



# Ohio Legislative Service Commission

## Final Analysis

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- Reps.** Gonzales and Letson, Stebelton, Wachtmann, Boyd, Slesnick, Gerberry, O'Brien, Murray, Reece, Mallory, Amstutz, Antonio, Boose, Carney, Celeste, Duffey, Fedor, Foley, Gardner, Garland, Hottinger, McClain, Milkovich, Newbold, Pelanda, Phillips, Pillich, Ramos, Schuring, Sears, Sprague, Terhar, Young, Yuko, Batchelder
- Sens.** Bacon, Balderson, Beagle, Brown, Burke, Cafaro, Eklund, Hite, Hughes, LaRose, Lehner, Manning, Oelslager, Peterson, Schiavoni, Seitz, Smith, Tavares, Turner, Wagoner

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## ACT SUMMARY

### PHYSICIAN ASSISTANTS

#### Physician assistant medical services

- Authorizes a physician assistant to perform the following medical services:
  - Fit, insert, or remove birth control devices;
  - Issue do-not-resuscitate (DNR) orders and take any other action that may be taken by an attending physician under the law governing DNR orders;
  - Determine and pronounce death in specified locations and circumstances;
  - Insert or remove chest tubes;
  - Prescribe or make referrals for physical therapy;
  - Order or make referrals for occupational therapy.

## **Certificate to practice with qualifying military experience**

- Allows an individual seeking a certificate to practice as a physician assistant from the State Medical Board to qualify for the certificate without holding the otherwise required master's or higher degree if the individual has (1) a degree from an accredited educational program for physician assistants and (2) at least three years of active duty experience practicing as a physician assistant in the United States armed forces or the national guard of any state.

## **Authority to prescribe drugs**

- Eliminates the requirement that the State Medical Board adopt and modify through rulemaking procedures the formulary that identifies the drugs that a physician assistant may be authorized to prescribe.
- Authorizes the Board to make changes to the physician assistant formulary every six (as opposed to every 12) months.
- Allows a physician assistant to qualify for a certificate to prescribe in Ohio without participating in the otherwise required provisional period of physician-delegated prescriptive authority if the physician assistant meets either of the following requirements: (1) practiced in another state or was credentialed or employed by the federal government or (2) obtained a certificate to practice in Ohio by qualifying under the act's provisions regarding military experience.
- Eliminates a prohibition on physician assistants prescribing to patients schedule II controlled substances, but limits the locations from which such substances may be prescribed without restrictions.
- Prohibits a physician assistant from prescribing any schedule II controlled substance to a patient in a convenience care clinic.

## **Emergency medical services**

- Adds physician assistants to the list of health care professionals from which emergency medical service (EMS) personnel may obtain required authorization through a direct communication device to perform certain services or to perform emergency services in a hospital.
- Extends the immunity from civil liability that applies under continuing law with regard to a student enrolled in an EMS training program to those occasions when the student is under the direct supervision and in the immediate presence of a physician assistant.

- Specifies that nothing in the law governing EMS personnel prevents or restricts the practice, services, or activities of any physician assistant.

### **Medical care in disasters or emergencies**

- Provides that a physician assistant, including a physician assistant licensed in another state or credentialed or employed by the federal government, is not prohibited from providing medical care in response to a need for such care precipitated by a disaster or emergency.
- Specifies that, when a physician assistant is providing this care, the physician who supervises the physician assistant pursuant to a physician supervisory plan approved by the State Medical Board is not required to meet the supervision requirements of Ohio law.
- Permits the physician designated as the medical director of the disaster or emergency to supervise the medical care provided by an Ohio physician assistant.

## **NURSES**

### **Determination and pronouncement of death**

- Authorizes certified nurse practitioners, clinical nurse specialists, and registered nurses to determine and pronounce death if an individual's respiratory and circulatory functions are not being artificially sustained.
- Relative to certified nurse practitioners and certified nurse specialists, specifies that the authority is limited to the same circumstances under which the act authorizes physician assistants to determine and pronounce death (*i.e.*, (1) the individual was receiving care in a specified facility, or (2) the nurse is providing or supervising the individual's care through a licensed hospice program or any other entity that provides palliative care).
- Relative to registered nurses, specifies that the authority is limited to those circumstances under which the nurse is providing or supervising the individual's care through a licensed hospice program or any other entity that provides palliative care.

## **CHEMICAL DEPENDENCY COUNSELING AND ALCOHOL AND OTHER DRUG PREVENTION SERVICES**

- Provides for the Chemical Dependency Professionals Board to license independent chemical dependency counselor-clinical supervisors.

- Provides for the Board to certify prevention specialist assistants.
- Revises one of the sets of requirements to qualify for an independent chemical dependency counselor license and the scope of practice of independent chemical dependency counselors.
- Revises one of the sets of requirements to qualify for a chemical dependency counselor III license and the scope of practice of chemical dependency counselors III.
- Revises one of the sets of requirements to qualify for a chemical dependency counselor II license.
- Revises the scope of practice of chemical dependency counselor assistants and the law governing the renewal and restoration of their certificates.
- Revises one of the sets of requirements to qualify for a prevention specialist II certificate.
- Revises one of the sets of requirements to qualify for a prevention specialist I certificate.
- Establishes requirements for qualifying for a registered applicant certificate and provides for the certificate to expire two years after it is issued.
- Eliminates requirements regarding a registered applicant working toward obtaining a prevention specialist II or prevention specialist I certificate.
- Prohibits the Board from renewing or restoring a registered applicant certificate or issuing a new registered applicant certificate to an individual whose previous registered applicant certificate has been expired for less than a period of time to be specified in rules.
- Revises the list of professionals authorized to supervise a registered applicant.
- Permits the Board to administer examinations for individuals seeking to act as substance abuse professionals in a transportation workplace drug and alcohol testing program regulated by the U.S. Department of Transportation.
- Eliminates obsolete laws governing the transfer of duties regarding the certification of chemical dependency professionals from the Department of Alcohol and Drug Addiction Services to the Board.
- Eliminates obsolete laws regarding chemical dependency counselors I.

- Includes refusal to restore a license or certificate among the disciplinary actions the Board may take.
- Specifies that the law governing the practice of chemical dependency counseling and alcohol and other drug prevention services does not authorize an individual to engage in the practice of marriage and family therapy except to the extent of providing services authorized by that law.

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## CONTENT AND OPERATION

### PHYSICIAN ASSISTANTS

#### Physician assistant medical services

The act grants additional authority to and modifies the previous authority of physician assistants to perform certain medical services. Under law unchanged by the act, a physician assistant may practice under a physician supervisory plan or the policies of a health care facility. When practicing under a physician supervisory plan, a physician assistant may provide services that are listed in the Revised Code; other services may be provided, but they must be approved by the State Medical Board as special services.<sup>1</sup> When practicing under the policies of a health care facility, a physician assistant may provide the services that the facility authorizes the physician assistant to perform.<sup>2</sup>

#### Birth control devices

The act authorizes a physician assistant to fit, insert, or remove birth control devices.<sup>3</sup> This general authority to perform activities involving birth control devices replaces former law provisions that authorized a physician assistant to do the

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<sup>1</sup> R.C. 4730.09(A).

<sup>2</sup> R.C. 4730.09(B).

