

I\_133\_1060-8

133rd General Assembly  
Regular Session  
2019-2020

Sub. H. B. No. 177

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**A BILL**

To amend sections 1751.67, 2133.211, 3313.539, 1  
3707.511, 3727.06, 3923.233, 3923.301, 3923.63, 2  
3923.64, 4723.01, 4723.02, 4723.06, 4723.07, 3  
4723.24, 4723.28, 4723.41, 4723.42, 4723.43, 4  
4723.431, 4723.44, 4723.46, 4723.481, 4723.482, 5  
4723.483, 4723.493, 4723.50, 4731.27, 4761.17, 6  
and 5164.07; to enact section 4723.433; and to 7  
repeal sections 4723.45 and 5164.73 of the 8  
Revised Code to modify the laws governing the 9  
practice of advanced practice registered nurses 10  
and to designate these provisions as the "Better 11  
Access, Better Care Act." 12

**BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:**

**Section 1.** That sections 1751.67, 2133.211, 3313.539, 13  
3707.511, 3727.06, 3923.233, 3923.301, 3923.63, 3923.64, 14  
4723.01, 4723.02, 4723.06, 4723.07, 4723.24, 4723.28, 4723.41, 15  
4723.42, 4723.43, 4723.431, 4723.44, 4723.46, 4723.481, 16  
4723.482, 4723.483, 4723.493, 4723.50, 4731.27, 4761.17, and 17  
5164.07 be amended and section 4723.433 of the Revised Code be 18



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enacted to read as follows:

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**Sec. 1751.67.** (A) Each individual or group health insuring corporation policy, contract, or agreement delivered, issued for delivery, or renewed in this state that provides maternity benefits shall provide coverage of inpatient care and follow-up care for a mother and her newborn as follows:

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(1) The policy, contract, or agreement shall cover a minimum of forty-eight hours of inpatient care following a normal vaginal delivery and a minimum of ninety-six hours of inpatient care following a cesarean delivery. Services covered as inpatient care shall include medical, educational, and any other services that are consistent with the inpatient care recommended in the protocols and guidelines developed by national organizations that represent pediatric, obstetric, and nursing professionals.

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(2) The policy, contract, or agreement shall cover a physician-directed source of follow-up care or a source of follow-up care directed by an advanced practice registered nurse. Services covered as follow-up care shall include physical assessment of the mother and newborn, parent education, assistance and training in breast or bottle feeding, assessment of the home support system, performance of any medically necessary and appropriate clinical tests, and any other services that are consistent with the follow-up care recommended in the protocols and guidelines developed by national organizations that represent pediatric, obstetric, and nursing professionals. The coverage shall apply to services provided in a medical setting or through home health care visits. The coverage shall apply to a home health care visit only if the provider who conducts the visit is knowledgeable and experienced in maternity

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and newborn care. 49

When a decision is made in accordance with division (B) of 50  
this section to discharge a mother or newborn prior to the 51  
expiration of the applicable number of hours of inpatient care 52  
required to be covered, the coverage of follow-up care shall 53  
apply to all follow-up care that is provided within seventy-two 54  
hours after discharge. When a mother or newborn receives at 55  
least the number of hours of inpatient care required to be 56  
covered, the coverage of follow-up care shall apply to follow-up 57  
care that is determined to be medically necessary by the 58  
provider responsible for discharging the mother or newborn. 59

(B) Any decision to shorten the length of inpatient stay 60  
to less than that specified under division (A)(1) of this 61  
section shall be made by the physician attending the mother or 62  
newborn, except that if a certified nurse-midwife is attending 63  
the mother ~~in collaboration with a physician~~, the decision may 64  
be made by the certified nurse-midwife. ~~Decisions~~ If the 65  
certified nurse-midwife is practicing under a standard care 66  
arrangement with one or more collaborating practitioners, as 67  
provided in Chapter 4723. of the Revised Code, the nurse's 68  
decision shall be made in collaboration with a collaborating 69  
practitioner. 70

Decisions regarding early discharge shall be made only 71  
after conferring with the mother or a person responsible for the 72  
mother or newborn. For purposes of this division, a person 73  
responsible for the mother or newborn may include a parent, 74  
guardian, or any other person with authority to make medical 75  
decisions for the mother or newborn. 76

(C) (1) No health insuring corporation may do either of the 77  
following: 78

(a) Terminate the participation of a provider or health care facility in an individual or group health care plan solely for making recommendations for inpatient or follow-up care for a particular mother or newborn that are consistent with the care required to be covered by this section;	79 80 81 82 83
(b) Establish or offer monetary or other financial incentives for the purpose of encouraging a person to decline the inpatient or follow-up care required to be covered by this section.	84 85 86 87
(2) Whoever violates division (C) (1) (a) or (b) of this section has engaged in an unfair and deceptive act or practice in the business of insurance under sections 3901.19 to 3901.26 of the Revised Code.	88 89 90 91
(D) This section does not do any of the following:	92
(1) Require a policy, contract, or agreement to cover inpatient or follow-up care that is not received in accordance with the policy's, contract's, or agreement's terms pertaining to the providers and facilities from which an individual is authorized to receive health care services;	93 94 95 96 97
(2) Require a mother or newborn to stay in a hospital or other inpatient setting for a fixed period of time following delivery;	98 99 100
(3) Require a child to be delivered in a hospital or other inpatient setting;	101 102
(4) Authorize a certified nurse-midwife to practice beyond the authority to practice nurse-midwifery in accordance with Chapter 4723. of the Revised Code;	103 104 105
(5) Establish minimum standards of medical diagnosis,	106

care, or treatment for inpatient or follow-up care for a mother 107  
or newborn. A deviation from the care required to be covered 108  
under this section shall not, solely on the basis of this 109  
section, give rise to a medical claim or to derivative claims 110  
for relief, as those terms are defined in section 2305.113 of 111  
the Revised Code. 112

**Sec. 2133.211.** A person who holds a current, valid license 113  
issued under Chapter 4723. of the Revised Code to practice as an 114  
advanced practice registered nurse may take any action that may 115  
be taken by an attending physician under sections 2133.21 to 116  
2133.26 of the Revised Code and has the immunity provided by 117  
section 2133.22 of the Revised Code, except that if the nurse is 118  
practicing under a standard care arrangement with one or more 119  
collaborating practitioners, the immunity applies only if the 120  
action is taken ~~pursuant to a standard care arrangement in~~ 121  
collaboration with a collaborating physician. 122

A person who holds a license to practice as a physician 123  
assistant issued under Chapter 4730. of the Revised Code may 124  
take any action that may be taken by an attending physician 125  
under sections 2133.21 to 2133.26 of the Revised Code and has 126  
the immunity provided by section 2133.22 of the Revised Code if 127  
the action is taken pursuant to a supervision agreement entered 128  
into under section 4730.19 of the Revised Code, including, if 129  
applicable, the policies of a health care facility in which the 130  
physician assistant is practicing. 131

**Sec. 3313.539.** (A) As used in this section: 132

(1) "Licensing agency" has the same meaning as in section 133  
4745.01 of the Revised Code. 134

(2) "Licensed health care professional" means an 135

individual, other than a physician, who is authorized under 136  
Title XLVII of the Revised Code to practice a health care 137  
profession. 138

(3) "Physician" means a person authorized under Chapter 139  
4731. of the Revised Code to practice medicine and surgery or 140  
osteopathic medicine and surgery. 141

(B) No school district board of education or governing 142  
authority of a chartered or nonchartered nonpublic school shall 143  
permit a student to practice for or compete in interscholastic 144  
athletics until the student has submitted, to a school official 145  
designated by the board or governing authority, a form signed by 146  
the parent, guardian, or other person having care or charge of 147  
the student stating that the student and the parent, guardian, 148  
or other person having care or charge of the student have 149  
received the concussion and head injury information sheet 150  
required by section 3707.52 of the Revised Code. A completed 151  
form shall be submitted each school year, as defined in section 152  
3313.62 of the Revised Code, for each sport or other category of 153  
interscholastic athletics for or in which the student practices 154  
or competes. 155

(C) (1) No school district board of education or governing 156  
authority of a chartered or nonchartered nonpublic school shall 157  
permit an individual to coach interscholastic athletics unless 158  
the individual holds a pupil-activity program permit issued 159  
under section 3319.303 of the Revised Code for coaching 160  
interscholastic athletics. 161

(2) No school district board of education or governing 162  
authority of a chartered or nonchartered nonpublic school shall 163  
permit an individual to referee interscholastic athletics unless 164  
the individual holds a pupil-activity program permit issued 165

under section 3319.303 of the Revised Code for coaching 166  
interscholastic athletics or presents evidence that the 167  
individual has successfully completed, within the previous three 168  
years, a training program in recognizing the symptoms of 169  
concussions and head injuries to which the department of health 170  
has provided a link on its internet web site under section 171  
3707.52 of the Revised Code or a training program authorized and 172  
required by an organization that regulates interscholastic 173  
athletic competition and conducts interscholastic athletic 174  
events. 175

(D) If a student practicing for or competing in an 176  
interscholastic athletic event exhibits signs, symptoms, or 177  
behaviors consistent with having sustained a concussion or head 178  
injury while participating in the practice or competition, the 179  
student shall be removed from the practice or competition by 180  
either of the following: 181

(1) The individual who is serving as the student's coach 182  
during that practice or competition; 183

(2) An individual who is serving as a referee during that 184  
practice or competition. 185

(E) (1) If a student is removed from practice or 186  
competition under division (D) of this section, the coach or 187  
referee who removed the student shall not allow the student, on 188  
the same day the student is removed, to return to that practice 189  
or competition or to participate in any other practice or 190  
competition for which the coach or referee is responsible. 191  
Thereafter, the coach or referee shall not allow the student to 192  
return to that practice or competition or to participate in any 193  
other practice or competition for which the coach or referee is 194  
responsible until both of the following conditions are 195

satisfied:	196
(a) The student's condition is assessed by any of the	197
following who has complied with the requirements in division (E)	198
(4) of this section:	199
(i) A physician;	200
(ii) A licensed health care professional the school	201
district board of education or governing authority of the	202
chartered or nonchartered nonpublic school, pursuant to division	203
(E) (2) of this section, authorizes to assess a student who has	204
been removed from practice or competition under division (D) of	205
this section;	206
(iii) A licensed health care professional who meets the	207
minimum education requirements established by rules adopted	208
under section 3707.521 of the Revised Code by the professional's	209
licensing agency.	210
(b) The student receives written clearance that it is safe	211
for the student to return to practice or competition from the	212
physician or licensed health care professional who assessed the	213
student's condition.	214
(2) <del>A</del> <u>(a) Except as provided in division (E) (2) (b) of this</u>	215
<u>section, a school</u> district board of education or governing	216
authority of a chartered or nonchartered nonpublic school may	217
authorize a licensed health care professional to make an	218
assessment or grant a clearance for purposes of division (E) (1)	219
of this section only if the professional is acting in accordance	220
with one of the following, as applicable to the professional's	221
authority to practice in this state:	222
<del>(a)</del> <u>(i)</u> In consultation with a physician;	223



<del>(b)-(ii)</del> Pursuant to the referral of a physician;	224
<del>(e)-(iii)</del> In collaboration with a physician;	225
<del>(d)-(iv)</del> Under the supervision of a physician.	226
<u>(b) The requirement of division (E) (2) (a) (iii) of this</u>	227
<u>section does not apply to a clinical nurse specialist or</u>	228
<u>certified nurse practitioner who, in accordance with section</u>	229
<u>4723.433 of the Revised Code, is practicing without a standard</u>	230
<u>care arrangement or is eligible to practice without a standard</u>	231
<u>care arrangement.</u>	232
(3) A physician or licensed health care professional who	233
makes an assessment or grants a clearance for purposes of	234
division (E) (1) of this section may be a volunteer.	235
<del>(4) Beginning one year after the effective date of this</del>	236
<del>amendment, all</del> <u>All</u> physicians and licensed health care	237
professionals who conduct assessments and clearances under	238
division (E) (1) of this section must meet the minimum education	239
requirements established by rules adopted under section 3707.521	240
of the Revised Code by their respective licensing agencies.	241
(F) A school district board of education or governing	242
authority of a chartered or nonchartered nonpublic school that	243
is subject to the rules of an interscholastic conference or an	244
organization that regulates interscholastic athletic competition	245
and conducts interscholastic athletic events shall be considered	246
to be in compliance with divisions (B), (D), and (E) of this	247
section, as long as the requirements of those rules are	248
substantially similar to the requirements of divisions (B), (D),	249
and (E) of this section.	250
(G) (1) A school district, member of a school district	251
board of education, or school district employee or volunteer,	252

including a coach or referee, is not liable in damages in a 253  
civil action for injury, death, or loss to person or property 254  
allegedly arising from providing services or performing duties 255  
under this section, unless the act or omission constitutes 256  
willful or wanton misconduct. 257

This section does not eliminate, limit, or reduce any 258  
other immunity or defense that a school district, member of a 259  
school district board of education, or school district employee 260  
or volunteer, including a coach or referee, may be entitled to 261  
under Chapter 2744. or any other provision of the Revised Code 262  
or under the common law of this state. 263

(2) A chartered or nonchartered nonpublic school or any 264  
officer, director, employee, or volunteer of the school, 265  
including a coach or referee, is not liable in damages in a 266  
civil action for injury, death, or loss to person or property 267  
allegedly arising from providing services or performing duties 268  
under this section, unless the act or omission constitutes 269  
willful or wanton misconduct. 270

**Sec. 3707.511.** (A) As used in this section: 271

(1) "Licensing agency" has the same meaning as in section 272  
4745.01 of the Revised Code. 273

(2) "Licensed health care professional" means an 274  
individual, other than a physician, who is authorized under 275  
Title XLVII of the Revised Code to practice a health care 276  
profession. 277

(3) "Physician" means a person authorized under Chapter 278  
4731. of the Revised Code to practice medicine and surgery or 279  
osteopathic medicine and surgery. 280

(B) A youth sports organization shall provide to the 281

parent, guardian, or other person having care or charge of an 282  
individual who wishes to practice for or compete in an athletic 283  
activity organized by a youth sports organization the concussion 284  
and head injury information sheet required by section 3707.52 of 285  
the Revised Code. The organization shall provide the information 286  
sheet annually for each sport or other category of athletic 287  
activity for or in which the individual practices or competes. 288

(C) (1) No individual shall act as a coach or referee for a 289  
youth sports organization unless the individual holds a pupil- 290  
activity program permit issued under section 3319.303 of the 291  
Revised Code for coaching interscholastic athletics or presents 292  
evidence that the individual has successfully completed, within 293  
the previous three years, a training program in recognizing the 294  
symptoms of concussions and head injuries to which the 295  
department of health has provided a link on its internet web 296  
site under section 3707.52 of the Revised Code. 297

(2) The youth sports organization for which the individual 298  
intends to act as a coach or referee shall inform the individual 299  
of the requirement described in division (C) (1) of this section. 300

(D) If an individual practicing for or competing in an 301  
athletic event organized by a youth sports organization exhibits 302  
signs, symptoms, or behaviors consistent with having sustained a 303  
concussion or head injury while participating in the practice or 304  
competition, the individual shall be removed from the practice 305  
or competition by one of the following: 306

(1) The individual who is serving as the individual's 307  
coach during that practice or competition; 308

(2) An individual who is serving as a referee during that 309  
practice or competition; 310

(3) An official of the youth sports organization who is supervising that practice or competition.

(E) (1) If an individual is removed from practice or competition under division (D) of this section, the coach, referee, or official who removed the individual shall not allow the individual, on the same day the individual is removed, to return to that practice or competition or to participate in any other practice or competition for which the coach, referee, or official is responsible. Thereafter, the coach, referee, or official shall not allow the student to return to that practice or competition or to participate in any other practice or competition for which the coach, referee, or official is responsible until both of the following conditions are satisfied:

(a) The individual's condition is assessed by any of the following who has complied with the requirements in division (E) (4) of this section:

(i) A physician;

(ii) A licensed health care professional the youth sports organization, pursuant to division (E) (2) of this section, authorizes to assess an individual who has been removed from practice or competition under division (D) of this section;

(iii) A licensed health care professional who meets the minimum education requirements established by rules adopted under section 3707.521 of the Revised Code by the professional's licensing agency.

