

AN ACT

To amend sections 3702.30, 3702.51, 3727.01, 4723.41, and 4751.05 and to enact sections 5.2213 and 3701.75 of the Revised Code to establish standards for using electronic signatures in health care records, to extend exemptions from hospital and nursing home regulations that apply to Christian Science sanatoriums to other institutions that meet similar criteria, to eliminate an extension on the effective date of the licensing requirement that applies to certain health care facilities located in rural areas, to modify the requirements to practice as a clinical nurse specialist, and to designate "Ohio Breast Cancer Awareness Month" and "Ohio Mammography Day."

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

SECTION 1. That sections 3702.30, 3702.51, 3727.01, 4723.41, and 4751.05 be amended and sections 5.2213 and 3701.75 of the Revised Code be enacted to read as follows:

Sec. 5.2213. The month of October is designated as "Ohio Breast Cancer Awareness Month," and the third Thursday of each October is designated as "Ohio Mammography Day," to promote the importance of identifying breast cancer in its earliest stages.

Sec. 3701.75. (A) As used in this section:

(1) "ELECTRONIC RECORD" MEANS A RECORD COMMUNICATED, RECEIVED, OR STORED BY ELECTRONIC, MAGNETIC, OPTICAL, OR SIMILAR MEANS FOR STORAGE IN AN INFORMATION SYSTEM OR TRANSMISSION FROM ONE INFORMATION SYSTEM TO ANOTHER. "Electronic record" INCLUDES a record that is communicated, received, or stored by ELECTRONIC DATA INTERCHANGE, ELECTRONIC MAIL, FACSIMILE, TELEX, or similar methods of communication.

(2) "ELECTRONIC SIGNATURE" MEANS ANY of the following

ATTACHED TO OR ASSOCIATED WITH AN ELECTRONIC RECORD
BY AN INDIVIDUAL TO AUTHENTICATE the RECORD:

(a) A code consisting of a combination of letters, numbers, characters, or symbols that is adopted or executed by an individual as that individual's electronic signature;

(b) A computer-generated signature code created for an individual;

(c) An electronic image of an individual's handwritten signature created by using a pen computer.

(3) "Health care record" means any document or combination of documents pertaining to a patient's medical history, diagnosis, prognosis, or medical condition that is generated and maintained in the process of the patient's treatment.

(B) Any entry into a health care record may be authenticated by executing handwritten signatures or handwritten initials directly on the entry or by executing an electronic signature. AN ELECTRONIC SIGNATURE executed in accordance with AN ELECTRONIC SIGNATURE SYSTEM that is CERTIFIED BY THE department of health under division (C) of this section shall be considered for all legal purposes to be the same as having executed a handwritten signature or handwritten initials, except when any federal law governing state participation in a federal program requires that entries into health care records be authenticated only by handwritten signatures or handwritten initials. The electronic signature generated by a certified system SHALL BE PRESUMED TO BE THE SIGNATURE OF THE INDIVIDUAL TO WHOM IT IS ASSIGNED AND TO BE AFFIXED for the purpose of authenticating an entry into a health care record.

(C)(1) The department of health shall administer a program under which entities that create and maintain health care records may receive certification from the department of their electronic signature systems. The department shall determine the types of entities that are eligible to have their electronic signature systems certified under this section.

The department shall certify an eligible entity's electronic signature system if all of the following apply:

(a) The entity adopts a policy that permits the use of electronic signatures on electronic records.

(b) The entity's electronic signature system utilizes either a two-level access control mechanism that assigns a unique identifier to each user or a biometric access control device.

(c) The entity takes steps to safeguard against unauthorized access to the system and forgery of electronic signatures.

(d) The system includes a process to verify that the individual affixing the electronic signature has reviewed the contents of the entry and determined that the entry contains what that individual intended.

(e) The policy adopted by the entity pursuant to division (C)(1)(a) of this section prescribes all of the following:

(i) A procedure by which each user of the system must certify in writing that the user will follow the confidentiality and security policies maintained by the entity for the system;

(ii) Penalties for misusing the system;

(iii) Training for all users of the system that includes an explanation of the appropriate use of the system and the consequences for not complying with the entity's confidentiality and security policies.

