OHIO LEGISLATIVE SERVICE COMMISSION

Final Analysis

Shelagh Baker

Am. Sub. H.B. 111

132nd General Assembly
(As Passed by the General Assembly)

Reps. Carfagna and Ryan, Brenner, Butler, Cupp, Dever, Duffey, Goodman, Hambley, LaTourette, Riedel, Schaffer, Seitz, Stein, Wiggam, Young, Holmes, O'Brien, Bishoff, Anielski, Antonio, Arndt, Blessing, Boccieri, Boyd, Celebrezze, Clyde, Craig, Edwards, Fedor, Gavarone, Ginter, Green, Greenspan, Householder, Howse, Huffman, Ingram, Keller, Kent, Kick, Landis, Leland, Lepore-Hagan, Manning, Miller, Patton, Pelanda, Perales, Ramos, Reece, Reineke, Rogers, Scherer, Sprague, Strahorn, Sweeney, West

Sens. Brown, Burke, Eklund, Hackett, Hoagland, Kunze, Lehner, O'Brien, Schiavoni, Sykes, Tavares, Thomas, Yuko

Effective date: Emergency, but most sections effective September 28, 2018; APRN exemptions effective June 29, 2018; opioid treatment licensure requirement effective June 29, 2019; alcohol and drug addiction services certification requirement effective September 29, 2019

ACT SUMMARY

Alcohol and drug addiction services

- Beginning September 29, 2019, requires the following alcohol and drug addiction services be certified by the Ohio Department of Mental Health and Addiction Services (ODMHAS): (1) withdrawal management addiction services provided in a setting other than an acute care hospital, (2) addiction services provided in a residential treatment setting, and (3) addiction services provided on an outpatient basis.

- Creates an exception to the certification requirement for services provided by an authorized health care professional or an employee or contractor of an accredited hospital outpatient clinic.

- Makes failure to meet the certification requirement a crime.

Opioid treatment programs

- Beginning June 29, 2019, requires that opioid treatment programs be licensed by ODMHAS, in place of a licensing requirement that applies only to methadone treatment.

- Makes failure to meet the opioid treatment program licensing requirement a crime.

- Modifies methadone licensing requirements during the period before June 29, 2019, by requiring that methadone license applicants be in good standing and by adjusting location requirements.

- Applies methadone licensing requirements, including the act's changes, to opioid treatment program licensing.

Advanced practice registered nurses

- Permits an advanced practice registered nurse (APRN) who is a clinical nurse specialist or certified nurse practitioner and is certified as a psychiatric-mental health nurse to have an individual involuntarily hospitalized for mental health treatment in an emergency.

- Requires a standard care arrangement between an APRN and a collaborating physician or podiatrist to include (1) criteria for referral of patients to any physician or podiatrist, rather than just the collaborating physician or podiatrist, and (2) a process for obtaining a consultation with any physician or podiatrist, rather than just the collaborating physician or podiatrist.

- Permits an APRN who specializes in mental health to have a standard care arrangement with a physician who does not practice the same or a similar specialty only if the APRN has certain credentials and the physician practices (1) psychiatry, (2) pediatrics, or (3) primary care or family practice.

- Permits an APRN to obtain an Ohio license without meeting certain licensing requirements if alternative requirements are met.

Dialysis technicians

- Reduces to six months (from 12) the time an applicant for a certificate to practice as a dialysis technician must have practiced before applying.

Orthotists, prosthetists, and pedorthists

- Extends to two years (from one) the licensing period for orthotists, prosthetists, and pedorthists.

Health professionals regulated by the State Medical Board

- Eliminates the requirement that each physician assistant supervision agreement be submitted to and reviewed by the State Medical Board.

- Increases to not more than $5,000 (from not more than $1,000) the penalty for a physician or physician assistant's failure to comply with a supervision agreement and makes the penalty applicable to a physician's failure to enter into a supervision agreement before initiating supervision of a physician assistant.

- Authorizes the Board to issue a training certificate to a person seeking to participate in Ohio in a clinical rotation offered to interns, residents, or clinical fellows participating in programs located outside the state.

