

As Introduced

134th General Assembly

Regular Session

2021-2022

H. B. No. 221

Representatives Brinkman, Gross

Cosponsors: Representatives Riedel, Miller, A.



A BILL

To amend sections 1751.67, 2133.211, 3313.539, 1
3707.511, 3727.06, 3923.233, 3923.301, 3923.63, 2
3923.64, 4723.01, 4723.02, 4723.06, 4723.07, 3
4723.24, 4723.28, 4723.41, 4723.42, 4723.43, 4
4723.431, 4723.44, 4723.46, 4723.481, 4723.482, 5
4723.483, 4723.493, 4723.50, 4731.27, 4761.17, 6
and 5164.07; to enact section 4723.437; and to 7
repeal sections 4723.45 and 5164.73 of the 8
Revised Code to modify the laws governing the 9
practice of advanced practice registered nurses 10
and to designate these provisions as the Better 11
Access, Better Care Act. 12

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

Section 1. That sections 1751.67, 2133.211, 3313.539, 13
3707.511, 3727.06, 3923.233, 3923.301, 3923.63, 3923.64, 14
4723.01, 4723.02, 4723.06, 4723.07, 4723.24, 4723.28, 4723.41, 15
4723.42, 4723.43, 4723.431, 4723.44, 4723.46, 4723.481, 16
4723.482, 4723.483, 4723.493, 4723.50, 4731.27, 4761.17, and 17
5164.07 be amended and section 4723.437 of the Revised Code be 18
enacted to read as follows: 19

Sec. 1751.67. (A) Each individual or group health insuring 20
corporation policy, contract, or agreement delivered, issued for 21
delivery, or renewed in this state that provides maternity 22
benefits shall provide coverage of inpatient care and follow-up 23
care for a mother and her newborn as follows: 24

(1) The policy, contract, or agreement shall cover a 25
minimum of forty-eight hours of inpatient care following a 26
normal vaginal delivery and a minimum of ninety-six hours of 27
inpatient care following a cesarean delivery. Services covered 28
as inpatient care shall include medical, educational, and any 29
other services that are consistent with the inpatient care 30
recommended in the protocols and guidelines developed by 31
national organizations that represent pediatric, obstetric, and 32
nursing professionals. 33

(2) The policy, contract, or agreement shall cover a 34
physician-directed source of follow-up care or a source of 35
follow-up care directed by an advanced practice registered 36
nurse. Services covered as follow-up care shall include physical 37
assessment of the mother and newborn, parent education, 38
assistance and training in breast or bottle feeding, assessment 39
of the home support system, performance of any medically 40
necessary and appropriate clinical tests, and any other services 41
that are consistent with the follow-up care recommended in the 42
protocols and guidelines developed by national organizations 43
that represent pediatric, obstetric, and nursing professionals. 44
The coverage shall apply to services provided in a medical 45
setting or through home health care visits. The coverage shall 46
apply to a home health care visit only if the provider who 47
conducts the visit is knowledgeable and experienced in maternity 48
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 79

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| care facility in an individual or group health care plan solely | 80 |
| for making recommendations for inpatient or follow-up care for a | 81 |
| particular mother or newborn that are consistent with the care | 82 |
| required to be covered by this section; | 83 |
| (b) Establish or offer monetary or other financial | 84 |
| incentives for the purpose of encouraging a person to decline | 85 |
| the inpatient or follow-up care required to be covered by this | 86 |
| section. | 87 |
| (2) Whoever violates division (C) (1) (a) or (b) of this | 88 |
| section has engaged in an unfair and deceptive act or practice | 89 |
| in the business of insurance under sections 3901.19 to 3901.26 | 90 |
| of the Revised Code. | 91 |
| (D) This section does not do any of the following: | 92 |
| (1) Require a policy, contract, or agreement to cover | 93 |
| inpatient or follow-up care that is not received in accordance | 94 |
| with the policy's, contract's, or agreement's terms pertaining | 95 |
| to the providers and facilities from which an individual is | 96 |
| authorized to receive health care services; | 97 |
| (2) Require a mother or newborn to stay in a hospital or | 98 |
| other inpatient setting for a fixed period of time following | 99 |
| delivery; | 100 |
| (3) Require a child to be delivered in a hospital or other | 101 |
| inpatient setting; | 102 |
| (4) Authorize a certified nurse-midwife to practice beyond | 103 |
| the authority to practice nurse-midwifery in accordance with | 104 |
| Chapter 4723. of the Revised Code; | 105 |
| (5) Establish minimum standards of medical diagnosis, | 106 |
| care, or treatment for inpatient or follow-up care for a mother | 107 |

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

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

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

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

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

(2) "Licensed health care professional" means an 135
individual, other than a physician, who is authorized under 136

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| Title XLVII of the Revised Code to practice a health care profession. | 137 138 |
| (3) "Physician" means a person authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery. | 139 140 141 |
| (B) No school district board of education or governing authority of a chartered or nonchartered nonpublic school shall permit a student to practice for or compete in interscholastic athletics until the student has submitted, to a school official designated by the board or governing authority, a form signed by the parent, guardian, or other person having care or charge of the student stating that the student and the parent, guardian, or other person having care or charge of the student have received the concussion and head injury information sheet required by section 3707.52 of the Revised Code. A completed form shall be submitted each school year, as defined in section 3313.62 of the Revised Code, for each sport or other category of interscholastic athletics for or in which the student practices or competes. | 142 143 144 145 146 147 148 149 150 151 152 153 154 155 |
| (C) (1) No school district board of education or governing authority of a chartered or nonchartered nonpublic school shall permit an individual to coach interscholastic athletics unless the individual holds a pupil-activity program permit issued under section 3319.303 of the Revised Code for coaching interscholastic athletics. | 156 157 158 159 160 161 |
| (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 | 162 163 164 165 166 |

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

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

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

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

(E) (1) If a student is removed from practice or 186
competition under division (D) of this section, the coach or 187
referee who removed the student shall not allow the student, on 188
the same day the student is removed, to return to that practice 189
or competition or to participate in any other practice or 190
competition for which the coach or referee is responsible. 191
Thereafter, the coach or referee shall not allow the student to 192
return to that practice or competition or to participate in any 193
other practice or competition for which the coach or referee is 194
responsible until both of the following conditions are 195
satisfied: 196

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| (a) The student's condition is assessed by any of the | 197 |
| following who has complied with the requirements in division (E) | 198 |
| (4) of this section: | 199 |
| (i) A physician; | 200 |
| (ii) A licensed health care professional the school | 201 |
| district board of education or governing authority of the | 202 |
| chartered or nonchartered nonpublic school, pursuant to division | 203 |
| (E) (2) of this section, authorizes to assess a student who has | 204 |
| been removed from practice or competition under division (D) of | 205 |
| this section; | 206 |
| (iii) A licensed health care professional who meets the | 207 |
| minimum education requirements established by rules adopted | 208 |
| under section 3707.521 of the Revised Code by the professional's | 209 |
| licensing agency. | 210 |
| (b) The student receives written clearance that it is safe | 211 |
| for the student to return to practice or competition from the | 212 |
| physician or licensed health care professional who assessed the | 213 |
| student's condition. | 214 |
| (2)-A- <u>(a) Except as provided in division (E) (2) (b) of this</u> | 215 |
| <u>section, a school district board of education or governing</u> | 216 |
| <u>authority of a chartered or nonchartered nonpublic school may</u> | 217 |
| <u>authorize a licensed health care professional to make an</u> | 218 |
| <u>assessment or grant a clearance for purposes of division (E) (1)</u> | 219 |
| <u>of this section only if the professional is acting in accordance</u> | 220 |
| <u>with one of the following, as applicable to the professional's</u> | 221 |
| <u>authority to practice in this state:</u> | 222 |
| (a)- <u>(i) In consultation with a physician;</u> | 223 |
| (b)- <u>(ii) Pursuant to the referral of a physician;</u> | 224 |

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| (e)-(iii) In collaboration with a physician; | 225 |
| (d)-(iv) Under the supervision of a physician. | 226 |
| <u>(b) The requirement of division (E)(2)(a)(iii) of this</u> | 227 |
| <u>section does not apply to a clinical nurse specialist or</u> | 228 |
| <u>certified nurse practitioner who, in accordance with section</u> | 229 |
| <u>4723.437 of the Revised Code, is practicing without a standard</u> | 230 |
| <u>care arrangement or is eligible to practice without a standard</u> | 231 |
| <u>care arrangement.</u> | 232 |
| (3) A physician or licensed health care professional who | 233 |
| makes an assessment or grants a clearance for purposes of | 234 |
| division (E)(1) of this section may be a volunteer. | 235 |
| (4) Beginning one year after the effective date of this | 236 |
| amendment, all All physicians and licensed health care | 237 |
| professionals who conduct assessments and clearances under | 238 |
| division (E)(1) of this section must meet the minimum education | 239 |
| requirements established by rules adopted under section 3707.521 | 240 |
| of the Revised Code by their respective licensing agencies. | 241 |
| (F) A school district board of education or governing | 242 |
| authority of a chartered or nonchartered nonpublic school that | 243 |
| is subject to the rules of an interscholastic conference or an | 244 |
| organization that regulates interscholastic athletic competition | 245 |
| and conducts interscholastic athletic events shall be considered | 246 |
| to be in compliance with divisions (B), (D), and (E) of this | 247 |
| section, as long as the requirements of those rules are | 248 |
| substantially similar to the requirements of divisions (B), (D), | 249 |
| and (E) of this section. | 250 |
| (G)(1) A school district, member of a school district | 251 |
| board of education, or school district employee or volunteer, | 252 |
| including a coach or referee, is not liable in damages in a | 253 |

civil action for injury, death, or loss to person or property 254
allegedly arising from providing services or performing duties 255
under this section, unless the act or omission constitutes 256
willful or wanton misconduct. 257

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

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

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

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

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

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

(B) A youth sports organization shall provide to the 281
parent, guardian, or other person having care or charge of an 282

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

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

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

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

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

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

(3) An official of the youth sports organization who is 311

supervising that practice or competition. 312

(E) (1) If an individual is removed from practice or 313
competition under division (D) of this section, the coach, 314
referee, or official who removed the individual shall not allow 315
the individual, on the same day the individual is removed, to 316
return to that practice or competition or to participate in any 317
other practice or competition for which the coach, referee, or 318
official is responsible. Thereafter, the coach, referee, or 319
official shall not allow the student to return to that practice 320
or competition or to participate in any other practice or 321
competition for which the coach, referee, or official is 322
responsible until both of the following conditions are 323
satisfied: 324

(a) The individual's condition is assessed by any of the 325
following who has complied with the requirements in division (E) 326
(4) of this section: 327

(i) A physician; 328

(ii) A licensed health care professional the youth sports 329
organization, pursuant to division (E) (2) of this section, 330
authorizes to assess an individual who has been removed from 331
practice or competition under division (D) of this section; 332

(iii) A licensed health care professional who meets the 333
minimum education requirements established by rules adopted 334
under section 3707.521 of the Revised Code by the professional's 335
licensing agency. 336

(b) The individual receives written clearance that it is 337
safe for the individual to return to practice or competition 338
from the physician or licensed health care professional who 339
assessed the individual's condition. 340

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

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

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

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

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

(b) The requirement of division (E) (2) (a) (iii) of this 352
section does not apply to a clinical nurse specialist or 353
certified nurse practitioner who, in accordance with section 354
4723.437 of the Revised Code, is practicing without a standard 355
care arrangement or is eligible to practice without a standard 356
care arrangement. 357

