

4730-1-07

**Miscellaneous provisions.**

For purposes of Chapter 4730. of the Revised Code and Chapters 4730-1 and 4730-2 of the Administrative Code:

- (A) An adjudication hearing held pursuant to the provisions of Chapter 119. of the Revised Code shall be conducted in conformance with the provisions of Chapter 4731-13 of the Administrative Code.
- (B) The provisions of Chapters 4731-4, 4731-11, 4731-13, 4731-14, 4731-15, 4731-16, 4731-17, 4731-18, 4731-23, 4731-25, 4731-26, 4731-28, 4731-29, ~~and 4731-35,~~ and 4731-37 of the Administrative Code are applicable to the holder of a physician assistant license issued pursuant to section 4730.12 of the Revised Code, as though fully set forth in Chapter 4730-1 or 4730-2 of the Administrative Code.

Effective:

Five Year Review (FYR) Dates: 11/29/2022

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Certification

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Date

Promulgated Under: 119.03  
Statutory Authority: 4730.07, 4730.39, 4743.09  
Rule Amplifies: 4730.41, 4730.60  
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12/31/2021

4730-2-07

**Standards for prescribing.**

- (A) A physician assistant who holds a prescriber number and who has been granted physician-delegated prescriptive authority by a supervising physician may prescribe a drug or therapeutic device provided the prescription is in accordance with all of the following:
- (1) The extent and conditions of the physician-delegated prescriptive authority, granted by the supervising physician who is supervising the physician assistant in the exercise of the authority;
  - (2) The requirements of Chapter 4730. of the Revised Code;
  - (3) The requirements of Chapters 4730-1, 4730-2, 4730-4, 4731-11, ~~and 4731-35,~~ and 4731-37 of the Administrative Code; and
  - (4) The requirements of state and federal law pertaining to the prescription of drugs and therapeutic devices.
- (B) A physician assistant who holds a prescriber number who has been granted physician-delegated prescriptive authority by a supervising physician shall prescribe in a valid prescriber-patient relationship. This includes, but is not limited to:
- (1) Obtaining a thorough history of the patient;
  - (2) Conducting a physical examination of the patient;
  - (3) Rendering or confirming a diagnosis;
  - (4) Prescribing medication, ruling out the existence of any recognized contraindications;
  - (5) Consulting with the supervising physician when necessary; and
  - (6) Properly documenting these steps in the patient's medical record.
- (C) The physician assistant's prescriptive authority shall not exceed the prescriptive authority of the supervising physician under whose supervision the prescription is being written, including but not limited to, any restrictions imposed on the physician's practice by action of the United States drug enforcement administration or the state medical board of Ohio.
- (D) A physician assistant holding a prescriber number and who has been granted physician-delegated prescriptive authority by a supervising physician to prescribe

controlled substances shall apply for and obtain the United States drug enforcement administration registration prior to prescribing any controlled substances.

- (E) A physician assistant holding prescriber number and who has been granted physician-delegated prescriptive authority by a supervising physician shall not prescribe any drug or device to perform or induce an abortion.
- (F) A physician assistant holding prescriber number and who has been granted physician-delegated prescriptive authority by a supervising physician shall include on each prescription the physician assistant's license number, and, where applicable, shall include the physician assistant's DEA number.

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Certification

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Date

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12/31/2021

4731-11-09

**Controlled substance and telehealth prescribing.****(A) As used in this rule:**

- (1) "Hospice care" means the care of a hospice patient as that term is defined in section 3712.01 of the Revised Code.**
- (2) "Palliative care" has the same meaning as in section 3712.01 of the Revised Code.**
- (3) "Medication assisted treatment" and "substance use disorder" have the same meanings as in rule 4731-33-01 of the Administrative Code.**
- (4) "Mental health condition" means any mental health condition, illness, or disorder as determined by the diagnostic criteria in the "Diagnostic and Statistical Manual of Mental Disorders Fifth Edition Text Revision" (DSM-5-TR). This is a well-known and readily available text. It may be found at libraries, bookstores, on the internet at [www.appi.org](http://www.appi.org), or at the state medical board's office.**
- (5) "Emergency situation" means a situation involving an "emergency medical condition" as that term is defined in section 1753.28 of the Revised Code.**