<sup>3</sup> R.C. 4730.09(A)(24).

following: (1) fit or insert family planning devices, including diaphragms and cervical caps, (2) fit, insert, or remove intrauterine devices, and (3) remove Norplant capsules, which are no longer available in the United States.<sup>4</sup>

### **Do-not-resuscitate orders**

The act authorizes a physician assistant to issue a do-not-resuscitate (DNR) order and take any other action that may be taken by an attending physician under the law governing DNR orders.<sup>5</sup> A DNR order is a directive that identifies a person and specifies that CPR (cardiopulmonary resuscitation) should not be administered to that person. Formerly, DNR orders could be issued only by a physician, certified nurse practitioner, or clinical nurse specialist. The nurse's action must be performed pursuant to a standard care arrangement with a collaborating physician.<sup>6</sup>

The act extends to physician assistants immunity from criminal prosecution, civil liability, or professional disciplinary action arising out of, or relating to, the withholding or withdrawal of CPR from a person pursuant to a DNR order. The immunity also applies when CPR is provided to a person who requests to receive CPR even though the person earlier had executed a DNR order. Formerly, these immunities applied only to (1) physicians, (2) persons under the direction, or operating with the authorization, of a physician, (3) emergency medical services personnel, (4) certain health care facilities, health care facility administrators, or other persons at the facility working under the direction of a physician, and (5) certified nurse practitioners and clinical nurse specialists.<sup>7</sup>

### **Determination and pronouncement of death**

The act permits a physician assistant to determine and pronounce death if an individual's respiratory and circulatory functions are not being artificially sustained and, at the time of the determination and pronouncement, either or both of the following conditions are met:<sup>8</sup>

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<sup>4</sup> WebMD, *Sexual Health: Your Guide to Birth Control; Norplant* (last visited December 20, 2012), available at <<http://www.webmd.com/sex/birth-control/birth-control-norplant>>.

<sup>5</sup> R.C. 2133.211 and 4730.09(A)(39).

<sup>6</sup> R.C. 2133.211, 2133.22 (not in the act), and 2133.25 (not in the act).

<sup>7</sup> R.C. 2133.211 and 2133.22 (not in the act).

<sup>8</sup> R.C. 4730.09(A)(40) and 4730.092.

(1) The individual was receiving care at a nursing home, residential care facility, home for the aging, a county home or district home, or a residential facility licensed by the Department of Developmental Disabilities;

(2) The physician assistant is providing or supervising the individual's care through a licensed hospice care program or any other entity that provides palliative care.

If a physician assistant determines and pronounces an individual's death, the act requires the assistant to notify the individual's attending physician of the determination and pronouncement in order for the physician to complete and sign the individual's medical certificate of death within 48 hours in accordance with continuing law. The notification must occur within a reasonable time period but not later than 24 hours following the determination and pronouncement of the individual's death.<sup>9</sup>

The act specifies that a physician assistant is not permitted to complete any portion of an individual's death certificate.<sup>10</sup>

Formerly, the Revised Code did not address who could pronounce death. The State Medical Board, however, adopted rules specifying that only a physician could pronounce a person to be dead.<sup>11</sup>

### **Chest tubes**

The act authorizes a physician assistant to insert or remove chest tubes.<sup>12</sup>

### **Orders for physical or occupational therapy**

The act authorizes a physician assistant to prescribe physical therapy or refer a patient to a physical therapist for the purpose of receiving physical therapy. In

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<sup>9</sup> R.C. 4730.092(B)(2).

<sup>10</sup> R.C. 4730.092(B)(1).

<sup>11</sup> Ohio Administrative Code (O.A.C.) 4731-14-01. As used in these rules, "physician" means an individual holding (1) a current certificate to practice medicine and surgery or osteopathic medicine and surgery, (2) a physician training certificate issued to participate in an internship, residency, or clinical fellowship program, (3) a visiting medical faculty certificate, or (4) a physician's special activities certificate issued in conjunction with a special activity, program, or event taking place in Ohio (O.A.C. 4731-14-01(A) and (B)).

<sup>12</sup> R.C. 4730.09(A)(36).

conjunction, the act permits a physical therapist to practice physical therapy pursuant to a physician assistant's prescription or referral.<sup>13</sup>

The act authorizes a physician assistant to order occupational therapy or refer a patient to an occupational therapist for the purpose of receiving occupational therapy.<sup>14</sup>

### **Certificate to practice obtained by military experience**

Since 2008, an individual seeking a certificate to practice as a physician assistant issued by the State Medical Board must hold a master's or higher degree. The requirement can be met in either of two ways: (1) holding a master's or higher degree from a program accredited by the Accreditation Review Commission on Education for the Physician Assistant or (2) holding a different degree accredited by that organization, as well as a master's or higher degree in a course of study with clinical relevance to the practice of physician assistants. The degree in such a course of study must be obtained from a program accredited by a regional or specialized and professional accrediting agency recognized by the Council for Higher Education Accreditation.<sup>15</sup>

The act allows an individual to obtain a certificate to practice without meeting the master's or higher degree requirement described above if the individual has specified experience practicing as a physician assistant in the military. To qualify, the physician assistant must meet both of the following requirements:<sup>16</sup>

(1) Hold a degree obtained from a program accredited by the Accreditation Review Commission on Education for the Physician Assistant;

(2) Have experience practicing as a physician assistant for at least three consecutive years while on active duty in any of the United States armed forces or the national guard of any state.

The act provides that the individual must have evidence of military service under honorable conditions. It specifies that the military experience may be attained while practicing as a physician assistant at a health care facility or clinic operated by the United States Department of Veterans Affairs.<sup>17</sup>

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<sup>13</sup> R.C. 4730.09(A)(37), 4755.48, and 4755.481 (conforming changes).

<sup>14</sup> R.C. 4730.09(A)(38).

<sup>15</sup> R.C. 4730.10 and 4730.11.

<sup>16</sup> R.C. 4730.11(C).

<sup>17</sup> R.C. 4730.11(B)(3)(b).

## Authority to prescribe drugs

### Formulary

Under continuing law, the State Medical Board must adopt rules in accordance with the Administrative Procedure Act (R.C. Chapter 119.) governing physician-delegated prescriptive authority for a physician assistant who holds a certificate to prescribe. Law repealed by the act required the rules to establish, among other things, a formulary listing drugs and therapeutic devices by class and specific generic nomenclature that a physician may include in the physician-delegated prescriptive authority granted to the physician assistant.<sup>18</sup> The Board was required to review the formulary and make any necessary modifications to it through administrative rulemaking.<sup>19</sup> Before doing so, the Board had to consider recommendations made by the Board's Physician Assistant Policy Committee, which was required to submit recommendations regarding the formulary to the Board on an annual basis.<sup>20</sup>

As described above, the act repealed the requirement that the Board adopt and modify the physician assistant formulary through administrative rulemaking.<sup>21</sup> This means that the Board now may add or remove drugs and therapeutic devices from the formulary without giving public notice of its intention to make changes and without convening a public hearing.

The act permits the Board to consider modifications to the formulary every six (as opposed to every 12) months. Pursuant to law unchanged by the act, the Board must approve or disapprove a recommendation made by the Physician Assistant Policy Committee not later than 90 days after receiving it.<sup>22</sup> The act requires the Committee to review the formulary not less than every six months beginning on the first day of June following the act's effective date (as opposed to annually) and, to the extent it determines to be necessary, submit recommendations to the Board proposing changes to the formulary.<sup>23</sup>

The act repeals an obsolete provision requiring the Board, if it has adopted all rules necessary to issue certificates to prescribe to physician assistants other than the

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<sup>18</sup> R.C. 4730.39(A)(1).

<sup>19</sup> R.C. 4730.39(B).

<sup>20</sup> R.C. 4730.38(B) and 4730.39(C).

<sup>21</sup> R.C. 4730.39(A)(1).

<sup>22</sup> R.C. 4730.06(C).

