

As Introduced

131st General Assembly

Regular Session

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S. B. No. 165

Senator Lehner

Cosponsors: Senators Seitz, Jones

A BILL

To amend sections 2133.02, 2133.21, 2133.211, 1
2133.23, 2133.24, 2133.25, 2133.26, 3795.03, and 2
4730.09; to amend, for the purpose of adopting 3
new section numbers as indicated in parentheses, 4
sections 2133.211 (2133.23), 2133.23 (2133.24), 5
2133.24 (2133.25), 2133.25 (2133.26), and 6
2133.26 (2133.27); to enact new section 2133.22 7
and sections 2133.28, 2133.29, 2133.30, 2133.31, 8
2133.32, 2133.33, 2133.34, 2133.35, 2133.36, 9
2133.37, 2133.38, 2133.39, 2133.40, 2133.41, 10
2133.42, 2133.43, 2133.44, 2133.45, 2133.46, and 11
2133.47; and to repeal section 2133.22 of the 12
Revised Code to establish procedures for the use 13
of medical orders for life-sustaining treatment 14
and to make changes to the laws governing DNR 15
identification and orders. 16

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

Section 1. That sections 2133.02, 2133.21, 2133.211, 17
2133.23, 2133.24, 2133.25, 2133.26, 3795.03, and 4730.09 be 18
amended; sections 2133.211 (2133.23), 2133.23 (2133.24), 2133.24 19

(2133.25), 2133.25 (2133.26), and 2133.26 (2133.27) be amended 20
for the purpose of adopting new section numbers as shown in 21
parentheses; and new section 2133.22 and sections 2133.28, 22
2133.29, 2133.30, 2133.31, 2133.32, 2133.33, 2133.34, 2133.35, 23
2133.36, 2133.37, 2133.38, 2133.39, 2133.40, 2133.41, 2133.42, 24
2133.43, 2133.44, 2133.45, 2133.46, and 2133.47 of the Revised 25
Code be enacted to read as follows: 26

Sec. 2133.02. (A) (1) An adult who is of sound mind 27
voluntarily may execute at any time a declaration governing the 28
use or continuation, or the withholding or withdrawal, of life- 29
sustaining treatment. The declaration shall be signed at the end 30
by the declarant or by another individual at the direction of 31
the declarant, state the date of its execution, and either be 32
witnessed as described in division (B) (1) of this section or be 33
acknowledged by the declarant in accordance with division (B) (2) 34
of this section. The declaration may include a designation by 35
the declarant of one or more persons who are to be notified by 36
the declarant's attending physician at any time that life- 37
sustaining treatment would be withheld or withdrawn pursuant to 38
the declaration. The declaration may include a specific 39
authorization for the use or continuation or the withholding or 40
withdrawal of CPR, but the failure to include a specific 41
authorization for the withholding or withdrawal of CPR does not 42
preclude the withholding or withdrawal of CPR in accordance with 43
sections 2133.01 to 2133.15 or sections 2133.21 to ~~2133.26~~ 44
2133.29 of the Revised Code. 45

(2) Depending upon whether the declarant intends the 46
declaration to apply when the declarant is in a terminal 47
condition, in a permanently unconscious state, or in either a 48
terminal condition or a permanently unconscious state, the 49
declarant's declaration shall use either or both of the terms 50

"terminal condition" and "permanently unconscious state" and 51
shall define or otherwise explain those terms in a manner that 52
is substantially consistent with the provisions of section 53
2133.01 of the Revised Code. 54

(3) (a) If a declarant who has authorized the withholding 55
or withdrawal of life-sustaining treatment intends that the 56
declarant's attending physician withhold or withdraw nutrition 57
or hydration when the declarant is in a permanently unconscious 58
state and when the nutrition and hydration will not or no longer 59
will serve to provide comfort to the declarant or alleviate the 60
declarant's pain, then the declarant shall authorize the 61
declarant's attending physician to withhold or withdraw 62
nutrition or hydration when the declarant is in the permanently 63
unconscious state by doing both of the following in the 64
declaration: 65

(i) Including a statement in capital letters or other 66
conspicuous type, including, but not limited to, a different 67
font, bigger type, or boldface type, that the declarant's 68
attending physician may withhold or withdraw nutrition and 69
hydration if the declarant is in a permanently unconscious state 70
and if the declarant's attending physician and at least one 71
other physician who has examined the declarant determine, to a 72
reasonable degree of medical certainty and in accordance with 73
reasonable medical standards, that nutrition or hydration will 74
not or no longer will serve to provide comfort to the declarant 75
or alleviate the declarant's pain, or checking or otherwise 76
marking a box or line that is adjacent to a similar statement on 77
a printed form of a declaration; 78

(ii) Placing the declarant's initials or signature 79
underneath or adjacent to the statement, check, or other mark 80

described in division (A) (3) (a) (i) of this section. 81

(b) Division (A) (3) (a) of this section does not apply to 82
the extent that a declaration authorizes the withholding or 83
withdrawal of life-sustaining treatment when a declarant is in a 84
terminal condition. The provisions of division (E) of section 85
2133.12 of the Revised Code pertaining to comfort care shall 86
apply to a declarant in a terminal condition. 87

(B) (1) If witnessed for purposes of division (A) of this 88
section, a declaration shall be witnessed by two individuals as 89
described in this division in whose presence the declarant, or 90
another individual at the direction of the declarant, signed the 91
declaration. The witnesses to a declaration shall be adults who 92
are not related to the declarant by blood, marriage, or 93
adoption, who are not the attending physician of the declarant, 94
and who are not the administrator of any nursing home in which 95
the declarant is receiving care. Each witness shall subscribe 96
the witness' signature after the signature of the declarant or 97
other individual at the direction of the declarant and, by doing 98
so, attest to the witness' belief that the declarant appears to 99
be of sound mind and not under or subject to duress, fraud, or 100
undue influence. The signatures of the declarant or other 101
individual at the direction of the declarant under division (A) 102
of this section and of the witnesses under this division are not 103
required to appear on the same page of the declaration. 104

(2) If acknowledged for purposes of division (A) of this 105
section, a declaration shall be acknowledged before a notary 106
public, who shall make the certification described in section 107
147.53 of the Revised Code and also shall attest that the 108
declarant appears to be of sound mind and not under or subject 109
to duress, fraud, or undue influence. 110

(C) An attending physician, or other health care personnel 111
acting under the direction of an attending physician, who is 112
furnished a copy of a declaration shall make it a part of the 113
declarant's medical record and, when section 2133.05 of the 114
Revised Code is applicable, also shall comply with that section. 115

(D) (1) Subject to division (D) (2) of this section, an 116
attending physician of a declarant or a health care facility in 117
which a declarant is confined may refuse to comply or allow 118
compliance with the declarant's declaration on the basis of a 119
matter of conscience or on another basis. An employee or agent 120
of an attending physician of a declarant or of a health care 121
facility in which a declarant is confined may refuse to comply 122
with the declarant's declaration on the basis of a matter of 123
conscience. 124

(2) If an attending physician of a declarant or a health 125
care facility in which a declarant is confined is not willing or 126
not able to comply or allow compliance with the declarant's 127
declaration, the physician or facility promptly shall so advise 128
the declarant and comply with the provisions of section 2133.10 129
of the Revised Code, or, if the declaration has become operative 130
as described in division (A) of section 2133.03 of the Revised 131
Code, shall comply with the provisions of section 2133.10 of the 132
Revised Code. 133

(E) As used in this section, "CPR" has the same meaning as 134
in section 2133.21 of the Revised Code. 135

Sec. 2133.21. As used in this section and sections ~~2133.21-~~ 136
~~2133.22 to 2133.26-2133.29~~ of the Revised Code, unless the 137
context clearly requires otherwise: 138

(A) "Attending physician" means the physician to whom a 139

person, or the family of a person, has assigned primary
responsibility for the treatment or care of the person or, if
the person or the person's family has not assigned that
responsibility, the physician who has accepted that
responsibility.