**(B) A physician, or a physician assistant who holds a valid prescriber number issued by the state medical board and who has been granted physician-delegated prescriptive authority shall comply with the requirements of federal law governing prescription drugs that are controlled substances to prescribe, personally furnish, otherwise provide, or cause to be provided a prescription drug that is a controlled substance to a person.**

**(C) When the physician, or physician assistant who holds a valid prescriber number issued by the state medical board and who has been granted physician-delegated prescriptive authority prescribes, personally furnishes, otherwise provides, or causes to be provided a prescription drug that is a controlled substance during the provision of telehealth services, the physician or physician assistant shall comply with all requirements in rule 4731-37-01 of the Administrative Code.**

**(D) The physician, or physician assistant who holds a valid prescriber number issued by the state medical board and who has been granted physician-delegated prescriptive authority shall conduct a physical examination of a new patient as part of an initial in-person visit before prescribing a schedule II controlled substance to the patient except as provided in paragraph (E) of this rule.**

**(E) As an exception to paragraph (D) of this rule, a physician or physician assistant may prescribe a controlled substance to a new patient as part of the provision of telehealth services for any of the following patient medical conditions and situations:**

- (1) The medical record of a new patient indicates that the patient is receiving hospice or palliative care;
  - (2) The patient has a substance use disorder, and the controlled substance is FDA approved for and prescribed for medication assisted treatment or to treat opioid use disorder.
  - (3) The patient has a mental health condition and the controlled substance prescribed is prescribed to treat that mental health condition;
  - (4) The physician or physician assistant determines in their clinical judgment that the new patient is in an emergency situation provided that the following occurs:
    - (a) The physician or physician assistant prescribes only the amount of a schedule II controlled substance to cover the duration of the emergency or an amount not to exceed a three-day supply whichever is shorter;
    - (b) After the emergency situation ends, the physician or physician assistant conducts the physical examination as part of an initial in-person visit before any further prescribing of a drug that is a schedule II controlled substance; or
  - (5) The prescribing of a controlled substance through telehealth services is being done under an exception permitted by federal law governing prescription drugs that are controlled substances.
- (F) When prescribing a controlled substance through the provision of telehealth services under one of the exceptions in paragraph (E) of this rule, the physician or physician assistant shall document one of the reasons listed in paragraph (E) for the prescribing in the medical record of the new patient in addition to the documentation already required to meet the standard of care in rule 4731-37-01 of the Administrative Code.
- (G) Nothing in this rule shall be construed to imply that one in-person physician or physician assistant examination demonstrates that a prescription has been issued for a legitimate medical purpose within the course of professional practice.
- (H) A violation of any provision of this rule, as determined by the board, shall constitute any or all of the following:
- (1) For a physician:
    - (a) "Failure to maintain minimal standards applicable to the selection or administration of drugs," as that clause is used in division (B)(2) of section 4731.22 of the Revised Code;

- (b) "Selling, giving away, personally furnishing, prescribing, or administering drugs for other than legal and legitimate therapeutic purposes," as that clause is used in division (B)(3) of section 4731.22 of the Revised Code;  
or
- (c) "A departure from or the failure to conform to minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in division (B)(6) of section 4731.22 of the Revised Code.

(2) For a physician assistant:

- (a) "A departure from, or failure to conform to, minimal standards of care of similar physician assistants under the same or similar circumstances, regardless of whether actual injury to a patient is established," as that clause is used in division (B)(19) of section 4730.25 of the Revised Code;
- (b) "Failure to comply with the requirements of this chapter, Chapter 4731, of the Revised Code, or any rules adopted by the board," as that clause is used in division (B)(2) of section 4730.25 of the Revised Code; or
- (c) "Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this chapter, Chapter 4731, of the Revised Code, or the rules adopted by the board," as that clause is used in division (B)(3) of section 4730.25 of the Revised Code.

(I) This rule shall not apply to any prescribing situations specifically authorized by the Revised Code or Administrative Code.



