As Introduced

135th General Assembly Regular Session 2023-2024

S. B. No. 255

Senators Huffman, S., Johnson

A BILL

То	amend sections 313.02, 313.10, 313.12, 313.161,	1
	325.15, 2335.061, 4723.431, and 4730.19 of the	2
	Revised Code to revise the law governing	3
	coroners and death certificates	4

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 313.02, 313.10, 313.12, 313.161,	5
325.15, 2335.061, 4723.431, and 4730.19 of the Revised Code be	6
amended to read as follows:	7
Sec. 313.02. (A) (1) Except as provided in division (A) (2)	8
of this section, no person shall be eligible to the office of	9
coroner except a physician who has been licensed under Chapter	10
4731. of the Revised Code to practice as a physician in this	11
state medicine and surgery or osteopathic medicine and surgery	12
for a period of at least two years immediately preceding	13
election or appointment as a coroner, and who is in good	14
standing in the person's profession.	15
(2) No person shall be eligible to the office of coroner	16
of a charter county except a physician who is licensed <u>under</u>	17
Chapter 4731. of the Revised Code to practice as a physician in	18
this state medicine and surgery or osteopathic medicine and	1 (

surgery and who is in good standing in the person's profession.	20
(B)(1) Beginning in calendar year 2000 and in each fourth	21
year thereafter, each newly elected coroner, after the general	22
election but prior to commencing the term of office to which	23
elected, shall attend and successfully complete sixteen hours of	24
continuing education at programs sponsored by the Ohio state	25
coroners association. Within ninety days after appointment to	26
the office of coroner under section 305.02 of the Revised Code,	27
the newly appointed coroner shall attend and successfully	28
complete sixteen hours of continuing education at programs	29
sponsored by the association. Hours of continuing education	30
completed under the requirement described in division (B)(1) of	31
this section shall not be counted toward fulfilling the	32
continuing education requirement described in division (B)(2) of	33
this section.	34

As used in division (B)(1) of this section, "newly elected coroner" means a person who did not hold the office of coroner on the date the person was elected coroner.

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(2) Except as otherwise provided in division (B)(2) of 38 this section, beginning in calendar year 2001, each coroner, 39 during the coroner's four-year term, shall attend and 40 successfully complete thirty-two hours of continuing education 41 at programs sponsored by the Ohio state coroners association. 42 Except as otherwise provided in division (B)(2) of this section, 43 each coroner shall attend and successfully complete twenty-four 44 of these thirty-two hours at statewide meetings, and eight of 45 these thirty-two hours at regional meetings, sponsored by the 46 association. The association may approve attendance at 47 continuing education programs it does not sponsor but, if 48 attendance is approved, successful completion of hours at these 49

four-hour requirement described in division (B)(2) of this section. (3) Upon successful completion of a continuing education program required by division (B)(1) or (2) of this section, the person who successfully completes the program shall receive from the association or the sponsoring organization a certificate indicating that the person successfully completed the program. Sec. 313.10. (A)(1) Except as otherwise provided in this section, the records of the coroner who has jurisdiction over the case, including, but not limited to, the detailed descriptions of the observations written during the progress of an autopsy and the conclusions drawn from those observations filed in the office of the coroner under division (A) of section 313.13 of the Revised Code, made personally by the coroner or by anyone acting under the coroner's direction or supervision, are public records. Those records, or transcripts or photostatic copies of them, certified by the coroner shall be received as evidence in any criminal or civil action or proceeding in a court in this state, as to the facts contained in those records. The coroner of the county where the death was pronounced shall be responsible for the release of all public records relating to that death. (2) Except as otherwise provided in division (D) or (E) of this section, the following records in a coroner's office are not public records:		
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(a) Preliminary autopsy and investigative notes and	this section, the following records in a coroner's office are	74
	not public records:	75
findings made by the coroner or by anyone acting under the	(a) Preliminary autopsy and investigative notes and	76
	findings made by the coroner or by anyone acting under the	77

coroner's direction or supervision;

