c) Determine through a documented pre-procedure evaluation of the records, appropriate examination, and medical history whether the patient is an appropriate candidate for the surgery or special procedure in the office setting. Surgery or special procedures utilizing moderate sedation/analgesia or anesthesia services or involving liposuction shall be performed in the office setting only on patients who are evaluated as level I or level II according to the American society of anesthesiologists physical status classification system. All other patients shall be referred to an appropriate specialist for a pre-procedure consultation or to another treatment setting or other appropriate facility and the referral shall be documented in the patient's medical record.

(2) Prior to the performance of the surgery or special procedure, the physician or podiatric physician performing the surgery or special procedure shall obtain and document the informed consent of the patient or the patient's legal representative to the surgery or special procedure and its performance in the office setting.

(3) The physician or podiatric physician performing the surgery or special procedure shall ensure that patient monitoring in the recovery area shall be performed by a health care professional currently certified in advanced cardiac life support and/or, in the case of pediatric patients under the age of thirteen, pediatric advanced life support training, trained in post anesthesia care, and solely dedicated to monitoring patients in the recovery area when there are recovering patients. The patient's condition shall be assessed and documented regularly, including the checking of patient's vital signs at least every five minutes.

(4) Each patient shall meet the discharge criteria established as a written policy by the physician or podiatric physician performing the surgery or special procedure, or that physician or podiatric physician's medical practice. The discharge criteria for the patient in the written policy shall, at a minimum, include the following requirements:

(a) Confirmation of stable vital signs and stable oxygen saturation levels;

(b) Patient's return to their pre-procedure mental status;

(c) Minimal bleeding, nausea, vomiting, and/or dizziness;

(d) Sufficient time has elapsed following the last administration of reversal agents to ensure that the patient does not become sedated after the effect of the reversal agents has dissipated; and

(e) Responsible adult known to the patient is present for discharge, patient instructions, and patient transportation from the office setting.

(5) The physician or podiatric physician performing the surgery or special procedure shall ensure that a qualified health care professional provides the patient and the responsible adult accompanying the patient at discharge both verbal and written post-operative instructions which shall include, at a minimum, the following:

(a) Procedure performed;

(b) Information about potential complications;

(c) Contact information, including telephone number, to be used by the patient to inquire about and discuss questions or complications;

(d) Instructions for medications prescribed and pain management;

(e) Information regarding the follow-up visit date, time, and location; and

(f) Designated hospitals or other treatment locations in the event of an emergency.

(6) The physician or podiatric physician performing the surgery or special procedure shall promptly document in the patient record the following:

(a) Pre-procedural assessment including records review, medical history and appropriate examination, and referrals if necessary;

(b) Informed consent by the patient or the patient's legal representative;

- (c) Description of the surgery or special procedure performed including pre-operative diagnosis, names and titles of medical personnel participating, complete findings, post-operative diagnosis, complications, unusual occurrences or adverse events.
 - (d) Post-procedure note including patient's general condition, vital signs, any treatments ordered, and all drugs prescribed, administered, or dispensed.
 - (e) Treatment plan for follow-up care and documentation of this follow-up care.
- (B) Physicians or podiatric physicians, in accordance with their scope of practice, administering or supervising the administration of moderate sedation/analgesia or anesthesia services for surgery or special procedures performed in the office setting, or administering or supervising the administration of moderate sedation/analgesia, anesthesia services, or tumescent local anesthesia for liposuction in the office setting shall comply with the following standards of care:
 - (1) Perform a pre-anesthetic examination and evaluation of the patient, including prior anesthesia history, immediately prior to surgery for the purpose of assessing patient's medical condition for the type of anesthesia to be administered. This evaluation shall seek to identify any factors that would create an undue risk of complications.
 - (2) If a qualified health care professional, other than a physician, under paragraph (B) of rule 4731-25-03 or paragraph (B) of rule 4731-25-04 of the Administrative Code conducts the pre- anesthetic examination and evaluation of the patient, the physician or podiatric physician shall review the results with the qualified health care professional.
 - (3) The physician or podiatric physician who is administering or supervising the administration of the anesthesia shall determine and document whether the patient is an appropriate candidate for the surgery or special procedure, including liposuction, to be performed in the office setting under the planned level of anesthesia. Special procedures or surgery utilizing moderate sedation/analgesia or anesthesia services or involving liposuction shall be performed in the office setting only on patients who are evaluated as level I or level II according to the American society of anesthesiologists physical status classification system. All other patients shall be referred to an appropriate specialist for a pre-procedure consultation or to another treatment setting or other appropriate facility.
 - (4) If the patient is determined to be level I or level II and an appropriate candidate for the surgery or special procedure, the physician shall explain the risks and benefits of the anesthesia to be administered and obtain written informed

consent for the anesthesia from the patient or the patient's legal representative.

(5) During the surgery or special procedure, the physician or podiatric physician shall ensure that monitoring is provided by one of the qualified health care professionals under paragraph (B) of rule 4731-25-03 or paragraph (B) of rule 4731-25-04 of the Administrative Code as follows, when clinically indicated for the patient:

(a) Direct observation of the patient and, to the extent practicable, observation of the patient's response to verbal commands;

(b) Pulse oximetry and an electrocardiogram monitor shall be used continuously on patient;

(c) Patient's blood pressure, pulse rate, and respirations shall be measured at least every five minutes;

(d) Body temperature of a pediatric patient shall be measured continuously.

(6) For general anesthesia, the physician shall ensure that the following additional monitoring is provided as follows:

(a) End-tidal carbon dioxide monitoring shall be performed on the patient continuously during endotracheal anesthesia;

(b) An in-circuit oxygen analyzer shall be used to monitor the oxygen concentration within the breathing circuit, displaying the oxygen percent of the total inspiratory mixture;

(c) A respirometer (volumeter) shall be used to measure exhaled tidal volume whenever the breathing circuit of a patient allows;

(d) The body temperature of each patient shall be measured continuously; and

(e) An esophageal or precordial stethoscope shall be available and utilized on the patient when indicated.

(C) A physician or podiatric physician who performs a surgery or special procedure using moderate sedation/analgesia or anesthesia services in the office setting, or a physician who performs liposuction using moderate sedation/analgesia, anesthesia services, or tumescent local anesthesia in the office setting shall have a written policy for arranging emergency medical service and emergency transport to a nearby hospital. The written policy shall be posted in the office setting and all health care personnel in the office setting shall be trained in the procedure to be followed.

(D) Physicians or podiatric physicians performing surgery or special procedures, including liposuction, or who supervise the administration of or administer moderate sedation/analgesia, anesthesia services, or tumescent local anesthesia in the office setting shall report to the board in writing any of the following adverse events within thirty days of the adverse event's occurrence:

(1) Death of a patient; or

(2) Anesthetic or surgical event requiring cardiopulmonary resuscitation (CPR) of a patient.

(E) The credentials, education, training, and specialty board certification of a physician or podiatric physician performing a surgery or special procedure in the office setting shall be accurately presented in any form of information or advertising including the physician or podiatric physician's website.