Replaces: 4731-11-09

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Date

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## TO BE RESCINDED

4731-11-09

**Prescribing to persons not seen by the physician.**

- (A) Except as provided in paragraph (D) of this rule, a physician shall not prescribe, personally furnish, otherwise provide, or cause to be provided, any controlled substance to a person on whom the physician has never conducted a physical examination.
- (B) Except as provided in paragraph (C) of this rule, a physician shall not prescribe, personally furnish, otherwise provide, or cause to be provided, any prescription drug that is not a controlled substance to a person on whom the physician has never conducted a physical examination.
- (C) A physician may prescribe, personally furnish, otherwise provide, or cause to be provided a prescription drug that is not a controlled substance to a person on whom the physician has never conducted a physical examination and who is at a location remote from the physician by complying with all of the following requirements:
- (1) The physician shall establish the patient's identity and physical location;
  - (2) The physician shall obtain the patient's informed consent for treatment through a remote examination;
  - (3) The physician shall request the patient's consent and, if granted, forward the medical record to the patient's primary care provider or other health care provider, if applicable, or refer the patient to an appropriate health care provider or health care facility;
  - (4) The physician shall, through interaction with the patient, complete a medical evaluation that is appropriate for the patient and the condition with which the patient presents and that meets the minimal standards of care, which may include portions of the evaluation having been conducted by other Ohio licensed healthcare providers acting within the scope of their professional license;
  - (5) The physician shall establish or confirm, as applicable, a diagnosis and treatment plan, which includes documentation of the necessity for the utilization of a prescription drug. The diagnosis and treatment plan shall include the identification of any underlying conditions or contraindications to the recommended treatment;
  - (6) The physician shall document in the patient's medical record the patient's consent to treatment through a remote evaluation, pertinent history, evaluation,

diagnosis, treatment plan, underlying conditions, any contraindications, and any referrals to appropriate health care providers, including primary care providers or health care facilities;

- (7) The physician shall provide appropriate follow-up care or recommend follow-up care with the patient's primary care provider, other appropriate health care provider, or health care facility in accordance with the minimal standards of care;
  - (8) The physician shall make the medical record of the visit available to the patient;
  - (9) The physician shall use appropriate technology that is sufficient for the physician to conduct all steps in this paragraph as if the medical evaluation occurred in an in-person visit.
- (D) A physician may prescribe, personally furnish, otherwise provide, or cause to be provided a prescription drug that is a controlled substance to a person on whom the physician has not conducted a physical examination and who is at a location remote from the physician in any of the following situations:
- (1) The person is an active patient, as that term is defined in paragraph (D) of rule 4731-11-01 of the Administrative Code, of an Ohio licensed physician or other health care provider who is a colleague of the physician and the drugs are provided pursuant to an on call or cross coverage arrangement between them and the physician complies with all steps of paragraph (C) of this rule;
  - (2) The patient is physically located in a hospital or clinic registered with the United States drug enforcement administration to personally furnish or provide controlled substances, when the patient is being treated by an Ohio licensed physician or other healthcare provider acting in the usual course of their practice and within the scope of their professional license and who is registered with the United States drug enforcement administration to prescribe or otherwise provide controlled substances in Ohio.
  - (3) The patient is being treated by, and in the physical presence of, an Ohio licensed physician or healthcare provider acting in the usual course of their practice and within the scope of their professional license, and who is registered with the United States drug enforcement administration to prescribe or otherwise provide controlled substances in Ohio.
  - (4) The physician has obtained from the administrator of the United States drug enforcement administration a special registration to prescribe or otherwise provide controlled substances in Ohio.

- (5) The physician is the medical director, hospice physician, or attending physician for a hospice program licensed pursuant to Chapter 3712. of the Revised Code and both of the following conditions are met:
  - (a) The controlled substance is being provided to a patient who is enrolled in that hospice program, and
  - (b) The prescription is transmitted to the pharmacy by a means that is compliant with Ohio board of pharmacy rules.
- (6) The physician is the medical director of, or attending physician at, an institutional facility, as that term is defined in rule 4729-17-01 of the Administrative Code, and both of the following conditions are met:
  - (a) The controlled substance is being provided to a person who has been admitted as an inpatient to or is a resident of an institutional facility, and
  - (b) The prescription is transmitted to the pharmacy by a means that is compliant with Ohio board of pharmacy rules.
- (E) Nothing in this rule shall be construed to imply that one in-person physician examination demonstrates that a prescription has been issued for a legitimate medical purpose within the course of professional practice.
- (F) A violation of any provision of this rule, as determined by the board, shall constitute any or all of the following:
  - (1) "Failure to maintain minimal standards applicable to the selection or administration of drugs," as that clause is used in division (B)(2) of section 4731.22 of the Revised Code;
  - (2) "Selling, prescribing, giving away, or administering drugs for other than legal and legitimate therapeutic purposes," as that clause is used in division (B)(3) of section 4731.22 of the Revised Code; or
  - (3) "A departure from or the failure to conform to minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in division (B)(6) of section 4731.22 of the Revised Code.
- (G) For purposes of this rule, "informed consent" means a process of communication between a patient and physician discussing the risks and benefits of, and alternatives to, treatment through a remote evaluation that results in the patient's agreement

or signed authorization to be treated through an evaluation conducted through appropriate technology when the physician is in a location remote from the patient.

