

As Reported by the House Health Provider Services Committee

135th General Assembly

Regular Session

2023-2024

Sub. S. B. No. 81

Senator Romanchuk

**Cosponsors: Senators Roegner, Hackett, Ingram, Antonio, Cirino, DeMora,
Gavarone, Huffman, S., Lang, Manning, Reineke, Reynolds, Rulli, Schaffer**

Representatives Gross, Baker, Liston, Miller, M.

A BILL

To amend sections 3905.471, 4723.021, 4723.06, 1
4723.28, and 4723.431; to enact new section 2
4723.35 and sections 4723.351, 4723.436, and 3
4730.204; and to repeal section 4723.35 of the 4
Revised Code to authorize certain advanced 5
practice registered nurses and physician 6
assistants to sign documents related to 7
psychiatric inpatients; to revise the law 8
governing the Board of Nursing's monitoring of 9
impaired practitioners; and to modify the law 10
governing insurance navigators and to amend the 11
version of section 4723.431 of the Revised Code 12
that is scheduled to take effect on September 13
30, 2024, to continue the changes to that 14
section on and after that date. 15

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

Section 1. That sections 3905.471, 4723.021, 4723.06, 16
4723.28, and 4723.431 be amended and new section 4723.35 and 17

sections 4723.351, 4723.436, and 4730.204 of the Revised Code be 18
enacted to read as follows: 19

Sec. 3905.471. (A) No individual or entity shall act as or 20
hold itself out to be an insurance navigator unless that 21
individual or entity is certified as an insurance navigator 22
under this section and is receiving funding under division (i) 23
of section 1311 of the Affordable Care Act. 24

(B) An insurance navigator who complies with the 25
requirements of this section may do any of the following: 26

(1) Conduct public education activities to raise awareness 27
of the availability of qualified health plans; 28

(2) Distribute fair and impartial general information 29
concerning enrollment in all qualified health plans offered 30
within the exchange and the availability of the premium tax 31
credits under section 36B of the Internal Revenue Code of 1986, 32
26 U.S.C. 36B, and cost-sharing reductions under section 1402 of 33
the Affordable Care Act; 34

(3) Facilitate enrollment in qualified health plans, 35
without suggesting that an individual select a particular plan; 36

(4) Provide referrals to appropriate state agencies for 37
any enrollee with a grievance, complaint, or question regarding 38
their health plan, coverage, or a determination under such plan 39
coverage; 40

(5) Provide information in a manner that is culturally and 41
linguistically appropriate to the needs of the population being 42
served by the exchange. 43

(C) An insurance navigator shall not do any of the 44
following: 45

(1) Sell, solicit, or negotiate health insurance;	46
(2) Provide advice concerning the substantive benefits, terms, and conditions of a particular health benefit plan or offer advice about which health benefit plan is better or worse or suitable for a particular individual or entity;	47 48 49 50
(3) Recommend a particular health plan or advise consumers about which health benefit plan to choose;	51 52
(4) Provide any information or services related to health benefit plans or other products not offered in the exchange. Division (C) (4) of this section shall not be interpreted as prohibiting an insurance navigator from providing information on eligibility for medicaid;	53 54 55 56 57
(5) Engage in any unfair method of competition or any fraudulent, deceptive, or dishonest act or practice.	58 59
(D) An individual shall not act in the capacity of an insurance navigator, or perform insurance navigator duties on behalf of an organization serving as an insurance navigator, unless the individual has applied for certification and the superintendent finds that the applicant meets all of the following requirements:	60 61 62 63 64 65
(1) Is at least eighteen years of age;	66
(2) Has completed and submitted the application and disclosure form required under division (F) (2) of this section and has declared, under penalty of refusal, suspension, or revocation of the insurance navigator's certification, that the statements made in the form are true, correct, and complete to the best of the applicant's knowledge and belief;	67 68 69 70 71 72
(3) Has successfully completed a criminal records check	73