- Permits professional disciplinary action against a physician who has been suspended or terminated from participation in Medicare or Medicaid for any reason.

- Revises law governing issuance or renewal of certain licenses, certificates, and permits by the Board and the Board's investigatory authority regarding respiratory care professionals.

Charter county hospital facilities

- Authorizes a board of county hospital trustees of a charter county hospital to purchase, acquire, lease, construct, own, operate, or manage hospital facilities in a county contiguous to a charter county.

Children's crisis care facilities

- Modifies criteria for distribution of FY 2019 funds allocated for children's crisis care facilities.

TABLE OF CONTENTS

CONTENT AND OPERATION

ALCOHOL AND DRUG ADDICTION SERVICES

Certification requirements

Beginning September 29, 2019, the act prohibits any person or government entity from providing certain alcohol and drug addiction services unless the services have been certified by the Director of Mental Health and Addiction Services.[1] Since "person" is broadly defined in the Revised Code, the prohibition applies to any individual, corporation, business trust, estate, trust, partnership, or association that provides the services.[2] A violation is a felony of the fifth degree.[3]

[1] R.C. 5119.35 and 5119.36; Section 7.

[2] R.C. 1.59, not in the act.

The requirement to be certified applies to the following alcohol and drug addiction services:

(1) Withdrawal management addiction services provided in a setting other than an acute care hospital;

(2) Addiction services provided in a residential treatment setting;

(3) Addiction services provided on an outpatient basis.

An exemption from the certification requirement applies if the provider is (1) a health care professional who is legally authorized to provide the services or (2) an individual who provides the services as part of an employment or contractual relationship with an accredited hospital outpatient clinic.

Certification for public funds; community addiction services providers

Law in effect until September 29, 2019, does not require that alcohol and drug addiction services be certified; instead, it bases eligibility for government funding on certification of "certifiable services and supports" by the Director.[4] These are alcohol and drug addiction services, mental health services, and the types of recovery supports specified in rules adopted by the Director.

An entity that provides alcohol and drug addiction services that are certified by the Director, gambling addiction services, or certain recovery supports is a community addiction services provider. Continuing law specifies that the entity may be an agency, association, corporation, individual, or program. Under the act it may also be another legal entity.[5]

When the new prohibition against providing uncertified alcohol and drug addiction services takes effect September 29, 2019, the act continues to base eligibility for public funds on the certification of services. It applies the requirement to any person or government entity that is subject to the prohibition as well as any other community addiction services provider seeking public funds. The funds affected by this requirement continue to be described as any state funds, federal funds, or funds administered by a board of alcohol, drug addiction, and mental health services.[6]

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[3] R.C. 5119.99.

[4] R.C. 5119.36.

[5] R.C. 5119.01.

[6] R.C. 5119.36.

Medication assisted treatment

Medication assisted treatment is treatment for alcohol and drug addiction that includes the use of drugs approved by the U.S. Food and Drug Administration for addiction treatment.[7] The act deals with medication assisted treatment by requiring the Ohio Department of Mental Health and Addiction Services (ODMHAS) to license opioid treatment programs. This is in place of a requirement that methadone programs operated by community addiction services providers be licensed by ODMHAS.

The act's licensure requirement for opioid treatment programs takes effect June 29, 2019, and applies to all public and private entities except the U.S. Department of Veterans Affairs.[8] The act does not affect continuing law regulating who is authorized to prescribe, furnish, or dispense controlled substances and other prescription drugs used in medication assisted treatment.[9]

"Opioid treatment program" is defined in the act by reference to a federal regulation, which defines it as a program or practitioner engaged in opioid treatment of individuals with an opioid agonist treatment medication registered under federal law.[10] The federal law requires registration of qualified practitioners who dispense narcotic drugs for maintenance treatment or detoxification treatment.[11] An opioid agonist is a drug that acts on the opioid receptors of nerves but, because it is long acting, does not result in the same highs and withdrawal symptoms as such drugs as heroin.[12] According to the federal Substance Abuse and Mental Health Services Administration, the opioid agonists authorized by the federal regulation are methadone and buprenorphine.[13] Methadone is a full agonist, while buprenorphine is a partial agonist.[14]

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[7] R.C. 340.01, not in the act.