<sup>23</sup> R.C. 4730.06(A)(3) and 4730.38(B).

formulary, to begin issuing the certificates to prescribe. It also repeals a related provision specifying that the formulary established by the Board of Nursing for advanced practice nurses would constitute, with the exclusion of schedule II controlled substances, the formulary for physician assistants.<sup>24</sup> These provisions are no longer needed because the physician assistant formulary has been established.<sup>25</sup>

The act repeals obsolete laws regarding the adoption of the initial formulary. Under those laws, with the exception of schedule II controlled substances, the initial formulary had to include all drugs and therapeutic devices that could be prescribed by advanced practice nurses.<sup>26</sup>

### **Provisional period exceptions**

The act permits certain individuals to obtain an initial certificate to prescribe without having to complete the provisional period of physician-delegated prescriptive authority that is otherwise required. The provisional period generally lasts not longer than one year, cannot exceed 1,800 hours, and must be conducted by one or more supervising physicians in accordance with State Medical Board rules.<sup>27</sup>

Related to its exceptions to the provisional period requirement, the act specifies that the initial certificate to prescribe issued to the individuals who are exempt is a regular "certificate to prescribe." This is in contrast to the initial certificate issued to an individual seeking to participate in a provisional period, which is issued as a "provisional certificate to prescribe."<sup>28</sup>

### **Experience in another state or with the federal government**

Under the act, an individual is not required to complete the provisional period requirement if the individual (1) practiced in another state as a physician assistant or was credentialed or employed as a physician assistant by the federal government, (2) held a master's degree or higher that was obtained from a program accredited by the Accreditation Review Commission on Education for the Physician Assistant or a predecessor or successor organization recognized by the State Medical Board, and (3) held valid authority issued by the other state or the federal government to prescribe therapeutic devices and drugs, including at least some controlled substances. The

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<sup>24</sup> R.C. 4730.401.

<sup>25</sup> See Ohio Administrative Code (O.A.C.) 4730-2-6.

<sup>26</sup> R.C. 4730.40(C) and 4730.46.

<sup>27</sup> R.C. 4730.45 (not in the act).

<sup>28</sup> R.C. 4730.44(D).

individual must produce an affidavit from the appropriate agency or office of the other state or the federal government attesting to the fact that the individual held the prescriptive authority issued by the other jurisdiction.<sup>29</sup>

### **Experience through the military**

The act provides that an individual is not required to complete the provisional period requirement if the individual obtained a certificate to practice as a physician assistant under the act's provisions regarding military experience (see "**Certificate to practice obtained by military experience**," above). To qualify, the individual must have had authority to prescribe drugs and therapeutic devices while practicing as a physician assistant in the military.<sup>30</sup>

### **Schedule II controlled substances**

The act eliminates a prohibition on physician assistants prescribing schedule II controlled substances to patients.<sup>31</sup> Related to this change, the act permits the Board to include schedule II controlled substances on the physician assistant formulary.<sup>32</sup>

A schedule II controlled substance is a drug or other substance that (1) has a high potential for abuse, (2) has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions, and (3) may lead to severe psychological or physical dependence if abused. Examples include hydrocodone, oxycodone, morphine, and methamphetamine.<sup>33</sup>

The act imposes three restrictions that generally apply to a physician assistant's authority to prescribe schedule II controlled substances. When prescribing from a location that is not one of those specified in the act, these restrictions are that (1) the patient must have a terminal condition, (2) the physician assistant's supervising physician initially prescribed the substance for the patient, and (3) the prescription must be for an amount that does not exceed the amount necessary for the patient's use in a single, 24-hour period.<sup>34</sup> The locations from which the act authorizes a physician

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<sup>29</sup> R.C. 4730.44(B)(4).

<sup>30</sup> R.C. 4730.44(B)(3).

<sup>31</sup> R.C. 3719.06(A)(3).

<sup>32</sup> R.C. 4730.40(A)(1).

<sup>33</sup> 21 United States Code 812(b) and 21 Code of Federal Regulations 1308.12.

<sup>34</sup> R.C. 4730.411(A).

assistant to prescribe a schedule II controlled substance without being subject to the three restrictions described above are the following:<sup>35</sup>

- (1) A hospital registered with the Department of Health;
- (2) An entity owned or controlled, in whole or in part, by a hospital or by an entity that owns or controls, in whole or in part, one or more hospitals;
- (3) A health care facility operated by the Department of Mental Health or the Department of Developmental Disabilities;
- (4) A nursing home licensed by the Department of Health or a political subdivision;
- (5) A county home or district home that is certified under Medicare or Medicaid;
- (6) A hospice care program;
- (7) A community mental health agency;
- (8) An ambulatory surgical facility;
- (9) A freestanding birthing center;
- (10) A federally qualified health care center;
- (11) A federally qualified health center look-alike;
- (12) A health care office or facility operated by a board of health of a city or general health district or an authority having those duties;
- (13) A site where a medical practice is operated, but only if the practice is comprised of one or more physicians who also are owners of the practice, the practice is organized to provide direct patient care, and the physician assistant has entered into a supervisory agreement with at least one of the physician owners who practices primarily at that site. (Entering into a supervisory agreement with one or more physicians is a requirement of continuing law governing the practice of physician assistants.)

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<sup>35</sup> R.C. 4730.411(B).

### **Immunity from liability for pharmacists**

The act provides that a pharmacist who acts in good faith reliance on a prescription issued by a physician assistant at a location specified above is not liable for or subject to any of the following for relying on the prescription: (1) damages in any civil action, (2) prosecution in any criminal proceeding, or (3) professional disciplinary action by the State Board of Pharmacy.<sup>36</sup>

### **Convenience care clinics**

The act prohibits a physician assistant from prescribing any schedule II controlled substance to a patient in a convenience care clinic. The act specifies that this prohibition applies even if the convenience care clinic is owned or operated by an entity that is one of the locations from which a physician, under the act, may prescribe schedule II controlled substances without being subject to the three restrictions that otherwise apply when a physician assistant prescribes a schedule II controlled substance.<sup>37</sup>

### **Emergency medical services (EMS) authorized by physician assistants**

The act adds physician assistants to the list of health care professionals from which emergency medical service (EMS) personnel may obtain required authorization through a direct communication device to perform certain services. However, the physician assistant must be designated by a physician. Formerly, EMS personnel could obtain prior authorization only through a direct communication device from either a physician or physician-designated registered nurse.<sup>38</sup>

The act extends to physician assistants the immunity from civil liability that applies under continuing law when physicians and physician-designated registered nurses advise or assist in the provision of emergency medical services by means of any communication device or telemetering system. As under the continuing immunity provisions applicable to physicians and physician-designated registered nurses, the immunity extends to physician assistants from states that border Ohio when the physician assistants advise or assist EMS personnel from those states who are providing services in Ohio. The act retains the qualification specifying that the immunity does not

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<sup>36</sup> R.C. 4730.411(D).

<sup>37</sup> R.C. 4730.411(C).

<sup>38</sup> R.C. 4765.35, 4765.37, 4765.38, and 4765.39.

apply if the communication or assistance is provided in a manner that constitutes willful or wanton misconduct.<sup>39</sup>

### **EMS authorized in a hospital**

The act adds physician-designated physician assistants to the list of health care professionals from which direction and supervision must be obtained in order for EMS personnel to be authorized to perform emergency medical services in a hospital emergency department or while moving a patient from the emergency department to another part of the hospital. Formerly, EMS personnel could do so only under the direction and supervision of either a physician or physician-designated registered nurse.<sup>40</sup>

Each of these EMS personnel provisions applies in the case of first responders and the three types of emergency medical technicians (EMTs) – basic, intermediate, and paramedic.