(B) "CPR" means cardiopulmonary resuscitation or a
component of cardiopulmonary resuscitation, but it does not
include clearing a person's airway for a purpose other than as a
component of CPR.

~~(C) "Declaration," "health care facility," "life-
sustaining treatment," "physician," "professional disciplinary
action," and "tort action" have the same meanings as in section
2133.01 of the Revised Code~~means a document executed in
accordance with section 2133.02 of the Revised Code.

~~(C)~~ (D) "DNR identification" means a standardized
identification card, form, necklace, or bracelet that is of
uniform size and design, that has been approved by the
department of health pursuant to former section 2133.25 of the
Revised Code, and that signifies either at least one of the
following:

(1) That the person who is named on and possesses the
card, form, necklace, or bracelet has executed a declaration
~~that authorizes the withholding or withdrawal of CPR and that~~
has not been revoked pursuant to section 2133.04 of the Revised
Code;

(2) That the attending physician of the person who is
named on and possesses the card, form, necklace, or bracelet has
issued a current do-not-resuscitate order,~~in accordance with
the do not resuscitate protocol adopted by the department of~~

health pursuant to ~~section 2133.25 of the Revised Code~~, for that 169
person and has documented the grounds for the order in that 170
person's medical record; 171

(3) That an issuing practitioner has completed a MOLST 172
form that has not been revoked as described in section 2133.38 173
of the Revised Code. 174

~~(D)~~ (E) "Do-not-resuscitate order" means a written 175
directive issued by a physician prior to or not later than six 176
months after the effective date of this amendment in accordance 177
with the do-not-resuscitate protocol that identifies a person 178
and specifies that CPR should not be administered to the person 179
so identified. 180

~~(E)~~ (F) "Do-not-resuscitate protocol" means the 181
standardized method of procedure for the withholding of CPR by 182
physicians, emergency ~~medical service~~ services personnel, and 183
health care facilities that ~~is~~ was adopted in the rules of the 184
department of health pursuant to former section 2133.25 of the 185
Revised Code. 186

~~(F)~~ (G) "Emergency ~~medical~~ services personnel" means paid 187
or volunteer firefighters~~;~~ law enforcement officers~~;~~ or any of 188
the following defined in section 4765.01 of the Revised Code or 189
described in section 4765.011 of the Revised Code: ~~first-~~ 190
~~responders,~~ emergency medical technicians ~~basier~~ responders, 191
emergency medical ~~technicians~~ intermediate technicians, advanced 192
emergency medical ~~technicians~~ paramedic technicians, ~~medical-~~ 193
~~technicians,~~ or other emergency services personnel acting within 194
the ordinary course of their profession paramedics. "Emergency 195
services person" is the singular of "emergency services 196
personnel." 197

~~(G) "CPR" means cardiopulmonary resuscitation or a component of cardiopulmonary resuscitation, but it does not include clearing a person's airway for a purpose other than as a component of CPR.~~

(H) "Health care facility," "life-sustaining treatment," "physician," "professional disciplinary action," and "tort action" have the same meanings as in section 2133.01 of the Revised Code.

(I) "Issuing practitioner" has the same meaning as in section 2133.30 of the Revised Code.

(J) "MOLST form" means the form specified in section 2133.31 of the Revised Code.

Sec. 2133.22. Nothing in sections 2133.23 to 2133.29 of the Revised Code condones, authorizes, or approves of mercy killing, assisted suicide, or euthanasia.

Sec. 2133.211 2133.23. A person who holds a certificate of authority to practice as a certified nurse practitioner or, clinical nurse specialist issued under section 4723.42 of the Revised Code, or physician assistant may take any action that may be taken by an attending physician under sections 2133.21-2133.22 to 2133.26-2133.29 of the Revised Code and has the immunity provided by section 2133.22-2133.28 of the Revised Code if, as applicable, the action is taken pursuant to a standard care arrangement with a collaborating physician, a physician supervisory plan approved under section 4730.17 of the Revised Code, or the policies of the health care facility in which the physician assistant is practicing.

~~A person who holds a certificate to practice as a physician assistant issued under Chapter 4730. of the Revised~~

~~Code may take any action that may be taken by an attending physician under sections 2133.21 to 2133.26 of the Revised Code and has the immunity provided by section 2133.22 of the Revised Code if the action is taken pursuant to a physician supervisory plan approved pursuant to section 4730.17 of the Revised Code or the policies of a health care facility in which the physician assistant is practicing.~~

Sec. ~~2133.23~~ 2133.24. (A) If emergency medical services personnel, ~~other than physicians,~~ are presented with DNR identification possessed by a person or are presented with a ~~written do-not-resuscitate order for a person or if a physician directly issues to emergency medical services personnel, other than physicians,~~ an oral do not resuscitate order for a person, the emergency medical services personnel shall comply with the ~~do not resuscitate protocol for the person. If an oral do not resuscitate order is issued by a physician who is not present at the scene, the emergency medical services personnel shall verify the physician's identity~~ instructions signified by the DNR identification or in the do-not-resuscitate order.

(B) If a person possesses DNR identification and if the person's attending physician or the health care facility in which the person is located ~~is unwilling or unable to comply with the do not resuscitate protocol for the person~~ instructions signified by the person's DNR identification or in the do-not-resuscitate order, the attending physician or the health care facility shall not prevent or attempt to prevent, or unreasonably delay or attempt to delay, the transfer of the person to a different physician who will follow the ~~protocol instructions~~ or to a different health care facility in which the ~~protocol instructions~~ will be followed.