under section 3905.051 of the Revised Code, as required by the superintendent;	74 75
(4) Has successfully completed the certification and training requirements adopted by the superintendent in accordance with division (F) of this section;	76 77 78
(5) Has paid all fees required by the superintendent.	79
(E) (1) A business entity that acts as an insurance navigator, supervises the activities of individual insurance navigators, or receives funding to provide insurance navigator services shall obtain an insurance navigator business entity certification.	80 81 82 83 84
(2) Any entity applying for a business entity certification shall:	85 86
(a) Apply in a form specified, and provide any information required by, the superintendent; and	87 88
(b) Pay an initial licensure fee of two hundred dollars or renewal fee of one hundred dollars.	89 90
(3) A business entity certified as an insurance navigator shall, in a manner prescribed by the superintendent, make available a list of all individual insurance navigators that the business entity employs, supervises, or with which the business entity is affiliated.	91 92 93 94 95
(F) The superintendent of insurance shall, prior to any exchange becoming operational in this state, do all of the following:	96 97 98
(1) (a) Adopt rules to establish a certification and training program for a prospective insurance navigator and the insurance navigator's employees that includes screening via a	99 100 101

criminal records check performed in accordance with section 102
3905.051 of the Revised Code, initial and continuing education 103
requirements, and an examination; 104

(b) The certification and training program shall include 105
training on compliance with the "Health Insurance Portability 106
and Accountability Act of 1996," 110 Stat. 1955, 42 U.S.C. 107
1320d, et seq., as amended, training on ethics, and training on 108
provisions of the Affordable Care Act relating to insurance 109
navigators and exchanges. 110

(2) Develop an application and disclosure form by which an 111
insurance navigator may disclose any potential conflicts of 112
interest, as well as any other information the superintendent 113
considers pertinent. 114

(G)(1) The superintendent may suspend, revoke, or refuse 115
to issue or renew the insurance navigator certification of any 116
person, or levy a civil penalty against any person, that 117
violates the requirements of this section or commits any act 118
that would be a ground for denial, suspension, or revocation of 119
an insurance agent license, as prescribed in section 3905.14 of 120
the Revised Code. 121

(2) The superintendent shall have the power to examine and 122
investigate the business affairs and records of any insurance 123
navigator. 124

(3)(a) The superintendent shall not certify as an 125
insurance navigator, and shall revoke any existing insurance 126
navigator certification of, any individual, organization, or 127
business entity that is receiving financial compensation, 128
including monetary and in-kind compensation, gifts, or grants, 129
on or after October 1, 2013, in connection with the enrollment 130

of any employees or other individuals in a qualified health 131
benefit plan, from an insurer offering a qualified health 132
benefit plan through an exchange operating in this state. 133

(b) Notwithstanding division (G) (3) (a) of this section, 134
the superintendent may certify as a navigator a qualified health 135
center and a federally qualified health center look-alike, as 136
defined in section 3701.047 of the Revised Code. 137

(4) (a) If the superintendent finds that a violation of 138
this section made by an individual insurance navigator was made 139
with the knowledge of the employing or supervising entity, or 140
that the employing or supervising entity should reasonably have 141
been aware of the individual insurance navigator's violation, 142
and the violation was not reported to the superintendent and no 143
corrective action was undertaken on a timely basis, then the 144
superintendent may suspend, revoke, or refuse to renew the 145
insurance navigator certification of the supervising or 146
employing entity. 147

(b) In addition to, or in lieu of, any disciplinary action 148
taken under division (G) (4) (a) of this section, the 149
superintendent may levy a civil penalty against such an entity. 150

(H) A business entity that terminates the employment, 151
engagement, affiliation, or other relationship with an 152
individual insurance navigator shall notify the superintendent 153
within thirty days following the effective date of the 154
termination, using a format prescribed by the superintendent, if 155
the reason for termination is one of the reasons set forth in 156
section 3905.14 of the Revised Code, or the entity has knowledge 157
that the insurance navigator was found by a court or government 158
body to have engaged in any of the activities in section 3905.14 159
of the Revised Code. 160

(I) Insurance navigators are subject to the laws of this chapter, and any rules adopted pursuant to the chapter, in so far as such laws are applicable.