(b) The individual receives written clearance that it is safe for the individual to return to practice or competition from the physician or licensed health care professional who

assessed the individual's condition. 340

~~(2) A (a) Except as provided in division (E) (2) (b) of this~~ 341  
~~section, a youth sports organization may authorize a licensed~~ 342  
~~health care professional to make an assessment or grant a~~ 343  
~~clearance for purposes of division (E) (1) of this section only~~ 344  
~~if the professional is acting in accordance with one of the~~ 345  
~~following, as applicable to the professional's authority to~~ 346  
~~practice in this state:~~ 347

~~(a) (i) In consultation with a physician;~~ 348

~~(b) (ii) Pursuant to the referral of a physician;~~ 349

~~(c) (iii) In collaboration with a physician;~~ 350

~~(d) (iv) Under the supervision of a physician.~~ 351

~~(b) The requirement of division (E) (2) (a) (iii) of this~~ 352  
~~section does not apply to a clinical nurse specialist or~~ 353  
~~certified nurse practitioner who, in accordance with section~~ 354  
~~4723.433 of the Revised Code, is practicing without a standard~~ 355  
~~care arrangement or is eligible to practice without a standard~~ 356  
~~care arrangement.~~ 357

(3) A physician or licensed health care professional who 358  
makes an assessment or grants a clearance for purposes of 359  
division (E) (1) of this section may be a volunteer. 360

~~(4) Beginning one year after the effective date of this~~ 361  
~~amendment, all~~ All physicians and licensed health care 362  
professionals who conduct assessments and clearances under 363  
division (E) (1) of this section must meet the minimum education 364  
requirements established by rules adopted under section 3707.521 365  
of the Revised Code by their respective licensing agencies. 366

(F) (1) A youth sports organization or official, employee, 367

or volunteer of a youth sports organization, including a coach 368  
or referee, is not liable in damages in a civil action for 369  
injury, death, or loss to person or property allegedly arising 370  
from providing services or performing duties under this section, 371  
unless the act or omission constitutes willful or wanton 372  
misconduct. 373

(2) This section does not eliminate, limit, or reduce any 374  
other immunity or defense that a public entity, public official, 375  
or public employee may be entitled to under Chapter 2744. or any 376  
other provision of the Revised Code or under the common law of 377  
this state. 378

**Sec. 3727.06.** (A) As used in this section: 379

(1) "Doctor" means an individual authorized under Chapter 380  
4731. of the Revised Code to practice medicine and surgery or 381  
osteopathic medicine and surgery. 382

(2) "Podiatrist" means an individual authorized under 383  
Chapter 4731. of the Revised Code to practice podiatric medicine 384  
and surgery. 385

(B) (1) Only the following may admit a patient to a 386  
hospital: 387

(a) A doctor who is a member of the hospital's medical 388  
staff; 389

(b) A dentist who is a member of the hospital's medical 390  
staff; 391

(c) A podiatrist who is a member of the hospital's medical 392  
staff; 393

(d) A clinical nurse specialist, certified nurse-midwife, 394  
or certified nurse practitioner if ~~all of the following~~ 395

~~conditions are met:~~ 396

~~(i) The clinical nurse specialist, certified nurse- 397  
midwife, or certified nurse practitioner has a standard care 398  
arrangement entered into pursuant to section 4723.431 of the 399  
Revised Code with a collaborating doctor or podiatrist who is a 400  
member of the medical staff;~~ 401

~~(ii) The patient will be under the medical supervision of 402  
the collaborating doctor or podiatrist;~~ 403

~~(iii) The the hospital has granted the clinical nurse 404  
specialist, certified nurse-midwife, or certified nurse 405  
practitioner admitting privileges and appropriate credentials. 406~~

(e) A physician assistant if all of the following 407  
conditions are met: 408

(i) The physician assistant is listed on a supervision 409  
agreement entered into under section 4730.19 of the Revised Code 410  
for a doctor or podiatrist who is a member of the hospital's 411  
medical staff. 412

(ii) The patient will be under the medical supervision of 413  
the supervising doctor or podiatrist. 414

(iii) The hospital has granted the physician assistant 415  
admitting privileges and appropriate credentials. 416

(2) Prior to admitting a patient, a clinical nurse 417  
specialist, certified nurse-midwife, or certified nurse 418  
practitioner, ~~or~~ who is practicing under a standard care 419  
arrangement with one or more collaborating practitioners, as 420  
provided in Chapter 4723. of the Revised Code, shall notify the 421  
collaborating practitioner of the planned admission. 422

Prior to admitting a patient, a physician assistant shall 423

notify the ~~collaborating or~~ supervising doctor or podiatrist of 424  
the planned admission. 425

(C) All hospital patients shall be under the medical 426  
supervision of a doctor, except that services that may be 427  
rendered by a licensed dentist pursuant to Chapter 4715. of the 428  
Revised Code provided to patients admitted solely for the 429  
purpose of receiving such services shall be under the 430  
supervision of the admitting dentist and that services that may 431  
be rendered by a podiatrist pursuant to section 4731.51 of the 432  
Revised Code provided to patients admitted solely for the 433  
purpose of receiving such services shall be under the 434  
supervision of the admitting podiatrist. If treatment not within 435  
the scope of Chapter 4715. or section 4731.51 of the Revised 436  
Code is required at the time of admission by a dentist or 437  
podiatrist, or becomes necessary during the course of hospital 438  
treatment by a dentist or podiatrist, such treatment shall be 439  
under the supervision of a doctor who is a member of the medical 440  
staff. It shall be the responsibility of the admitting dentist 441  
or podiatrist to make arrangements with a doctor who is a member 442  
of the medical staff to be responsible for the patient's 443  
treatment outside the scope of Chapter 4715. or section 4731.51 444  
of the Revised Code when necessary during the patient's stay in 445  
the hospital. 446

**Sec. 3923.233.** (A) Notwithstanding any provision of any 447  
certificate furnished by an insurer in connection with or 448  
pursuant to any group sickness and accident insurance policy 449  
delivered, issued, renewed, or used, in or outside this state, 450  
on or after January 1, 1985, and notwithstanding any provision 451  
of any policy of insurance delivered, issued for delivery, 452  
renewed, or used, in or outside this state, on or after January 453  
1, 1985, whenever the policy or certificate is subject to the 454



jurisdiction of this state and provides for reimbursement for 455  
any service that may be legally performed by an advanced 456  
practice registered nurse who holds a current, valid license 457  
issued under Chapter 4723. of the Revised Code and is designated 458  
as a certified nurse-midwife in accordance with section 4723.42 459  
of the Revised Code, reimbursement under the policy or 460  
certificate shall not be denied to a certified nurse-midwife 461  
performing the service ~~in collaboration with a licensed-~~ 462  
~~physician. The collaborating physician shall be identified on an~~ 463  
~~insurance claim form.~~ 464

~~The cost of collaboration with a certified nurse-midwife~~ 465  
~~by a licensed physician as required under section 4723.43 of the~~ 466  
~~Revised Code is a reimbursable expense.~~ 467

~~The division of any reimbursement payment for services~~ 468  
~~performed by a certified nurse-midwife between the certified~~ 469  
~~nurse-midwife and the certified nurse-midwife's collaborating~~ 470  
~~physician shall be determined and mutually agreed upon by the~~ 471  
~~certified nurse-midwife and the physician. The division of fees-~~ 472  
~~shall not be considered a violation of division (B) (17) of-~~ 473  
~~section 4731.22 of the Revised Code. In no case shall the total-~~ 474  
~~fees charged exceed the fee the physician would have charged had~~ 475  
~~the physician provided the entire service.~~ 476

(B) Division (A) of this section applies to any certified 477  
nurse-midwife who is practicing in accordance with Chapter 4723. 478  
of the Revised Code, regardless of whether the nurse is required 479  
or chooses to practice under a standard care arrangement, as 480  
provided in section 4723.43 of the Revised Code, or the nurse 481  
exercises the authority to practice without a standard care 482  
arrangement, as provided in section 4723.433 of the Revised 483  
Code. 484

**Sec. 3923.301.** (A) Every person, the state and any of its instrumentalities, any county, township, school district, or other political subdivision and any of its instrumentalities, and any municipal corporation and any of its instrumentalities that provides payment for health care benefits for any of its employees resident in this state, which benefits are not provided by contract with an insurer qualified to provide sickness and accident insurance or a health insuring corporation, and that includes reimbursement for any service that may be legally performed by an advanced practice registered nurse who holds a current, valid license issued under Chapter 4723. of the Revised Code and is designated as a certified nurse-midwife in accordance with section 4723.42 of the Revised Code, shall not deny reimbursement to a certified nurse-midwife performing the service ~~if the service is performed in collaboration with a licensed physician. The collaborating physician shall be identified on the claim form.~~

~~The cost of collaboration with a certified nurse midwife by a licensed physician as required under section 4723.43 of the Revised Code is a reimbursable expense.~~

~~The division of any reimbursement payment for services performed by a certified nurse midwife between the certified nurse midwife and the certified nurse midwife's collaborating physician shall be determined and mutually agreed upon by the certified nurse midwife and the physician. The division of fees shall not be considered a violation of division (B) (17) of section 4731.22 of the Revised Code. In no case shall the total fees charged exceed the fee the physician would have charged had the physician provided the entire service.~~

(B) Division (A) of this section applies to any certified

nurse-midwife who is practicing in accordance with Chapter 4723. 515  
of the Revised Code, regardless of whether the nurse is required 516  
or chooses to practice under a standard care arrangement, as 517  
provided in section 4723.43 of the Revised Code, or the nurse 518  
exercises the authority to practice without a standard care 519  
arrangement, as provided in section 4723.433 of the Revised 520  
Code. 521

**Sec. 3923.63.** (A) Notwithstanding section 3901.71 of the 522  
Revised Code, each individual or group policy of sickness and 523  
accident insurance delivered, issued for delivery, or renewed in 524  
this state that provides maternity benefits shall provide 525  
coverage of inpatient care and follow-up care for a mother and 526  
her newborn as follows: 527

(1) The policy shall cover a minimum of forty-eight hours 528  
of inpatient care following a normal vaginal delivery and a 529  
minimum of ninety-six hours of inpatient care following a 530  
cesarean delivery. Services covered as inpatient care shall 531  
include medical, educational, and any other services that are 532  
consistent with the inpatient care recommended in the protocols 533  
and guidelines developed by national organizations that 534  
represent pediatric, obstetric, and nursing professionals. 535

(2) The policy shall cover a physician-directed source of 536  
follow-up care or a source of follow-up care directed by an 537  
advanced practice registered nurse. Services covered as follow- 538  
up care shall include physical assessment of the mother and 539  
newborn, parent education, assistance and training in breast or 540  
bottle feeding, assessment of the home support system, 541  
performance of any medically necessary and appropriate clinical 542  
tests, and any other services that are consistent with the 543  
follow-up care recommended in the protocols and guidelines 544

developed by national organizations that represent pediatric, 545  
obstetric, and nursing professionals. The coverage shall apply 546  
to services provided in a medical setting or through home health 547  
care visits. The coverage shall apply to a home health care 548  
visit only if the health care professional who conducts the 549  
visit is knowledgeable and experienced in maternity and newborn 550  
care. 551

When a decision is made in accordance with division (B) of 552  
this section to discharge a mother or newborn prior to the 553  
expiration of the applicable number of hours of inpatient care 554  
required to be covered, the coverage of follow-up care shall 555  
apply to all follow-up care that is provided within seventy-two 556  
hours after discharge. When a mother or newborn receives at 557  
least the number of hours of inpatient care required to be 558  
covered, the coverage of follow-up care shall apply to follow-up 559  
care that is determined to be medically necessary by the health 560  
care professionals responsible for discharging the mother or 561  
newborn. 562

(B) Any decision to shorten the length of inpatient stay 563  
to less than that specified under division (A)(1) of this 564  
section shall be made by the physician attending the mother or 565  
newborn, except that if a certified nurse-midwife is attending 566  
the mother ~~in collaboration with a physician~~, the decision may 567  
be made by the certified nurse-midwife. ~~Decisions~~ 568

If the certified nurse-midwife is practicing under a 569  
standard care arrangement with one or more collaborating 570  
practitioners, as provided in Chapter 4723. of the Revised Code, 571  
the nurse's decision shall be made in collaboration with a 572  
collaborating practitioner. Decisions regarding early discharge 573  
shall be made only after conferring with the mother or a person 574

responsible for the mother or newborn. For purposes of this 575  
division, a person responsible for the mother or newborn may 576  
include a parent, guardian, or any other person with authority 577  
to make medical decisions for the mother or newborn. 578

(C) (1) No sickness and accident insurer may do either of 579  
the following: 580

(a) Terminate the participation of a health care 581  
professional or health care facility as a provider under a 582  
sickness and accident insurance policy solely for making 583  
recommendations for inpatient or follow-up care for a particular 584  
mother or newborn that are consistent with the care required to 585  
be covered by this section; 586

(b) Establish or offer monetary or other financial 587  
incentives for the purpose of encouraging a person to decline 588  
the inpatient or follow-up care required to be covered by this 589  
section. 590

(2) Whoever violates division (C) (1) (a) or (b) of this 591  
section has engaged in an unfair and deceptive act or practice 592  
in the business of insurance under sections 3901.19 to 3901.26 593  
of the Revised Code. 594

(D) This section does not do any of the following: 595

(1) Require a policy to cover inpatient or follow-up care 596  
that is not received in accordance with the policy's terms 597  
pertaining to the health care professionals and facilities from 598  
which an individual is authorized to receive health care 599  
services; 600

(2) Require a mother or newborn to stay in a hospital or 601  
other inpatient setting for a fixed period of time following 602  
delivery; 603

(3) Require a child to be delivered in a hospital or other 604  
inpatient setting; 605

(4) Authorize a certified nurse-midwife to practice beyond 606  
the authority to practice nurse-midwifery in accordance with 607  
Chapter 4723. of the Revised Code; 608

(5) Establish minimum standards of medical diagnosis, care 609  
or treatment for inpatient or follow-up care for a mother or 610  
newborn. A deviation from the care required to be covered under 611  
this section shall not, solely on the basis of this section, 612  
give rise to a medical claim or derivative medical claim, as 613  
those terms are defined in section 2305.113 of the Revised Code. 614

**Sec. 3923.64.** (A) Notwithstanding section 3901.71 of the 615  
Revised Code, each public employee benefit plan established or 616  
modified in this state that provides maternity benefits shall 617  
provide coverage of inpatient care and follow-up care for a 618  
mother and her newborn as follows: 619

(1) The plan shall cover a minimum of forty-eight hours of 620  
inpatient care following a normal vaginal delivery and a minimum 621  
of ninety-six hours of inpatient care following a cesarean 622  
delivery. Services covered as inpatient care shall include 623  
medical, educational, and any other services that are consistent 624  
with the inpatient care recommended in the protocols and 625  
guidelines developed by national organizations that represent 626  
pediatric, obstetric, and nursing professionals. 627

(2) The plan shall cover a physician-directed source of 628  
follow-up care or a source of follow-up care directed by an 629  
advanced practice registered nurse. Services covered as follow- 630  
up care shall include physical assessment of the mother and 631  
newborn, parent education, assistance and training in breast or 632

bottle feeding, assessment of the home support system, 633  
performance of any medically necessary and appropriate clinical 634  
tests, and any other services that are consistent with the 635  
follow-up care recommended in the protocols and guidelines 636  
developed by national organizations that represent pediatric, 637  
obstetric, and nursing professionals. The coverage shall apply 638  
to services provided in a medical setting or through home health 639  
care visits. The coverage shall apply to a home health care 640  
visit only if the health care professional who conducts the 641  
visit is knowledgeable and experienced in maternity and newborn 642  
care. 643

When a decision is made in accordance with division (B) of 644  
this section to discharge a mother or newborn prior to the 645  
expiration of the applicable number of hours of inpatient care 646  
required to be covered, the coverage of follow-up care shall 647  
apply to all follow-up care that is provided within seventy-two 648  
hours after discharge. When a mother or newborn receives at 649  
least the number of hours of inpatient care required to be 650  
covered, the coverage of follow-up care shall apply to follow-up 651  
care that is determined to be medically necessary by the health 652  
care professionals responsible for discharging the mother or 653  
newborn. 654

(B) Any decision to shorten the length of inpatient stay 655  
to less than that specified under division (A) (1) of this 656  
section shall be made by the physician attending the mother or 657  
newborn, except that if a certified nurse-midwife is attending 658  
the mother ~~in collaboration with a physician~~, the decision may 659  
be made by the certified nurse-midwife. ~~Decisions~~ 660

If the certified nurse-midwife is practicing under a 661  
standard care arrangement with one or more collaborating 662

practitioners, as provided in Chapter 4723. of the Revised Code, 663  
the nurse's decision shall be made in collaboration with a 664  
collaborating practitioner. Decisions regarding early discharge 665  
shall be made only after conferring with the mother or a person 666  
responsible for the mother or newborn. For purposes of this 667  
division, a person responsible for the mother or newborn may 668  
include a parent, guardian, or any other person with authority 669  
to make medical decisions for the mother or newborn. 670

(C) (1) No public employer who offers an employee benefit 671  
plan may do either of the following: 672

(a) Terminate the participation of a health care 673  
professional or health care facility as a provider under the 674  
plan solely for making recommendations for inpatient or follow- 675  
up care for a particular mother or newborn that are consistent 676  
with the care required to be covered by this section; 677

(b) Establish or offer monetary or other financial 678  
incentives for the purpose of encouraging a person to decline 679  
the inpatient or follow-up care required to be covered by this 680  
section. 681

(2) Whoever violates division (C) (1) (a) or (b) of this 682  
section has engaged in an unfair and deceptive act or practice 683  
in the business of insurance under sections 3901.19 to 3901.26 684  
of the Revised Code. 685

(D) This section does not do any of the following: 686

(1) Require a plan to cover inpatient or follow-up care 687  
that is not received in accordance with the plan's terms 688  
pertaining to the health care professionals and facilities from 689  
which an individual is authorized to receive health care 690  
services; 691



(2) Require a mother or newborn to stay in a hospital or 692  
other inpatient setting for a fixed period of time following 693  
delivery; 694

(3) Require a child to be delivered in a hospital or other 695  
inpatient setting; 696

(4) Authorize a certified nurse-midwife to practice beyond 697  
the authority to practice nurse-midwifery in accordance with 698  
Chapter 4723. of the Revised Code; 699

(5) Establish minimum standards of medical diagnosis, 700  
care, or treatment for inpatient or follow-up care for a mother 701  
or newborn. A deviation from the care required to be covered 702  
under this section shall not, solely on the basis of this 703  
section, give rise to a medical claim or derivative medical 704  
claim, as those terms are defined in section 2305.113 of the 705  
Revised Code. 706

**Sec. 4723.01.** As used in this chapter: 707

(A) "Registered nurse" means an individual who holds a 708  
current, valid license issued under this chapter that authorizes 709  
the practice of nursing as a registered nurse. 710

(B) "Practice of nursing as a registered nurse" means 711  
providing to individuals and groups nursing care requiring 712  
specialized knowledge, judgment, and skill derived from the 713  
principles of biological, physical, behavioral, social, and 714  
nursing sciences. Such nursing care includes: 715

(1) Identifying patterns of human responses to actual or 716  
potential health problems amenable to a nursing regimen; 717

(2) Executing a nursing regimen through the selection, 718  
performance, management, and evaluation of nursing actions; 719

(3) Assessing health status for the purpose of providing nursing care;	720 721
(4) Providing health counseling and health teaching;	722
(5) Administering medications, treatments, and executing regimens authorized by an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice;	723 724 725 726
(6) Teaching, administering, supervising, delegating, and evaluating nursing practice.	727 728
(C) "Nursing regimen" may include preventative, restorative, and health-promotion activities.	729 730
(D) "Assessing health status" means the collection of data through nursing assessment techniques, which may include interviews, observation, and physical evaluations for the purpose of providing nursing care.	731 732 733 734
(E) "Licensed practical nurse" means an individual who holds a current, valid license issued under this chapter that authorizes the practice of nursing as a licensed practical nurse.	735 736 737 738
(F) "The practice of nursing as a licensed practical nurse" means providing to individuals and groups nursing care requiring the application of basic knowledge of the biological, physical, behavioral, social, and nursing sciences at the direction of a registered nurse or any of the following who is authorized to practice in this state: a physician, physician assistant, dentist, podiatrist, optometrist, or chiropractor. Such nursing care includes:	739 740 741 742 743 744 745 746
(1) Observation, patient teaching, and care in a diversity	747

of health care settings;	748
(2) Contributions to the planning, implementation, and evaluation of nursing;	749 750
(3) Administration of medications and treatments authorized by an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice on the condition that the licensed practical nurse is authorized under section 4723.17 of the Revised Code to administer medications;	751 752 753 754 755 756
(4) Administration to an adult of intravenous therapy authorized by an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice, on the condition that the licensed practical nurse is authorized under section 4723.18 or 4723.181 of the Revised Code to perform intravenous therapy and performs intravenous therapy only in accordance with those sections;	757 758 759 760 761 762 763
(5) Delegation of nursing tasks as directed by a registered nurse;	764 765
(6) Teaching nursing tasks to licensed practical nurses and individuals to whom the licensed practical nurse is authorized to delegate nursing tasks as directed by a registered nurse.	766 767 768 769
(G) "Certified registered nurse anesthetist" means an advanced practice registered nurse who holds a current, valid license issued under this chapter and is designated as a certified registered nurse anesthetist in accordance with section 4723.42 of the Revised Code and rules adopted by the board of nursing.	770 771 772 773 774 775
(H) "Clinical nurse specialist" means an advanced practice	776

registered nurse who holds a current, valid license issued under 777  
this chapter and is designated as a clinical nurse specialist in 778  
accordance with section 4723.42 of the Revised Code and rules 779  
adopted by the board of nursing. 780