(C) If a person ~~who being transferred from one health care~~ 257
~~facility to another possesses DNR identification or for whom a~~ 258
~~current~~, has executed a declaration, or is the subject of a do- 259
~~not-resuscitate order that has been issued is being transferred~~ 260
~~from one health care facility to another, before or at the time~~ 261
~~of the transfer,~~ the transferring health care facility shall 262
notify the receiving health care facility and the persons 263
transporting the person of the existence of the DNR 264
~~identification or the order, declaration, or do-not-resuscitate~~ 265
order. The notice shall be given before or at the time of the 266
transfer. ~~If a current do-not-resuscitate order was issued~~ 267
~~orally, it shall be reduced to writing before the time of the~~ 268
~~transfer.~~ The DNR identification or the order, declaration, or 269
do-not-resuscitate order shall accompany the person to the 270
receiving health care facility and shall remain in effect unless 271
it is revoked or unless, in the case of a do-not-resuscitate 272
order, the order no longer is current. 273

(D) If an emergency services person, a physician, or a 274
health care facility is aware that a person's DNR identification 275
signifies that the person is the subject of a MOLST form, the 276
emergency services person, physician, or health care facility 277
shall comply with sections 2133.30 to 2133.47 of the Revised 278
Code. 279

Sec. 2133.24 2133.25. (A) The death of a person resulting 280
from the withholding or withdrawal of CPR ~~for~~ from the person 281
pursuant to ~~the do-not-resuscitate protocol and in the~~ 282
~~circumstances described in section 2133.22 of the Revised Code~~ 283
instructions in a declaration executed by the person, a do-not- 284
resuscitate order that has been issued for the person, or 285
pursuant to instructions that form the basis of the person's DNR 286
identification or in accordance with division (A) of section 287

2133.23 of the Revised Code does not constitute for any purpose 288
a suicide, aggravated murder, murder, or any other homicide. 289

(B) (1) If a person has executed a declaration, a do-not- 290
resuscitate order has been issued for the person, or the person 291
possesses DNR identification ~~or if a current do not resuscitate~~ 292
~~order has been issued for a person,~~ the existence of the 293
declaration, do-not-resuscitate order, or the possession or 294
~~order of the DNR identification~~ shall not do either of the 295
following: 296

(a) Affect in any manner the sale, procurement, issuance, 297
or renewal of a policy of life insurance or annuity, 298
notwithstanding any term of a policy or annuity to the contrary; 299

(b) Be deemed to modify in any manner or invalidate the 300
terms of any policy of life insurance or annuity that is in 301
effect on the effective date of this section. 302

(2) Notwithstanding any term of a policy of life insurance 303
or annuity to the contrary, the withholding or withdrawal of CPR 304
from a person who is insured or covered under the policy or 305
annuity and who possesses DNR identification ~~or for whom a~~ 306
~~current do not resuscitate order has been issued, in accordance~~ 307
~~with sections 2133.21 to 2133.26 of the Revised Code, who has~~ 308
executed a declaration, or for whom a do-not-resuscitate order 309
has been issued shall not impair or invalidate any policy of 310
life insurance or annuity. 311

(3) Notwithstanding any term of a policy or plan to the 312
contrary, neither of the following shall impair or invalidate 313
any policy of health insurance or other health care benefit 314
plan: 315

(a) The withholding or withdrawal in accordance with 316

sections 2133.21 to ~~2133.26-2133.29~~ of the Revised Code of CPR 317
from a person who is insured or covered under the policy or plan 318
and who possesses DNR identification ~~or for whom a current do-~~ 319
~~not resuscitate order has been issued,~~ who has executed a 320
declaration, or for whom a do-not-resuscitate order has been 321
issued; 322

(b) The provision in accordance with sections 2133.21 to 323
~~2133.26-2133.29~~ of the Revised Code of CPR to a person of the 324
nature described in division (B) (3) (a) of this section. 325

(4) No physician, health care facility, other health care 326
provider, person authorized to engage in the business of 327
insurance in this state under Title XXXIX of the Revised Code, 328
health insuring corporation, other health care benefit plan, 329
legal entity that is self-insured and provides benefits to its 330
employees or members, or other person shall require an 331
individual to possess DNR identification, execute a declaration, 332
or have a do-not-resuscitate order issued, or shall require an 333
individual to revoke or refrain from possessing DNR 334
identification, as a condition of being insured or of receiving 335
health care benefits or services. 336

(C) (1) Sections 2133.21 to ~~2133.26-2133.29~~ of the Revised 337
Code do not create any presumption concerning the intent of an 338
individual who does not possess DNR identification with respect 339
to the use, continuation, withholding, or withdrawal of CPR. 340

(2) Sections 2133.21 to ~~2133.26-2133.29~~ of the Revised 341
Code do not affect the right of a person to make informed 342
decisions regarding the use, continuation, withholding, or 343
withdrawal of CPR for the person as long as the person is able 344
to make those decisions. 345

(3) Sections 2133.21 to ~~2133.26~~2133.29 of the Revised Code are in addition to and independent of, and do not limit, impair, or supersede, any right or responsibility that a person has to effect the withholding or withdrawal of life-sustaining treatment to another pursuant to sections 2133.01 to 2133.15 or sections 2133.30 to 2133.47 of the Revised Code or in any other lawful manner.

~~(D) Nothing in sections 2133.21 to 2133.26 of the Revised Code condones, authorizes, or approves of mercy killing, assisted suicide, or euthanasia.~~

Sec. ~~2133.25~~ 2133.26. (A) The department of health, by rule adopted pursuant to Chapter 119. of the Revised Code, ~~shall adopt a standardized method of procedure for the withholding of CPR by physicians, emergency medical services personnel, and health care facilities in accordance with sections 2133.21 to 2133.26 of the Revised Code. The standardized method shall specify criteria for determining when a do not resuscitate order issued by a physician is current. The standardized method so adopted shall be the "do not resuscitate protocol" for purposes of sections 2133.21 to 2133.26 of the Revised Code. The department also shall approve one or more standard forms of DNR identification to be used throughout this state and shall specify one or more procedures for revoking the forms of identification.~~

(B) ~~The department of health shall adopt rules in accordance with Chapter 119. of the Revised Code for the administration of sections 2133.21 to 2133.26 of the Revised Code.~~The do-not-resuscitate protocol adopted by the department in rules adopted under former section 2133.25 of the Revised Code is effective only for do-not-resuscitate orders issued on a date

that is not later than six months after the effective date of 376
this amendment. The criteria for determining when a do-not- 377
resuscitate order is current apply only to orders issued before 378
that date. 379

~~(C) The department of health shall appoint an advisory~~ 380
~~committee to advise the department in the development of rules~~ 381
~~under this section. The advisory committee shall include, but~~ 382
~~shall not be limited to, representatives of each of the~~ 383
~~following organizations:~~ 384

~~(1) The association for hospitals and health systems~~ 385
~~(OHA);~~ 386

~~(2) The Ohio state medical association;~~ 387

~~(3) The Ohio chapter of the American college of emergency~~ 388
~~physicians;~~ 389

