

AN ACT

To amend sections 3702.51, 3702.594, 3712.01, and 4731.054 and to enact sections 3701.36, 3701.361, 3701.362, 3712.10, and 3712.11 of the Revised Code to create the Palliative Care and Quality of Life Interdisciplinary Council and a related education program, to require identification of patients and residents who could benefit from palliative care, to authorize hospice care programs to provide palliative care in their inpatient facilities or units to non-hospice patients, to specify that Medicaid coverage for palliative care is not being expanded, to modify the pain management clinic licensing law relative to certain palliative care patients, and to authorize the Director of Health to approve the transfer of certain nursing home beds to a facility in a contiguous county.

Be it enacted by the General Assembly of the State of Ohio:

SECTION 1. That sections 3702.51, 3702.594, 3712.01, and 4731.054 be amended and sections 3701.36, 3701.361, 3701.362, 3712.10, and 3712.11 of the Revised Code be enacted to read as follows:

Sec. 3701.36. (A) As used in this section and in sections 3701.361 and 3701.362 of the Revised Code, "palliative care" has the same meaning as in section 3712.01 of the Revised Code.

(B) There is hereby created the palliative care and quality of life interdisciplinary council. Subject to division (C) of this section, members of the council shall be appointed by the director of health and include individuals with expertise in palliative care who represent the following professions or constituencies:

(1) Physicians authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery, including those who are board-certified in pediatrics and those who are board-certified in psychiatry, as those designations are issued by a medical specialty certifying board recognized by the American board of medical specialties or American osteopathic association;

(2) Physician assistants licensed under Chapter 4730. of the Revised Code;

(3) Advanced practice registered nurses licensed under Chapter 4723. of the Revised Code who are designated as clinical nurse specialists or certified nurse practitioners;

(4) Registered nurses and licensed practical nurses licensed under Chapter 4723. of the Revised Code;

(5) Pharmacists licensed under Chapter 4729. of the Revised Code;

(6) Psychologists licensed under Chapter 4732. of the Revised Code;

(7) Licensed professional clinical counselors or licensed professional counselors licensed under Chapter 4757. of the Revised Code;

(8) Independent social workers or social workers licensed under Chapter 4757. of the Revised Code;

(9) Marriage and family therapists licensed under Chapter 4757. of the Revised Code;

(10) Child life specialists;

(11) Clergy or spiritual advisers;

(12) Exercise physiologists;

(13) Health insurers;

(14) Patients;

(15) Family caregivers.

The council's membership also may include employees of agencies of this state that administer programs pertaining to palliative care or are otherwise concerned with the delivery of palliative care in this state.

(C) The council's membership shall include individuals who have worked with various age groups, including children and the elderly. The council's membership also shall include individuals who have experience or expertise in various palliative care delivery models, including acute care, long-term care, hospice care, home health agency services, home-based care, and spiritual care. At least two members shall be physicians who are board-certified in hospice and palliative care by a medical specialty certifying board recognized by the American board of medical specialties or American osteopathic association. At least one member shall be employed as an administrator of a hospital or system of hospitals in this state or be a professional specified in divisions (B)(1) to (10) or division (B)(12) of this section who treats patients as an employee or contractor of such a hospital or system of hospitals.

Not more than twenty individuals shall serve as members of the council at any one time. Not more than two members shall be employed by the same health care facility or provider or practice at or for the same health care facility or provider.

In making appointments to the council, the director shall seek to include as members individuals who represent underserved areas of the state and to have all geographic areas of the state represented.

(D) The director shall make initial appointments to the council not later than ninety days after the effective date of this section. Terms of office shall be three years. Each member shall hold office from the date of appointment until the end of the term for which the member was appointed. In the event of death, removal, resignation, or incapacity of a council member, the director shall appoint a successor who shall hold office for the remainder of the term for which the successor's predecessor was appointed. A member shall continue in office subsequent to the expiration date of the member's term until the member's successor takes office or until a period of sixty days has elapsed, whichever occurs first.

