

**As Introduced**

**131st General Assembly  
Regular Session  
2015-2016**

**S. B. No. 165**

**Senator Lehner  
Cosponsors: Senators Seitz, Jones**

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**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 140  
responsibility for the treatment or care of the person or, if 141  
the person or the person's family has not assigned that 142  
responsibility, the physician who has accepted that 143  
responsibility. 144

(B) "CPR" means cardiopulmonary resuscitation or a 145  
component of cardiopulmonary resuscitation, but it does not 146  
include clearing a person's airway for a purpose other than as a 147  
component of CPR. 148

~~(C) "Declaration," "health care facility," "life-~~ 149  
~~sustaining treatment," "physician," "professional disciplinary-~~ 150  
~~action," and "tort action" have the same meanings as in section-~~ 151  
~~2133.01 of the Revised Code~~means a document executed in 152  
accordance with section 2133.02 of the Revised Code. 153

~~(C)~~ (D) "DNR identification" means a standardized 154  
identification card, form, necklace, or bracelet that is of 155  
uniform size and design, that has been approved by the 156  
department of health pursuant to former section 2133.25 of the 157  
Revised Code, and that signifies ~~either~~ at least one of the 158  
following: 159

(1) That the person who is named on and possesses the 160  
card, form, necklace, or bracelet has executed a declaration 161  
~~that authorizes the withholding or withdrawal of CPR and that~~ 162  
has not been revoked pursuant to section 2133.04 of the Revised 163  
Code; 164

(2) That the attending physician of the person who is 165  
named on and possesses the card, form, necklace, or bracelet has 166  
issued a current do-not-resuscitate order, ~~in accordance with~~ 167  
~~the do not resuscitate protocol adopted by the department of~~ 168

~~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 ~~basie~~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. ~~2133.21~~ 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- 227  
physician under sections 2133.21 to 2133.26 of the Revised Code- 228  
and has the immunity provided by section 2133.22 of the Revised- 229  
Code if the action is taken pursuant to a physician supervisory- 230  
plan approved pursuant to section 4730.17 of the Revised Code or 231  
the policies of a health care facility in which the physician- 232  
assistant is practicing. 233~~

**Sec. ~~2133.23~~ 2133.24.** (A) If emergency ~~medical services~~ 234  
~~personnel, other than physicians,~~ are presented with DNR 235  
identification possessed by a person or are presented with a 236  
~~written do-not-resuscitate order for a person or if a physician-~~ 237  
~~directly issues to emergency medical services personnel, other-~~ 238  
~~than physicians, an oral do not resuscitate order for a person,~~ 239  
the emergency ~~medical services~~ personnel shall comply with the 240  
~~do not resuscitate protocol for the person. If an oral do not-~~ 241  
~~resuscitate order is issued by a physician who is not present at-~~ 242  
~~the scene, the emergency medical services personnel shall verify~~ 243  
~~the physician's identity~~instructions signified by the DNR 244  
identification or in the do-not-resuscitate order. 245

(B) If a person possesses DNR identification and if the 246  
person's attending physician or the health care facility in 247  
which the person is located ~~is unwilling or unable to comply~~ 248  
~~with the do not resuscitate protocol for the person~~instructions 249  
signified by the person's DNR identification or in the do-not- 250  
resuscitate order, the attending physician or the health care 251  
facility shall not prevent or attempt to prevent, or 252  
unreasonably delay or attempt to delay, the transfer of the 253  
person to a different physician who will follow the ~~protocol-~~ 254  
instructions or to a different health care facility in which the 255  
~~protocol~~instructions will be followed. 256

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

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

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

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 of 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

<del>(15) The Ohio osteopathic association;</del>	401
<del>(16) The association of Ohio philanthropic homes, housing and services for the aging;</del>	402 403
<del>(17) The catholic conference of Ohio;</del>	404
<del>(18) The department of aging;</del>	405
<del>(19) The department of mental health and addiction services;</del>	406 407
<del>(20) The Ohio private residential association;</del>	408
<del>(21) The northern Ohio fire fighters association.</del>	409
<b>Sec. <del>2133.26</del> <u>2133.27</u>.</b> (A) (1) No physician shall purposely prevent or attempt to prevent, or delay or unreasonably attempt to delay, the transfer of a patient in violation of division (B) of section <del>2133.23</del> <u>2133.24</u> of the Revised Code.	410 411 412 413
(2) No person shall purposely conceal, cancel, deface, or obliterate the DNR identification of another person without the consent of the other person.	414 415 416
(3) No person shall purposely falsify or forge a revocation of a declaration that is the basis of the DNR identification of another person or purposely falsify or forge an order of a physician that purports to supersede a do-not-resuscitate order issued for another person.	417 418 419 420 421
(4) No person shall purposely falsify or forge the DNR identification of another person with the intent to cause the use, withholding, or withdrawal of CPR for the other person.	422 423 424
<del>(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</del>	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 discomfort, but not to postpone death; 515  
516
- (2) Hydration when administered to diminish pain or discomfort, but not to postpone death; 517  
518
- (3) Any other medical or nursing procedure, treatment, intervention, or other measure that is taken to diminish pain or discomfort, but not to postpone death. 519  
520  
521
- (F) "CPR" has the same meaning as in section 2133.21 of the Revised Code. 522  
523
- (G) "Declaration" means a document executed in accordance with section 2133.02 of the Revised Code. 524  
525
- (H) "DNR identification" and "do-not-resuscitate order" have the same meanings as in section 2133.21 of the Revised Code. 526  
527  
528
- (I) "Durable power of attorney for health care" means a document created pursuant to sections 1337.11 to 1337.17 of the Revised Code. 529  
530  
531
- (J) "Emergency services personnel" has the same meaning as in section 2133.21 of the Revised Code. 532  
533
- (K) "Form preparer" means the issuing practitioner who completes and signs a medical orders for life-sustaining treatment form or the individual who completes the form pursuant to the practitioner's delegation and for the practitioner's signature. 534  
535  
536  
537  
538
- (L) "Guardian" has the same meaning as in section 2133.01 of the Revised Code. 539  
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  
and is not breathing. Check only one:

