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133rd General Assembly
Regular Session
2019-2020

Sub. H. B. No. 177

A BILL

To amend sections 1751.67, 2133.211, 3313.539, 1
3707.511, 3707.521, 3727.06, 3923.233, 3923.301, 2
3923.63, 3923.64, 4723.01, 4723.02, 4723.06, 3
4723.07, 4723.24, 4723.28, 4723.41, 4723.42, 4
4723.43, 4723.431, 4723.44, 4723.46, 4723.481, 5
4723.482, 4723.483, 4723.493, 4723.50, 4731.27, 6
4761.17, and 5164.07; to enact section 4723.433; 7
and to repeal sections 4723.45 and 5164.73 of 8
the Revised Code to modify the laws governing 9
the practice of advanced practice registered 10
nurses and to designate these provisions as the 11
"Better 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, 3707.521, 3727.06, 3923.233, 3923.301, 3923.63, 14
3923.64, 4723.01, 4723.02, 4723.06, 4723.07, 4723.24, 4723.28, 15
4723.41, 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, clinical nurse specialist, 136
or certified nurse practitioner, who is authorized under Title 137
XLVII of the Revised Code to practice a health care 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

(4) "Clinical nurse specialist" and "certified nurse 142
practitioner" have the same meanings as in section 4723.01 of 143
the Revised Code. 144

(B) No school district board of education or governing 145
authority of a chartered or nonchartered nonpublic school shall 146
permit a student to practice for or compete in interscholastic 147
athletics until the student has submitted, to a school official 148
designated by the board or governing authority, a form signed by 149
the parent, guardian, or other person having care or charge of 150
the student stating that the student and the parent, guardian, 151
or other person having care or charge of the student have 152
received the concussion and head injury information sheet 153
required by section 3707.52 of the Revised Code. A completed 154
form shall be submitted each school year, as defined in section 155
3313.62 of the Revised Code, for each sport or other category of 156
interscholastic athletics for or in which the student practices 157
or competes. 158

(C) (1) No school district board of education or governing 159
authority of a chartered or nonchartered nonpublic school shall 160
permit an individual to coach interscholastic athletics unless 161
the individual holds a pupil-activity program permit issued 162
under section 3319.303 of the Revised Code for coaching 163
interscholastic athletics. 164

(2) No school district board of education or governing authority of a chartered or nonchartered nonpublic school shall permit an individual to referee interscholastic athletics unless the individual holds a pupil-activity program permit issued under section 3319.303 of the Revised Code for coaching interscholastic athletics or presents evidence that the individual has successfully completed, within the previous three years, a training program in recognizing the symptoms of concussions and head injuries to which the department of health has provided a link on its internet web site under section 3707.52 of the Revised Code or a training program authorized and required by an organization that regulates interscholastic athletic competition and conducts interscholastic athletic events.

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

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

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

(E) (1) If a student is removed from practice or competition under division (D) of this section, the coach or referee who removed the student shall not allow the student, on the same day the student is removed, to return to that practice or competition or to participate in any other practice or competition for which the coach or referee is responsible.

Thereafter, the coach or referee shall not allow the student to 195
return to that practice or competition or to participate in any 196
other practice or competition for which the coach or referee is 197
responsible until both of the following conditions are 198
satisfied: 199

(a) The student's condition is assessed by any of the 200
following who has complied with the requirements in division (E) 201
(4) of this section: 202

(i) A physician; 203

(ii) A clinical nurse specialist or certified nurse 204
practitioner; 205

(iii) A licensed health care professional the school 206
district board of education or governing authority of the 207
chartered or nonchartered nonpublic school, pursuant to division 208
(E) (2) of this section, authorizes to assess a student who has 209
been removed from practice or competition under division (D) of 210
this section; 211

~~(iii)~~ (iv) A licensed health care professional who meets 212
the minimum education requirements established by rules adopted 213
under section 3707.521 of the Revised Code by the professional's 214
licensing agency. 215

(b) The student receives written clearance that it is safe 216
for the student to return to practice or competition from the 217
physician, clinical nurse specialist, certified nurse 218
practitioner, or licensed health care professional who assessed 219
the student's condition. 220

(2) A school district board of education or governing 221
authority of a chartered or nonchartered nonpublic school may 222
authorize a licensed health care professional to make an 223

assessment or grant a clearance for purposes of division (E) (1) 224
of this section only if the professional is acting in accordance 225
with one of the following, as applicable to the professional's 226
authority to practice in this state: 227

(a) In consultation with a physician, clinical nurse 228
specialist, or certified nurse practitioner; 229

(b) Pursuant to the referral of a physician, clinical 230
nurse specialist, or certified nurse practitioner; 231

(c) ~~In collaboration with a physician;~~ 232

~~(d) Under the supervision of a physician.~~ 233

(3) A physician, clinical nurse specialist, certified 234
nurse practitioner, or licensed health care professional who 235
makes an assessment or grants a clearance for purposes of 236
division (E) (1) of this section may be a volunteer. 237

(4) Beginning one year after ~~the effective date of this~~ 238
~~amendment~~ September 17, 2014, all physicians, clinical nurse 239
specialists, certified nurse practitioners, and licensed health 240
care professionals who conduct assessments and clearances under 241
division (E) (1) of this section must meet the minimum education 242
requirements established by rules adopted under section 3707.521 243
of the Revised Code by their respective licensing agencies. 244

(F) A school district board of education or governing 245
authority of a chartered or nonchartered nonpublic school that 246
is subject to the rules of an interscholastic conference or an 247
organization that regulates interscholastic athletic competition 248
and conducts interscholastic athletic events shall be considered 249
to be in compliance with divisions (B), (D), and (E) of this 250
section, as long as the requirements of those rules are 251
substantially similar to the requirements of divisions (B), (D), 252

and (E) of this section.	253
(G) (1) A school district, member of a school district board of education, or school district employee or volunteer, including a coach or referee, is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from providing services or performing duties under this section, unless the act or omission constitutes willful or wanton misconduct.	254 255 256 257 258 259 260
This section does not eliminate, limit, or reduce any other immunity or defense that a school district, member of a school district board of education, or school district employee or volunteer, including a coach or referee, may be entitled to under Chapter 2744. or any other provision of the Revised Code or under the common law of this state.	261 262 263 264 265 266
(2) A chartered or nonchartered nonpublic school or any officer, director, employee, or volunteer of the school, including a coach or referee, is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from providing services or performing duties under this section, unless the act or omission constitutes willful or wanton misconduct.	267 268 269 270 271 272 273
Sec. 3707.511. (A) As used in this section:	274
(1) "Licensing agency" has the same meaning as in section 4745.01 of the Revised Code.	275 276
(2) "Licensed health care professional" means an individual, other than a physician, <u>clinical nurse specialist, or certified nurse practitioner</u> , who is authorized under Title XLVII of the Revised Code to practice a health care profession.	277 278 279 280
(3) "Physician" means a person authorized under Chapter	281

4731. of the Revised Code to practice medicine and surgery or 282
osteopathic medicine and surgery. 283

(4) "Clinical nurse specialist" and "certified nurse 284
practitioner" have the same meanings as in section 4723.01 of 285
the Revised Code. 286

(B) A youth sports organization shall provide to the 287
parent, guardian, or other person having care or charge of an 288
individual who wishes to practice for or compete in an athletic 289
activity organized by a youth sports organization the concussion 290
and head injury information sheet required by section 3707.52 of 291
the Revised Code. The organization shall provide the information 292
sheet annually for each sport or other category of athletic 293
activity for or in which the individual practices or competes. 294

(C) (1) No individual shall act as a coach or referee for a 295
youth sports organization unless the individual holds a pupil- 296
activity program permit issued under section 3319.303 of the 297
Revised Code for coaching interscholastic athletics or presents 298
evidence that the individual has successfully completed, within 299
the previous three years, a training program in recognizing the 300
symptoms of concussions and head injuries to which the 301
department of health has provided a link on its internet web 302
site under section 3707.52 of the Revised Code. 303

(2) The youth sports organization for which the individual 304
intends to act as a coach or referee shall inform the individual 305
of the requirement described in division (C) (1) of this section. 306

(D) If an individual practicing for or competing in an 307
athletic event organized by a youth sports organization exhibits 308
signs, symptoms, or behaviors consistent with having sustained a 309
concussion or head injury while participating in the practice or 310

competition, the individual shall be removed from the practice 311
or competition by one of the following: 312

(1) The individual who is serving as the individual's 313
coach during that practice or competition; 314

(2) An individual who is serving as a referee during that 315
practice or competition; 316

(3) An official of the youth sports organization who is 317
supervising that practice or competition. 318

(E) (1) If an individual is removed from practice or 319
competition under division (D) of this section, the coach, 320
referee, or official who removed the individual shall not allow 321
the individual, on the same day the individual is removed, to 322
return to that practice or competition or to participate in any 323
other practice or competition for which the coach, referee, or 324
official is responsible. Thereafter, the coach, referee, or 325
official shall not allow the student to return to that practice 326
or competition or to participate in any other practice or 327
competition for which the coach, referee, or official is 328
responsible until both of the following conditions are 329
satisfied: 330

(a) The individual's condition is assessed by any of the 331
following who has complied with the requirements in division (E) 332
(4) of this section: 333

(i) A physician; 334

(ii) A clinical nurse specialist or certified nurse 335
practitioner; 336

(iii) A licensed health care professional the youth sports 337
organization, pursuant to division (E) (2) of this section, 338

authorizes to assess an individual who has been removed from 339
practice or competition under division (D) of this section; 340

~~(iii)~~ (iv) A licensed health care professional who meets 341
the minimum education requirements established by rules adopted 342
under section 3707.521 of the Revised Code by the professional's 343
licensing agency. 344

(b) The individual receives written clearance that it is 345
safe for the individual to return to practice or competition 346
from the physician, clinical nurse specialist, certified nurse 347
practitioner, or licensed health care professional who assessed 348
the individual's condition. 349

(2) A youth sports organization may authorize a licensed 350
health care professional to make an assessment or grant a 351
clearance for purposes of division (E) (1) of this section only 352
if the professional is acting in accordance with one of the 353
following, as applicable to the professional's authority to 354
practice in this state: 355

(a) In consultation with a physician, clinical nurse 356
specialist, or certified nurse practitioner; 357

(b) Pursuant to the referral of a physician, clinical 358
nurse specialist, or certified nurse practitioner; 359

(c) ~~In collaboration with a physician;~~ 360

~~(d) Under the supervision of a physician.~~ 361

(3) A physician, clinical nurse specialist, certified 362
nurse practitioner, or licensed health care professional who 363
makes an assessment or grants a clearance for purposes of 364
division (E) (1) of this section may be a volunteer. 365

(4) Beginning one year after ~~the effective date of this~~ 366

~~amendment~~ September 17, 2014, all physicians, clinical nurse 367
specialists, certified nurse practitioners, and licensed health 368
care professionals who conduct assessments and clearances under 369
division (E) (1) of this section must meet the minimum education 370
requirements established by rules adopted under section 3707.521 371
of the Revised Code by their respective licensing agencies. 372

(F) (1) A youth sports organization or official, employee, 373
or volunteer of a youth sports organization, including a coach 374
or referee, is not liable in damages in a civil action for 375
injury, death, or loss to person or property allegedly arising 376
from providing services or performing duties under this section, 377
unless the act or omission constitutes willful or wanton 378
misconduct. 379

(2) This section does not eliminate, limit, or reduce any 380
other immunity or defense that a public entity, public official, 381
or public employee may be entitled to under Chapter 2744. or any 382
other provision of the Revised Code or under the common law of 383
this state. 384

Sec. 3707.521. (A) As used in this section: 385

"License," "licensee," and "licensing agency" have the 386
same meanings as in section 4745.01 of the Revised Code. 387

"Licensed health care professional" means an individual, 388
other than a physician, clinical nurse specialist, or certified 389
nurse practitioner, who is authorized under Title XLVII of the 390
Revised Code to practice a health care profession. 391

"Physician" means an individual authorized under Chapter 392
4731. of the Revised Code to practice medicine and surgery or 393
osteopathic medicine and surgery. 394

"Clinical nurse specialist" and "certified nurse 395

practitioner" have the same meanings as in section 4723.01 of 396
the Revised Code. 397

(B) If a licensing agency responsible for the licensing of 398
physicians, clinical nurse specialists, certified nurse 399
practitioners, or licensed health care professionals seeks to 400
have its licensees authorized to assess and clear athletes for 401
return to practice or competition under section 3313.539 or 402
3707.511 of the Revised Code, the licensing agency shall adopt 403
rules establishing standards that are equal to or stronger than 404
the guidelines developed by the committee established by the 405
director of health under a previous version of this section, and 406
which met during 2014 and 2015. 407

The licensing agency may adopt rules establishing 408
continuing education requirements for its licensees who assess 409
and clear athletes for return to practice or competition under 410
section 3313.539 or 3707.511 of the Revised Code. 411

Any rules adopted under this division shall be adopted in 412
accordance with Chapter 119. of the Revised Code. 413

Sec. 3727.06. (A) As used in this section: 414

(1) "Doctor" means an individual authorized under Chapter 415
4731. of the Revised Code to practice medicine and surgery or 416
osteopathic medicine and surgery. 417

(2) "Podiatrist" means an individual authorized under 418
Chapter 4731. of the Revised Code to practice podiatric medicine 419
and surgery. 420

(B) (1) Only the following may admit a patient to a 421
hospital: 422

(a) A doctor who is a member of the hospital's medical 423

staff;	424
(b) A dentist who is a member of the hospital's medical	425
staff;	426
(c) A podiatrist who is a member of the hospital's medical	427
staff;	428
(d) A clinical nurse specialist, certified nurse-midwife,	429
or certified nurse practitioner if all of the following	430
conditions are met:	431
(i) The clinical nurse specialist, certified nurse-	432
midwife, or certified nurse practitioner has a standard care-	433
arrangement entered into pursuant to section 4723.431 of the	434
Revised Code with a collaborating doctor or podiatrist who is a	435
member of the medical staff;	436
(ii) The patient will be under the medical supervision of	437
the collaborating doctor or podiatrist;	438
(iii) The <u>the</u> hospital has granted the clinical nurse	439
specialist, certified nurse-midwife, or certified nurse	440
practitioner admitting privileges and appropriate credentials.	441
(e) A physician assistant if all of the following	442
conditions are met:	443
(i) The physician assistant is listed on a supervision	444
agreement entered into under section 4730.19 of the Revised Code	445
for a doctor or podiatrist who is a member of the hospital's	446
medical staff.	447
(ii) The patient will be under the medical supervision of	448
the supervising doctor or podiatrist.	449
(iii) The hospital has granted the physician assistant	450

admitting privileges and appropriate credentials. 451

(2) Prior to admitting a patient, a clinical nurse 452
specialist, certified nurse-midwife, or certified nurse 453
practitioner, ~~or~~ who is practicing under a standard care 454
arrangement with one or more collaborating practitioners, as 455
provided in Chapter 4723. of the Revised Code, shall notify the 456
collaborating practitioner of the planned admission. 457

Prior to admitting a patient, a physician assistant shall 458
notify the ~~collaborating or~~ supervising doctor or podiatrist of 459
the planned admission. 460

(C) All hospital patients shall be under the medical 461
supervision of a doctor, except that services that may be 462
rendered by a licensed dentist pursuant to Chapter 4715. of the 463
Revised Code provided to patients admitted solely for the 464
purpose of receiving such services shall be under the 465
supervision of the admitting dentist and that services that may 466
be rendered by a podiatrist pursuant to section 4731.51 of the 467
Revised Code provided to patients admitted solely for the 468
purpose of receiving such services shall be under the 469
supervision of the admitting podiatrist. If treatment not within 470
the scope of Chapter 4715. or section 4731.51 of the Revised 471
Code is required at the time of admission by a dentist or 472
podiatrist, or becomes necessary during the course of hospital 473
treatment by a dentist or podiatrist, such treatment shall be 474
under the supervision of a doctor who is a member of the medical 475
staff. It shall be the responsibility of the admitting dentist 476
or podiatrist to make arrangements with a doctor who is a member 477
of the medical staff to be responsible for the patient's 478
treatment outside the scope of Chapter 4715. or section 4731.51 479
of the Revised Code when necessary during the patient's stay in 480

the hospital. 481

Sec. 3923.233. (A) Notwithstanding any provision of any 482
certificate furnished by an insurer in connection with or 483
pursuant to any group sickness and accident insurance policy 484
delivered, issued, renewed, or used, in or outside this state, 485
on or after January 1, 1985, and notwithstanding any provision 486
of any policy of insurance delivered, issued for delivery, 487
renewed, or used, in or outside this state, on or after January 488
1, 1985, whenever the policy or certificate is subject to the 489
jurisdiction of this state and provides for reimbursement for 490
any service that may be legally performed by an advanced 491
practice registered nurse who holds a current, valid license 492
issued under Chapter 4723. of the Revised Code and is designated 493
as a certified nurse-midwife in accordance with section 4723.42 494
of the Revised Code, reimbursement under the policy or 495
certificate shall not be denied to a certified nurse-midwife 496
performing the service ~~in collaboration with a licensed~~ 497
~~physician. The collaborating physician shall be identified on an~~ 498
~~insurance claim form.~~ 499