The council shall meet at the call of the director, but not less than twice annually. The council shall select annually from among its members a chairperson and vice-chairperson, whose duties shall be established by the council.

Each member shall serve without compensation, except to the extent that serving on the council is considered part of the member's regular employment duties.

(E) The council shall do all of the following:

(1) Consult with and advise the director on matters related to the establishment, maintenance, operation, and evaluation of palliative care initiatives in this state;

(2) Consult with the department of health for purposes of its implementation of section 3701.361 of the Revised Code;

(3) Identify national organizations that have established standards of practice and best practice models for palliative care;

(4) Identify initiatives established at the national and state levels aimed at integrating palliative care into the health care system and enhancing the use and development of palliative care;

(5) Establish guidelines for health care facilities and providers to use under section 3701.362 of the Revised Code in identifying patients and residents who could benefit from palliative care;

(6) On or before December 31 of each year, prepare and submit to the governor, general assembly, director of health, director of aging, superintendent of insurance, medicaid director, and executive director of the office of health transformation a report of recommendations for improving the provision of palliative care in this state.

The council shall submit the report to the general assembly in accordance with section 101.68 of the Revised Code.

(F) The department of health shall provide to the council the administrative support necessary to execute its duties. At the request of the council, the department shall examine potential sources of funding to assist with any duties described in this section or sections 3701.361 and 3701.362 of the Revised Code.

(G) The council is not subject to sections 101.82 to 101.87 of the Revised Code.

Sec. 3701.361. The palliative care consumer and professional information and education program is hereby established in the department of health. The purpose of the program is to maximize the effectiveness of palliative care initiatives in this state by ensuring that comprehensive and accurate information and education on palliative care is available to health care facilities, other health care providers, and the public.

The department shall publish on its internet web site information on palliative care, including information on continuing education opportunities for health care professionals; information about palliative care delivery in a patient's home and in primary, secondary, and tertiary environments; best practices for palliative care delivery; and consumer educational materials and referral information on palliative care, including hospice. The department may develop and implement other initiatives regarding palliative care and education as the department considers appropriate.

In implementing this section, the department shall consult with the palliative care and quality of life interdisciplinary council created under section 3701.36 of the Revised Code.

Sec. 3701.362. (A) Each of the health care facilities and providers identified in division (B) of this section shall do both of the following:

(1) Establish a system for identifying patients or residents who could benefit from palliative care;

(2) Provide information on palliative care to patients and residents who could benefit from palliative care.

(B) Division (A) of this section applies to all of the following:

(1) A hospital registered under section 3701.07 of the Revised Code;

(2) An ambulatory surgical facility, as defined in section 3702.30 of the Revised Code;

(3) A nursing home, residential care facility, county home, or district home, as defined in section 3721.01 of the Revised Code;

(4) A veterans' home operated under Chapter 5907. of the Revised Code;

(5) A hospice care program or pediatric respite care program, as defined in section 3712.01 of the Revised Code;

(6) A home health agency, as defined in section 3701.881 of the Revised Code.

Sec. 3702.51. As used in sections 3702.51 to 3702.62 of the Revised Code:

(A) "Applicant" means any person that submits an application for a certificate of need and who is designated in the application as the applicant.

(B) "Person" means any individual, corporation, business trust, estate, firm, partnership, association, joint stock company, insurance company, government unit, or other entity.

(C) "Certificate of need" means a written approval granted by the director of health to an applicant to authorize conducting a reviewable activity.

(D) "Service area" means the current and projected primary and secondary service areas to which the long-term care facility is, or will be, providing long-term care services.

(E) "Primary service area" means the geographic region, usually comprised of the Ohio zip code in which the long-term care facility is located and contiguous zip codes, from which approximately seventy-five to eighty per cent of the facility's residents currently originate or are expected to originate.