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

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

(F) (1) A youth sports organization or official, employee, 367
or volunteer of a youth sports organization, including a coach 368

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

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

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

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

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

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

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

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

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

(d) A clinical nurse specialist, certified nurse-midwife, 394
or certified nurse practitioner if ~~all of the following~~ 395
~~conditions are met:~~ 396

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

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

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

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

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

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

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

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

Prior to admitting a patient, a physician assistant shall
notify the ~~collaborating or~~ supervising doctor or podiatrist of

the planned admission. 425

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

Sec. 3923.233. (A) Notwithstanding any provision of any 447
certificate furnished by an insurer in connection with or 448
pursuant to any group sickness and accident insurance policy 449
delivered, issued, renewed, or used, in or outside this state, 450
on or after January 1, 1985, and notwithstanding any provision 451
of any policy of insurance delivered, issued for delivery, 452
renewed, or used, in or outside this state, on or after January 453
1, 1985, whenever the policy or certificate is subject to the 454
jurisdiction of this state and provides for reimbursement for 455

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

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

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

(B) Division (A) of this section applies to any certified 477
nurse-midwife who is practicing in accordance with Chapter 4723. 478
of the Revised Code, regardless of whether the nurse is required 479
or chooses to practice under a standard care arrangement, as 480
provided in section 4723.43 of the Revised Code, or the nurse 481
exercises the authority to practice without a standard care 482
arrangement, as provided in section 4723.437 of the Revised 483
Code. 484

Sec. 3923.301. (A) Every person, the state and any of its 485

instrumentalities, any county, township, school district, or 486
other political subdivision and any of its instrumentalities, 487
and any municipal corporation and any of its instrumentalities 488
that provides payment for health care benefits for any of its 489
employees resident in this state, which benefits are not 490
provided by contract with an insurer qualified to provide 491
sickness and accident insurance or a health insuring 492
corporation, and that includes reimbursement for any service 493
that may be legally performed by an advanced practice registered 494
nurse who holds a current, valid license issued under Chapter 495
4723. of the Revised Code and is designated as a certified 496
nurse-midwife in accordance with section 4723.42 of the Revised 497
Code, shall not deny reimbursement to a certified nurse-midwife 498
performing the service ~~if the service is performed in~~ 499
~~collaboration with a licensed physician. The collaborating~~ 500
~~physician shall be identified on the claim form.~~ 501

~~The cost of collaboration with a certified nurse-midwife~~ 502
~~by a licensed physician as required under section 4723.43 of the~~ 503
~~Revised Code is a reimbursable expense.~~ 504

~~The division of any reimbursement payment for services~~ 505
~~performed by a certified nurse-midwife between the certified~~ 506
~~nurse-midwife and the certified nurse-midwife's collaborating~~ 507
~~physician shall be determined and mutually agreed upon by the~~ 508
~~certified nurse-midwife and the physician. The division of fees~~ 509
~~shall not be considered a violation of division (B) (17) of~~ 510
~~section 4731.22 of the Revised Code. In no case shall the total~~ 511
~~fees charged exceed the fee the physician would have charged had~~ 512
~~the physician provided the entire service.~~ 513

(B) Division (A) of this section applies to any certified 514
nurse-midwife who is practicing in accordance with Chapter 4723. 515

of the Revised Code, regardless of whether the nurse is required 516
or chooses to practice under a standard care arrangement, as 517
provided in section 4723.43 of the Revised Code, or the nurse 518
exercises the authority to practice without a standard care 519
arrangement, as provided in section 4723.437 of the Revised 520
Code. 521

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

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

(2) The policy shall cover a physician-directed source of 536
follow-up care or a source of follow-up care directed by an 537
advanced practice registered nurse. Services covered as follow- 538
up care shall include physical assessment of the mother and 539
newborn, parent education, assistance and training in breast or 540
bottle feeding, assessment of the home support system, 541
performance of any medically necessary and appropriate clinical 542
tests, and any other services that are consistent with the 543
follow-up care recommended in the protocols and guidelines 544
developed by national organizations that represent pediatric, 545

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

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

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

If the certified nurse-midwife is practicing under a 569
standard care arrangement with one or more collaborating 570
practitioners, as provided in Chapter 4723. of the Revised Code, 571
the nurse's decision shall be made in collaboration with a 572
collaborating practitioner. Decisions regarding early discharge 573
shall be made only after conferring with the mother or a person 574
responsible for the mother or newborn. For purposes of this 575

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 4723.01. As used in this chapter: 707

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

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

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

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

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

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

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

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

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

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

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

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

~~(2) In the case of a certified nurse midwife, that one or more physicians with whom the certified nurse midwife has entered into a standard care arrangement are continuously available to communicate with the certified nurse midwife either in person or by electronic communication.~~ 806
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(M) "Collaborating practitioner" means any of the following who is collaborating under a standard care arrangement with a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner: 811
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(1) A physician; 815

(2) A podiatrist; 816

(3) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who is not practicing under a standard care arrangement with another collaborating practitioner. 817
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(N) "Supervision," as it pertains to a certified registered nurse anesthetist, means that the certified registered nurse anesthetist is under the direction of a podiatrist acting within the podiatrist's scope of practice in accordance with section 4731.51 of the Revised Code, a dentist acting within the dentist's scope of practice in accordance with Chapter 4715. of the Revised Code, or a physician, and, when administering anesthesia, the certified registered nurse anesthetist is in the immediate presence of the podiatrist, dentist, or physician. 821
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~~(N)~~ (O) "Standard care arrangement" means a written, formal guide for planning and evaluating a patient's health care that meets the requirements of section 4723.431 of the Revised Code and is developed by one or more collaborating physicians or 831
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~~podiatrists, practitioners~~ and ~~a~~ the clinical nurse specialist, 835
certified nurse-midwife, or certified nurse practitioner ~~and~~ 836
~~meets the requirements of section 4723.431 of the Revised Code~~ 837
who will practice under the arrangement. 838

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

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

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

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

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

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

technician intern issued under section 4723.75 of the Revised Code. 863
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~~(T)~~ (U) "Certified community health worker" means an 865
individual who holds a current, valid certificate as a community 866
health worker issued under section 4723.85 of the Revised Code. 867

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The board may establish advisory groups to serve in 950

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

In addition to approving continuing education programs 1067

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

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

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

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

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

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

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

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

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

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

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

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

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

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| 3123.47, 4723.28, 4723.281, 4723.652, or 4723.86 of the Revised Code resulting in a license or certificate suspension; | 1156 1157 |
| (I) Requirements for board approval of courses in medication administration by licensed practical nurses; | 1158 1159 |
| (J) Criteria for evaluating the qualifications of an applicant for a license to practice nursing as a registered nurse, a license to practice nursing as an advanced practice registered nurse, or a license to practice nursing as a licensed practical nurse for the purpose of issuing the license by the board's endorsement of the applicant's authority to practice issued by the licensing agency of another state; | 1160 1161 1162 1163 1164 1165 1166 |
| (K) Universal and standard precautions that shall be used by each licensee or certificate holder. The rules shall define and establish requirements for universal and standard precautions that include the following: | 1167 1168 1169 1170 |
| (1) Appropriate use of hand washing; | 1171 |
| (2) Disinfection and sterilization of equipment; | 1172 |
| (3) Handling and disposal of needles and other sharp instruments; | 1173 1174 |
| (4) Wearing and disposal of gloves and other protective garments and devices. | 1175 1176 |
| (L) <u>Quality assurance standards for advanced practice registered nurses who have less than two thousand hours or twelve months of clinical practice and are clinical nurse specialists, certified nurse-midwives, and certified nurse practitioners;</u> | 1177 1178 1179 1180 1181 |
| (M) <u>Additional—For purposes of division (A) (5) of section 4723.431 of the Revised Code, any additional criteria for the—</u> | 1182 1183 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

education programs and courses: 1331

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- (7) Conviction of, a plea of guilty to, a judicial finding 1449
of guilt of, a judicial finding of guilt resulting from a plea 1450
of no contest to, or a judicial finding of eligibility for a 1451
pretrial diversion or similar program or for intervention in 1452
lieu of conviction for, an act in the course of practice in 1453
another jurisdiction that would constitute a misdemeanor in 1454
Ohio; 1455
- (8) Self-administering or otherwise taking into the body 1456
any dangerous drug, as defined in section 4729.01 of the Revised 1457
Code, in any way that is not in accordance with a legal, valid 1458
prescription issued for that individual, or self-administering 1459
or otherwise taking into the body any drug that is a schedule I 1460
controlled substance; 1461
- (9) Habitual or excessive use of controlled substances, 1462
other habit-forming drugs, or alcohol or other chemical 1463
substances to an extent that impairs the individual's ability to 1464
provide safe nursing care or safe dialysis care; 1465
- (10) Impairment of the ability to practice according to 1466
acceptable and prevailing standards of safe nursing care or safe 1467
dialysis care because of the use of drugs, alcohol, or other 1468
chemical substances; 1469
- (11) Impairment of the ability to practice according to 1470
acceptable and prevailing standards of safe nursing care or safe 1471
dialysis care because of a physical or mental disability; 1472
- (12) Assaulting or causing harm to a patient or depriving 1473
a patient of the means to summon assistance; 1474
- (13) Misappropriation or attempted misappropriation of 1475
money or anything of value in the course of practice; 1476
- (14) Adjudication by a probate court of being mentally ill 1477

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

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

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

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

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

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

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

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

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

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

technician without a certificate issued under this chapter; 1506

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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| (33) Assisting suicide, as defined in section 3795.01 of the Revised Code; | 1562 1563 |
| (34) Failure to comply with the requirements in section 3719.061 of the Revised Code before issuing for a minor a prescription for an opioid analgesic, as defined in section 3719.01 of the Revised Code; | 1564 1565 1566 1567 |
| (35) Failure to comply with section 4723.487 of the Revised Code, unless the state board of pharmacy no longer maintains a drug database pursuant to section 4729.75 of the Revised Code; | 1568 1569 1570 1571 |
| (36) The revocation, suspension, restriction, reduction, or termination of clinical privileges by the United States department of defense or department of veterans affairs or the termination or suspension of a certificate of registration to prescribe drugs by the drug enforcement administration of the United States department of justice; | 1572 1573 1574 1575 1576 1577 |
| (37) 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 comply with the terms of a consult agreement entered into with a pharmacist pursuant to section 4729.39 of the Revised Code; | 1578 1579 1580 1581 1582 |
| <u>(38) In the case of a collaborating practitioner who is a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, failure to enter into a standard care arrangement with the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner with whom the nurse will collaborate or failure to fulfill the responsibilities of collaboration after entering into the standard care arrangement.</u> | 1583 1584 1585 1586 1587 1588 1589 |
| (C) Disciplinary actions taken by the board under | 1590 |

divisions (A) and (B) of this section shall be taken pursuant to 1591
an adjudication conducted under Chapter 119. of the Revised 1592
Code, except that in lieu of a hearing, the board may enter into 1593
a consent agreement with an individual to resolve an allegation 1594
of a violation of this chapter or any rule adopted under it. A 1595
consent agreement, when ratified by a vote of a quorum, shall 1596
constitute the findings and order of the board with respect to 1597
the matter addressed in the agreement. If the board refuses to 1598
ratify a consent agreement, the admissions and findings 1599
contained in the agreement shall be of no effect. 1600