(F) A violation of any provision of this rule, as determined by the board, shall constitute "a departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in division (B)(6) of section 4731.22 of the Revised Code.

4731-25-07

Accreditation of office settings.

(A) No physician or podiatric physician shall perform special procedures or surgery using moderate sedation/analgesia or anesthesia services in an office setting unless that office setting is accredited by an accrediting agency approved by the board, except in compliance with both of the following requirements:

- (1) Prior to performing special procedures or surgery in the office setting that is not accredited, the physician or podiatric physician shall file an application for accreditation with an accrediting agency listed in paragraph (B) of this rule.
- (2) Upon receipt of provisional accreditation, the physician or podiatric physician may perform special procedures or surgery in the office setting in accordance with the rules in Chapter 4731-25 of the Administrative Code until full accreditation is received or for one year from the date application for accreditation was filed, whichever is sooner.

(B) Accrediting agencies approved by the board include the following:

- (1) The joint commission on accreditation of healthcare organizations;
- (2) The accreditation association for ambulatory health care, inc.;
- (3) The American association for accreditation of ambulatory surgery facilities, inc.; [or](#)
- (4) The healthcare facilities accreditation program of the American osteopathic association; ~~or,~~

~~(5) Any other accrediting agency that demonstrates to the satisfaction of the board that it has:~~

- ~~(a) Standards pertaining to patient care, record keeping, equipment, personnel, facilities and other related matters that are in accordance with acceptable and prevailing standards of care as determined by the board;~~
- ~~(b) Processes that assure a fair and timely review and decision on any applications for accreditation or renewals thereof;~~
- ~~(c) Processes that assure a fair and timely review and resolution of any complaints received concerning accredited facilities; and~~
- ~~(d) Resources sufficient to allow the accrediting agency to fulfill its duties in~~

~~a timely manner.~~

- (C) A violation of paragraph (A) of this rule, as determined by the board, shall constitute "a departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in division (B)(6) of section 4731.22 of the Revised Code.

4731-25-08

Standards for non-office based surgery.

(A) The surgeon of record in an operative case shall personally:

- (1) Evaluate the patient sufficiently to formulate an appropriate preoperative diagnosis;
- (2) Select the operation to be performed in consultation with the patient or with a person authorized to act on the patient's behalf;
- (3) Determine, based on the surgeon's own evaluation, and, as necessary, on consultation with other physicians involved in the patient's care, that the patient is a fit candidate for the operation to be performed;
- (4) Assure that the patient or a person authorized to act on the patient's behalf gives informed consent before the surgery begins;
- (5) Comply with division (B)(6) of section 4731.22 of the Revised Code; and
- (6) Perform or personally supervise the surgery, except those portions of the surgery, if any, which are performed or supervised by another qualified surgeon with the informed consent of the patient.

(B) Management of postoperative medical care is the responsibility of the surgeon of record. The surgeon of record shall fulfill this responsibility in one of the following ways:

- (1) Personally performing the postoperative medical care;
- (2) Delegating postoperative medical care to another physician or physicians who are qualified by training and experience to provide the level of care required, provided that the surgeon of record shall remain primarily responsible for the patient's overall care unless the patient and the other physician have agreed in advance to shift that responsibility to the other physician;
- (3) Delegating defined aspects of the intra-operative and perioperative care to an appropriately trained, supervised and/or credentialed physician assistant, nurse, or allied health care personnel in compliance with applicable standards, provided that the surgeon of record shall retain personal responsibility for the quality of the care rendered by personnel who are under his supervision and control. The surgeon of record shall obtain the patient's fully informed consent, or the consent of a person authorized to act on the patient's behalf, in advance of surgery, before delegating aspects of patient care to a physician

assistant, nurse, or allied health care personnel under this paragraph. The surgeon of record need not obtain the patient's informed consent for aspects of care to which the patient has already consented, such as consent to treatment and care by hospital personnel under an informed consent form signed upon the patient's admission to the hospital; or

- (4) Delegating defined aspects of the intra-operative and perioperative care to licensees of other health regulatory boards who are licensed to provide the scope of practice and the level of care required, provided that the surgeon of record shall remain primarily responsible for the patient's overall care and must examine the patient during the postoperative period.
- (C) This rule shall not be read to transfer any responsibility which currently rests with any other physician, physician assistant with whom the surgeon of record does not have a supervision agreement, nurse, allied health care provider, or institution to the surgeon of record.
- (D) This rule shall not be read to prohibit or interfere with the appropriate training of medical students and physicians in post-graduate training programs, or other personnel.
- (E) The provisions of this rule requiring consultation with or obtaining the informed consent of the patient or a person legally authorized to act on ~~his~~ the patient's behalf do not apply to the extent they would prevent the performance of surgery or other procedures under emergency circumstances.

From: [Steven Carp](#)
To: [Smith, Nathan](#)
Subject: comment on proposed rule
Date: Friday, October 17, 2025 1:43:51 PM
Attachments: [image001.png](#)

Mr. Smith

I love the rule changes proposed as a whole. However, I would ask that further review to adjust 4731-25-05 paragraph F in 2 ways.

First, I feel that the total aspirate of 4500 cc is great. Therefore, if performing liposuction in combination with other procedure and limiting that to 1000cc is too restrictive. I feel that statement of 4500cc universally applies, and if performing liposuction with main procedure that volume total should be at least 2500cc.

Second, the location of liposuction does not play a role in risk. Therefore, would like to see the removal of "occurs in the area of the main procedure". Example, if performing liposuction on the flanks or abdomen, should be acceptable to perform liposuction on an area such as neck or arms. Again, maintaining a limit of 4500 cc total.

What I am trying to avoid is patients having to undergo multiple surgeries at different times, which still have surgical/anesthesia risks and as well as adding cost to patient, and possibly more time off work. Combining liposuction with procedures, with the 4500cc limited, having proper credentials should maintain acceptable surgical risks.

I appreciate you taking the time to review. Would be more than happy to discuss further if needed.

Steven Carp, MD

American Board of Plastic Surgery

www.carpcosmetic.com



CAUTION: This is an external email and may not be safe. If the email looks suspicious, please do not click links or open attachments and forward the email to csc@ohio.gov or click the Phish Alert Button if available.

From: [Christopher Vashi](#)
To: [Smith, Nathan](#); [Christopher Vashi](#); [Dr. Joel Maier](#)
Subject: Re: Initial circulation of OAC 4731-25 Office based surgery rules
Date: Friday, October 17, 2025 2:31:27 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)

Mr. Smith,

I had emailed you a few years ago regarding changes to the liposuction in the office setting guidelines, and I see it has recently come up for review. I am copying my work email and my partner's (Dr Joel P. Maier) work email as well for correspondence.

After conferring with the local plastic surgery community in Cincinnati, we are proposing to change the verbiage of the following rule:

Rule 4731-25-05

B.8.c

From

(C) Liposuction performed in an office setting shall not exceed four thousand five hundred milliliters of total aspirate.