(b) Photographs of a decedent made by the coroner or by	79
anyone acting under the coroner's direction or supervision;	80
(c) Suicide notes;	81
(d) Medical and psychiatric records provided to the	82
coroner, a deputy coroner, or a representative of the coroner or	83
a deputy coroner under section 313.091 of the Revised Code;	84
(e) Records of a deceased individual that are confidential	85
law enforcement investigatory records as defined in section	86
149.43 of the Revised Code;	87
(f) Laboratory reports generated from the analysis of	88
physical evidence by the coroner's laboratory that is	89
discoverable under Criminal Rule 16.	90
(3) In the coroner's discretion, photographs of a decedent	91
may be used for medical, legal, or educational purposes.	92
(B) All records in the coroner's office that are public	93
records are open to inspection by the public, and any person may	94
receive a copy of any such record or part of it upon demand in	95
writing, accompanied by payment of a record retrieval and	96
copying fee, at the rate of twenty-five cents per page or a	97
minimum fee of one dollar.	98
(C)(1) The coroner shall provide a copy of the full and	99
complete records of the coroner with respect to a decedent to a	100
person who makes a written request as the next of kin of the	101
decedent. The following persons may make a request pursuant to	102
this division as the next of kin of a decedent:	103
(a) The surviving spouse of the decedent;	104
(b) If there is no surviving spouse, or if the surviving	105
spouse has died without having made a request pursuant to this	106

division, any child of the decedent over eighteen years of age,	107
with each child over eighteen years of age having an independent	108
right to make a request pursuant to this division;	109
(c) If there is no surviving spouse or child over eighteen	110
years of age, or if the surviving spouse and all children over	111
eighteen years of age have died without having made a request	112
pursuant to this division, the parents of the decedent, with	113
each parent having an independent right to make a request	114
pursuant to this division;	115
(d) If there is no surviving spouse, child over eighteen	116
years of age, or parents of the decedent, or if all have died	117
without having made a request pursuant to this division, the	118
brothers and sisters of the decedent, whether of the whole or	119
the half blood, with each having an independent right to make a	120
request pursuant to this division.	121
(2) If there is no surviving person who may make a written	122
request as next of kin for a copy of the full and complete	123
records of the coroner pursuant to division (C)(1) of this	124
section, or if all next of kin of the decedent have died without	125
having made a request pursuant to that division, the coroner	126
shall provide a copy of the full and complete records of the	127
coroner with respect to a decedent to the representative of the	128
estate of the decedent who is the subject of the records upon	129
written request made by the representative.	130
(D) A journalist may submit to the coroner a written	131
request to view suicide notes, photographs of the decedent made	132
by the coroner or by anyone acting under the coroner's	133
discretion or supervision, or preliminary autopsy and	134
investigative notes and findings but not records of a deceased	135
individual that are confidential law enforcement investigatory	136

records as defined in section 149.43 of the Revised Code. The	137
request shall include the journalist's name and title and the	138
name and address of the journalist's employer and state that the	139
granting of the request would be in the best interest of the	140
public. If a journalist submits a written request to the coroner	141
to view the records described in this division and the final	142
autopsy is not yet completed, the coroner shall may grant the	143
journalist's request. The After the final autopsy report and	144
final death certification are complete, if a journalist submits	145
a written request to the coroner to view the records described	146
in this division, the coroner shall grant the journalist's	147
request.	148
A_journalist shall not copy the preliminary autopsy and	149
investigative notes and findings, suicide notes, or photographs	150
of the decedent.	151
(E)(1) An insurer may submit to the coroner a written	152
request to obtain a copy of the full and complete records of the	153
coroner with respect to a deceased person. The request shall	154
include the name of the deceased person, the type of policy to	155
which the written request relates, and the name and address of	156
the insurer.	157
(2) If an insurer submits a written request to the coroner	158
to obtain a copy of records pursuant to division (E)(1) of this	159
section, the coroner shall grant that request.	160
(3) Upon the granting of a written request to obtain a	161
copy of records by the coroner, the insurer may utilize the	162
records for the following purposes:	163
(a) To investigate any first party claim or third party	164

claim asserted under a policy of insurance issued by the insurer

that arises from the death of the deceased person;	166
(b) To determine coverage for any first party claim or	167
third party claim asserted under a policy of insurance issued by	168
the insurer that arises from the death of the deceased person;	169
(c) To determine the insurer's liability for any first	170
party claim or third party claim asserted under a policy of	171
insurance issued by the insurer that arises from the death of	172
the deceased person.	173
(4) Prior to the delivery of records that are the subject	174
of a request made pursuant to division (E)(1) of this section,	175
the coroner may require the insurer who submitted the written	176
request for the records to provide a payment to the coroner of a	177
record retrieval and copying fee at the rate of twenty-five	178
cents per page or a minimum fee of one dollar.	179
(5) Any records produced by the coroner in response to a	180
written request under division (E)(1) of this section shall	181
remain in the care, custody, and control of the insurer and its	182
employees or representatives at all times. The insurer may not	183
release or disclose the records to any other person unless any	184
of the following apply:	185
(a) The release of the records is reasonably necessary to	186
further a purpose described in division (E)(3) of this section.	187
(b) A court of competent jurisdiction orders the insurer	188
to produce the records.	189
(c) The insurer is required to produce the records in	190
response to a civil or criminal subpoena.	191
(d) The insurer is responding to a request for the records	192
from a law enforcement agency, the department of insurance or a	193