(I) "Certified nurse-midwife" means an advanced practice 781  
registered nurse who holds a current, valid license issued under 782  
this chapter and is designated as a certified nurse-midwife in 783  
accordance with section 4723.42 of the Revised Code and rules 784  
adopted by the board of nursing. 785

(J) "Certified nurse practitioner" means an advanced 786  
practice registered nurse who holds a current, valid license 787  
issued under this chapter and is designated as a certified nurse 788  
practitioner in accordance with section 4723.42 of the Revised 789  
Code and rules adopted by the board of nursing. 790

(K) "Physician" means an individual authorized under 791  
Chapter 4731. of the Revised Code to practice medicine and 792  
surgery or osteopathic medicine and surgery. 793

(L) "Collaboration" or "collaborating" means ~~the~~ 794  
~~following:~~ 795

~~(1) In the case of a clinical nurse specialist or a 796  
certified nurse practitioner, that one or more podiatrists 797  
acting within the scope of practice of podiatry in accordance 798  
with section 4731.51 of the Revised Code and with whom the nurse 799  
has entered into a standard care arrangement or one or more 800  
physicians with whom the nurse has entered into a standard care 801  
arrangement collaborating practitioners are continuously 802  
available to communicate with the clinical nurse specialist ~~or,~~ 803  
certified nurse practitioner, or certified nurse-midwife either 804  
in person or by electronic communication.~~ 805

~~(2) In the case of a certified nurse midwife, that one or  
more physicians with whom the certified nurse midwife has  
entered into a standard care arrangement are continuously  
available to communicate with the certified nurse midwife either  
in person or by electronic communication.~~ 806  
807  
808  
809  
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(M) "Collaborating practitioner" means any of the 811  
following who is collaborating under a standard care arrangement 812  
with a clinical nurse specialist, certified nurse-midwife, or 813  
certified nurse practitioner: 814

(1) A physician; 815

(2) A podiatrist; 816

(3) A clinical nurse specialist, certified nurse-midwife, 817  
or certified nurse practitioner who is not practicing under a 818  
standard care arrangement with another collaborating 819  
practitioner. 820

(N) "Supervision," as it pertains to a certified 821  
registered nurse anesthetist, means that the certified 822  
registered nurse anesthetist is under the direction of a 823  
podiatrist acting within the podiatrist's scope of practice in 824  
accordance with section 4731.51 of the Revised Code, a dentist 825  
acting within the dentist's scope of practice in accordance with 826  
Chapter 4715. of the Revised Code, or a physician, and, when 827  
administering anesthesia, the certified registered nurse 828  
anesthetist is in the immediate presence of the podiatrist, 829  
dentist, or physician. 830

~~(N)(O)~~ "Standard care arrangement" means a written, formal 831  
guide for planning and evaluating a patient's health care that 832  
meets the requirements of section 4723.431 of the Revised Code 833  
and is developed by one or more collaborating physicians or 834

~~pediatric~~practitioners and ~~a~~ the clinical nurse specialist, 835  
certified nurse-midwife, or certified nurse practitioner ~~and~~ 836  
~~meets the requirements of section 4723.431 of the Revised Code~~ 837  
who will practice under the arrangement. 838

~~(O)~~ (P) "Advanced practice registered nurse" means an 839  
individual who holds a current, valid license issued under this 840  
chapter that authorizes the practice of nursing as an advanced 841  
practice registered nurse and is designated as any of the 842  
following: 843

- (1) A certified registered nurse anesthetist; 844
- (2) A clinical nurse specialist; 845
- (3) A certified nurse-midwife; 846
- (4) A certified nurse practitioner. 847

~~(P)~~ (Q) "Practice of nursing as an advanced practice 848  
registered nurse" means providing to individuals and groups 849  
nursing care that requires knowledge and skill obtained from 850  
advanced formal education, continuing education, training, and 851  
clinical experience. Such nursing care includes the care 852  
described in section 4723.43 of the Revised Code. 853

~~(Q)~~ (R) "Dialysis care" means the care and procedures that 854  
a dialysis technician or dialysis technician intern is 855  
authorized to provide and perform, as specified in section 856  
4723.72 of the Revised Code. 857

~~(R)~~ (S) "Dialysis technician" means an individual who holds 858  
a current, valid certificate to practice as a dialysis 859  
technician issued under section 4723.75 of the Revised Code. 860

~~(S)~~ (T) "Dialysis technician intern" means an individual 861  
who holds a current, valid certificate to practice as a dialysis 862

technician intern issued under section 4723.75 of the Revised Code. 863  
864

~~(T)~~ (U) "Certified community health worker" means an 865  
individual who holds a current, valid certificate as a community 866  
health worker issued under section 4723.85 of the Revised Code. 867

~~(U)~~ (V) "Medication aide" means an individual who holds a 868  
current, valid certificate issued under this chapter that 869  
authorizes the individual to administer medication in accordance 870  
with section 4723.67 of the Revised Code. 871

~~(V)~~ (W) "~~Nursing specialty~~Designation" means a ~~specialty~~ 872  
~~in practice designation~~ as a certified registered nurse 873  
anesthetist, clinical nurse specialist, certified nurse-midwife, 874  
or certified nurse practitioner. 875

**Sec. 4723.02.** The board of nursing shall assume and 876  
exercise all the powers and perform all the duties conferred and 877  
imposed on it by this chapter. 878

The board shall consist of thirteen members who shall be 879  
citizens of the United States and residents of Ohio. Eight 880  
members shall be registered nurses, each of whom shall be a 881  
graduate of an approved program of nursing education that 882  
prepares persons for licensure as a registered nurse, shall hold 883  
a currently active license issued under this chapter to practice 884  
nursing as a registered nurse, and shall have been actively 885  
engaged in the practice of nursing as a registered nurse for the 886  
five years immediately preceding the member's initial 887  
appointment to the board. Of the eight members who are 888  
registered nurses, at least two shall hold a current, valid 889  
license issued under this chapter that authorizes the practice 890  
of nursing as an advanced practice registered nurse. Four 891

members shall be licensed practical nurses, each of whom shall 892  
be a graduate of an approved program of nursing education that 893  
prepares persons for licensure as a practical nurse, shall hold 894  
a currently active license issued under this chapter to practice 895  
nursing as a licensed practical nurse, and shall have been 896  
actively engaged in the practice of nursing as a licensed 897  
practical nurse for the five years immediately preceding the 898  
member's initial appointment to the board. One member shall 899  
represent the interests of consumers of health care. Neither 900  
this member nor any person in the member's immediate family 901  
shall be a member of or associated with a healthcare provider 902  
or profession or shall have a financial interest in the delivery 903  
or financing of health care. Representation of nursing service 904  
and nursing education and of the various geographical areas of 905  
the state shall be considered in making appointments. 906

As the term of any member of the board expires, a 907  
successor shall be appointed who has the qualifications the 908  
vacancy requires. Terms of office shall be for four years, 909  
commencing on the first day of January and ending on the thirty- 910  
first day of December. 911

A current or former board member who has served not more 912  
than one full term or one full term and not more than thirty 913  
months of another term may be reappointed for one additional 914  
term. 915

Each member shall hold office from the date of appointment 916  
until the end of the term for which the member was appointed. 917  
The term of a member shall expire if the member ceases to meet 918  
any requirement of this section for the member's position on the 919  
board. Any member appointed to fill a vacancy occurring prior to 920  
the expiration of the term for which the member's predecessor 921



was appointed shall hold office for the remainder of such term. 922  
Any member shall continue in office subsequent to the expiration 923  
date of the member's term until the member's successor takes 924  
office, or until a period of sixty days has elapsed, whichever 925  
occurs first. 926

Nursing organizations of this state may each submit to the 927  
governor the names of not more than five nominees for each 928  
position to be filled on the board. From the names so submitted 929  
or from others, at the governor's discretion, the governor with 930  
the advice and consent of the senate shall make such 931  
appointments. 932

Any member of the board may be removed by the governor for 933  
neglect of any duty required by law or for incompetency or 934  
unprofessional or dishonorable conduct, after a hearing as 935  
provided in Chapter 119. of the Revised Code. 936

Seven members of the board ~~including constitute a quorum,~~ 937  
which must include at least four registered nurses, one of whom 938  
is an advanced practice registered nurse, and at least one 939  
~~licensed practical nurse shall at all times constitute a quorum.~~ 940

Each member of the board shall receive an amount fixed 941  
pursuant to division (J) of section 124.15 of the Revised Code 942  
for each day in attendance at board meetings and in discharge of 943  
official duties, and in addition thereto, necessary expense 944  
incurred in the performance of such duties. 945

The board shall elect one of its nurse members as 946  
president and one as vice-president. The board shall elect one 947  
of its registered nurse members to serve as the supervising 948  
member for disciplinary matters. 949

The board may establish advisory groups to serve in 950

consultation with the board or the executive director. Each 951  
advisory group shall be given a specific charge in writing and 952  
shall report to the board. Members of advisory groups shall 953  
serve without compensation but shall receive their actual and 954  
necessary expenses incurred in the performance of their official 955  
duties. 956

**Sec. 4723.06.** (A) The board of nursing shall: 957

(1) Administer and enforce the provisions of this chapter, 958  
including the taking of disciplinary action for violations of 959  
section 4723.28 of the Revised Code, any other provisions of 960  
this chapter, or rules adopted under this chapter; 961

(2) Develop criteria that an applicant must meet to be 962  
eligible to sit for the examination for licensure to practice as 963  
a registered nurse or as a licensed practical nurse; 964

(3) Issue and renew nursing licenses, dialysis technician 965  
certificates, and community health worker certificates, as 966  
provided in this chapter; 967

(4) Define the minimum educational standards for the 968  
schools and programs of registered nursing and practical nursing 969  
in this state; 970

(5) Survey, inspect, and grant full approval to 971  
prelicensure nursing education programs in this state that meet 972  
the standards established by rules adopted under section 4723.07 973  
of the Revised Code. Prelicensure nursing education programs 974  
include, but are not limited to, diploma, associate degree, 975  
baccalaureate degree, master's degree, and doctor of nursing 976  
programs leading to initial licensure to practice nursing as a 977  
registered nurse and practical nurse programs leading to initial 978  
licensure to practice nursing as a licensed practical nurse. 979

(6) Grant conditional approval, by a vote of a quorum of 980  
the board, to a new prelicensure nursing education program or a 981  
program that is being reestablished after having ceased to 982  
operate, if the program meets and maintains the minimum 983  
standards of the board established by rules adopted under 984  
section 4723.07 of the Revised Code. If the board does not grant 985  
conditional approval, it shall hold an adjudication under 986  
Chapter 119. of the Revised Code to consider conditional 987  
approval of the program. If the board grants conditional 988  
approval, at the first meeting following completion of the 989  
survey process required by division (A) (5) of this section, the 990  
board shall determine whether to grant full approval to the 991  
program. If the board does not grant full approval or if it 992  
appears that the program has failed to meet and maintain 993  
standards established by rules adopted under section 4723.07 of 994  
the Revised Code, the board shall hold an adjudication under 995  
Chapter 119. of the Revised Code to consider the program. Based 996  
on results of the adjudication, the board may continue or 997  
withdraw conditional approval, or grant full approval. 998

(7) Place on provisional approval, for a period of time 999  
specified by the board, a prelicensure nursing education program 1000  
that has ceased to meet and maintain the minimum standards of 1001  
the board established by rules adopted under section 4723.07 of 1002  
the Revised Code. Prior to or at the end of the period, the 1003  
board shall reconsider whether the program meets the standards 1004  
and shall grant full approval if it does. If it does not, the 1005  
board may withdraw approval, pursuant to an adjudication under 1006  
Chapter 119. of the Revised Code. 1007

(8) Approve continuing education programs and courses 1008  
under standards established in rules adopted under sections 1009  
4723.07, 4723.69, 4723.79, and 4723.88 of the Revised Code; 1010

- (9) Establish a substance use disorder monitoring program 1011  
in accordance with section 4723.35 of the Revised Code; 1012
- (10) Establish the practice intervention and improvement 1013  
program in accordance with section 4723.282 of the Revised Code; 1014
- (11) Grant approval to the course of study in advanced 1015  
pharmacology and related topics described in section 4723.482 of 1016  
the Revised Code; 1017
- (12) Make an annual edition of the exclusionary formulary 1018  
established in rules adopted under section 4723.50 of the 1019  
Revised Code available to the public by electronic means and, as 1020  
soon as possible after any revision of the formulary becomes 1021  
effective, make the revision available to the public by 1022  
electronic means; 1023
- (13) Approve under section 4723.46 of the Revised Code 1024  
national certifying organizations for examination and licensure 1025  
of advanced practice registered nurses, which may include 1026  
separate organizations for each nursing ~~specialty~~ designation; 1027
- (14) Provide guidance and make recommendations to the 1028  
general assembly, the governor, state agencies, and the federal 1029  
government with respect to the regulation of the practice of 1030  
nursing and the enforcement of this chapter; 1031
- (15) Make an annual report to the governor, which shall be 1032  
open for public inspection; 1033
- (16) Maintain and have open for public inspection the 1034  
following records: 1035
- (a) A record of all its meetings and proceedings; 1036
- (b) A record of all applicants for, and holders of, 1037  
licenses and certificates issued by the board under this chapter 1038

or in accordance with rules adopted under this chapter. The 1039  
record shall be maintained in a format determined by the board. 1040

(c) A list of education and training programs approved by 1041  
the board. 1042

(17) Deny conditional approval to a new prelicensure 1043  
nursing education program or a program that is being 1044  
reestablished after having ceased to operate if the program or a 1045  
person acting on behalf of the program submits or causes to be 1046  
submitted to the board false, misleading, or deceptive 1047  
statements, information, or documentation in the process of 1048  
applying for approval of the program. If the board proposes to 1049  
deny approval of the program, it shall do so pursuant to an 1050  
adjudication conducted under Chapter 119. of the Revised Code. 1051

(B) The board may fulfill the requirement of division (A) 1052  
(8) of this section by authorizing persons who meet the 1053  
standards established in rules adopted under section 4723.07 of 1054  
the Revised Code to approve continuing education programs and 1055  
courses. Persons so authorized shall approve continuing 1056  
education programs and courses in accordance with standards 1057  
established in rules adopted under section 4723.07 of the 1058  
Revised Code. 1059

Persons seeking authorization to approve continuing 1060  
education programs and courses shall apply to the board and pay 1061  
the appropriate fee established under section 4723.08 of the 1062  
Revised Code. Authorizations to approve continuing education 1063  
programs and courses shall expire and may be renewed according 1064  
to the schedule established in rules adopted under section 1065  
4723.07 of the Revised Code. 1066

In addition to approving continuing education programs 1067

under division (A) (8) of this section, the board may sponsor 1068  
continuing education activities that are directly related to the 1069  
statutes and rules the board enforces. 1070

(C) (1) The board may deny conditional approval to a new 1071  
prelicensure nursing education program or program that is being 1072  
reestablished after having ceased to operate if the program is 1073  
controlled by a person who controls or has controlled a program 1074  
that had its approval withdrawn, revoked, suspended, or 1075  
restricted by the board or a board of another jurisdiction that 1076  
is a member of the national council of state boards of nursing. 1077  
If the board proposes to deny approval, it shall do so pursuant 1078  
to an adjudication conducted under Chapter 119. of the Revised 1079  
Code. 1080

(2) As used in this division, "control" means any of the 1081  
following: 1082

(a) Holding fifty per cent or more of the outstanding 1083  
voting securities or membership interest of a prelicensure 1084  
nursing education program; 1085

(b) In the case of an unincorporated prelicensure nursing 1086  
education program, having the right to fifty per cent or more of 1087  
the program's profits or in the event of a dissolution, fifty 1088  
per cent or more of the program's assets; 1089

(c) In the case of a prelicensure nursing education 1090  
program that is a for-profit or not-for-profit corporation, 1091  
having the contractual authority presently to designate fifty 1092  
per cent or more of its directors; 1093

(d) In the case of a prelicensure nursing education 1094  
program that is a trust, having the contractual authority 1095  
presently to designate fifty per cent or more of its trustees; 1096

(e) Having the authority to direct the management, 1097  
policies, or investments of a prelicensure nursing education 1098  
program. 1099

(D) (1) When an action taken by the board under division 1100  
(A) (6), (7), or (17) or (C) (1) of this section is required to be 1101  
taken pursuant to an adjudication conducted under Chapter 119. 1102  
of the Revised Code, the board may, in lieu of an adjudication 1103  
hearing, enter into a consent agreement to resolve the matter. A 1104  
consent agreement, when ratified by a vote of a quorum of the 1105  
board, constitutes the findings and order of the board with 1106  
respect to the matter addressed in the agreement. If the board 1107  
refuses to ratify a consent agreement, the admissions and 1108  
findings contained in the agreement are of no effect. 1109

(2) In any instance in which the board is required under 1110  
Chapter 119. of the Revised Code to give notice to a person 1111  
seeking approval of a prelicensure nursing education program of 1112  
an opportunity for a hearing and the person does not make a 1113  
timely request for a hearing in accordance with section 119.07 1114  
of the Revised Code, the board is not required to hold a 1115  
hearing, but may adopt, by a vote of a quorum, a final order 1116  
that contains the board's findings. 1117

(3) When the board denies or withdraws approval of a 1118  
prelicensure nursing education program, the board may specify 1119  
that its action is permanent. A program subject to a permanent 1120  
action taken by the board is forever ineligible for approval and 1121  
the board shall not accept an application for the program's 1122  
reinstatement or approval. 1123

**Sec. 4723.07.** In accordance with Chapter 119. of the 1124  
Revised Code, the board of nursing shall adopt and may amend and 1125  
rescind rules that establish all of the following: 1126