~~The cost of collaboration with a certified nurse-midwife~~ 500
~~by a licensed physician as required under section 4723.43 of the~~ 501
~~Revised Code is a reimbursable expense.~~ 502

~~The division of any reimbursement payment for services~~ 503
~~performed by a certified nurse-midwife between the certified~~ 504
~~nurse-midwife and the certified nurse-midwife's collaborating~~ 505
~~physician shall be determined and mutually agreed upon by the~~ 506
~~certified nurse-midwife and the physician. The division of fees~~ 507
~~shall not be considered a violation of division (B) (17) of~~ 508
~~section 4731.22 of the Revised Code. In no case shall the total~~ 509
~~fees charged exceed the fee the physician would have charged had~~ 510

~~the physician provided the entire service.~~ 511

(B) Division (A) of this section applies to any certified 512
nurse-midwife who is practicing in accordance with Chapter 4723. 513
of the Revised Code, regardless of whether the nurse is required 514
or chooses to practice under a standard care arrangement, as 515
provided in section 4723.43 of the Revised Code, or the nurse 516
exercises the authority to practice without a standard care 517
arrangement, as provided in section 4723.433 of the Revised 518
Code. 519

Sec. 3923.301. (A) Every person, the state and any of its 520
instrumentalities, any county, township, school district, or 521
other political subdivision and any of its instrumentalities, 522
and any municipal corporation and any of its instrumentalities 523
that provides payment for health care benefits for any of its 524
employees resident in this state, which benefits are not 525
provided by contract with an insurer qualified to provide 526
sickness and accident insurance or a health insuring 527
corporation, and that includes reimbursement for any service 528
that may be legally performed by an advanced practice registered 529
nurse who holds a current, valid license issued under Chapter 530
4723. of the Revised Code and is designated as a certified 531
nurse-midwife in accordance with section 4723.42 of the Revised 532
Code, shall not deny reimbursement to a certified nurse-midwife 533
performing the service ~~if the service is performed in~~ 534
~~collaboration with a licensed physician. The collaborating~~ 535
~~physician shall be identified on the claim form.~~ 536

~~The cost of collaboration with a certified nurse midwife~~ 537
~~by a licensed physician as required under section 4723.43 of the~~ 538
~~Revised Code is a reimbursable expense.~~ 539

~~The division of any reimbursement payment for services~~ 540

~~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. of the Revised Code, regardless of whether the nurse is required or chooses to practice under a standard care arrangement, as provided in section 4723.43 of the Revised Code, or the nurse exercises the authority to practice without a standard care arrangement, as provided in section 4723.433 of the Revised Code.

Sec. 3923.63. (A) Notwithstanding section 3901.71 of the Revised Code, each individual or group policy of sickness and accident insurance 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:

(1) The policy 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.

(2) The policy shall cover a physician-directed source of 571
follow-up care or a source of follow-up care directed by an 572
advanced practice registered nurse. Services covered as follow- 573
up care shall include physical assessment of the mother and 574
newborn, parent education, assistance and training in breast or 575
bottle feeding, assessment of the home support system, 576
performance of any medically necessary and appropriate clinical 577
tests, and any other services that are consistent with the 578
follow-up care recommended in the protocols and guidelines 579
developed by national organizations that represent pediatric, 580
obstetric, and nursing professionals. The coverage shall apply 581
to services provided in a medical setting or through home health 582
care visits. The coverage shall apply to a home health care 583
visit only if the health care professional who conducts the 584
visit is knowledgeable and experienced in maternity and newborn 585
care. 586

When a decision is made in accordance with division (B) of 587
this section to discharge a mother or newborn prior to the 588
expiration of the applicable number of hours of inpatient care 589
required to be covered, the coverage of follow-up care shall 590
apply to all follow-up care that is provided within seventy-two 591
hours after discharge. When a mother or newborn receives at 592
least the number of hours of inpatient care required to be 593
covered, the coverage of follow-up care shall apply to follow-up 594
care that is determined to be medically necessary by the health 595
care professionals responsible for discharging the mother or 596
newborn. 597

(B) Any decision to shorten the length of inpatient stay 598
to less than that specified under division (A) (1) of this 599
section shall be made by the physician attending the mother or 600
newborn, except that if a certified nurse-midwife is attending 601

the mother ~~in collaboration with a physician~~, the decision may 602
be made by the certified nurse-midwife. ~~Decisions~~ 603

If the certified nurse-midwife is practicing under a 604
standard care arrangement with one or more collaborating 605
practitioners, as provided in Chapter 4723. of the Revised Code, 606
the nurse's decision shall be made in collaboration with a 607
collaborating practitioner. Decisions regarding early discharge 608
shall be made only after conferring with the mother or a person 609
responsible for the mother or newborn. For purposes of this 610
division, a person responsible for the mother or newborn may 611
include a parent, guardian, or any other person with authority 612
to make medical decisions for the mother or newborn. 613

(C) (1) No sickness and accident insurer may do either of 614
the following: 615

(a) Terminate the participation of a health care 616
professional or health care facility as a provider under a 617
sickness and accident insurance policy solely for making 618
recommendations for inpatient or follow-up care for a particular 619
mother or newborn that are consistent with the care required to 620
be covered by this section; 621

(b) Establish or offer monetary or other financial 622
incentives for the purpose of encouraging a person to decline 623
the inpatient or follow-up care required to be covered by this 624
section. 625

(2) Whoever violates division (C) (1) (a) or (b) of this 626
section has engaged in an unfair and deceptive act or practice 627
in the business of insurance under sections 3901.19 to 3901.26 628
of the Revised Code. 629

(D) This section does not do any of the following: 630

(1) Require a policy to cover inpatient or follow-up care 631
that is not received in accordance with the policy's terms 632
pertaining to the health care professionals and facilities from 633
which an individual is authorized to receive health care 634
services; 635

(2) Require a mother or newborn to stay in a hospital or 636
other inpatient setting for a fixed period of time following 637
delivery; 638

(3) Require a child to be delivered in a hospital or other 639
inpatient setting; 640

(4) Authorize a certified nurse-midwife to practice beyond 641
the authority to practice nurse-midwifery in accordance with 642
Chapter 4723. of the Revised Code; 643

(5) Establish minimum standards of medical diagnosis, care 644
or treatment for inpatient or follow-up care for a mother or 645
newborn. A deviation from the care required to be covered under 646
this section shall not, solely on the basis of this section, 647
give rise to a medical claim or derivative medical claim, as 648
those terms are defined in section 2305.113 of the Revised Code. 649

Sec. 3923.64. (A) Notwithstanding section 3901.71 of the 650
Revised Code, each public employee benefit plan established or 651
modified in this state that provides maternity benefits shall 652
provide coverage of inpatient care and follow-up care for a 653
mother and her newborn as follows: 654

(1) The plan shall cover a minimum of forty-eight hours of 655
inpatient care following a normal vaginal delivery and a minimum 656
of ninety-six hours of inpatient care following a cesarean 657
delivery. Services covered as inpatient care shall include 658
medical, educational, and any other services that are consistent 659

with the inpatient care recommended in the protocols and 660
guidelines developed by national organizations that represent 661
pediatric, obstetric, and nursing professionals. 662

(2) The plan shall cover a physician-directed source of 663
follow-up care or a source of follow-up care directed by an 664
advanced practice registered nurse. Services covered as follow- 665
up care shall include physical assessment of the mother and 666
newborn, parent education, assistance and training in breast or 667
bottle feeding, assessment of the home support system, 668
performance of any medically necessary and appropriate clinical 669
tests, and any other services that are consistent with the 670
follow-up care recommended in the protocols and guidelines 671
developed by national organizations that represent pediatric, 672
obstetric, and nursing professionals. The coverage shall apply 673
to services provided in a medical setting or through home health 674
care visits. The coverage shall apply to a home health care 675
visit only if the health care professional who conducts the 676
visit is knowledgeable and experienced in maternity and newborn 677
care. 678

When a decision is made in accordance with division (B) of 679
this section to discharge a mother or newborn prior to the 680
expiration of the applicable number of hours of inpatient care 681
required to be covered, the coverage of follow-up care shall 682
apply to all follow-up care that is provided within seventy-two 683
hours after discharge. When a mother or newborn receives at 684
least the number of hours of inpatient care required to be 685
covered, the coverage of follow-up care shall apply to follow-up 686
care that is determined to be medically necessary by the health 687
care professionals responsible for discharging the mother or 688
newborn. 689

(B) Any decision to shorten the length of inpatient stay 690
to less than that specified under division (A)(1) of this 691
section shall be made by the physician attending the mother or 692
newborn, except that if a certified nurse-midwife is attending 693
the mother ~~in collaboration with a physician~~, the decision may 694
be made by the certified nurse-midwife. ~~Decisions~~ 695

If the certified nurse-midwife is practicing under a 696
standard care arrangement with one or more collaborating 697
practitioners, as provided in Chapter 4723. of the Revised Code, 698
the nurse's decision shall be made in collaboration with a 699
collaborating practitioner. Decisions regarding early discharge 700
shall be made only after conferring with the mother or a person 701
responsible for the mother or newborn. For purposes of this 702
division, a person responsible for the mother or newborn may 703
include a parent, guardian, or any other person with authority 704
to make medical decisions for the mother or newborn. 705

(C)(1) No public employer who offers an employee benefit 706
plan may do either of the following: 707

(a) Terminate the participation of a health care 708
professional or health care facility as a provider under the 709
plan solely for making recommendations for inpatient or follow- 710
up care for a particular mother or newborn that are consistent 711
with the care required to be covered by this section; 712

(b) Establish or offer monetary or other financial 713
incentives for the purpose of encouraging a person to decline 714
the inpatient or follow-up care required to be covered by this 715
section. 716

(2) Whoever violates division (C)(1)(a) or (b) of this 717
section has engaged in an unfair and deceptive act or practice 718

in the business of insurance under sections 3901.19 to 3901.26 719
of the Revised Code. 720

(D) This section does not do any of the following: 721

(1) Require a plan to cover inpatient or follow-up care 722
that is not received in accordance with the plan's terms 723
pertaining to the health care professionals and facilities from 724
which an individual is authorized to receive health care 725
services; 726

(2) Require a mother or newborn to stay in a hospital or 727
other inpatient setting for a fixed period of time following 728
delivery; 729

(3) Require a child to be delivered in a hospital or other 730
inpatient setting; 731

(4) Authorize a certified nurse-midwife to practice beyond 732
the authority to practice nurse-midwifery in accordance with 733
Chapter 4723. of the Revised Code; 734

(5) Establish minimum standards of medical diagnosis, 735
care, or treatment for inpatient or follow-up care for a mother 736
or newborn. A deviation from the care required to be covered 737
under this section shall not, solely on the basis of this 738
section, give rise to a medical claim or derivative medical 739
claim, as those terms are defined in section 2305.113 of the 740
Revised Code. 741

Sec. 4723.01. As used in this chapter: 742

(A) "Registered nurse" means an individual who holds a 743
current, valid license issued under this chapter that authorizes 744
the practice of nursing as a registered nurse. 745

(B) "Practice of nursing as a registered nurse" means 746

providing to individuals and groups nursing care requiring 747
specialized knowledge, judgment, and skill derived from the 748
principles of biological, physical, behavioral, social, and 749
nursing sciences. Such nursing care includes: 750

(1) Identifying patterns of human responses to actual or 751
potential health problems amenable to a nursing regimen; 752

(2) Executing a nursing regimen through the selection, 753
performance, management, and evaluation of nursing actions; 754

(3) Assessing health status for the purpose of providing 755
nursing care; 756

(4) Providing health counseling and health teaching; 757

(5) Administering medications, treatments, and executing 758
regimens authorized by an individual who is authorized to 759
practice in this state and is acting within the course of the 760
individual's professional practice; 761

(6) Teaching, administering, supervising, delegating, and 762
evaluating nursing practice. 763

(C) "Nursing regimen" may include preventative, 764
restorative, and health-promotion activities. 765

(D) "Assessing health status" means the collection of data 766
through nursing assessment techniques, which may include 767
interviews, observation, and physical evaluations for the 768
purpose of providing nursing care. 769

(E) "Licensed practical nurse" means an individual who 770
holds a current, valid license issued under this chapter that 771
authorizes the practice of nursing as a licensed practical 772
nurse. 773

(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:

(1) Observation, patient teaching, and care in a diversity of health care settings;

(2) Contributions to the planning, implementation, and evaluation of nursing;

(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;

(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;

(5) Delegation of nursing tasks as directed by a registered nurse;

(6) Teaching nursing tasks to licensed practical nurses and individuals to whom the licensed practical nurse is

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authorized to delegate nursing tasks as directed by a registered 803
nurse. 804

(G) "Certified registered nurse anesthetist" means an 805
advanced practice registered nurse who holds a current, valid 806
license issued under this chapter and is designated as a 807
certified registered nurse anesthetist in accordance with 808
section 4723.42 of the Revised Code and rules adopted by the 809
board of nursing. 810

(H) "Clinical nurse specialist" means an advanced practice 811
registered nurse who holds a current, valid license issued under 812
this chapter and is designated as a clinical nurse specialist in 813
accordance with section 4723.42 of the Revised Code and rules 814
adopted by the board of nursing. 815

(I) "Certified nurse-midwife" means an advanced practice 816
registered nurse who holds a current, valid license issued under 817
this chapter and is designated as a certified nurse-midwife in 818
accordance with section 4723.42 of the Revised Code and rules 819
adopted by the board of nursing. 820

(J) "Certified nurse practitioner" means an advanced 821
practice registered nurse who holds a current, valid license 822
issued under this chapter and is designated as a certified nurse 823
practitioner in accordance with section 4723.42 of the Revised 824
Code and rules adopted by the board of nursing. 825

(K) "Physician" means an individual authorized under 826
Chapter 4731. of the Revised Code to practice medicine and 827
surgery or osteopathic medicine and surgery. 828

(L) "Collaboration" or "collaborating" means ~~the~~ 829
~~following:~~ 830

~~(1) In the case of a clinical nurse specialist or a~~ 831

~~certified nurse practitioner, that one or more podiatrists—~~ 832
~~acting within the scope of practice of podiatry in accordance—~~ 833
~~with section 4731.51 of the Revised Code and with whom the nurse~~ 834
~~has entered into a standard care arrangement or one or more—~~ 835
~~physicians with whom the nurse has entered into a standard care—~~ 836
~~arrangement~~ collaborating practitioners are continuously 837
available to communicate with the clinical nurse specialist ~~or,~~ 838
certified nurse practitioner, or certified nurse-midwife either 839
in person or by electronic communication. 840

~~(2) In the case of a certified nurse midwife, that one or—~~ 841
~~more physicians with whom the certified nurse midwife has—~~ 842
~~entered into a standard care arrangement are continuously—~~ 843
~~available to communicate with the certified nurse midwife either~~ 844
~~in person or by electronic communication.~~ 845

(M) "Collaborating practitioner" means any of the 846
following who is collaborating under a standard care arrangement 847
with a clinical nurse specialist, certified nurse-midwife, or 848
certified nurse practitioner: 849

(1) A physician; 850

(2) A podiatrist; 851

(3) A clinical nurse specialist, certified nurse-midwife, 852
or certified nurse practitioner who is not practicing under a 853
standard care arrangement with another collaborating 854
practitioner. 855

(N) "Supervision," as it pertains to a certified 856
registered nurse anesthetist, means that the certified 857
registered nurse anesthetist is under the direction of a 858
podiatrist acting within the podiatrist's scope of practice in 859
accordance with section 4731.51 of the Revised Code, a dentist 860

acting within the dentist's scope of practice in accordance with 861
Chapter 4715. of the Revised Code, or a physician, and, when 862
administering anesthesia, the certified registered nurse 863
anesthetist is in the immediate presence of the podiatrist, 864
dentist, or physician. 865

~~(N)~~(O) "Standard care arrangement" means a written, formal 866
guide for planning and evaluating a patient's health care that_ 867
meets the requirements of section 4723.431 of the Revised Code 868
and is developed by one or more collaborating ~~physicians or~~ 869
~~podiatrists~~practitioners and ~~a~~ the clinical nurse specialist, 870
certified nurse-midwife, or certified nurse practitioner ~~and~~ 871
~~meets the requirements of section 4723.431 of the Revised Code~~ 872
who will practice under the arrangement. 873

~~(O)~~(P) "Advanced practice registered nurse" means an 874
individual who holds a current, valid license issued under this 875
chapter that authorizes the practice of nursing as an advanced 876
practice registered nurse and is designated as any of the 877
following: 878

- (1) A certified registered nurse anesthetist; 879
- (2) A clinical nurse specialist; 880
- (3) A certified nurse-midwife; 881
- (4) A certified nurse practitioner. 882

~~(P)~~(Q) "Practice of nursing as an advanced practice 883
registered nurse" means providing to individuals and groups 884
nursing care that requires knowledge and skill obtained from 885
advanced formal education, continuing education, training, and 886
clinical experience. Such nursing care includes the care 887
described in section 4723.43 of the Revised Code. 888