~~(4) The Ohio hospice organization;~~ 390

~~(5) The Ohio council for home care;~~ 391

~~(6) The Ohio health care association;~~ 392

~~(7) The Ohio ambulance association;~~ 393

~~(8) The Ohio medical directors association;~~ 394

~~(9) The Ohio association of emergency medical services;~~ 395

~~(10) The bioethics network of Ohio;~~ 396

~~(11) The Ohio nurses association;~~ 397

~~(12) The Ohio academy of nursing homes;~~ 398

~~(13) The Ohio association of professional firefighters;~~ 399

~~(14) The department of developmental disabilities;~~ 400

- ~~(15) The Ohio osteopathic association;~~ 401
- ~~(16) The association of Ohio philanthropic homes, housing
and services for the aging;~~ 402
403
- ~~(17) The catholic conference of Ohio;~~ 404
- ~~(18) The department of aging;~~ 405
- ~~(19) The department of mental health and addiction
services;~~ 406
407
- ~~(20) The Ohio private residential association;~~ 408
- ~~(21) The northern Ohio fire fighters association.~~ 409
- Sec. ~~2133.26~~ 2133.27.** (A) (1) No physician shall purposely 410
prevent or attempt to prevent, or delay or unreasonably attempt 411
to delay, the transfer of a patient in violation of division (B) 412
of section ~~2133.23~~ 2133.24 of the Revised Code. 413
- (2) No person shall purposely conceal, cancel, deface, or 414
obliterate the DNR identification of another person without the 415
consent of the other person. 416
- (3) No person shall purposely falsify or forge a 417
revocation of a declaration that is the basis of the DNR 418
identification of another person or purposely falsify or forge 419
an order of a physician that purports to supersede a do-not- 420
resuscitate order issued for another person. 421
- (4) No person shall purposely falsify or forge the DNR 422
identification of another person with the intent to cause the 423
use, withholding, or withdrawal of CPR for the other person. 424
- ~~(5) No person who has personal knowledge that another
person has revoked a declaration that is the basis of the other
person's DNR identification or personal knowledge that a~~ 425
426
427

~~physician has issued an order that supersedes a do not~~ 428
~~resuscitate order that the physician issued for another person~~ 429
Neither of the following shall purposely conceal or withhold 430
that personal knowledge with the intent to cause the use, 431
withholding, or withdrawal of CPR for the other person: 432

(a) A person who has personal knowledge that another 433
person has revoked a declaration that is the basis of the other 434
person's DNR identification; 435

(b) A person who has personal knowledge that a physician 436
has issued an order that supersedes a do-not-resuscitate order 437
that the physician issued for another person. 438

(B) (1) Whoever violates division (A) (1) or (5) of this 439
section is guilty of a misdemeanor of the third degree. 440

(2) Whoever violates division (A) (2), (3), or (4) of this 441
section is guilty of a misdemeanor of the first degree. 442

Sec. 2133.28. (A) Regarding the withholding or withdrawal 443
of CPR from a person after DNR identification is discovered in 444
the person's possession and reasonable efforts have been made to 445
determine that the person in possession of the DNR 446
identification is the person named on the identification, none 447
of the following shall be subject to criminal prosecution, 448
liable in damages in a tort or other civil action for injury, 449
death, or loss to person or property, or subject to professional 450
disciplinary action arising out of or relating to the 451
withholding or withdrawal of CPR from that person under those 452
circumstances if the withholding or withdrawal is in accordance 453
with the instructions signified by the DNR identification: 454

(1) The health care facility in which the person is 455
present, the administrator of that facility, and any person who 456

works for the facility as an employee or contractor, or who 457
volunteers at the health care facility, and who participates 458
under the direction of or with the authorization of a physician 459
in the withholding or withdrawal of CPR from the person 460
possessing the DNR identification; 461

(2) A physician who causes the withholding or withdrawal 462
of CPR from a person who possesses DNR identification; 463

(3) Any emergency services person who causes or 464
participates in the withholding or withdrawal of CPR from the 465
person possessing the DNR identification. 466

(B) If, after DNR identification is discovered in the 467
possession of a person, the person makes an oral or written 468
request to receive CPR, any person who provides CPR pursuant to 469
the request, any health care facility in which CPR is provided, 470
and the administrator of any health care facility in which CPR 471
is provided are not subject to criminal prosecution as a result 472
of the provision of CPR, are not liable in damages in tort or 473
other civil action for injury, death, or loss to person or 474
property that arises out of or is related to the provision of 475
CPR, and are not subject to professional disciplinary action as 476
a result of the provision of CPR. 477

Sec. 2133.29. (A) In an emergency situation, emergency 478
services personnel are not required to search a person to 479
determine if the person possesses DNR identification. If 480
emergency services personnel or emergency department personnel 481
provide CPR to a person in possession of DNR identification in 482
an emergency situation, and if, at that time, the personnel do 483
not know and do not have reasonable cause to believe that the 484
person possesses DNR identification, the emergency services 485
personnel and emergency department personnel are not subject to 486

criminal prosecution as a result of the provision of the CPR, 487
are not liable in damages in tort or other civil action for 488
injury, death, or loss to person or property that arises out of 489
or is related to the provision of CPR, and are not subject to 490
professional disciplinary action as a result of the provision of 491
CPR. 492

(B) Nothing in this section or sections 2133.21 to 2133.29 493
of the Revised Code grants immunity to a physician for issuing a 494
do-not-resuscitate order that is contrary to reasonable medical 495
standards or that the physician knows or has reason to know is 496
contrary to the wishes of the patient or of a person who is 497
authorized to make informed medical decisions on the patient's 498
behalf. 499

Sec. 2133.30. As used in this section and sections 2133.31 500
to 2133.47 of the Revised Code: 501

(A) "Artificially administered hydration" means fluids 502
that are technologically administered. 503

(B) "Artificially administered nutrition" means sustenance 504
that is technologically administered. 505

(C) "Attending physician" means the physician to whom a 506
patient or patient's family has assigned primary responsibility 507
for the medical treatment or care of the patient or, if the 508
responsibility has not been assigned, the physician who has 509
accepted that responsibility. 510

(D) "Certified nurse practitioner" and "clinical nurse 511
specialist" have the same meanings as in section 4723.01 of the 512
Revised Code. 513

(E) "Comfort care" means any of the following: 514

- (1) Nutrition when administered to diminish pain or 515
discomfort, but not to postpone death; 516
- (2) Hydration when administered to diminish pain or 517
discomfort, but not to postpone death; 518
- (3) Any other medical or nursing procedure, treatment, 519
intervention, or other measure that is taken to diminish pain or 520
discomfort, but not to postpone death. 521
- (F) "CPR" has the same meaning as in section 2133.21 of 522
the Revised Code. 523
- (G) "Declaration" means a document executed in accordance 524
with section 2133.02 of the Revised Code. 525
- (H) "DNR identification" and "do-not-resuscitate order" 526
have the same meanings as in section 2133.21 of the Revised 527
Code. 528
- (I) "Durable power of attorney for health care" means a 529
document created pursuant to sections 1337.11 to 1337.17 of the 530
Revised Code. 531
- (J) "Emergency services personnel" has the same meaning as 532
in section 2133.21 of the Revised Code. 533
- (K) "Form preparer" means the issuing practitioner who 534
completes and signs a medical orders for life-sustaining 535
treatment form or the individual who completes the form pursuant 536
to the practitioner's delegation and for the practitioner's 537
signature. 538
- (L) "Guardian" has the same meaning as in section 2133.01 539
of the Revised Code. 540
- (M) "Health care facility" means any of the following: 541