(A) Provisions for the board's government and control of its actions and business affairs;	1127 1128
(B) Minimum standards for nursing education programs that prepare graduates to be licensed under this chapter and procedures for granting, renewing, and withdrawing approval of those programs;	1129 1130 1131 1132
(C) Criteria that applicants for licensure must meet to be eligible to take examinations for licensure;	1133 1134
(D) Standards and procedures for renewal of the licenses and certificates issued by the board;	1135 1136
(E) Standards for approval of continuing nursing education programs and courses for registered nurses, advanced practice registered nurses, and licensed practical nurses. The standards may provide for approval of continuing nursing education programs and courses that have been approved by other state boards of nursing or by national accreditation systems for nursing, including, but not limited to, the American nurses' credentialing center and the national association for practical nurse education and service.	1137 1138 1139 1140 1141 1142 1143 1144 1145
(F) Standards that persons must meet to be authorized by the board to approve continuing education programs and courses and a schedule by which that authorization expires and may be renewed;	1146 1147 1148 1149
(G) Requirements, including continuing education requirements, for reactivating inactive licenses or certificates, and for reinstating licenses or certificates that have lapsed;	1150 1151 1152 1153
(H) Conditions that may be imposed for reinstatement of a license or certificate following action taken under section	1154 1155



3123.47, 4723.28, 4723.281, 4723.652, or 4723.86 of the Revised Code resulting in a license or certificate suspension; 1156  
1157

(I) Requirements for board approval of courses in medication administration by licensed practical nurses; 1158  
1159

(J) Criteria for evaluating the qualifications of an applicant for a license to practice nursing as a registered nurse, a license to practice nursing as an advanced practice registered nurse, or a license to practice nursing as a licensed practical nurse for the purpose of issuing the license by the board's endorsement of the applicant's authority to practice issued by the licensing agency of another state; 1160  
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(K) Universal and standard precautions that shall be used by each licensee or certificate holder. The rules shall define and establish requirements for universal and standard precautions that include the following: 1167  
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(1) Appropriate use of hand washing; 1171

(2) Disinfection and sterilization of equipment; 1172

(3) Handling and disposal of needles and other sharp instruments; 1173  
1174

(4) Wearing and disposal of gloves and other protective garments and devices. 1175  
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(L) Quality assurance standards for advanced practice registered nurses who have less than two thousand hours or twelve months of clinical practice and are clinical nurse specialists, certified nurse-midwives, and certified nurse practitioners; 1177  
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(M) Additional—For purposes of division (A) (5) of section 4723.431 of the Revised Code, any additional criteria for the— 1182  
1183

~~standard care arrangement required by section 4723.431 of the~~ 1184  
~~Revised Code entered into by a clinical nurse specialist,~~ 1185  
~~certified nurse-midwife, or certified nurse practitioner and the~~ 1186  
~~nurse's collaborating physician or podiatrist arrangements;~~ 1187

(N) For purposes of division (B) (31) of section 4723.28 of 1188  
the Revised Code, the actions, omissions, or other circumstances 1189  
that constitute failure to establish and maintain professional 1190  
boundaries with a patient; 1191

(O) Standards and procedures for delegation under section 1192  
4723.48 of the Revised Code of the authority to administer 1193  
drugs. 1194

The board may adopt other rules necessary to carry out the 1195  
provisions of this chapter. The rules shall be adopted in 1196  
accordance with Chapter 119. of the Revised Code. 1197

**Sec. 4723.24.** (A) (1) Except as otherwise provided in this 1198  
chapter, all of the following apply with respect to the 1199  
schedules for renewal of licenses and certificates issued by the 1200  
board of nursing: 1201

(a) An active license to practice nursing as a registered 1202  
nurse is subject to renewal in odd-numbered years. An 1203  
application for renewal of the license is due on the fifteenth 1204  
day of September of the renewal year. A late application may be 1205  
submitted before the license lapses. If a license is not renewed 1206  
or classified as inactive, the license lapses on the first day 1207  
of November of the renewal year. 1208

(b) An active license to practice nursing as a licensed 1209  
practical nurse is subject to renewal in even-numbered years. An 1210  
application for renewal of the license is due on the fifteenth 1211  
day of September of the renewal year. A late application may be 1212

submitted before the license lapses. If a license is not renewed 1213  
or classified as inactive, the license lapses on the first day 1214  
of November of the renewal year. 1215

(c) An active license to practice nursing as an advanced 1216  
practice registered nurse is subject to renewal in odd-numbered 1217  
years. An application for renewal of the license is due on the 1218  
fifteenth day of September of the renewal year. A late 1219  
application may be submitted before the license lapses. If a 1220  
license is not renewed or classified as inactive, the license 1221  
lapses on the first day of November of the renewal year. 1222

(d) All other active licenses and certificates issued 1223  
under this chapter are subject to renewal according to a 1224  
schedule established by the board in rules adopted under section 1225  
4723.07 of the Revised Code. 1226

(2) The board shall provide an application for renewal to 1227  
every holder of an active license or certificate, except when 1228  
the board is aware that an individual is ineligible for license 1229  
or certificate renewal for any reason, including pending 1230  
criminal charges in this state or another jurisdiction, failure 1231  
to comply with a disciplinary order from the board or the terms 1232  
of a consent agreement entered into with the board, failure to 1233  
pay fines or fees owed to the board, or failure to provide on 1234  
the board's request documentation of having completed the 1235  
continuing nursing education requirements specified in division 1236  
(C) of this section. 1237

If the board provides a renewal application by mail, the 1238  
application shall be addressed to the last known post-office 1239  
address of the license or certificate holder and mailed before 1240  
the date the application is due. Failure of the license or 1241  
certificate holder to receive an application for renewal from 1242

the board shall not excuse the holder from the requirements 1243  
contained in this section, except as provided in section 5903.10 1244  
of the Revised Code. 1245

(3) A license or certificate holder seeking renewal of the 1246  
license or certificate shall complete the renewal application 1247  
and submit it to the board with the renewal fee established 1248  
under section 4723.08 of the Revised Code. If a renewal 1249  
application is submitted after the date the application is due, 1250  
but before the date the license or certificate lapses, the 1251  
applicant shall include with the application the fee established 1252  
under section 4723.08 of the Revised Code for processing a late 1253  
application for renewal. 1254

With the renewal application, the applicant shall report 1255  
any conviction, plea, or judicial finding regarding a criminal 1256  
offense that constitutes grounds for the board to impose 1257  
sanctions under section 4723.28 of the Revised Code since the 1258  
applicant last submitted an application to the board. 1259

(4) On receipt of the renewal application, the board shall 1260  
verify whether the applicant meets the renewal requirements. If 1261  
the applicant meets the requirements, the board shall renew the 1262  
license or certificate. 1263

(B) Every license or certificate holder shall give written 1264  
or electronic notice to the board of any change of name or 1265  
address within thirty days of the change. The board shall 1266  
require the holder to document a change of name in a manner 1267  
acceptable to the board. 1268

(C) (1) Except in the case of a first renewal after 1269  
licensure by examination, to be eligible for renewal of an 1270  
active license to practice nursing as a registered nurse or 1271

licensed practical nurse, each individual who holds an active 1272  
license shall, in each two-year period specified by the board, 1273  
complete continuing nursing education as follows: 1274

(a) For renewal of a license that was issued for a two- 1275  
year renewal period, twenty-four hours of continuing nursing 1276  
education; 1277

(b) For renewal of a license that was issued for less than 1278  
a two-year renewal period, the number of hours of continuing 1279  
nursing education specified by the board in rules adopted in 1280  
accordance with Chapter 119. of the Revised Code; 1281

(c) Of the hours of continuing nursing education completed 1282  
in any renewal period, at least one hour of the education must 1283  
be directly related to the statutes and rules pertaining to the 1284  
practice of nursing in this state. 1285

(2) To be eligible for renewal of an active license to 1286  
practice nursing as an advanced practice registered nurse, each 1287  
individual who holds an active license shall, in each two-year 1288  
period specified by the board, complete continuing education as 1289  
follows: 1290

(a) For renewal of a license that was issued for a two- 1291  
year renewal period, twenty-four hours of continuing nursing 1292  
education; 1293

(b) For renewal of a license that was issued for less than 1294  
a two-year renewal period, the number of hours of continuing 1295  
nursing education specified by the board in rules adopted in 1296  
accordance with Chapter 119. of the Revised Code, including the 1297  
number of hours of continuing education in advanced 1298  
pharmacology; 1299

(c) In the case of an advanced practice registered nurse 1300

who is designated as a clinical nurse specialist, certified 1301  
nurse-midwife, or certified nurse practitioner, of the hours of 1302  
continuing nursing education completed in any renewal period, at 1303  
least twelve hours of the education must be in advanced 1304  
pharmacology and be received from an accredited institution 1305  
recognized by the board. 1306

(d) The continuing education required by division (C) (2) 1307  
(a) or (b) of this section is in addition to the continuing 1308  
education required by division (C) (1) (a) or (b) of this section. 1309

(3) The board shall adopt rules establishing the procedure 1310  
for a license holder to certify to the board completion of the 1311  
required continuing nursing education. The board may conduct a 1312  
random sample of license holders and require that the license 1313  
holders included in the sample submit satisfactory documentation 1314  
of having completed the requirements for continuing nursing 1315  
education. On the board's request, a license holder included in 1316  
the sample shall submit the required documentation. 1317

(4) An educational activity may be applied toward meeting 1318  
the continuing nursing education requirement only if it is 1319  
obtained through a program or course approved by the board or a 1320  
person the board has authorized to approve continuing nursing 1321  
education programs and courses. 1322

(5) The continuing education required of a certified 1323  
registered nurse anesthetist, clinical nurse specialist, 1324  
certified nurse-midwife, or certified nurse practitioner to 1325  
maintain certification by a national certifying organization 1326  
shall be applied toward the continuing education requirements 1327  
for renewal of the following if the continuing education is 1328  
obtained through a program or course approved by the board or a 1329  
person the board has authorized to approve continuing nursing 1330

education programs and courses: 1331

(a) A license to practice nursing as a registered nurse; 1332

(b) A license to practice nursing as an advanced practice 1333  
registered nurse. 1334

(D) Except as otherwise provided in section 4723.28 of the 1335  
Revised Code, an individual who holds an active license to 1336  
practice nursing as a registered nurse or licensed practical 1337  
nurse and who does not intend to practice in Ohio may send to 1338  
the board written or electronic notice to that effect on or 1339  
before the date the license lapses, and the board shall classify 1340  
the license as inactive. During the period that the license is 1341  
classified as inactive, the holder may not engage in the 1342  
practice of nursing as a registered nurse or licensed practical 1343  
nurse in Ohio and is not required to pay the renewal fee. 1344

The holder of an inactive license to practice nursing as a 1345  
registered nurse or licensed practical nurse or an individual 1346  
who has failed to renew the individual's license to practice 1347  
nursing as a registered nurse or licensed practical nurse may 1348  
have the license reactivated or reinstated upon doing the 1349  
following, as applicable to the holder or individual: 1350

(1) Applying to the board for license reactivation or 1351  
reinstatement on forms provided by the board; 1352

(2) Meeting the requirements for reactivating or 1353  
reinstating licenses established in rules adopted under section 1354  
4723.07 of the Revised Code or, if the individual did not renew 1355  
because of service in the armed forces of the United States or a 1356  
reserve component of the armed forces of the United States, 1357  
including the Ohio national guard or the national guard of any 1358  
other state, as provided in section 5903.10 of the Revised Code; 1359

(3) If the license has been inactive for at least five 1360  
years from the date of application for reactivation or has 1361  
lapsed for at least five years from the date of application for 1362  
reinstatement, submitting a request to the bureau of criminal 1363  
identification and investigation for a criminal records check 1364  
and check of federal bureau of investigation records pursuant to 1365  
section 4723.091 of the Revised Code. 1366

(E) Except as otherwise provided in section 4723.28 of the 1367  
Revised Code, an individual who holds an active license to 1368  
practice nursing as an advanced practice registered nurse and 1369  
does not intend to practice in Ohio as an advanced practice 1370  
registered nurse may send to the board written or electronic 1371  
notice to that effect on or before the renewal date, and the 1372  
board shall classify the license as inactive. During the period 1373  
that the license is classified as inactive, the holder may not 1374  
engage in the practice of nursing as an advanced practice 1375  
registered nurse in Ohio and is not required to pay the renewal 1376  
fee. 1377

The holder of an inactive license to practice nursing as 1378  
an advanced practice registered nurse or an individual who has 1379  
failed to renew the individual's license to practice nursing as 1380  
an advanced practice registered nurse may have the license 1381  
reactivated or reinstated upon doing the following, as 1382  
applicable to the holder or individual: 1383

(1) Applying to the board for license reactivation or 1384  
reinstatement on forms provided by the board; 1385

(2) Meeting the requirements for reactivating or 1386  
reinstating licenses established in rules adopted under section 1387  
4723.07 of the Revised Code or, if the individual did not renew 1388  
because of service in the armed forces of the United States or a 1389



reserve component of the armed forces of the United States, 1390  
including the Ohio national guard or the national guard of any 1391  
other state, as provided in section 5903.10 of the Revised Code. 1392

**Sec. 4723.28.** (A) The board of nursing, by a vote of a 1393  
quorum, may impose one or more of the following sanctions if it 1394  
finds that a person committed fraud in passing an examination 1395  
required to obtain a license or dialysis technician certificate 1396  
issued by the board or to have committed fraud, 1397  
misrepresentation, or deception in applying for or securing any 1398  
nursing license or dialysis technician certificate issued by the 1399  
board: deny, revoke, suspend, or place restrictions on any 1400  
nursing license or dialysis technician certificate issued by the 1401  
board; reprimand or otherwise discipline a holder of a nursing 1402  
license or dialysis technician certificate; or impose a fine of 1403  
not more than five hundred dollars per violation. 1404

(B) The board of nursing, by a vote of a quorum, may 1405  
impose one or more of the following sanctions: deny, revoke, 1406  
suspend, or place restrictions on any nursing license or 1407  
dialysis technician certificate issued by the board; reprimand 1408  
or otherwise discipline a holder of a nursing license or 1409  
dialysis technician certificate; or impose a fine of not more 1410  
than five hundred dollars per violation. The sanctions may be 1411  
imposed for any of the following: 1412

(1) Denial, revocation, suspension, or restriction of 1413  
authority to engage in a licensed profession or practice a 1414  
health care occupation, including nursing or practice as a 1415  
dialysis technician, for any reason other than a failure to 1416  
renew, in Ohio or another state or jurisdiction; 1417

(2) Engaging in the practice of nursing or engaging in 1418  
practice as a dialysis technician, having failed to renew a 1419

nursing license or dialysis technician certificate issued under 1420  
this chapter, or while a nursing license or dialysis technician 1421  
certificate is under suspension; 1422

(3) Conviction of, a plea of guilty to, a judicial finding 1423  
of guilt of, a judicial finding of guilt resulting from a plea 1424  
of no contest to, or a judicial finding of eligibility for a 1425  
pretrial diversion or similar program or for intervention in 1426  
lieu of conviction for, a misdemeanor committed in the course of 1427  
practice; 1428

(4) Conviction of, a plea of guilty to, a judicial finding 1429  
of guilt of, a judicial finding of guilt resulting from a plea 1430  
of no contest to, or a judicial finding of eligibility for a 1431  
pretrial diversion or similar program or for intervention in 1432  
lieu of conviction for, any felony or of any crime involving 1433  
gross immorality or moral turpitude; 1434

(5) Selling, giving away, or administering drugs or 1435  
therapeutic devices for other than legal and legitimate 1436  
therapeutic purposes; or conviction of, a plea of guilty to, a 1437  
judicial finding of guilt of, a judicial finding of guilt 1438  
resulting from a plea of no contest to, or a judicial finding of 1439  
eligibility for a pretrial diversion or similar program or for 1440  
intervention in lieu of conviction for, violating any municipal, 1441  
state, county, or federal drug law; 1442

(6) Conviction of, a plea of guilty to, a judicial finding 1443  
of guilt of, a judicial finding of guilt resulting from a plea 1444  
of no contest to, or a judicial finding of eligibility for a 1445  
pretrial diversion or similar program or for intervention in 1446  
lieu of conviction for, an act in another jurisdiction that 1447  
would constitute a felony or a crime of moral turpitude in Ohio; 1448

(7) Conviction of, a plea of guilty to, a judicial finding  
of guilt of, a judicial finding of guilt resulting from a plea  
of no contest to, or a judicial finding of eligibility for a  
pretrial diversion or similar program or for intervention in  
lieu of conviction for, an act in the course of practice in  
another jurisdiction that would constitute a misdemeanor in  
Ohio;

(8) Self-administering or otherwise taking into the body  
any dangerous drug, as defined in section 4729.01 of the Revised  
Code, in any way that is not in accordance with a legal, valid  
prescription issued for that individual, or self-administering  
or otherwise taking into the body any drug that is a schedule I  
controlled substance;

(9) Habitual or excessive use of controlled substances,  
other habit-forming drugs, or alcohol or other chemical  
substances to an extent that impairs the individual's ability to  
provide safe nursing care or safe dialysis care;

(10) Impairment of the ability to practice according to  
acceptable and prevailing standards of safe nursing care or safe  
dialysis care because of the use of drugs, alcohol, or other  
chemical substances;

(11) Impairment of the ability to practice according to  
acceptable and prevailing standards of safe nursing care or safe  
dialysis care because of a physical or mental disability;

(12) Assaulting or causing harm to a patient or depriving  
a patient of the means to summon assistance;

(13) Misappropriation or attempted misappropriation of  
money or anything of value in the course of practice;

(14) Adjudication by a probate court of being mentally ill

or mentally incompetent. The board may reinstate the person's 1478  
nursing license or dialysis technician certificate upon 1479  
adjudication by a probate court of the person's restoration to 1480  
competency or upon submission to the board of other proof of 1481  
competency. 1482

(15) The suspension or termination of employment by the 1483  
United States department of defense or department of veterans 1484  
affairs for any act that violates or would violate this chapter; 1485

(16) Violation of this chapter or any rules adopted under 1486  
it; 1487

(17) Violation of any restrictions placed by the board on 1488  
a nursing license or dialysis technician certificate; 1489

(18) Failure to use universal and standard precautions 1490  
established by rules adopted under section 4723.07 of the 1491  
Revised Code; 1492

(19) Failure to practice in accordance with acceptable and 1493  
prevailing standards of safe nursing care or safe dialysis care; 1494

(20) In the case of a registered nurse, engaging in 1495  
activities that exceed the practice of nursing as a registered 1496  
nurse; 1497

(21) In the case of a licensed practical nurse, engaging 1498  
in activities that exceed the practice of nursing as a licensed 1499  
practical nurse; 1500

(22) In the case of a dialysis technician, engaging in 1501  
activities that exceed those permitted under section 4723.72 of 1502  
the Revised Code; 1503

(23) Aiding and abetting a person in that person's 1504  
practice of nursing without a license or practice as a dialysis 1505

technician without a certificate issued under this chapter; 1506

(24) In the case of an advanced practice registered nurse, 1507  
except as provided in division (M) of this section, either of 1508  
the following: 1509