~~(Q)~~(R) "Dialysis care" means the care and procedures that 889
a dialysis technician or dialysis technician intern is 890
authorized to provide and perform, as specified in section 891
4723.72 of the Revised Code. 892

~~(R)~~(S) "Dialysis technician" means an individual who holds 893
a current, valid certificate to practice as a dialysis 894
technician issued under section 4723.75 of the Revised Code. 895

~~(S)~~(T) "Dialysis technician intern" means an individual 896
who holds a current, valid certificate to practice as a dialysis 897
technician intern issued under section 4723.75 of the Revised 898
Code. 899

~~(T)~~(U) "Certified community health worker" means an 900
individual who holds a current, valid certificate as a community 901
health worker issued under section 4723.85 of the Revised Code. 902

~~(U)~~(V) "Medication aide" means an individual who holds a 903
current, valid certificate issued under this chapter that 904
authorizes the individual to administer medication in accordance 905
with section 4723.67 of the Revised Code. 906

~~(V)~~(W) "~~Nursing specialty~~Designation" means a ~~specialty~~ 907
~~in practice designation~~ as a certified registered nurse 908
anesthetist, clinical nurse specialist, certified nurse-midwife, 909
or certified nurse practitioner. 910

Sec. 4723.02. The board of nursing shall assume and 911
exercise all the powers and perform all the duties conferred and 912
imposed on it by this chapter. 913

The board shall consist of thirteen members who shall be 914
citizens of the United States and residents of Ohio. Eight 915
members shall be registered nurses, each of whom shall be a 916
graduate of an approved program of nursing education that 917

prepares persons for licensure as a registered nurse, shall hold 918
a currently active license issued under this chapter to practice 919
nursing as a registered nurse, and shall have been actively 920
engaged in the practice of nursing as a registered nurse for the 921
five years immediately preceding the member's initial 922
appointment to the board. Of the eight members who are 923
registered nurses, at least two shall hold a current, valid 924
license issued under this chapter that authorizes the practice 925
of nursing as an advanced practice registered nurse. Four 926
members shall be licensed practical nurses, each of whom shall 927
be a graduate of an approved program of nursing education that 928
prepares persons for licensure as a practical nurse, shall hold 929
a currently active license issued under this chapter to practice 930
nursing as a licensed practical nurse, and shall have been 931
actively engaged in the practice of nursing as a licensed 932
practical nurse for the five years immediately preceding the 933
member's initial appointment to the board. One member shall 934
represent the interests of consumers of health care. Neither 935
this member nor any person in the member's immediate family 936
shall be a member of or associated with a health care provider 937
or profession or shall have a financial interest in the delivery 938
or financing of health care. Representation of nursing service 939
and nursing education and of the various geographical areas of 940
the state shall be considered in making appointments. 941

As the term of any member of the board expires, a 942
successor shall be appointed who has the qualifications the 943
vacancy requires. Terms of office shall be for four years, 944
commencing on the first day of January and ending on the thirty- 945
first day of December. 946

A current or former board member who has served not more 947
than one full term or one full term and not more than thirty 948

months of another term may be reappointed for one additional 949
term. 950

Each member shall hold office from the date of appointment 951
until the end of the term for which the member was appointed. 952
The term of a member shall expire if the member ceases to meet 953
any requirement of this section for the member's position on the 954
board. Any member appointed to fill a vacancy occurring prior to 955
the expiration of the term for which the member's predecessor 956
was appointed shall hold office for the remainder of such term. 957
Any member shall continue in office subsequent to the expiration 958
date of the member's term until the member's successor takes 959
office, or until a period of sixty days has elapsed, whichever 960
occurs first. 961

Nursing organizations of this state may each submit to the 962
governor the names of not more than five nominees for each 963
position to be filled on the board. From the names so submitted 964
or from others, at the governor's discretion, the governor with 965
the advice and consent of the senate shall make such 966
appointments. 967

Any member of the board may be removed by the governor for 968
neglect of any duty required by law or for incompetency or 969
unprofessional or dishonorable conduct, after a hearing as 970
provided in Chapter 119. of the Revised Code. 971

Seven members of the board ~~including constitute a quorum,~~ 972
which must include at least four registered nurses, one of whom 973
is an advanced practice registered nurse, and at least one 974
licensed practical nurse ~~shall at all times constitute a quorum.~~ 975

Each member of the board shall receive an amount fixed 976
pursuant to division (J) of section 124.15 of the Revised Code 977

for each day in attendance at board meetings and in discharge of 978
official duties, and in addition thereto, necessary expense 979
incurred in the performance of such duties. 980

The board shall elect one of its nurse members as 981
president and one as vice-president. The board shall elect one 982
of its registered nurse members to serve as the supervising 983
member for disciplinary matters. 984

The board may establish advisory groups to serve in 985
consultation with the board or the executive director. Each 986
advisory group shall be given a specific charge in writing and 987
shall report to the board. Members of advisory groups shall 988
serve without compensation but shall receive their actual and 989
necessary expenses incurred in the performance of their official 990
duties. 991

Sec. 4723.06. (A) The board of nursing shall: 992

(1) Administer and enforce the provisions of this chapter, 993
including the taking of disciplinary action for violations of 994
section 4723.28 of the Revised Code, any other provisions of 995
this chapter, or rules adopted under this chapter; 996

(2) Develop criteria that an applicant must meet to be 997
eligible to sit for the examination for licensure to practice as 998
a registered nurse or as a licensed practical nurse; 999

(3) Issue and renew nursing licenses, dialysis technician 1000
certificates, and community health worker certificates, as 1001
provided in this chapter; 1002

(4) Define the minimum educational standards for the 1003
schools and programs of registered nursing and practical nursing 1004
in this state; 1005

(5) Survey, inspect, and grant full approval to 1006
prelicensure nursing education programs in this state that meet 1007
the standards established by rules adopted under section 4723.07 1008
of the Revised Code. Prelicensure nursing education programs 1009
include, but are not limited to, diploma, associate degree, 1010
baccalaureate degree, master's degree, and doctor of nursing 1011
programs leading to initial licensure to practice nursing as a 1012
registered nurse and practical nurse programs leading to initial 1013
licensure to practice nursing as a licensed practical nurse. 1014

(6) Grant conditional approval, by a vote of a quorum of 1015
the board, to a new prelicensure nursing education program or a 1016
program that is being reestablished after having ceased to 1017
operate, if the program meets and maintains the minimum 1018
standards of the board established by rules adopted under 1019
section 4723.07 of the Revised Code. If the board does not grant 1020
conditional approval, it shall hold an adjudication under 1021
Chapter 119. of the Revised Code to consider conditional 1022
approval of the program. If the board grants conditional 1023
approval, at the first meeting following completion of the 1024
survey process required by division (A)(5) of this section, the 1025
board shall determine whether to grant full approval to the 1026
program. If the board does not grant full approval or if it 1027
appears that the program has failed to meet and maintain 1028
standards established by rules adopted under section 4723.07 of 1029
the Revised Code, the board shall hold an adjudication under 1030
Chapter 119. of the Revised Code to consider the program. Based 1031
on results of the adjudication, the board may continue or 1032
withdraw conditional approval, or grant full approval. 1033

(7) Place on provisional approval, for a period of time 1034
specified by the board, a prelicensure nursing education program 1035
that has ceased to meet and maintain the minimum standards of 1036

the board established by rules adopted under section 4723.07 of 1037
the Revised Code. Prior to or at the end of the period, the 1038
board shall reconsider whether the program meets the standards 1039
and shall grant full approval if it does. If it does not, the 1040
board may withdraw approval, pursuant to an adjudication under 1041
Chapter 119. of the Revised Code. 1042

(8) Approve continuing education programs and courses 1043
under standards established in rules adopted under sections 1044
4723.07, 4723.69, 4723.79, and 4723.88 of the Revised Code; 1045

(9) Establish a substance use disorder monitoring program 1046
in accordance with section 4723.35 of the Revised Code; 1047

(10) Establish the practice intervention and improvement 1048
program in accordance with section 4723.282 of the Revised Code; 1049

(11) Grant approval to the course of study in advanced 1050
pharmacology and related topics described in section 4723.482 of 1051
the Revised Code; 1052

(12) Make an annual edition of the exclusionary formulary 1053
established in rules adopted under section 4723.50 of the 1054
Revised Code available to the public by electronic means and, as 1055
soon as possible after any revision of the formulary becomes 1056
effective, make the revision available to the public by 1057
electronic means; 1058

(13) Approve under section 4723.46 of the Revised Code 1059
national certifying organizations for examination and licensure 1060
of advanced practice registered nurses, which may include 1061
separate organizations for each nursing specialty designation; 1062

(14) Provide guidance and make recommendations to the 1063
general assembly, the governor, state agencies, and the federal 1064
government with respect to the regulation of the practice of 1065

nursing and the enforcement of this chapter; 1066

(15) Make an annual report to the governor, which shall be 1067
open for public inspection; 1068

(16) Maintain and have open for public inspection the 1069
following records: 1070

(a) A record of all its meetings and proceedings; 1071

(b) A record of all applicants for, and holders of, 1072
licenses and certificates issued by the board under this chapter 1073
or in accordance with rules adopted under this chapter. The 1074
record shall be maintained in a format determined by the board. 1075

(c) A list of education and training programs approved by 1076
the board. 1077

(17) Deny conditional approval to a new prelicensure 1078
nursing education program or a program that is being 1079
reestablished after having ceased to operate if the program or a 1080
person acting on behalf of the program submits or causes to be 1081
submitted to the board false, misleading, or deceptive 1082
statements, information, or documentation in the process of 1083
applying for approval of the program. If the board proposes to 1084
deny approval of the program, it shall do so pursuant to an 1085
adjudication conducted under Chapter 119. of the Revised Code. 1086

(B) The board may fulfill the requirement of division (A) 1087
(8) of this section by authorizing persons who meet the 1088
standards established in rules adopted under section 4723.07 of 1089
the Revised Code to approve continuing education programs and 1090
courses. Persons so authorized shall approve continuing 1091
education programs and courses in accordance with standards 1092
established in rules adopted under section 4723.07 of the 1093
Revised Code. 1094

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

In addition to approving continuing education programs
under division (A) (8) of this section, the board may sponsor
continuing education activities that are directly related to the
statutes and rules the board enforces.

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

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

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

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

per cent or more of the program's assets; 1124

(c) In the case of a prelicensure nursing education 1125
program that is a for-profit or not-for-profit corporation, 1126
having the contractual authority presently to designate fifty 1127
per cent or more of its directors; 1128

(d) In the case of a prelicensure nursing education 1129
program that is a trust, having the contractual authority 1130
presently to designate fifty per cent or more of its trustees; 1131

(e) Having the authority to direct the management, 1132
policies, or investments of a prelicensure nursing education 1133
program. 1134

(D) (1) When an action taken by the board under division 1135
(A) (6), (7), or (17) or (C) (1) of this section is required to be 1136
taken pursuant to an adjudication conducted under Chapter 119. 1137
of the Revised Code, the board may, in lieu of an adjudication 1138
hearing, enter into a consent agreement to resolve the matter. A 1139
consent agreement, when ratified by a vote of a quorum of the 1140
board, constitutes the findings and order of the board with 1141
respect to the matter addressed in the agreement. If the board 1142
refuses to ratify a consent agreement, the admissions and 1143
findings contained in the agreement are of no effect. 1144

(2) In any instance in which the board is required under 1145
Chapter 119. of the Revised Code to give notice to a person 1146
seeking approval of a prelicensure nursing education program of 1147
an opportunity for a hearing and the person does not make a 1148
timely request for a hearing in accordance with section 119.07 1149
of the Revised Code, the board is not required to hold a 1150
hearing, but may adopt, by a vote of a quorum, a final order 1151
that contains the board's findings. 1152

(3) When the board denies or withdraws approval of a 1153
prelicensure nursing education program, the board may specify 1154
that its action is permanent. A program subject to a permanent 1155
action taken by the board is forever ineligible for approval and 1156
the board shall not accept an application for the program's 1157
reinstatement or approval. 1158

Sec. 4723.07. In accordance with Chapter 119. of the 1159
Revised Code, the board of nursing shall adopt and may amend and 1160
rescind rules that establish all of the following: 1161

(A) Provisions for the board's government and control of 1162
its actions and business affairs; 1163

(B) Minimum standards for nursing education programs that 1164
prepare graduates to be licensed under this chapter and 1165
procedures for granting, renewing, and withdrawing approval of 1166
those programs; 1167

(C) Criteria that applicants for licensure must meet to be 1168
eligible to take examinations for licensure; 1169

(D) Standards and procedures for renewal of the licenses 1170
and certificates issued by the board; 1171

(E) Standards for approval of continuing nursing education 1172
programs and courses for registered nurses, advanced practice 1173
registered nurses, and licensed practical nurses. The standards 1174
may provide for approval of continuing nursing education 1175
programs and courses that have been approved by other state 1176
boards of nursing or by national accreditation systems for 1177
nursing, including, but not limited to, the American nurses' 1178
credentialing center and the national association for practical 1179
nurse education and service. 1180

(F) Standards that persons must meet to be authorized by 1181

the board to approve continuing education programs and courses 1182
and a schedule by which that authorization expires and may be 1183
renewed; 1184

(G) Requirements, including continuing education 1185
requirements, for reactivating inactive licenses or 1186
certificates, and for reinstating licenses or certificates that 1187
have lapsed; 1188

(H) Conditions that may be imposed for reinstatement of a 1189
license or certificate following action taken under section 1190
3123.47, 4723.28, 4723.281, 4723.652, or 4723.86 of the Revised 1191
Code resulting in a license or certificate suspension; 1192

(I) Requirements for board approval of courses in 1193
medication administration by licensed practical nurses; 1194

(J) Criteria for evaluating the qualifications of an 1195
applicant for a license to practice nursing as a registered 1196
nurse, a license to practice nursing as an advanced practice 1197
registered nurse, or a license to practice nursing as a licensed 1198
practical nurse for the purpose of issuing the license by the 1199
board's endorsement of the applicant's authority to practice 1200
issued by the licensing agency of another state; 1201

(K) Universal and standard precautions that shall be used 1202
by each licensee or certificate holder. The rules shall define 1203
and establish requirements for universal and standard 1204
precautions that include the following: 1205

(1) Appropriate use of hand washing; 1206

(2) Disinfection and sterilization of equipment; 1207

(3) Handling and disposal of needles and other sharp 1208
instruments; 1209

(4) Wearing and disposal of gloves and other protective 1210
garments and devices. 1211

(L) Quality assurance standards for advanced practice 1212
registered nurses who have less than two thousand hours of 1213
clinical practice and are clinical nurse specialists, certified 1214
nurse-midwives, and certified nurse practitioners; 1215

(M) ~~Additional~~ For purposes of division (A) (5) of section 1216
4723.431 of the Revised Code, any additional criteria for the 1217
~~standard care arrangement required by section 4723.431 of the~~ 1218
~~Revised Code entered into by a clinical nurse specialist,~~ 1219
~~certified nurse midwife, or certified nurse practitioner and the~~ 1220
~~nurse's collaborating physician or pediatric arrangements;~~ 1221

(N) For purposes of division (B) (31) of section 4723.28 of 1222
the Revised Code, the actions, omissions, or other circumstances 1223
that constitute failure to establish and maintain professional 1224
boundaries with a patient; 1225

(O) Standards and procedures for delegation under section 1226
4723.48 of the Revised Code of the authority to administer 1227
drugs. 1228

The board may adopt other rules necessary to carry out the 1229
provisions of this chapter. The rules shall be adopted in 1230
accordance with Chapter 119. of the Revised Code. 1231

Sec. 4723.24. (A) (1) Except as otherwise provided in this 1232
chapter, all of the following apply with respect to the 1233
schedules for renewal of licenses and certificates issued by the 1234
board of nursing: 1235

(a) An active license to practice nursing as a registered 1236
nurse is subject to renewal in odd-numbered years. An 1237
application for renewal of the license is due on the fifteenth 1238

day of September of the renewal year. A late application may be 1239
submitted before the license lapses. If a license is not renewed 1240
or classified as inactive, the license lapses on the first day 1241
of November of the renewal year. 1242

(b) An active license to practice nursing as a licensed 1243
practical nurse is subject to renewal in even-numbered years. An 1244
application for renewal of the license is due on the fifteenth 1245
day of September of the renewal year. A late application may be 1246
submitted before the license lapses. If a license is not renewed 1247
or classified as inactive, the license lapses on the first day 1248
of November of the renewal year. 1249

(c) An active license to practice nursing as an advanced 1250
practice registered nurse is subject to renewal in odd-numbered 1251
years. An application for renewal of the license is due on the 1252
fifteenth day of September of the renewal year. A late 1253
application may be submitted before the license lapses. If a 1254
license is not renewed or classified as inactive, the license 1255
lapses on the first day of November of the renewal year. 1256

(d) All other active licenses and certificates issued 1257
under this chapter are subject to renewal according to a 1258
schedule established by the board in rules adopted under section 1259
4723.07 of the Revised Code. 1260