(J) The superintendent may deny, suspend, approve, renew, or revoke the certification of an insurance navigator if the superintendent determines that doing so would be in the interest of Ohio insureds or the general public. Such an action is not subject to Chapter 119. of the Revised Code.

(K) The superintendent may adopt rules in accordance with Chapter 119. of the Revised Code to implement sections 3905.47 to 3905.473 of the Revised Code.

(L) The superintendent may, by rule, apply the requirements of this chapter to any entity or person designated by an exchange, the state, or the federal government to assist consumers or participate in exchange activities.

(M) Any fees collected under this section shall be paid into the state treasury to the credit of the department of insurance operating fund created under section 3901.021 of the Revised Code.

Sec. 4723.021. (A) ~~In the absence of fraud or bad faith, the board of nursing, a current or former board member, an agent of the board, a representative of the board, an employee of the board, or an entity that provides services related to remediation under the board's practice intervention and improvement program~~ none of the following shall not be held liable in damages to any person as the result of any act, omission, proceeding, conduct, or decision related to official duties undertaken or performed pursuant to this chapter:

(1) The board of nursing;

<u>(2) A current or former board member;</u>	190
<u>(3) An agent, representative, or employee of the board;</u>	191
<u>(4) An entity that provides services related to</u>	192
<u>remediation under the board's practice intervention and</u>	193
<u>improvement program;</u>	194
<u>(5) The monitoring organization that conducts the safe</u>	195
<u>haven program as described in sections 4723.35 and 4723.351 of</u>	196
<u>the Revised Code and that may provide other services as</u>	197
<u>requested by the board. If-</u>	198
<u>(B) If a member, agent, representative, employee, or</u>	199
<u>entity or the monitoring organization asks to be defended by the</u>	200
state against any claim or action arising out of any act,	201
omission, proceeding, conduct, or decision related to the	202
requestor's official duties, and the request is made in writing	203
at a reasonable time before trial and the requestor cooperates	204
in good faith in the defense of the claim or action, the state	205
shall provide and pay for the requestor's defense and shall pay	206
any resulting judgment, compromise, or settlement. At no time	207
shall the state pay any part of a claim or judgment that is for	208
punitive or exemplary damages.	209
Sec. 4723.06. (A) The board of nursing shall:	210
(1) Administer and enforce the provisions of this chapter,	211
including the taking of disciplinary action for violations of	212
section 4723.28 of the Revised Code, any other provisions of	213
this chapter, or rules adopted under this chapter;	214
(2) Develop criteria that an applicant must meet to be	215
eligible to sit for the examination for licensure to practice as	216
a registered nurse or as a licensed practical nurse;	217

(3) Issue and renew nursing licenses, dialysis technician certificates, and community health worker certificates, as provided in this chapter;	218 219 220
(4) Define the minimum educational standards for the schools and programs of registered nursing and practical nursing in this state;	221 222 223
(5) Survey, inspect, and grant full approval to prelicensure nursing education programs in this state that meet the standards established by rules adopted under section 4723.07 of the Revised Code. Prelicensure nursing education programs include, but are not limited to, diploma, associate degree, baccalaureate degree, master's degree, and doctor of nursing programs leading to initial licensure to practice nursing as a registered nurse and practical nurse programs leading to initial licensure to practice nursing as a licensed practical nurse.	224 225 226 227 228 229 230 231 232
(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	233 234 235 236 237 238 239 240 241 242 243 244 245 246 247

the Revised Code, the board shall hold an adjudication under 248
Chapter 119. of the Revised Code to consider the program. Based 249
on results of the adjudication, the board may continue or 250
withdraw conditional approval, or grant full approval. 251