department of insurance from another state, or another	194
governmental authority.	195
(F) The coroner may contact the decedent's next of kin to	196
inform the next of kin that a journalist or an insurer has	197
submitted a written request pursuant to division (D) or (E) of	198
this section and whether the coroner has granted the	199
journalist's or the insurer's request.	200
(G) As used in this section:	201
(1) "Full and complete records of the coroner" includes,	202
but is not limited to, the following:	203
(a) The detailed descriptions of the observations written	204
by the coroner or by anyone acting under the coroner's direction	205
or supervision during the progress of an autopsy and the	206
conclusions drawn from those observations that are filed in the	207
office of the coroner under division (A) of section 313.13 of	208
the Revised Code;	209
(b) Preliminary autopsy and investigative notes and	210
findings made by the coroner or by anyone acting under the	211
coroner's direction or supervision;	212
(c) Photographs of a decedent made by the coroner or by	213
anyone acting under the coroner's direction or supervision;	214
(d) Suicide notes;	215
(e) Medical and psychiatric records provided to the	216
coroner, a deputy coroner, or a representative of the coroner or	217
a deputy coroner under section 313.091 of the Revised Code;	218
(f) Records of a deceased individual that are confidential	219
law enforcement investigatory records as defined in section	220
149.43 of the Revised Code;	221

(g) Laboratory reports generated from the analysis of	222
physical evidence by the coroner's laboratory that is	223
discoverable under Criminal Rule 16.	224
(2) "Insurer" has the same meaning as in section 3901.07	225
of the Revised Code.	226
(3) "Journalist" has the same meaning as in section 149.43	227
of the Revised Code.	228
Sec. 313.12. $\frac{A}{A}$ (A) (1) When any person dies as a result of	229
criminal or other violent means, by casualty, by suicide, or in-	230
any suspicious or unusual manner, when any person, including a	231
child under two years of age, dies suddenly when in apparent	232
good health, or when any person with a developmental disability-	233
dies regardless of the circumstances in circumstances as	234
described in division (A)(2) of this section, the physician	235
called in attendance, or any member of an ambulance service,	236
emergency squad, or law enforcement agency and any of the	237
following who obtains knowledge thereof arising from the	238
person's duties, shall immediately notify the office of the	239
coroner of the known facts concerning the time, place, manner,	240
and circumstances of the death, and any other information that	241
is required pursuant to sections 313.01 to 313.22 of the Revised	242
Code:	243
(a) A health care worker caring for the person;	244
(b) Any member of an ambulance service or emergency squad;	245
(c) A law enforcement agency.	246
(2) The notification required by division (A)(1) of this	247
section applies in all of the following circumstances:	248
(a) When any person dies as a result of criminal or other	249

violent means, by casualty, by suicide, or in any suspicious or	250
unusual manner;	251
(b) When any person, including a child under two years of	252
age, dies suddenly when in apparent good health;	253
(c) When any person with a developmental disability dies	254
regardless of the circumstances.	255
(3) In such cases, the case of a death in circumstances as	256
described in division (A)(2) of this section, if a request is	257
made for cremation, the funeral director called in attendance	258
shall immediately notify the coroner.	259
(B) As used in this section, "developmental:	260
(1) "Developmental disability" has the same meaning as in	261
section 5123.01 of the Revised Code.	262
(2) "Health care worker" means any individual licensed or	263
otherwise authorized by the state to practice a health care	264
profession and any other individual who provides health-related	265
services in any setting as part of the individual's employment	266
or otherwise for remuneration.	267
Sec. 313.161. (A) Whenever an autopsy is performed,	268
including any individual component of an autopsy as defined in	269
section 313.123 of the Revised Code, and the injury causing	270
death occurred within the boundaries of a county other than the	271
one in which the autopsy was performed, such other county shall	272
pay the costs of the autopsy, including associated	273
transportation costs. The cost of such autopsy shall be no	274
greater than the actual value of the transportation of the body,	275
services of the technicians, and materials used. Money derived	276
from the fees paid for such autopsies shall be credited to the	277
coroner's laboratory fund created in section 313.16 of the	278