(2) In lieu of making a direct determination of compliance under division (C)(1) of this section, the department may accept the approval of any private or public organization that has reviewed the entity's system, if the department determines that the organization has standards at least as stringent as those specified in division (C)(1) of this section. Organizations with standards for approval of electronic signature systems that the department may accept include THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS, the American osteopathic association, the United States food and drug administration, and the United States health care financing administration. If an entity receives approval of its electronic signature system in this manner, and is subsequently cited by the private or public organization for a violation that involves the entity's system, the entity shall immediately notify the department of the citation and the department shall withdraw its certification.

(3) The public health council shall adopt rules in accordance with Chapter 119. Of the Revised Code as necessary for the department's administration of the program for certifying the electronic signature systems of entities that create and maintain health care records.

Sec. 3702.30. (A) As used in this section:

(1) "Ambulatory surgical facility" means a facility, whether or not part of the same organization as a hospital, that is located in a building distinct from another in which inpatient care is provided, and to which any of the following apply:

(a) Outpatient surgery is routinely performed in the facility and the facility functions separately from a hospital's inpatient surgical service and from the offices of private physicians, podiatrists, and dentists;

(b) Anesthesia is administered in the facility by an anesthesiologist or

certified registered nurse anesthetist and the facility functions separately from a hospital's inpatient surgical service and from the offices of private physicians, podiatrists, and dentists;

(c) The facility applies to be certified by the United States health care financing administration as an ambulatory surgical center for purposes of reimbursement under Part B of the medicare program, Part B of Title XVIII of the "Social Security Act," 49 Stat. 620 (1935), 42 U.S.C.A. 301, as amended;

(d) The facility applies to be certified by a national accrediting body approved by the health care financing administration for purposes of deemed compliance with the conditions for participating in the medicare program as an ambulatory surgical center;

(e) The facility bills or receives from any third-party payer, governmental health care program, or other person or government entity any ambulatory surgical facility fee that is billed or paid in addition to any fee for professional services;

(f) The facility is held out to any person or government entity as an ambulatory surgical facility or similar facility by means of signage, advertising, or other promotional efforts.

"Ambulatory surgical facility" does not include a hospital emergency department.

(2) "Ambulatory surgical facility fee" means a fee for certain overhead costs associated with providing surgical services in an outpatient setting. A fee is an ambulatory surgical facility fee only if it directly or indirectly pays for costs associated with any of the following:

(a) Use of operating and recovery rooms, preparation areas, and waiting rooms and lounges for patients and relatives;

(b) Administrative functions, record keeping, housekeeping, utilities, and rent;

(c) Services provided by nurses, orderlies, technical personnel, and others involved in patient care related to providing surgery.

"Ambulatory surgical facility fee" does not include any additional payment in excess of a professional fee that is provided to encourage physicians, podiatrists, and dentists to perform certain surgical procedures in their office or their group practice's office rather than a health care facility, if the purpose of the additional fee is to compensate for additional cost incurred in performing office-based surgery.

(3) "Governmental health care program" has the same meaning as in section 4731.65 of the Revised Code.

(4) "Health care facility" means any of the following:

- (a) An ambulatory surgical facility;
 - (b) A freestanding dialysis center;
 - (c) A freestanding inpatient rehabilitation facility;
 - (d) A freestanding birthing center;
 - (e) A freestanding radiation therapy center;
 - (f) A freestanding or mobile diagnostic imaging center.
- (5) "Metropolitan statistical area" has the same meaning as in section 3702.51 of the Revised Code.

(6) "Third-party payer" has the same meaning as in section 3901.38 of the Revised Code.

(B) By rule adopted in accordance with sections 3702.12 and 3702.13 of the Revised Code, the director of health shall establish quality standards for health care facilities. The standards may incorporate accreditation standards or other quality standards established by any entity recognized by the director. The rules shall be adopted so as to cause the standards to take effect on March 31, 1996.