To

(C) Liposuction performed in an office setting shall not exceed four thousand five hundred milliliters of supernatant fat.

We will be happy to provide evidence based literature from board certified plastic surgeons, publications and plastic surgical societies at the open discussion to explain this change.

Thank you for your consideration and please feel free to contact us with questions.

Christopher Vashi MD
christopher.vahi@gmail.com
513-578-8020

On Fri, Oct 17, 2025 at 11:31 AM Nathan.Smith@med.ohio.gov
<Nathan.Smith@med.ohio.gov> wrote:

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

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

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

At this time, public comment is being sought on the proposed language for the following rules. The rules are attached and are also available on the Medical Board's website at: <https://med.ohio.gov/laws-and-regulations/rules/newly-adopted-and-proposed-rules-2/oac4731-25-office-based-surgery-rules-10-17-25>

4731-25-01 amend	Definition of terms.	Proposed to
4731-25-02 amend	General provisions.	Proposed to
4731-25-03 rescission	Standards for surgery using moderate sedation/analgesia.	Proposed
4731-25-03 new rule	Standards for surgery using moderate sedation/analgesia.	Proposed
4731-25-04 amend	Standards for surgery using anesthesia services.	Proposed to
4731-25-05 amend	Liposuction in the office setting.	Proposed to
4731-25-06 rule	Standard of care for Surgery or Special Procedures in the Office Setting.	Proposed new
4731-25-07 amend	Accreditation of office settings.	Proposed to
4731-25-08 amend	Standards for non-office based surgery.	Proposed to

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

Comments to: Nathan Smith
State Medical Board of Ohio
Nathan.Smith@med.ohio.gov

Nathan T. Smith
Senior Legal & Policy Counsel
State Medical Board of Ohio
30 E. Broad Street, 3rd Floor, Columbus, OH 43215
(614) 466-4341
Nathan.Smith@med.ohio.gov
med.ohio.gov



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From: [Erica Groom](#)
To: [Smith, Nathan](#)
Subject: Liposuction
Date: Wednesday, October 22, 2025 9:32:49 AM

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Good morning,

Please accept this public comment on the proposed rule change for 4731-25-05
Liposuction in the office setting.

The proposed rule limits liposuction, when combined with other surgery, to 1500 ml and same area. This limits an Office Based Surgery facility with national accreditation, such as QUAD A, specifically with combined procedures. I feel that such a facility provides the same care as an ASC. Therefore, for the patients benefit, the proposed rule could subject the patient to additional surgery at a separate time. The 4500ml total limit is certainly appropriate. But this should apply to the entire surgery. Liposuction in multiple areas does not increase risk. However, patients may require additional surgery at another time subjecting them to more anesthesia, cost, time off work and so forth. And similar risk. The patient's health, surgical needs clearly affect risk and should be discussed with the patient by the surgeon. Just like any surgical procedure, appropriateness of any treatment needs to be individualized. Finally, the surgery should only be performed by qualified board certified surgeons. And certainly any body procedures, especially combined, should be performed by board certified Plastic Surgeons.

I believe that if an OBS is nationally accredited, the same rules for liposuction should apply. Total volume aspirate of 4500ml, no restriction on area.

Thank you for your time,

Erica M. Groom, MSN, CRNA

[Sent from Yahoo Mail for iPad](#)

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From: [Patient Coordinator](#)
To: [Smith, Nathan](#)
Subject: Rule 4731-25-05 Liposuction
Date: Monday, October 20, 2025 4:10:59 PM

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Hello Nathan,

Please accept this public comment on the proposed rule change for 4731-25-05 Liposuction in the office setting.

The proposed rule limits liposuction, when combined with other surgery, to 1500 ml and same area. This limits an Office Based Surgery facility with national accreditation, such as QUAD A, specifically with combined procedures. I feel that such a facility provides the same care as an ASC. Therefore, for the patients benefit, the proposed rule could subject the patient to additional surgery at a separate time. The 4500ml total limit is certainly appropriate. But this should apply to the entire surgery. Liposuction in multiple areas does not increase risk. However, patients may require additional surgery at another time subjecting them to more anesthesia, cost, time off work and so forth. And similar risk. The patient's health, surgical needs clearly affect risk and should be discussed with the patient by the surgeon. Just like any surgical procedure, appropriateness of any treatment needs to be individualized. Finally, the surgery should only be performed by qualified board-certified surgeons. And certainly, any body procedures, especially combined, should be performed by board certified Plastic Surgeons.

I believe that if an OBS is nationally accredited, the same rules for liposuction should apply. Total volume aspirate of 4500ml, no restriction on area.

Best,

Jessica Sparrow

Patient Coordinator

330.899.1500

Carp Cosmetic Surgery Center

www.carpcosmetic.com

4031 Massillon Rd, Suite A

Uniontown Ohio, 44685

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From: [Luci Ridolfo](#)
To: [Smith, Nathan](#)
Subject: RE: Initial circulation of OAC 4731-25 Office based surgery rules
Date: Friday, October 31, 2025 9:56:59 AM
Attachments: [image006.png](#)
[image007.png](#)
[image008.png](#)
[image009.png](#)
[image011.png](#)
[image012.png](#)
[image013.png](#)
[image014.png](#)
[image015.png](#)
[image016.png](#)

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Good morning, Nathan,

On behalf of the Ohio Foot and Ankle Medical Association, we would like to submit comments to update the name of the certifying board for podiatric physicians as noted **below**:

Rule 4731-25-03:

(b) Being board certified by a specialty board recognized by the American board of medical specialties or the American osteopathic association or, if a podiatric physician, is board certified by the ~~American board of podiatric surgery~~ **American board of foot and ankle surgery**; and the surgery or special procedure being performed is generally recognized as being within the usual course of practice of that specialty;

Rule 4731-25-04:

(b) Being board certified by a specialty board recognized by the American board of medical specialties or the American osteopathic association or, if a podiatric physician, is board certified by the ~~American board of podiatric surgery~~ **American board of foot and ankle surgery**; and the surgery or special procedure being performed is generally recognized as being within the usual course of practice of that specialty; or,

Respectfully submitted,

Luci Ridolfo

Luci Ridolfo, CAE

Executive Director
Ohio Foot and Ankle Medical Association
and
Executive Director
Ohio Foot and Ankle Medical Foundation
1960 Bethel Road, Suite 140
Columbus, OH 43220

614.457.6269
614.457.3375 FAX

www.ohfama.org



OHIO
FOOT AND ANKLE
MEDICAL ASSOCIATION



OHIO
FOOT AND ANKLE MEDICAL
FOUNDATION

From: Nathan.Smith@med.ohio.gov <Nathan.Smith@med.ohio.gov>

Sent: Friday, October 17, 2025 11:31 AM

Subject: Initial circulation of OAC 4731-25 Office based surgery rules

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

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

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

At this time, public comment is being sought on the proposed language for the following rules. The rules are attached and are also available on the Medical Board's website at: <https://med.ohio.gov/laws-and-regulations/rules/newly-adopted-and-proposed-rules-2/oac4731-25-office-based-surgery-rules-10-17-25>