(D) The hearings of the board shall be conducted in 1601
accordance with Chapter 119. of the Revised Code, the board may 1602
appoint a hearing examiner, as provided in section 119.09 of the 1603
Revised Code, to conduct any hearing the board is authorized to 1604
hold under Chapter 119. of the Revised Code. 1605

In any instance in which the board is required under 1606
Chapter 119. of the Revised Code to give notice of an 1607
opportunity for a hearing and the applicant, licensee, or 1608
certificate holder does not make a timely request for a hearing 1609
in accordance with section 119.07 of the Revised Code, the board 1610
is not required to hold a hearing, but may adopt, by a vote of a 1611
quorum, a final order that contains the board's findings. In the 1612
final order, the board may order any of the sanctions listed in 1613
division (A) or (B) of this section. 1614

(E) If a criminal action is brought against a registered 1615
nurse, licensed practical nurse, or dialysis technician for an 1616
act or crime described in divisions (B) (3) to (7) of this 1617
section and the action is dismissed by the trial court other 1618
than on the merits, the board shall conduct an adjudication to 1619
determine whether the registered nurse, licensed practical 1620

nurse, or dialysis technician committed the act on which the 1621
action was based. If the board determines on the basis of the 1622
adjudication that the registered nurse, licensed practical 1623
nurse, or dialysis technician committed the act, or if the 1624
registered nurse, licensed practical nurse, or dialysis 1625
technician fails to participate in the adjudication, the board 1626
may take action as though the registered nurse, licensed 1627
practical nurse, or dialysis technician had been convicted of 1628
the act. 1629

If the board takes action on the basis of a conviction, 1630
plea, or a judicial finding as described in divisions (B) (3) to 1631
(7) of this section that is overturned on appeal, the registered 1632
nurse, licensed practical nurse, or dialysis technician may, on 1633
exhaustion of the appeal process, petition the board for 1634
reconsideration of its action. On receipt of the petition and 1635
supporting court documents, the board shall temporarily rescind 1636
its action. If the board determines that the decision on appeal 1637
was a decision on the merits, it shall permanently rescind its 1638
action. If the board determines that the decision on appeal was 1639
not a decision on the merits, it shall conduct an adjudication 1640
to determine whether the registered nurse, licensed practical 1641
nurse, or dialysis technician committed the act on which the 1642
original conviction, plea, or judicial finding was based. If the 1643
board determines on the basis of the adjudication that the 1644
registered nurse, licensed practical nurse, or dialysis 1645
technician committed such act, or if the registered nurse, 1646
licensed practical nurse, or dialysis technician does not 1647
request an adjudication, the board shall reinstate its action; 1648
otherwise, the board shall permanently rescind its action. 1649

Notwithstanding the provision of division (C) (2) of 1650
section 2953.32 of the Revised Code specifying that if records 1651

pertaining to a criminal case are sealed under that section the 1652
proceedings in the case shall be deemed not to have occurred, 1653
sealing of the following records on which the board has based an 1654
action under this section shall have no effect on the board's 1655
action or any sanction imposed by the board under this section: 1656
records of any conviction, guilty plea, judicial finding of 1657
guilt resulting from a plea of no contest, or a judicial finding 1658
of eligibility for a pretrial diversion program or intervention 1659
in lieu of conviction. 1660

The board shall not be required to seal, destroy, redact, 1661
or otherwise modify its records to reflect the court's sealing 1662
of conviction records. 1663

(F) The board may investigate an individual's criminal 1664
background in performing its duties under this section. As part 1665
of such investigation, the board may order the individual to 1666
submit, at the individual's expense, a request to the bureau of 1667
criminal identification and investigation for a criminal records 1668
check and check of federal bureau of investigation records in 1669
accordance with the procedure described in section 4723.091 of 1670
the Revised Code. 1671

(G) During the course of an investigation conducted under 1672
this section, the board may compel any registered nurse, 1673
licensed practical nurse, or dialysis technician or applicant 1674
under this chapter to submit to a mental or physical 1675
examination, or both, as required by the board and at the 1676
expense of the individual, if the board finds reason to believe 1677
that the individual under investigation may have a physical or 1678
mental impairment that may affect the individual's ability to 1679
provide safe nursing care. Failure of any individual to submit 1680
to a mental or physical examination when directed constitutes an 1681

admission of the allegations, unless the failure is due to 1682
circumstances beyond the individual's control, and a default and 1683
final order may be entered without the taking of testimony or 1684
presentation of evidence. 1685

If the board finds that an individual is impaired, the 1686
board shall require the individual to submit to care, 1687
counseling, or treatment approved or designated by the board, as 1688
a condition for initial, continued, reinstated, or renewed 1689
authority to practice. The individual shall be afforded an 1690
opportunity to demonstrate to the board that the individual can 1691
begin or resume the individual's occupation in compliance with 1692
acceptable and prevailing standards of care under the provisions 1693
of the individual's authority to practice. 1694

For purposes of this division, any registered nurse, 1695
licensed practical nurse, or dialysis technician or applicant 1696
under this chapter shall be deemed to have given consent to 1697
submit to a mental or physical examination when directed to do 1698
so in writing by the board, and to have waived all objections to 1699
the admissibility of testimony or examination reports that 1700
constitute a privileged communication. 1701

(H) The board shall investigate evidence that appears to 1702
show that any person has violated any provision of this chapter 1703
or any rule of the board. Any person may report to the board any 1704
information the person may have that appears to show a violation 1705
of any provision of this chapter or rule of the board. In the 1706
absence of bad faith, any person who reports such information or 1707
who testifies before the board in any adjudication conducted 1708
under Chapter 119. of the Revised Code shall not be liable for 1709
civil damages as a result of the report or testimony. 1710

(I) All of the following apply under this chapter with 1711

respect to the confidentiality of information: 1712

(1) Information received by the board pursuant to a 1713
complaint or an investigation is confidential and not subject to 1714
discovery in any civil action, except that the board may 1715
disclose information to law enforcement officers and government 1716
entities for purposes of an investigation of either a licensed 1717
health care professional, including a registered nurse, licensed 1718
practical nurse, or dialysis technician, or a person who may 1719
have engaged in the unauthorized practice of nursing or dialysis 1720
care. No law enforcement officer or government entity with 1721
knowledge of any information disclosed by the board pursuant to 1722
this division shall divulge the information to any other person 1723
or government entity except for the purpose of a government 1724
investigation, a prosecution, or an adjudication by a court or 1725
government entity. 1726

(2) If an investigation requires a review of patient 1727
records, the investigation and proceeding shall be conducted in 1728
such a manner as to protect patient confidentiality. 1729

(3) All adjudications and investigations of the board 1730
shall be considered civil actions for the purposes of section 1731
2305.252 of the Revised Code. 1732

(4) Any board activity that involves continued monitoring 1733
of an individual as part of or following any disciplinary action 1734
taken under this section shall be conducted in a manner that 1735
maintains the individual's confidentiality. Information received 1736
or maintained by the board with respect to the board's 1737
monitoring activities is not subject to discovery in any civil 1738
action and is confidential, except that the board may disclose 1739
information to law enforcement officers and government entities 1740
for purposes of an investigation of a licensee or certificate 1741

holder. 1742

(J) Any action taken by the board under this section 1743
resulting in a suspension from practice shall be accompanied by 1744
a written statement of the conditions under which the person may 1745
be reinstated to practice. 1746

(K) When the board refuses to grant a license or 1747
certificate to an applicant, revokes a license or certificate, 1748
or refuses to reinstate a license or certificate, the board may 1749
specify that its action is permanent. An individual subject to 1750
permanent action taken by the board is forever ineligible to 1751
hold a license or certificate of the type that was refused or 1752
revoked and the board shall not accept from the individual an 1753
application for reinstatement of the license or certificate or 1754
for a new license or certificate. 1755

(L) No unilateral surrender of a nursing license or 1756
dialysis technician certificate issued under this chapter shall 1757
be effective unless accepted by majority vote of the board. No 1758
application for a nursing license or dialysis technician 1759
certificate issued under this chapter may be withdrawn without a 1760
majority vote of the board. The board's jurisdiction to take 1761
disciplinary action under this section is not removed or limited 1762
when an individual has a license or certificate classified as 1763
inactive or fails to renew a license or certificate. 1764

(M) Sanctions shall not be imposed under division (B) (24) 1765
of this section against any licensee who waives deductibles and 1766
copayments as follows: 1767

(1) In compliance with the health benefit plan that 1768
expressly allows such a practice. Waiver of the deductibles or 1769
copayments shall be made only with the full knowledge and 1770

consent of the plan purchaser, payer, and third-party administrator. Documentation of the consent shall be made available to the board upon request.

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

Sec. 4723.41. (A) Each person who ~~desires~~ is seeking 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~~ is seeking 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 or electronic application for a license to practice nursing as an advanced practice registered nurse ~~and that specifies the designation in the desired specialty being sought~~. The application must be filed, under oath, on a form prescribed by the board accompanied by the application fee required by section 4723.08 of the Revised Code.

Except as provided in division (B), (C), or (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) Submit documentation satisfactory to the board that the applicant has earned a master's or doctoral 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 approved by the board under section 4723.46 of the Revised Code;

(3) Submit documentation satisfactory to the board of

having passed the certification examination of a national 1800
certifying organization approved by the board under section 1801
4723.46 of the Revised Code to examine and certify, as 1802
applicable, nurse-midwives, registered nurse anesthetists, 1803
clinical nurse specialists, or nurse practitioners; 1804

(4) Submit an affidavit with the application that states 1805
all of the following: 1806

(a) That the applicant is the person named in the 1807
documents submitted under this section and is the lawful 1808
possessor thereof; 1809

(b) The applicant's age, residence, the school at which 1810
the applicant obtained ~~education in the applicant's nursing~~ 1811
~~specialty~~ the required master's or doctoral degree, and any 1812
other facts that the board requires; 1813

(c) The ~~specialty in which designation being sought by the~~ 1814
applicant ~~seeks designation~~. 1815

(B) (1) A certified registered nurse anesthetist, clinical 1816
nurse specialist, certified nurse-midwife, or certified nurse 1817
practitioner who is practicing or has practiced as such in 1818
another jurisdiction may apply for a license by endorsement to 1819
practice nursing as an advanced practice registered nurse ~~and~~ 1820
~~designation as a certified registered nurse anesthetist,~~ 1821
~~clinical nurse specialist, certified nurse midwife, or certified~~ 1822
~~nurse practitioner~~ in this state if the nurse meets the 1823
requirements set forth in division (A) of this section or 1824
division (B) (2) of this section. 1825

(2) If an applicant who is practicing or has practiced in 1826
another jurisdiction applies for ~~designation~~ licensure under 1827
division (B) (2) of this section, the application shall be 1828

submitted to the board in the form prescribed by rules of the 1829
board and be accompanied by the application fee required by 1830
section 4723.08 of the Revised Code. The application shall 1831
include evidence that the applicant meets the requirements of 1832
division (B) (2) of this section, holds authority to practice 1833
nursing and is in good standing in another jurisdiction granted 1834
after meeting requirements approved by the entity of that 1835
jurisdiction that regulates nurses, and other information 1836
required by rules of the board of nursing. 1837

With respect to the educational requirements and national 1838
certification requirements that an applicant under division (B) 1839
(2) of this section must meet, both of the following apply: 1840