(C) The director shall issue a license to each health care facility that makes application for a license and demonstrates to the director that it meets the quality standards established under division (B) of this section, except that if a health care facility located in a metropolitan statistical area applies for a license on or after March 31, 1996, and at the time the license is to take effect the quality standards are not yet in effect, the director shall issue the license without a demonstration that the health care facility meets quality standards.

~~(D) Effective March 31, 1996, no health care facility located in a metropolitan statistical area shall operate without a license issued under this section. Effective April 1, 1998, no other~~ No health care facility shall operate without a license issued under this section.

(E) The rules adopted under division (B) of this section shall include provisions governing application for, renewal, suspension, and revocation of licenses.

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

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

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

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

ivity.

(D) "Health service area" means a geographic region designated by the director of health under section 3702.58 of the Revised Code.

(E) "Health service" means a clinically related service, such as a diagnostic, treatment, rehabilitative, or preventive service.

(F) "Health service agency" means an agency designated to serve a health service area in accordance with section 3702.58 of the Revised Code.

(G) "Health care facility" means:

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

(2) 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;

(3) A county home or a county nursing home as defined in section 5155.31 of the Revised Code that is certified under Title XVIII or XIX of the "Social Security Act," 49 Stat. 620 (1935), 42 U.S.C.A. 301, as amended;

(4) A freestanding dialysis center;

(5) A freestanding inpatient rehabilitation facility;

(6) An ambulatory surgical facility;

(7) A freestanding cardiac catheterization facility;

(8) A freestanding birthing center;

(9) A freestanding or mobile diagnostic imaging center;

(10) A freestanding radiation therapy center.

A health care facility does not include the offices of private physicians and dentists whether for individual or group practice, ~~Christian Science sanitoriums operated or listed and certified by the First Church of Christ, Scientist, Boston, Massachusetts,~~ residential facilities licensed under section 5123.19 of the Revised Code, or habilitation centers certified by the director of mental retardation and developmental disabilities under section 5123.041 of the Revised Code, or an institution for the sick that is operated exclusively for patients who use spiritual means for healing and for whom the acceptance of medical care is inconsistent with their religious beliefs, accredited by a national accrediting organization, exempt from federal income taxation under section 501 of the Internal Revenue Code of 1986, 100 Stat. 2085, 26 U.S.C.A. 1, as amended, and providing twenty-four hour nursing care pursuant to the exemption in division (G) of section 4723.32 Of the Revised Code from the licensing requirements of Chapter 4723. Of the Revised Code.

(H) "Medical equipment" means a single unit of medical equipment or a single system of components with related functions that is used to provide

health services.

(I) "Third-party payer" means a health insuring corporation licensed under Chapter 1751. of the Revised Code, a health maintenance organization as defined in division (K) of this section, an insurance company that issues sickness and accident insurance in conformity with Chapter 3923. of the Revised Code, a state-financed health insurance program under Chapter 3701., 4123., or 5111. of the Revised Code, or any self-insurance plan.

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

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

(L) "Existing health care facility" means a health care facility that is licensed or otherwise approved to practice in this state, in accordance with applicable law, is staffed and equipped to provide health care services, and actively provides health services or has not been actively providing health services for less than twelve consecutive months.

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

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

(O) "Affected person" means:

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

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

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

(4) Any health care facility that is located in the health service area where the health care services would be provided under the certificate of

ed or reviewability ruling in question;

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

(6) Any other person who testified at a public hearing held under division (B) of section 3702.52 of the Revised Code or submitted written comments in the course of review of the certificate of need application in question.

(P) "Osteopathic hospital" means a hospital registered under section 3701.07 of the Revised Code that advocates osteopathic principles and the practice and perpetuation of osteopathic medicine by doing any of the following:

(1) Maintaining a department or service of osteopathic medicine or a committee on the utilization of osteopathic principles and methods, under the supervision of an osteopathic physician;

(2) Maintaining an active medical staff, the majority of which is comprised of osteopathic physicians;

(3) Maintaining a medical staff executive committee that has osteopathic physicians as a majority of its members.