Revised Code.	279
(B)(1) Whenever an autopsy is performed, including any	280
individual component of an autopsy as defined in section 313.123	281
of the Revised Code, and the person who died was an inmate of a	282
state correctional facility, the department of rehabilitation	283
and correction or the department of youth services, as	284
appropriate, shall pay the costs of the autopsy, including	285
associated transportation costs. The costs of the autopsy shall	286
be no greater than the actual value of the transportation of the	287
body, services of the technicians, and the facilities and	288
materials used. Money derived from the fees paid for such	289
autopsies shall be credited to the coroner's laboratory fund	290
created in section 313.16 of the Revised Code.	291
(2) As used in this division, "state correctional	292
facility" means a "state correctional institution," as defined	293
in section 2967.01 of the Revised Code, a state correctional	294
institution that is privately operated and managed pursuant to	295
section 9.06 of the Revised Code, and an "institution," as	296
defined in section 5139.01 of the Revised Code.	297
Sec. 325.15. (A) Each coroner shall be classified, for	298
salary purposes, according to the population of the county. All	299
coroners shall receive annual compensation in accordance with	300
the following schedules and in accordance with section 325.18 of	301
the Revised Code:	302
CLASSIFICATION AND COMPENSATION SCHEDULE	303
FOR CALENDAR YEAR 2018 FOR	304
CORONERS WITH A PRIVATE PRACTICE	305

306 2 3 1 Α Class Population Range Compensation В 1 1 - 55,000 \$30,993 55,001 - 95,000 С 2 45,384 95,001 - 200,000 3 56,458 D 200,001 - 400,000 69,739 Ε 4 400,001 - 1,000,000 5 78,594 F G 1,000,001 or more 83,310 CLASSIFICATION AND COMPENSATION SCHEDULE 307 FOR CALENDAR YEAR 2018 FOR 308 CORONERS WITHOUT A PRIVATE PRACTICE 309 310 1 2 3 Α Class Population Range Compensation 175,001 - 200,000 3 \$127,563 В С 4 200,001 - 400,000 127,563 400,001 - 1,000,000 5 130,661 D

1,000,001 or more

133,759

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S. B. No. 255 As Introduced			Page 13	
	CLASSIFICATION A	ND COMPENSATION SCHEDULE		311
	FOR CALENDAR	YEAR 2019 FOR CORONERS		312
	WITH A 1	PRIVATE PRACTICE		313
				314
	1	2	3	
A	Class	Population Range	Compensation	
В	1	1 - 55,000	\$32,543	
С	2	55,001 - 95,000	47,653	
D	3	95,001 - 200,000	59,281	
E	4	200,001 - 400,000	73 , 226	
F	5	400,001 - 1,000,000	82,524	
G	6	1,000,001 or more	87,476	
	CLASSIFICATION A	ND COMPENSATION SCHEDULE		315
	FOR CALENDAR Y	YEAR 2019 FOR CORONERS		316
	WITHOUT A	PRIVATE PRACTICE		317
				318
	1	2	3	
A	Class	Population Range	Compensation	

S. B. No. 255 As Introduced	i		Page 14	
В	3	175,001 - 200,000	\$133 , 941	
С	4	200,001 - 400,000	133,941	
D	5	400,001 - 1,000,000	137,194	
E	6	1,000,001 or more	140,447	
	CLASSIFICATIO	N AND COMPENSATION SCHEDULE		319
	FOR CALENDA	AR YEAR 2020 FOR CORONERS		320
	WITH	A PRIVATE PRACTICE		321
				322
	1	2	3	
A	1 Class	2 Population Range	3 Compensation	
A B				
	Class	Population Range	Compensation	
В	Class	Population Range 1 - 55,000	Compensation \$34,170	
В	Class 1 2	Population Range 1 - 55,000 55,001 - 95,000	Compensation \$34,170 50,036	
B C D	Class 1 2 3	Population Range 1 - 55,000 55,001 - 95,000 95,001 - 200,000	Compensation \$34,170 50,036 62,245	
B C D	Class 1 2 3	Population Range 1 - 55,000 55,001 - 95,000 95,001 - 200,000 200,001 - 400,000	Compensation \$34,170 50,036 62,245 76,887	
B C D E	Class 1 2 3 4 5	Population Range 1 - 55,000 55,001 - 95,000 95,001 - 200,000 200,001 - 400,000 400,001 - 1,000,000	Compensation \$34,170 50,036 62,245 76,887 86,650	323
B C D E	Class 1 2 3 4 5 6 CLASSIFICATIO	Population Range 1 - 55,000 55,001 - 95,000 95,001 - 200,000 200,001 - 400,000 400,001 - 1,000,000 1,000,001 or more	Compensation \$34,170 50,036 62,245 76,887 86,650	323