- (H) This rule shall not apply to any prescribing situations specifically authorized by the Revised Code or Administrative Code.
- (I) For purposes of this rule, "patient" means a person for whom the physician provides healthcare services or the person's representative.

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Certification

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Date

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4731-37-01**Telehealth.**

(A) As used in Chapters 4730, 4731, 4759, 4761, and 4778 of the Administrative Code:

- (1) "Telehealth services" means health care services provided through the use of information and communication technology by a health care professional licensed in Ohio, within the professional's scope of practice, who is located at a site other than the site where the patient is receiving the services or the site where another health care professional with whom the provider of the services is formally consulting regarding the patient is located.
- (2) "Synchronous communication technology" means audio and/or video technology that permits two-way, interactive, real-time electronic communication between the health care professional and the patient or between the health care professional and the consulting health care professional regarding the patient.
- (3) "Asynchronous communication technology", also called store and forward technology, has the same meaning as asynchronous store and forward technologies as that term is defined in 42 C.F.R. 410.78 (effective January 1, 2022).
- (4) "Remote monitoring device" means a medical device cleared, approved, or authorized by the United States food and drug administration for the specific purpose which the health care professional is using it and which reliably transmits data electronically and automatically.
- (5) "Health care professional" means any of the following:
  - (a) A physician assistant licensed under Chapter 4730. of the Revised Code;
  - (b) A physician licensed under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery;
  - (c) A dietitian licensed under Chapter 4759. of the Revised Code;
  - (d) A respiratory care professional licensed under Chapter 4761. of the Revised Code; or
  - (e) A genetic counselor licensed under Chapter 4778. of the Revised Code.
- (6) "Consent for telehealth treatment" means a process of communication between a patient or, if applicable, the patient's legal representative and the health care professional discussing the risks and benefits of, and alternatives to, treatment through a remote evaluation that results in the agreement to treatment that is

documented in the medical record or signed authorization for the patient to be treated through an evaluation conducted through appropriate technology, as specified in this rule, when the health care professional is in a location remote from the patient.

(7) "Formal consultation" means when a health care professional seeks the professional opinion of another health care professional regarding the diagnosis or treatment recommended for the patient's medical condition presented, transfers the relevant portions of the patient's medical record to the consulting health care professional, and documents the formal consultation in the patient's medical record.

(B) A health care professional may provide telehealth services to a patient located in this state. The health care professional shall comply with all of the following requirements:

(1) The standard of care for a telehealth visit is the same as the standard of care for an in-person visit.

(2) The health care professional shall follow all standard of care requirements which include but are not limited to the standard of care requirements in paragraph (C) of this rule.

(3) The health care professional may provide the telehealth services through the use of synchronous or asynchronous communication technology provided that the standard of care for an in-person visit can be met for the patient and the patient's medical condition through the use of the technology selected. Telephone calls, as a synchronous communication technology, may only be used for telehealth services when all of the elements of a bona fide health care visit meeting the standard of care are performed. Telephone calls that are routine or simply involve communication of information do not constitute a telehealth service.

(4) If a health care professional determines at any time during the provision of telehealth services that a telehealth visit will not meet the standard of care for the medical condition of the patient or if additional in-person care is necessary, the health care professional shall see the patient in a reasonable timeframe or make the appropriate referral to another health care professional to meet the standard of care.

(a) If the patient needs emergency care, the health care professional shall assist the patient in obtaining emergency care by doing one of the following:



(i) If the patient is able to safely travel or be transported to the emergency department without emergency transport services, help the patient identify the closest emergency department and, if necessary, in the health care professional's discretion, provide notification to the emergency department of the patient's potential arrival;

(ii) If the patient is unable to safely travel or be transported to the emergency department without emergency transport services, advise the patient to call 911 and remain on the videoconference, telephone, or other synchronous communication technology with the patient; or

(iii) If patient is incapacitated, call for emergency services and remain on the videoconference, telephone, or other synchronous communication technology with the patient.