(Q) "Ambulatory surgical facility" has the same meaning as in section 3702.30 of the Revised Code.

(R) Except as otherwise provided in division (T) of this section, and until the termination date specified in section 3702.511 of the Revised Code, "reviewable activity" means any of the following:

(1) The addition by any person of any of the following health services, regardless of the amount of operating costs or capital expenditures:

(a) A heart, heart-lung, lung, liver, kidney, bowel, pancreas, or bone marrow transplantation service, a stem cell harvesting and reinfusion service, or a service for transplantation of any other organ unless transplantation of the organ is designated by public health council rule not to be a reviewable activity;

(b) A cardiac catheterization service;

(c) An open-heart surgery service;

(d) Any new, experimental medical technology that is designated by rule of the public health council.

(2) The acceptance of high-risk patients, as defined in rules adopted under section 3702.57 of the Revised Code, by any cardiac catheterization service that was initiated without a certificate of need pursuant to division (R)(3)(b) of the version of this section in effect immediately prior to April 20, 1995;

(3)(a) The establishment, development, or construction of a new health care facility other than a new long-term care facility or a new hospital;

(b) The establishment, development, or construction of a new hospital or the relocation of an existing hospital;

(c) The relocation of hospital beds, other than long-term care, perinatal, or pediatric intensive care beds, into or out of a rural area.

(4)(a) The replacement of an existing hospital;

(b) The replacement of an existing hospital obstetric or newborn care unit or freestanding birthing center.

(5)(a) The renovation of a hospital that involves a capital expenditure, obligated on or after the effective date of this amendment, of five million dollars or more, not including expenditures for equipment, staffing, or operational costs. For purposes of division (R)(5)(a) of this section, a capital expenditure is obligated:

(i) When a contract enforceable under Ohio law is entered into for the construction, acquisition, lease, or financing of a capital asset;

(ii) When the governing body of a hospital takes formal action to commit its own funds for a construction project undertaken by the hospital as its own contractor;

(iii) In the case of donated property, on the date the gift is completed under applicable Ohio law.

(b) The renovation of a hospital obstetric or newborn care unit or freestanding birthing center that involves a capital expenditure of five million dollars or more, not including expenditures for equipment, staffing, or operational costs.

(6) Any change in the health care services, bed capacity, or site, or any other failure to conduct the reviewable activity in substantial accordance with the approved application for which a certificate of need was granted, if the change is made prior to the date the activity for which the certificate was issued ceases to be a reviewable activity;

(7) Any of the following changes in perinatal bed capacity or pediatric intensive care bed capacity:

(a) An increase in bed capacity;

(b) A change in service or service-level designation of newborn care beds or obstetric beds in a hospital or freestanding birthing center, other than a change of service that is provided within the service-level designation of newborn care or obstetric beds as registered by the department of health;

(c) A relocation of perinatal or pediatric intensive care beds from one physical facility or site to another, excluding the relocation of beds within a hospital or freestanding birthing center or the relocation of beds among

buildings of a hospital or freestanding birthing center at the same site.

(8) The expenditure of more than one hundred ten per cent of the maximum expenditure specified in a certificate of need;

(9) Any transfer of a certificate of need issued prior to April 20, 1995, from the person to whom it was issued to another person before the project that constitutes a reviewable activity is completed, any agreement that contemplates the transfer of a certificate of need issued prior to that date upon completion of the project, and any transfer of the controlling interest in an entity that holds a certificate of need issued prior to that date. However, the transfer of a certificate of need issued prior to that date or agreement to transfer such a certificate of need from the person to whom the certificate of need was issued to an affiliated or related person does not constitute a reviewable transfer of a certificate of need for the purposes of this division, unless the transfer results in a change in the person that holds the ultimate controlling interest in the certificate of need.

(10)(a) The acquisition by any person of any of the following medical equipment, regardless of the amount of operating costs or capital expenditure:

- (i) A cobalt radiation therapy unit;
- (ii) A linear accelerator;
- (iii) A gamma knife unit.