### **EMS training program students supervised by physician assistants**

The act extends the immunity from civil liability that applies under continuing law with regard to a student enrolled in an emergency medical services training program accredited by the State Board of Emergency Medical Services, or a Board-accredited continuing education program, to those occasions when the student is under the direct supervision and in the immediate presence of a physician assistant. Formerly, the immunity applied only when the student was under the direct supervision and in the immediate presence of an EMT-basic, EMT-intermediate, EMT-paramedic, registered nurse, or physician. The act retains the qualification specifying that the immunity does not apply if the services, care, or treatment is provided in a manner that constitutes willful or wanton misconduct.<sup>41</sup>

### **EMS law not applicable to physician assistants**

The act specifies that nothing in the law governing EMS personnel prevents or restricts the practice, services, or activities of any physician assistant practicing within the scope of the physician assistant's physician supervisory plan or the policies of the health care facility in which the physician assistant is practicing.<sup>42</sup>

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<sup>39</sup> R.C. 4765.49(A) and (F).

<sup>40</sup> R.C. 4765.36.

<sup>41</sup> R.C. 4765.49(C)(1).

<sup>42</sup> R.C. 4765.51.

## Medical care in a disaster or emergency

The act provides that a physician assistant is not prohibited from providing medical care, to the extent the individual is able, in response to a need for medical care precipitated by a disaster or emergency, as long as the physician assistant (1) holds a certificate to practice in Ohio, (2) is licensed or authorized to practice in another state, or (3) is credentialed or employed as a physician assistant by an agency, office, or other instrumentality of the federal government.<sup>43</sup> For purposes of this provision, a disaster is any imminent threat or actual occurrence of widespread or severe damage to or loss of property, personal hardship or injury, or loss of life that results from any natural phenomenon or act of a human. An emergency is an occurrence or event that poses an imminent threat to the health or life of a human.<sup>44</sup>

The act specifies that, for purposes of the medical care provided in such a situation, the physician who supervises the physician assistant pursuant to a physician supervisory plan approved by the State Medical Board is not required to meet the supervision requirements of Ohio law. Additionally, the act permits the physician designated as the medical director of the disaster or emergency to supervise the medical care provided by an Ohio physician assistant.<sup>45</sup>

## NURSES

### Determination and pronouncement of death

The act authorizes certified nurse practitioners, clinical nurse specialists, and registered nurses to determine and pronounce death under certain circumstances.<sup>46</sup> The circumstances under which the act authorizes certified nurse practitioners and clinical nurse specialists to determine and pronounce death are the same as those the act applies to physician assistants who determine and pronounce death.<sup>47</sup> As described above, the Revised Code did not formerly address who could pronounce death, although the State Medical Board had adopted rules specifying that only a physician could pronounce a person to be dead.<sup>48</sup>

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<sup>43</sup> R.C. 4730.04(B).

<sup>44</sup> R.C. 4730.04(A).

<sup>45</sup> R.C. 4730.04(C).

<sup>46</sup> R.C. 4723.36.

<sup>47</sup> See R.C. 4730.092.

<sup>48</sup> O.A.C. 4731-14-01.

Under the act, a certified nurse practitioner, clinical nurse specialist, or registered nurse may determine and pronounce death only if both of the following are true:<sup>49</sup>

(1) An individual's respiratory and circulatory functions are not being artificially sustained.

(2) The following, as applicable, is the case:

--Relative to certified nurse practitioners and clinical nurse specialists, either or both of the following apply:

(a) The individual was receiving care at a nursing home, residential care facility, home for the aging, a county home or district home, or a residential facility licensed by the Department of Developmental Disabilities;

(b) The nurse is providing or supervising the individual's care through a licensed hospice care program or any other entity that provides palliative care.

--Relative to registered nurses, the nurse is providing or supervising the individual's care through a hospice program or any other entity that provides palliative care.

If a nurse determines and pronounces an individual's death, the act requires the nurse to notify the individual's attending physician of the determination and pronouncement in order for the physician to complete and sign the individual's medical certificate of death within 48 hours in accordance with continuing law. The notification must occur within a reasonable time period but not later than 24 hours following the determination and pronouncement of the individual's death.<sup>50</sup>

The act specifies that a nurse is not permitted to complete any portion of an individual's death certificate.<sup>51</sup>

## **CHEMICAL DEPENDENCY COUNSELING AND ALCOHOL AND OTHER DRUG PREVENTION SERVICES**

### **Overview**

The act revises the law governing the practice of chemical dependency counseling and alcohol and other drug prevention services that are regulated by the

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<sup>49</sup> R.C. 4723.36(A) and (B).

<sup>50</sup> R.C. 4723.36(C)(2).

<sup>51</sup> R.C. 4723.36(C)(1).

Chemical Dependency Professionals Board. Continuing law defines "chemical dependency counseling" as rendering or offering to render to individuals, groups, or the public a counseling service involving the application of alcohol or other drug clinical counseling principles, methods, or procedures to assist individuals who are abusing or dependent on alcohol or other drugs. Alcohol and other drug prevention services are a planned process of strategies and activities designed to preclude the onset of the use of alcohol and other drugs, reduce problematic use of alcohol and other drugs, or both.

Continuing law authorizes the following to practice chemical dependency counseling pursuant to licenses issued by the Board: (1) independent chemical dependency counselors, (2) chemical dependency counselors III, and (3) chemical dependency counselors II. A chemical dependency counselor assistant certified by the Board may practice chemical dependency counseling while under supervision.

Continuing law authorizes prevention specialists II and prevention specialists I to practice alcohol and other drug prevention services pursuant to certificates issued by the Board. A registered applicant certified by the Board may practice alcohol and other drug prevention services while under supervision.

The segment of this analysis regarding chemical dependency counseling and alcohol and other drug prevention services is divided into the following parts: (1) new license and certificate categories, (2) continuing license and certificate categories, (3) federal drug and alcohol testing program, (4) elimination of obsolete laws, and (5) miscellaneous.

## **New license and certificate categories**

### **Independent chemical dependency counselor-clinical supervisor**

The act establishes a new category of individuals who may practice chemical dependency counseling pursuant to a license issued by the Chemical Dependency Professionals Board: independent chemical dependency counselor-clinical supervisors. In addition to practicing chemical dependency counseling, an individual licensed as an independent chemical dependency counselor-clinical supervisor is authorized to do any of the following:

- (1) Diagnose and treat chemical dependency conditions;
- (2) Perform treatment planning, assessment, crisis intervention, individual and group counseling, case management, and education services as they relate to abuse of and dependency on alcohol and other drugs;

(3) Provide clinical supervision of chemical dependency counseling;

(4) Refer individuals with nonchemical dependency conditions to appropriate sources of help.<sup>52</sup>

### **License requirements**

An individual seeking an independent chemical dependency counselor-clinical supervisor license must satisfy a number of requirements, including requirements specific to that license and general requirements applicable to all licenses and certificates the Board issues. There are two sets of requirements specific to the license. An individual seeking the license is required to meet only one of the two sets of requirements specific to the license. The following are the two alternative sets of specific requirements:

(1) The individual must hold, on March 22, 2013, a valid independent chemical dependency counselor license.<sup>53</sup>

(2) The individual must meet all of the following requirements:

(a) The individual must hold from an accredited educational institution at least a master's degree in either a behavioral science or nursing that meets course requirements to be specified in rules. (The rules must provide for the course requirements to include, at a minimum, 40 semester hours in theories of counseling and psychotherapy, counseling procedures, group process and techniques, relationship therapy, research methods and statistics, fundamentals of assessment and diagnosis, psychopathology, human development, cultural competence in counseling, and ethics.)