(b) The health care professional shall document the in-person visit or the referral in the patient's medical record.

(c) All referrals shall be made in an amount of time that is appropriate for that patient and their condition presented.

(C) A health care professional shall comply with all standard of care requirements to provide telehealth services to a patient including but not limited to:

(1) The health care professional shall verify the patient's identity and physical location in Ohio, and communicate the health care professional's name and type of active Ohio license held to the patient if the health care professional has not previously treated the patient. This may be done verbally as long as it is documented by the health care professional in the patient's medical record;

(2) The health care professional shall document the consent for telehealth treatment of the patient or, if applicable, the patient's legal representative;

(3) The health care professional shall provide the telehealth services in a manner that complies with the privacy and security requirements for the patient and their protected health information required by the law of this state and federal law. Also, the health care professional shall ensure that any username or password information and any electronic communications between the health care professional and the patient are securely transmitted and stored;

(4) If applicable, the health care professional shall forward the medical record to the patient's primary care provider, other health care provider, or to an appropriate

health care provider to whom the patient is referred as provided in paragraph (B)(4) of this rule:

- (5) The health care professional shall, through interaction with the patient, complete a medical evaluation that is appropriate for the patient and the condition with which the patient presents and that meets the minimal standards of care for an in-person visit, which may include portions of the evaluation having been conducted by other Ohio licensed healthcare providers acting within the scope of their professional license;
  - (6) The health care professional shall establish or confirm, as applicable, a diagnosis and treatment plan, which for those health care professionals designated as prescribers in section 4729.01 of the Revised Code, includes documentation of the necessity for the utilization of a prescription drug. The diagnosis and treatment plan shall include the identification of any underlying conditions or contraindications to the recommended treatment;
  - (7) The health care professional shall promptly document in the patient's medical record the patient's or, if applicable, the patient's legal representative, consent for telehealth treatment, pertinent history, evaluation, diagnosis, treatment plan, underlying conditions, any contraindications, and any referrals to appropriate health care providers, including primary care providers or health care facilities;
  - (8) The health care professional shall provide appropriate follow-up care or recommend follow-up care with the patient's primary care provider, other appropriate health care provider, or health care facility in accordance with the minimal standards of care;
  - (9) The health care professional shall make the medical record of the visit available to the patient or if applicable, the patient's legal representative, upon request.
- (D) A health care professional shall comply with the following requirements to provide telehealth services that involve a formal consultation with another health care professional:
- (1) The health care professional who seeks a formal consultation shall document the acknowledgement of the patient or if applicable, the patient's legal representative, before seeking the telehealth services formal consultation with the consulting health care professional;
  - (2) The consulting health care professional shall meet the licensure or certification requirements in division (C) of section 4743.09 of the Revised Code; and

- (3) The health care professional who seeks a formal consultation shall send the medical records relevant to the patient's medical condition to the consulting health care professional who shall review the medical records of the patient relevant to the medical condition which is the subject of the consultation before the formal consultation occurs, unless this is not possible due to an emergency situation.
- (E) While providing telehealth services, a health care professional that is a physician or a physician assistant who holds a valid prescriber number issued by the state medical board and who has been granted physician-delegated prescriptive authority shall comply with the following requirements regarding prescription drugs:
- (1) The physician or physician assistant may only prescribe, personally furnish, otherwise provide, or cause to be provided a prescription drug that is not a controlled substance to a patient through the provision of telehealth services by complying with all requirements of this rule;
- (2) The physician or physician assistant may only prescribe, personally furnish, otherwise provide, or cause to be provided a prescription drug to a patient that is a controlled substance through the provision of telehealth services by complying with the following requirements:
- (a) Federal law governing prescription drugs that are controlled substances;
- (b) The requirements of this rule; and
- (c) The requirements in rule 4731-11-09 of the Administrative Code.
- (F) A physician or physician assistant may provide telehealth services through the use of remote monitoring devices provided that:
- (1) The patient or, if applicable, the patient's legal representative, gives consent to the use of remote monitoring devices;
- (2) The medical devices that enable remote monitoring have been cleared, approved, or authorized by the United States food and drug administration for the specific purpose for which the physician or physician assistant are using it for the patient, and the remote monitoring devices otherwise comply with all federal requirements.
- (G) A violation of any provision of this rule, as determined by the board, shall constitute any or all of the following:
- (1) For a physician:

- (a) "Failure to maintain minimal standards applicable to the selection or administration of drugs," as that clause is used in division (B)(2) of section 4731.22 of the Revised Code;
- (b) "Selling, giving away, personally furnishing, prescribing, or administering drugs for other than legal and legitimate therapeutic purposes," as that clause is used in division (B)(3) of section 4731.22 of the Revised Code;  
or
- (c) "A departure from or the failure to conform to minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in division (B)(6) of section 4731.22 of the Revised Code.