598

599

600

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

601

602

603

604

605

606

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

607

608

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

609

610

611

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

612

613

614

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

615

616

617

618

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

649  
650 The administration of nutrition or hydration, or both, whether  
651 orally or by invasive means, shall occur except in the event  
652 that the patient is diagnosed with a terminal condition or is in  
653 a permanently unconscious state, as those terms are defined in  
654 Ohio Revised Code section 2133.01, and the administration of  
655 nutrition or hydration becomes a greater burden than benefit to  
656 the patient.

657  
658 **Always offer by mouth, if feasible. Check only one in each**  
659 **column:**

660  
661  Long-term artificial  
662 nutrition by tube feeding

663  
664  Defined trial period of  
665 artificial nutrition by  
666 tube feeding

667  
668  No artificial nutrition  
669 by tube feeding

670  
671 Goals of care or additional order/instructions: .....  
672 .....

673



**D. AUTHORIZATION** 674

Authorization name and signature belongs to (check only one): 675

Patient 676

Guardian appointed by a probate court 677

Attorney in fact under patient's durable power of attorney 678

for health care (attach if signed) 679

Next of kin as specified in Ohio Revised Code section 680

2133.08(B) 681

• Spouse 682

• Majority of adult children (available within reasonable time) 683

• Parents 684

• Majority of adult siblings (available within reasonable time) 685

• Other nearest relative (available within reasonable time) 686

Parent, guardian, or legal custodian of a minor 687

**Name (printed):** ..... 689

**Phone Contact:** ..... 691

**Signature (mandatory):** ..... 693

**Date Signed:** ..... 695

696

**E. SIGNATURE OF ISSUING PRACTITIONER** 697

My signature in this section indicates, to the best of my 698  
knowledge, that these orders are consistent with the patient's 699  
current medical condition and preferences as indicated by the 700  
patient's advance directives, previous discussions with the 701  
person identified in Section D., above, or both. 702

**Name of issuing practitioner (printed):** 704

..... 705

**Signature of Issuing Practitioner (mandatory):** 707

..... 708

**Date Signed: .....** 710

**License/Certificate Number: .....** 712

**Phone Number: .....** 714

**F. SIGNATURE OF FORM PREPARER** 716

**Name of Form Preparer and Credentials (printed):** 717

..... 718

**Signature of Form Preparer (mandatory):** 720



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 921  
2133.38 of the Revised Code, a MOLST form does not expire. 922

Sec. 2133.40. In an emergency situation, emergency 923  
services personnel are not required to search a person to 924  
determine if the person is the subject of a MOLST form. If a 925  
person is the subject of a MOLST form, if emergency services 926  
personnel or emergency department personnel provide care to the 927  
person in an emergency situation, and if, at that time, the 928  
personnel do not know and do not have reasonable cause to 929  
believe that the person is the subject of a MOLST form, the 930  
emergency services personnel are not subject to any of the 931  
following associated with providing care that is in accordance 932  
with applicable law: 933

(A) Criminal prosecution; 934

(B) Liability for damages in a tort or other civil action 935  
for injury, death, or loss to person or property; 936

(C) Professional disciplinary action. 937

Sec. 2133.41. Subject to division (B) of this section, no 938  
health care facility, health care professional, emergency 939  
services person, or other individual who provides care to a 940  
person under the direction of or with the authorization of a 941  
physician, physician assistant, certified nurse practitioner, or 942  
clinical nurse specialist in an emergency situation, at the 943  
person's residence or in public, or at a health care facility 944  
shall be subject to any of the following, as applicable, if the 945  
care is provided in good faith and in accordance with, or 946  
otherwise complies with, a valid MOLST form or sections 2133.31 947  
to 2133.47 of the Revised Code: 948

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

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

<del>2133.26</del> <u>2133.29</u> of the Revised Code.	1067
<b>Sec. 4730.09.</b> (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 completion of an advanced cardiac life support course;	1123 1124
(32) Performing lumbar punctures;	1125
(33) In accordance with rules adopted by the board, using light-based medical devices for the purpose of hair removal;	1126 1127
(34) Administering, monitoring, or maintaining local anesthesia, as defined in section 4730.091 of the Revised Code;	1128 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 to a physical therapist for the purpose of receiving physical therapy;	1132 1133 1134
(38) Ordering occupational therapy or referring a patient to an occupational therapist for the purpose of receiving occupational therapy;	1135 1136 1137
(39) Taking any action that may be taken by an attending physician under sections 2133.21 to <del>2133.26</del> <u>2133.29</u> of the Revised Code, as specified in section <del>2133.211</del> <u>2133.23</u> of the Revised Code;	1138 1139 1140 1141
(40) Determining and pronouncing death in accordance with section 4730.092 of the Revised Code;	1142 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