(b) The acquisition by any person of medical equipment with a cost of two million dollars or more. The cost of acquiring medical equipment includes the sum of the following:

- (i) The greater of its fair market value or the cost of its lease or purchase;
- (ii) The cost of installation and any other activities essential to the acquisition of the equipment and its placement into service.

(11) The addition of another cardiac catheterization laboratory to an existing cardiac catheterization service.

(S) Except as provided in division (T) of this section, "reviewable activity" also means any of the following activities, none of which are subject to a termination date:

- (1) The establishment, development, or construction of a new long-term care facility;
- (2) The replacement of an existing long-term care facility;
- (3) The renovation of a long-term care facility that involves a capital expenditure of two million dollars or more, not including expenditures for equipment, staffing, or operational costs;
- (4) Any of the following changes in long-term care bed capacity:

- (a) An increase in bed capacity;
- (b) A relocation of beds from one physical facility or site to another, excluding the relocation of beds within a long-term care facility or among buildings of a long-term care facility at the same site;

- (c) A recategorization of hospital beds registered under section 3701.07 of the Revised Code from another registration category to skilled nursing beds or long-term care beds.

- (5) Any change in the health services, bed capacity, or site, or any other failure to conduct the reviewable activity in substantial accordance with the approved application for which a certificate of need concerning long-term care beds was granted, if the change is made within five years after the implementation of the reviewable activity for which the certificate was granted;

- (6) The expenditure of more than one hundred ten per cent of the maximum expenditure specified in a certificate of need concerning long-term care beds;

- (7) Any transfer of a certificate of need that concerns long-term care beds and was issued prior to April 20, 1995, from the person to whom it was issued to another person before the project that constitutes a reviewable activity is completed, any agreement that contemplates the transfer of such a certificate of need upon completion of the project, and any transfer of the controlling interest in an entity that holds such a certificate of need. However, the transfer of a certificate of need that concerns long-term care beds and was issued prior to April 20, 1995, or agreement to transfer such a certificate of need from the person to whom the certificate was issued to an affiliated or related person does not constitute a reviewable transfer of a certificate of need for purposes of this division, unless the transfer results in a change in the person that holds the ultimate controlling interest in the certificate of need.

(T) "Reviewable activity" does not include any of the following activities:

- (1) Acquisition of computer hardware or software;
- (2) Acquisition of a telephone system;
- (3) Construction or acquisition of parking facilities;
- (4) Correction of cited deficiencies that are in violation of federal, state, or local fire, building, or safety laws and rules and that constitute an imminent threat to public health or safety;

- (5) Acquisition of an existing health care facility that does not involve a change in the number of the beds, by service, or in the number or type of health services;

(6) Correction of cited deficiencies identified by accreditation surveys of the joint commission on accreditation of healthcare organizations or of the American osteopathic association;

(7) Acquisition of medical equipment to replace the same or similar equipment for which a certificate of need has been issued if the replaced equipment is removed from service;

(8) Mergers, consolidations, or other corporate reorganizations of health care facilities that do not involve a change in the number of beds, by service, or in the number or type of health services;

(9) Construction, repair, or renovation of bathroom facilities;

(10) Construction of laundry facilities, waste disposal facilities, dietary department projects, heating and air conditioning projects, administrative offices, and portions of medical office buildings used exclusively for physician services;

(11) Acquisition of medical equipment to conduct research required by the United States food and drug administration or clinical trials sponsored by the national institute of health. Use of medical equipment that was acquired without a certificate of need under division (T)(11) of this section and for which premarket approval has been granted by the United States food and drug administration to provide services for which patients or reimbursement entities will be charged shall be a reviewable activity.

(12) Removal of asbestos from a health care facility.

Only that portion of a project that meets the requirements of division (T) of this section is not a reviewable activity.

(U) "Small rural hospital" means a hospital that is located within a rural area, has fewer than one hundred beds, and to which fewer than four thousand persons were admitted during the most recent calendar year.