Page 15

326

	1	2	3
A	Class	Population Range	Compensation
В	3	175,001 - 200,000	\$140 , 638
С	4	200,001 - 400,000	140,638
D	5	400,001 - 1,000,000	144,054
E	6	1,000,001 or more	147,469

(B) (1) A coroner in a county with a population of one 327 hundred seventy-five thousand one or more shall not engage in 328 the private practice of medicine unless, before taking office, 329 the coroner notifies the board of county commissioners of the 330 intention to engage in that private practice. A coroner in such 331 a county shall elect to engage or not to engage in the private 332 practice of medicine before the commencement of each new term of 333 office. A coroner in such a county who engages in the private 334 practice of medicine, but who intends not to engage in the 335 private practice of medicine during the coroner's next term of 336 office, shall so notify the board of county commissioners as 337 specified in this division. For a period of six months after 338 taking office, a coroner who elects not to engage in the private 339 practice of medicine may engage in the private practice of 340 medicine, without any reduction of compensation as provided in 341 division (A) of this section and in section 325.18 of the 342 Revised Code, for the purpose of concluding the affairs of the 343 coroner's private practice of medicine. 344

(2) A coroner in a county with a population of one hundred 345 seventy-five thousand one or more who elects not to engage in 346

the private practice of medicine under division (B)(1) of this	347
section may, during the coroner's term of office, elect to	348
engage in the private practice of medicine by notifying the	349
board in writing of the intention to so engage. The notice shall	350
state the date on which the coroner will commence the private	351
practice of medicine and shall be given to the board at least	352
thirty days before that date. On the date stated in the notice,	353
the coroner's compensation shall be reduced as provided in	354
division (A) of this section and in section 325.18 of the	355
Revised Code for coroners with a private practice.	356
(C) Each coroner who is the coroner in a county with a	357
population of one hundred seventy-five thousand one or more and	358
who is without a private practice of medicine shall receive	359
supplemental compensation of an additional fifty per cent of the	360
annual compensation calculated under division (A) of this	361
section and section 325.18 of the Revised Code in each calendar	362
year in which the office of the coroner satisfies all of the	363
following:	364
(1) The office operates as a regional forensic pathology	365
examination referral center, and the operation generates	366
coroner's laboratory fund income, for purposes of section 313.16	367
of the Revised Code, that is in excess of the fund's expenses	368
and is sufficient to provide the supplemental compensation	369
specified in division (C) of this section;	370
(2) The coroner is a forensic pathologist certified by the	371
American board of pathology; and	372
(3) The coroner performs a minimum of seventy-five post	373
mortem examinations annually.	374

(D) Each coroner who is the coroner in a county with a

population of one hundred seventy-five thousand one or more and	376
who is without a private practice of medicine and does not	377
operate a regional forensic pathology examination referral	378
center may, on approval of the board of county commissioners,	379
receive supplemental compensation of up to an additional twenty-	380
five per cent of the annual compensation calculated under	381
division (A) of this section and section 325.18 of the Revised	382
Code in each calendar year in which the coroner is a forensic	383
pathologist certified by the American board of pathology and is	384
performing the forensic examinations of the county.	385
(E) As used in this section, "private practice of	386
<pre>medicine" includes both of the following:</pre>	387
(1) The provision of services for the diagnosis,	388
prevention, treatment, cure, or relief of a health condition,	389
illness, injury, or disease for remuneration;	390
(2) The performance of an autopsy at the request of	391
another person, including another coroner, a hospital, a	392
business entity, an institution of higher education, or any	393
other person.	394
"Private practice" refers to the private practice of	395
medicine, as described in this division.	396
Sec. 2335.061. (A) As used in this section:	397
(1) "Coroner" has the same meaning as in section 313.01 of	398
the Revised Code, and includes the following:	399
(a) The coroner of a county other than a county in which	400
the death occurred or the dead human body was found if the	401
coroner of that other county performed services for the county	402
in which the death occurred or the dead human body was found.	403