(a) Waiving the payment of all or any part of a deductible 1510  
or copayment that a patient, pursuant to a health insurance or 1511  
health care policy, contract, or plan that covers such nursing 1512  
services, would otherwise be required to pay if the waiver is 1513  
used as an enticement to a patient or group of patients to 1514  
receive health care services from that provider; 1515

(b) Advertising that the nurse will waive the payment of 1516  
all or any part of a deductible or copayment that a patient, 1517  
pursuant to a health insurance or health care policy, contract, 1518  
or plan that covers such nursing services, would otherwise be 1519  
required to pay. 1520

(25) Failure to comply with the terms and conditions of 1521  
participation in the substance use disorder monitoring program 1522  
established under section 4723.35 of the Revised Code; 1523

(26) Failure to comply with the terms and conditions 1524  
required under the practice intervention and improvement program 1525  
established under section 4723.282 of the Revised Code; 1526

(27) In the case of an advanced practice registered nurse: 1527

(a) Engaging in activities that exceed those permitted ~~for~~ 1528  
~~the nurse's nursing specialty~~ under section 4723.43 of the 1529  
Revised Code for the nurse's designation; 1530

(b) Failure to meet the quality assurance standards 1531  
established under section 4723.07 of the Revised Code that apply 1532  
to the nurse as a clinical nurse specialist, certified nurse- 1533

midwives, or certified nurse practitioner who has less than two 1534  
thousand hours or twelve months of clinical practice. 1535

(28) In the case of an advanced practice registered nurse— 1536  
~~other than a certified registered nurse anesthetist who is~~ 1537  
required or chooses to practice under a standard care 1538  
arrangement, as provided in section 4723.43 of the Revised Code, 1539  
failure to maintain ~~a~~the standard care arrangement in 1540  
accordance with section 4723.431 of the Revised Code or to 1541  
practice in accordance with the standard care arrangement; 1542

(29) In the case of an advanced practice registered nurse 1543  
who is designated as a clinical nurse specialist, certified 1544  
nurse-midwife, or certified nurse practitioner, failure to 1545  
prescribe drugs and therapeutic devices in accordance with 1546  
section 4723.481 of the Revised Code; 1547

(30) Prescribing any drug or device to perform or induce 1548  
an abortion, or otherwise performing or inducing an abortion; 1549

(31) Failure to establish and maintain professional 1550  
boundaries with a patient, as specified in rules adopted under 1551  
section 4723.07 of the Revised Code; 1552

(32) Regardless of whether the contact or verbal behavior 1553  
is consensual, engaging with a patient other than the spouse of 1554  
the registered nurse, licensed practical nurse, or dialysis 1555  
technician in any of the following: 1556

(a) Sexual contact, as defined in section 2907.01 of the 1557  
Revised Code; 1558

(b) Verbal behavior that is sexually demeaning to the 1559  
patient or may be reasonably interpreted by the patient as 1560  
sexually demeaning. 1561

(33) Assisting suicide, as defined in section 3795.01 of the Revised Code;	1562 1563
(34) Failure to comply with the requirements in section 3719.061 of the Revised Code before issuing for a minor a prescription for an opioid analgesic, as defined in section 3719.01 of the Revised Code;	1564 1565 1566 1567
(35) Failure to comply with section 4723.487 of the Revised Code, unless the state board of pharmacy no longer maintains a drug database pursuant to section 4729.75 of the Revised Code;	1568 1569 1570 1571
(36) The revocation, suspension, restriction, reduction, or termination of clinical privileges by the United States department of defense or department of veterans affairs or the termination or suspension of a certificate of registration to prescribe drugs by the drug enforcement administration of the United States department of justice;	1572 1573 1574 1575 1576 1577
<u>(37) In the case of a collaborating practitioner who is a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, failure to enter into a standard care arrangement with the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner with whom the nurse will collaborate or failure to fulfill the responsibilities of collaboration after entering into the standard care arrangement.</u>	1578 1579 1580 1581 1582 1583 1584
(C) Disciplinary actions taken by the board under divisions (A) and (B) of this section shall be taken pursuant to an adjudication conducted under Chapter 119. of the Revised Code, except that in lieu of a hearing, the board may enter into a consent agreement with an individual to resolve an allegation of a violation of this chapter or any rule adopted under it. A	1585 1586 1587 1588 1589 1590

consent agreement, when ratified by a vote of a quorum, shall 1591  
constitute the findings and order of the board with respect to 1592  
the matter addressed in the agreement. If the board refuses to 1593  
ratify a consent agreement, the admissions and findings 1594  
contained in the agreement shall be of no effect. 1595

(D) The hearings of the board shall be conducted in 1596  
accordance with Chapter 119. of the Revised Code, the board may 1597  
appoint a hearing examiner, as provided in section 119.09 of the 1598  
Revised Code, to conduct any hearing the board is authorized to 1599  
hold under Chapter 119. of the Revised Code. 1600

In any instance in which the board is required under 1601  
Chapter 119. of the Revised Code to give notice of an 1602  
opportunity for a hearing and the applicant, licensee, or 1603  
certificate holder does not make a timely request for a hearing 1604  
in accordance with section 119.07 of the Revised Code, the board 1605  
is not required to hold a hearing, but may adopt, by a vote of a 1606  
quorum, a final order that contains the board's findings. In the 1607  
final order, the board may order any of the sanctions listed in 1608  
division (A) or (B) of this section. 1609

(E) If a criminal action is brought against a registered 1610  
nurse, licensed practical nurse, or dialysis technician for an 1611  
act or crime described in divisions (B) (3) to (7) of this 1612  
section and the action is dismissed by the trial court other 1613  
than on the merits, the board shall conduct an adjudication to 1614  
determine whether the registered nurse, licensed practical 1615  
nurse, or dialysis technician committed the act on which the 1616  
action was based. If the board determines on the basis of the 1617  
adjudication that the registered nurse, licensed practical 1618  
nurse, or dialysis technician committed the act, or if the 1619  
registered nurse, licensed practical nurse, or dialysis 1620



technician fails to participate in the adjudication, the board 1621  
may take action as though the registered nurse, licensed 1622  
practical nurse, or dialysis technician had been convicted of 1623  
the act. 1624

If the board takes action on the basis of a conviction, 1625  
plea, or a judicial finding as described in divisions (B) (3) to 1626  
(7) of this section that is overturned on appeal, the registered 1627  
nurse, licensed practical nurse, or dialysis technician may, on 1628  
exhaustion of the appeal process, petition the board for 1629  
reconsideration of its action. On receipt of the petition and 1630  
supporting court documents, the board shall temporarily rescind 1631  
its action. If the board determines that the decision on appeal 1632  
was a decision on the merits, it shall permanently rescind its 1633  
action. If the board determines that the decision on appeal was 1634  
not a decision on the merits, it shall conduct an adjudication 1635  
to determine whether the registered nurse, licensed practical 1636  
nurse, or dialysis technician committed the act on which the 1637  
original conviction, plea, or judicial finding was based. If the 1638  
board determines on the basis of the adjudication that the 1639  
registered nurse, licensed practical nurse, or dialysis 1640  
technician committed such act, or if the registered nurse, 1641  
licensed practical nurse, or dialysis technician does not 1642  
request an adjudication, the board shall reinstate its action; 1643  
otherwise, the board shall permanently rescind its action. 1644

Notwithstanding the provision of division (C) (2) of 1645  
section 2953.32 of the Revised Code specifying that if records 1646  
pertaining to a criminal case are sealed under that section the 1647  
proceedings in the case shall be deemed not to have occurred, 1648  
sealing of the following records on which the board has based an 1649  
action under this section shall have no effect on the board's 1650  
action or any sanction imposed by the board under this section: 1651

records of any conviction, guilty plea, judicial finding of 1652  
guilt resulting from a plea of no contest, or a judicial finding 1653  
of eligibility for a pretrial diversion program or intervention 1654  
in lieu of conviction. 1655

The board shall not be required to seal, destroy, redact, 1656  
or otherwise modify its records to reflect the court's sealing 1657  
of conviction records. 1658

(F) The board may investigate an individual's criminal 1659  
background in performing its duties under this section. As part 1660  
of such investigation, the board may order the individual to 1661  
submit, at the individual's expense, a request to the bureau of 1662  
criminal identification and investigation for a criminal records 1663  
check and check of federal bureau of investigation records in 1664  
accordance with the procedure described in section 4723.091 of 1665  
the Revised Code. 1666

(G) During the course of an investigation conducted under 1667  
this section, the board may compel any registered nurse, 1668  
licensed practical nurse, or dialysis technician or applicant 1669  
under this chapter to submit to a mental or physical 1670  
examination, or both, as required by the board and at the 1671  
expense of the individual, if the board finds reason to believe 1672  
that the individual under investigation may have a physical or 1673  
mental impairment that may affect the individual's ability to 1674  
provide safe nursing care. Failure of any individual to submit 1675  
to a mental or physical examination when directed constitutes an 1676  
admission of the allegations, unless the failure is due to 1677  
circumstances beyond the individual's control, and a default and 1678  
final order may be entered without the taking of testimony or 1679  
presentation of evidence. 1680

If the board finds that an individual is impaired, the 1681

board shall require the individual to submit to care, 1682  
counseling, or treatment approved or designated by the board, as 1683  
a condition for initial, continued, reinstated, or renewed 1684  
authority to practice. The individual shall be afforded an 1685  
opportunity to demonstrate to the board that the individual can 1686  
begin or resume the individual's occupation in compliance with 1687  
acceptable and prevailing standards of care under the provisions 1688  
of the individual's authority to practice. 1689

For purposes of this division, any registered nurse, 1690  
licensed practical nurse, or dialysis technician or applicant 1691  
under this chapter shall be deemed to have given consent to 1692  
submit to a mental or physical examination when directed to do 1693  
so in writing by the board, and to have waived all objections to 1694  
the admissibility of testimony or examination reports that 1695  
constitute a privileged communication. 1696

(H) The board shall investigate evidence that appears to 1697  
show that any person has violated any provision of this chapter 1698  
or any rule of the board. Any person may report to the board any 1699  
information the person may have that appears to show a violation 1700  
of any provision of this chapter or rule of the board. In the 1701  
absence of bad faith, any person who reports such information or 1702  
who testifies before the board in any adjudication conducted 1703  
under Chapter 119. of the Revised Code shall not be liable for 1704  
civil damages as a result of the report or testimony. 1705

(I) All of the following apply under this chapter with 1706  
respect to the confidentiality of information: 1707

(1) Information received by the board pursuant to a 1708  
complaint or an investigation is confidential and not subject to 1709  
discovery in any civil action, except that the board may 1710  
disclose information to law enforcement officers and government 1711

entities for purposes of an investigation of either a licensed 1712  
health care professional, including a registered nurse, licensed 1713  
practical nurse, or dialysis technician, or a person who may 1714  
have engaged in the unauthorized practice of nursing or dialysis 1715  
care. No law enforcement officer or government entity with 1716  
knowledge of any information disclosed by the board pursuant to 1717  
this division shall divulge the information to any other person 1718  
or government entity except for the purpose of a government 1719  
investigation, a prosecution, or an adjudication by a court or 1720  
government entity. 1721

(2) If an investigation requires a review of patient 1722  
records, the investigation and proceeding shall be conducted in 1723  
such a manner as to protect patient confidentiality. 1724

(3) All adjudications and investigations of the board 1725  
shall be considered civil actions for the purposes of section 1726  
2305.252 of the Revised Code. 1727

(4) Any board activity that involves continued monitoring 1728  
of an individual as part of or following any disciplinary action 1729  
taken under this section shall be conducted in a manner that 1730  
maintains the individual's confidentiality. Information received 1731  
or maintained by the board with respect to the board's 1732  
monitoring activities is not subject to discovery in any civil 1733  
action and is confidential, except that the board may disclose 1734  
information to law enforcement officers and government entities 1735  
for purposes of an investigation of a licensee or certificate 1736  
holder. 1737

(J) Any action taken by the board under this section 1738  
resulting in a suspension from practice shall be accompanied by 1739  
a written statement of the conditions under which the person may 1740  
be reinstated to practice. 1741

(K) When the board refuses to grant a license or 1742  
certificate to an applicant, revokes a license or certificate, 1743  
or refuses to reinstate a license or certificate, the board may 1744  
specify that its action is permanent. An individual subject to 1745  
permanent action taken by the board is forever ineligible to 1746  
hold a license or certificate of the type that was refused or 1747  
revoked and the board shall not accept from the individual an 1748  
application for reinstatement of the license or certificate or 1749  
for a new license or certificate. 1750

(L) No unilateral surrender of a nursing license or 1751  
dialysis technician certificate issued under this chapter shall 1752  
be effective unless accepted by majority vote of the board. No 1753  
application for a nursing license or dialysis technician 1754  
certificate issued under this chapter may be withdrawn without a 1755  
majority vote of the board. The board's jurisdiction to take 1756  
disciplinary action under this section is not removed or limited 1757  
when an individual has a license or certificate classified as 1758  
inactive or fails to renew a license or certificate. 1759

(M) Sanctions shall not be imposed under division (B) (24) 1760  
of this section against any licensee who waives deductibles and 1761  
copayments as follows: 1762

(1) In compliance with the health benefit plan that 1763  
expressly allows such a practice. Waiver of the deductibles or 1764  
copayments shall be made only with the full knowledge and 1765  
consent of the plan purchaser, payer, and third-party 1766  
administrator. Documentation of the consent shall be made 1767  
available to the board upon request. 1768

(2) For professional services rendered to any other person 1769  
licensed pursuant to this chapter to the extent allowed by this 1770  
chapter and the rules of the board. 1771

**Sec. 4723.41.** (A) Each person who ~~desires~~is seeking to 1772  
practice nursing as a certified nurse-midwife and has not been 1773  
authorized to practice midwifery prior to December 1, 1967, and 1774  
each person who ~~desires~~is seeking to practice nursing as a 1775  
certified registered nurse anesthetist, clinical nurse 1776  
specialist, or certified nurse practitioner, shall file with the 1777  
board of nursing a written or electronic application for a 1778  
license to practice nursing as an advanced practice registered 1779  
nurse ~~and that specifies the designation in the desired~~ 1780  
~~specialty being sought~~. The application must be filed, under 1781  
oath, on a form prescribed by the board accompanied by the 1782  
application fee required by section 4723.08 of the Revised Code. 1783

Except as provided in division (B), (C), or (D) of this 1784  
section, at the time of making application, the applicant shall 1785  
meet all of the following requirements: 1786

(1) Be a registered nurse; 1787

(2) Submit documentation satisfactory to the board that 1788  
the applicant has earned a master's or doctoral degree with a 1789  
major in ~~a nursing specialty or in~~ a related field that 1790  
qualifies the applicant to sit for the certification examination 1791  
of a national certifying organization approved by the board 1792  
under section 4723.46 of the Revised Code; 1793

(3) Submit documentation satisfactory to the board of 1794  
having passed the certification examination of a national 1795  
certifying organization approved by the board under section 1796  
4723.46 of the Revised Code to examine and certify, as 1797  
applicable, nurse-midwives, registered nurse anesthetists, 1798  
clinical nurse specialists, or nurse practitioners; 1799

(4) Submit an affidavit with the application that states 1800

all of the following: 1801

(a) That the applicant is the person named in the 1802  
documents submitted under this section and is the lawful 1803  
possessor thereof; 1804

(b) The applicant's age, residence, the school at which 1805  
the applicant obtained ~~education in the applicant's nursing~~ 1806  
~~specialty~~ the required master's or doctoral degree, and any 1807  
other facts that the board requires; 1808

(c) The ~~specialty in which designation being sought by the~~ 1809  
applicant ~~seeks designation~~. 1810

(B) (1) A certified registered nurse anesthetist, clinical 1811  
nurse specialist, certified nurse-midwife, or certified nurse 1812  
practitioner who is practicing or has practiced as such in 1813  
another jurisdiction may apply for a license by endorsement to 1814  
practice nursing as an advanced practice registered nurse ~~and~~ 1815  
~~designation as a certified registered nurse anesthetist,~~ 1816  
~~clinical nurse specialist, certified nurse-midwife, or certified~~ 1817  
~~nurse practitioner~~ in this state if the nurse meets the 1818  
requirements set forth in division (A) of this section or 1819  
division (B) (2) of this section. 1820

(2) If an applicant who is practicing or has practiced in 1821  
another jurisdiction applies for ~~designation~~ licensure under 1822  
division (B) (2) of this section, the application shall be 1823  
submitted to the board in the form prescribed by rules of the 1824  
board and be accompanied by the application fee required by 1825  
section 4723.08 of the Revised Code. The application shall 1826  
include evidence that the applicant meets the requirements of 1827  
division (B) (2) of this section, holds authority to practice 1828  
nursing and is in good standing in another jurisdiction granted 1829

after meeting requirements approved by the entity of that 1830  
jurisdiction that regulates nurses, and other information 1831  
required by rules of the board of nursing. 1832

With respect to the educational requirements and national 1833  
certification requirements that an applicant under division (B) 1834  
(2) of this section must meet, both of the following apply: 1835

(a) If the applicant is a certified registered nurse 1836  
anesthetist, certified nurse-midwife, or certified nurse 1837  
practitioner who, on or before December 31, 2000, obtained 1838  
certification ~~in the applicant's nursing specialty with~~ from a 1839  
national certifying organization listed in division (A) (3) of 1840  
section 4723.41 of the Revised Code as that division existed 1841  
prior to March 20, 2013, or that was at that time approved by 1842  
the board under section 4723.46 of the Revised Code, the 1843  
applicant must have maintained the certification. The applicant 1844  
is not required to have earned a master's or doctoral degree 1845  
with a major in ~~a nursing specialty or in~~ a related field that 1846  
qualifies the applicant to sit for the certification 1847  
examination. 1848

(b) If the applicant is a clinical nurse specialist, one 1849  
of the following must apply to the applicant: 1850

(i) On or before December 31, 2000, the applicant obtained 1851  
a master's or doctoral degree with a major in a clinical area of 1852  
nursing from an educational institution accredited by a national 1853  
or regional accrediting organization. The applicant is not 1854  
required to have passed a certification examination. 1855

(ii) On or before December 31, 2000, the applicant 1856  
obtained a master's or doctoral degree in nursing or a related 1857  
field and was certified as a clinical nurse specialist by the 1858



American nurses credentialing center or another national 1859  
certifying organization that was at that time approved by the 1860  
board under section 4723.46 of the Revised Code. 1861