(a) If the applicant is a certified registered nurse 1841
anesthetist, certified nurse-midwife, or certified nurse 1842
practitioner who, on or before December 31, 2000, obtained 1843
certification ~~in the applicant's nursing specialty with~~ from a 1844
national certifying organization listed in division (A) (3) of 1845
section 4723.41 of the Revised Code as that division existed 1846
prior to March 20, 2013, or that was at that time approved by 1847
the board under section 4723.46 of the Revised Code, the 1848
applicant must have maintained the certification. The applicant 1849
is not required to have earned a master's or doctoral degree 1850
with a major in ~~a nursing specialty or in~~ a related field that 1851
qualifies the applicant to sit for the certification 1852
examination. 1853

(b) If the applicant is a clinical nurse specialist, one 1854
of the following must apply to the applicant: 1855

(i) On or before December 31, 2000, the applicant obtained 1856
a master's or doctoral degree with a major in a clinical area of 1857
nursing from an educational institution accredited by a national 1858

or regional accrediting organization. The applicant is not 1859
required to have passed a certification examination. 1860

(ii) On or before December 31, 2000, the applicant 1861
obtained a master's or doctoral degree in nursing or a related 1862
field and was certified as a clinical nurse specialist by the 1863
American nurses credentialing center or another national 1864
certifying organization that was at that time approved by the 1865
board under section 4723.46 of the Revised Code. 1866

(3) The board may grant a nonrenewable temporary permit to 1867
practice nursing as an advanced practice registered nurse to an 1868
applicant for licensure by endorsement if the board is satisfied 1869
by the evidence that the applicant holds a valid, unrestricted 1870
license in or equivalent authorization from another 1871
jurisdiction. The temporary permit shall expire at the earlier 1872
of one hundred eighty days after issuance or upon the issuance 1873
of a license by endorsement. 1874

(C) An applicant ~~who desires~~ seeking to practice nursing 1875
as a certified registered nurse anesthetist, certified nurse- 1876
midwife, or certified nurse practitioner is exempt from the 1877
educational requirements in division (A) (2) of this section if 1878
all of the following are the case: 1879

(1) Before January 1, 2001, the board issued to the 1880
applicant a certificate of authority to practice as a certified 1881
registered nurse anesthetist, certified nurse-midwife, or 1882
certified nurse practitioner; 1883

(2) The applicant submits documentation satisfactory to 1884
the board that the applicant obtained certification ~~in the~~ 1885
~~applicant's nursing specialty with~~ from a national certifying 1886
organization listed in division (A) (3) of section 4723.41 of the 1887

Revised Code as that division existed prior to March 20, 2013, 1888
or that was at that time approved by the board under section 1889
4723.46 of the Revised Code; 1890

(3) The applicant submits documentation satisfactory to 1891
the board that the applicant has maintained the certification 1892
described in division (C) (2) of this section. 1893

(D) An applicant ~~who desires~~ seeking to practice as a 1894
clinical nurse specialist is exempt from the examination 1895
requirement in division (A) (3) of this section if both of the 1896
following are the case: 1897

(1) Before January 1, 2001, the board issued to the 1898
applicant a certificate of authority to practice as a clinical 1899
nurse specialist; 1900

(2) The applicant submits documentation satisfactory to 1901
the board that the applicant earned either of the following: 1902

(a) A master's or doctoral degree with a major in a 1903
clinical area of nursing from an educational institution 1904
accredited by a national or regional accrediting organization; 1905

(b) A master's or doctoral degree in nursing or a related 1906
field and was certified as a clinical nurse specialist by the 1907
American nurses credentialing center or another national 1908
certifying organization that was at that time approved by the 1909
board under section 4723.46 of the Revised Code. 1910

Sec. 4723.42. (A) If the applicant for a license to 1911
practice nursing as an advanced practice registered nurse has 1912
met all the requirements of section 4723.41 of the Revised Code 1913
and has paid the fee required by section 4723.08 of the Revised 1914
Code, the board of nursing shall issue the license and designate 1915
the license holder as a certified registered nurse anesthetist, 1916

clinical nurse specialist, certified nurse-midwife, or certified 1917
nurse practitioner. The license and designation authorize the 1918
holder to practice as an advanced practice registered nurse ~~in~~ 1919
~~the specialty as~~ indicated by the designation. 1920

The board shall issue or deny the license not later than 1921
thirty days after receiving all of the documents required by 1922
section 4723.41 of the Revised Code. 1923

If an applicant is under investigation for a violation of 1924
this chapter, the board shall conclude the investigation not 1925
later than ninety days after receipt of all required documents, 1926
unless this ninety-day period is extended by written consent of 1927
the applicant, or unless the board determines that a substantial 1928
question of such a violation exists and the board has notified 1929
the applicant in writing of the reasons for the continuation of 1930
the investigation. If the board determines that the applicant 1931
has not violated this chapter, it shall issue a certificate not 1932
later than forty-five days after making that determination. 1933

(B) A license to practice nursing as an advanced practice 1934
registered nurse is subject to the renewal schedule that applies 1935
under section 4723.24 of the Revised Code. In providing renewal 1936
applications, the board shall follow the procedures that apply 1937
under section 4723.24 of the Revised Code for providing renewal 1938
applications to license holders. Failure of the license holder 1939
to receive an application for renewal from the board does not 1940
excuse the holder from the requirements of section 4723.44 of 1941
the Revised Code. 1942

A license holder seeking renewal of the license shall 1943
complete the renewal application and submit it to the board with 1944
all of the following: 1945

(1) The renewal fee established under section 4723.08 of 1946
the Revised Code and, if the application is submitted after it 1947
is due but before the license lapses, the fee established under 1948
that section for processing a late application for renewal; 1949

(2) Documentation satisfactory to the board that the 1950
holder has maintained certification ~~in the nursing specialty~~ 1951
~~with~~ from a national certifying organization approved by the 1952
board under section 4723.46 of the Revised Code; 1953

(3) A list of the names and business addresses of the 1954
holder's current collaborating ~~physicians and~~ 1955
~~podiatrists~~ practitioners, if the holder is a clinical nurse 1956
specialist, certified nurse-midwife, or certified nurse 1957
practitioner and is practicing under a standard care 1958
arrangement; 1959

(4) If the license holder is a clinical nurse specialist, 1960
documentation satisfactory to the board that the holder has 1961
completed continuing education for that ~~specialty designation~~ as 1962
required by rule of the board. 1963

On receipt of the renewal application, fees, and 1964
documents, the board shall verify that the applicant holds a 1965
current, valid license to practice nursing as a registered nurse 1966
in this state and a current, valid license to practice nursing 1967
as an advanced practice registered nurse in this state, and, if 1968
it so verifies, shall renew the license to practice nursing as 1969
an advanced practice registered nurse. 1970

(C) An applicant for reinstatement of a license that has 1971
lapsed shall submit the reinstatement fee established under 1972
section 4723.08 of the Revised Code. 1973

(D) An individual who holds an active license and does not 1974

intend to practice in this state as an advanced practice 1975
registered nurse may send to the board written or electronic 1976
notice to that effect on or before the date the license lapses, 1977
and the board shall classify the license as inactive. 1978

Sec. 4723.43. A certified registered nurse anesthetist, 1979
clinical nurse specialist, certified nurse-midwife, or certified 1980
nurse practitioner may provide to individuals and groups nursing 1981
care that requires knowledge and skill obtained from advanced 1982
formal education, continuing education, training, and clinical 1983
experience. In this capacity as an advanced practice registered 1984
nurse, a certified nurse-midwife is subject to division (A) of 1985
this section, a certified registered nurse anesthetist is 1986
subject to division (B) of this section, a certified nurse 1987
practitioner is subject to division (C) of this section, and a 1988
clinical nurse specialist is subject to division (D) of this 1989
section. 1990

Each advanced practice registered nurse shall practice in 1991
accordance with rules adopted by the board of nursing and in a 1992
manner that is consistent with the nurse's certification from a 1993
national certifying organization approved by the board under 1994
section 4723.46 of the Revised Code. An advanced practice 1995
registered nurse who is a clinical nurse specialist, certified 1996
nurse-midwife, or certified nurse practitioner may prescribe 1997
drugs and therapeutic devices in accordance with section 1998
4723.481 of the Revised Code. 1999

In the case of an advanced practice registered nurse who 2000
has less than two thousand hours or twelve months of clinical 2001
practice and is a clinical nurse specialist, certified nurse- 2002
midwife, or certified nurse practitioner, the nurse may practice 2003
only under a standard care arrangement that meets the 2004

requirements of section 4723.431 of the Revised Code. 2005
Thereafter, the nurse may practice without a standard care 2006
arrangement if the requirements of section 4723.437 of the 2007
Revised Code are met or may choose to continue practicing under 2008
a standard care arrangement. When a nurse is required or chooses 2009
to practice under a standard care arrangement, the nurse shall 2010
practice only in accordance with the terms of the arrangement. 2011

(A) A nurse authorized to practice as a certified nurse- 2012
midwife, ~~in collaboration with one or more physicians,~~ may 2013
provide the management of preventive services and those primary 2014
care services necessary to provide health care to women 2015
antepartally, intrapartally, postpartally, and gynecologically, ~~—~~ 2016
~~consistent with the nurse's education and certification, and in~~ 2017
~~accordance with rules adopted by the board of nursing.~~ 2018

No certified nurse-midwife may perform version, deliver 2019
breech or face presentation, use forceps, or do any obstetric 2020
operation, ~~or treat any other abnormal condition,~~ except in 2021
emergencies. Division (A) of this section does not prohibit a 2022
certified nurse-midwife from performing episiotomies or normal 2023
vaginal deliveries, or repairing vaginal tears. ~~A certified~~ 2024
~~nurse-midwife may, in collaboration with one or more physicians,~~ 2025
~~prescribe drugs and therapeutic devices in accordance with~~ 2026
~~section 4723.481 of the Revised Code.~~ 2027

(B) A nurse authorized to practice as a certified 2028
registered nurse anesthetist, ~~consistent with the nurse's~~ 2029
~~education and certification and in accordance with rules adopted~~ 2030
~~by the board,~~ may do the following: 2031

(1) With supervision and in the immediate presence of a 2032
physician, podiatrist, or dentist, administer anesthesia and 2033
perform anesthesia induction, maintenance, and emergence; 2034

(2) With supervision, obtain informed consent for 2035
anesthesia care and perform preanesthetic preparation and 2036
evaluation, postanesthetic preparation and evaluation, 2037
postanesthesia care, and, subject to section 4723.433 of the 2038
Revised Code, clinical support functions; 2039

(3) With supervision and in accordance with section 2040
4723.434 of the Revised Code, engage in the activities described 2041
in division (A) of that section. 2042

The physician, podiatrist, or dentist supervising a 2043
certified registered nurse anesthetist must be actively engaged 2044
in practice in this state. When a certified registered nurse 2045
anesthetist is supervised by a podiatrist, the nurse's scope of 2046
practice is limited to the anesthesia procedures that the 2047
podiatrist has the authority under section 4731.51 of the 2048
Revised Code to perform. A certified registered nurse 2049
anesthetist may not administer general anesthesia under the 2050
supervision of a podiatrist in a podiatrist's office. When a 2051
certified registered nurse anesthetist is supervised by a 2052
dentist, the nurse's scope of practice is limited to the 2053
anesthesia procedures that the dentist has the authority under 2054
Chapter 4715. of the Revised Code to perform. 2055