(b) The individual must have not less than 6,000 hours of compensated work or supervised internship experience (including at least 2,000 hours of clinical supervisory experience as part of the work or internship) in any of the following and in which no less than 1,200 hours are in chemical dependency counseling: (i) chemical dependency services, substance abuse services, or both, (ii) the practice of psychology, or (iii) the practice of professional counseling, social work, or marriage and family therapy.

(c) The individual must have a minimum of 180 hours of training in chemical dependency that meets requirements to be specified in rules. (The rules must provide for the training requirements to include theories of addiction, counseling procedures and strategies with addicted populations, group process and techniques working with

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<sup>52</sup> R.C. 4758.54.

<sup>53</sup> R.C. 4758.39(B).

addicted populations, assessment and diagnosis of addiction, relationship counseling with addicted populations, pharmacology, prevention strategies, treatment planning, and legal and ethical issues.)

(d) Unless the individual holds a valid license, registration, certificate, or credentials issued under another Ohio law that authorizes the individual to engage in a profession whose scope of practice includes the clinical supervision of chemical dependency counseling, chemical dependency counseling, and diagnosing and treating chemical dependency conditions, the individual must pass one or more examinations administered for the purpose of determining competence to practice as an independent chemical dependency counselor-clinical supervisor.<sup>54</sup>

The following are the general requirements applicable to all licenses and certificates the Board issues:

(1) The individual must be of good moral character as determined in accordance with rules.

(2) The individual must submit a properly completed application and all other documentation specified in rules and pay the license fee. (This does not apply, however, if the individual holds, on March 22, 2013, a valid independent chemical dependency counselor license.)

(3) The individual must meet any additional requirements specified in rules. (The additional requirements may include preceptorships.)<sup>55</sup>

#### **License renewal and restoration**

Unless revoked or suspended earlier, an independent chemical dependency counselor-clinical supervisor license expires two years after it is issued. To have the license renewed, an independent chemical dependency counselor-clinical supervisor must pay the renewal fee and complete not less than 40 hours of continuing education. To have an expired license restored, an independent chemical dependency counselor-clinical supervisor must apply for the restoration not later than two years after the license expires, pay a renewal fee, and complete a number of hours of continuing education to be specified in rules. However, the Board may waive the continuing education requirements for an individual seeking renewal or restoration of a license if the individual is unable to fulfill the requirements because of military service, illness,

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<sup>54</sup> R.C. 4758.39(A) (primary) and 4758.22.

<sup>55</sup> R.C. 4758.24 (primary), 4758.20(A)(4), and 4758.241.

residence outside the United States, or any other reason the Board considers acceptable.<sup>56</sup>

### **Title protection**

The act prohibits persons from using the title "licensed independent chemical dependency counselor-clinical supervisor" or "LICDC-CS" without an independent chemical dependency counselor-clinical supervisor license. Violation of the prohibition is a misdemeanor of the fourth degree on a first offense and a misdemeanor of the third degree on each subsequent offense.<sup>57</sup>

### **Codes of ethical practice and professional conduct**

Continuing law requires the Board to establish codes of ethical practice and professional conduct for the professions the Board regulates. The act provides for the codes to apply to individuals who hold a valid independent chemical dependency counselor-clinical supervisor license.<sup>58</sup>

### **Disciplinary actions**

Continuing law authorizes the Board to deny licenses and certificates and to take other disciplinary actions against individuals seeking to engage, or engaging, in the professions that the Board regulates. The act provides that the following are additional reasons for which the Board may take disciplinary action:

(1) A conviction in this or any other state of a misdemeanor committed in the course of practice as an independent chemical dependency counselor-clinical supervisor;

(2) Inability to practice as an independent chemical dependency counselor-clinical supervisor due to abuse of or dependency on alcohol or other drugs or another physical or mental condition.<sup>59</sup>

### **Board membership**

Law modified in part by the act provides for four of the voting members of the Board to be individuals who hold valid independent chemical dependency counselor licenses. The act provides that these members also may hold valid independent

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<sup>56</sup> R.C. 4758.26 and 4758.51.

<sup>57</sup> R.C. 4758.02 and 4758.99 (not in the act).

<sup>58</sup> R.C. 4758.23.

<sup>59</sup> R.C. 4758.30.

chemical dependency counselor licenses or valid independent chemical dependency counselor-clinical supervisor licenses.<sup>60</sup>

### **Prevention specialist assistant**

The act establishes a new category of individuals who may practice alcohol and other drug prevention services pursuant to a certificate issued by the Chemical Dependency Professionals Board: prevention specialist assistants. A prevention specialist assistant must practice under the supervision of a prevention specialist II, prevention specialist I, independent chemical dependency counselor-clinical supervisor, independent chemical dependency counselor, chemical dependency counselor III, physician, psychologist, registered nurse, professional clinical counselor, professional counselor, independent social worker, social worker, independent marriage and family therapist, marriage and family therapist, school counselor, or a health education specialist certified by the National Commission for Health Education Credentialing.<sup>61</sup>

### **Certification requirements**

In addition to meeting the general requirements applicable to the licenses and certificates that the Board issues (i.e., being of good moral character, submitting a properly completed application and all other documentation required by rules, paying the fee, and meeting any other requirements specified in rules), an individual seeking a prevention specialist assistant certificate must meet all of the following requirements:

- (1) The individual must be at least 18 years old.
- (2) The individual must have at least a high school diploma or high school equivalence diploma.
- (3) The individual must have at least 100 hours of compensated or volunteer work, field placement, intern, or practicum experience in alcohol and other drug prevention services.
- (4) The individual must have at least 45 hours of prevention-related education that meets requirements to be specified in rules.<sup>62</sup>

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<sup>60</sup> R.C. 4758.10.

<sup>61</sup> R.C. 4758.61.

<sup>62</sup> R.C. 4758.46.

### **Certificate renewal and restoration**

Unless revoked or suspended earlier, a prevention specialist assistant certificate expires two years after it is issued. To have the certificate renewed, a prevention specialist assistant must pay the renewal fee and complete not less than 20 hours of continuing education. To have an expired certificate restored, a prevention specialist assistant must apply for the restoration not later than two years after the certificate expires, pay a renewal fee, and complete a number of hours of continuing education to be specified in rules. However, the Board may waive the continuing education requirements for an individual seeking renewal or restoration of a certificate if the individual is unable to fulfill the requirements because of military service, illness, residence outside the United States, or any other reason the Board considers acceptable.<sup>63</sup>

### **Title protection**

The act prohibits persons from using the title "certified prevention specialist assistant" or "CPSA" without a prevention specialist assistant certificate. Violation of the prohibition is a misdemeanor of the fourth degree on a first offense and a misdemeanor of the third degree on each subsequent offense.<sup>64</sup>

### **Codes of ethical practice and professional conduct**

Continuing law requires the Board to establish codes of ethical practice and professional conduct for the professions the Board regulates. The act provides for the codes to apply to individuals who hold a valid prevention specialist assistant certificate.<sup>65</sup>

### **Disciplinary actions**

Continuing law authorizes the Board to deny licenses and certificates and to take other disciplinary actions against individuals seeking to engage, or engaging, in the professions that the Board regulates. The act provides that the following are additional reasons for which the Board may take disciplinary action:

(1) A conviction in this or any other state of a misdemeanor committed in the course of practice as a prevention specialist assistant;

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<sup>63</sup> R.C. 4758.26 and 4758.51.

<sup>64</sup> R.C. 4758.02 and 4758.99 (not in the act).

<sup>65</sup> R.C. 4758.23.

(2) Inability to practice as prevention specialist assistant due to abuse of or dependency on alcohol or other drugs or another physical or mental condition.<sup>66</sup>

## Continuing license and certificate categories

### Independent chemical dependency counselor

Law modified in part by the act requires an individual who seeks an independent chemical dependency counselor license to meet one of two sets of requirements specific to the license. The act revises one of the sets of requirements as well as the scope of practice of independent chemical dependency counselors. The following table shows the revisions.