- (1) A health care facility, as defined in section 1337.11 542
of the Revised Code; 543
- (2) An ambulatory surgical facility, as defined in section 544
3702.30 of the Revised Code; 545
- (3) A residential care facility, as defined in section 546
3721.01 of the Revised Code; 547
- (4) A freestanding dialysis center. 548
- (N) "Issuing practitioner" means a physician, physician 549
assistant, certified nurse practitioner, or clinical nurse 550
specialist who issues medical orders for life-sustaining 551
treatment for a patient by signing as the issuing practitioner 552
on the medical orders for life-sustaining treatment form for the 553
patient. 554
- (O) "Life-sustaining treatment" means any medical 555
procedure, treatment, intervention, or other measure that, when 556
administered to a patient, is intended to serve principally to 557
prolong the process of dying. 558
- (P) "Medical orders for life-sustaining treatment" means 559
instructions, issued by a physician, physician assistant, 560
certified nurse practitioner, or clinical nurse specialist, 561
regarding how a patient should be treated with respect to 562
hospitalization, administration or withdrawal of life-sustaining 563
treatment and comfort care, administration of CPR, and other 564
treatment prescribed by the Revised Code. 565
- (Q) "Medical orders for life-sustaining treatment form," 566
"MOLST form," or "form" means the form specified in section 567
2133.31 of the Revised Code. 568
- (R) "Physician" means an individual authorized under 569

Chapter 4731. of the Revised Code to practice medicine and 570
surgery or osteopathic medicine and surgery. 571

(S) "Physician assistant" means an individual who holds a 572
valid certificate to practice as a physician assistant issued 573
under Chapter 4730. of the Revised Code. 574

Sec. 2133.31. A medical orders for life-sustaining 575
treatment form shall be substantially in the following form. It 576
is recommended that the form's title, along with the patient's 577
identifying information (name, date of birth, last four digits 578
of social security number, and gender), appear at the top of the 579
first page of the form. It is recommended that the top of the 580
form's remaining pages include the form's title as well as the 581
patient's name and date of birth. 582

MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT FORM 584

("MOLST FORM") 585

Patient's Name (last name, first name, and middle initial, 586
printed): 587

Patient's Date of Birth: 588

Last four digits of patient's SSN: ... Gender (M or F): 589

The HIPAA Privacy Rule permits disclosure of this MOLST form to 591
other health care providers as necessary. 592

When signed, this form supersedes all previously signed MOLST 594
forms. Comfort measures will be provided regardless of the 595
intervention that is chosen. 596

597

A. CARDIOPULMONARY RESUSCITATION (CPR): Individual has no pulse 598
and is not breathing. Check only one: 599

600

[] Attempt resuscitation/CPR. Apply full treatment and 601
intervention including intubation, advanced airway 602
interventions, mechanical ventilation, defibrillation, and 603
cardioversion as indicated. Transfer to hospital or intensive 604
care unit in a hospital, as applicable (if indicated). 605

606

[] Do NOT attempt resuscitation (DNR; do not use CPR). 607

608

When patient is not in cardiopulmonary arrest, follow the orders 609
in sections B and C. 610

611

B. MEDICAL INTERVENTIONS: Patient has a pulse, is breathing, or 612
both. Check only one: 613

614

[] Comfort measures only. Use medication by any route, 615
positioning, wound care, and other measures to relieve pain and 616
suffering. Use oxygen, suction, and manual treatment of airway 617
obstruction as needed for comfort. Transfer to the appropriate 618
level of care setting to provide comfort care measures. 619

620

Additional order/instructions: 621

..... 622

..... 623

624

[] Limited additional interventions. Use all comfort measures 625
described above. Use medical treatment, antibiotics, intravenous 626
fluids, and cardiac monitor as indicated. Do not use intubation, 627
advanced airway interventions, or mechanical ventilation. Do not 628
use intubation, advanced airway support (e.g., CPAP or BiPAP). 629
Transfer to hospital if indicated; generally avoid intensive 630
care. 631

632

Additional order/instructions: 633

..... 634

..... 635

636

[] Full intervention. Use all comfort measures described above 637
as well as limited medical interventions (described above), as 638
indicated. Use intubation, advanced airway interventions, 639
mechanical ventilation, defibrillation, and cardioversion as 640
indicated. Transfer to hospital and intensive care if 641
indicated. 642

643

Additional order/instructions: 644

..... 645

..... 646

647

C. ARTIFICIALLY ADMINISTERED NUTRITION/HYDRATION 648

The administration of nutrition or hydration, or both, whether
orally or by invasive means, shall occur except in the event
that the patient is diagnosed with a terminal condition or is in
a permanently unconscious state, as those terms are defined in
Ohio Revised Code section 2133.01, and the administration of
nutrition or hydration becomes a greater burden than benefit to
the patient.

Always offer by mouth, if feasible. Check only one in each
column:

[] Long-term artificial
nutrition by tube feeding

[] Defined trial period of
artificial nutrition by
tube feeding

[] No artificial nutrition
by tube feeding

Goals of care or additional order/instructions:

.....

D. AUTHORIZATION

Authorization name and signature belongs to (check only one):

☐ Patient

☐ Guardian appointed by a probate court

☐ Attorney in fact under patient's durable power of attorney
for health care (attach if signed)

☐ Next of kin as specified in Ohio Revised Code section
2133.08(B)

- Spouse
- Majority of adult children (available within reasonable time)
- Parents
- Majority of adult siblings (available within reasonable time)
- Other nearest relative (available within reasonable time)

☐ Parent, guardian, or legal custodian of a minor

Name (printed):

Phone Contact:

Signature (mandatory):

Date Signed:

E. SIGNATURE OF ISSUING PRACTITIONER

My signature in this section indicates, to the best of my
knowledge, that these orders are consistent with the patient's
current medical condition and preferences as indicated by the
patient's advance directives, previous discussions with the
person identified in Section D., above, or both.

Name of issuing practitioner (printed):

.....

Signature of Issuing Practitioner (mandatory):

.....

Date Signed:

License/Certificate Number:

Phone Number:

F. SIGNATURE OF FORM PREPARER

Name of Form Preparer and Credentials (printed):

.....

Signature of Form Preparer (mandatory):

..... 721

722

Date signed: Phone Number: 723

724

G. REVIEW OF MOLST FORM 725

A MOLST form may be revoked at any time and in any manner that 726

communicates the intent to revoke. A MOLST form does not expire 727

unless revoked. 728

729

Review of this MOLST Form 730

731

<u>Review date</u>	<u>Reviewer's</u>	<u>Location of</u>	<u>Review Outcome</u>
<u>and time</u>	<u>name</u>	<u>review</u>	

 732

733

<u>(1)</u>		<u>[] No change</u>
------------	--	----------------------

 734

	<u>[] Revoked and</u>
--	------------------------

 735

	<u>new form</u>
--	-----------------

 736

	<u>completed</u>
--	------------------

 737

<u>(2)</u>		<u>[] No change</u>
------------	--	----------------------

 738

	<u>[] Revoked and</u>
--	------------------------

 739

	<u>new form</u>
--	-----------------

 740

	<u>completed</u>
--	------------------

 741

<u>(3)</u>		<u>[] No change</u>
------------	--	----------------------

 742

	<u>[] Revoked and</u>
--	------------------------

 743

	<u>new form</u>
--	-----------------

 744

	<u>completed</u>
--	------------------

 745

746

SEND FORM WITH PATIENT WHENEVER PATIENT IS TRANSFERRED OR 747

DISCHARGED 748

Use of original form is strongly encouraged. Photocopies and 749
faxes of signed MOLST forms are legal and valid. 750