(C) A nurse authorized to practice as a certified nurse 2056
practitioner, ~~in collaboration with one or more physicians or~~ 2057
~~podiatrists,~~ may provide preventive and, primary care, and acute 2058
care services, ~~provide services for acute illnesses,~~ and 2059
evaluate and promote patient wellness ~~within the nurse's nursing~~ 2060
~~specialty, consistent with the nurse's education and~~ 2061
~~certification, and in accordance with rules adopted by the~~ 2062
~~board. A certified nurse practitioner may, in collaboration with~~ 2063
~~one or more physicians or podiatrists, prescribe drugs and~~ 2064

~~therapeutic devices in accordance with section 4723.481 of the Revised Code.~~ 2065
2066

When a certified nurse practitioner ~~is collaborating~~ 2067
practices under a standard care arrangement entered into with a 2068
collaborating practitioner who is a podiatrist, the nurse's 2069
scope of practice is limited to the procedures that the 2070
podiatrist has the authority under section 4731.51 of the 2071
Revised Code to perform. 2072

(D) A nurse authorized to practice as a clinical nurse 2073
specialist, ~~in collaboration with one or more physicians or~~ 2074
~~podiatrists,~~ may provide and manage the care of individuals and 2075
groups with complex health problems and provide health care 2076
services that promote, improve, and manage health care ~~within~~ 2077
~~the nurse's nursing specialty, consistent with the nurse's~~ 2078
~~education and in accordance with rules adopted by the board. A~~ 2079
~~clinical nurse specialist may, in collaboration with one or more~~ 2080
~~physicians or podiatrists, prescribe drugs and therapeutic~~ 2081
~~devices in accordance with section 4723.481 of the Revised Code.~~ 2082

When a clinical nurse specialist ~~is collaborating~~ 2083
practices under a standard care arrangement entered into with a 2084
collaborating practitioner who is a podiatrist, the nurse's 2085
scope of practice is limited to the procedures that the 2086
podiatrist has the authority under section 4731.51 of the 2087
Revised Code to perform. 2088

Sec. 4723.431. ~~(A)(1) An~~ This section establishes 2089
standards and conditions regarding the standard care 2090
arrangements that are required or permitted by section 4723.43 2091
of the Revised Code to be maintained between an advanced 2092
practice registered nurse who is designated as a clinical nurse 2093
specialist, certified nurse-midwife, or certified nurse 2094

practitioner ~~may practice only in accordance with a standard-~~ 2095
~~care arrangement entered into with and each physician or~~ 2096
~~podiatrist collaborating practitioner~~ with whom the nurse 2097
collaborates. ~~A-~~ 2098

(A) (1) A copy of the nurse's standard care arrangement 2099
shall be retained on file by the nurse's employer. Prior 2100
approval of the standard care arrangement by the board of 2101
nursing is not required, but the board may periodically review 2102
it for compliance with this section. 2103

~~A clinical nurse specialist, certified nurse midwife, or~~ 2104
~~certified nurse practitioner~~ (2) The nurse may enter into a 2105
standard care arrangement with one or more collaborating 2106
~~physicians or podiatrists~~practitioners. If a collaborating- 2107
~~physician or podiatrist enters into standard care arrangements~~ 2108
~~with more than five nurses, the physician or podiatrist shall~~ 2109
~~not collaborate at the same time with more than five nurses in~~ 2110
~~the prescribing component of their practices.~~ 2111

Not later than thirty days after first engaging in the 2112
practice of advanced practice registered nursing ~~as a clinical-~~ 2113
~~nurse specialist, certified nurse midwife, or certified nurse~~ 2114
~~practitioner~~, the nurse shall submit to the board the name ~~and~~ 2115
~~business address~~ of each collaborating ~~physician or~~ 2116
~~podiatrist~~practitioner. Thereafter, the nurse shall notify the 2117
board of any additions or deletions to the nurse's collaborating 2118
~~physicians or podiatrists~~practitioners. ~~Except as provided in~~ 2119
~~division (D) of this section, the~~ The notice must be provided 2120
not later than thirty days after the change takes effect. 2121

~~(2) All~~ (3) Both of the following conditions apply with 2122
respect to the practice of a collaborating ~~physician or~~ 2123
~~podiatrist with whom a clinical nurse specialist, certified-~~ 2124

~~nurse midwife, or certified nurse practitioner may enter into a
standard care arrangement practitioner:~~ 2125
2126

~~(a) The~~ In the case of a collaborating practitioner who is 2127
a physician or podiatrist, the collaborating physician or 2128
podiatrist must be authorized both of the following: 2129

(i) Authorized to practice in this state. 2130

~~(b) Except as provided in division (A) (2) (c) of this
section, the physician or podiatrist must be practicing;~~ 2131
2132

(ii) Practicing in a specialty that is the same as or 2133
similar to the nurse's nursing specialty designation. 2134

~~(c) If the nurse is a clinical nurse specialist who is
certified as a psychiatric mental health CNS by the American
nurses credentialing center or a certified nurse practitioner
who is certified as a psychiatric mental health NP by the
American nurses credentialing center, the nurse may enter into a
standard care arrangement with a physician but not a podiatrist
and the collaborating physician must be practicing in one of the
following specialties:~~ 2135
2136
2137
2138
2139
2140
2141
2142

~~(i) Psychiatry;~~ 2143

~~(ii) Pediatrics;~~ 2144

~~(iii) Primary care or family practice.~~ 2145

(b) In the case of a collaborating practitioner who is a 2146
clinical nurse specialist, certified nurse-midwife, or certified 2147
nurse practitioner, the collaborating nurse must satisfy all of 2148
the following: 2149

(i) Be authorized to practice in this state; 2150

(ii) Be practicing in a designation that is the same 2151

designation as the nurse with whom the collaborating nurse has 2152
entered into a standard care arrangement; 2153

(iii) Have met the requirements of section 4723.437 of the 2154
Revised Code; 2155

(iv) Not practice under a standard care arrangement 2156
entered into with another collaborating practitioner. 2157

(B) A standard care arrangement shall be in writing and 2158
shall contain all of the following: 2159

(1) Criteria for referral of a patient by the ~~clinical~~ 2160
~~nurse specialist, certified nurse midwife, or certified nurse~~ 2161
~~practitioner~~ nurse practicing under the standard care 2162
arrangement to a collaborating ~~physician or podiatrist~~ 2163
~~practitioner~~ or to another physician or podiatrist or a clinical 2164
nurse specialist, certified nurse-midwife, or certified nurse 2165
practitioner who meets the requirements of section 4723.437 of 2166
the Revised Code; 2167

(2) A process for the ~~clinical nurse specialist, certified~~ 2168
~~nurse midwife, or certified nurse practitioner~~ nurse practicing 2169
under the standard care arrangement to obtain a consultation 2170
with a collaborating ~~physician or podiatrist~~ practitioner or 2171
with another physician or podiatrist or a clinical nurse 2172
specialist, certified nurse-midwife, or certified nurse 2173
practitioner who meets the requirements of section 4723.437 of 2174
the Revised Code; 2175

(3) A plan for coverage ~~in instances of emergency or~~ 2176
~~planned absences of either the clinical nurse specialist,~~ 2177
~~certified nurse midwife, or certified nurse practitioner~~ or a 2178
~~collaborating physician or podiatrist~~ that provides the means 2179
whereby a physician or podiatrist or a clinical nurse 2180

specialist, certified nurse-midwife, or certified nurse 2181
practitioner that meets the requirements of section 4723.437 of 2182
the Revised Code is available for emergency care in instances of 2183
emergency or planned absences of either the nurse who is 2184
practicing under the standard care arrangement or the 2185
collaborating practitioner who entered into the arrangement; 2186

(4) The process for resolution of disagreements regarding 2187
matters of patient management between the ~~clinical nurse~~ 2188
~~specialist, certified nurse midwife, or certified nurse~~ 2189
~~practitioner~~ nurse practicing under the standard care 2190
arrangement and a collaborating ~~physician or~~ 2191
~~podiatrist~~practitioner; 2192

(5) Any other criteria required by rule of the board 2193
adopted pursuant to section 4723.07 or 4723.50 of the Revised 2194
Code. 2195

(C) (1) A standard care arrangement entered into pursuant 2196
to this section may permit a clinical nurse specialist, 2197
certified nurse-midwife, or certified nurse practitioner to 2198
supervise services provided by a home health agency, as defined 2199
in section 3701.881 of the Revised Code. 2200

(2) A standard care arrangement entered into pursuant to 2201
this section may permit a clinical nurse specialist, certified 2202
nurse-midwife, or certified nurse practitioner to admit a 2203
patient to a hospital in accordance with section 3727.06 of the 2204
Revised Code. 2205

~~(D) (1) Except as provided in division (D) (2) of this~~ 2206
~~section, if a physician or podiatrist terminates the~~ 2207
~~collaboration between the physician or podiatrist and a~~ 2208
~~certified nurse midwife, certified nurse practitioner, or~~ 2209

~~clinical nurse specialist before their standard care arrangement expires, all of the following apply:~~ 2210
2211

~~(a) The physician or podiatrist must give the nurse written or electronic notice of the termination.~~ 2212
2213

~~(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.~~ 2214
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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.~~ 2218
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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.~~ 2225
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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~~ 2234
2235
2236
2237
2238

4723.43 of the Revised Code. A standard care arrangement between 2239
the hospital's employee and the employee's collaborating 2240
~~physician-practitioner~~ is subject to approval by the medical 2241
staff and governing body of the hospital prior to implementation 2242
of the arrangement at the hospital. 2243

Sec. 4723.437. (A) An advanced practice registered nurse 2244
who is a clinical nurse specialist, certified nurse-midwife, or 2245
certified nurse practitioner may practice without a standard 2246
care arrangement, and therefore without a collaborating 2247
practitioner, if the requirements of division (B) of this 2248
section are met. 2249

(B) (1) To be eligible to practice without a standard care 2250
arrangement, a nurse must have both collaborated with one or 2251
more collaborating practitioners under a standard care 2252
arrangement and practiced in a clinical setting for the longer 2253
of the following: 2254

(a) Two thousand hours; 2255

(b) Twelve months. 2256

(2) A nurse who seeks to practice without a standard care 2257
arrangement shall submit to the board of nursing documentation 2258
demonstrating that the requirements described in division (B) (1) 2259
of this section have been met. 2260

(3) In the case of a nurse who obtained a license by 2261
endorsement as described in division (B) of section 4723.41 of 2262
the Revised Code, the board of nursing shall accept clinical 2263
practice completed in another jurisdiction if the board 2264
determines that the nurse practiced in that jurisdiction in a 2265
manner equivalent to practicing under a standard care 2266
arrangement with a collaborating practitioner. 2267

(C) The board of nursing shall adopt rules as necessary to 2268
implement this section, including rules specifying the 2269
documentation that a nurse must submit in order to demonstrate 2270
that the nurse has met the requirements described in division 2271
(B)(1) of this section. The rules shall be adopted in accordance 2272
with Chapter 119. of the Revised Code. 2273

Sec. 4723.44. (A) No person shall knowingly do any of the 2274
following unless the person holds a current, valid license 2275
issued by the board of nursing under this chapter to practice 2276
nursing as an advanced practice registered nurse ~~in the~~ 2277
~~specialty indicated by the designation:~~ 2278