4731-25-01 amend	Definition of terms.	Proposed to
4731-25-02 amend	General provisions.	Proposed to
4731-25-03 rescission	Standards for surgery using moderate sedation/analgesia.	Proposed
4731-25-03 rule	Standards for surgery using moderate sedation/analgesia.	Proposed new
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4731-25-08 amend	Standards for non-office based surgery.	Proposed to

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

Comments to: Nathan Smith
State Medical Board of Ohio
Nathan.Smith@med.ohio.gov

Nathan T. Smith
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State Medical Board of Ohio
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From: [Willa Ebersole](#)
To: [Smith, Nathan](#)
Cc: [Willa Ebersole](#); [Paul Wojciechowski](#)
Subject: Ohio Society of Anesthesiologists support
Date: Monday, November 3, 2025 5:06:28 PM

You don't often get email from willa@ebersoleadvocates.com. [Learn why this is important](#)

Mr. Nathan Smith, ESQ
State Medical Board of Ohio
Nathan.Smith@med.ohio.gov

November 3, 2025

On behalf of the Ohio Society of Anesthesiologists (OSA), I write to convey our support for the proposed changes to OAC 4731-25-01 through 08. The revisions in the new rule 03 modernize the rule and make clear what requirements are needed for optimal patient care and safety. Further we support the new rule being proposed (06) that clearly defines what the standard of care is physicians performing surgery as well as those administering or supervising the administration of anesthesia in the office setting. Thank you for your dedication to patient safety.

Willa J. Ebersole
CEO
Ebersole Advocates
614.554.7969

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From: [Sean McCullough](#)
To: [Smith, Nathan](#)
Subject: OSMA Comments-- Proposed Amendments to OAC Chapter 4731-25 (Office-Based Surgery Rules)
Date: Friday, November 7, 2025 1:45:55 PM

Good Afternoon, Nate,
Please find below OSMA's comments on the Office Based Surgery rules sent out in October.
Thank you.
Sean McCullough

State Medical Board of Ohio
Attn: Rule Review Comments
30 E. Broad Street, 3rd Floor
Columbus, OH 43215

Re: Comments on Proposed Amendments to OAC Chapter 4731-25 (Office-Based Surgery Rules)

Dear Members of the Board:

On behalf of the Ohio State Medical Association (OSMA) and our physician members statewide, thank you for the opportunity to comment on the proposed revisions to the Office-Based Surgery rules (OAC 4731-25) circulated October 17, 2025.

OSMA appreciates the Board's work to modernize and clarify these regulations. We particularly acknowledge the proposal to specify a 1,000 cc aspirate threshold for liposuction performed as an adjunct procedure, which provides useful guidance for many smaller or moderate office-based practices performing procedures under local or tumescent anesthesia. At the same time, OSMA would like to note that a small subset of office-based surgical facilities in Ohio already operate under accreditation programs and clinical infrastructure that mirror those required for Ambulatory Surgical Centers (ASCs). For example, some offices are accredited by QUAD A (AAAASF) or other nationally recognized accrediting bodies *and* are equipped with Class C (or Class 3) operating rooms capable of full anesthesia services, post-anesthesia recovery, and continuous physiologic monitoring. These facilities maintain written emergency-transfer protocols, ACLS/PALS-certified personnel, and other operational elements that are functionally consistent with the ASC environment.

As such facilities already meet—or are consistent with—the same accreditation frameworks, staffing qualifications, and procedural standards that apply in licensed ambulatory surgical settings, OSMA respectfully suggests that the Board consider creating a flexible mechanism within the rule that allows facilities able to demonstrate equivalence to ASC standards—through national accreditation, certification, or other recognized compliance—to perform liposuction procedures up to the existing 4,500 cc total aspirate limit currently authorized in OAC 4731-25-05(C).

This approach would:

1. Maintain the proposed 1,000 cc limit for routine, lower-acuity office settings that do not meet ASC-equivalent standards; and
2. Allow facilities that can demonstrate comparable accreditation, equipment, and staffing—such as those accredited by QUAD A (AAAASF), AAAHC, The Joint Commission, or similar—to operate under consistent parameters already accepted for ambulatory surgical centers.

By focusing on standards and capability rather than location or procedural combination, the rule would ensure consistency across Ohio's outpatient surgical environments while continuing to uphold high expectations for quality and compliance.

We appreciate the Board's thoughtful work and willingness to engage stakeholders on this topic, and we would welcome the opportunity to participate in further discussions as these revisions are finalized.

Sincerely,

Sean T. McCullough

Director of Policy, General Counsel

www.osma.org

Bringing physicians together for a healthier Ohio.

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From: [Sue Ciarlariello](#)
To: [Smith, Nathan](#)
Subject: RE: Initial circulation of OAC 4731-25 Office based surgery rules
Date: Thursday, October 30, 2025 1:12:35 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[ORSC comments on 4731 Office Surgical rules.docx](#)

Dear Nate,

Attached are the comments from the OSRC on OAC 4731-25 Office based surgery rules.

Thank you for the opportunity to comment.

Sincerely,

Sue Ciarlariello, OSRC Legislative Co-Chair

From: Nathan.Smith@med.ohio.gov <Nathan.Smith@med.ohio.gov>
Sent: Friday, October 17, 2025 11:31 AM
To: Amanda Nelson <cosmetictherapyohio@gmail.com>; Amy Rodenhausen <arodenha@kent.edu>; Ann Warner <woostereye@aol.com>; Belinda Jones <bjones@capitol--consulting.net>; Lindsey.Brigano@governor.ohio.gov; Bryn Hunt <Bryn.Hunt@ohiohospitals.org>; Caitlen Laudeman <claudeman@ohioafp.org>; Catherine Olohan Zwissler <OlohanZwiss@aol.com>; Charlie Solley <Charlie.Solley@nationwidechildrens.org>; Christine Kaiser <CHRISTINE.KAISER@UHhospitals.org>; Dave Salisbury <Dave@statehouseimpact.com>; Deb Hackathorn <dhackathorn@civic-point.com>; Dr. Christopher Vashi <christopher.vashi@gmail.com>; Eric Plinke <eric.plinke@dinslaw.com>; Greg Fouche <GFouche@jcarr.state.oh.us>; Greg Lestini <GLestini@bricker.com>; Heather Davis <hldavis@mercy.com>; Heather Mello Roenker <heather@mellomassagelic.com>; Ian Dollenmayer <ian.dollenmayer@jcarr.state.oh.us>; Inez 617 <inez617@msn.com>; Jacqueline Wolf <jackiewolfmt@gmail.com>; James Lindon <JLindon@LindonLaw.com>; Janet Shaw <jshaw@oppa.org>; Jeff Klinger <jeffk@centralohiohealth.com>; Jeffrey Fisher <OEHN@aol.com>; Jeffrey Kasler <jeffrey.kaster@ohiohealth.com>; Jennifer Cull <massagetherapyinstructor@gmail.com>; Jennifer Hayhurst <jhayhurst@o.php.org>; Joe Rosato <Jrosato@osma.org>; John Booher <JWBooher@aol.com>; Jon Fishpaw <JPFishpaw@mercy.com>; Jon@allisongroupohio.com; Kate Mahler <kmahler@ohioafp.org>; Kay Mavko <kmavko@columbus.rr.com>; Kay Mavko <KMavko@outlook.com>; Kelley Long <klong@o.php.org>; Kelsey Stone <kstone@osma.org>; Kent Kulow <kekulpac@gmail.com>; sonja.roe@cos.ohio.gov; Laura Embleton <laura@abmp.com>; Lloyd DePew <ldepew@baileycav.com>; Luther Rice <larice@holzer.org>; mludy@bgsu.edu; Matt Donnelly <donnelm1@ccf.org>; Cameron.McNamee@pharmacy.ohio.gov; Michael Oros <michaeloros1@gmail.com>; Michell McDiffett <michellmcdiffett@gmail.com>; Monica Hueckel <mhueckel@osma.org>; nck.frank@shcare.net; nck.frank@shcare.net <rick.frank@shcare.net>; oapa@ohiopa.com; Pat McKnight <mcknightp@aol.com>; Paul Hilderbrant <philderbrant@yahoo.com>; Richard Greely