751

The following information shall appear on one or more pages that 752
are separate from the other pages of the MOLST form: 753

754

OHIO MOLST FORM INFORMATIONAL SUPPLEMENT 755

NOTICE TO PATIENT NAMED ON THIS FORM 756

The MOLST form is a medical order form that documents important 757
decisions regarding your health care. Your input and approval or 758
the input and approval of your legal representative (i.e., an 759
agent, guardian, next of kin, or legal custodian) concerning the 760
form's use is needed before it becomes valid. The following is 761
an information supplement to the MOLST form. Before signing the 762
form after consulting with your health care practitioner, you 763
should know the facts in the supplement. 764

765

Overview 766

The MOLST form is **always voluntary**. It is usually for 767
individuals who are frail or experiencing advanced or 768
progressing illness. There is no requirement that you or your 769
legal representative sign a MOLST form. You will still receive 770
medical treatment regardless of whether this form is signed. 771

772

The orders in the MOLST form are based on your medical 773
condition, preferences, and advance directives (if any) at the 774
time the orders are issued. An incomplete section of the form 775

does not invalidate the form and implies full treatment for the 776
incomplete section. The form indicates your wishes for medical 777
treatment in your current state of health. Once initial medical 778
treatment has begun and the risks and benefits of further 779
therapy are clear, your treatment wishes may change. Your 780
medical care and the form can be modified at any time to reflect 781
such changes. However, the form cannot address all medical 782
treatment decisions that may need to be made. An advance 783
directive, such as a living will (declaration) or durable power 784
of attorney for health care, is recommended for all competent 785
adults regardless of their health status. An advance directive 786
allows you to document in detail your instructions for future 787
health care and specify a health care "attorney-in-fact" or 788
agent to speak on your behalf if necessary. 789

790

The duty of medicine is to care for you even when you cannot be 791
cured. You will be treated with dignity and respect and 792
attention will be given to your medical needs. Moral judgments 793
about the use of technology to maintain life will reflect the 794
inherent dignity of human life, the duty of medical care, 795
medical standards of practice, and your individual wishes. Use 796
of the MOLST form recognizes the possibility of natural death. 797
It does not authorize active euthanasia or physician-assisted 798
suicide. 799

800

Implementation of the MOLST form 801

When signed, this form supersedes all previously signed MOLST 802
forms. If a health care practitioner or facility cannot comply 803
with the orders in the form due to policies or personal ethics, 804

the practitioner or facility must arrange for your transfer to 805
another practitioner or facility and provide the care that you 806
request until the transfer has been completed. 807

808

Review of MOLST form 809

This form should be reviewed periodically, such as when you are 810
transferred from one care setting or care level to another or 811
there is a substantial change in your health status. A new MOLST 812
form should be completed if you wish to make a substantive 813
change to your treatment goals (e.g., reversal of a prior 814
order). A MOLST form that you or your representative signed will 815
be retained in your medical record pursuant to Ohio Revised Code 816
section 2133.36. 817

818

Revocation of the MOLST form 819

This form may be revoked at any time and in any manner that 820
communicates the intent to revoke. If you are under 18 years of 821
age, your parent, guardian, or legal custodian may revoke a 822
MOLST form at any time and in any manner that communicates the 823
intent to revoke. A MOLST form that was revoked will be retained 824
in your medical record pursuant to Ohio Revised Code section 825
2133.38. 826

827

Portability of the MOLST form 828

This form must be sent with you when you are transferred between 829
facilities or are discharged. Use of the original form is 830
strongly encouraged, although photocopies and facsimiles are 831
legal and valid. The HIPAA Privacy Rule permits disclosure of 832

the form to health care professionals for treatment purposes. 833

Sec. 2133.32. The department of health shall make a 834
version of the MOLST form available on the department's internet 835
web site. The form shall be made available in a format that can 836
be downloaded free of charge and reproduced. 837

Sec. 2133.33. A physician, physician assistant, certified 838
nurse practitioner, or clinical nurse specialist may at any time 839
issue medical orders for life-sustaining treatment for a patient 840
by completing a MOLST form. Patients for whom medical orders for 841
life-sustaining treatment are suggested, but not required, 842
include those persons who are frail or experiencing an advanced 843
or progressive illness. 844

Once completed and signed in accordance with sections 845
2133.34 and 2133.35 of the Revised Code, a MOLST form is valid 846
and the instructions in it become operative and govern how the 847
patient who is the subject of the form is to be treated with 848
respect to hospitalization, administration or withdrawal of 849
life-sustaining treatment and comfort care, administration of 850
CPR, and any other medical treatment specified on the form. 851

At all times, the issuance of medical orders for life- 852
sustaining treatment shall be guided by prudent medical practice 853
and standards. 854

Sec. 2133.34. A completed MOLST form shall be signed as 855
follows: 856

(A) By the issuing practitioner, who shall sign and date 857
the form in the space designated for the practitioner's 858
signature; 859

(B) Except as provided in division (C) of this section, by 860
the patient, who shall sign and date the form in the space 861

designated for the patient's signature. 862

(C) (1) If a guardian has been appointed for the patient, 863
the guardian may sign and date the form on the patient's behalf 864
in the space designated for such signature. 865

(2) If an attorney in fact under a durable power of 866
attorney for health care is making health care decisions for the 867
patient pursuant to section 1337.13 of the Revised Code, the 868
attorney in fact may sign and date the form on the patient's 869
behalf in the space designated for such signature. 870

(3) If a patient is under eighteen years of age, the 871
patient's parent, guardian, or legal custodian may sign and date 872
the form in the space designated for such signature. 873

(4) If a patient is at least eighteen years of age, 874
incapacitated, and neither division (B) (1) or (2) of this 875
section applies, an individual in the descending order of 876
priority specified in division (B) (2) to (6) of section 2133.08 877
of the Revised Code may sign and date the form on the patient's 878
behalf in the space designated for such signature. 879

(D) If the issuing practitioner has delegated to another 880
individual the responsibility for completing the form, that 881
individual shall sign and date the form in the space designated 882
for such signature. 883

Sec. 2133.35. If a parent, guardian, or legal custodian 884
signs a MOLST form for a patient under the age of eighteen years 885
of age as described in division (C) (4) of section 2133.34 of the 886
Revised Code, that individual shall not indicate instructions 887
that would result in the withholding of medically indicated 888
treatment, as defined in section 14 of the "Child Abuse 889
Prevention, Adoption, and Family Services Act of 1988," 102 890

Stat. 117 (1988), 42 U.S.C. 5106g, as amended. 891

Sec. 2133.36. A completed MOLST form shall be placed in 892
the paper or electronic medical record of the patient to whom it 893
pertains. Whether maintained as part of a paper or electronic 894
medical record, the form shall be readily available and 895
retrievable. 896