(1) Engage in the practice of nursing as an advanced 2279
practice registered nurse for a fee, salary, or other 2280
consideration, or as a volunteer; 2281

(2) Represent the person as being an advanced practice 2282
registered nurse, including representing the person as being a 2283
certified registered nurse anesthetist, clinical nurse 2284
specialist, certified nurse-midwife, or certified nurse 2285
practitioner; 2286

(3) Use any title or initials implying that the person is 2287
an advanced practice registered nurse, including using any title 2288
or initials implying the person is a certified registered nurse 2289
anesthetist, clinical nurse specialist, certified nurse-midwife, 2290
or certified nurse practitioner. 2291

(B) No advanced practice registered nurse shall knowingly 2292
do any of the following: 2293

(1) Engage, for a fee, salary, or other consideration, or 2294
as a volunteer, in the practice of nursing as an advanced 2295
practice registered nurse in a ~~nursing specialty designation~~ 2296

other than ~~the specialty designated that indicated~~ on the 2297
nurse's current, valid license issued by the board under this 2298
chapter to practice nursing as an advanced practice registered 2299
nurse; 2300

(2) Represent the person as being authorized to practice 2301
~~nursing as an advanced practice registered nurse in any nursing-~~ 2302
~~specialty designation other than the specialty designated that~~ 2303
~~indicated~~ on the current, valid license to practice nursing as 2304
an advanced practice registered nurse; 2305

(3) Use the title "certified registered nurse anesthetist" 2306
or the initials "N.A." or "C.R.N.A.," the title "clinical nurse 2307
specialist" or the initials "C.N.S.," the title "certified 2308
nurse-midwife" or the initials "C.N.M.," the title "certified 2309
nurse practitioner" or the initials "C.N.P.," the title 2310
"advanced practice registered nurse" or the initials "A.P.R.N.," 2311
or any other title or initials implying that the nurse is 2312
authorized to practice nursing as an advanced practice 2313
registered nurse in any nursing specialty designation other than 2314
~~the specialty designated that indicated~~ on the nurse's current, 2315
valid license to practice nursing as an advanced practice 2316
registered nurse; 2317

(4) ~~Except as provided in division (A) (2) (c) of section-~~ 2318
~~4723.431 of the Revised Code, enter~~ Enter into a standard care 2319
arrangement with a ~~physician or podiatrist collaborating~~ 2320
practitioner who is practicing in a specialty or designation 2321
that is not the same as or similar to the nurse's ~~nursing-~~ 2322
~~specialty designation~~; 2323

(5) Prescribe drugs or therapeutic devices in a manner 2324
that does not comply with section 4723.481 of the Revised Code; 2325

(6) Prescribe any drug or device to perform or induce an 2326
abortion, or otherwise perform or induce an abortion. 2327

(C) No person shall knowingly employ a person to engage in 2328
the practice of nursing as an advanced practice registered nurse 2329
unless the person so employed holds a current, valid license and 2330
designation issued by the board under this chapter to practice 2331
as an advanced practice registered nurse ~~in the specialty as~~ 2332
indicated by the designation. 2333

(D) A document certified by the executive director of the 2334
board, under the official seal of the board, to the effect that 2335
it appears from the records of the board that no license to 2336
practice nursing as an advanced practice registered nurse has 2337
been issued to the person specified in the document, or that a 2338
license to practice nursing as an advanced practice registered 2339
nurse, if issued, has been revoked or suspended, shall be 2340
received as prima-facie evidence of the record of the board in 2341
any court or before any officer of the state. 2342

Sec. 4723.46. (A) The board of nursing shall establish a 2343
list of national certifying organizations approved by the board 2344
to examine and certify advanced practice registered nurses to 2345
~~practice nursing specialties~~. To be approved by the board, a 2346
national certifying organization must meet all of the following 2347
requirements: 2348

(1) Be national in the scope of its credentialing; 2349

(2) Have an educational requirement beyond that required 2350
for registered nurse licensure; 2351

(3) Have practice requirements beyond those required for 2352
registered nurse licensure; 2353

(4) Have testing requirements beyond those required for 2354

registered nurse licensure that measure the theoretical and 2355
clinical content of a ~~nursing practice~~ specialty, are developed 2356
in accordance with accepted standards of validity and 2357
reliability, and are open to registered nurses who have 2358
successfully completed the educational program required by the 2359
organization; 2360

(5) Issue certificates to advanced practice registered 2361
nurses, including certified registered nurse anesthetists, 2362
clinical nurse specialists, certified nurse-midwives, or 2363
certified nurse practitioners; 2364

(6) Periodically review the qualifications of advanced 2365
practice registered nurses, including certified registered nurse 2366
anesthetists, clinical nurse specialists, certified nurse- 2367
midwives, or certified nurse practitioners. 2368

(B) Not later than the thirtieth day of January of each 2369
year, the board shall publish the list of national certifying 2370
organizations that have met the requirements of division (A) of 2371
this section within the previous year and remove from the list 2372
organizations that no longer meet the requirements. 2373

Sec. 4723.481. This section establishes standards and 2374
conditions regarding the authority of an advanced practice 2375
registered nurse who is designated as a clinical nurse 2376
specialist, certified nurse-midwife, or certified nurse 2377
practitioner to prescribe and personally furnish drugs and 2378
therapeutic devices under a license issued under section 4723.42 2379
of the Revised Code. 2380

(A) Except as provided in division (F) of this section, a 2381
clinical nurse specialist, certified nurse-midwife, or certified 2382
nurse practitioner shall not prescribe or furnish any drug or 2383

therapeutic device that is listed on the exclusionary formulary 2384
established in rules adopted under section 4723.50 of the 2385
Revised Code. 2386

(B) The prescriptive authority of a clinical nurse 2387
specialist, certified nurse-midwife, or certified nurse 2388
practitioner practicing under a standard care arrangement shall 2389
not exceed the prescriptive authority of the collaborating 2390
~~physician or podiatrist practitioner~~, including, in the case of 2391
a collaborating practitioner who is a physician, the physician's 2392
authority to treat chronic pain with controlled substances and 2393
products containing tramadol as described in section 4731.052 of 2394
the Revised Code. 2395

(C) (1) Except as provided in division (C) (2) or (3) of 2396
this section, a clinical nurse specialist, certified nurse- 2397
midwife, or certified nurse practitioner may prescribe to a 2398
patient a schedule II controlled substance only if all of the 2399
following are the case: 2400

(a) The patient has a terminal condition, as defined in 2401
section 2133.01 of the Revised Code. 2402

(b) A physician initially prescribed the substance for the 2403
patient. 2404

(c) The prescription is for an amount that does not exceed 2405
the amount necessary for the patient's use in a single, seventy- 2406
two-hour period. 2407

(2) The restrictions on prescriptive authority described 2408
in division (C) (1) of this section do not apply if a clinical 2409
nurse specialist, certified nurse-midwife, or certified nurse 2410
practitioner issues the prescription to the patient from any of 2411
the following locations: 2412

| | |
|--|----------------------|
| (a) A hospital registered under section 3701.07 of the Revised Code; | 2413 2414 |
| (b) An entity owned or controlled, in whole or in part, by a hospital or by an entity that owns or controls, in whole or in part, one or more hospitals; | 2415 2416 2417 |
| (c) A health care facility operated by the department of mental health and addiction services or the department of developmental disabilities; | 2418 2419 2420 |
| (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; | 2421 2422 2423 |
| (e) A county home or district home operated under Chapter 5155. of the Revised Code that is certified under the medicare or medicaid program; | 2424 2425 2426 |
| (f) A hospice care program, as defined in section 3712.01 of the Revised Code; | 2427 2428 |
| (g) A community mental health services provider, as defined in section 5122.01 of the Revised Code; | 2429 2430 |
| (h) An ambulatory surgical facility, as defined in section 3702.30 of the Revised Code; | 2431 2432 |
| (i) A freestanding birthing center, as defined in section 3702.141 of the Revised Code; | 2433 2434 |
| (j) A federally qualified health center, as defined in section 3701.047 of the Revised Code; | 2435 2436 |
| (k) A federally qualified health center look-alike, as defined in section 3701.047 of the Revised Code; | 2437 2438 |
| (l) A health care office or facility operated by the board | 2439 |

of health of a city or general health district or the authority 2440
having the duties of a board of health under section 3709.05 of 2441
the Revised Code; 2442

(m) A site where a medical practice is operated, but only 2443
if the practice is comprised of one or more physicians who also 2444
are owners of the practice; the practice is organized to provide 2445
direct patient care; and the clinical nurse specialist, 2446
certified nurse-midwife, or certified nurse practitioner 2447
~~providing provides services at the site has a standard care~~ 2448
~~arrangement and collaborates with at least one of the physician-~~ 2449
~~owners who practices primarily at that site;~~ 2450

(n) A residential care facility, as defined in section 2451
3721.01 of the Revised Code. 2452

(3) A clinical nurse specialist, certified nurse-midwife, 2453
or certified nurse practitioner shall not issue to a patient a 2454
prescription for a schedule II controlled substance from a 2455
convenience care clinic even if the clinic is owned or operated 2456
by an entity specified in division (C) (2) of this section. 2457

(D) A pharmacist who acts in good faith reliance on a 2458
prescription issued by a clinical nurse specialist, certified 2459
nurse-midwife, or certified nurse practitioner under division 2460
(C) (2) of this section is not liable for or subject to any of 2461
the following for relying on the prescription: damages in any 2462
civil action, prosecution in any criminal proceeding, or 2463
professional disciplinary action by the state board of pharmacy 2464
under Chapter 4729. of the Revised Code. 2465

(E) A clinical nurse specialist, certified nurse-midwife, 2466
or certified nurse practitioner shall comply with section 2467
3719.061 of the Revised Code if the nurse prescribes for a 2468

minor, as defined in that section, an opioid analgesic, as 2469
defined in section 3719.01 of the Revised Code. 2470

(F) Until the board of nursing establishes a new formulary 2471
in rules adopted under section 4723.50 of the Revised Code, a 2472
clinical nurse specialist, certified nurse-midwife, or certified 2473
nurse practitioner who prescribes or furnishes any drug or 2474
therapeutic device shall do so in accordance with the formulary 2475
established by the board prior to ~~the effective date of this~~ 2476
~~amendment~~ April 6, 2017. 2477

Sec. 4723.482. (A) Except as provided in divisions (C) and 2478
(D) of this section, an applicant for a license to practice 2479
nursing as an advanced practice registered nurse who seeks 2480
designation as a clinical nurse specialist, certified nurse- 2481
midwife, or certified nurse practitioner shall include with the 2482
application submitted under section 4723.41 of the Revised Code 2483
evidence of successfully completing the course of study in 2484
advanced pharmacology and related topics in accordance with the 2485
requirements specified in division (B) of this section. 2486

(B) With respect to the course of study in advanced 2487
pharmacology and related topics, all of the following 2488
requirements apply: 2489

(1) ~~The course of study shall be completed not longer than~~ 2490
~~five years before the application is filed.~~ 2491

~~(2)~~ The course of study shall be not less than forty-five 2492
contact hours. 2493