<rgreely@csc.edu>; Richard Kasmer <ohiolawce@yahoo.com>; Robert Zaayer <bzaayer@intelliwave.com>; Rogers Carol <cjrogers65@msn.com>; Sanja Keller <Sanja.keller@sinclair.edu>; Sarah Damiani <sdamiani@o.php.org>; Sean McCullough <smccullough@osma.org>; Sean McGlone <seanm@ohanet.org>; Stacy Shawhan <StacyShawhan@gmail.com>; Stephanie Gilligan <Stephanie@byersminton.com>; lampl@theohiocouncil.org; eric.wandersleben@dbh.ohio.gov; Will Vorys <wvorys@dickinson-wright.com>; Willa Ebersole <willa@ebersoleadvocates.com>; Allison Poullos <Apoullos@metrohealth.org>; amandasines@sbcglobal.net; Anna Ruzicka <ARuzicka@amcno.org>; Ashley Pax <Ashlee_besgrove@hotmail.com>; Blair Barnhart-Kinkle <barnhab@ccf.org>; Brian.Carnahan@cswb.ohio.gov; Candace Novak Saber <Candace.sabers@uchealth.com>; Carolyn Towner <carolyntowner@sbcglobal.net>; Cindy Groeniger <Cindy.ala2018@gmail.com>; Courtney Kallergis <kallergis.6@osu.edu>; David Corey <DavidP.Coreydpc@pacainc.com>; David Corey <osrc@pacainc.com>; David Reiersen <David.reiersen@uwcentralohio.org>; Doug Graff <doug@grafflaw.com>; Jonathan.Feibel@med.ohio.gov; Elizabeth Collis <bethel1234@aol.com>; Emma Cardone <Emma.Cardone@ohiohospitals.org>; George Dunigan <gfdunigan@aol.com>; Glenn Perry <gkebbuert@ommpa.com>; Greg Boehm <gxboehm24@gmail.com>; Gregory W. Bee <bee@taftlaw.com>; Heidi Weber Executive Director <hweber@ohiodo.org>; Holly Dorr <hdorr@ohacep.org>; Ilah Naudasher <Ilah.Naudasher@ketteringhealth.org>; Jack Beacon <JBeacon@STARKSTATE.EDU>; James Specker <jspecker@amtamassage.org>; Jeff Klinger <Jeffk@centralohiohospitals.org>; Jeffrey Kasler <Jeffrey.kasler@ohiohealth.com>; Jen Johns <JJohns@amcno.org>; Joel Selmeier <joelselm@joel.com>; John McClelland <john@trimacadvisors.com>; Kelly Carey <kcarey@ohiochc.org>; Kenneth Morrow <info@healingsoulsmt.com>; Kevin Devaney <kddevaney@eastmansmith.com>; Kevin DeWine <kevin.dewine@cbdadvisors.com>; Kim Bebout <kim@statehouseimpact.com>; Kindra Engle <drkce@yahoo.com>; Kristen Murray <kristen@intuitiveneo.com>; lemrich@nursing.ohio.gov; Lorrie Paulus <LXPaulus@mercy.com>; M.D. Eliot Mostow <emostow@akronderm.com>; Matt Munroe <Matthew.Munroe@osumc.edu>; McGovern Jim <jamesmmcgovern@yahoo.com>; missy.anthony@otptat.ohio.gov; Melissa Guzman <mdguzman95@gmail.com>; Melissa Saladonis <melissa.saladonis@cchmc.org>; Michael Evans <EVANSM10@ccf.org>; Michael R. Moran <mrmorgan@mrmorgan.com>; Mike Mathy <mmathy@ohfama.org>; Nate Flath <nate.flath@gmail.com>; Nick Lashutka <nlashutka@ohiochildrenshospitals.org>; Nishit Mehta <mehtan1@outlook.com>; Pat McKnight <mcknightp@aol.com>; Paul Bryson <pbryson@adena.org>; Paul Kudlak <pkudlak@gmail.com>; Ricardo del Castillo <UAGSAT@uag.edu>; Richard Kasmer <ohiolawce@yahoo.com>; rainykgal@gmail.com; Richard Ludgin <rludgin@ix.netcom.com>; Richard Gregg <Richard.Gregg@ketteringhealth.org>; Sarah Thompson <SThompson@o.php.org>; Scott Cakler <SCakler@gmail.com>; Scott P. Sandrock <spsandrock@bmdllc.com>; Sean Dunn <sean@spdunn.com>; Sharon Barnes <sbarnes112@aol.com>; Sharon Zwick Hamilton <szwick84@gmail.com>; Shawn Ryan <s.ryan@brightviewhealth.com>; Sophia Brickey <Sophia.Brickey@UHhospitals.org>; Stephanie Milburn <Stephanie.milburn@osumc.edu>; Steve Landerman <steve@ohioorthosociety.org>; Steve Lanier <stevelanier@yahoo.com>; Sue Clarlariello <susanciar@outlook.com>; Victor Goodman <vgoodman@bfca.com>; Zach Holzapfel <Zach.holzapfel@hickspartners.com>; James Stith <jimstith@hotmail.com>; Carmen Clutter <Carmen.Clutter@gmail.com>; Kristin Murray <kristen@intuitiveohio.com>; Carrie Hamady <carrieh@bgsu.edu>; Sarah Rasnick-Wiseman <sjrasnick@gmail.com>; Larissa Brophy <sjrasnick@gmail.com>; Mary Pat Turon-Findley