(3) The board may grant a nonrenewable temporary permit to 1862  
practice nursing as an advanced practice registered nurse to an 1863  
applicant for licensure by endorsement if the board is satisfied 1864  
by the evidence that the applicant holds a valid, unrestricted 1865  
license in or equivalent authorization from another 1866  
jurisdiction. The temporary permit shall expire at the earlier 1867  
of one hundred eighty days after issuance or upon the issuance 1868  
of a license by endorsement. 1869

(C) An applicant ~~who desires~~ seeking to practice nursing 1870  
as a certified registered nurse anesthetist, certified nurse- 1871  
midwife, or certified nurse practitioner is exempt from the 1872  
educational requirements in division (A) (2) of this section if 1873  
all of the following are the case: 1874

(1) Before January 1, 2001, the board issued to the 1875  
applicant a certificate of authority to practice as a certified 1876  
registered nurse anesthetist, certified nurse-midwife, or 1877  
certified nurse practitioner; 1878

(2) The applicant submits documentation satisfactory to 1879  
the board that the applicant obtained certification ~~in the~~ 1880  
~~applicant's nursing specialty with~~ from a national certifying 1881  
organization listed in division (A) (3) of section 4723.41 of the 1882  
Revised Code as that division existed prior to March 20, 2013, 1883  
or that was at that time approved by the board under section 1884  
4723.46 of the Revised Code; 1885

(3) The applicant submits documentation satisfactory to 1886  
the board that the applicant has maintained the certification 1887

described in division (C) (2) of this section. 1888

(D) An applicant ~~who desires~~ seeking to practice as a 1889  
clinical nurse specialist is exempt from the examination 1890  
requirement in division (A) (3) of this section if both of the 1891  
following are the case: 1892

(1) Before January 1, 2001, the board issued to the 1893  
applicant a certificate of authority to practice as a clinical 1894  
nurse specialist; 1895

(2) The applicant submits documentation satisfactory to 1896  
the board that the applicant earned either of the following: 1897

(a) A master's or doctoral degree with a major in a 1898  
clinical area of nursing from an educational institution 1899  
accredited by a national or regional accrediting organization; 1900

(b) A master's or doctoral degree in nursing or a related 1901  
field and was certified as a clinical nurse specialist by the 1902  
American nurses credentialing center or another national 1903  
certifying organization that was at that time approved by the 1904  
board under section 4723.46 of the Revised Code. 1905

**Sec. 4723.42.** (A) If the applicant for a license to 1906  
practice nursing as an advanced practice registered nurse has 1907  
met all the requirements of section 4723.41 of the Revised Code 1908  
and has paid the fee required by section 4723.08 of the Revised 1909  
Code, the board of nursing shall issue the license and designate 1910  
the license holder as a certified registered nurse anesthetist, 1911  
clinical nurse specialist, certified nurse-midwife, or certified 1912  
nurse practitioner. The license and designation authorize the 1913  
holder to practice as an advanced practice registered nurse ~~in~~ 1914  
~~the specialty as~~ as indicated by the designation. 1915

The board shall issue or deny the license not later than 1916

thirty days after receiving all of the documents required by 1917  
section 4723.41 of the Revised Code. 1918

If an applicant is under investigation for a violation of 1919  
this chapter, the board shall conclude the investigation not 1920  
later than ninety days after receipt of all required documents, 1921  
unless this ninety-day period is extended by written consent of 1922  
the applicant, or unless the board determines that a substantial 1923  
question of such a violation exists and the board has notified 1924  
the applicant in writing of the reasons for the continuation of 1925  
the investigation. If the board determines that the applicant 1926  
has not violated this chapter, it shall issue a certificate not 1927  
later than forty-five days after making that determination. 1928

(B) A license to practice nursing as an advanced practice 1929  
registered nurse is subject to the renewal schedule that applies 1930  
under section 4723.24 of the Revised Code. In providing renewal 1931  
applications, the board shall follow the procedures that apply 1932  
under section 4723.24 of the Revised Code for providing renewal 1933  
applications to license holders. Failure of the license holder 1934  
to receive an application for renewal from the board does not 1935  
excuse the holder from the requirements of section 4723.44 of 1936  
the Revised Code. 1937

A license holder seeking renewal of the license shall 1938  
complete the renewal application and submit it to the board with 1939  
all of the following: 1940

(1) The renewal fee established under section 4723.08 of 1941  
the Revised Code and, if the application is submitted after it 1942  
is due but before the license lapses, the fee established under 1943  
that section for processing a late application for renewal; 1944

(2) Documentation satisfactory to the board that the 1945

holder has maintained certification ~~in the nursing specialty~~ 1946  
~~with from~~ a national certifying organization approved by the 1947  
board under section 4723.46 of the Revised Code; 1948

(3) A list of the names and business addresses of the 1949  
holder's current collaborating ~~physicians and~~ 1950  
~~pediatricists~~practitioners, if the holder is a clinical nurse 1951  
specialist, certified nurse-midwife, or certified nurse 1952  
practitioner and is practicing under a standard care 1953  
arrangement; 1954

(4) If the license holder is a clinical nurse specialist, 1955  
documentation satisfactory to the board that the holder has 1956  
completed continuing education for that ~~specialty designation~~ as 1957  
required by rule of the board. 1958

On receipt of the renewal application, fees, and 1959  
documents, the board shall verify that the applicant holds a 1960  
current, valid license to practice nursing as a registered nurse 1961  
in this state and a current, valid license to practice nursing 1962  
as an advanced practice registered nurse in this state, and, if 1963  
it so verifies, shall renew the license to practice nursing as 1964  
an advanced practice registered nurse. 1965

(C) An applicant for reinstatement of a license that has 1966  
lapsed shall submit the reinstatement fee established under 1967  
section 4723.08 of the Revised Code. 1968

(D) An individual who holds an active license and does not 1969  
intend to practice in this state as an advanced practice 1970  
registered nurse may send to the board written or electronic 1971  
notice to that effect on or before the date the license lapses, 1972  
and the board shall classify the license as inactive. 1973

**Sec. 4723.43.** A certified registered nurse anesthetist, 1974

clinical nurse specialist, certified nurse-midwife, or certified 1975  
nurse practitioner may provide to individuals and groups nursing 1976  
care that requires knowledge and skill obtained from advanced 1977  
formal education, continuing education, training, and clinical 1978  
experience. In this capacity as an advanced practice registered 1979  
nurse, a certified nurse-midwife is subject to division (A) of 1980  
this section, a certified registered nurse anesthetist is 1981  
subject to division (B) of this section, a certified nurse 1982  
practitioner is subject to division (C) of this section, and a 1983  
clinical nurse specialist is subject to division (D) of this 1984  
section. 1985

Each advanced practice registered nurse shall practice in 1986  
accordance with rules adopted by the board of nursing and in a 1987  
manner that is consistent with the nurse's certification from a 1988  
national certifying organization approved by the board under 1989  
section 4723.46 of the Revised Code. An advanced practice 1990  
registered nurse who is a certified nurse-midwife, certified 1991  
nurse practitioner, or clinical nurse specialist may prescribe 1992  
drugs and therapeutic devices in accordance with section 1993  
4723.481 of the Revised Code. 1994

In the case of an advanced practice registered nurse who 1995  
has less than two thousand hours or twelve months of clinical 1996  
practice and is a clinical nurse specialist, certified nurse- 1997  
midwife, or certified nurse practitioner, the nurse may practice 1998  
only under a standard care arrangement that meets the 1999  
requirements of section 4723.431 of the Revised Code. 2000  
Thereafter, the nurse may practice without a standard care 2001  
arrangement if the requirements of section 4723.433 of the 2002  
Revised Code are met or may choose to continue practicing under 2003  
a standard care arrangement. When a nurse is required or chooses 2004  
to practice under a standard care arrangement, the nurse shall 2005

practice only in accordance with the terms of the arrangement. 2006

(A) A nurse authorized to practice as a certified nurse- 2007  
midwife, ~~in collaboration with one or more physicians,~~ may 2008  
provide the management of preventive services and those primary 2009  
care services necessary to provide health care to women 2010  
antepartally, intrapartally, postpartally, and gynecologically, ~~—~~ 2011  
~~consistent with the nurse's education and certification, and in~~ 2012  
~~accordance with rules adopted by the board of nursing.~~ 2013

No certified nurse-midwife may perform version, deliver 2014  
breech or face presentation, use forceps, or do any obstetric 2015  
operation, ~~or treat any other abnormal condition,~~ except in 2016  
emergencies. Division (A) of this section does not prohibit a 2017  
certified nurse-midwife from performing episiotomies or normal 2018  
vaginal deliveries, or repairing vaginal tears. ~~A certified~~ 2019  
~~nurse midwife may, in collaboration with one or more physicians,~~ 2020  
~~prescribe drugs and therapeutic devices in accordance with~~ 2021  
~~section 4723.481 of the Revised Code.~~ 2022

(B) A nurse authorized to practice as a certified 2023  
registered nurse anesthetist, with the supervision and in the 2024  
immediate presence of a physician, podiatrist, or dentist, may 2025  
administer anesthesia and perform anesthesia induction, 2026  
maintenance, and emergence, and may perform with supervision 2027  
preanesthetic preparation and evaluation, postanesthesia care, 2028  
and clinical support functions, ~~consistent with the nurse's~~ 2029  
~~education and certification, and in accordance with rules~~ 2030  
~~adopted by the board.~~ 2031

The physician, podiatrist, or dentist supervising a 2032  
certified registered nurse anesthetist must be actively engaged 2033  
in practice in this state. When a certified registered nurse 2034  
anesthetist is supervised by a podiatrist, the nurse's scope of 2035

practice is limited to the anesthesia procedures that the 2036  
podiatrist has the authority under section 4731.51 of the 2037  
Revised Code to perform. A certified registered nurse 2038  
anesthetist may not administer general anesthesia under the 2039  
supervision of a podiatrist in a podiatrist's office. When a 2040  
certified registered nurse anesthetist is supervised by a 2041  
dentist, the nurse's scope of practice is limited to the 2042  
anesthesia procedures that the dentist has the authority under 2043  
Chapter 4715. of the Revised Code to perform. 2044

(C) A nurse authorized to practice as a certified nurse 2045  
practitioner, ~~in collaboration with one or more physicians or~~ 2046  
~~podiatrists,~~ may provide preventive and, primary care, and acute 2047  
care services, ~~provide services for acute illnesses,~~ and 2048  
evaluate and promote patient wellness ~~within the nurse's nursing~~ 2049  
~~specialty, consistent with the nurse's education and~~ 2050  
~~certification, and in accordance with rules adopted by the~~ 2051  
~~board. A certified nurse practitioner may, in collaboration with~~ 2052  
~~one or more physicians or podiatrists, prescribe drugs and~~ 2053  
~~therapeutic devices in accordance with section 4723.481 of the~~ 2054  
~~Revised Code.~~ 2055

When a certified nurse practitioner ~~is collaborating~~ 2056  
practices under a standard care arrangement entered into with a 2057  
collaborating practitioner who is a podiatrist, the nurse's 2058  
scope of practice is limited to the procedures that the 2059  
podiatrist has the authority under section 4731.51 of the 2060  
Revised Code to perform. 2061

(D) A nurse authorized to practice as a clinical nurse 2062  
specialist, ~~in collaboration with one or more physicians or~~ 2063  
~~podiatrists,~~ may provide and manage the care of individuals and 2064  
groups with complex health problems and provide health care 2065

services that promote, improve, and manage health care ~~within~~ 2066  
~~the nurse's nursing specialty, consistent with the nurse's~~ 2067  
~~education and in accordance with rules adopted by the board. A~~ 2068  
~~clinical nurse specialist may, in collaboration with one or more~~ 2069  
~~physicians or podiatrists, prescribe drugs and therapeutic~~ 2070  
~~devices in accordance with section 4723.481 of the Revised Code.~~ 2071

When a clinical nurse specialist ~~is collaborating~~ 2072  
practices under a standard care arrangement entered into with a 2073  
collaborating practitioner who is a podiatrist, the nurse's 2074  
scope of practice is limited to the procedures that the 2075  
podiatrist has the authority under section 4731.51 of the 2076  
Revised Code to perform. 2077

**Sec. 4723.431.** ~~(A)(1) An~~ This section establishes 2078  
standards and conditions regarding the standard care 2079  
arrangements that are required or permitted by section 4723.43 2080  
of the Revised Code to be maintained between an advanced 2081  
practice registered nurse who is designated as a clinical nurse 2082  
specialist, certified nurse-midwife, or certified nurse 2083  
practitioner ~~may practice only in accordance with a standard~~ 2084  
~~care arrangement entered into with~~ and each physician or 2085  
~~podiatrist collaborating practitioner with whom the nurse~~ 2086  
collaborates. ~~A~~ 2087

(A)(1) A copy of the nurse's standard care arrangement 2088  
shall be retained on file by the nurse's employer. Prior 2089  
approval of the standard care arrangement by the board of 2090  
nursing is not required, but the board may periodically review 2091  
it for compliance with this section. 2092

~~A clinical nurse specialist, certified nurse-midwife, or~~ 2093  
~~certified nurse practitioner~~ (2) The nurse may enter into a 2094  
standard care arrangement with one or more collaborating 2095



~~physicians or podiatristspractitioners. If a collaborating- 2096  
physician or podiatrist enters into standard care arrangements- 2097  
with more than five nurses, the physician or podiatrist shall- 2098  
not collaborate at the same time with more than five nurses in- 2099  
the prescribing component of their practices. 2100~~

Not later than thirty days after first engaging in the 2101  
practice of advanced practice registered nursing as a clinical- 2102  
nurse specialist, certified nurse midwife, or certified nurse- 2103  
practitioner, the nurse shall submit to the board the name ~~and- 2104  
business address~~ of each collaborating ~~physician or- 2105  
podiatristpractitioner~~. Thereafter, the nurse shall notify the 2106  
board of any additions or deletions to the nurse's collaborating 2107  
~~physicians or podiatristspractitioners~~. ~~Except as provided in- 2108  
division (D) of this section, the~~ The notice must be provided 2109  
not later than thirty days after the change takes effect. 2110

~~(2) All (3) Both~~ of the following conditions apply with 2111  
respect to the practice of a collaborating ~~physician or- 2112  
podiatrist with whom a clinical nurse specialist, certified- 2113  
nurse midwife, or certified nurse practitioner may enter into a- 2114  
standard care arrangement practitioner~~: 2115

(a) ~~The~~ In the case of a collaborating practitioner who is 2116  
a physician or podiatrist, the collaborating physician or 2117  
podiatrist must be authorized both of the following: 2118

(i) Authorized to practice in this state- 2119

~~(b) Except as provided in division (A) (2) (c) of this- 2120  
section, the physician or podiatrist must be practicing;~~ 2121

(ii) Practicing in a specialty that is the same as or 2122  
similar to the nurse's ~~nursing specialty designation~~. 2123

~~(c) If the nurse is a clinical nurse specialist who is- 2124~~

~~certified as a psychiatric mental health CNS by the American- 2125  
nurses credentialing center or a certified nurse practitioner- 2126  
who is certified as a psychiatric mental health NP by the- 2127  
American nurses credentialing center, the nurse may enter into a 2128  
standard care arrangement with a physician but not a podiatrist- 2129  
and the collaborating physician must be practicing in one of the 2130  
following specialties: 2131~~

~~(i) Psychiatry; 2132~~

~~(ii) Pediatrics; 2133~~

~~(iii) Primary care or family practice. 2134~~

(b) In the case of a collaborating practitioner who is a 2135  
clinical nurse specialist, certified nurse-midwife, or certified 2136  
nurse practitioner, the collaborating nurse must satisfy all of 2137  
the following: 2138

(i) Be authorized to practice in this state; 2139

(ii) Be practicing in a designation that is the same 2140  
designation as the nurse with whom the collaborating nurse has 2141  
entered into a standard care arrangement; 2142

(iii) Have met the requirements of section 4723.433 of the 2143  
Revised Code; 2144

(iv) Not practice under a standard care arrangement 2145  
entered into with another collaborating practitioner. 2146

(B) A standard care arrangement shall be in writing and 2147  
shall contain all of the following: 2148

(1) Criteria for referral of a patient by the ~~clinical- 2149  
nurse specialist, certified nurse-midwife, or certified nurse- 2150  
practitioner~~ nurse practicing under the standard care 2151

arrangement to a collaborating ~~physician or podiatrist~~ 2152  
practitioner or to another physician or podiatrist or a clinical 2153  
nurse specialist, certified nurse-midwife, or certified nurse 2154  
practitioner who meets the requirements of section 4723.433 of 2155  
the Revised Code; 2156

(2) A process for the ~~clinical nurse specialist, certified~~ 2157  
~~nurse-midwife, or certified nurse practitioner~~ nurse practicing 2158  
under the standard care arrangement to obtain a consultation 2159  
with a collaborating ~~physician or podiatrist~~ practitioner or 2160  
with another physician or podiatrist or a clinical nurse 2161  
specialist, certified nurse-midwife, or certified nurse 2162  
practitioner who meets the requirements of section 4723.433 of 2163  
the Revised Code; 2164

(3) A plan for coverage ~~in instances of emergency or~~ 2165  
~~planned absences of either the clinical nurse specialist,~~ 2166  
~~certified nurse-midwife, or certified nurse practitioner or a~~ 2167  
~~collaborating physician or podiatrist~~ that provides the means 2168  
whereby a physician or podiatrist or a clinical nurse 2169  
specialist, certified nurse-midwife, or certified nurse 2170  
practitioner that meets the requirements of section 4723.433 of 2171  
the Revised Code is available for emergency care in instances of 2172  
emergency or planned absences of either the nurse who is 2173  
practicing under the standard care arrangement or the 2174  
collaborating practitioner who entered into the arrangement; 2175

(4) The process for resolution of disagreements regarding 2176  
matters of patient management between the ~~clinical nurse~~ 2177  
~~specialist, certified nurse-midwife, or certified nurse~~ 2178  
~~practitioner~~ nurse practicing under the standard care 2179  
arrangement and a collaborating ~~physician or~~ 2180  
~~podiatrist~~ practitioner; 2181

(5) Any other criteria required by rule of the board 2182  
adopted pursuant to section 4723.07 or 4723.50 of the Revised 2183  
Code. 2184

(C) (1) A standard care arrangement entered into pursuant 2185  
to this section may permit a clinical nurse specialist, 2186  
certified nurse-midwife, or certified nurse practitioner to 2187  
supervise services provided by a home health agency, as defined 2188  
in section 3701.881 of the Revised Code. 2189

(2) A standard care arrangement entered into pursuant to 2190  
this section may permit a clinical nurse specialist, certified 2191  
nurse-midwife, or certified nurse practitioner to admit a 2192  
patient to a hospital in accordance with section 3727.06 of the 2193  
Revised Code. 2194

