

Executive	As Passed By House	As Passed By Senate
MEDCD1 Summary Suspensions		R.C. 4730.25, 4731.22, 4759.07, 4760.13, 4761.09, 4762.13, 4772.20, 4774.13, and 4778.14
No provision.	No provision.	Revises in the following ways the law authorizing - in limited circumstances - MED to issue summary suspensions against its license holders:
(1) No provision.	(1) No provision.	(1) Eliminates provisions specifying that an order is not subject to suspension by a court before MED issues its final adjudicative order and, instead, specifies the following: (a) that a summary suspension is not a final appealable order and is not an adjudication that may be appealed under the Administrative Procedure Act and (b) that once a final adjudicative order has been issued, any party adversely affected by it may file an appeal in accordance with the requirements of the Administrative Procedure Act.
(2) No provision.	(2) No provision.	(2) Eliminates provisions specifying that the period during which a summary suspension is in effect applies unless reversed on appeal.
(3) No provision.	(3) No provision.	(3) In the case of acupuncturists, anesthesiologist assistants, certified mental health assistants, genetic counselors, and radiologist assistants, extends to 75 days (from 60) the number of days by which the Medical Board must issue its final adjudicative order after its hearing regarding the summary suspension. (The 75-day timeline corresponds with that for other practitioners regulated by the Board.)
		Fiscal effect: Minimal.

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MEDCD2 Certified Mental Health Assistants		R.C. 4731.2210, 4772.20, 4772.21, 4772.23, 4772.99; conforming changes in various sections
No provision.	No provision.	Revises the statutes governing certified mental health assistants (CMHAs) to correspond with recently enacted statutory changes regarding other professions under MED's jurisdiction, including:
(1) No provision.	(1) No provision.	(1) Authorizing MED to recommend a CHMA's license be suspended without a prior hearing if MED receives verifiable information that the CMHA has been charged with a felony and the conduct charged constitutes grounds for MED disciplinary action.
(2) No provision.	(2) No provision.	(2) Requiring CMHAs that have reasonable cause to suspect that a licensee of MED has committed or participated in criminal conduct or sexual misconduct to report that information to MED.
(3) No provision.	(3) No provision.	(3) Requires licensees to self-report criminal charges regarding criminal conduct, sexual misconduct, or any conduct involving the use of a motor vehicle while under the influence of drugs or alcohol.
(4) No provision.	(4) No provision.	(4) Shortening to 30 days (from 60) the time in which health facilities must report various CMHA conduct to MED.
(5) No provision.	(5) No provision.	(5) Authorizing MED to require CMHAs subject to probationary orders related to sexual misconduct or patient harm to provide a written disclosure to each patient, the patient's guardian, or a key third party.
No provision.	No provision.	Adjusts the statutory expression of criminal penalties that are to be imposed for violations of various MED statutes in a manner that follows standard bill drafting conventions for those types of penalties.
		Fiscal effect: Minimal.

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DOHCD41 Medical Quality Assurance Fund	R.C. 113.78	R.C. 113.78, 4731.256; Section 105.30, 620.40, 620.41 (amends section 14 of H.B. 238 of the 135th G.A.)
No provision.	Permits TOS to invest money from the Medical Quality Assurance Fund that exceeds the amount required to meet the Fund's current uses, which are directed by the General Assembly, by exercising the existing authority that applies to investing interim funds of the state.	No provision.
No provision.	Requires all investment earnings of the Fund to be credited to the Fund.	Same as the House, but abolishes the Fund on July 1, 2026
No provision.	No provision.	Requires the monitoring organization that is under contract with the State Medical Board to operate the Confidential Monitoring Program for impaired practitioners to create a foundation, which has the sole purpose of supporting monitoring programs that meet existing law criteria for approval.
No provision.	No provision.	Requires the foundation to be created in collaboration with the Ohio State Medical Association and Ohio Hospital Association, including by requiring the three creating entities to establish a governing board consisting of one representative from each entity.
No provision.	No provision.	Requires the Treasurer of State, within 30 days after the foundation is created, to transfer to the monitoring organization all unencumbered money from the Medical Quality Assurance Fund, which is a custodial fund consisting of money that was transferred to it by the Ohio Medical Quality Foundation.
No provision.	No provision.	Eliminates existing law provisions specifying other ways that money in the Fund could be used.