[8] R.C. 5119.01, 5119.37, 5119.371, 5119.391, 5119.392, and 5119.99; Sections 6 and 7.

[9] R.C. Chapters 4723. (advanced practice registered nurses), 4729. (pharmacists and distributors of dangerous drugs), 4730. (physician assistants), and 4731. (physicians).

[10] R.C. 5119.01 and 42 Code of Federal Regulations 8.2 (emphasis added).

[11] 21 United State Code 823(g)(1).

[12] "Buprenorphine vs. Methadone," Addiction Treatment Forum, February 12, 2013, http://atforum.com/2013/02/buprenorphine-vs-methadone/.

[13] "Federal Guidelines for Opioid Treatment Programs" (January 2015), U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, https://store.samhsa.gov/shin/content//PEP15-FEDGUIDEOTP/PEP15-FEDGUIDEOTP.pdf.

Methadone programs

Law continuing until June 29, 2019, prohibits a community addiction services provider from employing methadone treatment or prescribing, dispensing, or administering methadone unless the program is licensed by ODMHAS. A license may be issued if the provider meets certain conditions and it affirmatively appears to ODMHAS that the provider is adequately staffed and equipped to maintain methadone treatment and will maintain treatment in strict compliance with Ohio law.

One of the conditions a provider must meet involves a review of activities that may have occurred before applying for a license. Under prior law, the applicant must not have been denied a license to maintain methadone treatment or had its license withdrawn or revoked within the preceding five-year period. This is replaced by the act with a requirement that, during the three-year period preceding the date of application, the provider (or any owner, sponsor, medical director, administrator, or principal of the provider) has been in good standing to operate a methadone treatment program in all other locations where the provider or other person has been operating a similar program. Good standing is evidenced by both of the following:

(1) Not having been denied a license or other approval to operate a methadone program by Ohio or another jurisdiction; and

(2) Not having been subject in Ohio or another jurisdiction to suspension or revocation of authority to operate a methadone program, voluntary action to avoid suspension or withdrawal, or disciplinary action based on inappropriate actions related to drugs.[15]

Another condition concerns the location of methadone treatment. Under prior law, there could be no public or private school, licensed child day-care center, or other child-serving agency within a radius of 500 linear feet of the location where the program maintained methadone treatment, unless the school, center, or agency supported the location or ODMHAS had previously determined that there was no such school, center, or agency with the 500-foot radius.[16] Under the act, the location condition applies to an initial license for a particular location. The proposed methadone treatment

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[14] Principles of Drug Addiction Treatment: A Research Based Guide (third edition), "Opioid Addiction," National Institute on Drug Abuse, https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment/pharmacotherapies.

[15] R.C. 5119.391, repealed June 29, 2019; Section 2(B).

[16] R.C. 5119.391 and 5119.392, both repealed June 29, 2019; Section 2(B).

program must not be located on a parcel of real estate that is within a radius of 500 linear feet of the boundaries of a parcel on which there is a public or private school, child day-care center licensed by the Ohio Department of Job and Family Services, or child-serving agency regulated by ODMHAS. As under prior law, exceptions may be made if a school, center, or agency supports the program location or ODMHAS previously determined that there was no such school, center, or agency within the 500-foot radius.