~~(D) (1) Except as provided in division (D) (2) of this 2195  
section, if a physician or podiatrist terminates the 2196  
collaboration between the physician or podiatrist and a 2197  
certified nurse-midwife, certified nurse practitioner, or 2198  
clinical nurse specialist before their standard care arrangement 2199  
expires, all of the following apply: 2200~~

~~(a) The physician or podiatrist must give the nurse 2201  
written or electronic notice of the termination. 2202~~

~~(b) Once the nurse receives the termination notice, the 2203  
nurse must notify the board of nursing of the termination as 2204  
soon as practicable by submitting to the board a copy of the 2205  
physician's or podiatrist's termination notice. 2206~~

~~(c) Notwithstanding the requirement of section 4723.43 of 2207  
the Revised Code that the nurse practice in collaboration with a 2208  
physician or podiatrist, the nurse may continue to practice 2209  
under the existing standard care arrangement without a 2210~~

~~collaborating physician or podiatrist for not more than one~~ 2211  
~~hundred twenty days after submitting to the board a copy of the~~ 2212  
~~termination notice.~~ 2213

~~(2) In the event that the collaboration between a~~ 2214  
~~physician or podiatrist and a certified nurse-midwife, certified~~ 2215  
~~nurse practitioner, or clinical nurse specialist terminates~~ 2216  
~~because of the physician's or podiatrist's death, the nurse must~~ 2217  
~~notify the board of the death as soon as practicable. The nurse~~ 2218  
~~may continue to practice under the existing standard care~~ 2219  
~~arrangement without a collaborating physician or podiatrist for~~ 2220  
~~not more than one hundred twenty days after notifying the board~~ 2221  
~~of the physician's or podiatrist's death.~~ 2222

~~(E)~~ Nothing in this section prohibits a hospital from 2223  
hiring a clinical nurse specialist, certified nurse-midwife, or 2224  
certified nurse practitioner as an employee and negotiating 2225  
standard care arrangements on behalf of the employee as 2226  
necessary to meet the requirements of this section or section 2227  
4723.43 of the Revised Code. A standard care arrangement between 2228  
the hospital's employee and the employee's collaborating 2229  
physician-practitioner is subject to approval by the medical 2230  
staff and governing body of the hospital prior to implementation 2231  
of the arrangement at the hospital. 2232

**Sec. 4723.433.** (A) An advanced practice registered nurse 2233  
who is a clinical nurse specialist, certified nurse-midwife, or 2234  
certified nurse practitioner may practice without a standard 2235  
care arrangement, and therefore without a collaborating 2236  
practitioner, if the requirements of division (B) of this 2237  
section are met. 2238

(B) (1) To be eligible to practice without a standard care 2239  
arrangement, a nurse must have both collaborated with one or 2240

more collaborating practitioners under a standard care 2241  
arrangement and practiced in a clinical setting for the longer 2242  
of the following: 2243

(a) Two thousand hours; 2244

(b) Twelve months. 2245

(2) A nurse who seeks to practice without a standard care 2246  
arrangement shall submit to the board of nursing documentation 2247  
demonstrating that the requirements described in division (B) (1) 2248  
of this section have been met. 2249

(3) In the case of a nurse who obtained a license by 2250  
endorsement as described in division (B) of section 4723.41 of 2251  
the Revised Code, the board of nursing shall accept clinical 2252  
practice completed in another jurisdiction if the board 2253  
determines that the nurse practiced in that jurisdiction in a 2254  
manner equivalent to practicing under a standard care 2255  
arrangement with a collaborating practitioner. 2256

(C) The board of nursing shall adopt rules as necessary to 2257  
implement this section, including rules specifying the 2258  
documentation that a nurse must submit in order to demonstrate 2259  
that the nurse has met the requirements described in division 2260  
(B) (1) of this section. The rules shall be adopted in accordance 2261  
with Chapter 119. of the Revised Code. 2262

**Sec. 4723.44.** (A) No person shall knowingly do any of the 2263  
following unless the person holds a current, valid license 2264  
issued by the board of nursing under this chapter to practice 2265  
nursing as an advanced practice registered nurse ~~in the~~ 2266  
~~specialty indicated by the designation:~~ 2267

(1) Engage in the practice of nursing as an advanced 2268  
practice registered nurse for a fee, salary, or other 2269

consideration, or as a volunteer; 2270

(2) Represent the person as being an advanced practice 2271  
registered nurse, including representing the person as being a 2272  
certified registered nurse anesthetist, clinical nurse 2273  
specialist, certified nurse-midwife, or certified nurse 2274  
practitioner; 2275

(3) Use any title or initials implying that the person is 2276  
an advanced practice registered nurse, including using any title 2277  
or initials implying the person is a certified registered nurse 2278  
anesthetist, clinical nurse specialist, certified nurse-midwife, 2279  
or certified nurse practitioner. 2280

(B) No advanced practice registered nurse shall knowingly 2281  
do any of the following: 2282

(1) Engage, for a fee, salary, or other consideration, or 2283  
as a volunteer, in the practice of nursing as an advanced 2284  
practice registered nurse in a nursing specialty designation 2285  
other than ~~the specialty designated that indicated~~ on the 2286  
nurse's current, valid license issued by the board under this 2287  
chapter to practice nursing as an advanced practice registered 2288  
nurse; 2289

(2) Represent the person as being authorized to practice 2290  
nursing as an advanced practice registered nurse in any nursing 2291  
specialty designation other than the specialty designated that 2292  
indicated on the current, valid license to practice nursing as 2293  
an advanced practice registered nurse; 2294

(3) Use the title "certified registered nurse anesthetist" 2295  
or the initials "N.A." or "C.R.N.A.," the title "clinical nurse 2296  
specialist" or the initials "C.N.S.," the title "certified 2297  
nurse-midwife" or the initials "C.N.M.," the title "certified 2298

nurse practitioner" or the initials "C.N.P.," the title 2299  
"advanced practice registered nurse" or the initials "A.P.R.N.," 2300  
or any other title or initials implying that the nurse is 2301  
authorized to practice nursing as an advanced practice 2302  
registered nurse in any nursing specialty designation other than 2303  
~~the specialty designated that indicated~~ on the nurse's current, 2304  
valid license to practice nursing as an advanced practice 2305  
registered nurse; 2306

(4) ~~Except as provided in division (A) (2) (c) of section~~ 2307  
~~4723.431 of the Revised Code, enter~~ Enter into a standard care 2308  
arrangement with a ~~physician or pediatric~~ collaborating 2309  
practitioner who is practicing in a specialty or designation 2310  
that is not the same as or similar to the nurse's ~~nursing~~ 2311  
specialty designation; 2312

(5) Prescribe drugs or therapeutic devices in a manner 2313  
that does not comply with section 4723.481 of the Revised Code; 2314

(6) Prescribe any drug or device to perform or induce an 2315  
abortion, or otherwise perform or induce an abortion. 2316

(C) No person shall knowingly employ a person to engage in 2317  
the practice of nursing as an advanced practice registered nurse 2318  
unless the person so employed holds a current, valid license and 2319  
designation issued by the board under this chapter to practice 2320  
as an advanced practice registered nurse ~~in the specialty as~~ 2321  
indicated by the designation. 2322

(D) A document certified by the executive director of the 2323  
board, under the official seal of the board, to the effect that 2324  
it appears from the records of the board that no license to 2325  
practice nursing as an advanced practice registered nurse has 2326  
been issued to the person specified in the document, or that a 2327



license to practice nursing as an advanced practice registered 2328  
nurse, if issued, has been revoked or suspended, shall be 2329  
received as prima-facie evidence of the record of the board in 2330  
any court or before any officer of the state. 2331

**Sec. 4723.46.** (A) The board of nursing shall establish a 2332  
list of national certifying organizations approved by the board 2333  
to examine and certify advanced practice registered nurses to 2334  
~~practice nursing specialties~~. To be approved by the board, a 2335  
national certifying organization must meet all of the following 2336  
requirements: 2337

(1) Be national in the scope of its credentialing; 2338

(2) Have an educational requirement beyond that required 2339  
for registered nurse licensure; 2340

(3) Have practice requirements beyond those required for 2341  
registered nurse licensure; 2342

(4) Have testing requirements beyond those required for 2343  
registered nurse licensure that measure the theoretical and 2344  
clinical content of a ~~nursing practice~~ specialty, are developed 2345  
in accordance with accepted standards of validity and 2346  
reliability, and are open to registered nurses who have 2347  
successfully completed the educational program required by the 2348  
organization; 2349

(5) Issue certificates to advanced practice registered 2350  
nurses, including certified registered nurse anesthetists, 2351  
clinical nurse specialists, certified nurse-midwives, or 2352  
certified nurse practitioners; 2353

(6) Periodically review the qualifications of advanced 2354  
practice registered nurses, including certified registered nurse 2355  
anesthetists, clinical nurse specialists, certified nurse- 2356

midwives, or certified nurse practitioners. 2357

(B) Not later than the thirtieth day of January of each 2358  
year, the board shall publish the list of national certifying 2359  
organizations that have met the requirements of division (A) of 2360  
this section within the previous year and remove from the list 2361  
organizations that no longer meet the requirements. 2362

**Sec. 4723.481.** This section establishes standards and 2363  
conditions regarding the authority of an advanced practice 2364  
registered nurse who is designated as a clinical nurse 2365  
specialist, certified nurse-midwife, or certified nurse 2366  
practitioner to prescribe and personally furnish drugs and 2367  
therapeutic devices under a license issued under section 4723.42 2368  
of the Revised Code. 2369

(A) Except as provided in division (F) of this section, a 2370  
clinical nurse specialist, certified nurse-midwife, or certified 2371  
nurse practitioner shall not prescribe or furnish any drug or 2372  
therapeutic device that is listed on the exclusionary formulary 2373  
established in rules adopted under section 4723.50 of the 2374  
Revised Code. 2375

(B) The prescriptive authority of a clinical nurse 2376  
specialist, certified nurse-midwife, or certified nurse 2377  
practitioner practicing under a standard care arrangement shall 2378  
not exceed the prescriptive authority of the collaborating- 2379  
~~physician or pediatric practitioner,~~ including, in the case of 2380  
a collaborating practitioner who is a physician, the physician's 2381  
authority to treat chronic pain with controlled substances and 2382  
products containing tramadol as described in section 4731.052 of 2383  
the Revised Code. 2384

(C) (1) Except as provided in division (C) (2) or (3) of 2385

this section, a clinical nurse specialist, certified nurse- 2386  
midwife, or certified nurse practitioner may prescribe to a 2387  
patient a schedule II controlled substance only if all of the 2388  
following are the case: 2389

(a) The patient has a terminal condition, as defined in 2390  
section 2133.01 of the Revised Code. 2391

(b) A physician initially prescribed the substance for the 2392  
patient. 2393

(c) The prescription is for an amount that does not exceed 2394  
the amount necessary for the patient's use in a single, seventy- 2395  
two-hour period. 2396

(2) The restrictions on prescriptive authority described 2397  
in division (C) (1) of this section do not apply if a clinical 2398  
nurse specialist, certified nurse-midwife, or certified nurse 2399  
practitioner issues the prescription to the patient from any of 2400  
the following locations: 2401

(a) A hospital registered under section 3701.07 of the 2402  
Revised Code; 2403

(b) An entity owned or controlled, in whole or in part, by 2404  
a hospital or by an entity that owns or controls, in whole or in 2405  
part, one or more hospitals; 2406

(c) A health care facility operated by the department of 2407  
mental health and addiction services or the department of 2408  
developmental disabilities; 2409

(d) A nursing home licensed under section 3721.02 of the 2410  
Revised Code or by a political subdivision certified under 2411  
section 3721.09 of the Revised Code; 2412

(e) A county home or district home operated under Chapter 2413

5155. of the Revised Code that is certified under the medicare or medicaid program;	2414 2415
(f) A hospice care program, as defined in section 3712.01 of the Revised Code;	2416 2417
(g) A community mental health services provider, as defined in section 5122.01 of the Revised Code;	2418 2419
(h) An ambulatory surgical facility, as defined in section 3702.30 of the Revised Code;	2420 2421
(i) A freestanding birthing center, as defined in section 3702.141 of the Revised Code;	2422 2423
(j) A federally qualified health center, as defined in section 3701.047 of the Revised Code;	2424 2425
(k) A federally qualified health center look-alike, as defined in section 3701.047 of the Revised Code;	2426 2427
(l) A health care office or facility operated by the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code;	2428 2429 2430 2431
(m) A site where a medical practice is operated, but only if the practice is comprised of one or more physicians who also are owners of the practice; the practice is organized to provide direct patient care; and the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner <del>providing provides services at the site has a standard care</del> <del>arrangement and collaborates with at least one of the physician</del> <del>owners who practices primarily at that site;</del>	2432 2433 2434 2435 2436 2437 2438 2439
(n) A residential care facility, as defined in section 3721.01 of the Revised Code.	2440 2441

(3) A clinical nurse specialist, certified nurse-midwife, 2442  
or certified nurse practitioner shall not issue to a patient a 2443  
prescription for a schedule II controlled substance from a 2444  
convenience care clinic even if the clinic is owned or operated 2445  
by an entity specified in division (C) (2) of this section. 2446

(D) A pharmacist who acts in good faith reliance on a 2447  
prescription issued by a clinical nurse specialist, certified 2448  
nurse-midwife, or certified nurse practitioner under division 2449  
(C) (2) of this section is not liable for or subject to any of 2450  
the following for relying on the prescription: damages in any 2451  
civil action, prosecution in any criminal proceeding, or 2452  
professional disciplinary action by the state board of pharmacy 2453  
under Chapter 4729. of the Revised Code. 2454

(E) A clinical nurse specialist, certified nurse-midwife, 2455  
or certified nurse practitioner shall comply with section 2456  
3719.061 of the Revised Code if the nurse prescribes for a 2457  
minor, as defined in that section, an opioid analgesic, as 2458  
defined in section 3719.01 of the Revised Code. 2459

(F) Until the board of nursing establishes a new formulary 2460  
in rules adopted under section 4723.50 of the Revised Code, a 2461  
clinical nurse specialist, certified nurse-midwife, or certified 2462  
nurse practitioner who prescribes or furnishes any drug or 2463  
therapeutic device shall do so in accordance with the formulary 2464  
established by the board prior to ~~the effective date of this~~ 2465  
amendment April 6, 2017. 2466

**Sec. 4723.482.** (A) Except as provided in divisions (C) and 2467  
(D) of this section, an applicant for a license to practice 2468  
nursing as an advanced practice registered nurse who seeks 2469  
designation as a clinical nurse specialist, certified nurse- 2470  
midwife, or certified nurse practitioner shall include with the 2471

application submitted under section 4723.41 of the Revised Code 2472  
evidence of successfully completing the course of study in 2473  
advanced pharmacology and related topics in accordance with the 2474  
requirements specified in division (B) of this section. 2475

(B) With respect to the course of study in advanced 2476  
pharmacology and related topics, all of the following 2477  
requirements apply: 2478

~~(1) The course of study shall be completed not longer than 2479  
five years before the application is filed. 2480~~

~~(2) The course of study shall be not less than forty-five 2481  
contact hours. 2482~~

~~(3) (2) The course of study shall meet the requirements to 2483  
be approved by the board of nursing in accordance with standards 2484  
established in rules adopted under section 4723.50 of the 2485  
Revised Code. 2486~~

~~(4) (3) The content of the course of study shall be 2487  
specific to the applicant's nursing specialty designation being 2488  
sought by the applicant. 2489~~

~~(5) (4) The instruction provided in the course of study 2490  
shall include all of the following: 2491~~

(a) A minimum of thirty-six contact hours of instruction 2492  
in advanced pharmacology that includes pharmacokinetic 2493  
principles and clinical application and the use of drugs and 2494  
therapeutic devices in the prevention of illness and maintenance 2495  
of health; 2496

(b) Instruction in the fiscal and ethical implications of 2497  
prescribing drugs and therapeutic devices; 2498

(c) Instruction in the state and federal laws that apply 2499

to the authority to prescribe;	2500
(d) Instruction that is specific to schedule II controlled substances, including instruction in all of the following:	2501 2502
(i) Indications for the use of schedule II controlled substances in drug therapies;	2503 2504
(ii) <del>The most recent Pain management therapy guidelines for pain management therapies, as established by state and national organizations such as the Ohio pain initiative and the American pain society;</del>	2505 2506 2507 2508
(iii) Fiscal and ethical implications of prescribing schedule II controlled substances;	2509 2510
(iv) State and federal laws that apply to the authority to prescribe schedule II controlled substances;	2511 2512
(v) Prevention of abuse and diversion of schedule II controlled substances, including identification of the risk of abuse and diversion, recognition of abuse and diversion, types of assistance available for prevention of abuse and diversion, and methods of establishing safeguards against abuse and diversion.	2513 2514 2515 2516 2517 2518
(C) An applicant who practiced or is practicing as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner in another jurisdiction or as an employee of the United States government shall include with the application submitted under section 4723.41 of the Revised Code all of the following:	2519 2520 2521 2522 2523 2524
(1) Evidence of having completed a two-hour course of instruction approved by the board in the laws of this state that govern drugs and prescriptive authority;	2525 2526 2527

(2) Either of the following:	2528
(a) Evidence of having held, for a continuous period of at least one year during the three years immediately preceding the date of application, valid authority issued by another jurisdiction to prescribe therapeutic devices and drugs, including at least some controlled substances;	2529 2530 2531 2532 2533
(b) Evidence of having been employed by the United States government and authorized, for a continuous period of at least one year during the three years immediately preceding the date of application, to prescribe therapeutic devices and drugs, including at least some controlled substances, in conjunction with that employment.	2534 2535 2536 2537 2538 2539
(D) In lieu of including with an application submitted under section 4723.41 of the Revised Code the evidence described in division (A) of this section, an applicant described in division (C) or (D) of section 4723.41 of the Revised Code may include evidence of all of the following:	2540 2541 2542 2543 2544
(1) Successfully completing the course of study in advanced pharmacology and related topics <del>more than five years before the date the application is filed;</del>	2545 2546 2547
(2) Holding, for a continuous period of at least one year during the three years immediately preceding the date of application, valid authority in any jurisdiction to prescribe therapeutic devices and drugs, including at least some controlled substances;	2548 2549 2550 2551 2552
(3) Exercising the prescriptive authority described in division (D)(2) of this section for the minimum one-year period.	2553 2554
<b>Sec. 4723.483.</b> (A) (1) Subject to division (A) (2) of this section, and notwithstanding any provision of this chapter or	2555 2556



rule adopted by the board of nursing, a clinical nurse 2557  
specialist, certified nurse-midwife, or certified nurse 2558  
practitioner ~~who holds a certificate to prescribe issued under~~ 2559  
~~section 4723.48 of the Revised Code~~ may do either of the 2560  
following without having examined an individual to whom 2561  
epinephrine may be administered: 2562