(2) The board shall provide an application for renewal to 1261
every holder of an active license or certificate, except when 1262
the board is aware that an individual is ineligible for license 1263
or certificate renewal for any reason, including pending 1264
criminal charges in this state or another jurisdiction, failure 1265
to comply with a disciplinary order from the board or the terms 1266
of a consent agreement entered into with the board, failure to 1267
pay fines or fees owed to the board, or failure to provide on 1268

the board's request documentation of having completed the 1269
continuing nursing education requirements specified in division 1270
(C) of this section. 1271

If the board provides a renewal application by mail, the 1272
application shall be addressed to the last known post-office 1273
address of the license or certificate holder and mailed before 1274
the date the application is due. Failure of the license or 1275
certificate holder to receive an application for renewal from 1276
the board shall not excuse the holder from the requirements 1277
contained in this section, except as provided in section 5903.10 1278
of the Revised Code. 1279

(3) A license or certificate holder seeking renewal of the 1280
license or certificate shall complete the renewal application 1281
and submit it to the board with the renewal fee established 1282
under section 4723.08 of the Revised Code. If a renewal 1283
application is submitted after the date the application is due, 1284
but before the date the license or certificate lapses, the 1285
applicant shall include with the application the fee established 1286
under section 4723.08 of the Revised Code for processing a late 1287
application for renewal. 1288

With the renewal application, the applicant shall report 1289
any conviction, plea, or judicial finding regarding a criminal 1290
offense that constitutes grounds for the board to impose 1291
sanctions under section 4723.28 of the Revised Code since the 1292
applicant last submitted an application to the board. 1293

(4) On receipt of the renewal application, the board shall 1294
verify whether the applicant meets the renewal requirements. If 1295
the applicant meets the requirements, the board shall renew the 1296
license or certificate. 1297

(B) Every license or certificate holder shall give written 1298
or electronic notice to the board of any change of name or 1299
address within thirty days of the change. The board shall 1300
require the holder to document a change of name in a manner 1301
acceptable to the board. 1302

(C) (1) Except in the case of a first renewal after 1303
licensure by examination, to be eligible for renewal of an 1304
active license to practice nursing as a registered nurse or 1305
licensed practical nurse, each individual who holds an active 1306
license shall, in each two-year period specified by the board, 1307
complete continuing nursing education as follows: 1308

(a) For renewal of a license that was issued for a two- 1309
year renewal period, twenty-four hours of continuing nursing 1310
education; 1311

(b) For renewal of a license that was issued for less than 1312
a two-year renewal period, the number of hours of continuing 1313
nursing education specified by the board in rules adopted in 1314
accordance with Chapter 119. of the Revised Code; 1315

(c) Of the hours of continuing nursing education completed 1316
in any renewal period, at least one hour of the education must 1317
be directly related to the statutes and rules pertaining to the 1318
practice of nursing in this state. 1319

(2) To be eligible for renewal of an active license to 1320
practice nursing as an advanced practice registered nurse, each 1321
individual who holds an active license shall, in each two-year 1322
period specified by the board, complete continuing education as 1323
follows: 1324

(a) For renewal of a license that was issued for a two- 1325
year renewal period, twenty-four hours of continuing nursing 1326

education; 1327

(b) For renewal of a license that was issued for less than 1328
a two-year renewal period, the number of hours of continuing 1329
nursing education specified by the board in rules adopted in 1330
accordance with Chapter 119. of the Revised Code, including the 1331
number of hours of continuing education in advanced 1332
pharmacology; 1333

(c) In the case of an advanced practice registered nurse 1334
who is designated as a clinical nurse specialist, certified 1335
nurse-midwife, or certified nurse practitioner, of the hours of 1336
continuing nursing education completed in any renewal period, at 1337
least twelve hours of the education must be in advanced 1338
pharmacology and be received from an accredited institution 1339
recognized by the board. 1340

(d) The continuing education required by division (C) (2) 1341
(a) or (b) of this section is in addition to the continuing 1342
education required by division (C) (1) (a) or (b) of this section. 1343

(3) The board shall adopt rules establishing the procedure 1344
for a license holder to certify to the board completion of the 1345
required continuing nursing education. The board may conduct a 1346
random sample of license holders and require that the license 1347
holders included in the sample submit satisfactory documentation 1348
of having completed the requirements for continuing nursing 1349
education. On the board's request, a license holder included in 1350
the sample shall submit the required documentation. 1351

(4) An educational activity may be applied toward meeting 1352
the continuing nursing education requirement only if it is 1353
obtained through a program or course approved by the board or a 1354
person the board has authorized to approve continuing nursing 1355

education programs and courses. 1356

(5) The continuing education required of a certified 1357
registered nurse anesthetist, clinical nurse specialist, 1358
certified nurse-midwife, or certified nurse practitioner to 1359
maintain certification by a national certifying organization 1360
shall be applied toward the continuing education requirements 1361
for renewal of the following if the continuing education is 1362
obtained through a program or course approved by the board or a 1363
person the board has authorized to approve continuing nursing 1364
education programs and courses: 1365

(a) A license to practice nursing as a registered nurse; 1366

(b) A license to practice nursing as an advanced practice 1367
registered nurse. 1368

(D) Except as otherwise provided in section 4723.28 of the 1369
Revised Code, an individual who holds an active license to 1370
practice nursing as a registered nurse or licensed practical 1371
nurse and who does not intend to practice in Ohio may send to 1372
the board written or electronic notice to that effect on or 1373
before the date the license lapses, and the board shall classify 1374
the license as inactive. During the period that the license is 1375
classified as inactive, the holder may not engage in the 1376
practice of nursing as a registered nurse or licensed practical 1377
nurse in Ohio and is not required to pay the renewal fee. 1378

The holder of an inactive license to practice nursing as a 1379
registered nurse or licensed practical nurse or an individual 1380
who has failed to renew the individual's license to practice 1381
nursing as a registered nurse or licensed practical nurse may 1382
have the license reactivated or reinstated upon doing the 1383
following, as applicable to the holder or individual: 1384

(1) Applying to the board for license reactivation or 1385
reinstatement on forms provided by the board; 1386

(2) Meeting the requirements for reactivating or 1387
reinstating licenses established in rules adopted under section 1388
4723.07 of the Revised Code or, if the individual did not renew 1389
because of service in the armed forces of the United States or a 1390
reserve component of the armed forces of the United States, 1391
including the Ohio national guard or the national guard of any 1392
other state, as provided in section 5903.10 of the Revised Code; 1393

(3) If the license has been inactive for at least five 1394
years from the date of application for reactivation or has 1395
lapsed for at least five years from the date of application for 1396
reinstatement, submitting a request to the bureau of criminal 1397
identification and investigation for a criminal records check 1398
and check of federal bureau of investigation records pursuant to 1399
section 4723.091 of the Revised Code. 1400

(E) Except as otherwise provided in section 4723.28 of the 1401
Revised Code, an individual who holds an active license to 1402
practice nursing as an advanced practice registered nurse and 1403
does not intend to practice in Ohio as an advanced practice 1404
registered nurse may send to the board written or electronic 1405
notice to that effect on or before the renewal date, and the 1406
board shall classify the license as inactive. During the period 1407
that the license is classified as inactive, the holder may not 1408
engage in the practice of nursing as an advanced practice 1409
registered nurse in Ohio and is not required to pay the renewal 1410
fee. 1411

The holder of an inactive license to practice nursing as 1412
an advanced practice registered nurse or an individual who has 1413
failed to renew the individual's license to practice nursing as 1414

an advanced practice registered nurse may have the license 1415
reactivated or reinstated upon doing the following, as 1416
applicable to the holder or individual: 1417

(1) Applying to the board for license reactivation or 1418
reinstatement on forms provided by the board; 1419

(2) Meeting the requirements for reactivating or 1420
reinstating licenses established in rules adopted under section 1421
4723.07 of the Revised Code or, if the individual did not renew 1422
because of service in the armed forces of the United States or a 1423
reserve component of the armed forces of the United States, 1424
including the Ohio national guard or the national guard of any 1425
other state, as provided in section 5903.10 of the Revised Code. 1426

Sec. 4723.28. (A) The board of nursing, by a vote of a 1427
quorum, may impose one or more of the following sanctions if it 1428
finds that a person committed fraud in passing an examination 1429
required to obtain a license or dialysis technician certificate 1430
issued by the board or to have committed fraud, 1431
misrepresentation, or deception in applying for or securing any 1432
nursing license or dialysis technician certificate issued by the 1433
board: deny, revoke, suspend, or place restrictions on any 1434
nursing license or dialysis technician certificate issued by the 1435
board; reprimand or otherwise discipline a holder of a nursing 1436
license or dialysis technician certificate; or impose a fine of 1437
not more than five hundred dollars per violation. 1438

(B) The board of nursing, by a vote of a quorum, may 1439
impose one or more of the following sanctions: deny, revoke, 1440
suspend, or place restrictions on any nursing license or 1441
dialysis technician certificate issued by the board; reprimand 1442
or otherwise discipline a holder of a nursing license or 1443
dialysis technician certificate; or impose a fine of not more 1444

than five hundred dollars per violation. The sanctions may be 1445
imposed for any of the following: 1446

(1) Denial, revocation, suspension, or restriction of 1447
authority to engage in a licensed profession or practice a 1448
health care occupation, including nursing or practice as a 1449
dialysis technician, for any reason other than a failure to 1450
renew, in Ohio or another state or jurisdiction; 1451

(2) Engaging in the practice of nursing or engaging in 1452
practice as a dialysis technician, having failed to renew a 1453
nursing license or dialysis technician certificate issued under 1454
this chapter, or while a nursing license or dialysis technician 1455
certificate is under suspension; 1456

(3) Conviction of, a plea of guilty to, a judicial finding 1457
of guilt of, a judicial finding of guilt resulting from a plea 1458
of no contest to, or a judicial finding of eligibility for a 1459
pretrial diversion or similar program or for intervention in 1460
lieu of conviction for, a misdemeanor committed in the course of 1461
practice; 1462

(4) Conviction of, a plea of guilty to, a judicial finding 1463
of guilt of, a judicial finding of guilt resulting from a plea 1464
of no contest to, or a judicial finding of eligibility for a 1465
pretrial diversion or similar program or for intervention in 1466
lieu of conviction for, any felony or of any crime involving 1467
gross immorality or moral turpitude; 1468

(5) Selling, giving away, or administering drugs or 1469
therapeutic devices for other than legal and legitimate 1470
therapeutic purposes; or conviction of, a plea of guilty to, a 1471
judicial finding of guilt of, a judicial finding of guilt 1472
resulting from a plea of no contest to, or a judicial finding of 1473

eligibility for a pretrial diversion or similar program or for 1474
intervention in lieu of conviction for, violating any municipal, 1475
state, county, or federal drug law; 1476

(6) Conviction of, a plea of guilty to, a judicial finding 1477
of guilt of, a judicial finding of guilt resulting from a plea 1478
of no contest to, or a judicial finding of eligibility for a 1479
pretrial diversion or similar program or for intervention in 1480
lieu of conviction for, an act in another jurisdiction that 1481
would constitute a felony or a crime of moral turpitude in Ohio; 1482

(7) Conviction of, a plea of guilty to, a judicial finding 1483
of guilt of, a judicial finding of guilt resulting from a plea 1484
of no contest to, or a judicial finding of eligibility for a 1485
pretrial diversion or similar program or for intervention in 1486
lieu of conviction for, an act in the course of practice in 1487
another jurisdiction that would constitute a misdemeanor in 1488
Ohio; 1489

(8) Self-administering or otherwise taking into the body 1490
any dangerous drug, as defined in section 4729.01 of the Revised 1491
Code, in any way that is not in accordance with a legal, valid 1492
prescription issued for that individual, or self-administering 1493
or otherwise taking into the body any drug that is a schedule I 1494
controlled substance; 1495

(9) Habitual or excessive use of controlled substances, 1496
other habit-forming drugs, or alcohol or other chemical 1497
substances to an extent that impairs the individual's ability to 1498
provide safe nursing care or safe dialysis care; 1499

(10) Impairment of the ability to practice according to 1500
acceptable and prevailing standards of safe nursing care or safe 1501
dialysis care because of the use of drugs, alcohol, or other 1502

chemical substances;	1503
(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;	1504 1505 1506
(12) Assaulting or causing harm to a patient or depriving a patient of the means to summon assistance;	1507 1508
(13) Misappropriation or attempted misappropriation of money or anything of value in the course of practice;	1509 1510
(14) Adjudication by a probate court of being mentally ill or mentally incompetent. The board may reinstate the person's nursing license or dialysis technician certificate upon adjudication by a probate court of the person's restoration to competency or upon submission to the board of other proof of competency.	1511 1512 1513 1514 1515 1516
(15) The suspension or termination of employment by the United States department of defense or department of veterans affairs for any act that violates or would violate this chapter;	1517 1518 1519
(16) Violation of this chapter or any rules adopted under it;	1520 1521
(17) Violation of any restrictions placed by the board on a nursing license or dialysis technician certificate;	1522 1523
(18) Failure to use universal and standard precautions established by rules adopted under section 4723.07 of the Revised Code;	1524 1525 1526
(19) Failure to practice in accordance with acceptable and prevailing standards of safe nursing care or safe dialysis care;	1527 1528
(20) In the case of a registered nurse, engaging in	1529

activities that exceed the practice of nursing as a registered nurse;	1530 1531
(21) In the case of a licensed practical nurse, engaging in activities that exceed the practice of nursing as a licensed practical nurse;	1532 1533 1534
(22) In the case of a dialysis technician, engaging in activities that exceed those permitted under section 4723.72 of the Revised Code;	1535 1536 1537
(23) Aiding and abetting a person in that person's practice of nursing without a license or practice as a dialysis technician without a certificate issued under this chapter;	1538 1539 1540
(24) In the case of an advanced practice registered nurse, except as provided in division (M) of this section, either of the following:	1541 1542 1543
(a) Waiving the payment of all or any part of a deductible or copayment that a patient, pursuant to a health insurance or health care policy, contract, or plan that covers such nursing services, would otherwise be required to pay if the waiver is used as an enticement to a patient or group of patients to receive health care services from that provider;	1544 1545 1546 1547 1548 1549
(b) Advertising that the nurse will waive the payment of all or any part of a deductible or copayment that a patient, pursuant to a health insurance or health care policy, contract, or plan that covers such nursing services, would otherwise be required to pay.	1550 1551 1552 1553 1554
(25) Failure to comply with the terms and conditions of participation in the substance use disorder monitoring program established under section 4723.35 of the Revised Code;	1555 1556 1557

(26) Failure to comply with the terms and conditions required under the practice intervention and improvement program established under section 4723.282 of the Revised Code;	1558 1559 1560
(27) In the case of an advanced practice registered nurse:	1561
(a) Engaging in activities that exceed those permitted for the nurse's nursing specialty under section 4723.43 of the Revised Code <u>for the nurse's designation</u> ;	1562 1563 1564
(b) Failure to meet the quality assurance standards established under section 4723.07 of the Revised Code <u>that apply to the nurse as a clinical nurse specialist, certified nurse-midwives, or certified nurse practitioner who has less than two thousand hours of clinical practice.</u>	1565 1566 1567 1568 1569
(28) In the case of an advanced practice registered nurse other than a certified registered nurse anesthetist who is required or chooses to practice under a standard care arrangement, as provided in section 4723.43 of the Revised Code, failure to maintain a <u>the</u> standard care arrangement in accordance with section 4723.431 of the Revised Code or to practice in accordance with the standard care arrangement;	1570 1571 1572 1573 1574 1575 1576
(29) In the case of an advanced practice registered nurse who is designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, failure to prescribe drugs and therapeutic devices in accordance with section 4723.481 of the Revised Code;	1577 1578 1579 1580 1581
(30) Prescribing any drug or device to perform or induce an abortion, or otherwise performing or inducing an abortion;	1582 1583
(31) Failure to establish and maintain professional boundaries with a patient, as specified in rules adopted under section 4723.07 of the Revised Code;	1584 1585 1586

(32) Regardless of whether the contact or verbal behavior 1587
is consensual, engaging with a patient other than the spouse of 1588
the registered nurse, licensed practical nurse, or dialysis 1589
technician in any of the following: 1590

(a) Sexual contact, as defined in section 2907.01 of the 1591
Revised Code; 1592

(b) Verbal behavior that is sexually demeaning to the 1593
patient or may be reasonably interpreted by the patient as 1594
sexually demeaning. 1595

(33) Assisting suicide, as defined in section 3795.01 of 1596
the Revised Code; 1597

(34) Failure to comply with the requirements in section 1598
3719.061 of the Revised Code before issuing for a minor a 1599
prescription for an opioid analgesic, as defined in section 1600
3719.01 of the Revised Code; 1601

(35) Failure to comply with section 4723.487 of the 1602
Revised Code, unless the state board of pharmacy no longer 1603
maintains a drug database pursuant to section 4729.75 of the 1604
Revised Code; 1605

(36) The revocation, suspension, restriction, reduction, 1606
or termination of clinical privileges by the United States 1607
department of defense or department of veterans affairs or the 1608
termination or suspension of a certificate of registration to 1609
prescribe drugs by the drug enforcement administration of the 1610
United States department of justice; 1611