Other conditions and provisions related to licensing of methadone treatment programs are unchanged by the act. These concern license expiration, renewal, and revocation; inspections; possible criminal proceedings; employees; and the authority of ODMHAS, including rule-making authority.[17] The act also maintains, with only technical changes, provisions authorizing ODMHAS to determine before a methadone treatment program begins whether its location is sufficiently distant from any school, day-care center, or child-serving agency.[18]

Opioid treatment programs

Effective June 29, 2019, no person or government entity (other than the U.S. Department of Veterans Affairs) may operate an opioid treatment program unless the person or government entity is a community addiction services provider and the program is licensed by ODMHAS.[19]

Under the act, ODMHAS may issue an opioid treatment program license to a community addiction services provider if certain conditions are met. These conditions are basically the same as those that apply to methadone programs, including the act's changes that are in effect up to September 29, 2019.[20] The conditions are as follows:

(1) It must affirmatively appear to ODMHAS that the provider is adequately staffed and equipped to operate an opioid treatment program and will operate the program in strict compliance with ODMHAS rules and laws relating to drug abuse.

(2) With the same exceptions described above for methadone programs, the opioid treatment program will not be located on a parcel of real estate that is within a radius of 500 linear feet of the boundaries of real estate on which a school, licensed child day-care center, or ODMHAS-regulated child-serving agency is located.

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[17] R.C. 5119.391(E) to (P), repealed June 29, 2019; Section 2(B).

[18] R.C. 5119.391(D) and 5119.392, both repealed June 29, 2019; Section 2(B).

[19] R.C. 5119.37.

[20] Sections 2(B) and 7.

(3) During the three-year period preceding the date of application, the provider (or any owner, sponsor, medical director, administrator, or principal of the provider) has been in good standing to operate an opioid treatment program in all other locations where the provider or other person has been operating a program.[21]

Provisions dealing with license expiration, renewal, and revocation; inspections; possible criminal proceedings; employees; and ODMHAS authority are the same for opioid treatment programs as those that applied when only methadone programs were licensed.[22] Similarly, the act authorizes ODMHAS authority to waive the opioid treatment program location restriction if the program is supported by the school, child day-care center, or child-serving agency that is within 500 feet of the program. The act also authorizes ODMHAS to determine before an opioid treatment program begins whether it will violate the location restriction.[23]

A license to operate an opioid treatment program expires one year from the date of issuance. A license may be renewed.[24]

As with methadone treatment programs, ODMHAS must establish procedures and adopt rules for licensing, inspection, and supervision of community addiction services providers that operate opioid treatment programs. The rules must establish standards for the control, storage, furnishing, use, dispensing, and administering of medications used in medication-assisted treatment; prescribe minimum standards for the operation of the opioid treatment program component of the provider's operations; and comply with federal laws and regulations. The rules must be adopted in accordance with Ohio's Administrative Procedure Act (R.C. Chapter 119.).[25]

Operating an opioid treatment program without a license or in a manner inconsistent with the act or rules adopted under it is a fifth degree felony.[26]

ODMHAS preparation

Beginning September 28, 2018, the act authorizes ODMHAS and its Director to take any actions they consider necessary to prepare for the certification of alcohol and

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[21] R.C. 5119.37 and 5119.371.

[22] R.C. 5119.37(E) to (P).

[23] R.C. 5119.37 and 5119.371.

[24] R.C. 5119.37.

[25] R.C. 5119.37(F).

[26] R.C. 5119.99.

drug addiction services and licensure of opioid treatment programs, including accepting and considering applications. They may also take action to convert methadone treatment licenses to opioid treatment program licenses and extend determinations concerning the location of methadone and opioid treatment programs.[27]

Conforming changes

The act makes a number of statutory conforming changes to account for the transition from licensing methadone treatment to licensing opioid treatment programs.[28] The changes include modifications of a previously more limited authority of ODMHAS and the State Board of Pharmacy to conduct inspections of certain opioid treatment programs that were operated under federal law.[29]

ADVANCED PRACTICE REGISTERED NURSES

Emergency hospitalization for mental health treatment

The act permits an advanced practice registered nurse (APRN) who is a clinical nurse specialist or certified nurse practitioner to have an individual involuntarily hospitalized for mental health treatment in an emergency. The nurse must have a psychiatric-mental health certification from the American Nurses Credentialing Center. As with other professionals who are permitted to have an individual involuntarily hospitalized, the nurse must have reason to believe that the individual is a mentally ill person subject to court order and represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination.[30]

Collaborating physician or podiatrist

The act removes a restriction on referrals and consultations by APRNs and makes a change in physician collaboration for APRNs who specialize in mental health.