Topic	Prior law	H.B. 284
Education <sup>67</sup>	An individual must hold from an accredited educational institution at least a master's degree in behavioral sciences.	An individual must hold from an accredited educational institution at least a master's degree in a behavioral science <i>or nursing</i> .
	The course requirements for a degree in behavioral sciences must, at a minimum, include <i>60 quarter hours or the equivalent numbers of semester hours</i> .	The course requirements for a degree in a behavioral science or nursing must include, at a minimum, <i>40 semester hours</i> .
Experience <sup>68</sup>	An individual must have not less than <i>4,000</i> hours of compensated work experience in (1) chemical dependency services, substance abuse services, or both, (2) the practice of psychology, or (3) the practice of professional counseling or social work.	An individual must have not less than <i>2,000</i> hours of compensated work <i>or supervised internship</i> experience in any of the fields specified in continuing law <i>or in the practice of marriage and family therapy</i> .
	Not less than <i>800</i> of the 4,000 hours of compensated work experience must be in chemical dependency counseling.	Not less than <i>400</i> of the 2,000 hours of compensated work or supervised internship experience must be in chemical dependency counseling.

<sup>66</sup> R.C. 4758.30.

<sup>67</sup> R.C. 4758.40(A)(1) and 4758.20(A)(10).

<sup>68</sup> R.C. 4758.40(A)(2).

Topic	Prior law	H.B. 284
Training <sup>69</sup>	An individual must have a minimum of 270 hours of training in chemical dependency.	An individual must have a minimum of 180 hours of training in chemical dependency.
Examinations <sup>70</sup>	An individual must pass one or more examinations administered for the purpose of determining competence to practice as an independent chemical dependency counselor.	The requirement to pass one or more examinations does not apply to an individual who holds a valid license, registration, certificate, or credentials that authorize the individual to provide chemical dependency counseling and diagnose and treat chemical dependency conditions.
Scope of practice <sup>71</sup>	In addition to practicing chemical dependency counseling, an independent chemical dependency counselor may (1) diagnose and treat chemical dependency conditions, (2) perform treatment planning, assessment, crisis intervention, individual and group counseling, case management, and education services as they relate to abuse of and dependency on alcohol and other drugs, and (3) refer individuals with nonchemical dependency conditions to appropriate sources of help.	An independent chemical dependency counselor also may provide clinical supervision of chemical dependency counseling under the supervision of (1) an independent chemical dependency counselor-clinical supervisor, (2) a physician, (3) a psychologist, or (4) a registered nurse, professional clinical counselor, independent social worker, or independent marriage and family therapist if such supervision is consistent with the professional's scope of practice.

### Chemical dependency counselor III

Law modified in part by the act requires an individual who seeks a chemical dependency counselor III license to meet one of three sets of requirements specific to the license. The act revises one of the sets of requirements as well as the scope of practice of chemical dependency counselors III. The following table shows the revisions.

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<sup>69</sup> R.C. 4758.40(A)(3).

<sup>70</sup> R.C. 4758.40(A)(4).

<sup>71</sup> R.C. 4758.55.

Topic	Prior law	H.B. 284
Education <sup>72</sup>	An individual must hold from an accredited educational institution a <i>bachelor's degree</i> in a <i>behavioral science</i> .	An individual must hold from an accredited educational institution <i>at least</i> a bachelor's degree in a behavioral science <i>or nursing</i> .
Experience <sup>73</sup>	An individual must have not less than <i>4,000</i> hours of compensated work experience in (1) chemical dependency services, substance abuse services, or both, (2) the practice of psychology, or (3) the practice of professional counseling or social work.	An individual must have not less than <i>2,000</i> hours of compensated work or supervised internship experience in any of the fields specified in continuing law <i>or in the practice of marriage and family therapy</i> .
	Not less than <i>800</i> of the 4,000 hours of compensated work experience must be in chemical dependency counseling.	Not less than <i>400</i> of the 2,000 hours of compensated work or supervised internship experience must be in chemical dependency counseling.
Training <sup>74</sup>	An individual must have a minimum of <i>270</i> hours of training in chemical dependency.	An individual must have a minimum of <i>180</i> hours of training in chemical dependency.
Examinations <sup>75</sup>	An individual must pass one or more examinations administered for the purpose of determining competence to practice as a chemical dependency counselor III.	The requirement to pass one or more examinations does not apply to an individual who holds a valid license, registration, certificate, or credentials that authorize the individual to provide chemical dependency counseling and diagnose and treat chemical dependency conditions.
Scope of practice <sup>76</sup>	In addition to practicing chemical dependency counseling, a chemical dependency counselor III may (1) diagnose chemical dependency conditions under the supervision of certain professionals, (2) treat chemical conditions, (3) perform treatment planning, assessment, crisis intervention, individual and	A chemical dependency counselor III also may provide clinical supervision of chemical dependency counseling under the supervision of certain professionals.

<sup>72</sup> R.C. 4758.41(A)(1) (primary) and 4758.20(A)(13).

<sup>73</sup> 4758.41(A)(2).

<sup>74</sup> R.C. 4758.41(A)(3).

<sup>75</sup> R.C. 4758.41(A)(4).

<sup>76</sup> R.C. 4758.56 and 4758.561.

Topic	Prior law	H.B. 284
	group counseling, case management, and education services as they relate to abuse of and dependency on alcohol and other drugs, and (3) refer individuals with nonchemical dependency conditions to appropriate sources of help.	
	The following may supervise a chemical dependency counselor III diagnose chemical dependency conditions: (1) an independent chemical dependency counselor, (2) a physician, (3) a psychologist, and (4) a registered nurse, professional clinical counselor, or independent social worker if such supervision is consistent with the professional's scope of practice.	An independent chemical dependency counselor-clinical supervisor, rather than an independent chemical dependency counselor, may provide the supervision. The supervision also may be provided by an independent marriage and family therapist if providing the supervision is consistent with the therapist's scope of practice. The same professionals who may supervise a chemical dependency counselor III diagnose chemical dependency conditions also may supervise a chemical dependency counselor III provide clinical supervision of chemical dependency counseling.

## Chemical dependency counselor II

Law modified in part by the act requires an individual who seeks a chemical dependency counselor II license to meet one of two sets of requirements specific to the license. The act revises one of the sets of requirements. The following table shows the revisions.

Topic	Prior law	H.B. 284
Education <sup>77</sup>	An individual must hold from an accredited educational institution an associate's degree in a <i>behavioral science</i> or a bachelor's degree in any field.	An individual must hold from an accredited educational institution an associate's degree in a behavioral science <i>or nursing</i> or a bachelor's degree in any field.

<sup>77</sup> R.C. 4758.42(A)(1).

Topic	Prior law	H.B. 284
Experience <sup>78</sup>	An individual must have not less than a certain number of hours of compensated or volunteer work, field placement, intern, or practicum experience in (1) chemical dependency services, substance abuse services, or both or (2) the practice of psychology, professional counseling, or social work. <i>If an individual holds an associate's degree, the individual must have not less than 5,000 hours of such experience. If an individual holds a bachelor's degree, the individual must have not less than 6,000 hours of such experience.</i>	<i>Regardless of whether an individual holds an associate's degree or bachelor's degree, an individual must have not less than 2,000 hours of compensated work or supervised internship (rather than compensated or volunteer work, field placement, intern, or practicum) experience in any of the fields specified in continuing law or in the practice of marriage and family therapy.</i>
	<i>If an individual holds an associate's degree, not less than 1,000 hours of the experience must be in chemical dependency counseling. If an individual holds a bachelor's degree, not less than 1,200 hours of the experience must be in chemical dependency counseling.</i>	<i>Regardless of whether an individual holds an associate's degree or bachelor's degree, not less than 400 hours of the experience must be in chemical dependency counseling.</i>
Training <sup>79</sup>	An individual must have a minimum of 270 hours of training in chemical dependency.	An individual must have a minimum of 180 hours of training in chemical dependency.