(37) In the case of a collaborating practitioner who is a 1612
clinical nurse specialist, certified nurse-midwife, or certified 1613
nurse practitioner, failure to enter into a standard care 1614
arrangement with the clinical nurse specialist, certified nurse- 1615

midwife, or certified nurse practitioner with whom the nurse 1616
will collaborate or failure to fulfill the responsibilities of 1617
collaboration after entering into the standard care arrangement. 1618

(C) Disciplinary actions taken by the board under 1619
divisions (A) and (B) of this section shall be taken pursuant to 1620
an adjudication conducted under Chapter 119. of the Revised 1621
Code, except that in lieu of a hearing, the board may enter into 1622
a consent agreement with an individual to resolve an allegation 1623
of a violation of this chapter or any rule adopted under it. A 1624
consent agreement, when ratified by a vote of a quorum, shall 1625
constitute the findings and order of the board with respect to 1626
the matter addressed in the agreement. If the board refuses to 1627
ratify a consent agreement, the admissions and findings 1628
contained in the agreement shall be of no effect. 1629

(D) The hearings of the board shall be conducted in 1630
accordance with Chapter 119. of the Revised Code, the board may 1631
appoint a hearing examiner, as provided in section 119.09 of the 1632
Revised Code, to conduct any hearing the board is authorized to 1633
hold under Chapter 119. of the Revised Code. 1634

In any instance in which the board is required under 1635
Chapter 119. of the Revised Code to give notice of an 1636
opportunity for a hearing and the applicant, licensee, or 1637
certificate holder does not make a timely request for a hearing 1638
in accordance with section 119.07 of the Revised Code, the board 1639
is not required to hold a hearing, but may adopt, by a vote of a 1640
quorum, a final order that contains the board's findings. In the 1641
final order, the board may order any of the sanctions listed in 1642
division (A) or (B) of this section. 1643

(E) If a criminal action is brought against a registered 1644
nurse, licensed practical nurse, or dialysis technician for an 1645

act or crime described in divisions (B) (3) to (7) of this 1646
section and the action is dismissed by the trial court other 1647
than on the merits, the board shall conduct an adjudication to 1648
determine whether the registered nurse, licensed practical 1649
nurse, or dialysis technician committed the act on which the 1650
action was based. If the board determines on the basis of the 1651
adjudication that the registered nurse, licensed practical 1652
nurse, or dialysis technician committed the act, or if the 1653
registered nurse, licensed practical nurse, or dialysis 1654
technician fails to participate in the adjudication, the board 1655
may take action as though the registered nurse, licensed 1656
practical nurse, or dialysis technician had been convicted of 1657
the act. 1658

If the board takes action on the basis of a conviction, 1659
plea, or a judicial finding as described in divisions (B) (3) to 1660
(7) of this section that is overturned on appeal, the registered 1661
nurse, licensed practical nurse, or dialysis technician may, on 1662
exhaustion of the appeal process, petition the board for 1663
reconsideration of its action. On receipt of the petition and 1664
supporting court documents, the board shall temporarily rescind 1665
its action. If the board determines that the decision on appeal 1666
was a decision on the merits, it shall permanently rescind its 1667
action. If the board determines that the decision on appeal was 1668
not a decision on the merits, it shall conduct an adjudication 1669
to determine whether the registered nurse, licensed practical 1670
nurse, or dialysis technician committed the act on which the 1671
original conviction, plea, or judicial finding was based. If the 1672
board determines on the basis of the adjudication that the 1673
registered nurse, licensed practical nurse, or dialysis 1674
technician committed such act, or if the registered nurse, 1675
licensed practical nurse, or dialysis technician does not 1676

request an adjudication, the board shall reinstate its action; 1677
otherwise, the board shall permanently rescind its action. 1678

Notwithstanding the provision of division (C) (2) of 1679
section 2953.32 of the Revised Code specifying that if records 1680
pertaining to a criminal case are sealed under that section the 1681
proceedings in the case shall be deemed not to have occurred, 1682
sealing of the following records on which the board has based an 1683
action under this section shall have no effect on the board's 1684
action or any sanction imposed by the board under this section: 1685
records of any conviction, guilty plea, judicial finding of 1686
guilt resulting from a plea of no contest, or a judicial finding 1687
of eligibility for a pretrial diversion program or intervention 1688
in lieu of conviction. 1689

The board shall not be required to seal, destroy, redact, 1690
or otherwise modify its records to reflect the court's sealing 1691
of conviction records. 1692

(F) The board may investigate an individual's criminal 1693
background in performing its duties under this section. As part 1694
of such investigation, the board may order the individual to 1695
submit, at the individual's expense, a request to the bureau of 1696
criminal identification and investigation for a criminal records 1697
check and check of federal bureau of investigation records in 1698
accordance with the procedure described in section 4723.091 of 1699
the Revised Code. 1700

(G) During the course of an investigation conducted under 1701
this section, the board may compel any registered nurse, 1702
licensed practical nurse, or dialysis technician or applicant 1703
under this chapter to submit to a mental or physical 1704
examination, or both, as required by the board and at the 1705
expense of the individual, if the board finds reason to believe 1706

that the individual under investigation may have a physical or 1707
mental impairment that may affect the individual's ability to 1708
provide safe nursing care. Failure of any individual to submit 1709
to a mental or physical examination when directed constitutes an 1710
admission of the allegations, unless the failure is due to 1711
circumstances beyond the individual's control, and a default and 1712
final order may be entered without the taking of testimony or 1713
presentation of evidence. 1714

If the board finds that an individual is impaired, the 1715
board shall require the individual to submit to care, 1716
counseling, or treatment approved or designated by the board, as 1717
a condition for initial, continued, reinstated, or renewed 1718
authority to practice. The individual shall be afforded an 1719
opportunity to demonstrate to the board that the individual can 1720
begin or resume the individual's occupation in compliance with 1721
acceptable and prevailing standards of care under the provisions 1722
of the individual's authority to practice. 1723

For purposes of this division, any registered nurse, 1724
licensed practical nurse, or dialysis technician or applicant 1725
under this chapter shall be deemed to have given consent to 1726
submit to a mental or physical examination when directed to do 1727
so in writing by the board, and to have waived all objections to 1728
the admissibility of testimony or examination reports that 1729
constitute a privileged communication. 1730

(H) The board shall investigate evidence that appears to 1731
show that any person has violated any provision of this chapter 1732
or any rule of the board. Any person may report to the board any 1733
information the person may have that appears to show a violation 1734
of any provision of this chapter or rule of the board. In the 1735
absence of bad faith, any person who reports such information or 1736

who testifies before the board in any adjudication conducted 1737
under Chapter 119. of the Revised Code shall not be liable for 1738
civil damages as a result of the report or testimony. 1739

(I) All of the following apply under this chapter with 1740
respect to the confidentiality of information: 1741

(1) Information received by the board pursuant to a 1742
complaint or an investigation is confidential and not subject to 1743
discovery in any civil action, except that the board may 1744
disclose information to law enforcement officers and government 1745
entities for purposes of an investigation of either a licensed 1746
health care professional, including a registered nurse, licensed 1747
practical nurse, or dialysis technician, or a person who may 1748
have engaged in the unauthorized practice of nursing or dialysis 1749
care. No law enforcement officer or government entity with 1750
knowledge of any information disclosed by the board pursuant to 1751
this division shall divulge the information to any other person 1752
or government entity except for the purpose of a government 1753
investigation, a prosecution, or an adjudication by a court or 1754
government entity. 1755

(2) If an investigation requires a review of patient 1756
records, the investigation and proceeding shall be conducted in 1757
such a manner as to protect patient confidentiality. 1758

(3) All adjudications and investigations of the board 1759
shall be considered civil actions for the purposes of section 1760
2305.252 of the Revised Code. 1761

(4) Any board activity that involves continued monitoring 1762
of an individual as part of or following any disciplinary action 1763
taken under this section shall be conducted in a manner that 1764
maintains the individual's confidentiality. Information received 1765

or maintained by the board with respect to the board's 1766
monitoring activities is not subject to discovery in any civil 1767
action and is confidential, except that the board may disclose 1768
information to law enforcement officers and government entities 1769
for purposes of an investigation of a licensee or certificate 1770
holder. 1771

(J) Any action taken by the board under this section 1772
resulting in a suspension from practice shall be accompanied by 1773
a written statement of the conditions under which the person may 1774
be reinstated to practice. 1775

(K) When the board refuses to grant a license or 1776
certificate to an applicant, revokes a license or certificate, 1777
or refuses to reinstate a license or certificate, the board may 1778
specify that its action is permanent. An individual subject to 1779
permanent action taken by the board is forever ineligible to 1780
hold a license or certificate of the type that was refused or 1781
revoked and the board shall not accept from the individual an 1782
application for reinstatement of the license or certificate or 1783
for a new license or certificate. 1784

(L) No unilateral surrender of a nursing license or 1785
dialysis technician certificate issued under this chapter shall 1786
be effective unless accepted by majority vote of the board. No 1787
application for a nursing license or dialysis technician 1788
certificate issued under this chapter may be withdrawn without a 1789
majority vote of the board. The board's jurisdiction to take 1790
disciplinary action under this section is not removed or limited 1791
when an individual has a license or certificate classified as 1792
inactive or fails to renew a license or certificate. 1793

(M) Sanctions shall not be imposed under division (B) (24) 1794
of this section against any licensee who waives deductibles and 1795

copayments as follows: 1796

(1) In compliance with the health benefit plan that 1797
expressly allows such a practice. Waiver of the deductibles or 1798
copayments shall be made only with the full knowledge and 1799
consent of the plan purchaser, payer, and third-party 1800
administrator. Documentation of the consent shall be made 1801
available to the board upon request. 1802

(2) For professional services rendered to any other person 1803
licensed pursuant to this chapter to the extent allowed by this 1804
chapter and the rules of the board. 1805

Sec. 4723.41. (A) Each person who ~~desires-is seeking~~ to 1806
practice nursing as a certified nurse-midwife and has not been 1807
authorized to practice midwifery prior to December 1, 1967, and 1808
each person who ~~desires-is seeking~~ to practice nursing as a 1809
certified registered nurse anesthetist, clinical nurse 1810
specialist, or certified nurse practitioner, shall file with the 1811
board of nursing a written or electronic application for a 1812
license to practice nursing as an advanced practice registered 1813
nurse ~~and that specifies the designation-in-the-desired-~~ 1814
~~specialty-being-sought~~. The application must be filed, under 1815
oath, on a form prescribed by the board accompanied by the 1816
application fee required by section 4723.08 of the Revised Code. 1817

Except as provided in division (B), (C), or (D) of this 1818
section, at the time of making application, the applicant shall 1819
meet all of the following requirements: 1820

(1) Be a registered nurse; 1821

(2) Submit documentation satisfactory to the board that 1822
the applicant has earned a master's or doctoral degree with a 1823
major in ~~a nursing specialty or in~~ a related field that 1824

qualifies the applicant to sit for the certification examination 1825
of a national certifying organization approved by the board 1826
under section 4723.46 of the Revised Code; 1827

(3) Submit documentation satisfactory to the board of 1828
having passed the certification examination of a national 1829
certifying organization approved by the board under section 1830
4723.46 of the Revised Code to examine and certify, as 1831
applicable, nurse-midwives, registered nurse anesthetists, 1832
clinical nurse specialists, or nurse practitioners; 1833

(4) Submit an affidavit with the application that states 1834
all of the following: 1835

(a) That the applicant is the person named in the 1836
documents submitted under this section and is the lawful 1837
possessor thereof; 1838

(b) The applicant's age, residence, the school at which 1839
the applicant obtained ~~education in the applicant's nursing~~ 1840
~~specialty~~ the required master's or doctoral degree, and any 1841
other facts that the board requires; 1842

(c) The ~~specialty in which designation being sought by the~~ 1843
applicant ~~seeks designation~~. 1844

(B) (1) A certified registered nurse anesthetist, clinical 1845
nurse specialist, certified nurse-midwife, or certified nurse 1846
practitioner who is practicing or has practiced as such in 1847
another jurisdiction may apply for a license by endorsement to 1848
practice nursing as an advanced practice registered nurse ~~and~~ 1849
~~designation as a certified registered nurse anesthetist,~~ 1850
~~clinical nurse specialist, certified nurse-midwife, or certified~~ 1851
~~nurse practitioner~~ in this state if the nurse meets the 1852
requirements set forth in division (A) of this section or 1853

division (B) (2) of this section. 1854

(2) If an applicant who is practicing or has practiced in 1855
another jurisdiction applies for ~~designation-licensure~~ under 1856
division (B) (2) of this section, the application shall be 1857
submitted to the board in the form prescribed by rules of the 1858
board and be accompanied by the application fee required by 1859
section 4723.08 of the Revised Code. The application shall 1860
include evidence that the applicant meets the requirements of 1861
division (B) (2) of this section, holds authority to practice 1862
nursing and is in good standing in another jurisdiction granted 1863
after meeting requirements approved by the entity of that 1864
jurisdiction that regulates nurses, and other information 1865
required by rules of the board of nursing. 1866

With respect to the educational requirements and national 1867
certification requirements that an applicant under division (B) 1868
(2) of this section must meet, both of the following apply: 1869

(a) If the applicant is a certified registered nurse 1870
anesthetist, certified nurse-midwife, or certified nurse 1871
practitioner who, on or before December 31, 2000, obtained 1872
certification ~~in the applicant's nursing specialty with~~ from a 1873
national certifying organization listed in division (A) (3) of 1874
section 4723.41 of the Revised Code as that division existed 1875
prior to March 20, 2013, or that was at that time approved by 1876
the board under section 4723.46 of the Revised Code, the 1877
applicant must have maintained the certification. The applicant 1878
is not required to have earned a master's or doctoral degree 1879
with a major in ~~a nursing specialty or in~~ a related field that 1880
qualifies the applicant to sit for the certification 1881
examination. 1882

(b) If the applicant is a clinical nurse specialist, one 1883

of the following must apply to the applicant: 1884

(i) On or before December 31, 2000, the applicant obtained 1885
a master's or doctoral degree with a major in a clinical area of 1886
nursing from an educational institution accredited by a national 1887
or regional accrediting organization. The applicant is not 1888
required to have passed a certification examination. 1889

(ii) On or before December 31, 2000, the applicant 1890
obtained a master's or doctoral degree in nursing or a related 1891
field and was certified as a clinical nurse specialist by the 1892
American nurses credentialing center or another national 1893
certifying organization that was at that time approved by the 1894
board under section 4723.46 of the Revised Code. 1895

(3) The board may grant a nonrenewable temporary permit to 1896
practice nursing as an advanced practice registered nurse to an 1897
applicant for licensure by endorsement if the board is satisfied 1898
by the evidence that the applicant holds a valid, unrestricted 1899
license in or equivalent authorization from another 1900
jurisdiction. The temporary permit shall expire at the earlier 1901
of one hundred eighty days after issuance or upon the issuance 1902
of a license by endorsement. 1903

(C) An applicant ~~who desires seeking~~ to practice nursing 1904
as a certified registered nurse anesthetist, certified nurse- 1905
midwife, or certified nurse practitioner is exempt from the 1906
educational requirements in division (A) (2) of this section if 1907
all of the following are the case: 1908

(1) Before January 1, 2001, the board issued to the 1909
applicant a certificate of authority to practice as a certified 1910
registered nurse anesthetist, certified nurse-midwife, or 1911
certified nurse practitioner; 1912

(2) The applicant submits documentation satisfactory to 1913
the board that the applicant obtained certification ~~in the~~ 1914
~~applicant's nursing specialty with~~ from a national certifying 1915
organization listed in division (A) (3) of section 4723.41 of the 1916
Revised Code as that division existed prior to March 20, 2013, 1917
or that was at that time approved by the board under section 1918
4723.46 of the Revised Code; 1919

(3) The applicant submits documentation satisfactory to 1920
the board that the applicant has maintained the certification 1921
described in division (C) (2) of this section. 1922

(D) An applicant ~~who desires~~ seeking to practice as a 1923
clinical nurse specialist is exempt from the examination 1924
requirement in division (A) (3) of this section if both of the 1925
following are the case: 1926

(1) Before January 1, 2001, the board issued to the 1927
applicant a certificate of authority to practice as a clinical 1928
nurse specialist; 1929

(2) The applicant submits documentation satisfactory to 1930
the board that the applicant earned either of the following: 1931

(a) A master's or doctoral degree with a major in a 1932
clinical area of nursing from an educational institution 1933
accredited by a national or regional accrediting organization; 1934

(b) A master's or doctoral degree in nursing or a related 1935
field and was certified as a clinical nurse specialist by the 1936
American nurses credentialing center or another national 1937
certifying organization that was at that time approved by the 1938
board under section 4723.46 of the Revised Code. 1939