Continuing law requires an APRN who is designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner to practice in accordance with a standard care arrangement with each physician or podiatrist with whom the nurse collaborates. The standard care arrangement must include criteria for referral of a patient by the APRN to a collaborating physician or podiatrist and a process for the APRN to obtain a consultation with a collaborating physician or

[27] Sections 6 and 7(B).

[28] R.C. 140.01, 2925.03, 3715.08, 3719.13, 3719.27, 3719.61, 3721.01, 5119.21, 5119.34, 5119.43, and 5119.431.

[29] R.C. 4729.291, 4729.292, 5119.361, and 5119.367, repealed June 29, 2019; Sections 2(B) and 7.

[30] R.C. 5122.01 and 5122.10.

podiatrist. In general, each collaborating physician or podiatrist must be one who practices in a specialty that is the same as or similar to the nurse's practice.[31]

Under the act, a standard care arrangement must contain criteria for referral not only to the collaborating physician or podiatrist but also to another physician or podiatrist. It must also contain a process for the APRN to obtain a consultation not only with the collaborating physician or podiatrist but also with any physician or podiatrist.[32]

Mental health practice

An exception in prior law to the general rule that an APRN must practice in collaboration with a physician or podiatrist with the same or a similar specialty was that an APRN who was a clinical nurse specialist and had a nursing specialty of mental health or psychiatric mental health could also collaborate with a physician who specialized in pediatrics or in primary care or family practice. The act replaces this exception with one that is more specific. It provides that a clinical nurse specialist who is certified as a psychiatric-mental health CNS by the American Nurses Credentialing Center (ANCC) may enter into a standard care arrangement with a physician who is practicing in (1) psychiatry, (2) pediatrics, or (3) primary care or family practice.

The act creates a corresponding exception regarding a certified nurse practitioner specializing in mental health. The nurse must be ANCC-certified as a psychiatric-mental health NP and may enter into a standard care arrangement with the same types of physicians described above for clinical nurse specialists.[33]

Educational and examination exemptions

The act exempts from certain licensing eligibility requirements an APRN who meets alternative requirements. An applicant for an APRN license must meet a number of requirements, including both:

--Holding a master's or doctoral degree in a nursing specialty or a related field that qualifies the applicant to sit for the certification examination of a national organization approved by the Ohio Board of Nursing and passing the examination;[34]

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[31] R.C. 4723.431.

[32] R.C. 4723.431(B) and 4731.27.

[33] R.C. 4723.431(A)(2)(c) and 4723.44.

[34] R.C. 4723.41.

--Not more than five years before applying for the license, completing a course of study in advanced pharmacology and related topics.[35]

The act exempts an APRN who is a certified registered nurse anesthetist, certified nurse-midwife, or certified nurse practitioner, and was initially authorized to practice by the Board before 2001, from the educational requirement if the APRN obtained certification in the appropriate nursing specialty from a national organization listed in prior law or approved by the Board and has maintained the certification.[36]

The act exempts an APRN who is a clinical nurse specialist and was initially authorized to practice by the Board before 2001, from the examination requirement if the APRN either (1) holds a master's or doctoral degree in a clinical area of nursing from an educational institution accredited by a national or regional accrediting organization or (2) holds a master's or doctoral degree in nursing or a related field and was certified as a clinical nurse specialist by the ANCC or another national organization that was at that time approved by the Board.[37]

An applicant whom the act exempts from the educational or examination requirement is also exempted from the requirement to have completed the pharmacology course not more than five years before the application is filed, if the applicant did complete the course and both: (1) held for a continuous period of at least one year during the three years preceding the date of application valid authority in any jurisdiction to prescribe therapeutic devices and drugs, including at least some controlled substances, and (2) exercised the authority to prescribe drugs for the minimum one-year period.[38]

The exemptions described above are effective June 29, 2018.[39] Similar exemptions existed previously, but they were repealed in 2013.[40]

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[35] R.C. 4723.482.