(V) "Children's hospital" means any of the following:

(1) A hospital registered under section 3701.07 of the Revised Code that provides general pediatric medical and surgical care, and in which at least seventy-five per cent of annual inpatient discharges for the preceding two calendar years were individuals less than eighteen years of age;

(2) A distinct portion of a hospital registered under section 3701.07 of the Revised Code that provides general pediatric medical and surgical care, has a total of at least one hundred fifty registered pediatric special care and pediatric acute care beds, and in which at least seventy-five per cent of annual inpatient discharges for the preceding two calendar years were individuals less than eighteen years of age;

(3) A distinct portion of a hospital, if the hospital is registered under section 3701.07 of the Revised Code as a children's hospital and the

en's hospital meets all the requirements of division (V)(1) of this section.

(W) "Long-term care facility" means any of the following:

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

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

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

(X) "Long-term care bed" means a bed in a long-term care facility.

(Y) "Perinatal bed" means a bed in a hospital that is registered under section 3701.07 of the Revised Code as a newborn care bed or obstetric bed, or a bed in a freestanding birthing center.

(Z) "Freestanding birthing center" means any facility in which deliveries routinely occur, regardless of whether the facility is located on the campus of another health care facility, and which is not licensed under Chapter 3711. of the Revised Code as a level one, two, or three maternity unit or a limited maternity unit.

(AA)(1) "Reviewability ruling" means a ruling issued by the director of health under division (A) of section 3702.52 of the Revised Code as to whether a particular proposed project is or is not a reviewable activity.

(2) "Nonreviewability ruling" means a ruling issued under that division that a particular proposed project is not a reviewable activity.

(BB)(1) "Metropolitan statistical area" means an area of this state designated a metropolitan statistical area or primary metropolitan statistical area in United States office of management and budget bulletin No. 93-17, June 30, 1993, and its attachments.

(2) "Rural area" means any area of this state not located within a metropolitan statistical area.

Sec. 3727.01. As used in this section, "health maintenance organization" means a public or private organization organized under the law of any state that is qualified under section 1310(d) of Title XIII of the "Public Health Service Act," 87 Stat. 931 (1973), 42 U.S.C. 300e-9, or that does all of the following:

(A) Provides or otherwise makes available to enrolled participants health care services including at least the following basic health care services: usual physician services, hospitalization, laboratory, x-ray, emergency and preventive service, and out-of-area coverage;

(B) Is compensated, except for copayments, for the provision of basic health care services to enrolled participants by a payment that is paid on a periodic basis without regard to the date the health care services are provided and that is fixed without regard to the frequency, extent, or kind of health service actually provided;

(C) Provides physician services primarily in either of the following ways:

(1) Directly through physicians who are either employees or partners of the organization;

(2) Through arrangements with individual physicians or one or more groups of physicians organized on a group practice or individual practice basis.

As used in this chapter, "hospital" means an institution classified as a hospital under section 3701.07 of the Revised Code in which are provided to inpatients diagnostic, medical, surgical, obstetrical, psychiatric, or rehabilitation care for a continuous period longer than twenty-four hours; a tuberculosis hospital; or a hospital operated by a health maintenance organization. "Hospital" does not include a facility licensed under Chapter 3721. of the Revised Code, a health care facility operated by the department of mental health or the department of mental retardation and developmental disabilities, a health maintenance organization that does not operate a hospital, the office of any private licensed health care professional, whether organized for individual or group practice, ~~a Christian Science sanatorium operated or listed and certified by the First Church of Christ, Scientist, Boston, Massachusetts~~, or a clinic that provides ambulatory patient services and where patients are not regularly admitted as inpatients. "Hospital" also does not include an institution for the sick that is operated exclusively for patients who use spiritual means for healing and for whom the acceptance of medical care is inconsistent with their religious beliefs, accredited by a national accrediting organization, exempt from federal income taxation under section 501 of the Internal Revenue Code of 1986, 100 Stat. 2085, 26 U.S.C.A. 1, as amended, and providing twenty-four hour nursing care pursuant to the exemption in division (G) of section 4723.32 Of the Revised Code from the licensing requirements of Chapter 4723. Of the Revised Code.