Sec. 2133.37. (A) If a patient with a MOLST form is 897
transferred from one health care facility to another health care 898
facility, the health care facility initiating the transfer shall 899
communicate the existence of, and send a copy of, the form to 900
the receiving facility prior to the transfer. The copy may be 901
sent by regular mail, facsimile, or other electronic means. A 902
copy of the form is the same as the original. 903

(B) Consistent with section 2133.36 of the Revised Code, 904
the copy of the MOLST form shall be placed in the patient's 905
medical record immediately on receipt by the receiving facility. 906
After admission, the attending physician shall review the MOLST 907
form. 908

(C) If a person who possesses a MOLST form or for whom a 909
MOLST form has been issued is treated or transferred by 910
emergency services personnel, the emergency services department 911
or unit with which the emergency services personnel is 912
affiliated shall retain a copy of the form. 913

Sec. 2133.38. The patient, the patient's authorized 914
representative described in division (C) (1), (2), or (4) of 915
section 2133.34 of the Revised Code, or if the patient is under 916
eighteen years of age, the patient's parent, guardian, or legal 917
custodian, may revoke a MOLST form at any time and in any manner 918
that communicates the intent to revoke. A revoked MOLST form 919

shall be retained in the patient's medical record.

920

Sec. 2133.39. Unless revoked in accordance with section
2133.38 of the Revised Code, a MOLST form does not expire.

921

922

Sec. 2133.40. In an emergency situation, emergency
services personnel are not required to search a person to
determine if the person is the subject of a MOLST form. If a
person is the subject of a MOLST form, if emergency services
personnel or emergency department personnel provide care to the
person in an emergency situation, and if, at that time, the
personnel do not know and do not have reasonable cause to
believe that the person is the subject of a MOLST form, the
emergency services personnel are not subject to any of the
following associated with providing care that is in accordance
with applicable law:

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933

(A) Criminal prosecution;

934

(B) Liability for damages in a tort or other civil action
for injury, death, or loss to person or property;

935

936

(C) Professional disciplinary action.

937

Sec. 2133.41. Subject to division (B) of this section, no
health care facility, health care professional, emergency
services person, or other individual who provides care to a
person under the direction of or with the authorization of a
physician, physician assistant, certified nurse practitioner, or
clinical nurse specialist in an emergency situation, at the
person's residence or in public, or at a health care facility
shall be subject to any of the following, as applicable, if the
care is provided in good faith and in accordance with, or
otherwise complies with, a valid MOLST form or sections 2133.31
to 2133.47 of the Revised Code:

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948

<u>(1) Criminal prosecution;</u>	949
<u>(2) Liability for damages in a tort or other civil action</u>	950
<u>for injury, death, or loss to person or property;</u>	951
<u>(3) Professional disciplinary action.</u>	952
<u>Sec. 2133.42.</u> <u>The death of an individual that occurs as a</u>	953
<u>result of actions taken consistent with instructions in a MOLST</u>	954
<u>form does not constitute for any purpose a suicide, aggravated</u>	955
<u>murder, murder, or any other homicide.</u>	956
<u>Sec. 2133.43.</u> <u>The issuance or nonissuance of a MOLST form</u>	957
<u>shall not do any of the following:</u>	958
<u>(A) Affect in any manner the sale, procurement, issuance,</u>	959
<u>or renewal of a policy of life insurance or annuity,</u>	960
<u>notwithstanding any term of a policy or annuity to the contrary;</u>	961
<u>(B) Modify in any manner or invalidate the terms of a</u>	962
<u>policy of life insurance or annuity that is in effect on the</u>	963
<u>effective date of this section;</u>	964
<u>(C) Impair or invalidate a policy of life insurance or</u>	965
<u>annuity or any health benefit plan.</u>	966
<u>Sec. 2133.44.</u> <u>No physician, health care facility, other</u>	967
<u>health care provider, person authorized to engage in the</u>	968
<u>business of insurance in this state under Title XXXIX of the</u>	969
<u>Revised Code, health insuring corporation, other health care</u>	970
<u>benefit plan, legal entity that is self-insured and provides</u>	971
<u>benefits to its employees or members, governmental entity, or</u>	972
<u>other person shall require that an individual be the subject of</u>	973
<u>a MOLST form, or require an individual to revoke or refrain from</u>	974
<u>being the subject of a MOLST form, as a condition of being</u>	975
<u>insured or of receiving health care benefits or services.</u>	976

Sec. 2133.45. (A) Subject to division (B) of this section, 977
an attending physician of a patient or a health care facility in 978
which a patient is located may refuse to comply or allow 979
compliance with one or more instructions in a MOLST form on the 980
basis of conscience or on another basis. An employee of an 981
attending physician or of a health care facility in which a 982
patient is located may refuse to comply with one or more 983
instructions in a MOLST form on the basis of a matter of 984
conscience. 985

(B) An attending physician of a patient who, or a health 986
care facility in which a patient is confined that, is not 987
willing or not able to comply or allow compliance with one or 988
more instructions in a MOLST form shall immediately notify the 989
patient or person who has signed the MOLST form on the patient's 990
behalf under section 2133.34 of the Revised Code, and shall not 991
prevent or attempt to prevent, or unreasonably delay or attempt 992
to unreasonably delay, the transfer of the patient to the care 993
of a physician who, or a health care facility that, is willing 994
and able to so comply or allow compliance. 995

Sec. 2133.46. In the absence of actual knowledge to the 996
contrary and if acting in good faith, an attending physician, 997
other health care professional, emergency services person, or 998
health care facility may assume that a MOLST form complies with 999
sections 2133.31 to 2133.45 of the Revised Code and is valid. 1000

Sec. 2133.47. Not later than sixty months after the 1001
effective date of this section, the director of health shall 1002
appoint a MOLST task force to perform a five-year review of 1003
medical orders for life-sustaining treatment and the MOLST form. 1004
Task force members shall be, or represent, persons or government 1005
entities that have experience with medical orders for life- 1006

sustaining treatment or the MOLST form. Not later than seventy- 1007
two months after the effective date of this section, the task 1008
force shall submit a report of its findings to the general 1009
assembly in accordance with section 101.68 of the Revised Code. 1010

Members of the task force shall serve without 1011
compensation, but may be reimbursed for necessary expenses. 1012

Sec. 3795.03. Nothing in section 3795.01 or 3795.02 of the 1013
Revised Code shall do any of the following: 1014

(A) Prohibit or preclude a physician, certified nurse 1015
practitioner, certified nurse-midwife, or clinical nurse 1016
specialist who carries out the responsibility to provide comfort 1017
care to a patient in good faith and while acting within the 1018
scope of the physician's or nurse's authority from prescribing, 1019
dispensing, administering, or causing to be administered any 1020
particular medical procedure, treatment, intervention, or other 1021
measure to the patient, including, but not limited to, 1022
prescribing, personally furnishing, administering, or causing to 1023
be administered by judicious titration or in another manner any 1024
form of medication, for the purpose of diminishing the patient's 1025
pain or discomfort and not for the purpose of postponing or 1026
causing the patient's death, even though the medical procedure, 1027
treatment, intervention, or other measure may appear to hasten 1028
or increase the risk of the patient's death; 1029