(F) "Secondary service area" means the geographic region, usually comprised of Ohio zip codes not included in the primary service area, excluding isolated exceptions, from which the facility's remaining residents currently originate or are expected to originate.

(G) "Third-party payer" means a health insuring corporation licensed under Chapter 1751. of the Revised Code, a health maintenance organization as defined in division (I) of this section, an insurance company that issues sickness and accident insurance in conformity with Chapter 3923. of the Revised Code, a state-financed health insurance program under Chapter 3701. or 4123. of the Revised Code, the medicaid program, or any self-insurance plan.

(H) "Government unit" means the state and any county, municipal corporation, township, or other political subdivision of the state, or any department, division, board, or other agency of the state or a political subdivision.

(I) "Health maintenance organization" means a public or private organization organized under the law of any state that is qualified under section 1310(d) of Title XIII of the "Public Health Service Act," 87 Stat. 931 (1973), 42 U.S.C. 300e-9.

(J) "Existing long-term care facility" means either of the following:

(1) A long-term care facility that is licensed or otherwise authorized to operate in this state in accordance with applicable law, including a county home or a county nursing home that is certified under Title XVIII or Title XIX of the "Social Security Act," 49 Stat. 620 (1935), 42 U.S.C. 301, as amended, is staffed and equipped to provide long-term care services, and is actively providing long-term care services;

(2) A long-term care facility that is licensed or otherwise authorized to operate in this state in accordance with applicable law, including a county home or a county nursing home that is certified

under Title XVIII or Title XIX of the "Social Security Act," 49 Stat. 620 (1935), 42 U.S.C. 301, as amended, or that has beds registered under section 3701.07 of the Revised Code as skilled nursing beds or long-term care beds and has provided long-term care services for at least three hundred sixty-five consecutive days within the twenty-four months immediately preceding the date a certificate of need application is filed with the director of health.

(K) "State" means the state of Ohio, including, but not limited to, the general assembly, the supreme court, the offices of all elected state officers, and all departments, boards, offices, commissions, agencies, institutions, and other instrumentalities of the state of Ohio. "State" does not include political subdivisions.

(L) "Political subdivision" means a municipal corporation, township, county, school district, and all other bodies corporate and politic responsible for governmental activities only in geographic areas smaller than that of the state to which the sovereign immunity of the state attaches.

(M) "Affected person" means:

(1) An applicant for a certificate of need, including an applicant whose application was reviewed comparatively with the application in question;

(2) The person that requested the reviewability ruling in question;

(3) Any person that resides or regularly uses long-term care facilities within the service area served or to be served by the long-term care services that would be provided under the certificate of need or reviewability ruling in question;

(4) Any long-term care facility that is located in the service area where the long-term care services would be provided under the certificate of need or reviewability ruling in question;

(5) Third-party payers that reimburse long-term care facilities for services in the service area where the long-term care services would be provided under the certificate of need or reviewability ruling in question.

(N) "Long-term care facility" means, except as provided in section 3702.594 of the Revised Code, any of the following:

(1) A nursing home licensed under section 3721.02 of the Revised Code or by a political subdivision certified under section 3721.09 of the Revised Code;

(2) The portion of any facility, including a county home or county nursing home, that is certified as a skilled nursing facility or a nursing facility under Title XVIII or XIX of the "Social Security Act";

(3) The portion of any hospital that contains beds registered under section 3701.07 of the Revised Code as skilled nursing beds or long-term care beds.

(O) "Long-term care bed" or "bed" means a bed that is categorized as one of the following:

(1) A bed that is located in a facility that is a nursing home licensed under section 3721.02 of the Revised Code or a facility licensed by a political subdivision certified under section 3721.09 of the Revised Code and is included in the authorized maximum licensed capacity of the facility;

(2) A bed that is located in the portion of any facility, including a county home or county nursing home, that is certified as a skilled nursing facility under the medicare program or a nursing facility under the medicaid program and is included in the authorized maximum certified capacity of that portion of the facility;

(3) A bed that is registered under section 3701.07 of the Revised Code as a skilled nursing

bed, a long-term care bed, or a special skilled nursing bed;

(4) A bed in a county home or county nursing home that has been certified under section 5155.38 of the Revised Code as having been in operation on July 1, 1993, and is eligible for licensure as a nursing home bed;

(5) A bed held as an approved bed under a certificate of need approved by the director.

