

4731-15-01 Licensee reporting requirement; exceptions.

(A) Licensees of the board shall be required to report as listed below:

(1) Subject to paragraph (B) of this rule, any individual licensed under Chapter 4731. of the Revised Code or any association or society of individuals licensed under Chapter 4731. of the Revised Code shall report to the board a belief that a violation of Chapter 4730., Chapter 4731., Chapter 4760. or Chapter 4762. of the Revised Code, or any rule of the board has occurred.

(2) Subject to paragraph (B) of this rule, any physician assistant or any association or society of physician assistants shall report to the board a belief that a violation of Chapter 4730. or 4731. of the Revised Code, or any rule of the board has occurred.

(3) Subject to paragraph (B) of this rule, any anesthesiologist assistant or any association or society of anesthesiologist assistants shall report to the board a belief that a violation of Chapter 4731. or 4760. of the Revised Code, or any rule of the board has occurred.

(4) Subject to paragraph (B) of this rule, any acupuncturist or any association or society of acupuncturists shall report to the Board a belief that a violation of Chapter 4731. or 4762. of the Revised Code, or any rule of the board has occurred.

(B) An individual, association or society shall be relieved of the obligation to report under paragraph (A) of this rule if one of the following requirements is met:

(1) The individual or organization is an approved treatment provider under section 4731.25 of the Revised Code or the individual is an employee, agent or representative of an approved treatment provider, and

(a) The practitioner maintains participation in treatment or aftercare in accordance with section 4731.25 of the Revised Code and any rules of the board adopted pursuant to that section; and

(b) There is no reason to believe that the practitioner has violated any provision of Chapter 4730., Chapter 4731., Chapter 4760. or Chapter 4762. of the Revised Code, or any rule of the board, other than impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol or other substances that impair ability to practice, as provided in division (B)(5) of section 4730.25 of the Revised Code, division (B)(26) of section 4731.22 of the Revised Code, division (B)(6) of section 4760.13 of the Revised Code or division (B)(6) of section 4762.13 of the Revised Code.

(2) The individual is a member of an impaired practitioner committee, or the equivalent, established by a hospital or its medical staff, or is a representative or agent

of a committee or program sponsored by a professional association of individuals licensed under Chapter 4731. of the Revised Code to provide peer assistance to practitioners with substance abuse problems, and

- (a) The practitioner has been referred for examination to an approved treatment program;
 - (b) The practitioner co-operates with the referral for examination and any determination that he or she should enter treatment; and
 - (c) There is no reason to believe that the practitioner has violated any provision of Chapter 4730., Chapter 4731., Chapter 4760. or Chapter 4762. of the Revised Code, or any rule of the board, other than impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol or other substances that impair ability to practice, as provided in division (B)(5) of section 4730.25 of the Revised Code, division (B)(26) of section 4731.22 of the Revised Code, division (B)(6) of section 4760.13 of the Revised Code or division (B)(6) of section 4762.13 of the Revised Code.
- (3) The individual believes all of the following:
- (a) The practitioner has been referred for examination to an approved treatment program;
 - (b) The practitioner co-operates with the referral for examination and any determination that he or she should enter treatment; and
 - (c) There is no reason to believe that the practitioner has violated any provision of Chapter 4730., Chapter 4731., Chapter 4760. or Chapter 4762. of the Revised Code, or any rule of the board, other than impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol or other substances that impair ability to practice, as provided in division (B)(5) of section 4730.25 of the Revised Code, division (B)(26) of section 4731.22 of the Revised Code, division (B)(6) of section 4760.13 of the Revised Code or division (B)(6) of section 4762.13 of the Revised Code.
- (4) The individual is a member of a review committee described in section 2305.25 of the Revised Code and the sole source for the belief that a violation has occurred and there has been evidence or other matters produced or presented during the proceedings of such committee.
- (5) The individual is otherwise prohibited from reporting to the board by a superseding state or federal law.

(6) For purposes of this paragraph any individual licensed under Chapter 4730., Chapter 4731., Chapter 4760. or Chapter 4762. of the Revised Code, or any association or society of individuals so licensed, shall report a practitioner who has, at any time during or following treatment, experienced a relapse, as that term is defined in rule 4731-16-01 of the Administrative Code. The relapsing practitioner shall self-report the relapse.

(C) For purposes of paragraphs (B)(1)(b), (B)(2)(c), and (B)(3)(c) of this rule, violations of provisions of Chapter 4730., Chapter 4731., Chapter 4760. or Chapter 4762. of the Revised Code, or any rule of the board, other than impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice, need not be reported if all of the following requirements are met, but if any or all of the following conditions are not met, the individual or organization shall report to the board all violations which are believed to have occurred:

(1) All acts or omissions by the practitioner which would otherwise have constituted violations occurred while the practitioner was impaired; and

(2) The practitioner has not been criminally convicted based on any such acts or omissions; and

(3) There is no reason to believe that such acts or omissions might have an adverse impact on other individuals.

(D) For purposes of section 4730.32 of the Revised Code, section 4731.224 of the Revised Code, section 4760.16 of the Revised Code, section 4762.16 of the Revised Code and this rule, "reason to believe" or "a belief" does not require absolute certainty or complete unquestioning acceptance, but only an opinion that a violation has occurred based upon firsthand knowledge or reliable information.

(E) Any report required under paragraph (A) of this rule shall be made to the board within forty-eight hours. Reporting of any belief that a violation has occurred to a review committee as described in section 2305.251 of the Revised Code or any entity other than the board does not discharge the duty or obligation to report to the board. In cases where the secretary and supervising member determined that peer review is being conducted by a review committee as described in section 2305.251 of the Revised Code for purposes of denying, determining, changing or modifying the scope of the licensee's clinical privileges, they may defer further investigation by the board while awaiting the outcome of that peer review.

(F) Any individual licensed under Chapter 4731. of the Revised Code or any association or society of individuals licensed under Chapter 4731. of the Revised Code or any physician assistant or society of physician assistants who reports to the board a belief that a violation of Chapter 4731. or Chapter 4730. of the Revised Code, or any rule of the board has occurred shall be considered to be reporting pursuant to the requirements of

section 4731.224 of the Revised Code and shall be immune from civil liability as provided by division (H) of that section and paragraph (A) of rule 4731-15-05 of the Administrative Code. In order to invoke immunity, the practitioner who chooses to report anonymously shall request and shall be assigned a confidential identifying number by the board. The practitioner shall be responsible for notifying the board that he or she is a licensee and shall be responsible for maintaining the confidential identifying number in order to verify that he or she has met the reporting obligations of section 4730.32 of the Revised Code or section 4731.224 of the Revised Code and this chapter.

(G) Each report pursuant to this rule shall include:

- (1) The name of the licensee or other individual in violation;
- (2) The violation which is believed to have occurred; and
- (3) The date(s) of and place(s) of occurrence(s), if known.

Effective: 06/30/2005

R.C. 119.032 review dates: 03/25/2007

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 4731.05, 4731.07, 4760.19, 4762.19
Rule Amplifies: 4730.25, 4730.32, 4731.22, 4731.224, 4731.25,
4760.13, 4762.13, 4760.16, 4762.16
Prior Effective Dates: 9/1/91, 9/1/99, 2/28/04