(b) A medical examiner appointed by the governing	404
authority of a county to perform the duties of a coroner set	405
forth in Chapter 313. of the Revised Code.	406
(2) "Deposition fee" means the amount derived by	407
multiplying the hourly rate by the number of hours a coroner or	408
deputy coroner spent preparing for and giving expert testimony	409
at a deposition in a civil action pursuant to this section.	410
(3)—"Deputy coroner" means a pathologist serving as a	411
deputy coroner.	412
(4) (3) "Expert testimony" means testimony given by a	413
coroner or deputy coroner as an expert witness pursuant to this	414
section and the Rules of Evidence.	415
(5) (4) "Fact testimony" means testimony given by a	416
coroner or deputy coroner regarding the performance of the	417
duties of the coroner as set forth in Chapter 313. of the	418
Revised Code. "Fact testimony" does not include expert	419
testimony.	420
(6) "Hourly rate" means the compensation established in	421
sections 325.15 and 325.18 of the Revised Code for a coroner	422
without a private practice of medicine at the class 8 level for	423
calendar year 2001 and thereafter, divided by two thousand-	424
eighty.	425
(7) "Testimonial fee" means the amount derived by	426
multiplying the hourly rate by six and multiplying the product	427
by the number of hours that a coroner or deputy coroner spent	428
preparing for and giving expert testimony at a trial or hearing	429
in a civil action pursuant to this section.	430
(B)(1) A party may subpoena a coroner or deputy coroner to	431
give expert testimony at a trial, hearing, or deposition in a	432

civil action only upon filing with the court a notice that	433
includes all of the following:	434
(a) The name of the coroner or deputy coroner whose	435
testimony is sought;	436
cesermon, is soughe,	130
(b) A brief statement of the issues upon which the party	437
seeks expert testimony from the coroner or deputy coroner;	438
(c) An acknowledgment by the party that the giving of	439
expert testimony by the coroner or deputy coroner at the trial,	440
hearing, or deposition is governed by this section and that the	441
party will comply with all of the requirements of this section;	442
(d) A statement of the obligations of the coroner or	443
deputy coroner under division (C) of this section.	444
(2) The notice under division (B)(1) of this section shall	445
be served together with the subpoena.	446
(C) A party that obtains the expert testimony of a coroner	447
or deputy coroner at a trial, hearing, or deposition in a civil	448
action pursuant to division (B) or (D) of this section shall pay	449
to the treasury of the county in which the coroner or deputy	450
coroner holds office or is appointed or employed a testimonial	451
fee or deposition fee, whichever is applicable, of three hundred	452
fifty dollars per hour spent preparing for and giving expert	453
testimony at a trial, hearing, or deposition in a civil action,	454
within thirty days after receiving the statement described in	455
this division. Upon the conclusion of the coroner's or deputy	456
coroner's expert testimony, the coroner or deputy coroner shall	457
file a statement with the court on behalf of the county in which	458
the coroner or deputy coroner holds office or is appointed or	459
employed showing the fee due and how the coroner or deputy	460
coroner calculated the fee. The coroner or deputy coroner shall	461

serve a copy of the statement on each of the parties.	462
(D) For good cause shown, the court may permit a coroner	463
or deputy coroner who has not been served with a subpoena under	464
division (B) of this section to give expert testimony at a	465
trial, hearing, or deposition in a civil action. Unless good	466
cause is shown, the failure of a party to file with the court	467
the notice described in division (B)(1) of this section	468
prohibits the party from having a coroner or deputy coroner	469
subpoenaed to give expert testimony at a trial, hearing, or	470
deposition in a civil action or from otherwise calling the	471
coroner or a deputy coroner to give expert testimony at a trial,	472
hearing, or deposition in a civil action.	473
(E) In the event of a dispute as to the contents of the	474
notice filed by a party under division (B) of this section or as	475
to the nature of the testimony sought from or given by a coroner	476
or a deputy coroner at a trial, hearing, or deposition in a	477
civil action, the court shall determine whether the testimony	478
sought from or given by the coroner or deputy coroner is expert	479
testimony or fact testimony. In making this determination, the	480
court shall consider all of the following:	481
(1) The definitions of "expert testimony" and "fact	482
testimony" set forth in this section;	483
(2) All applicable rules of evidence;	484
(3) Any other information that the court considers	485
relevant.	486
(F) Nothing in this section shall be construed to alter,	487
amend, or supersede the requirements of the Rules of Civil	488
Procedure or the Rules of Evidence.	489
Sec. 4723.431. (A)(1) An advanced practice registered	490

nurse who is designated as a clinical nurse specialist,	491
certified nurse-midwife, or certified nurse practitioner may	492
practice only in accordance with a standard care arrangement	493
entered into with each physician or podiatrist with whom the	494
nurse collaborates. A copy of the standard care arrangement	495
shall be retained on file by the nurse's employer. Prior	496
approval of the standard care arrangement by the board of	497
nursing is not required, but the board may periodically review	498
it for compliance with this section.	499

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A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may enter into a standard care arrangement with one or more collaborating physicians or podiatrists. If a collaborating physician or podiatrist enters into standard care arrangements with more than five nurses, the physician or podiatrist shall not collaborate at the same time with more than five nurses in the prescribing component of their practices.