Sec. 4723.42. (A) If the applicant for a license to 1940
practice nursing as an advanced practice registered nurse has 1941

met all the requirements of section 4723.41 of the Revised Code 1942
and has paid the fee required by section 4723.08 of the Revised 1943
Code, the board of nursing shall issue the license and designate 1944
the license holder as a certified registered nurse anesthetist, 1945
clinical nurse specialist, certified nurse-midwife, or certified 1946
nurse practitioner. The license and designation authorize the 1947
holder to practice as an advanced practice registered nurse ~~in~~ 1948
~~the specialty as~~ indicated by the designation. 1949

The board shall issue or deny the license not later than 1950
thirty days after receiving all of the documents required by 1951
section 4723.41 of the Revised Code. 1952

If an applicant is under investigation for a violation of 1953
this chapter, the board shall conclude the investigation not 1954
later than ninety days after receipt of all required documents, 1955
unless this ninety-day period is extended by written consent of 1956
the applicant, or unless the board determines that a substantial 1957
question of such a violation exists and the board has notified 1958
the applicant in writing of the reasons for the continuation of 1959
the investigation. If the board determines that the applicant 1960
has not violated this chapter, it shall issue a certificate not 1961
later than forty-five days after making that determination. 1962

(B) A license to practice nursing as an advanced practice 1963
registered nurse is subject to the renewal schedule that applies 1964
under section 4723.24 of the Revised Code. In providing renewal 1965
applications, the board shall follow the procedures that apply 1966
under section 4723.24 of the Revised Code for providing renewal 1967
applications to license holders. Failure of the license holder 1968
to receive an application for renewal from the board does not 1969
excuse the holder from the requirements of section 4723.44 of 1970
the Revised Code. 1971

A license holder seeking renewal of the license shall 1972
complete the renewal application and submit it to the board with 1973
all of the following: 1974

(1) The renewal fee established under section 4723.08 of 1975
the Revised Code and, if the application is submitted after it 1976
is due but before the license lapses, the fee established under 1977
that section for processing a late application for renewal; 1978

(2) Documentation satisfactory to the board that the 1979
holder has maintained certification ~~in the nursing specialty~~ 1980
~~with from~~ a national certifying organization approved by the 1981
board under section 4723.46 of the Revised Code; 1982

(3) A list of the names and business addresses of the 1983
holder's current collaborating ~~physicians and~~ 1984
~~podiatrists~~ practitioners, if the holder is a clinical nurse 1985
specialist, certified nurse-midwife, or certified nurse 1986
practitioner and is practicing under a standard care 1987
arrangement; 1988

(4) If the license holder is a clinical nurse specialist, 1989
documentation satisfactory to the board that the holder has 1990
completed continuing education for that ~~specialty designation~~ as 1991
required by rule of the board. 1992

On receipt of the renewal application, fees, and 1993
documents, the board shall verify that the applicant holds a 1994
current, valid license to practice nursing as a registered nurse 1995
in this state and a current, valid license to practice nursing 1996
as an advanced practice registered nurse in this state, and, if 1997
it so verifies, shall renew the license to practice nursing as 1998
an advanced practice registered nurse. 1999

(C) An applicant for reinstatement of a license that has 2000

lapsed shall submit the reinstatement fee established under 2001
section 4723.08 of the Revised Code. 2002

(D) An individual who holds an active license and does not 2003
intend to practice in this state as an advanced practice 2004
registered nurse may send to the board written or electronic 2005
notice to that effect on or before the date the license lapses, 2006
and the board shall classify the license as inactive. 2007

Sec. 4723.43. A certified registered nurse anesthetist, 2008
clinical nurse specialist, certified nurse-midwife, or certified 2009
nurse practitioner may provide to individuals and groups nursing 2010
care that requires knowledge and skill obtained from advanced 2011
formal education, continuing education, training, and clinical 2012
experience. In this capacity as an advanced practice registered 2013
nurse, a certified nurse-midwife is subject to division (A) of 2014
this section, a certified registered nurse anesthetist is 2015
subject to division (B) of this section, a certified nurse 2016
practitioner is subject to division (C) of this section, and a 2017
clinical nurse specialist is subject to division (D) of this 2018
section. 2019

Each advanced practice registered nurse shall practice in 2020
accordance with rules adopted by the board of nursing and in a 2021
manner that is consistent with the nurse's certification from a 2022
national certifying organization approved by the board under 2023
section 4723.46 of the Revised Code. An advanced practice 2024
registered nurse who is a certified nurse-midwife, certified 2025
nurse practitioner, or clinical nurse specialist may prescribe 2026
drugs and therapeutic devices in accordance with section 2027
4723.481 of the Revised Code. 2028

In the case of an advanced practice registered nurse who 2029
has less than two thousand hours of clinical practice and is a 2030

clinical nurse specialist, certified nurse-midwife, or certified 2031
nurse practitioner, the nurse may practice only under a standard 2032
care arrangement that meets the requirements of section 4723.431 2033
of the Revised Code. Thereafter, the nurse may practice without 2034
a standard care arrangement if the requirements of section 2035
4723.433 of the Revised Code are met or may choose to continue 2036
practicing under a standard care arrangement. When a nurse is 2037
required or chooses to practice under a standard care 2038
arrangement, the nurse shall practice only in accordance with 2039
the terms of the arrangement. 2040

(A) A nurse authorized to practice as a certified nurse- 2041
midwife, ~~in collaboration with one or more physicians,~~ may 2042
provide the management of preventive services and those primary 2043
care services necessary to provide health care to women 2044
anteartally, intrapartally, postpartally, and gynecologically, ~~—~~ 2045
~~consistent with the nurse's education and certification, and in~~ 2046
~~accordance with rules adopted by the board of nursing.~~ 2047

~~No certified nurse-midwife may perform version, deliver~~ 2048
~~breech or face presentation, use forceps, do any obstetric~~ 2049
~~operation, or treat any other abnormal condition, except in~~ 2050
~~emergencies. Division (A) of this section does not prohibit a~~ 2051
~~certified nurse-midwife from performing episiotomies or normal~~ 2052
~~vaginal deliveries, or repairing vaginal tears. A certified~~ 2053
~~nurse-midwife may, in collaboration with one or more physicians,~~ 2054
~~prescribe drugs and therapeutic devices in accordance with~~ 2055
~~section 4723.481 of the Revised Code.~~ 2056

(B) A nurse authorized to practice as a certified 2057
registered nurse anesthetist, with the supervision and in the 2058
immediate presence of a physician, podiatrist, or dentist, may 2059
administer anesthesia and perform anesthesia induction, 2060

maintenance, and emergence, and may perform with supervision 2061
preanesthetic preparation and evaluation, postanesthesia care, 2062
and clinical support functions, ~~consistent with the nurse's~~ 2063
~~education and certification, and in accordance with rules~~ 2064
~~adopted by the board.~~ 2065

The physician, podiatrist, or dentist supervising a 2066
certified registered nurse anesthetist must be actively engaged 2067
in practice in this state. When a certified registered nurse 2068
anesthetist is supervised by a podiatrist, the nurse's scope of 2069
practice is limited to the anesthesia procedures that the 2070
podiatrist has the authority under section 4731.51 of the 2071
Revised Code to perform. A certified registered nurse 2072
anesthetist may not administer general anesthesia under the 2073
supervision of a podiatrist in a podiatrist's office. When a 2074
certified registered nurse anesthetist is supervised by a 2075
dentist, the nurse's scope of practice is limited to the 2076
anesthesia procedures that the dentist has the authority under 2077
Chapter 4715. of the Revised Code to perform. 2078

(C) A nurse authorized to practice as a certified nurse 2079
practitioner, ~~in collaboration with one or more physicians or~~ 2080
~~podiatrists,~~ may provide preventive and, primary care, and acute 2081
care services, ~~provide services for acute illnesses,~~ and 2082
evaluate and promote patient wellness ~~within the nurse's nursing~~ 2083
~~specialty, consistent with the nurse's education and~~ 2084
~~certification, and in accordance with rules adopted by the~~ 2085
~~board. A certified nurse practitioner may, in collaboration with~~ 2086
~~one or more physicians or podiatrists, prescribe drugs and~~ 2087
~~therapeutic devices in accordance with section 4723.481 of the~~ 2088
~~Revised Code.~~ 2089

When a certified nurse practitioner ~~is collaborating~~ 2090

practices under a standard care arrangement entered into with a 2091
collaborating practitioner who is a podiatrist, the nurse's 2092
scope of practice is limited to the procedures that the 2093
podiatrist has the authority under section 4731.51 of the 2094
Revised Code to perform. 2095

(D) A nurse authorized to practice as a clinical nurse 2096
specialist, ~~in collaboration with one or more physicians or~~ 2097
~~podiatrists,~~ may provide and manage the care of individuals and 2098
groups with complex health problems and provide health care 2099
services that promote, improve, and manage health care ~~within~~ 2100
~~the nurse's nursing specialty, consistent with the nurse's~~ 2101
~~education and in accordance with rules adopted by the board. A~~ 2102
~~clinical nurse specialist may, in collaboration with one or more~~ 2103
~~physicians or podiatrists, prescribe drugs and therapeutic~~ 2104
~~devices in accordance with section 4723.481 of the Revised Code.~~ 2105

When a clinical nurse specialist ~~is collaborating~~ 2106
practices under a standard care arrangement entered into with a 2107
collaborating practitioner who is a podiatrist, the nurse's 2108
scope of practice is limited to the procedures that the 2109
podiatrist has the authority under section 4731.51 of the 2110
Revised Code to perform. 2111

Sec. 4723.431. ~~(A)(1) An~~ This section establishes 2112
standards and conditions regarding the standard care 2113
arrangements that are required or permitted by section 4723.43 2114
of the Revised Code to be maintained between an advanced 2115
practice registered nurse who is designated as a clinical nurse 2116
specialist, certified nurse-midwife, or certified nurse 2117
practitioner ~~may practice only in accordance with a standard~~ 2118
~~care arrangement entered into with~~ and each physician or 2119
~~podiatrist~~ collaborating practitioner with whom the nurse 2120

collaborates. ~~A~~ 2121

(A) (1) A copy of the nurse's standard care arrangement 2122
shall be retained on file by the nurse's employer. Prior 2123
approval of the standard care arrangement by the board of 2124
nursing is not required, but the board may periodically review 2125
it for compliance with this section. 2126

~~A clinical nurse specialist, certified nurse midwife, or~~ 2127
~~certified nurse practitioner~~ (2) The nurse may enter into a 2128
standard care arrangement with one or more collaborating 2129
~~physicians or podiatrists~~practitioners. If a collaborating 2130
~~physician or podiatrist enters into standard care arrangements~~ 2131
~~with more than five nurses, the physician or podiatrist shall~~ 2132
~~not collaborate at the same time with more than five nurses in~~ 2133
~~the prescribing component of their practices.~~ 2134

Not later than thirty days after first engaging in the 2135
practice of advanced practice registered nursing ~~as a clinical~~ 2136
~~nurse specialist, certified nurse midwife, or certified nurse~~ 2137
~~practitioner~~, the nurse shall submit to the board the name ~~and~~ 2138
~~business address~~ of each collaborating ~~physician or~~ 2139
~~podiatrist~~practitioner. Thereafter, the nurse shall notify the 2140
board of any additions or deletions to the nurse's collaborating 2141
~~physicians or podiatrists~~practitioners. ~~Except as provided in~~ 2142
~~division (D) of this section, the~~ The notice must be provided 2143
not later than thirty days after the change takes effect. 2144

~~(2) All~~ (3) Both of the following conditions apply with 2145
respect to the practice of a collaborating ~~physician or~~ 2146
~~podiatrist with whom a clinical nurse specialist, certified~~ 2147
~~nurse midwife, or certified nurse practitioner may enter into a~~ 2148
~~standard care arrangement~~ practitioner: 2149

~~(a) The~~In the case of a collaborating practitioner who is 2150
a physician or podiatrist, the collaborating physician or 2151
podiatrist must be authorized both of the following: 2152

(i) Authorized to practice in this state. 2153

~~(b) Except as provided in division (A) (2) (c) of this~~ 2154
~~section, the physician or podiatrist must be practicing;~~ 2155

(ii) Practicing in a specialty that is the same as or 2156
similar to the nurse's nursing specialty designation. 2157

~~(c) If the nurse is a clinical nurse specialist who is~~ 2158
~~certified as a psychiatric mental health CNS by the American~~ 2159
~~nurses credentialing center or a certified nurse practitioner~~ 2160
~~who is certified as a psychiatric mental health NP by the~~ 2161
~~American nurses credentialing center, the nurse may enter into a~~ 2162
~~standard care arrangement with a physician but not a podiatrist~~ 2163
~~and the collaborating physician must be practicing in one of the~~ 2164
~~following specialties:~~ 2165

~~(i) Psychiatry;~~ 2166

~~(ii) Pediatrics;~~ 2167

~~(iii) Primary care or family practice.~~ 2168

(b) In the case of a collaborating practitioner who is a 2169
clinical nurse specialist, certified nurse-midwife, or certified 2170
nurse practitioner, the collaborating nurse must satisfy all of 2171
the following: 2172

(i) Be authorized to practice in this state; 2173

(ii) Be practicing in a designation that is the same 2174
designation as the nurse with whom the collaborating nurse has 2175
entered into a standard care arrangement; 2176

(iii) Have met the requirements of section 4723.433 of the 2177
Revised Code; 2178

(iv) Not practice under a standard care arrangement 2179
entered into with another collaborating practitioner. 2180

(B) A standard care arrangement shall be in writing and 2181
shall contain all of the following: 2182

(1) Criteria for referral of a patient by the ~~clinical~~ 2183
~~nurse specialist, certified nurse midwife, or certified nurse~~ 2184
~~practitioner~~ nurse practicing under the standard care 2185
arrangement to a collaborating ~~physician or podiatrist~~ 2186
~~practitioner~~ or to another physician or podiatrist or a clinical 2187
nurse specialist, certified nurse-midwife, or certified nurse 2188
practitioner who meets the requirements of section 4723.433 of 2189
the Revised Code; 2190

(2) A process for the ~~clinical nurse specialist, certified~~ 2191
~~nurse midwife, or certified nurse practitioner~~ nurse practicing 2192
under the standard care arrangement to obtain a consultation 2193
with a collaborating ~~physician or podiatrist~~ practitioner or 2194
with another physician or podiatrist or a clinical nurse 2195
specialist, certified nurse-midwife, or certified nurse 2196
practitioner who meets the requirements of section 4723.433 of 2197
the Revised Code; 2198

(3) A plan for coverage ~~in instances of emergency or~~ 2199
~~planned absences of either the clinical nurse specialist,~~ 2200
~~certified nurse midwife, or certified nurse practitioner~~ or a 2201
~~collaborating physician or podiatrist~~ that provides the means 2202
whereby a physician or podiatrist or a clinical nurse 2203
specialist, certified nurse-midwife, or certified nurse 2204
practitioner that meets the requirements of section 4723.433 of 2205

the Revised Code is available for emergency care in instances of 2206
emergency or planned absences of either the nurse who is 2207
practicing under the standard care arrangement or the 2208
collaborating practitioner who entered into the arrangement; 2209

(4) The process for resolution of disagreements regarding 2210
matters of patient management between the ~~clinical nurse~~ 2211
~~specialist, certified nurse midwife, or certified nurse~~ 2212
~~practitioner~~ nurse practicing under the standard care 2213
arrangement and a collaborating ~~physician or~~ 2214
~~podiatrist~~ practitioner; 2215

(5) Any other criteria required by rule of the board 2216
adopted pursuant to section 4723.07 or 4723.50 of the Revised 2217
Code. 2218

(C) (1) A standard care arrangement entered into pursuant 2219
to this section may permit a clinical nurse specialist, 2220
certified nurse-midwife, or certified nurse practitioner to 2221
supervise services provided by a home health agency, as defined 2222
in section 3701.881 of the Revised Code. 2223

(2) A standard care arrangement entered into pursuant to 2224
this section may permit a clinical nurse specialist, certified 2225
nurse-midwife, or certified nurse practitioner to admit a 2226
patient to a hospital in accordance with section 3727.06 of the 2227
Revised Code. 2228

~~(D) (1) Except as provided in division (D) (2) of this~~ 2229
~~section, if a physician or podiatrist terminates the~~ 2230
~~collaboration between the physician or podiatrist and a~~ 2231
~~certified nurse midwife, certified nurse practitioner, or~~ 2232
~~clinical nurse specialist before their standard care arrangement~~ 2233
~~expires, all of the following apply:~~ 2234

~~(a) The physician or podiatrist must give the nurse
written or electronic notice of the termination.~~ 2235
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~~(b) Once the nurse receives the termination notice, the
nurse must notify the board of nursing of the termination as
soon as practicable by submitting to the board a copy of the
physician's or podiatrist's termination notice.~~ 2237
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~~(c) Notwithstanding the requirement of section 4723.43 of
the Revised Code that the nurse practice in collaboration with a
physician or podiatrist, the nurse may continue to practice
under the existing standard care arrangement without a
collaborating physician or podiatrist for not more than one
hundred twenty days after submitting to the board a copy of the
termination notice.~~ 2241
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~~(2) In the event that the collaboration between a
physician or podiatrist and a certified nurse-midwife, certified
nurse practitioner, or clinical nurse specialist terminates
because of the physician's or podiatrist's death, the nurse must
notify the board of the death as soon as practicable. The nurse
may continue to practice under the existing standard care
arrangement without a collaborating physician or podiatrist for
not more than one hundred twenty days after notifying the board
of the physician's or podiatrist's death.~~ 2248
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~~(E) Nothing in this section 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 or section
4723.43 of the Revised Code. A standard care arrangement between
the hospital's employee and the employee's collaborating
physician practitioner is subject to approval by the medical~~ 2257
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staff and governing body of the hospital prior to implementation 2265
of the arrangement at the hospital. 2266