### Chemical dependency counselor assistant

The act revises the scope of practice of chemical dependency counselor assistants as well as the law governing the renewal and restoration of initial chemical dependency counselor assistant certificates. The following table shows the revisions.

Topic	Prior law	H.B. 284
Scope of practice <sup>80</sup>	While under the supervision of certain professionals, a chemical dependency counselor assistant may (1) practice chemical dependency counseling, (2) perform	The supervision also may be provided by (1) an independent chemical dependency counselor-clinical supervisor and (2) an independent marriage and family

<sup>78</sup> R.C. 4758.42(A)(2).

<sup>79</sup> R.C. 4758.42(A)(3).

<sup>80</sup> R.C. 4758.59.

Topic	Prior law	H.B. 284
	treatment planning, assessment, crisis intervention, individual and group counseling, case management, and education services as they relate to abuse of or dependency on alcohol and other drugs, and (3) refer individuals with nonchemical dependency conditions to appropriate sources of help. The following may provide the supervision: (1) an independent chemical dependency counselor, (2) a chemical dependency counselor III, (3) a physician, (4) a psychologist, and (5) a registered nurse, professional clinical counselor, or independent social worker if such supervision is consistent with the professional's scope of practice.	therapist if such supervision is consistent with the therapist's scope of practice.
Renewal of an initial certificate <sup>81</sup>	A chemical dependency counselor assistance certificate, <i>regardless of whether it is an initial or subsequent certificate</i> , expires <i>two years</i> after it is issued.	An <i>initial</i> chemical dependency counselor assistant certificate expires <i>thirteen months</i> after it is issued. When a subsequent certificate expires is not revised.
	An individual holding a chemical dependency counselor assistant certificate, <i>regardless of whether it is an initial or subsequent certificate</i> , must complete <i>during the period that the certificate is in effect not less than 40 hours of continuing education</i> as a condition of renewal, unless the Chemical Dependency Professionals Board waives the requirement.	An individual holding an <i>initial</i> chemical dependency counselor assistant certificate must complete <i>during the first twelve months that it is in effect at least 30 additional hours of training in chemical dependency counseling</i> as a condition of renewal, unless the Board waives the requirement. The requirements for renewing a subsequent certificate are not revised by the act.
Restoration of an initial certificate <sup>82</sup>	As a condition of restoring an <i>initial or subsequent</i> chemical dependency counselor assistant certificate that has expired, a chemical dependency counselor assistant must complete <i>a number of hours of continuing education</i>	As a condition of restoring an <i>initial</i> chemical dependency counselor assistant certificate that has expired, a chemical dependency counselor assistant must complete <i>at least 30 additional hours of training in chemical dependency</i>

<sup>81</sup> R.C. 4758.26 (primary), 4758.20(A)(20), 4758.51, and 4758.52.

<sup>82</sup> R.C. 4758.26 (primary), 4758.20(A)(20), 4758.51, and 4758.52.

Topic	Prior law	H.B. 284
	<i>specified in rules</i> , unless the Board waives the requirement.	<i>counseling</i> , unless the Board waives the requirement. The requirements for restoring a subsequent certificate are not revised by the act.

## Prevention specialist II

Law modified in part by the act requires an individual who seeks a prevention specialist II certificate to meet one of two sets of requirements specific to the certificate. The act revises one of the sets of requirements. The following table shows the revisions.

Topic	Prior law	H.B. 284
Education <sup>83</sup>	An individual must either have (1) a bachelor's degree in a behavioral science and at least 6,000 hours of compensated work experience in alcohol and other drug prevention services or (2) a master's or doctoral degree in a behavioral science and at least 4,000 hours of compensated work experience in alcohol and other drug prevention services.	An individual must hold from an accredited educational institution at least a bachelor's degree in a field of study to be specified in rules.
	An individual must have at least 270 hours of prevention-related education.	An individual must have at least 100 hours of prevention-related education.
	No provision.	An individual must have at least the number, to be specified in rules, of hours of administrative or supervisory education.
Experience <sup>84</sup>	An individual must have compensated work experience in which not less than 50% of the individual's time was devoted to <i>planning, coordinating, or delivering alcohol and other drug prevention services</i> .	An individual must have at least 6,000 hours of compensated work experience <i>in alcohol and other drug prevention services, including at least 4,000 hours of administering or supervising the services</i> .
Registered applicant requirement <sup>85</sup>	An individual must take the examination administered to obtain a prevention specialist II certificate	No provision.

<sup>83</sup> R.C. 4758.44(A)(2), (3), and (4) (primary) and 4758.20(A)(15) and (17).

<sup>84</sup> R.C. 4758.44(A)(1).

Topic	Prior law	H.B. 284
	while holding a registered applicant certificate. (See " <b>Registered applicant</b> " below.)	
Examination <sup>86</sup>	An individual must pass <i>the examination</i> administered to determine competence to practice as a prevention specialist II.	An individual must pass <i>one or more examinations</i> administered to determine competence to practice as a prevention specialist II.

### Prevention specialist I

Law modified in part by the act requires an individual who seeks a prevention specialist I certificate to meet one of two sets of requirements specific to the certificate. The act revises one of the sets of requirements. The following table shows the revisions.

Topic	Prior law	H.B. 284
Education <sup>87</sup>	No provision.	An individual must hold from an accredited educational institution at least an associate's degree in a field of study to be specified in rules.
	An individual must have at least 180 hours of prevention-related education.	An individual must have at least 100 hours of prevention-related education.
Experience <sup>88</sup>	An individual must have the following number of hours of compensated or volunteer work, field placement, intern, or practicum experience in alcohol and other drug prevention services: (1) at least 4,000 if the individual has an associate's degree in a behavioral science, (2) at least 2,000 if the individual has a bachelor's, master's, or doctoral degree in a behavioral science, or (3) at least 6,000 if (1) or (2) does not apply.	An individual must have at least 2,000 hours of compensated or volunteer work, field placement, intern, or practicum experience in alcohol and other drug prevention service, <i>regardless of the individual's educational achievement.</i>
	An individual must have compensated or volunteer work,	At least 400 of the 2,000 hours of the experience in alcohol and other

<sup>85</sup> R.C. 4758.44(A)(4) and 4758.53 (repealed).

<sup>86</sup> R.C. 4758.44(A)(5).

<sup>87</sup> R.C. 4758.45(A)(2) and (3) (primary) and 4758.20(A)(15).

<sup>88</sup> R.C. 4758.45(A)(1) and (2).

Topic	Prior law	H.B. 284
	field placement, intern, or practicum experience in which not less than 20% of the individual's time was devoted to planning or delivering alcohol and other drug prevention services.	drug prevention services must include planning or delivering the services.
Registered applicant requirement <sup>89</sup>	An individual must take the examination administered to obtain a prevention specialist I certificate while holding a registered applicant certificate. (See " <b>Registered applicant</b> " below.)	No provision.
Examination <sup>90</sup>	An individual must pass <i>the examination</i> administered to determine competence to practice as a prevention specialist I.	An individual must pass <i>one or more examinations</i> administered to determine competence to practice as a prevention specialist I.