A bed cannot simultaneously be both a bed described in division (O)(1), (2), (3), or (4) of this section and a bed described in division (O)(5) of this section.

(P) "Reviewability ruling" means a ruling issued by the director of health under division (A) of section 3702.52 of the Revised Code as to whether a particular proposed project is or is not a reviewable activity.

(Q) "County nursing home" has the same meaning as in section 5155.31 of the Revised Code.

(R) "Principal participant" means both of the following:

(1) A person who has an ownership or controlling interest of at least five per cent in an applicant, in a long-term care facility that is the subject of an application for a certificate of need, or in the owner or operator of the applicant or such a facility;

(2) An officer, director, trustee, or general partner of an applicant, of a long-term care facility that is the subject of an application for a certificate of need, or of the owner or operator of the applicant or such a facility.

(S) "Actual harm but not immediate jeopardy deficiency" means a deficiency that, under 42 C.F.R. 488.404, either constitutes a pattern of deficiencies resulting in actual harm that is not immediate jeopardy or represents widespread deficiencies resulting in actual harm that is not immediate jeopardy.

(T) "Immediate jeopardy deficiency" means a deficiency that, under 42 C.F.R. 488.404, either constitutes a pattern of deficiencies resulting in immediate jeopardy to resident health or safety or represents widespread deficiencies resulting in immediate jeopardy to resident health or safety.

(U) "Existing bed" or "existing long-term care bed" means a bed from an existing long-term care facility, a bed described in division (O)(5) of this section, or a bed correctly reported as a long-term care bed pursuant to section 5155.38 of the Revised Code.

Sec. 3702.594. (A) The As used in this section, "long-term care facility" means either of the following:

(1) A nursing home licensed under section 3721.02 of the Revised Code or by a political subdivision certified under section 3721.09 of the Revised Code;

(2) The portion of any facility, including a county home or county nursing home, that is certified as a skilled nursing facility under the medicare program, Title XVIII of the "Social Security Act," 42 U.S.C. 1395, as amended, or as a nursing facility under the medicaid program, Title XIX of the "Social Security Act," 42 U.S.C. 1396, as amended.

(B) Subject to division (C) of this section, the director of health shall accept, for review under section 3702.52 of the Revised Code, certificate of need applications for an increase in beds in an existing ~~nursing home long-term care facility~~ if all of the following conditions are met:

(1) The proposed increase is attributable solely to a relocation of ~~licensed nursing home long-term care beds~~ from an existing ~~nursing home long-term care facility~~ to another existing ~~nursing home long-term care facility~~ located in a county that is contiguous to the county from which the beds

are to be relocated;

(2) Not more than a total of thirty ~~nursing home~~ beds are proposed for relocation to the same existing ~~nursing home long-term care facility~~, regardless of the number of applications filed. ~~Once the cumulative total of beds relocated under this section to a nursing home reaches thirty, no further applications under this section will be accepted until the period of monitoring specified in division (E) of section 3702.52 of the Revised Code of the most recent reviewable activity implemented under this section has expired;~~

(3) After the proposed relocation, there will be existing ~~nursing home~~ beds remaining in the county from which the beds are relocated;

(4) ~~The beds are proposed to be licensed as nursing home beds under Chapter 3721. of the Revised Code.~~

~~(B)-(C)~~ The director shall accept applications described in division ~~(A)-(B)~~ of this section at any time, except that once the cumulative total of beds relocated under this section reaches thirty, no further applications shall be accepted until the period of monitoring specified in division (E) of section 3702.52 of Revised Code of the most recent reviewable activity implemented under this section has expired.