Sec. 4723.433. (A) An advanced practice registered nurse 2267
who is a clinical nurse specialist, certified nurse-midwife, or 2268
certified nurse practitioner may practice without a standard 2269
care arrangement, and therefore without a collaborating 2270
practitioner, if the requirements of division (B) of this 2271
section are met. 2272

(B) (1) To be eligible to practice without a standard care 2273
arrangement, a nurse must have completed at least two thousand 2274
hours of clinical practice during which the nurse collaborated 2275
with one or more collaborating practitioners under a standard 2276
care arrangement. 2277

(2) A nurse who seeks to practice without a standard care 2278
arrangement shall submit to the board of nursing documentation 2279
demonstrating that the requirements described in division (B) (1) 2280
of this section have been met. 2281

(3) In the case of a nurse who obtained a license by 2282
endorsement as described in division (B) of section 4723.41 of 2283
the Revised Code, the board of nursing shall accept clinical 2284
practice hours completed in another jurisdiction if the board 2285
determines that the nurse practiced in that jurisdiction in a 2286
manner equivalent to practicing under a standard care 2287
arrangement with a collaborating practitioner. 2288

(C) The board of nursing shall adopt rules as necessary to 2289
implement this section, including rules specifying the 2290
documentation that a nurse must submit in order to demonstrate 2291
that the nurse has met the requirements described in division 2292
(B) (1) of this section. The rules shall be adopted in accordance 2293

with Chapter 119. of the Revised Code. 2294

Sec. 4723.44. (A) No person shall knowingly do any of the 2295
following unless the person holds a current, valid license 2296
issued by the board of nursing under this chapter to practice 2297
nursing as an advanced practice registered nurse ~~in the~~ 2298
~~specialty indicated by the designation:~~ 2299

(1) Engage in the practice of nursing as an advanced 2300
practice registered nurse for a fee, salary, or other 2301
consideration, or as a volunteer; 2302

(2) Represent the person as being an advanced practice 2303
registered nurse, including representing the person as being a 2304
certified registered nurse anesthetist, clinical nurse 2305
specialist, certified nurse-midwife, or certified nurse 2306
practitioner; 2307

(3) Use any title or initials implying that the person is 2308
an advanced practice registered nurse, including using any title 2309
or initials implying the person is a certified registered nurse 2310
anesthetist, clinical nurse specialist, certified nurse-midwife, 2311
or certified nurse practitioner. 2312

(B) No advanced practice registered nurse shall knowingly 2313
do any of the following: 2314

(1) Engage, for a fee, salary, or other consideration, or 2315
as a volunteer, in the practice of nursing as an advanced 2316
practice registered nurse in a nursing specialty designation 2317
other than the specialty designated that indicated on the 2318
nurse's current, valid license issued by the board under this 2319
chapter to practice nursing as an advanced practice registered 2320
nurse; 2321

(2) Represent the person as being authorized to practice 2322

~~nursing as an advanced practice registered nurse in any nursing~~ 2323
~~specialty designation other than the specialty designated that~~ 2324
indicated on the current, valid license to practice nursing as 2325
an advanced practice registered nurse; 2326

(3) Use the title "certified registered nurse anesthetist" 2327
or the initials "N.A." or "C.R.N.A.," the title "clinical nurse 2328
specialist" or the initials "C.N.S.," the title "certified 2329
nurse-midwife" or the initials "C.N.M.," the title "certified 2330
nurse practitioner" or the initials "C.N.P.," the title 2331
"advanced practice registered nurse" or the initials "A.P.R.N.," 2332
or any other title or initials implying that the nurse is 2333
authorized to practice nursing as an advanced practice 2334
registered nurse in any nursing specialty designation other than 2335
~~the specialty designated that indicated~~ on the nurse's current, 2336
valid license to practice nursing as an advanced practice 2337
registered nurse; 2338

(4) ~~Except as provided in division (A) (2) (c) of section~~ 2339
~~4723.431 of the Revised Code, enter~~ Enter into a standard care 2340
arrangement with a ~~physician or podiatrist~~ collaborating 2341
practitioner who is practicing in a specialty or designation 2342
that is not the same as or similar to the nurse's ~~nursing~~ 2343
specialty designation; 2344

(5) Prescribe drugs or therapeutic devices in a manner 2345
that does not comply with section 4723.481 of the Revised Code; 2346

(6) Prescribe any drug or device to perform or induce an 2347
abortion, or otherwise perform or induce an abortion. 2348

(C) No person shall knowingly employ a person to engage in 2349
the practice of nursing as an advanced practice registered nurse 2350
unless the person so employed holds a current, valid license and 2351

designation issued by the board under this chapter to practice 2352
as an advanced practice registered nurse ~~in the specialty as~~ 2353
indicated by the designation. 2354

(D) A document certified by the executive director of the 2355
board, under the official seal of the board, to the effect that 2356
it appears from the records of the board that no license to 2357
practice nursing as an advanced practice registered nurse has 2358
been issued to the person specified in the document, or that a 2359
license to practice nursing as an advanced practice registered 2360
nurse, if issued, has been revoked or suspended, shall be 2361
received as prima-facie evidence of the record of the board in 2362
any court or before any officer of the state. 2363

Sec. 4723.46. (A) The board of nursing shall establish a 2364
list of national certifying organizations approved by the board 2365
to examine and certify advanced practice registered nurses to 2366
~~practice nursing specialties~~. To be approved by the board, a 2367
national certifying organization must meet all of the following 2368
requirements: 2369

(1) Be national in the scope of its credentialing; 2370

(2) Have an educational requirement beyond that required 2371
for registered nurse licensure; 2372

(3) Have practice requirements beyond those required for 2373
registered nurse licensure; 2374

(4) Have testing requirements beyond those required for 2375
registered nurse licensure that measure the theoretical and 2376
clinical content of a ~~nursing practice~~ specialty, are developed 2377
in accordance with accepted standards of validity and 2378
reliability, and are open to registered nurses who have 2379
successfully completed the educational program required by the 2380

organization; 2381

(5) Issue certificates to advanced practice registered 2382
nurses, including certified registered nurse anesthetists, 2383
clinical nurse specialists, certified nurse-midwives, or 2384
certified nurse practitioners; 2385

(6) Periodically review the qualifications of advanced 2386
practice registered nurses, including certified registered nurse 2387
anesthetists, clinical nurse specialists, certified nurse- 2388
midwives, or certified nurse practitioners. 2389

(B) Not later than the thirtieth day of January of each 2390
year, the board shall publish the list of national certifying 2391
organizations that have met the requirements of division (A) of 2392
this section within the previous year and remove from the list 2393
organizations that no longer meet the requirements. 2394

Sec. 4723.481. This section establishes standards and 2395
conditions regarding the authority of an advanced practice 2396
registered nurse who is designated as a clinical nurse 2397
specialist, certified nurse-midwife, or certified nurse 2398
practitioner to prescribe and personally furnish drugs and 2399
therapeutic devices under a license issued under section 4723.42 2400
of the Revised Code. 2401

(A) Except as provided in division (F) of this section, a 2402
clinical nurse specialist, certified nurse-midwife, or certified 2403
nurse practitioner shall not prescribe or furnish any drug or 2404
therapeutic device that is listed on the exclusionary formulary 2405
established in rules adopted under section 4723.50 of the 2406
Revised Code. 2407

(B) The prescriptive authority of a clinical nurse 2408
specialist, certified nurse-midwife, or certified nurse 2409

practitioner practicing under a standard care arrangement shall 2410
not exceed the prescriptive authority of the collaborating- 2411
~~physician or pediatric practitioner~~, including, in the case of 2412
a collaborating practitioner who is a physician, the physician's 2413
authority to treat chronic pain with controlled substances and 2414
products containing tramadol as described in section 4731.052 of 2415
the Revised Code. 2416

(C) (1) Except as provided in division (C) (2) or (3) of 2417
this section, a clinical nurse specialist, certified nurse- 2418
midwife, or certified nurse practitioner may prescribe to a 2419
patient a schedule II controlled substance only if all of the 2420
following are the case: 2421

(a) The patient has a terminal condition, as defined in 2422
section 2133.01 of the Revised Code. 2423

(b) A physician initially prescribed the substance for the 2424
patient. 2425

(c) The prescription is for an amount that does not exceed 2426
the amount necessary for the patient's use in a single, seventy- 2427
two-hour period. 2428

(2) The restrictions on prescriptive authority described 2429
in division (C) (1) of this section do not apply if a clinical 2430
nurse specialist, certified nurse-midwife, or certified nurse 2431
practitioner issues the prescription to the patient from any of 2432
the following locations: 2433

(a) A hospital registered under section 3701.07 of the 2434
Revised Code; 2435

(b) An entity owned or controlled, in whole or in part, by 2436
a hospital or by an entity that owns or controls, in whole or in 2437
part, one or more hospitals; 2438

(c) A health care facility operated by the department of mental health and addiction services or the department of developmental disabilities;	2439 2440 2441
(d) A nursing home licensed under section 3721.02 of the Revised Code or by a political subdivision certified under section 3721.09 of the Revised Code;	2442 2443 2444
(e) A county home or district home operated under Chapter 5155. of the Revised Code that is certified under the medicare or medicaid program;	2445 2446 2447
(f) A hospice care program, as defined in section 3712.01 of the Revised Code;	2448 2449
(g) A community mental health services provider, as defined in section 5122.01 of the Revised Code;	2450 2451
(h) An ambulatory surgical facility, as defined in section 3702.30 of the Revised Code;	2452 2453
(i) A freestanding birthing center, as defined in section 3702.141 of the Revised Code;	2454 2455
(j) A federally qualified health center, as defined in section 3701.047 of the Revised Code;	2456 2457
(k) A federally qualified health center look-alike, as defined in section 3701.047 of the Revised Code;	2458 2459
(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;	2460 2461 2462 2463
(m) A site where a medical practice is operated, but only if the practice is comprised of one or more physicians who also	2464 2465

are owners of the practice; the practice is organized to provide 2466
direct patient care; and the clinical nurse specialist, 2467
certified nurse-midwife, or certified nurse practitioner 2468
~~providing provides services at the site has a standard care~~ 2469
~~arrangement and collaborates with at least one of the physician~~ 2470
~~owners who practices primarily at that site;~~ 2471

(n) A residential care facility, as defined in section 2472
3721.01 of the Revised Code. 2473

(3) A clinical nurse specialist, certified nurse-midwife, 2474
or certified nurse practitioner shall not issue to a patient a 2475
prescription for a schedule II controlled substance from a 2476
convenience care clinic even if the clinic is owned or operated 2477
by an entity specified in division (C) (2) of this section. 2478

(D) A pharmacist who acts in good faith reliance on a 2479
prescription issued by a clinical nurse specialist, certified 2480
nurse-midwife, or certified nurse practitioner under division 2481
(C) (2) of this section is not liable for or subject to any of 2482
the following for relying on the prescription: damages in any 2483
civil action, prosecution in any criminal proceeding, or 2484
professional disciplinary action by the state board of pharmacy 2485
under Chapter 4729. of the Revised Code. 2486

(E) A clinical nurse specialist, certified nurse-midwife, 2487
or certified nurse practitioner shall comply with section 2488
3719.061 of the Revised Code if the nurse prescribes for a 2489
minor, as defined in that section, an opioid analgesic, as 2490
defined in section 3719.01 of the Revised Code. 2491

(F) Until the board of nursing establishes a new formulary 2492
in rules adopted under section 4723.50 of the Revised Code, a 2493
clinical nurse specialist, certified nurse-midwife, or certified 2494

nurse practitioner who prescribes or furnishes any drug or 2495
therapeutic device shall do so in accordance with the formulary 2496
established by the board prior to ~~the effective date of this~~ 2497
~~amendment~~ April 6, 2017. 2498

Sec. 4723.482. (A) Except as provided in divisions (C) and 2499
(D) of this section, an applicant for a license to practice 2500
nursing as an advanced practice registered nurse who seeks 2501
designation as a clinical nurse specialist, certified nurse- 2502
midwife, or certified nurse practitioner shall include with the 2503
application submitted under section 4723.41 of the Revised Code 2504
evidence of successfully completing the course of study in 2505
advanced pharmacology and related topics in accordance with the 2506
requirements specified in division (B) of this section. 2507

(B) With respect to the course of study in advanced 2508
pharmacology and related topics, all of the following 2509
requirements apply: 2510

~~(1) The course of study shall be completed not longer than~~ 2511
~~five years before the application is filed.~~ 2512

~~(2)~~ The course of study shall be not less than forty-five 2513
contact hours. 2514

~~(3)~~ (2) The course of study shall meet the requirements to 2515
be approved by the board of nursing in accordance with standards 2516
established in rules adopted under section 4723.50 of the 2517
Revised Code. 2518

~~(4)~~ (3) The content of the course of study shall be 2519
specific to the applicant's nursing specialty designation being 2520
sought by the applicant. 2521

~~(5)~~ (4) The instruction provided in the course of study 2522
shall include all of the following: 2523

(a) A minimum of thirty-six contact hours of instruction	2524
in advanced pharmacology that includes pharmacokinetic	2525
principles and clinical application and the use of drugs and	2526
therapeutic devices in the prevention of illness and maintenance	2527
of health;	2528
(b) Instruction in the fiscal and ethical implications of	2529
prescribing drugs and therapeutic devices;	2530
(c) Instruction in the state and federal laws that apply	2531
to the authority to prescribe;	2532
(d) Instruction that is specific to schedule II controlled	2533
substances, including instruction in all of the following:	2534
(i) Indications for the use of schedule II controlled	2535
substances in drug therapies;	2536
(ii) The most recent Pain management therapy guidelines	2537
for pain management therapies, as established by state and	2538
national organizations such as the Ohio pain initiative and the	2539
American pain society;	2540
(iii) Fiscal and ethical implications of prescribing	2541
schedule II controlled substances;	2542
(iv) State and federal laws that apply to the authority to	2543
prescribe schedule II controlled substances;	2544
(v) Prevention of abuse and diversion of schedule II	2545
controlled substances, including identification of the risk of	2546
abuse and diversion, recognition of abuse and diversion, types	2547
of assistance available for prevention of abuse and diversion,	2548
and methods of establishing safeguards against abuse and	2549
diversion.	2550
(C) An applicant who practiced or is practicing as a	2551

clinical nurse specialist, certified nurse-midwife, or certified 2552
nurse practitioner in another jurisdiction or as an employee of 2553
the United States government shall include with the application 2554
submitted under section 4723.41 of the Revised Code all of the 2555
following: 2556

(1) Evidence of having completed a two-hour course of 2557
instruction approved by the board in the laws of this state that 2558
govern drugs and prescriptive authority; 2559

(2) Either of the following: 2560

(a) Evidence of having held, for a continuous period of at 2561
least one year during the three years immediately preceding the 2562
date of application, valid authority issued by another 2563
jurisdiction to prescribe therapeutic devices and drugs, 2564
including at least some controlled substances; 2565

(b) Evidence of having been employed by the United States 2566
government and authorized, for a continuous period of at least 2567
one year during the three years immediately preceding the date 2568
of application, to prescribe therapeutic devices and drugs, 2569
including at least some controlled substances, in conjunction 2570
with that employment. 2571

(D) In lieu of including with an application submitted 2572
under section 4723.41 of the Revised Code the evidence described 2573
in division (A) of this section, an applicant described in 2574
division (C) or (D) of section 4723.41 of the Revised Code may 2575
include evidence of all of the following: 2576

(1) Successfully completing the course of study in 2577
advanced pharmacology and related topics ~~more than five years~~ 2578
~~before the date the application is filed;~~ 2579

(2) Holding, for a continuous period of at least one year 2580

during the three years immediately preceding the date of 2581
application, valid authority in any jurisdiction to prescribe 2582
therapeutic devices and drugs, including at least some 2583
controlled substances; 2584

(3) Exercising the prescriptive authority described in 2585
division (D)(2) of this section for the minimum one-year period. 2586

Sec. 4723.483. (A)(1) Subject to division (A)(2) of this 2587
section, and notwithstanding any provision of this chapter or 2588
rule adopted by the board of nursing, a clinical nurse 2589
specialist, certified nurse-midwife, or certified nurse 2590
practitioner ~~who holds a certificate to prescribe issued under~~ 2591
~~section 4723.48 of the Revised Code~~ may do either of the 2592
following without having examined an individual to whom 2593
epinephrine may be administered: 2594