(2) For a physician assistant:

- (a) "A departure from, or failure to conform to, minimal standards of care of similar physician assistants under the same or similar circumstances, regardless of whether actual injury to a patient is established," as that clause is used in division (B)(19) of section 4730.25 of the Revised Code;
- (b) "Failure to comply with the requirements of this chapter, Chapter 4731. of the Revised Code, or any rules adopted by the board," as that clause is used in division (B)(2) of section 4730.25 of the Revised Code; or
- (c) "Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this chapter, Chapter 4731. of the Revised Code, or the rules adopted by the board," as that clause is used in division (B)(3) of section 4730.25 of the Revised Code.

(3) For a dietitian:

- (a) "Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this chapter or the rules adopted by the board," as that clause is used in division (A)(1) of section 4759.07 of the Revised Code; or
- (b) "A departure from, or failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in division (A)(11) of section 4759.07 of the Revised Code.

(4) For a respiratory care professional:

- (a) "Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this chapter or the rules adopted by the board," as that clause is used in division (A)(7) of section 4761.09 of the Revised Code; or
  - (b) "A departure from, or failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in division (A)(10) of section 4761.09 of the Revised Code.
- (5) For a genetic counselor:
- (a) "Failure to comply with the requirements of this chapter, Chapter 4731. of the Revised Code, or any rules adopted by the board." as that clause is used in division (B)(2) of section 4778.14 of the Revised Code;
  - (b) "Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this chapter, Chapter 4731. of the Revised Code, or the rules adopted by the board," as that clause is used in division (B)(3) of section 4778.14 of the Revised Code; or
  - (c) "A departure from, or failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances whether or not actual injury to the patient is established," as that clause is used in division (B)(4) of section 4778.14 of the Revised Code.

Replaces: 4731-11-09

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4759-11-01

**Miscellaneous provisions.**

For purposes of Chapter 4759. of the Revised Code and rules promulgated thereunder:

- (A) An adjudication hearing held pursuant to the provisions of Chapter 119. of the Revised Code shall be conducted in conformance with the provisions of Chapter 4731-13 of the Administrative Code.
- (B) The provisions of Chapters 4731-4, 4731-8, 4731-13, 4731-15, 4731-16, 4731-26, ~~and 4731-28.~~ and 4731-37 of the Administrative Code are applicable to the holder of a license or limited permit issued pursuant to Chapter 4759. of the Revised Code, as though fully set forth in agency 4759 of the Administrative Code.

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Certification

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4761-15-01                    **Miscellaneous provisions.**

For purposes of Chapter 4761. of the Revised Code and rules promulgated thereunder:

- (A) An adjudication hearing held pursuant to the provisions of Chapter 119. of the Revised Code shall be conducted in conformance with the provisions of Chapter 4731-13 of the Administrative Code.
- (B) The provisions of Chapters 4731-4, 4731-8, 4731-13, 4731-15, 4731-16, 4731-17, 4731-26, ~~and 4731-28,~~ and 4731-37 of the Administrative Code are applicable to the holder of a license or limited permit issued pursuant to Chapter 4761. of the Revised Code, as though fully set forth in agency 4761 of the Administrative Code.

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4778-1-06

**Miscellaneous provisions.**

For purposes of Chapter 4778. of the Revised Code and rules promulgated thereunder, the provisions of Chapters 4731-13, 4731-16, 4731-26, ~~and 4731-28,~~ and 4731-37 of the Administrative Code are applicable to the holder of a license to practice as a genetic counselor issued under Chapter 4778. of the Revised Code, as though fully set forth in Chapter 4778-1 or Chapter 4778-2 of the Administrative Code.

Effective:

Five Year Review (FYR) Dates: 4/30/2024

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Certification

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Date

Promulgated Under: 119.03  
Statutory Authority: 4778.12, 4743.09  
Rule Amplifies: 4778.14, 4778.30  
Prior Effective Dates: 10/31/2013, 04/30/2019