<marypat.turonfindley@gmail.com>; Jennifer Cull <marypat.turonfindley@gmail.com>; Kenneth Morrow <marypat.turonfindley@gmail.com>; Jacqueline Wolfe <jackiewolflmt@gmail.com>; Christopher Janowak <christopher.janowak@uc.edu>; Cindy Groeniger <christopher.janowak@uc.edu>; ELewis3@insight.rr.com; Christine Kaiser <CHRISTINE.KAISER@UHhospitals.org>; Mary Dinneen <mdinneenphs@gmail.com>; Eric Namaky <enamaky@gmail.com>; Guanhu Yang <guanhuyang@gmail.com>; Diane Sater-Wee <saterprez@gmail.com>; David Wang <saterprez@gmail.com>; John.Kennedy@dbh.ohio.gov; Nita Bhatt <nita.bhatt@wright.edu>; William Resch <william.resch@gmail.com>; dougsmith@admboard.org; Tracy Vanneman <oapa@ohiopa.com>; Clayton Rotundo <claytonrotundo@gmail.com>; Tony Brigano <tony.brigano@hickspartners.com>; Lauren Strobe <lauren.strobe@hickspartners.com>; Reese Gallagher <reese@statehouseimpact.com>; John Stilliana <jstilliana@neomed.edu>; Sarah Kincaid <Sarah.Kincaid2@ohiohealth.com>; Ashley Watson <Ashley.Watson3@ohiohealth.com>; Brian Schott <schottconsulting@outlook.com>; Catherine Hendricks <chendricks@facs.org>; Dr. Steven Carp <drcarp@carpcosmetic.com>; Dr.Christopher.vashi <christopher.vashi@gmail.com>; Mary Beth Schaefer <mbschaefer@plasticsurgery.org>

Cc: Austin.Lucous@med.ohio.gov

Subject: Initial circulation of OAC 4731-25 Office based surgery rules

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

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

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4731-25-08 amend	Standards for non-office based surgery.	Proposed to

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

Comments to: Nathan Smith
State Medical Board of Ohio
Nathan.Smith@med.ohio.gov

Nathan T. Smith
Senior Legal & Policy Counsel
State Medical Board of Ohio
30 E. Broad Street, 3rd Floor, Columbus, OH 43215
(614) 466-4341
Nathan.Smith@med.ohio.gov
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Ohio Society for Respiratory Care (OSRC) has no concerns or objections to the changes proposed in the following OAC 4731-25 rules as introduced on October 17th, 2025, for initial circulation:

4731-25-01	Definition of terms.	Proposed to amend
4731-25-02	General provisions.	Proposed to amend
4731-25-03	Standards for surgery using moderate sedation/analgesia.	Proposed rescission
4731-25-03	Standards for surgery using moderate sedation/analgesia.	Proposed new rule
4731-25-04	Standards for surgery using anesthesia services.	Proposed to amend
4731-25-05	Liposuction in the office setting.	Proposed to amend
4731-25-06	Standard of care for Surgery or Special Procedures	Proposed new rule in the Office Setting.
4731-25-07	Accreditation of office settings.	Proposed to amend
4731-25-08	Standards for non-office-based surgery.	Proposed to amend

Submitted October 30th, 2025

Sue Ciarlariello MBA RRT-NPS RCP, OSRC Legislative Co-Chair



Legislative Update:

Austin Lucous, Legislative Director
December 2025

Recent activity

Introduced:

- H.B. 609 – Require public body to allow public comment before taking action (Rep. D. Thomas / Rep. Craig)
 - Requires that all public bodies must allow for public commentary and testimony before taking formal action on any item.
 - This includes a stipulation that public bodies must not require individuals to register or obtain approval to comment before the commencement of meetings, though they can ask for the individual's name and contact information.
 - Public bodies are prohibited from holding special meetings without at least 24 hours' notice to the news media, barring emergencies.
 - **Introduced on 11/25/2025**

Passed House:

- H.B. 59 – Revise and streamline the state's occupational regulations (Rep. Fowler-Arthur / Rep. Hiner)
 - Reduces licensure fee amounts for the following practitioners regulated by the State Medical Board: physicians holding special activity certificates, physician assistants, dietitians, and radiologist assistants.
 - The bill reduces to \$150 (from \$400) the fee for an initial license to practice as a physician assistant. It also reduces the license's biennial renewal fee to \$150 (from \$200).
 - The bill reduces to \$95 (from \$225) the fee for an initial license to practice as a dietitian and lowers to \$95 (from \$180) its renewal fee.
 - For a license to practice as a radiologist assistant, the bill sets an initial application fee of \$100 and a renewal fee of \$100. In establishing those fees, the bill eliminates the current law requirement that fees be specified in Medical Board rule. Under existing rules, licensure fees are set at the following amounts: \$200 for an initial application and \$200 for renewal.
 - **Floor vote on 11/19/2025**
 - **Vote: 87-0**
- H.B. 253 – License advanced practice respiratory therapists (Rep. John / Rep. Young)
 - Recognizes and regulates the practice of advanced practice respiratory therapists, who are individuals that perform services – pursuant to a supervision agreement with a physician – for the diagnosis and treatment of cardiopulmonary diseases or conditions.
 - Requires an advanced practice respiratory therapist to hold a license issued by the State Medical Board and establishes criminal penalties for violators.

- Allows the holder of an advanced practice respiratory therapist license to perform certain services authorized by the supervising physician, which may include ordering, prescribing, and administering drugs and medical devices.
- Coordinates the State Medical Board's licensing and regulatory procedures for advanced practice respiratory therapists with those for respiratory therapists and other health care professionals also regulated by the Board.
- **Floor vote on 11/12/2025**
 - **Vote: 96-0**
 - **Referred to Senate Health Committee on 11/19/2025**
- H.B. 377 – Regards use of light-based medical devices for hair removal (Rep. Deeter)
 - Grants physicians the authority to delegate up to five PAs, APRNs, RNs, and LPNs at one time with off-site supervision for laser hair removal procedures.
 - Removes requirement for a physician to perform an in-person evaluation of a patient to determine if the application of the specific light-based medical device is appropriate.
 - **Floor vote on 11/12/2025**
 - **Vote: 95-0**
 - **Referred to Senate Health Committee on 11/19/2025**
- H.B. 324 – Enact the Patient Protection Act (Rep. Craig / Rep. A. Mathews)
 - Charges the Director of Health with determining if a drug causes severe adverse effects in greater than 5% of the drug's users and requires the Director to do so in consultation with the Superintendent of Insurance and Executive Directors of the State Board of Pharmacy and State Medical Board.
 - Defines a severe adverse effect to mean any of the following: death, infection requiring hospitalization, hemorrhaging requiring hospitalization, organ failure; or sepsis.
 - Establishes conditions on a prescriber when issuing a prescription for such a drug, including that the prescriber first conduct an in-person examination of the patient, inform the patient of the severe adverse effects, and schedule the patient for a follow-up appointment.
 - Also prohibits a retailer, pharmacy, or wholesale drug distributor from selling by mail any drug causing severe adverse effects in greater than 5% of the drug's users.
 - **Floor vote on 11/19/2025**
 - **Vote: 59-28**

Committee Hearings:

- H.B. 508 – Enact the Better Access to Health Care Act (Rep. Gross / Rep. Baker)
 - Modifies several sections of the Revised Code and introduces new section 4723.439, which allows certain APRNs to practice independently after meeting specific criteria, such as practicing in a clinical setting for two thousand hours.
 - Abolishes the requirement for APRNs to practice under a standard care arrangement with a collaborating physician or podiatrist, after meeting certain conditions.