(B) Prohibit or preclude health care personnel acting 1030
under the direction of a person authorized to prescribe a 1031
patient's treatment and who carry out the responsibility to 1032
provide comfort care to the patient in good faith and while 1033
acting within the scope of their authority from dispensing, 1034
administering, or causing to be administered any particular 1035
medical procedure, treatment, intervention, or other measure to 1036

the patient, including, but not limited to, personally 1037
furnishing, administering, or causing to be administered by 1038
judicious titration or in another manner any form of medication, 1039
for the purpose of diminishing the patient's pain or discomfort 1040
and not for the purpose of postponing or causing the patient's 1041
death, even though the medical procedure, treatment, 1042
intervention, or other measure may appear to hasten or increase 1043
the risk of the patient's death; 1044

(C) Prohibit or affect the use or continuation, or the 1045
withholding or withdrawal, of life-sustaining treatment, CPR, or 1046
comfort care under Chapter 2133. of the Revised Code; 1047

(D) Prohibit or affect the provision or withholding of 1048
health care, life-sustaining treatment, or comfort care to a 1049
principal under a durable power of attorney for health care or 1050
any other health care decision made by an attorney in fact under 1051
sections 1337.11 to 1337.17 of the Revised Code; 1052

(E) Affect or limit the authority of a physician, a health 1053
care facility, a person employed by or under contract with a 1054
health care facility, or emergency service personnel to provide 1055
or withhold health care to a person in accordance with 1056
reasonable medical standards applicable in an emergency 1057
situation; 1058

(F) Affect or limit the authority of a person to refuse to 1059
give informed consent to health care, including through the 1060
execution of a durable power of attorney for health care under 1061
sections 1337.11 to 1337.17 of the Revised Code, the execution 1062
of a declaration under sections 2133.01 to 2133.15 of the 1063
Revised Code, the completion of a MOLST form under sections 1064
2133.30 to 2133.47 of the Revised Code, or authorizing the 1065
withholding or withdrawal of CPR under sections 2133.21 to 1066

~~2133.26~~ 2133.29 of the Revised Code. 1067

Sec. 4730.09. (A) Under a physician supervisory plan 1068
approved under section 4730.17 of the Revised Code, a physician 1069
assistant may provide any or all of the following services 1070
without approval by the state medical board as special services: 1071

(1) Obtaining comprehensive patient histories; 1072

(2) Performing physical examinations, including audiometry 1073
screening, routine visual screening, and pelvic, rectal, and 1074
genital-urinary examinations, when indicated; 1075

(3) Ordering, performing, or ordering and performing 1076
routine diagnostic procedures, as indicated; 1077

(4) Identifying normal and abnormal findings on histories, 1078
physical examinations, and commonly performed diagnostic 1079
studies; 1080

(5) Assessing patients and developing and implementing 1081
treatment plans for patients; 1082

(6) Monitoring the effectiveness of therapeutic 1083
interventions; 1084

(7) Exercising physician-delegated prescriptive authority 1085
pursuant to a certificate to prescribe issued under this 1086
chapter; 1087

(8) Carrying out or relaying the supervising physician's 1088
orders for the administration of medication, to the extent 1089
permitted by law; 1090

(9) Providing patient education; 1091

(10) Instituting and changing orders on patient charts; 1092

(11) Performing developmental screening examinations on 1093

children with regard to neurological, motor, and mental functions;	1094 1095
(12) Performing wound care management, suturing minor lacerations and removing the sutures, and incision and drainage of uncomplicated superficial abscesses;	1096 1097 1098
(13) Removing superficial foreign bodies;	1099
(14) Administering intravenous fluids;	1100
(15) Inserting a foley or cudae catheter into the urinary bladder and removing the catheter;	1101 1102
(16) Performing biopsies of superficial lesions;	1103
(17) Making appropriate referrals as directed by the supervising physician;	1104 1105
(18) Performing penile duplex ultrasound;	1106
(19) Changing of a tracheostomy;	1107
(20) Performing bone marrow aspirations from the posterior iliac crest;	1108 1109
(21) Performing bone marrow biopsies from the posterior iliac crest;	1110 1111
(22) Performing cystograms;	1112
(23) Performing nephrostograms after physician placement of nephrostomy tubes;	1113 1114
(24) Fitting, inserting, or removing birth control devices;	1115 1116
(25) Removing cervical polyps;	1117
(26) Performing nerve conduction testing;	1118

(27) Performing endometrial biopsies;	1119
(28) Inserting filiform and follower catheters;	1120
(29) Performing arthrocentesis of the knee;	1121
(30) Performing knee joint injections;	1122
(31) Performing endotracheal intubation with successful	1123
completion of an advanced cardiac life support course;	1124
(32) Performing lumbar punctures;	1125
(33) In accordance with rules adopted by the board, using	1126
light-based medical devices for the purpose of hair removal;	1127
(34) Administering, monitoring, or maintaining local	1128
anesthesia, as defined in section 4730.091 of the Revised Code;	1129
(35) Applying or removing a cast or splint;	1130
(36) Inserting or removing chest tubes;	1131
(37) Prescribing physical therapy or referring a patient	1132
to a physical therapist for the purpose of receiving physical	1133
therapy;	1134
(38) Ordering occupational therapy or referring a patient	1135
to an occupational therapist for the purpose of receiving	1136
occupational therapy;	1137
(39) Taking any action that may be taken by an attending	1138
physician under sections 2133.21 to 2133.26 <u>2133.29</u> of the	1139
Revised Code, as specified in section 2133.211 <u>2133.23</u> of the	1140
Revised Code;	1141
(40) Determining and pronouncing death in accordance with	1142
section 4730.092 of the Revised Code;	1143
(41) Admitting patients to hospitals in accordance with	1144

section 3727.06 of the Revised Code; 1145

(42) Performing other services that are within the 1146
supervising physician's normal course of practice and expertise, 1147
if the services are included in any model physician supervisory 1148
plan approved under section 4730.06 of the Revised Code or the 1149
services are designated by the board by rule or other means as 1150
services that are not subject to approval as special services. 1151

(B) Under the policies of a health care facility, the 1152
services a physician assistant may provide are limited to the 1153
services the facility has authorized the physician assistant to 1154
provide for the facility. The services a health care facility 1155
may authorize a physician assistant to provide for the facility 1156
include the following: 1157

(1) Any or all of the services specified in division (A) 1158
of this section; 1159

(2) Assisting in surgery in the health care facility; 1160

(3) Any other services permitted by the policies of the 1161
health care facility, except that the facility may not authorize 1162
a physician assistant to perform a service that is prohibited by 1163
this chapter. 1164

Section 2. That existing sections 2133.02, 2133.21, 1165
2133.211, 2133.23, 2133.24, 2133.25, 2133.26, 3795.03, and 1166
4730.09 and section 2133.22 of the Revised Code are hereby 1167
repealed. 1168