Not later than thirty days after first engaging in the 508 practice of nursing as a clinical nurse specialist, certified 509 nurse-midwife, or certified nurse practitioner, the nurse shall 510 submit to the board the name and business address of each 511 collaborating physician or podiatrist. Thereafter, the nurse 512 shall notify the board of any additions or deletions to the 513 nurse's collaborating physicians or podiatrists. Except as 514 provided in division (D) of this section, the notice must be 515 provided not later than thirty days after the change takes 516 effect. 517

(2) All of the following conditions apply with respect to

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the practice of a collaborating physician or podiatrist with

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whom a clinical nurse specialist, certified nurse-midwife, or

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certified nurse practitioner may enter into a standard care	521
arrangement:	522
(a) The physician or podiatrist must be authorized to	523
practice in this state.	524
(b) Except as provided in division (A)(2)(c) of this	525
section, the physician or podiatrist must be practicing in a	526
specialty that is the same as or similar to the nurse's nursing	527
specialty.	528
(c) If the nurse is a clinical nurse specialist who is	529
certified as a psychiatric-mental health CNS by the American	530
nurses credentialing center or a certified nurse practitioner	531
who is certified as a psychiatric-mental health NP by the	532
American nurses credentialing center, the nurse may enter into a	533
standard care arrangement with a physician but not a podiatrist	534
and the collaborating physician must be practicing in one of the	535
following specialties:	536
(i) Psychiatry;	537
(ii) Pediatrics;	538
(iii) Primary care or family practice.	539
(B) A standard care arrangement shall be in writing and	540
shall contain all of the following:	541
(1) Criteria for referral of a patient by the clinical	542
nurse specialist, certified nurse-midwife, or certified nurse	543
practitioner to a collaborating physician or podiatrist or	544
another physician or podiatrist;	545
(2) A process for the clinical nurse specialist, certified	546
nurse-midwife, or certified nurse practitioner to obtain a	547
consultation with a collaborating physician or podiatrist or	548

another physician or podiatrist;	549
(3) A plan for coverage in instances of emergency or	550
planned absences of either the clinical nurse specialist,	551
certified nurse-midwife, or certified nurse practitioner or a	552
collaborating physician or podiatrist that provides the means	553
whereby a physician or podiatrist is available for emergency	554
care;	555
(4) The process for resolution of disagreements regarding	556
matters of patient management between the clinical nurse	557
specialist, certified nurse-midwife, or certified nurse	558
practitioner and a collaborating physician or podiatrist;	559
(5) An agreement that the collaborating physician shall	560
complete and sign the medical certificate of death pursuant to	561
section 3705.16 of the Revised Code;	562
(6) Any other criteria required by rule of the board	563
adopted pursuant to section 4723.07 or 4723.50 of the Revised	564
Code.	565
(C)(1) A standard care arrangement entered into pursuant	566
to this section may permit a clinical nurse specialist,	567
certified nurse-midwife, or certified nurse practitioner to	568
supervise services provided by a home health agency as defined	569
in section 3740.01 of the Revised Code.	570
(2) A standard care arrangement entered into pursuant to	571
this section may permit a clinical nurse specialist, certified	572
nurse-midwife, or certified nurse practitioner to admit a	573
patient to a hospital in accordance with section 3727.06 of the	574
Revised Code.	575
(D)(1) Except as provided in division (D)(2) of this	576
section, if a physician or podiatrist terminates the	577

collaboration between the physician or podiatrist and a	578
certified nurse-midwife, certified nurse practitioner, or	579
clinical nurse specialist before their standard care arrangement	580
expires, all of the following apply:	581
(a) The physician or podiatrist must give the nurse	582
written or electronic notice of the termination.	583
(b) Once the nurse receives the termination notice, the	584
nurse must notify the board of nursing of the termination as	585
soon as practicable by submitting to the board a copy of the	586
physician's or podiatrist's termination notice.	587
(c) Notwithstanding the requirement of section 4723.43 of	588
the Revised Code that the nurse practice in collaboration with a	589
physician or podiatrist, the nurse may continue to practice	590
under the existing standard care arrangement without a	591
collaborating physician or podiatrist for not more than one	592
hundred twenty days after submitting to the board a copy of the	593
termination notice.	594
(2) In the event that the collaboration between a	595
physician or podiatrist and a certified nurse-midwife, certified	596
nurse practitioner, or clinical nurse specialist terminates	597
because of the physician's or podiatrist's death, the nurse must	598
notify the board of the death as soon as practicable. The nurse	599
may continue to practice under the existing standard care	600
arrangement without a collaborating physician or podiatrist for	601
not more than one hundred twenty days after notifying the board	602
of the physician's or podiatrist's death.	603
(E) Nothing in this section prohibits a hospital from	604
hiring a clinical nurse specialist, certified nurse-midwife, or	605