- Establishes the criteria that need to be met for an APRN to practice without a standard care arrangement, which involves documented clinical experience and collaboration.
 - Changes include redefining collaboration and supervision requirements, revising reimbursement terms for services provided by certified nurse-midwives, and updating definitions for designations and roles within advanced practice nursing.
 - Enhances the authority of APRNs in making critical patient care decisions, such as issuing inpatient discharge and follow-up care.
 - Provides expanded prescriptive authority to APRNs and adjusts the regulatory framework governing their collaboration agreements.
 - Removes certain collaborative requirements, allowing APRNs autonomy in prescribing medication and ordering certain patient services.
 - It repeals sections 4723.45 and 5164.73 and updates various sections related to nursing education, licensing, practice, and collaboration standards.
 - **Third Hearing (Opponent) in House Medicaid Committee on 11/18/2025**
- H.B. 353 – Change title used by physician assistants to physician associate (Rep. Lampton / Rep. Manning)
 - **Third Hearing (Opponent) in House Health Committee on 11/19/2025**
- H.B. 479 – Regarding physician supervision of contrast administration for imaging (Rep. Schmidt)
 - Requires state agencies to reimburse the Attorney General for legal representation costs at a fair market rate.
 - Allows the Attorney General to refuse representation to agencies with outstanding reimbursement balances unless mandated by the governor or general assembly.
 - **Second Hearing (Proponent) in House Health Committee on 11/19/2025**
- H.B. 52 – To revise the law governing the practice of certified registered nurse anesthetists. (Rep. Deeter)
 - The bill changes the supervision requirement for certified registered nurse anesthetists to include consultation rather than direct supervision, enhancing their autonomy in practice.
 - A new section 4723.433 is established, defining the conditions in which a nurse anesthetist must not engage in certain nursing activities if deemed not in the patient's best interest by their consulting physician, podiatrist, or dentist.
 - Certified registered nurse anesthetists are required to obtain informed consent and may perform a series of advanced practices, including administering anesthesia and clinical support functions, provided they are acting in consultation with their practicing physician, podiatrist, or dentist.
 - **Passed House: 96-1**
 - **Fourth Hearing (All Testimony) in Senate Health Committee on 11/19/2025**

- H.B. 423 - Regulate the practice of surgical assistants (Rep. Deeter)
 - Establishes an alternative eligibility condition for employment as a surgical assistant at an ASF or hospital – that the individual practiced as a surgical technologist in an ASF or hospital located in Ohio during any part of the six-month period immediately preceding the bill's effective date.
 - Prohibits an ASF or hospital from employing an individual as a surgical assistant unless either of the following is the case:
 - The individual is certified as a surgical assistant by the American Board of Surgical Assistants, National Board of Surgical Technology and Surgical Assisting, or National Commission for the Certification of Surgical Assistants;
 - The individual practiced as a surgical assistant in an ASF or hospital located in Ohio during any part of the six-month period immediately preceding the provision's effective date.
 - **Second Hearing (Proponent) in House Health Committee on 11/19/2025**
 - **A substitute bill was adopted removing the previously proposed licensure requirement of surgical assistants and surgical technologists. Licensure of surgical assistants and surgical technologists would have been delegated to the State Medical Board.**

- H.B. 437 – Regarding youth cardiac monitoring (Rep. Rader / Rep. Schmidt)
 - Students, youth athletes, and participants in specific organized athletic activities must undergo physical exams by a qualified healthcare professional (physician, advanced practice registered nurse, or physician assistant) and submit specific evaluation forms annually.
 - **Second Hearing (Proponent) in House Health Committee on 11/19/2025**
 - **An amendment was adopted to remove provisions regarding health care providers who knowingly falsely certify completion of a module or reading a pamphlet being subject to professional discipline by the provider's licensing board.**

- S.B. 230 – Authorize pharmacists to test, treat certain health conditions (Sen. Romanchuk)
 - Mandates health insurance corporations, sickness and accident insurers, and the Medicaid program to provide reimbursement to pharmacists for services rendered, notably screening, testing, and treating respiratory conditions such as influenza, COVID-19, and RSV.
 - A new section (4729.392) is enacted, establishing a protocol for pharmacists to perform screenings, order and administer tests, and treat various respiratory health conditions.
 - Allows pharmacists to initiate drug therapy and delegate tasks to pharmacy technicians.
 - **First Hearing (Sponsor) in Senate Health Committee on 11/12/2025**

No Recent Hearings:

- S.B. 258 - Enact the Better Access to Health Care Act (Sen. Lang / Sen. Romanchuk)
 - Modifies several sections of the Revised Code and introduces new section 4723.439, which allows certain APRNs to practice independently after meeting specific criteria, such as practicing in a clinical setting for two thousand hours.
 - Abolishes the requirement for APRNs to practice under a standard care arrangement with a collaborating physician or podiatrist, after meeting certain conditions.
 - Establishes the criteria that need to be met for an APRN to practice without a standard care arrangement, which involves documented clinical experience and collaboration.
 - Changes include redefining collaboration and supervision requirements, revising reimbursement terms for services provided by certified nurse-midwives, and updating definitions for designations and roles within advanced practice nursing.
 - Enhances the authority of APRNs in making critical patient care decisions, such as issuing inpatient discharge and follow-up care.
 - Provides expanded prescriptive authority to APRNs and adjusts the regulatory framework governing their collaboration agreements.
 - Removes certain collaborative requirements, allowing APRNs autonomy in prescribing medication and ordering certain patient services.
 - It repeals sections 4723.45 and 5164.73 and updates various sections related to nursing education, licensing, practice, and collaboration standards.
 - **Referred to Senate Health Committee**
- H.B. 449 - Enact the Better Access to Health Care Act (Rep. Barhorst / Rep. McClain)
 - *Companion Legislation to S.B. 258 as described above*
 - **Referred to House Health Committee**
- H.B. 398 – Revise the law governing emergency medical technicians (Rep. Deeter)
 - Allows emergency medical technicians to perform both emergency and nonemergency medical services in hospitals, specifically in emergency departments or while transferring patients, as long as they follow the privileges delineated by the hospital.
 - EMTs would now be permitted to perform nonemergency medical services throughout the hospital if specified privileges are granted, including:
 - Transporting patients, even those requiring continuous monitoring.
 - For EMT-Intermediates (I) and paramedics, placing peripheral intravenous lines or intraosseous lines with ultrasound assistance.
 - In settings outside of hospitals, EMTs can perform nonemergency medical services as long as they are under the direction of a medical director.
 - Restrictions are clarified stating that EMTs cannot perform any medical service that they are already not authorized to perform.
 - **First Hearing (Sponsor) in House Health Committee on 9/17/25**