Sec. 3712.01. As used in this chapter:

(A) "Hospice care program" means a coordinated program of home, outpatient, and inpatient care and services that is operated by a person or public agency and that provides the following care and services to hospice patients, including services as indicated below to hospice patients' families, through a medically directed interdisciplinary team, under interdisciplinary plans of care established pursuant to section 3712.06 of the Revised Code, in order to meet the physical, psychological, social, spiritual, and other special needs that are experienced during the final stages of illness, dying, and bereavement:

- (1) Nursing care by or under the supervision of a registered nurse;
- (2) Physical, occupational, or speech or language therapy, unless waived by the department of health pursuant to rules adopted under division (A) of section 3712.03 of the Revised Code;
- (3) Medical social services by a social worker under the direction of a physician;
- (4) Services of a home health aide;
- (5) Medical supplies, including drugs and biologicals, and the use of medical appliances;
- (6) Physician's services;
- (7) Short-term inpatient care, including both palliative and respite care and procedures;
- (8) Counseling for hospice patients and hospice patients' families;
- (9) Services of volunteers under the direction of the provider of the hospice care program;
- (10) Bereavement services for hospice patients' families.

"Hospice care program" does not include a pediatric respite care program.

(B) "Hospice patient" means a patient, other than a pediatric respite care patient, who has been diagnosed as terminally ill, has an anticipated life expectancy of six months or less, and has voluntarily requested and is receiving care from a person or public agency licensed under this chapter to provide a hospice care program.

(C) "Hospice patient's family" means a hospice patient's immediate family members, including a spouse, brother, sister, child, or parent, and any other relative or individual who has

significant personal ties to the patient and who is designated as a member of the patient's family by mutual agreement of the patient, the relative or individual, and the patient's interdisciplinary team.

(D) "Interdisciplinary team" means a working unit composed of professional and lay persons that includes at least a physician, a registered nurse, a social worker, a member of the clergy or a counselor, and a volunteer.

(E) "Palliative care" means ~~treatment specialized care for a patient of any age who has been diagnosed with a serious or life-threatening illness directed at controlling pain, relieving other symptoms, and enhancing the quality of life of the patient and the patient's family rather than treatment for the purpose of cure that is provided at any stage of the illness by an interdisciplinary team working in consultation with other health care professionals, including those who may be seeking to cure the illness, and that aims to do all of the following:~~

- (1) Relieve the symptoms, stress, and suffering resulting from the illness;
- (2) Improve the quality of life of the patient and the patient's family;
- (3) Address the patient's physical, emotional, social, and spiritual needs;
- (4) Facilitate patient autonomy, access to information, and medical decision making.

~~Nothing in this section shall be interpreted to mean that palliative care can be provided only as a component of a hospice care program or pediatric respite care program.~~

(F) "Physician" means a person authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

(G) "Attending physician" means the physician identified by the hospice patient, pediatric respite care patient, hospice patient's family, or pediatric respite care patient's family as having primary responsibility for the medical care of the hospice patient or pediatric respite care patient.

(H) "Registered nurse" means a person registered under Chapter 4723. of the Revised Code to practice professional nursing.

(I) "Social worker" means a person licensed under Chapter 4757. of the Revised Code to practice as a social worker or independent social worker.

(J) "Pediatric respite care program" means a program operated by a person or public agency that provides inpatient respite care and related services, including all of the following services, only to pediatric respite care patients and, as indicated below, pediatric respite care patients' families, in order to meet the physical, psychological, social, spiritual, and other special needs that are experienced during or leading up to the final stages of illness, dying, and bereavement:

- (1) Short-term inpatient care, including both palliative and respite care and procedures;
- (2) Nursing care by or under the supervision of a registered nurse;
- (3) Physician's services;
- (4) Medical social services by a social worker under the direction of a physician;
- (5) Medical supplies, including drugs and biologicals, and the use of medical appliances;
- (6) Counseling for pediatric respite care patients and pediatric respite care patients' families;
- (7) Bereavement services for respite care patients' families.