[36] R.C. 4723.41(C).

[37] R.C. 4723.41(D).

[38] R.C. 4723.482.

[39] Sections 7 and 9.

[40] See Sub. H.B. 303 of the 129th General Assembly.

DIALYSIS TECHNICIANS

Demonstrating competence

The act reduces to six months (from 12) the time a person must perform dialysis care for a dialysis provider to be eligible to receive a certificate to practice as a dialysis technician. The act retains the requirement that the dialysis care be performed immediately before applying for the certificate.[41]

ORTHOTISTS, PROSTHETISTS, AND PEDORTHISTS

License renewal period

The act requires the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board to renew licenses biennially, rather than annually, for individuals who practice orthotics, prosthetics, orthotics and prosthetics, or pedorthics. Biennial renewal is to occur according to a renewal schedule the Board must adopt in rules.[42]

Accordingly, the act also authorizes the Board to (1) extend an initial or renewed license's expiration date to accommodate the biennial schedule, (2) adjust continuing education requirements, and (3) take any other action it considers necessary.[43]

Continuing education

The act requires the Board to adopt rules prescribing the amount, scope, and nature of the continuing education activities required for license renewal, including waivers of the requirements. Under prior law, the number of continuing education units required for renewal was specified in statute.[44]

The act requires a license renewal application to be submitted electronically. On the Board's request, an applicant must submit evidence satisfactory to the Board that continuing requirements were completed.[45]

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[41] R.C. 4723.75(B).

[42] R.C. 4779.08 and 4779.19.

[43] Section 5.

[44] R.C. 4779.20.

[45] R.C. 4779.08 and 4779.20.

PHYSICIAN ASSISTANTS

Supervision agreements

The act eliminates the requirement that a copy of a supervision agreement between a physician and one or more physician assistants be filed with the State Medical Board; however, it maintains the requirement that the agreement be kept in the supervising physician's records. The supervision agreement specifies the responsibilities of the physician assistants and terms under which they practice.

The act also eliminates provisions specifying when an agreement takes effect and when it expires. It specifies that an agreement may be amended to modify the responsibilities of one or more physician assistants.[46]

The act increases the penalty the Board may impose on a physician for failing to supervise a physician assistant in accordance with the terms of a supervision agreement, or on a physician assistant for failing to practice in accordance with an agreement. The penalty is increased to not more than $5,000 (from not more than $1,000) and, under the act, may also be imposed on a physician for failing to comply with the law requiring a physician to enter into a supervision agreement before initiating supervision of one or more physician assistants.[47]

PHYSICIAN INTERNS, RESIDENTS, AND FELLOWS

Training certificates

Continuing law requires a person pursuing a medical internship, residency, or clinical fellowship in this state, who does not hold an Ohio license to practice medicine or osteopathic medicine, to apply to the State Medical Board for a training certificate. The applicant must have been accepted to participate in Ohio in an internship, residency, or fellowship program that is accredited by the Accreditation Council for Graduate Medical Education of the American Medical Association or the American Osteopathic Association.

Under the act, a training certificate is also required for a person who has been accepted to participate in Ohio in an elective clinical rotation. The rotation cannot last more than one year and must be part of a similarly accredited program located outside Ohio.[48]

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[46] R.C. 4730.19.

[47] R.C. 4730.19(E).

[48] R.C. 4731.291.

PODIATRISTS

Licensure after inactivity

The act authorizes the State Medical Board to impose terms and conditions on issuing a license to practice podiatric medicine to an applicant who for more than two years has not been engaged in that practice. The terms and conditions may include meeting such requirements as completing additional training, passing an examination, or being assessed for physical competency.[49]

RESPIRATORY CARE PROFESSIONALS

Limited permits

The State Medical Board regulates the practice of respiratory care professionals. The act clarifies that a person enrolled in and in good standing in a Board-approved respiratory care educational program who is issued a limited permit to practice respiratory care may practice under the permit for up to three years.[50] It also clarifies that the length of a permit may be reduced as follows:

- The permit becomes invalid immediately if the permit holder stops participating in the program.
- The permit becomes invalid one year after the date the holder completes the program.