(a) Personally furnish a supply of epinephrine 2595
autoinjectors for use in accordance with sections 3313.7110, 2596
3313.7111, 3314.143, 3326.28, 3328.29, 3728.03 to 3728.05, and 2597
5101.76 of the Revised Code; 2598

(b) Issue a prescription for epinephrine autoinjectors for 2599
use in accordance with sections 3313.7110, 3313.7111, 3314.143, 2600
3326.28, 3328.29, 3728.03 to 3728.05, and 5101.76 of the Revised 2601
Code. 2602

(2) An epinephrine autoinjector personally furnished or 2603
prescribed under division (A)(1) of this section must be 2604
furnished or prescribed in such a manner that it may be 2605
administered only in a manufactured dosage form. 2606

(B) A nurse who acts in good faith in accordance with this 2607
section is not liable for or subject to any of the following for 2608
any action or omission of an entity to which an epinephrine 2609

autoinjector is furnished or a prescription is issued: damages 2610
in any civil action, prosecution in any criminal proceeding, or 2611
professional disciplinary action. 2612

Sec. 4723.493. (A) There is hereby created within the 2613
board of nursing the advisory committee on advanced practice 2614
registered nursing. The committee shall consist of the following 2615
~~members and any other members the board appoints under division~~ 2616
~~(B) of this section:~~ 2617

(1) Four advanced practice registered nurses, each 2618
actively engaged in the practice of advanced practice registered 2619
nursing in a clinical setting in this state, at least one of 2620
whom is actively engaged in providing primary care, at least one 2621
of whom is actively engaged in practice as a certified 2622
registered nurse anesthetist, and at least one of whom is 2623
actively engaged in practice as a certified nurse-midwife; 2624

(2) Two advanced practice registered nurses, each serving 2625
as a faculty member of an approved program of nursing education 2626
that prepares students for licensure as advanced practice 2627
registered nurses; 2628

(3) A member of the board of nursing who is an advanced 2629
practice registered nurse; 2630

(4) A representative of an entity employing ten or more 2631
advanced practice registered nurses actively engaged in practice 2632
in this state. 2633

(B) The board of nursing shall appoint the members 2634
described in division (A) of this section and may appoint 2635
additional members as described in division (D) of this section. 2636
~~Recommendations for~~ For purposes of initial appointments and ~~for~~ 2637
filling any vacancies ~~may be submitted to,~~ the board by shall 2638

accept recommendations, if any, from organizations representing 2639
advanced practice registered nurses practicing in this state and 2640
by from schools of advanced practice registered nursing. The 2641
board shall appoint initial members and fill vacancies according 2642
to the recommendations it receives. If it does not receive any 2643
recommendations or receives an insufficient number of 2644
recommendations, the board shall appoint members and fill 2645
vacancies on its own advice. 2646

Initial appointments to the committee shall be made not 2647
later than sixty days after ~~the effective date of this section~~ 2648
April 6, 2017. Of the initial appointments described in division 2649
(A) (1) of this section, two shall be for terms of one year and 2650
two shall be for terms of two years. Of the initial appointments 2651
described in division (A) (2) of this section, one shall be for a 2652
term of one year and one shall be for a term of two years. Of 2653
the initial appointments described in divisions (A) (3) and (4) 2654
of this section, each shall be for a term of two years. 2655
Thereafter, terms shall be for two years, with each term ending 2656
on the same day of the same month as did the term that it 2657
succeeds. Vacancies shall be filled in the same manner as 2658
appointments. 2659

When the term of any member expires, a successor shall be 2660
appointed in the same manner as the initial appointment. Any 2661
member appointed to fill a vacancy occurring prior to the 2662
expiration of the term for which the member's predecessor was 2663
appointed shall hold office for the remainder of that term. A 2664
member shall continue in office subsequent to the expiration 2665
date of the member's term until the member's successor takes 2666
office or until a period of sixty days has elapsed, whichever 2667
occurs first. A member may be reappointed for one additional 2668
term only. 2669

(C) The committee shall organize by selecting a 2670
chairperson from among its members. The committee may select a 2671
new chairperson at any time. Five members constitute a quorum 2672
for the transaction of official business. Members shall serve 2673
without compensation but receive payment for their actual and 2674
necessary expenses incurred in the performance of their official 2675
duties. The expenses shall be paid by the board of nursing. 2676

(D) The committee shall advise the board regarding the 2677
practice and regulation of advanced practice registered nurses 2678
and may make recommendations to the committee on prescriptive 2679
governance. The committee may also recommend to the board that 2680
~~an individual with expertise in an advanced practice registered~~ 2681
~~nursing nurse with expertise in a practice specialty~~ be 2682
appointed under division (B) of this section as an additional 2683
member of the committee. 2684

Sec. 4723.50. (A) As used in this section: 2685

(1) "Controlled substance" has the same meaning as in 2686
section 3719.01 of the Revised Code. 2687

(2) "Medication-assisted treatment" has the same meaning 2688
as in section 340.01 of the Revised Code. 2689

(B) ~~In accordance with Chapter 119. of the Revised Code,~~ 2690
~~the~~The board of nursing shall adopt rules as necessary to 2691
implement the provisions of this chapter pertaining to the 2692
authority of advanced practice registered nurses who are 2693
designated as clinical nurse specialists, certified nurse- 2694
midwives, and certified nurse practitioners to prescribe and 2695
furnish drugs and therapeutic devices. 2696

The board shall adopt rules that are consistent with a 2697
recommended exclusionary formulary the board receives from the 2698

committee on prescriptive governance pursuant to section 2699
4723.492 of the Revised Code. After reviewing a formulary 2700
submitted by the committee, the board may either adopt the 2701
formulary as a rule or ask the committee to reconsider and 2702
resubmit the formulary. The board shall not adopt any rule that 2703
does not conform to a formulary developed by the committee. 2704

The exclusionary formulary shall permit, in a manner 2705
consistent with section 4723.481 of the Revised Code, the 2706
prescribing of controlled substances, including drugs that 2707
contain buprenorphine used in medication-assisted treatment and 2708
both oral and long-acting opioid antagonists. The formulary 2709
shall not permit the prescribing or furnishing of any of the 2710
following: 2711

(1) A drug or device to perform or induce an abortion; 2712

(2) A drug or device prohibited by federal or state law. 2713

(C) In addition to the rules described in division (B) of 2714
this section, the board shall adopt rules ~~under this section~~ 2715
that do the following: 2716

(1) Establish standards for board approval of the course 2717
of study in advanced pharmacology and related topics required by 2718
section 4723.482 of the Revised Code; 2719

(2) Establish requirements for board approval of the two- 2720
hour course of instruction in the laws of this state as required 2721
under division (C) (1) of section 4723.482 of the Revised Code- 2722
~~and division (B) (2) of section 4723.484 of the Revised Code;~~ 2723

(3) ~~Establish~~ For purposes of division (A) (5) of section 2724
4723.431 of the Revised Code, establish criteria for the 2725
components of ~~the any standard care arrangements described in~~ 2726
~~section 4723.431 of the Revised Code~~ that apply to the authority 2727

to prescribe, including the components that apply to the 2728
authority to prescribe schedule II controlled substances. The 2729
rules shall be consistent with that section and include all of 2730
the following: 2731

(a) Quality assurance standards; 2732

(b) Standards for periodic review by a collaborating- 2733
~~physician or podiatrist practitioner~~ of the records of patients 2734
treated by the clinical nurse specialist, certified nurse- 2735
midwife, or certified nurse practitioner; 2736

(c) ~~Acceptable travel time between the location at which-~~ 2737
~~the clinical nurse specialist, certified nurse midwife, or~~ 2738
~~certified nurse practitioner is engaging in the prescribing-~~ 2739
~~components of the nurse's practice and the location of the~~ 2740
~~nurse's collaborating physician or podiatrist;~~ 2741

~~(d) Any other criteria recommended by the committee on~~ 2742
prescriptive governance. 2743

(D) All rules adopted under this section shall be adopted 2744
in accordance with Chapter 119. of the Revised Code. 2745

Sec. 4731.27. (A) As used in this section, 2746
"collaboration," "physician," "standard care arrangement," and 2747
"supervision" have the same meanings as in section 4723.01 of 2748
the Revised Code. 2749

(B) A physician or podiatrist shall enter into a standard 2750
care arrangement with each clinical nurse specialist, certified 2751
nurse-midwife, or certified nurse practitioner with whom the 2752
physician or podiatrist is in collaboration. 2753

The collaborating physician or podiatrist shall fulfill 2754
the responsibilities of collaboration, as specified in the 2755

arrangement and in accordance with division (A) of section 2756
4723.431 of the Revised Code. A copy of the standard care 2757
arrangement shall be retained on file by the nurse's employer. 2758
Prior approval of the standard care arrangement by the state 2759
medical board is not required, but the board may periodically 2760
review it. 2761

~~A physician or podiatrist who terminates collaboration 2762
with a certified nurse midwife, certified nurse practitioner, or 2763
clinical nurse specialist before their standard care arrangement 2764
expires shall give the nurse the written or electronic notice of 2765
termination required by division (D) (1) of section 4723.431 of 2766
the Revised Code. 2767~~

Nothing in this division prohibits a hospital from hiring 2768
a clinical nurse specialist, certified nurse-midwife, or 2769
certified nurse practitioner as an employee and negotiating 2770
standard care arrangements on behalf of the employee as 2771
necessary to meet the requirements of this section. A standard 2772
care arrangement between the hospital's employee and the 2773
employee's collaborating physician is subject to approval by the 2774
medical staff and governing body of the hospital prior to 2775
implementation of the arrangement at the hospital. 2776

(C) A physician or podiatrist shall cooperate with the 2777
board of nursing in any investigation the board conducts with 2778
respect to a clinical nurse specialist, certified nurse-midwife, 2779
or certified nurse practitioner who collaborates with the 2780
physician or podiatrist or with respect to a certified 2781
registered nurse anesthetist who practices with the supervision 2782
of the physician or podiatrist. 2783

Sec. 4761.17. All of the following apply to the practice 2784
of respiratory care by a person who holds a license or limited 2785

permit issued under this chapter: 2786

(A) The person shall practice only pursuant to a 2787
prescription or other order for respiratory care issued by any 2788
of the following: 2789

(1) A physician; 2790

(2) A clinical nurse specialist, certified nurse-midwife, 2791
or certified nurse practitioner who holds a current, valid 2792
license issued under Chapter 4723. of the Revised Code to 2793
practice nursing as an advanced practice registered nurse ~~and~~ 2794
~~has entered into a standard care arrangement with a physician;~~ 2795

(3) A physician assistant who holds a valid prescriber 2796
number issued by the state medical board, has been granted 2797
physician-delegated prescriptive authority, and has entered into 2798
a supervision agreement that allows the physician assistant to 2799
prescribe or order respiratory care services. 2800

(B) The person shall practice only under the supervision 2801
of any of the following: 2802

(1) A physician; 2803

(2) A certified nurse practitioner, certified nurse- 2804
midwife, or clinical nurse specialist; 2805

(3) A physician assistant who is authorized to prescribe 2806
or order respiratory care services as provided in division (A) 2807
(3) of this section. 2808

(C) (1) When practicing under the prescription or order of 2809
a certified nurse practitioner, certified nurse midwife, or 2810
clinical nurse specialist or under the supervision of such a 2811
nurse, the person's administration of medication that requires a 2812
prescription is limited to the drugs that the nurse is 2813

authorized to prescribe pursuant to section 4723.481 of the Revised Code.

(2) When practicing under the prescription or order of a physician assistant or under the supervision of a physician assistant, the person's administration of medication that requires a prescription is limited to the drugs that the physician assistant is authorized to prescribe pursuant to the physician assistant's physician-delegated prescriptive authority.

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

(1) The medicaid program 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.

(2) The medicaid program 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 2844
to services provided in a medical setting or through home health 2845
care visits. The coverage shall apply to a home health care 2846
visit only if the health care professional who conducts the 2847
visit is knowledgeable and experienced in maternity and newborn 2848
care. 2849

When a decision is made in accordance with division (B) of 2850
this section to discharge a mother or newborn prior to the 2851
expiration of the applicable number of hours of inpatient care 2852
required to be covered, the coverage of follow-up care shall 2853
apply to all follow-up care that is provided within forty-eight 2854
hours after discharge. When a mother or newborn receives at 2855
least the number of hours of inpatient care required to be 2856
covered, the coverage of follow-up care shall apply to follow-up 2857
care that is determined to be medically necessary by the health 2858
care professionals responsible for discharging the mother or 2859
newborn. 2860

(B) Any decision to shorten the length of inpatient stay 2861
to less than that specified under division (A)(1) of this 2862
section shall be made by the physician attending the mother or 2863
newborn, except that if a certified nurse-midwife is attending 2864
the mother ~~in collaboration with a physician~~, the decision may 2865
be made by the certified nurse-midwife. ~~Decisions~~ If the 2866
certified nurse-midwife is practicing under a standard care 2867
arrangement with one or more collaborating practitioners, as 2868
provided in Chapter 4723. of the Revised Code, the nurse's 2869
decision shall be made in collaboration with a collaborating 2870
practitioner. 2871

Decisions regarding early discharge shall be made only 2872
after conferring with the mother or a person responsible for the 2873

mother or newborn. For purposes of this division, a person 2874
responsible for the mother or newborn may include a parent, 2875
guardian, or any other person with authority to make medical 2876
decisions for the mother or newborn. 2877

(C) The department of medicaid, in administering the 2878
medicaid program, may not do either of the following: 2879

(1) Terminate the provider agreement of a health care 2880
professional or health care facility solely for making 2881
recommendations for inpatient or follow-up care for a particular 2882
mother or newborn that are consistent with the care required to 2883
be covered by this section; 2884

(2) Establish or offer monetary or other financial 2885
incentives for the purpose of encouraging a person to decline 2886
the inpatient or follow-up care required to be covered by this 2887
section. 2888

(D) This section does not do any of the following: 2889

(1) Require the medicaid program to cover inpatient or 2890
follow-up care that is not received in accordance with the 2891
program's terms pertaining to the health care professionals and 2892
facilities from which a medicaid recipient is authorized to 2893
receive health care services. 2894

(2) Require a mother or newborn to stay in a hospital or 2895
other inpatient setting for a fixed period of time following 2896
delivery; 2897

(3) Require a child to be delivered in a hospital or other 2898
inpatient setting; 2899

(4) Authorize a certified nurse-midwife to practice beyond 2900
the authority to practice nurse-midwifery in accordance with 2901

Chapter 4723. of the Revised Code; 2902

(5) Establish minimum standards of medical diagnosis, 2903
care, or treatment for inpatient or follow-up care for a mother 2904
or newborn. A deviation from the care required to be covered 2905
under this section shall not, on the basis of this section, give 2906
rise to a medical claim or derivative medical claim, as those 2907
terms are defined in section 2305.113 of the Revised Code. 2908

Section 2. That existing sections 1751.67, 2133.211, 2909
3313.539, 3707.511, 3707.521, 3727.06, 3923.233, 3923.301, 2910
3923.63, 3923.64, 4723.01, 4723.02, 4723.06, 4723.07, 4723.24, 2911
4723.28, 4723.41, 4723.42, 4723.43, 4723.431, 4723.44, 4723.46, 2912
4723.481, 4723.482, 4723.483, 4723.493, 4723.50, 4731.27, 2913
4761.17, and 5164.07 of the Revised Code are hereby repealed. 2914

Section 3. That sections 4723.45 and 5164.73 of the 2915
Revised Code are hereby repealed. 2916

Section 4. (A) Subject to division (B) of this section, 2917
the Board of Nursing shall consider a clinical nurse specialist, 2918
certified nurse practitioner, or certified nurse-midwife to have 2919
satisfied the requirements of section 4723.433 of the Revised 2920
Code, as enacted by this act, if the nurse, immediately prior to 2921
the effective date of this section, completed at least two 2922
thousand hours of clinical practice during which the nurse 2923
collaborated with one or more physicians or podiatrists under a 2924
standard care arrangement. 2925

(B) Not later than the date that occurs six months after 2926
the effective date of this section, a clinical nurse specialist, 2927
certified nurse practitioner, or certified nurse-midwife seeking 2928
authority to practice without a standard care arrangement shall 2929
submit to the Board documentation, acceptable to the Board, 2930

demonstrating that the nurse, immediately prior to the effective 2931
date of this section, completed at least two thousand hours of 2932
clinical practice during which the nurse collaborated with one 2933
or more physicians or podiatrists under a standard care 2934
arrangement. In the case of a nurse who obtained a license by 2935
endorsement as described in division (B) of section 4723.41 of 2936
the Revised Code, the Board shall accept clinical practice hours 2937
completed in another jurisdiction if the Board determines that 2938
the nurse practiced in that jurisdiction in a manner equivalent 2939
to practicing in this state under a standard care arrangement 2940
with a collaborating physician or podiatrist. 2941

(C) If the nurse fails to submit documentation by the date 2942
that occurs six months after the effective date of this section, 2943
the nurse shall cease practicing without a standard care 2944
arrangement until the nurse meets the requirements of section 2945
4723.433 of Revised Code, as enacted by this act. 2946

Section 5. This act shall be known as the "Better Access, 2947
Better Care Act." 2948