"Pediatric respite care program" does not include a hospice care program.

(K) "Pediatric respite care patient" means a patient, other than a hospice patient, who is less than twenty-seven years of age and to whom all of the following conditions apply:

- (1) The patient has been diagnosed with a disease or condition that is life-threatening and is

expected to shorten the life expectancy that would have applied to the patient absent the patient's diagnosis, regardless of whether the patient is terminally ill.

(2) The diagnosis described in division (K)(1) of this section occurred while the patient was less than eighteen years of age.

(3) The patient has voluntarily requested and is receiving care from a person or public agency licensed under this chapter to provide a pediatric respite care program.

(L) "Pediatric respite care patient's family" means a pediatric respite care patient's family members, including a spouse, brother, sister, child, or parent, and any other relative or individual who has significant personal ties to the patient and who is designated as a member of the patient's family by mutual agreement of the patient, the relative or individual, and the patient's interdisciplinary team.

Sec. 3712.10. (A) In addition to providing palliative care to hospice patients, a hospice care program may provide palliative care in an inpatient facility or unit operated by the program to patients who are not hospice patients, but only if the care is provided to each patient on a short-term basis and the care is medically necessary for the patient receiving the care.

Notwithstanding any provision of this chapter describing a hospice care program as being authorized to provide care and services only to hospice patients, the provision of palliative care under this division is considered a component of the activities authorized by the hospice care program's license.

(B) The director of health shall adopt rules governing the provision of palliative care under division (A) of this section to patients who are not hospice patients. The rules shall be adopted in accordance with Chapter 119. of the Revised Code.

(C) Nothing in this chapter precludes an entity that holds a license for a hospice care program, including a program that exercises the authority described in division (A) of this section, from owning, being owned by, or otherwise being affiliated with an entity that provides palliative care to patients who are not hospice patients.

Sec. 3712.11. Nothing in this chapter shall be interpreted as meaning that palliative care may be provided only by or as a component of a hospice care program or pediatric respite care program.

Sec. 4731.054. (A) As used in this section:

(1) "Chronic pain" has the same meaning as in section 4731.052 of the Revised Code.

(2) "Controlled substance" has the same meaning as in section 3719.01 of the Revised Code.

(3) "Hospice care program" means a program licensed under Chapter 3712. of the Revised Code.

(4) "Hospital" means a hospital registered with the department of health under section 3701.07 of the Revised Code.

~~(4)~~(5) "Owner" means each person included on the list maintained under division (B)(6) of section 4729.552 of the Revised Code.

~~(5)~~(6)(a) "Pain management clinic" means a facility to which both of the following apply:

(i) The majority of patients of the prescribers at the facility are provided treatment for chronic pain through the use of controlled substances, tramadol, or other drugs specified in rules adopted under this section;

(ii) The facility meets any other identifying criteria established in rules adopted under this section.

(b) "Pain management clinic" does not include any of the following:

- (i) A hospital;
- (ii) A facility operated by a hospital for the treatment of chronic pain;
- (iii) A physician practice owned or controlled, in whole or in part, by a hospital or by an entity that owns or controls, in whole or in part, one or more hospitals;

(iv) A school, college, university, or other educational institution or program to the extent that it provides instruction to individuals preparing to practice as physicians, podiatrists, dentists, nurses, physician assistants, optometrists, or veterinarians or any affiliated facility to the extent that it participates in the provision of that instruction;

(v) A hospice care program licensed under Chapter 3712. of the Revised Code with respect to its hospice patients;

(vi) A hospice care program with respect to its provision of palliative care in an inpatient facility or unit to patients who are not hospice patients, as authorized by section 3712.10 of the Revised Code, but only in the case of those palliative care patients who have a life-threatening illness;