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No provision.	No provision.	Requires the monitoring organization, within 30 days of receiving the transferred funds, to submit the money to the newly created foundation.
No provision.	No provision.	Requires the newly created foundation's governing board to meet annually to approve a plan for the disbursement of the foundation's funds.
No provision.	No provision.	Requires initial amounts to be disbursed by January 1, 2026, or 30 days after the foundation receives the money from the Medical Quality Assurance Fund, whichever is later.
	Fiscal effect: Depends on the amount invested and the return on those investments.	Fiscal effect: Minimal costs to MED to require the monitoring organization to implement these provisions as a condition of entering into and maintaining the contract. Any other state costs relating to the Fund will no longer be incurred once the transfer is complete.
DOHCD38 Save Our Sight Fund - health professional licensure		
	R.C. 3701.21, 4743.12	
No provision.	Requires the following licensing boards to ask an applicant for licensure or renewal if the applicant wishes to voluntarily contribute to the Save Our Sight Fund: NUR, PRX, State Board of Education, State Board of Emergency Medical, Fire, and Transportation Services, MED, and VPB.	No provision.
No provision.	Requires such a board to provide a method by which an applicant wishing to contribute may do so.	No provision.
No provision.	Requires all amounts collected to be deposited into the state treasury to the credit of the Save Our Sight Fund (Fund 4V60). Fiscal effect: Potential increase in costs to impacted boards to adjust applications to accommodate voluntary contributions, including possible IT/eLicense changes. The bill increases DPF Fund 4V60 ALI 440641, Save Our Sight, by \$500,000 in each fiscal year.	No provision.

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DOHCD47	Medical certificate of death				R.C. 3705.16, 4731.22
No provision.		No provision.			Clarifies that the coroner or medical examiner certifies the cause of death when a decedent dies as a result of criminal or other violent means, while an attending physician certifies the cause of death in all other circumstances.
No provision.		No provision.			Authorizes the physician who last examined or treated a decedent to certify the decedent's cause of death and complete and sign the medical certificate of death, but only in the case of a decedent who did not have an attending physician in charge of a patient's care for the illness or condition that resulted in the patient's death.
No provision.		No provision.			Extends the current law timeline by which a medical certificate of death must be completed and signed, from 48 hours after death to 48 hours after notice of the death.
No provision.		No provision.			Revises in the following ways existing law provisions that apply when a decedent's cause of death remains pending:
(1) No provision.		(1) No provision.			(1) Eliminates the authority of a coroner or medical examiner, when specifying on the medical certificate that the cause of death is pending, to sign the certificate by stamping it with a stamp of the coroner's or examiner's signature.
(2) No provision.		(2) No provision.			(2) Maintains the authority of a coroner or medical examiner to sign a medical certificate that specifies the cause of death as pending, but eliminates references to signing the certificate in the coroner's or examiner's own hand.
(3) No provision.		(3) No provision.			(3) Maintains provisions authorizing the coroner or medical examiner to sign any other medical certificate of death or supplementary medical certification, but eliminates the requirement that the signing be done in the coroner's or examiner's own hand.

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(4) No provision.	(4) No provision.	(4) Requires any other medical certificate of death or supplementary medical certification to be signed by the coroner or medical examiner within 48 hours after determining the cause of death.
No provision.	No provision.	Establishes the failure to comply with the law governing medical certificates of death as a ground upon which MED may take disciplinary action against a physician.
No provision.	No provision.	Grants a coroner, medical examiner, or physician acting in good faith and upon reasonable belief immunity from civil liability and professional discipline for any act or omission in certifying the cause of death or in completing and signing the medical certificate of death.
		Fiscal effect: Potential costs to government-owned hospitals or county coroners to update policies. Potential increase in costs to MED to investigate any violations.