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OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research and Drafting

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Substitute Bill Comparative Synopsis

Sub. H.B. 177

133rd General Assembly

House Health

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This table summarizes how the latest substitute version of the bill differs from the immediately preceding version. It addresses only the topics on which the two versions differ substantively. It does not list topics on which the two bills are substantively the same.

Previous Version (As Introduced)	Latest Version (I_133_1060-6)
APRN independent practice	
Eliminates provisions of current law that (1) require an advanced practice registered nurse (APRN) who is a certified nurse practitioner, clinical nurse specialist, or certified nurse-midwife to enter into a standard care arrangement with one or more collaborating physicians or podiatrists, (2) require the nurse to practice in accordance with the arrangement, and (3) require the nurse to practice with a collaborating physician or podiatrist *(R.C. 4723.01, 4723.43, and 4723.431; conforming changes in numerous other R.C. sections)*.	Instead grants an APRN who has completed 2,000 clinical practice hours under a standard care arrangement with a collaborating practitioner the option to practice without the arrangement and collaborating practitioner *(R.C. 4723.01, 4723.431, and 4723.433; conforming changes in numerous other R.C. sections)*.

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No provision.	Requires the Board of Nursing to consider an APRN who, immediately prior to the bill's effective date, completed 2,000 clinical practice hours under a standard care arrangement with a collaborating practitioner as having met the bill's requirements for independent practice. (To be eligible for this consideration, the nurse must submit to the Board documentation to that effect not later than six months after the bill's effective date.) *(Section 4).*
Collaborating practitioner (including another APRN)	
Eliminates the current law requirement than an APRN practice with one or more collaborating physicians or podiatrists *(R.C. 4723.01, 4723.43, and 4723.431; conforming changes in numerous other R.C. sections)*.	Instead requires an APRN who has **not** completed 2,000 clinical practice hours to practice with one or more collaborating practitioners, defined to include any of the following: 1. A physician; 2. A podiatrist; 3. An APRN who is not practicing under a standard care arrangement with another collaborating practitioner *(R.C. 4723.01, 4723.43, and 4723.431; conforming changes in numerous other R.C. sections)*.
No provision.	Also permits an APRN who has completed 2,000 clinical practice hours to continue to practice under a standard care arrangement with a collaborating practitioner if the nurse so chooses *(R.C. 4723.43, 4723.431, and 4723.433; conforming changes in numerous other R.C. sections)*.

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Standard care arrangements – termination	
Eliminates the requirement that an APRN enter into a standard care arrangement, thereby eliminating provisions of law that address the nurse's authority to practice without an arrangement after a collaborating physician or podiatrist terminates the arrangement or in the event of the physician's or podiatrist's death *(R.C. 4723.431 and 4731.27)*.	Maintains the law establishing standards and conditions for APRN standard care arrangements, but eliminates those provisions that allow an APRN to continue to practice under an arrangement without a collaborating practitioner for a period of 120 days in cases where the collaborator terminates the arrangement or the arrangement terminates due to death *(R.C. 4723.431 and 4731.27)*.
Standard care arrangements – prescribing practices	
Eliminates the requirement that an APRN enter into a standard care arrangement and thus, eliminates provisions of law requiring the Board of Nursing to establish by rule criteria for the components of an arrangement as they relate to APRN prescribing practices *(R.C. 4723.431 and 4723.50)*.	Maintains Board authority to establish these components by rule, but eliminates the requirement that the rule determine an acceptable travel time between the location where the APRN prescribes and the collaborating physician's or podiatrist's location *(R.C. 4723.50)*.
Psychiatric APRNs	
Eliminates the requirement that an APRN enter into a standard care arrangement, including provisions of law that permit an APRN who specializes in psychiatric or mental health care to enter into an arrangement with a collaborating physician specializing in pediatrics, primary care, or family practice *(R.C. 4723.431)*.	Maintains the law establishing standards and conditions for APRN standard care arrangements, but also eliminates those provisions allowing a psychiatric APRN to collaborate with a physician specializing in pediatrics, primary care, or family practice *(R.C. 4723.431)*.
Advanced pharmacology – course of study	
Eliminates the requirement that the Board of Nursing approve a course of study in advanced pharmacology, which an APRN must complete in order to be eligible for licensure *(R.C. 4723.482)*.	No provision.

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No provision.	Eliminates the requirement that the course of study be completed not longer than five years before filing an application for an APRN license *(R.C. 4723.482)*.
Quality assurance standards	
No provision.	Rather than require the Board of Nursing, as under current law, to establish by rule quality assurance standards for all APRNs, including certified registered nurse anesthetists, directs the Board to set such standards only for clinical nurse specialists, certified nurse-midwives, and certified nurse practitioners with less than 2,000 hours of clinical practice *(R.C. 4723.07)*.
Board of Nursing quorum	
No provision.	Specifies that, of the seven Board of Nursing members needed to constitute a quorum, one must be an advanced practice registered nurse *(R.C. 4723.02)*.
Concussions in youth athletics – assessments and clearances	
Regarding the existing authority of a school district or youth sports organization to permit any licensed health care professional who is not a physician to assess an athlete for a concussion and to clear the athlete to return to play, eliminates the requirement for physician involvement (through consultation, referral, collaboration, or supervision) when the assessment or clearance is performed by a nonphysician, including an APRN acting without a collaborating physician under the bill *(R.C. 3313.539 and 3707.511)*. (Under current law, a physician may assess an athlete for a concussion and clear the athlete to return to play without first obtaining from a school district or youth sports organization authority to do so.)	Instead specifies that a clinical nurse specialist or certified nurse practitioner, like a physician under existing law, may assess an athlete for a concussion and clear the athlete's return without having first been authorized to do so by a school district or youth sports organization. Also provides that such a nurse is not required to act with a collaborating physician *(R.C. 3313.539 and 3707.511)*.

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Physician issuance of schedule II prescriptions from convenience care clinics	
Prohibits a physician from issuing to a patient a prescription for a schedule II controlled substance from a convenience care clinic *(R.C. 4731.058)*.	No provision.

H0177-6-133/ar