(vii) A palliative care inpatient facility or unit that does not admit hospice patients and is not otherwise excluded as a pain management clinic under division (A)(6)(b) of this section, but only in the case of those palliative care patients who have a life-threatening illness;

~~(vi)-(viii)~~ An ambulatory surgical facility licensed under section 3702.30 of the Revised Code;

~~(vii)-(ix)~~ An interdisciplinary pain rehabilitation program with three-year accreditation from the commission on accreditation of rehabilitation facilities;

~~(viii)-(x)~~ A nursing home licensed under section 3721.02 of the Revised Code or by a political subdivision certified under section 3721.09 of the Revised Code;

~~(ix)-(xi)~~ A facility conducting only clinical research that may use controlled substances in studies approved by a hospital-based institutional review board or an institutional review board accredited by the association for the accreditation of human research protection programs.

~~(6)-(7)~~ "Physician" means an individual authorized under this chapter to practice medicine and surgery or osteopathic medicine and surgery.

~~(7)-(8)~~ "Prescriber" has the same meaning as in section 4729.01 of the Revised Code.

(B) Each owner shall supervise, control, and direct the activities of each individual, including an employee, volunteer, or individual under contract, who provides treatment of chronic pain at the pain management clinic or is associated with the provision of that treatment. The supervision, control, and direction shall be provided in accordance with rules adopted under this section.

(C) The state medical board shall adopt rules in accordance with Chapter 119. of the Revised Code that establish all of the following:

- (1) Standards and procedures for the operation of a pain management clinic;
- (2) Standards and procedures to be followed by a physician who provides care at a pain management clinic;
- (3) For purposes of division (A)(5)(a)(i) of this section, the other drugs used to treat chronic pain that identify a facility as a pain management clinic;
- (4) For purposes of division (A)(5)(a)(ii) of this section, the other criteria that identify a

facility as a pain management clinic;

(5) For purposes of division (B) of this section, standards and procedures to be followed by an owner in providing supervision, direction, and control of individuals at a pain management clinic.

(D) The board may impose a fine of not more than twenty thousand dollars on a physician who fails to comply with rules adopted under this section. The fine may be in addition to or in lieu of any other action that may be taken under section 4731.22 of the Revised Code. The board shall deposit any amounts received under this division in accordance with section 4731.24 of the Revised Code.

(E)(1) The board may inspect either of the following as the board determines necessary to ensure compliance with this chapter and any rules adopted under it regarding pain management clinics:

(a) A pain management clinic;

(b) A facility or physician practice that the board suspects is operating as a pain management clinic in violation of this chapter.

(2) The board's inspection shall be conducted in accordance with division (F) of section 4731.22 of the Revised Code.

(3) Before conducting an on-site inspection, the board shall provide notice to the owner or other person in charge of the facility or physician practice, except that the board is not required to provide the notice if, in the judgment of the board, the notice would jeopardize an investigation being conducted by the board.

SECTION 2. That existing sections 3702.51, 3702.594, 3712.01, and 4731.054 of the Revised Code are hereby repealed.

SECTION 3. As used in this section, "palliative care" has the same meaning as in section 3712.01 of the Revised Code, as amended by this act.

Nothing in this act shall be construed as requiring the Medicaid program to cover palliative care or any other health care service that constitutes palliative care, regardless of how the service is designated by a Medicaid provider or the Medicaid program, in an amount, duration, or scope that exceeds the coverage that is included in the Medicaid program as it exists on the effective date of this act.

Speaker _____ *of the House of Representatives.*

President _____ *of the Senate.*

Passed _____, 20____

Approved _____, 20____

Governor.

The section numbering of law of a general and permanent nature is complete and in conformity with the Revised Code.

Director, Legislative Service Commission.

Filed in the office of the Secretary of State at Columbus, Ohio, on the ____ day of _____, A. D. 20 ____.

Secretary of State.

File No. _____ Effective Date _____