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Sponsor Testimony

Senate Bill 196

Ohio Senate Health Committee

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Chair Huffman, Vice-Chair Johnson, Ranking Member Antonio, and Members of the Senate Health Committee, thank you for the opportunity to provide sponsor testimony on S.B. 196, which seeks to modernize the code governing advanced practice registered nurses (APRNs). In Ohio, the term APRN broadly covers certified nurse anesthetists, certified nurse practitioners, certified nurse-midwives, and clinical nurse specialists.

Senate Bill 196 grants APRNs additional authority to sign or complete forms pertaining to patient care within their scope of practice. This bill has been in development for over a year, with an intense collaborative effort between the Ohio Association of Advanced Practice Nurses and the Ohio State Medical Association over the past five months producing the substitute bill before you today.

In routine practice, APRNs often find themselves signing forms documenting patient care, treatment orders, referrals, and tracking general health status. However, currently outdated policies prohibit schools, agencies, and healthcare providers from accepting certain forms with just an APRN's signature. Examples of crucial areas where APRN signature recognition could be impactful include certification of disability for disabled parking placards, sports physicals for student athletes, pre-employment and health screening exams, vital statistics documents, workers' compensation forms for job-related injuries, and providing proof of a patient's health need for emergency utility support.

We can address these challenges and enhance efficiency in how care is delivered through the passage of S.B. 196. Foremost among changes contained in the bill, this legislation creates "global signature authority" for APRNs to ensure their signatures are recognized. Sixteen states and the District of Columbia have embraced broad-based "global" signature authority laws, including Colorado, Georgia, Hawaii, Idaho, Maine, Massachusetts, Montana, North Carolina, Nevada, New Hampshire, Rhode Island, Vermont, Virginia, Washington, West Virginia, and Wyoming.¹

This change to signature recognition laws serves three main purposes: (1) promoting transparency and accountability in documenting the patient-provider relationship, (2) saving time for patients by addressing care delivery and form completion in the same visit, and (3) optimizing the healthcare workforce by eliminating the need for multiple providers to sign one patient's care forms.

¹ <https://www.aanp.org/advocacy/advocacy-resource/policy-briefs/issues-at-a-glance-signature-recognition>

Some additional specific changes in the bill include:

- Removing conditions on a certified nurse practitioner or clinical nurse specialists' ability to pronounce death in a nursing home (ORC 4723.36)
- Excluding certain services provided by certified nurse-midwives, clinical nurse specialists, and certified nurse practitioners from the sales and use tax; a break currently offered to physicians and chiropractors (ORC 5739.01)
- Authorizing clinical nurse specialists and certified nurse practitioners to provide school nurse services (ORC 3313.72)
- Adding certified nurse-midwives, clinical nurse specialists, and certified nurse practitioners as permitted recipients of referrals from a rape crisis program (ORC 109.921)
- Authorizing a court to appoint clinical nurse specialists or clinical nurse practitioners to examine incompetence in order to assist in deciding guardianship (ORC 2111.031)
- Including APRNs with hospital practice privilege as one of the persons who may supervise newborn safety incubators aka "baby boxes" at fire departments (ORC 2151.3515)
- Including certified nurse-midwives, clinical nurse specialists, and certified nurse practitioners under the law granting immunity from civil liability for those who provide prescriptions for automated external defibrillators, and for dispensing donated drugs (ORC 2305.235 and 3715.872)
- Allowing for the participation of APRNs on the Program for Children and Youth with Special Health Care Needs, an advisory council (ORC 3701.023 and 3701.027)
- Including certified nurse-midwives, clinical nurse specialists, and certified nurse practitioners as members of the local infant mortality review boards (ORC 3707.72)
- Adding certified nurse-midwives, clinical nurse specialists, and certified nurse practitioners who specialize in public health to the list of individuals eligible to serve as health commissioner for a board of health in a general health district (ORC 3709.13)

Outdated signature requirements necessitating the involvement of two health care providers to sign one patient form costs the health care system time in patient care delays, lost productivity for health care providers and patients, and often even requires multiple office visits. Removing barriers to APRNs increases access to care, increases quality of care, and decreases healthcare costs. Senate Bill 196 removes these barriers and modernizes the ORC to reflect that APRNs are trained to independently manage the acute and chronic healthcare needs of patients.

I would like to thank a constituent of mine, Summer Davis (MSN, FNP-BC, APRN, CNP), who brought forward the idea for this legislation and worked alongside me each step of the way. I am also thankful for the assistance provided by one of Summer's colleagues, Eric Snyder (DNP, APRN-CNP Hospitalist). Finally, I want to reiterate how grateful I am for the effort put forth by the Ohio State Medical Association and the Ohio Association of Advanced Practice Nurses – both organizations maintained outstanding levels of communication, looped in countless subject-matter experts, and engaged their legislative committees repeatedly throughout the drafting process.

Thank you for the opportunity to testify today. I would be happy to answer any questions at this time.