Sec. 4723.41. (A) Each person who desires to practice nursing as a certified nurse-midwife and has not been authorized to practice midwifery prior to December 1, 1967, and each person who desires to practice nursing as a certified registered nurse anesthetist, clinical nurse specialist, or certified nurse practitioner shall file with the board of nursing a written

application for authorization to practice nursing in the desired specialty, under oath, on a form prescribed by the board.

~~At~~ Except as provided in divisions (B), (C), and (D) of this section, at the time of making application, the applicant shall meet all of the following requirements:

(1) Be a registered nurse;

(2) ~~Except as provided in divisions (B) and (D) of this section, submit~~ Submit documentation satisfactory to the board that the applicant has earned at least a master's degree with a major in a nursing specialty or in a related field that qualifies the applicant to sit for the certification examination of a national certifying organization listed in division (A)(3) of this section or approved by the board under section 4723.46 of the Revised Code;

(3) ~~Except as provided in division (C) of this section, submit~~ Submit documentation satisfactory to the board of having passed the certification examination of one of the following:

(a) If the applicant is applying to practice nursing as a certified nurse-midwife, the American college of nurse-midwives or another national certifying organization approved by the board under section 4723.46 of the Revised Code to examine and certify nurse-midwives;

(b) If the applicant is applying to practice nursing as a certified registered nurse anesthetist, the national council on certification of nurse anesthetists of the American association of nurse anesthetists, the national council on recertification of nurse anesthetists of the American association of nurse anesthetists, or another national certifying organization approved by the board under section 4723.46 of the Revised Code to examine and certify registered nurse anesthetists;

(c) If the applicant is applying to practice nursing as a clinical nurse specialist, the American nurses credentialing center or another national certifying organization approved by the board under section 4723.46 of the Revised Code to examine and certify clinical nurse specialists;

(d) If the applicant is applying to practice nursing as a certified nurse practitioner, the American nurses credentialing center, the national certification corporation, the national board of pediatric nurse practitioners and associates, or another national certifying organization approved by the board under section 4723.46 of the Revised Code to examine and certify nurse practitioners.

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

(a) That the applicant is the person named in the documents submitted under divisions (A)(2) and (3) of this section and is the lawful possessor

thereof;

(b) The applicant's age, residence, the school at which the applicant obtained education in the applicant's nursing specialty, and any other facts that the board requires;

(c) If the applicant is already engaged in the practice of nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, the period during which and the place where the applicant is engaged;

(d) If the applicant is already engaged in the practice of nursing as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, the names and business addresses of the applicant's current collaborating physicians and podiatrists. If the applicant is not yet engaged in the practice of nursing as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, the applicant shall submit the names and business addresses of the applicant's collaborating physicians or podiatrists not later than thirty days after first engaging in the practice. The applicant shall give written notice to the board of any additions or deletions to the affidavit of collaborating physicians or podiatrists not later than thirty days after the change takes effect.

(B) On or before December 31, 2000, the board shall issue to an applicant a certificate of authority to practice nursing as a certified registered nurse anesthetist, certified nurse-midwife, or certified nurse practitioner if the applicant complies with all requirements of this section, other than the requirement that the applicant has earned at least a master's degree with a major in a nursing specialty or in a related field that qualifies the applicant to sit for the certification examination of a national certifying organization listed in division (A)(3) of this section or approved by the board under section 4723.46 of the Revised Code.

(C) On or before December 31, 2000, the board shall issue to an applicant a certificate of authority to practice nursing as a clinical nurse specialist if ~~the applicant~~ one of the following applies:

(1) The applicant holds a master's or higher degree with a major in a clinical area of nursing from an educational institution accredited by a national or regional accrediting organization and complies with all requirements of this section, other than the requirement of having passed a certification examination.

(2) The applicant holds a master's or higher degree in nursing or a related field and is certified as a clinical nurse specialist by the American nurses credentialing center or another national certifying organization approved by the board under section 4723.46 Of the Revised Code.