### Registered applicant

An individual seeking a registered applicant certificate must meet the general requirements applicable to the licenses and certificates that the Chemical Dependency Professionals Board issues (i.e., being of good moral character, submitting a properly completed application and all other documentation required by rules, paying the fee, and meeting any other requirements specified in rules). However, prior law did not establish requirements specific to a registered applicant certificate. The act establishes these requirements. An individual seeking a registered applicant certificate must (1) be at least 18 years old, (2) have at least a high school diploma or equivalent diploma, and (3) submit to the Board a professional development plan that is acceptable to the Board.<sup>91</sup> And, the Board must adopt rules establishing additional requirements to obtain a registered applicant certificate. The additional requirements may include preceptorships.<sup>92</sup>

Under prior law, a registered applicant, not later than four years after the applicant's certificate is issued, had to submit to the Board documentation showing that the applicant completed the requirements to take an examination to obtain a prevention specialist II or prevention specialist I certificate. The registered applicant had to take

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<sup>89</sup> R.C. 4758.45(A)(4) and 4758.53 (repealed).

<sup>90</sup> R.C. 4758.45(A)(4).

<sup>91</sup> R.C. 4758.47.

<sup>92</sup> R.C. 4758.20(A)(4)(c).

the examination not later than one year after the Board notified the applicant that the applicant meets the examination requirements. If the registered applicant failed the examination, the applicant had to (1) retake the examination at least two times per year until the applicant passes the examination and (2) renew the applicant's certificate and complete 40 hours of prevention-related education not later than two years after the date of the first examination. The Board was required to revoke the registered applicant's certificate on failure to comply with any of these requirements and the applicant could not apply for a new certificate earlier than a period of time specified in rules. The act repeals these requirements.<sup>93</sup>

Although a registered applicant is no longer expressly required to work toward obtaining a prevention specialist II or prevention specialist I certificate, the act provides for a registered applicant certificate to expire two years after it is issued and the Board is prohibited from renewing or restoring the certificate.<sup>94</sup> The Board may not issue a new registered applicant certificate to an individual whose previous registered applicant certificate has been expired for less than a period of time to be specified in rules.<sup>95</sup>

Law modified in part by the act authorizes a registered applicant to provide alcohol and other drug prevention services under the supervision of a prevention specialist II, prevention specialist I, independent chemical dependency counselor, chemical dependency counselor III, chemical dependency counselor II, physician, psychologist, registered nurse, professional clinical counselor, professional counselor, independent social worker, social worker, school counselor, or a health education specialist certified by the National Commission for Health Education Credentialing. The act eliminates the authority of a chemical dependency counselor II to supervise a registered applicant. Independent chemical dependency counselor-clinical supervisors, independent marriage and family therapists, and marriage and family therapists are added to the list of professionals who may provide the supervision.<sup>96</sup>

## **Federal drug and alcohol testing program**

### **Examinations to participate in federal drug and alcohol testing program**

The act authorizes the Chemical Dependency Professionals Board to administer examinations for individuals seeking to act as substance abuse professionals in a

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<sup>93</sup> R.C. 4758.53 (repealed and primary) and 4758.20(A)(18) and (19).

<sup>94</sup> R.C. 4758.21(A)(3), 4758.26(A), and 4758.27.

<sup>95</sup> R.C. 4758.24(B)(2) (primary) and 4758.20(A)(4)(d).

<sup>96</sup> R.C. 4758.61.

transportation workplace drug and alcohol testing program regulated by the U.S. Department of Transportation.<sup>97</sup> A substance abuse professional is a person who evaluates employees who have violated a U.S. Department of Transportation drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare.<sup>98</sup> If the Board elects to administer the examinations, the Board is required to use examinations that comprehensively cover all the elements of substance abuse professional qualification training required by the U.S. Department of Transportation and are prepared by a nationally recognized professional or training organization that represents the interests of those involved in chemical dependency counseling services. The Board also is to adopt rules governing its administration of the examinations if the Board elects to administer the examinations.<sup>99</sup>

## **Elimination of obsolete laws**

### **Department of Alcohol and Drug Addiction Services' certification duties**

The Chemical Dependency Professionals Board was created in 2002 by Am. Sub. H.B. 496 of the 124th General Assembly. Before H.B. 496, the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) was required to establish and administer a process for the certification or credentialing of chemical dependency professionals for the purpose of qualifying their services for reimbursement under Medicare or Medicaid. H.B. 496 required ODADAS to cease its certifying and credentialing process the earlier of (1) the date on which the Chemical Dependency Professionals Board assumed ODADAS' certification duties or (2) December 23, 2004. The Board and ODADAS were required to enter into an agreement specifying the date for the Board to assume ODADAS' certification duties.

The law governing the transfer of ODADAS' certification duties to the Board is now obsolete. The act repeals the obsolete law.<sup>100</sup>

### **Chemical dependency counselor I license**

Am. Sub. H.B. 496 of the 124th General Assembly prohibited the Chemical Dependency Professionals Board from issuing an initial chemical dependency counselor I certificate but permitted the Board to renew, until December 23, 2008, such a certificate

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<sup>97</sup> 49 Code of Federal Regulations Part 40.

<sup>98</sup> 49 C.F.R. 40.3.

<sup>99</sup> R.C. 4758.221 (primary), 4758.01, and 4758.20(A)(2).

<sup>100</sup> R.C. 3793.07 (repealed), 4757.41, 4758.02(A), 4758.04 (repealed), 4758.40(B), 4758.41(B) and (C), 4758.42(B), 4758.43(B), 4758.44(B), and 4758.45(B).

that on December 23, 2002, was accepted as authority to practice as a chemical dependency counselor I. This means that the Board has never been permitted to issue an initial chemical dependency counselor I certificate and has not been permitted to renew such a certificate since before December 23, 2008. Persons have been prohibited from engaging in or representing to the public that the person engages in chemical dependency counseling as a chemical dependency counselor I since December 23, 2008.

Many provisions of law regarding chemical dependency counselors I are obsolete. The act eliminates the obsolete laws but maintains the prohibition against the Board issuing, renewing, or restoring a certificate to practice as a chemical dependency counselor I and the prohibition against a person engaging in chemical dependency counseling as a chemical dependency counselor I.<sup>101</sup>

## **Miscellaneous provisions related to chemical dependency professionals**

### **Restoration of expired license**

Continuing law permits the Chemical Dependency Professionals Board to refuse to renew, suspend, revoke, or otherwise restrict a license or certificate holder for various reasons, including violation of the law governing the practice of chemical dependency counseling and alcohol and other drug prevention services, knowingly making a false statement on an application for an initial, renewed, restored, or reinstated license or certificate, and conviction of any crime that is a felony in this state. The act permits the Board also to refuse to restore a license or certificate for the various reasons.<sup>102</sup>

### **Practice of marriage and family therapy**

The act specifies that the law governing the practice of chemical dependency counseling and alcohol and other drug prevention services does not authorize an individual to engage in the practice of marriage and family therapy except to the extent of providing services authorized by that law.<sup>103</sup>

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<sup>101</sup> R.C. 3793.07 (repealed), 4758.02, 4758.20(A)(4), 4758.21(A)(3), 4758.23(A)(1), 4758.24(B), 4758.27, 4758.30(A)(5) and (6), and 4758.58 (repealed).

<sup>102</sup> R.C. 4758.30.

<sup>103</sup> R.C. 4758.70.

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## HISTORY

ACTION	DATE
Introduced	06-28-11
Reported, H. Health & Aging	02-15-12
Re-referred to H. Health & Aging	11-14-12
Re-reported, H. Health & Aging	11-14-12
Passed House (90-3)	11-28-12
Reported, S. Health, Human Services & Aging	12-06-12
Passed Senate (33-0)	12-12-12
House concurred in Senate amendments (65-24)	12-13-12

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