~~(3)~~ (2) The course of study shall meet the requirements to 2494
be approved by the board of nursing in accordance with standards 2495
established in rules adopted under section 4723.50 of the 2496
Revised Code. 2497

| | |
|--|------|
| (4) (3) The content of the course of study shall be | 2498 |
| specific to the applicant's nursing specialty designation being | 2499 |
| <u>sought by the applicant.</u> | 2500 |
| (5) (4) The instruction provided in the course of study | 2501 |
| shall include all of the following: | 2502 |
| (a) A minimum of thirty-six contact hours of instruction | 2503 |
| in advanced pharmacology that includes pharmacokinetic | 2504 |
| principles and clinical application and the use of drugs and | 2505 |
| therapeutic devices in the prevention of illness and maintenance | 2506 |
| of health; | 2507 |
| (b) Instruction in the fiscal and ethical implications of | 2508 |
| prescribing drugs and therapeutic devices; | 2509 |
| (c) Instruction in the state and federal laws that apply | 2510 |
| to the authority to prescribe; | 2511 |
| (d) Instruction that is specific to schedule II controlled | 2512 |
| substances, including instruction in all of the following: | 2513 |
| (i) Indications for the use of schedule II controlled | 2514 |
| substances in drug therapies; | 2515 |
| (ii) The most recent Pain management therapy guidelines | 2516 |
| for pain management therapies, as established by state and | 2517 |
| national organizations such as the Ohio pain initiative and the | 2518 |
| American pain society; | 2519 |
| (iii) Fiscal and ethical implications of prescribing | 2520 |
| schedule II controlled substances; | 2521 |
| (iv) State and federal laws that apply to the authority to | 2522 |
| prescribe schedule II controlled substances; | 2523 |
| (v) Prevention of abuse and diversion of schedule II | 2524 |

controlled substances, including identification of the risk of 2525
abuse and diversion, recognition of abuse and diversion, types 2526
of assistance available for prevention of abuse and diversion, 2527
and methods of establishing safeguards against abuse and 2528
diversion. 2529

(C) An applicant who practiced or is practicing as a 2530
clinical nurse specialist, certified nurse-midwife, or certified 2531
nurse practitioner in another jurisdiction or as an employee of 2532
the United States government shall include with the application 2533
submitted under section 4723.41 of the Revised Code all of the 2534
following: 2535

(1) Evidence of having completed a two-hour course of 2536
instruction approved by the board in the laws of this state that 2537
govern drugs and prescriptive authority; 2538

(2) Either of the following: 2539

(a) Evidence of having held, for a continuous period of at 2540
least one year during the three years immediately preceding the 2541
date of application, valid authority issued by another 2542
jurisdiction to prescribe therapeutic devices and drugs, 2543
including at least some controlled substances; 2544

(b) Evidence of having been employed by the United States 2545
government and authorized, for a continuous period of at least 2546
one year during the three years immediately preceding the date 2547
of application, to prescribe therapeutic devices and drugs, 2548
including at least some controlled substances, in conjunction 2549
with that employment. 2550

(D) In lieu of including with an application submitted 2551
under section 4723.41 of the Revised Code the evidence described 2552
in division (A) of this section, an applicant described in 2553

division (C) or (D) of section 4723.41 of the Revised Code may 2554
include evidence of all of the following: 2555

(1) Successfully completing the course of study in 2556
advanced pharmacology and related topics ~~more than five years~~ 2557
~~before the date the application is filed;~~ 2558

(2) Holding, for a continuous period of at least one year 2559
during the three years immediately preceding the date of 2560
application, valid authority in any jurisdiction to prescribe 2561
therapeutic devices and drugs, including at least some 2562
controlled substances; 2563

(3) Exercising the prescriptive authority described in 2564
division (D) (2) of this section for the minimum one-year period. 2565

Sec. 4723.483. (A) (1) Subject to division (A) (2) of this 2566
section, and notwithstanding any provision of this chapter or 2567
rule adopted by the board of nursing, a clinical nurse 2568
specialist, certified nurse-midwife, or certified nurse 2569
practitioner ~~who holds a certificate to prescribe issued under~~ 2570
~~section 4723.48 of the Revised Code~~ may do either of the 2571
following without having examined an individual to whom 2572
epinephrine may be administered: 2573

(a) Personally furnish a supply of epinephrine 2574
autoinjectors for use in accordance with sections 3313.7110, 2575
3313.7111, 3314.143, 3326.28, 3328.29, 3728.03 to 3728.05, and 2576
5101.76 of the Revised Code; 2577

(b) Issue a prescription for epinephrine autoinjectors for 2578
use in accordance with sections 3313.7110, 3313.7111, 3314.143, 2579
3326.28, 3328.29, 3728.03 to 3728.05, and 5101.76 of the Revised 2580
Code. 2581

(2) An epinephrine autoinjector personally furnished or 2582

prescribed under division (A) (1) of this section must be 2583
furnished or prescribed in such a manner that it may be 2584
administered only in a manufactured dosage form. 2585

(B) A nurse who acts in good faith in accordance with this 2586
section is not liable for or subject to any of the following for 2587
any action or omission of an entity to which an epinephrine 2588
autoinjector is furnished or a prescription is issued: damages 2589
in any civil action, prosecution in any criminal proceeding, or 2590
professional disciplinary action. 2591

Sec. 4723.493. (A) There is hereby created within the 2592
board of nursing the advisory committee on advanced practice 2593
registered nursing. The committee shall consist of the following 2594
~~members and any other members the board appoints under division~~ 2595
~~(B) of this section:~~ 2596

(1) Four advanced practice registered nurses, each 2597
actively engaged in the practice of advanced practice registered 2598
nursing in a clinical setting in this state, at least one of 2599
whom is actively engaged in providing primary care, at least one 2600
of whom is actively engaged in practice as a certified 2601
registered nurse anesthetist, and at least one of whom is 2602
actively engaged in practice as a certified nurse-midwife; 2603

(2) Two advanced practice registered nurses, each serving 2604
as a faculty member of an approved program of nursing education 2605
that prepares students for licensure as advanced practice 2606
registered nurses; 2607

(3) A member of the board of nursing who is an advanced 2608
practice registered nurse; 2609

(4) A representative of an entity employing ten or more 2610
advanced practice registered nurses actively engaged in practice 2611

in this state. 2612

(B) The board of nursing shall appoint the members 2613
described in division (A) of this section and may appoint 2614
additional members as described in division (D) of this section. 2615
~~Recommendations for~~ For purposes of initial appointments and for 2616
~~filling any vacancies may be submitted to,~~ the board by shall 2617
accept recommendations, if any, from organizations representing 2618
advanced practice registered nurses practicing in this state and 2619
~~by from~~ schools of advanced practice registered nursing. The 2620
board shall appoint initial members and fill vacancies according 2621
to the recommendations it receives. If it does not receive any 2622
recommendations or receives an insufficient number of 2623
recommendations, the board shall appoint members and fill 2624
vacancies on its own advice. 2625

Initial appointments to the committee shall be made not 2626
later than sixty days after April 6, 2017. Of the initial 2627
appointments described in division (A) (1) of this section, two 2628
shall be for terms of one year and two shall be for terms of two 2629
years. Of the initial appointments described in division (A) (2) 2630
of this section, one shall be for a term of one year and one 2631
shall be for a term of two years. Of the initial appointments 2632
described in divisions (A) (3) and (4) of this section, each 2633
shall be for a term of two years. Thereafter, terms shall be for 2634
two years, with each term ending on the same day of the same 2635
month as did the term that it succeeds. Vacancies shall be 2636
filled in the same manner as appointments. 2637

When the term of any member expires, a successor shall be 2638
appointed in the same manner as the initial appointment. Any 2639
member appointed to fill a vacancy occurring prior to the 2640
expiration of the term for which the member's predecessor was 2641

appointed shall hold office for the remainder of that term. A 2642
member shall continue in office subsequent to the expiration 2643
date of the member's term until the member's successor takes 2644
office or until a period of sixty days has elapsed, whichever 2645
occurs first. A member may be reappointed for one additional 2646
term only. 2647

(C) The committee shall organize by selecting a 2648
chairperson from among its members. The committee may select a 2649
new chairperson at any time. Five members constitute a quorum 2650
for the transaction of official business. Members shall serve 2651
without compensation but receive payment for their actual and 2652
necessary expenses incurred in the performance of their official 2653
duties. The expenses shall be paid by the board of nursing. 2654

(D) The committee shall advise the board regarding the 2655
practice and regulation of advanced practice registered nurses. 2656
The committee may also recommend to the board that ~~an individual~~ 2657
~~with expertise in an advanced practice registered nursing nurse~~ 2658
with expertise in a practice specialty be appointed under 2659
division (B) of this section as an additional member of the 2660
committee. 2661

Sec. 4723.50. (A) As used in this section: 2662

(1) "Controlled substance" has the same meaning as in 2663
section 3719.01 of the Revised Code. 2664

(2) "Medication-assisted treatment" has the same meaning 2665
as in section 340.01 of the Revised Code. 2666

(B) ~~In accordance with Chapter 119. of the Revised Code,~~ 2667
~~the~~ The board of nursing shall adopt rules as necessary to 2668
implement the provisions of this chapter pertaining to the 2669
authority of ~~advanced practice registered nurses who are~~ 2670

~~designated as clinical nurse specialists, certified nurse- 2671
midwives, and certified nurse practitioners to prescribe and 2672
furnish drugs and therapeutic devices.— 2673~~

~~The board shall adopt, including rules that are consistent— 2674
with a recommended establishing an exclusionary formulary the— 2675
board received from the former committee on prescriptive— 2676
governance that was established pursuant to H.B. 216 of the— 2677
131st general assembly. After reviewing a formulary submitted by— 2678
the committee, the board may either adopt the formulary as a— 2679
rule or ask the committee to reconsider and resubmit the— 2680
formulary. The board shall not adopt any rule that does not— 2681
conform to a formulary developed by the committee that specifies 2682
the drugs and therapeutic devices that a clinical nurse 2683
specialist, certified nurse-midwife, or certified nurse 2684
practitioner cannot prescribe or furnish. 2685~~

The exclusionary formulary shall permit, in a manner 2686
consistent with section 4723.481 of the Revised Code, the 2687
prescribing of controlled substances, including drugs that 2688
contain buprenorphine used in medication-assisted treatment and 2689
both oral and long-acting opioid antagonists. ~~The— 2690~~

The formulary shall not permit the prescribing or 2691
furnishing of any of the following: 2692

(1) A drug or device to perform or induce an abortion; 2693

(2) A drug or device prohibited by federal or state law. 2694

(C) In addition to the rules described in division (B) of 2695
this section, the board shall adopt rules ~~under this section— 2696
that do the following: 2697~~

(1) Establish standards for board approval of the course 2698
of study in advanced pharmacology and related topics required by 2699

section 4723.482 of the Revised Code; 2700

(2) Establish requirements for board approval of the two- 2701
hour course of instruction in the laws of this state as required 2702
under division (C) (1) of section 4723.482 of the Revised Code; 2703

(3) Establish For purposes of division (A) (5) of section 2704
4723.431 of the Revised Code, establish criteria for the 2705
components of ~~the any~~ standard care arrangements ~~described in~~
~~section 4723.431 of the Revised Code~~ that apply to the authority 2706
to prescribe, including the components that apply to the 2707
authority to prescribe schedule II controlled substances. The 2708
rules shall be consistent with that section and include all of 2709
the following: 2710
2711

(a) Quality assurance standards; 2712

(b) Standards for periodic review by a collaborating 2713
~~physician or podiatrist~~ practitioner of the records of patients 2714
treated by the clinical nurse specialist, certified nurse- 2715
midwife, or certified nurse practitioner; 2716