- S.B. 149 – Enter into the Respiratory Care Compact (Sen. Roegner)
 - Enters Ohio into the Respiratory Care Interstate Compact to enhance the portability of respiratory care therapist licenses through a comprehensive process that complements the existing authority of the State Medical Board to license and discipline Ohio-licensed respiratory care therapists.
 - As a member of the Compact, requires Ohio to extend the privilege to practice to a respiratory care therapist who is licensed in another state participating in the Compact, subject to Ohio's laws and rules governing respiratory care therapists.
 - **Fourth Hearing (All Testimony) in Senate Health Committee on 10/1/2025**

- H.B. 477 – To require state agencies to compensate the Attorney General for legal representation (Rep. Claggett)
 - Requires state agencies to reimburse the Attorney General for legal representation costs at a fair market rate.
 - Allows the Attorney General to refuse representation to agencies with outstanding reimbursement balances unless mandated by the governor or general assembly.
 - **Referred to House General Government Committee**

- H.B. 12 – Regards prescribing, dispensing, and administering drugs and to name this act the Jeff, Dave, and Angie Patient Right to Try Act. (Rep. Gross / Rep. Swearingen)
 - Requires a pharmacist to dispense a drug prescribed by a physician, including for off-label use, and a hospital, inpatient or outpatient facility, or pharmacy to allow its dispensing.
 - In the case of a hospital or inpatient facility pharmacist and where an in-house physician issues a prescription for a drug, including for off-label use, that is neither in stock nor listed on the hospital's or facility's formulary, and the patient can obtain the drug at an outpatient pharmacy, then the hospital or facility must permit the drug to be brought in to be identified.
 - Prohibits a health related licensing board from pursuing professional discipline, fines, or other regulatory sanctions, except in cases where prescribing, dispensing, or administering the drug to that patient was not done in accordance with the minimal standard of care. The State Medical Board is prohibited from determining that the prescribing, dispensing, or administering of a drug for off-label use is considered below the minimal standard of care because it is being used to treat a particular condition that is not commonly treated with that drug.
 - **Sixth Hearing in House Health Committee on 6/11/2025**
 - Substitute Bill was adopted on 6/4/2025 with the input of the SMBO that removed the "recklessness or gross negligence" standard with minimal standard of care.

- S.B. 179 – Right to Try 2.0 (Sen. Huffman / Sen. Roegner)
 - Builds upon current right to try law and limits a licensing agency’s ability to discipline a licensee in instances when a patient has been diagnosed with a life-threatening or severely debilitating illness; has considered approved treatment options; has a recommendation for an investigative individualized treatment from their physician; and has given written informed consent regarding the risks associated with taking the investigational treatment.
 - "Individualized investigational treatment" is defined as a drug, biological product, or device that is unique to and produced exclusively for use by an individual patient, based on the patient's own genetic profile, including individualized gene therapy antisense oligonucleotides and individualized neoantigen vaccines.
 - **Second Hearing (Proponent) in Senate Health Committee on 6/25/2025**

- S.B. 226 – Regards use of light-based medical devices for hair removal (Sen. Gavarone)
 - Grants physicians the authority to delegate up to five PAs, APRNs, RNs, and LPNs at one time with off-site supervision for laser hair removal procedures.
 - Removes requirement for a physician to perform an in-person evaluation of a patient to determine if the application of the specific light-based medical device is appropriate.
 - **Note:** The bill does not define “advanced practice registered nurse” or “standard care arrangement,” and the bill does not establish that the advanced practice registered nurse must adhere to their standard care arrangement as established in section 4723.431 of the Ohio Revised Code.
 - **Pending in Senate Health Committee**

- S.B. 209 – Regards prescribing, dispensing, and administering drugs and to name this act the Jeff, Dave, and Angie Patient Right to Try Act. (Sen. Cutrona / Sen. Reynolds)
 - Requires a pharmacist to dispense a drug prescribed by a physician, including for off-label use, and a hospital, inpatient or outpatient facility, or pharmacy to allow its dispensing.
 - In the case of a hospital or inpatient facility pharmacist and where an in-house physician issues a prescription for a drug, including for off-label use, that is neither in stock nor listed on the hospital’s or facility’s formulary, and the patient can obtain the drug at an outpatient pharmacy, then the hospital or facility must permit the drug to be brought in to be identified.
 - Prohibits a health related licensing board from pursuing professional discipline, fines, or other regulatory sanctions, except in cases where a court has determined that prescribing, dispensing, or administering the drug to that patient was done with recklessness or gross negligence.
 - **Pending in Senate Health Committee**

- S.B. 25 – To prohibit the provision of sun lamp tanning services to individuals under age 16. (Sen. Johnson)
 - Prohibits an operator or employee of a tanning facility from allowing a minor to use the facility’s sun lamp tanning services.
 - **Second Hearing (Proponent) in Senate Health Committee on 4/2/2025**

- H.B. 11 – Regards legislative rule approval and fiscal analyses of rules. (Rep. Ferguson / Rep. Lorenz)
 - To require legislative approval of administrative rules and other regulatory actions under specified conditions, to allow a JCARR chairperson to request a third-party fiscal analysis of a rule, and to require state agencies to publicly post policy documents.
 - **Third Hearing (Opponent) in House Government Oversight Committee on 3/25/2025**

Operationalizing:

- H.B. 96 – Make state operating appropriations for FY 2026-27 (Rep. Stewart)
 - **Effect on SMBO**
 - Summary Suspensions
 - Eliminates provisions specifying that an order is not subject to suspension by a court before the State Medical Board issues its final adjudicative order and specifies that a summary suspension is not a final appealable order and is not an adjudication that may be appealed under the Administrative Procedure Act.
 - Certified Mental Health Assistants
 - Adds Certified Mental Health Assistants to provisions passed in Senate Bill 109 of the 135th General Assembly.
 - Death Certificates
 - Clarifies that the coroner or medical examiner certifies the cause of death when a decedent dies as a result of criminal or other violent means, while an attending physician certifies the cause of death in all other circumstances.
 - Authorizes the physician who last examined or treated a decedent to certify the decedent's cause of death and complete and sign the medical certificate of death when there is no attending physician.
 - Extends the current law timeline by which a medical certificate of death must be completed and signed, from 48 hours after death to 48 hours after notice of the death.
 - Grants a coroner, medical examiner, or physician acting in good faith and upon reasonable belief immunity from civil liability and professional discipline for any act or omission in certifying the cause of death or in completing and signing the medical certificate of death.
 - Occupational Licensing Board Review – Board Composition
 - Requires the standing committees in the House and Senate that review occupational licensing boards under continuing law to consider whether the number of board members is appropriate based on the board's workload and the number of occupational licenses issued by the board.
 - Requires the standing committees to attempt to ensure that each board it reviews consists of not fewer than five members and not more than nine members. This provision is effective for reviews starting on or after January 1, 2027.
 - **Note:** SMBO undergoes review in 2026 and not again until 2032.
 - **Effective: September 30th, 2025**