certified nurse practitioner as an employee and negotiating

standard care arrangements on behalf of the employee as	607
necessary to meet the requirements of this section. A standard	608
care arrangement between the hospital's employee and the	609
employee's collaborating physician is subject to approval by the	610
medical staff and governing body of the hospital prior to	611
implementation of the arrangement at the hospital.	612
Sec. 4730.19. (A) Before initiating supervision of one or	613
more physician assistants licensed under this chapter, a	614
physician shall enter into a supervision agreement with each	615
physician assistant who will be supervised. A supervision	616
agreement may apply to one or more physician assistants, but,	617
except as provided in division $\frac{(B)(2)(e)}{(B)(2)(f)}$ of this	618
section, may apply to not more than one physician. The	619
supervision agreement shall specify that the physician agrees to	620
supervise the physician assistant and the physician assistant	621
agrees to practice under that physician's supervision.	622
The agreement shall clearly state that the supervising	623
physician is legally responsible and assumes legal liability for	624
the services provided by the physician assistant. The agreement	625
shall be signed by the physician and the physician assistant.	626
(B) A supervision agreement shall include either or both	627
of the following:	628
(1) If a physician assistant will practice within a health	629
care facility, the agreement shall include terms that require	630
the physician assistant to practice in accordance with the	631
policies of the health care facility.	632
(2) If a physician assistant will practice outside a	633
health care facility, the agreement shall include terms that	634
specify all of the following:	635

(a) The responsibilities to be fulfilled by the physician	636
in supervising the physician assistant;	637
(b) The responsibilities to be fulfilled by the physician	638
assistant when performing services under the physician's	639
supervision;	640
(c) Any limitations on the responsibilities to be	641
fulfilled by the physician assistant;	642
(d) The circumstances under which the physician assistant	643
is required to refer a patient to the supervising physician;	644
(e) An agreement that the supervising physician shall	645
complete and sign the medical certificate of death pursuant to	646
section 3705.16 of the Revised Code;	647
(f) If the supervising physician chooses to designate	648
physicians to act as alternate supervising physicians, the	649
names, business addresses, and business telephone numbers of the	650
physicians who have agreed to act in that capacity.	651
(C) A supervision agreement may be amended to modify the	652
responsibilities of one or more physician assistants or to	653
include one or more additional physician assistants.	654
(D) The supervising physician who entered into a	655
supervision agreement shall retain a copy of the agreement in	656
the records maintained by the supervising physician. Each	657
physician assistant who entered into the supervision agreement	658
shall retain a copy of the agreement in the records maintained	659
by the physician assistant.	660
(E)(1) If the board finds, through a review conducted	661
under this section or through any other means, any of the	662
following, the board may take disciplinary action against the	663

individual under section 4730.25 or 4731.22 of the Revised Code,	664
impose a civil penalty, or both:	665
(a) That a physician assistant has practiced in a manner	666
that departs from, or fails to conform to, the terms of a	667
supervision agreement entered into under this section;	668
(b) That a physician has supervised a physician assistant	669
in a manner that departs from, or fails to conform to, the terms	670
of a supervision agreement entered into under this section;	671
(c) That a physician or physician assistant failed to	672
comply with division (A) or (B) of this section.	673
(2) If the board finds, through a review conducted under	674
this section or through any other means, that a physician or	675
physician assistant failed to comply with division (D) of this	676
section, the board may do either of the following:	677
(a) Take disciplinary action against the individual under	678
section 4730.25 or 4731.22 of the Revised Code, impose a civil	679
penalty, or both;	680
(b) Permit the individual to agree in writing to update	681
the records to comply with division (D) of this section and pay	682
a civil penalty.	683
(3) The board's finding in any disciplinary action taken	684
under division (E) of this section shall be made pursuant to an	685
adjudication conducted under Chapter 119. of the Revised Code.	686
(4) A civil penalty imposed under division (E)(1) or (2)	687
(a) of this section or paid under division (E)(2)(b) of this	688
section shall be in an amount specified by the board of not more	689
than five thousand dollars and shall be deposited in accordance	690
with section 4731.24 of the Revised Code.	691

S. B. No. 255 As Introduced Section 2. That existing sections 313.02, 313.10, 313.12, 692 313.161, 325.15, 2335.061, 4723.431, and 4730.19 of the Revised 693 Code are hereby repealed. 694