(c) ~~Acceptable travel time between the location at which~~ 2717
~~the clinical nurse specialist, certified nurse midwife, or~~ 2718
~~certified nurse practitioner is engaging in the prescribing~~ 2719
~~components of the nurse's practice and the location of the~~ 2720
~~nurse's collaborating physician or podiatrist;~~ 2721

~~(d) Any other criteria recommended by the former committee~~ 2722
~~on prescriptive governance~~ the board considers appropriate. 2723

(D) All rules adopted under this section shall be adopted 2724
in accordance with Chapter 119. of the Revised Code. 2725

Sec. 4731.27. (A) As used in this section, 2726
"collaboration," "physician," "standard care arrangement," and 2727

"supervision" have the same meanings as in section 4723.01 of 2728
the Revised Code. 2729

(B) A physician or podiatrist shall enter into a standard 2730
care arrangement with each clinical nurse specialist, certified 2731
nurse-midwife, or certified nurse practitioner with whom the 2732
physician or podiatrist is in collaboration. 2733

The collaborating physician or podiatrist shall fulfill 2734
the responsibilities of collaboration, as specified in the 2735
arrangement and in accordance with division (A) of section 2736
4723.431 of the Revised Code. A copy of the standard care 2737
arrangement shall be retained on file by the nurse's employer. 2738
Prior approval of the standard care arrangement by the state 2739
medical board is not required, but the board may periodically 2740
review it. 2741

~~A physician or podiatrist who terminates collaboration 2742
with a certified nurse midwife, certified nurse practitioner, or 2743
clinical nurse specialist before their standard care arrangement 2744
expires shall give the nurse the written or electronic notice of 2745
termination required by division (D) (1) of section 4723.431 of 2746
the Revised Code. 2747~~

Nothing in this division prohibits a hospital from hiring 2748
a clinical nurse specialist, certified nurse-midwife, or 2749
certified nurse practitioner as an employee and negotiating 2750
standard care arrangements on behalf of the employee as 2751
necessary to meet the requirements of this section. A standard 2752
care arrangement between the hospital's employee and the 2753
employee's collaborating physician-practitioner is subject to 2754
approval by the medical staff and governing body of the hospital 2755
prior to implementation of the arrangement at the hospital. 2756

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

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

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

(1) A physician;

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

(3) A certified registered nurse anesthetist who holds a current, valid license issued under Chapter 4723. of the Revised Code to practice nursing as an advanced practice registered nurse and acts in compliance with sections 4723.43, 4723.433, and 4723.434 of the Revised Code;

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

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| (B) The person shall practice only under the supervision | 2786 |
| of any of the following: | 2787 |
| (1) A physician; | 2788 |
| (2) A certified nurse practitioner <u>clinical nurse</u> | 2789 |
| <u>specialist</u> , certified nurse-midwife, or clinical nurse | 2790 |
| specialist <u>certified nurse practitioner</u> ; | 2791 |
| (3) A physician assistant who is authorized to prescribe | 2792 |
| or order respiratory care services as provided in division (A) | 2793 |
| (4) of this section. | 2794 |
| (C) (1) When practicing under the prescription or order of | 2795 |
| a certified nurse practitioner, certified nurse midwife, or | 2796 |
| clinical nurse specialist or under the supervision of such a | 2797 |
| nurse, the person's administration of medication that requires a | 2798 |
| prescription is limited to the drugs that the nurse is | 2799 |
| authorized to prescribe pursuant to section 4723.481 of the | 2800 |
| Revised Code. | 2801 |
| (2) When practicing under the order of a certified | 2802 |
| registered nurse anesthetist, the person's administration of | 2803 |
| medication is limited to the drugs that the nurse is authorized | 2804 |
| to order or direct the person to administer, as provided in | 2805 |
| sections 4723.43, 4723.433, and 4723.434 of the Revised Code. | 2806 |
| (3) When practicing under the prescription or order of a | 2807 |
| physician assistant or under the supervision of a physician | 2808 |
| assistant, the person's administration of medication that | 2809 |
| requires a prescription is limited to the drugs that the | 2810 |
| physician assistant is authorized to prescribe pursuant to the | 2811 |
| physician assistant's physician-delegated prescriptive | 2812 |
| authority. | 2813 |
| Sec. 5164.07. (A) The medicaid program shall include | 2814 |

coverage of inpatient care and follow-up care for a mother and 2815
her newborn as follows: 2816

(1) The medicaid program shall cover a minimum of forty- 2817
eight hours of inpatient care following a normal vaginal 2818
delivery and a minimum of ninety-six hours of inpatient care 2819
following a cesarean delivery. Services covered as inpatient 2820
care shall include medical, educational, and any other services 2821
that are consistent with the inpatient care recommended in the 2822
protocols and guidelines developed by national organizations 2823
that represent pediatric, obstetric, and nursing professionals. 2824

(2) The medicaid program shall cover a physician-directed 2825
source of follow-up care or a source of follow-up care directed 2826
by an advanced practice registered nurse. Services covered as 2827
follow-up care shall include physical assessment of the mother 2828
and newborn, parent education, assistance and training in breast 2829
or bottle feeding, assessment of the home support system, 2830
performance of any medically necessary and appropriate clinical 2831
tests, and any other services that are consistent with the 2832
follow-up care recommended in the protocols and guidelines 2833
developed by national organizations that represent pediatric, 2834
obstetric, and nursing professionals. The coverage shall apply 2835
to services provided in a medical setting or through home health 2836
care visits. The coverage shall apply to a home health care 2837
visit only if the health care professional who conducts the 2838
visit is knowledgeable and experienced in maternity and newborn 2839
care. 2840

When a decision is made in accordance with division (B) of 2841
this section to discharge a mother or newborn prior to the 2842
expiration of the applicable number of hours of inpatient care 2843
required to be covered, the coverage of follow-up care shall 2844

apply to all follow-up care that is provided within forty-eight 2845
hours after discharge. When a mother or newborn receives at 2846
least the number of hours of inpatient care required to be 2847
covered, the coverage of follow-up care shall apply to follow-up 2848
care that is determined to be medically necessary by the health 2849
care professionals responsible for discharging the mother or 2850
newborn. 2851

(B) Any decision to shorten the length of inpatient stay 2852
to less than that specified under division (A) (1) of this 2853
section shall be made by the physician attending the mother or 2854
newborn, except that if a certified nurse-midwife is attending 2855
the mother ~~in collaboration with a physician~~, the decision may 2856
be made by the certified nurse-midwife. ~~Decisions~~ If the 2857
certified nurse-midwife is practicing under a standard care 2858
arrangement with one or more collaborating practitioners, as 2859
provided in Chapter 4723. of the Revised Code, the nurse's 2860
decision shall be made in collaboration with a collaborating 2861
practitioner. 2862

Decisions regarding early discharge shall be made only 2863
after conferring with the mother or a person responsible for the 2864
mother or newborn. For purposes of this division, a person 2865
responsible for the mother or newborn may include a parent, 2866
guardian, or any other person with authority to make medical 2867
decisions for the mother or newborn. 2868

(C) The department of medicaid, in administering the 2869
medicaid program, may not do either of the following: 2870

(1) Terminate the provider agreement of a health care 2871
professional or health care facility solely for making 2872
recommendations for inpatient or follow-up care for a particular 2873
mother or newborn that are consistent with the care required to 2874

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| be covered by this section; | 2875 |
| (2) 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. | 2876 2877 2878 2879 |
| (D) This section does not do any of the following: | 2880 |
| (1) Require the medicaid program to cover inpatient or follow-up care that is not received in accordance with the program's terms pertaining to the health care professionals and facilities from which a medicaid recipient is authorized to receive health care services. | 2881 2882 2883 2884 2885 |
| (2) Require a mother or newborn to stay in a hospital or other inpatient setting for a fixed period of time following delivery; | 2886 2887 2888 |
| (3) Require a child to be delivered in a hospital or other inpatient setting; | 2889 2890 |
| (4) Authorize a certified nurse-midwife to practice beyond the authority to practice nurse-midwifery in accordance with Chapter 4723. of the Revised Code; | 2891 2892 2893 |
| (5) Establish minimum standards of medical diagnosis, care, or treatment for inpatient or follow-up care for a mother or newborn. A deviation from the care required to be covered under this section shall not, on the basis of this section, give rise to a medical claim or derivative medical claim, as those terms are defined in section 2305.113 of the Revised Code. | 2894 2895 2896 2897 2898 2899 |
| Section 2. That existing sections 1751.67, 2133.211, 3313.539, 3707.511, 3727.06, 3923.233, 3923.301, 3923.63, 3923.64, 4723.01, 4723.02, 4723.06, 4723.07, 4723.24, 4723.28, | 2900 2901 2902 |

4723.41, 4723.42, 4723.43, 4723.431, 4723.44, 4723.46, 4723.481, 2903
4723.482, 4723.483, 4723.493, 4723.50, 4731.27, 4761.17, and 2904
5164.07 of the Revised Code are hereby repealed. 2905

Section 3. That sections 4723.45 and 5164.73 of the 2906
Revised Code are hereby repealed. 2907

Section 4. (A) Subject to division (B) of this section, 2908
the Board of Nursing shall consider a clinical nurse specialist, 2909
certified nurse practitioner, or certified nurse-midwife to have 2910
satisfied the requirements of section 4723.437 of the Revised 2911
Code, as enacted by this act, if the nurse, immediately prior to 2912
the effective date of this section, both collaborated with one 2913
or more physicians or podiatrists under a standard care 2914
arrangement and practiced in a clinical setting for the longer 2915
of the following: 2916

(1) Two thousand hours; 2917

(2) Twelve months. 2918

(B) Not later than the date that occurs six months after 2919
the effective date of this section, a clinical nurse specialist, 2920
certified nurse practitioner, or certified nurse-midwife seeking 2921
authority to practice without a standard care arrangement shall 2922
submit to the Board documentation, acceptable to the Board, 2923
demonstrating that the nurse, immediately prior to the effective 2924
date of this section, both collaborated with one or more 2925
physicians or podiatrists under a standard care arrangement and 2926
practiced in a clinical setting for the longer of the following: 2927

(1) Two thousand hours; 2928

(2) Twelve months. 2929

In the case of a nurse who obtained a license by 2930

endorsement as described in division (B) of section 4723.41 of 2931
the Revised Code, the Board shall accept clinical practice 2932
completed in another jurisdiction if the Board determines that 2933
the nurse practiced in that jurisdiction in a manner equivalent 2934
to practicing in this state under a standard care arrangement 2935
with a collaborating physician or podiatrist. 2936

(C) If the nurse fails to submit documentation by the date 2937
that occurs six months after the effective date of this section, 2938
the nurse shall cease practicing without a standard care 2939
arrangement until the nurse meets the requirements of section 2940
4723.437 of Revised Code, as enacted by this act. 2941

Section 5. This act shall be known as the "Better Access, 2942
Better Care Act." 2943

Section 6. Section 4723.50 of the Revised Code is 2944
presented in this act as a composite of the section as amended 2945
by H.B. 231, H.B. 341, and S.B. 331, all of the 133rd General 2946
Assembly. The General Assembly, applying the principle stated in 2947
division (B) of section 1.52 of the Revised Code that amendments 2948
are to be harmonized if reasonably capable of simultaneous 2949
operation, finds that the composite is the resulting version of 2950
the section in effect prior to the effective date of the section 2951
as presented in this act. 2952