The act requires the permit holder to notify the Board as soon as practicable when the holder discontinues participation or completes the program.

Continuing education

The act replaces a requirement that the holder of a respiratory care license or limited permit seeking renewal submit proof of meeting educational or continuing education requirements with a requirement that compliance be certified by the license or permit holder.[51]

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[49] R.C. 4731.222.

[50] R.C. 4761.05.

[51] R.C. 4761.06.

Investigations

The act establishes procedures for Board investigations of alleged violations of the law governing respiratory care professionals. These procedures correspond to those governing Board investigations of physicians and other health professionals subject to its oversight.[52]

STATE MEDICAL BOARD PROCEDURES

Subpoenas

Continuing law permits a subpoena issued by the State Medical Board to be served by a sheriff, sheriff's deputy, or Board employee. The act also allows a subpoena to be served by an agent designated by the Board.[53]

Disciplinary actions

The act permits the Board to take disciplinary action against a license or certificate holder who has been terminated or suspended from participation in Medicare or Medicaid, regardless of the reason for the termination or suspension. Under prior law, the Board could act only if the reason for the termination or suspension was a specified action such as prescribing drugs for other than legal and legitimate therapeutic purposes or failing to practice in accordance with minimal standards of care.[54]

Attestations on applications

The act requires an application for a license or certificate to practice medicine, osteopathic medicine, podiatric medicine, or a limited branch of medicine (massage therapy or cosmetic surgery) to be accompanied by an attestation that the information in the application is accurate and truthful.[55] This replaces law requiring the application's accuracy and truthfulness to be attested to through an affidavit.

Similarly, the act requires an applicant for a volunteer's certificate to submit to the Board an attestation that the applicant will not accept any form of remuneration for volunteer medical services.[56] This is instead of a notarized statement from the applicant.

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[52] R.C. 4761.03. *See, e.g.,* R.C. 4731.22(F).

[53] R.C. 4731.22(F)(3)(c), 4759.05(B)(3), and 4761.03(E)(3).

[54] R.C. 4731.22(B)(25).

[55] R.C. 4731.09, 4731.19, and 4731.52.

[56] R.C. 4731.295.

Regarding an applicant for a certificate of conceded eminence, the act requires the applicant to include an attestation that the applicant agrees to practice only within the clinical setting of an academic medical center or for an affiliated physician group practice, rather than an affidavit.[57]

CHARTER COUNTY HOSPITAL FACILITIES

Contiguous counties

The act authorizes a board of county hospital trustees of a charter county hospital to purchase, acquire, lease, construct, own, operate, or manage hospital facilities in a county contiguous to a charter county. The facilities must be operated pursuant to law regulating the operation of a charter county hospital.[58]

Ohio has two charter counties: Cuyahoga and Summit. Currently, the only charter county hospital is MetroHealth Medical Center in Cuyahoga County.

CHILDREN'S CRISIS CARE FACILITIES

Distribution of funds

The act modifies criteria to be used in distributing in fiscal year 2019 an allocation of $150,000 in state funds for children's crisis care facilities. As originally allocated, the funds were to be distributed based on the number of children in each facility–the same method used in distributing an allocation of $150,000 in fiscal year 2018.[59] Under the act, the fiscal year 2019 distribution is to be based, instead, on the aggregate daily census of children in each facility during the previous fiscal year.[60]

A children's crisis care facility is a facility that has as its primary purpose residential or other care of children under age 13 who are voluntarily placed at the facility by a parent who is facing a crisis or by an agency that determines that an emergency situation exists.[61]

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[57] R.C. 4731.297.

[58] R.C. 339.01(D).

[59] See Section 757.20 of the FY 2018–FY 2019 main operating budget, Am. Sub. H.B. 49 of the 132nd General Assembly.

[60] Sections 3 and 4.

[61] R.C. 5103.13, not in the act.

HISTORY

ACTION	DATE
Introduced	03-07-17
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