(a) Personally furnish a supply of epinephrine 2563  
autoinjectors for use in accordance with sections 3313.7110, 2564  
3313.7111, 3314.143, 3326.28, 3328.29, 3728.03 to 3728.05, and 2565  
5101.76 of the Revised Code; 2566

(b) Issue a prescription for epinephrine autoinjectors for 2567  
use in accordance with sections 3313.7110, 3313.7111, 3314.143, 2568  
3326.28, 3328.29, 3728.03 to 3728.05, and 5101.76 of the Revised 2569  
Code. 2570

(2) An epinephrine autoinjector personally furnished or 2571  
prescribed under division (A)(1) of this section must be 2572  
furnished or prescribed in such a manner that it may be 2573  
administered only in a manufactured dosage form. 2574

(B) A nurse who acts in good faith in accordance with this 2575  
section is not liable for or subject to any of the following for 2576  
any action or omission of an entity to which an epinephrine 2577  
autoinjector is furnished or a prescription is issued: damages 2578  
in any civil action, prosecution in any criminal proceeding, or 2579  
professional disciplinary action. 2580

**Sec. 4723.493.** (A) There is hereby created within the 2581  
board of nursing the advisory committee on advanced practice 2582  
registered nursing. The committee shall consist of the following 2583  
members ~~and any other members the board appoints under division~~ 2584  
~~(B) of this section:~~ 2585

(1) Four advanced practice registered nurses, each 2586  
actively engaged in the practice of advanced practice registered 2587  
nursing in a clinical setting in this state, at least one of 2588  
whom is actively engaged in providing primary care, at least one 2589  
of whom is actively engaged in practice as a certified 2590  
registered nurse anesthetist, and at least one of whom is 2591  
actively engaged in practice as a certified nurse-midwife; 2592

(2) Two advanced practice registered nurses, each serving 2593  
as a faculty member of an approved program of nursing education 2594  
that prepares students for licensure as advanced practice 2595  
registered nurses; 2596

(3) A member of the board of nursing who is an advanced 2597  
practice registered nurse; 2598

(4) A representative of an entity employing ten or more 2599  
advanced practice registered nurses actively engaged in practice 2600  
in this state. 2601

(B) The board of nursing shall appoint the members 2602  
described in division (A) of this section and may appoint 2603  
additional members as described in division (D) of this section. 2604  
~~Recommendations for~~ For purposes of initial appointments and ~~for~~ 2605  
filling any vacancies ~~may be submitted to,~~ the board ~~by~~ shall 2606  
accept recommendations, if any, from organizations representing 2607  
advanced practice registered nurses practicing in this state and 2608  
~~by~~ from schools of advanced practice registered nursing. The 2609  
board shall appoint initial members and fill vacancies according 2610  
to the recommendations it receives. If it does not receive any 2611  
recommendations or receives an insufficient number of 2612  
recommendations, the board shall appoint members and fill 2613  
vacancies on its own advice. 2614

Initial appointments to the committee shall be made not 2615  
later than sixty days after ~~the effective date of this section~~ 2616  
April 6, 2017. Of the initial appointments described in division 2617  
(A) (1) of this section, two shall be for terms of one year and 2618  
two shall be for terms of two years. Of the initial appointments 2619  
described in division (A) (2) of this section, one shall be for a 2620  
term of one year and one shall be for a term of two years. Of 2621  
the initial appointments described in divisions (A) (3) and (4) 2622  
of this section, each shall be for a term of two years. 2623  
Thereafter, terms shall be for two years, with each term ending 2624  
on the same day of the same month as did the term that it 2625  
succeeds. Vacancies shall be filled in the same manner as 2626  
appointments. 2627

When the term of any member expires, a successor shall be 2628  
appointed in the same manner as the initial appointment. Any 2629  
member appointed to fill a vacancy occurring prior to the 2630  
expiration of the term for which the member's predecessor was 2631  
appointed shall hold office for the remainder of that term. A 2632  
member shall continue in office subsequent to the expiration 2633  
date of the member's term until the member's successor takes 2634  
office or until a period of sixty days has elapsed, whichever 2635  
occurs first. A member may be reappointed for one additional 2636  
term only. 2637

(C) The committee shall organize by selecting a 2638  
chairperson from among its members. The committee may select a 2639  
new chairperson at any time. Five members constitute a quorum 2640  
for the transaction of official business. Members shall serve 2641  
without compensation but receive payment for their actual and 2642  
necessary expenses incurred in the performance of their official 2643  
duties. The expenses shall be paid by the board of nursing. 2644

(D) The committee shall advise the board regarding the practice and regulation of advanced practice registered nurses and may make recommendations to the committee on prescriptive governance. The committee may also recommend to the board that ~~an individual with expertise in an advanced practice registered nursing nurse with expertise in a practice specialty~~ be appointed under division (B) of this section as an additional member of the committee.

**Sec. 4723.50.** (A) As used in this section:

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

(2) "Medication-assisted treatment" has the same meaning as in section 340.01 of the Revised Code.

~~(B) In accordance with Chapter 119. of the Revised Code,~~  
~~the~~ The board of nursing shall adopt rules as necessary to implement the provisions of this chapter pertaining to the authority of advanced practice registered nurses who are designated as clinical nurse specialists, certified nurse-midwives, and certified nurse practitioners to prescribe and furnish drugs and therapeutic devices.

The board shall adopt rules that are consistent with a recommended exclusionary formulary the board receives from the committee on prescriptive governance pursuant to section 4723.492 of the Revised Code. After reviewing a formulary submitted by the committee, the board may either adopt the formulary as a rule or ask the committee to reconsider and resubmit the formulary. The board shall not adopt any rule that does not conform to a formulary developed by the committee.

The exclusionary formulary shall permit, in a manner

consistent with section 4723.481 of the Revised Code, the 2674  
prescribing of controlled substances, including drugs that 2675  
contain buprenorphine used in medication-assisted treatment and 2676  
both oral and long-acting opioid antagonists. The formulary 2677  
shall not permit the prescribing or furnishing of any of the 2678  
following: 2679

(1) A drug or device to perform or induce an abortion; 2680

(2) A drug or device prohibited by federal or state law. 2681

(C) In addition to the rules described in division (B) of 2682  
this section, the board shall adopt rules ~~under this section~~ 2683  
that do the following: 2684

(1) Establish standards for board approval of the course 2685  
of study in advanced pharmacology and related topics required by 2686  
section 4723.482 of the Revised Code; 2687

(2) Establish requirements for board approval of the two- 2688  
hour course of instruction in the laws of this state as required 2689  
under division (C) (1) of section 4723.482 of the Revised Code- 2690  
~~and division (B) (2) of section 4723.484 of the Revised Code;~~ 2691

(3) ~~Establish~~ For purposes of division (A) (5) of section 2692  
4723.431 of the Revised Code, establish criteria for the 2693  
components of ~~the any standard care arrangements described in~~ 2694  
~~section 4723.431 of the Revised Code~~ that apply to the authority 2695  
to prescribe, including the components that apply to the 2696  
authority to prescribe schedule II controlled substances. The 2697  
rules shall be consistent with that section and include all of 2698  
the following: 2699

(a) Quality assurance standards; 2700

(b) Standards for periodic review by a collaborating- 2701

~~physician or podiatrist practitioner~~ of the records of patients 2702  
treated by the clinical nurse specialist, certified nurse- 2703  
midwife, or certified nurse practitioner; 2704

~~(c) Acceptable travel time between the location at which~~ 2705  
~~the clinical nurse specialist, certified nurse midwife, or~~ 2706  
~~certified nurse practitioner is engaging in the prescribing~~ 2707  
~~components of the nurse's practice and the location of the~~ 2708  
~~nurse's collaborating physician or podiatrist;~~ 2709

~~(d)~~ Any other criteria recommended by the committee on 2710  
prescriptive governance. 2711

(D) All rules adopted under this section shall be adopted 2712  
in accordance with Chapter 119. of the Revised Code. 2713

**Sec. 4731.27.** (A) As used in this section, 2714  
"collaboration," "physician," "standard care arrangement," and 2715  
"supervision" have the same meanings as in section 4723.01 of 2716  
the Revised Code. 2717

(B) A physician or podiatrist shall enter into a standard 2718  
care arrangement with each clinical nurse specialist, certified 2719  
nurse-midwife, or certified nurse practitioner with whom the 2720  
physician or podiatrist is in collaboration. 2721

The collaborating physician or podiatrist shall fulfill 2722  
the responsibilities of collaboration, as specified in the 2723  
arrangement and in accordance with division (A) of section 2724  
4723.431 of the Revised Code. A copy of the standard care 2725  
arrangement shall be retained on file by the nurse's employer. 2726  
Prior approval of the standard care arrangement by the state 2727  
medical board is not required, but the board may periodically 2728  
review it. 2729

~~A physician or podiatrist who terminates collaboration~~ 2730

~~with a certified nurse midwife, certified nurse practitioner, or  
clinical nurse specialist before their standard care arrangement  
expires shall give the nurse the written or electronic notice of  
termination required by division (D) (1) of section 4723.431 of  
the Revised Code.~~

Nothing in this division prohibits a hospital from hiring  
a clinical nurse specialist, certified nurse-midwife, or  
certified nurse practitioner as an employee and negotiating  
standard care arrangements on behalf of the employee as  
necessary to meet the requirements of this section. A standard  
care arrangement between the hospital's employee and the  
employee's collaborating ~~physician-practitioner~~ is subject to  
approval by the medical staff and governing body of the hospital  
prior to implementation of the arrangement at the hospital.

(C) A physician or podiatrist shall cooperate with the  
board of nursing in any investigation the board conducts with  
respect to a clinical nurse specialist, certified nurse-midwife,  
or certified nurse practitioner who collaborates with the  
physician or podiatrist or with respect to a certified  
registered nurse anesthetist who practices with the supervision  
of the physician or podiatrist.

**Sec. 4761.17.** All of the following apply to the practice  
of respiratory care by a person who holds a license or limited  
permit issued under this chapter:

(A) The person shall practice only pursuant to a  
prescription or other order for respiratory care issued by any  
of the following:

(1) A physician;

(2) A clinical nurse specialist, certified nurse-midwife,

or certified nurse practitioner who holds a current, valid 2760  
license issued under Chapter 4723. of the Revised Code to 2761  
practice nursing as an advanced practice registered nurse ~~and~~ 2762  
~~has entered into a standard care arrangement with a physician;~~ 2763

(3) A physician assistant who holds a valid prescriber 2764  
number issued by the state medical board, has been granted 2765  
physician-delegated prescriptive authority, and has entered into 2766  
a supervision agreement that allows the physician assistant to 2767  
prescribe or order respiratory care services. 2768

(B) The person shall practice only under the supervision 2769  
of any of the following: 2770

(1) A physician; 2771

(2) A certified nurse practitioner, certified nurse- 2772  
midwife, or clinical nurse specialist; 2773

(3) A physician assistant who is authorized to prescribe 2774  
or order respiratory care services as provided in division (A) 2775  
(3) of this section. 2776

(C) (1) When practicing under the prescription or order of 2777  
a certified nurse practitioner, certified nurse midwife, or 2778  
clinical nurse specialist or under the supervision of such a 2779  
nurse, the person's administration of medication that requires a 2780  
prescription is limited to the drugs that the nurse is 2781  
authorized to prescribe pursuant to section 4723.481 of the 2782  
Revised Code. 2783

(2) When practicing under the prescription or order of a 2784  
physician assistant or under the supervision of a physician 2785  
assistant, the person's administration of medication that 2786  
requires a prescription is limited to the drugs that the 2787  
physician assistant is authorized to prescribe pursuant to the 2788



physician assistant's physician-delegated prescriptive 2789  
authority. 2790

**Sec. 5164.07.** (A) The medicaid program shall include 2791  
coverage of inpatient care and follow-up care for a mother and 2792  
her newborn as follows: 2793

(1) The medicaid program shall cover a minimum of forty- 2794  
eight hours of inpatient care following a normal vaginal 2795  
delivery and a minimum of ninety-six hours of inpatient care 2796  
following a cesarean delivery. Services covered as inpatient 2797  
care shall include medical, educational, and any other services 2798  
that are consistent with the inpatient care recommended in the 2799  
protocols and guidelines developed by national organizations 2800  
that represent pediatric, obstetric, and nursing professionals. 2801

(2) The medicaid program shall cover a physician-directed 2802  
source of follow-up care or a source of follow-up care directed 2803  
by an advanced practice registered nurse. Services covered as 2804  
follow-up care shall include physical assessment of the mother 2805  
and newborn, parent education, assistance and training in breast 2806  
or bottle feeding, assessment of the home support system, 2807  
performance of any medically necessary and appropriate clinical 2808  
tests, and any other services that are consistent with the 2809  
follow-up care recommended in the protocols and guidelines 2810  
developed by national organizations that represent pediatric, 2811  
obstetric, and nursing professionals. The coverage shall apply 2812  
to services provided in a medical setting or through home health 2813  
care visits. The coverage shall apply to a home health care 2814  
visit only if the health care professional who conducts the 2815  
visit is knowledgeable and experienced in maternity and newborn 2816  
care. 2817

When a decision is made in accordance with division (B) of 2818

this section to discharge a mother or newborn prior to the 2819  
expiration of the applicable number of hours of inpatient care 2820  
required to be covered, the coverage of follow-up care shall 2821  
apply to all follow-up care that is provided within forty-eight 2822  
hours after discharge. When a mother or newborn receives at 2823  
least the number of hours of inpatient care required to be 2824  
covered, the coverage of follow-up care shall apply to follow-up 2825  
care that is determined to be medically necessary by the health 2826  
care professionals responsible for discharging the mother or 2827  
newborn. 2828

(B) Any decision to shorten the length of inpatient stay 2829  
to less than that specified under division (A)(1) of this 2830  
section shall be made by the physician attending the mother or 2831  
newborn, except that if a certified nurse-midwife is attending 2832  
the mother ~~in collaboration with a physician~~, the decision may 2833  
be made by the certified nurse-midwife. Decisions ~~If the~~ 2834  
certified nurse-midwife is practicing under a standard care 2835  
arrangement with one or more collaborating practitioners, as 2836  
provided in Chapter 4723. of the Revised Code, the nurse's 2837  
decision shall be made in collaboration with a collaborating 2838  
practitioner. 2839

Decisions regarding early discharge shall be made only 2840  
after conferring with the mother or a person responsible for the 2841  
mother or newborn. For purposes of this division, a person 2842  
responsible for the mother or newborn may include a parent, 2843  
guardian, or any other person with authority to make medical 2844  
decisions for the mother or newborn. 2845

(C) The department of medicaid, in administering the 2846  
medicaid program, may not do either of the following: 2847

(1) Terminate the provider agreement of a health care 2848

professional or health care facility solely for making 2849  
recommendations for inpatient or follow-up care for a particular 2850  
mother or newborn that are consistent with the care required to 2851  
be covered by this section; 2852

(2) Establish or offer monetary or other financial 2853  
incentives for the purpose of encouraging a person to decline 2854  
the inpatient or follow-up care required to be covered by this 2855  
section. 2856

(D) This section does not do any of the following: 2857

(1) Require the medicaid program to cover inpatient or 2858  
follow-up care that is not received in accordance with the 2859  
program's terms pertaining to the health care professionals and 2860  
facilities from which a medicaid recipient is authorized to 2861  
receive health care services. 2862

(2) Require a mother or newborn to stay in a hospital or 2863  
other inpatient setting for a fixed period of time following 2864  
delivery; 2865

(3) Require a child to be delivered in a hospital or other 2866  
inpatient setting; 2867

(4) Authorize a certified nurse-midwife to practice beyond 2868  
the authority to practice nurse-midwifery in accordance with 2869  
Chapter 4723. of the Revised Code; 2870

(5) Establish minimum standards of medical diagnosis, 2871  
care, or treatment for inpatient or follow-up care for a mother 2872  
or newborn. A deviation from the care required to be covered 2873  
under this section shall not, on the basis of this section, give 2874  
rise to a medical claim or derivative medical claim, as those 2875  
terms are defined in section 2305.113 of the Revised Code. 2876

**Section 2.** That existing sections 1751.67, 2133.211, 2877  
3313.539, 3707.511, 3727.06, 3923.233, 3923.301, 3923.63, 2878  
3923.64, 4723.01, 4723.02, 4723.06, 4723.07, 4723.24, 4723.28, 2879  
4723.41, 4723.42, 4723.43, 4723.431, 4723.44, 4723.46, 4723.481, 2880  
4723.482, 4723.483, 4723.493, 4723.50, 4731.27, 4761.17, and 2881  
5164.07 of the Revised Code are hereby repealed. 2882

**Section 3.** That sections 4723.45 and 5164.73 of the 2883  
Revised Code are hereby repealed. 2884

**Section 4.** (A) Subject to division (B) of this section, 2885  
the Board of Nursing shall consider a clinical nurse specialist, 2886  
certified nurse practitioner, or certified nurse-midwife to have 2887  
satisfied the requirements of section 4723.433 of the Revised 2888  
Code, as enacted by this act, if the nurse, immediately prior to 2889  
the effective date of this section, both collaborated with one 2890  
or more physicians or podiatrists under a standard care 2891  
arrangement and practiced in a clinical setting for the longer 2892  
of the following: 2893

(1) Two thousand hours; 2894

(2) Twelve months. 2895

(B) Not later than the date that occurs six months after 2896  
the effective date of this section, a clinical nurse specialist, 2897  
certified nurse practitioner, or certified nurse-midwife seeking 2898  
authority to practice without a standard care arrangement shall 2899  
submit to the Board documentation, acceptable to the Board, 2900  
demonstrating that the nurse, immediately prior to the effective 2901  
date of this section, both collaborated with one or more 2902  
physicians or podiatrists under a standard care arrangement and 2903  
practiced in a clinical setting for the longer of the following: 2904

(1) Two thousand hours; 2905

(2) Twelve months. 2906

In the case of a nurse who obtained a license by 2907  
endorsement as described in division (B) of section 4723.41 of 2908  
the Revised Code, the Board shall accept clinical practice 2909  
completed in another jurisdiction if the Board determines that 2910  
the nurse practiced in that jurisdiction in a manner equivalent 2911  
to practicing in this state under a standard care arrangement 2912  
with a collaborating physician or podiatrist. 2913

(C) If the nurse fails to submit documentation by the date 2914  
that occurs six months after the effective date of this section, 2915  
the nurse shall cease practicing without a standard care 2916  
arrangement until the nurse meets the requirements of section 2917  
4723.433 of Revised Code, as enacted by this act. 2918

**Section 5.** This act shall be known as the "Better Access, 2919  
Better Care Act." 2920