(D) On or before December 31, 2008, the board shall issue to an applicant a certificate of authority to practice nursing as a certified nurse practitioner if the applicant has successfully completed a nurse practitioner certificate program that receives funding under and is employed by a public agency or a private, nonprofit entity that receives funding under Title X of the "Public Health Service Act," 42 U.S.C. 300 and 300a-1 (1991), and complies with all requirements of this section, other than the requirement that the applicant has earned at least a master's degree with a major in a nursing specialty or in a related field ~~that qualifies the applicant to sit for the certification examination of a national certifying organization listed in division (A)(3) of this section or approved by the board under section 4723.46 of the Revised Code.~~

(E) A certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who is practicing as such in another jurisdiction may apply for a certificate of authority to practice nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner in this state if the nurse meets the requirements for a certificate of authority set forth in this section. The application shall be submitted to the board in the form prescribed by rules of the board and be accompanied by the application fee required by section 4723.08 of the Revised Code. The application shall include evidence that the applicant meets the requirements of this section, holds a license or certificate to practice nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner in good standing in another jurisdiction granted after meeting requirements approved by the entity of that jurisdiction that licenses nurses, and other information required by rules of the board of nursing.

If the applicant is a certified registered nurse anesthetist, certified nurse-midwife, or certified nurse practitioner who, on or before December 31, 2000, met the requirements of this section to practice as such and has maintained certification in the applicant's nursing specialty with a national certifying organization listed in division (A)(3) of section 4723.41 of the Revised Code or approved by the board under section 4723.46 of the Revised Code, division (B) of this section shall apply.

If the applicant is a clinical nurse specialist who, on or before December 31, 2000, met the requirements of this section to practice as such ~~and has earned at least a master's degree with a major in a nursing specialty or in a related field that qualifies the applicant to sit for the certification examination of a national certifying organization listed in division (A)(3) of~~

~~this section or approved by the board under section 4723.46 of the Revised Code~~, division (C) of this section shall apply.

Sec. 4751.05. (A) The board of examiners of nursing home administrators shall admit to examination for licensure as a nursing home administrator any candidate who:

- (1) Pays the application fee of fifty dollars;
- (2) Submits evidence of good moral character and suitability;
- (3) Is at least eighteen years of age;
- (4) Has completed educational requirements and work experience satisfactory to the board;
- (5) Submits an application on forms prescribed by the board;
- (6) Pays the examination fee of one hundred fifty dollars.

(B) Nothing in Chapter 4751. of the Revised Code or the rules adopted thereunder shall be construed to require an applicant for licensure or a temporary license, who is ~~certified employed by a recognized church or religious denomination which teaches reliance on spiritual means alone for healing and has been approved to administer institutions certified by such church or denomination~~ an institution for the care and treatment of the sick in accordance with its teachings, to demonstrate proficiency in any medical techniques or to meet any medical educational qualifications or medical standards not in accord with the remedial care and treatment provided in such institutions by the institution if the institution is all of the following:

- (1) Operated exclusively for patients who use spiritual means for healing and for whom the acceptance of medical care is inconsistent with their religious beliefs;
- (2) Accredited by a national accrediting organization;
- (3) Exempt from federal income taxation under section 501 of the Internal Revenue Code of 1986, 100 Stat. 2085, 26 U.S.C.A. 1, as amended;
- (4) Providing twenty-four hour nursing care pursuant to the exemption in division (G) of section 4723.32 Of the Revised Code from the licensing requirements of Chapter 4723. Of the Revised Code.

~~(B)(C)~~ If a person fails three times to attain a passing grade on the examination, said person, before ~~he~~ the person may again be admitted to examination, shall meet such additional education or experience requirements, or both, as may be prescribed by the board.

SECTION 2. That existing sections 3702.30, 3702.51, 3727.01, 4723.41, and 4751.05 of the Revised Code are hereby repealed.

Speaker _____ *of the House of Representatives.*

President _____ *of the Senate.*

Passed _____, 20____

Approved _____, 20____

Governor.

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

Director, Legislative Service Commission.

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

Secretary of State.

File No. _____ Effective Date _____