(7) Place on provisional approval, for a period of time 252
specified by the board, a prelicensure nursing education program 253
that has ceased to meet and maintain the minimum standards of 254
the board established by rules adopted under section 4723.07 of 255
the Revised Code. Prior to or at the end of the period, the 256
board shall reconsider whether the program meets the standards 257
and shall grant full approval if it does. If it does not, the 258
board may withdraw approval, pursuant to an adjudication under 259
Chapter 119. of the Revised Code. 260

(8) Approve continuing education programs and courses 261
under standards established in rules adopted under sections 262
4723.07, 4723.69, 4723.79, and 4723.88 of the Revised Code; 263

(9) Establish ~~a substance use disorder monitoring the safe~~ 264
haven program in accordance with ~~section~~ sections 4723.35 and 265
4723.351 of the Revised Code; 266

(10) Establish the practice intervention and improvement 267
program in accordance with section 4723.282 of the Revised Code; 268

(11) Grant approval to the course of study in advanced 269
pharmacology and related topics described in section 4723.482 of 270
the Revised Code; 271

(12) Make an annual edition of the exclusionary formulary 272
established in rules adopted under section 4723.50 of the 273
Revised Code available to the public by electronic means and, as 274
soon as possible after any revision of the formulary becomes 275
effective, make the revision available to the public by 276

electronic means;	277
(13) Approve under section 4723.46 of the Revised Code	278
national certifying organizations for examination and licensure	279
of advanced practice registered nurses, which may include	280
separate organizations for each nursing specialty;	281
(14) Provide guidance and make recommendations to the	282
general assembly, the governor, state agencies, and the federal	283
government with respect to the regulation of the practice of	284
nursing and the enforcement of this chapter;	285
(15) Make an annual report to the governor, which shall be	286
open for public inspection;	287
(16) Maintain and have open for public inspection the	288
following records:	289
(a) A record of all its meetings and proceedings;	290
(b) A record of all applicants for, and holders of,	291
licenses and certificates issued by the board under this chapter	292
or in accordance with rules adopted under this chapter. The	293
record shall be maintained in a format determined by the board.	294
(c) A list of education and training programs approved by	295
the board.	296
(17) Deny conditional approval to a new prelicensure	297
nursing education program or a program that is being	298
reestablished after having ceased to operate if the program or a	299
person acting on behalf of the program submits or causes to be	300
submitted to the board false, misleading, or deceptive	301
statements, information, or documentation in the process of	302
applying for approval of the program. If the board proposes to	303
deny approval of the program, it shall do so pursuant to an	304

adjudication conducted under Chapter 119. of the Revised Code. 305

(B) The board may fulfill the requirement of division (A) 306
(8) of this section by authorizing persons who meet the 307
standards established in rules adopted under section 4723.07 of 308
the Revised Code to approve continuing education programs and 309
courses. Persons so authorized shall approve continuing 310
education programs and courses in accordance with standards 311
established in rules adopted under section 4723.07 of the 312
Revised Code. 313

Persons seeking authorization to approve continuing 314
education programs and courses shall apply to the board and pay 315
the appropriate fee established under section 4723.08 of the 316
Revised Code. Authorizations to approve continuing education 317
programs and courses shall expire and may be renewed according 318
to the schedule established in rules adopted under section 319
4723.07 of the Revised Code. 320

In addition to approving continuing education programs 321
under division (A) (8) of this section, the board may sponsor 322
continuing education activities that are directly related to the 323
statutes and rules the board enforces. 324

(C) (1) The board may deny conditional approval to a new 325
prelicensure nursing education program or program that is being 326
reestablished after having ceased to operate if the program is 327
controlled by a person who controls or has controlled a program 328
that had its approval withdrawn, revoked, suspended, or 329
restricted by the board or a board of another jurisdiction that 330
is a member of the national council of state boards of nursing. 331
If the board proposes to deny approval, it shall do so pursuant 332
to an adjudication conducted under Chapter 119. of the Revised 333
Code. 334

(2) As used in this division, "control" means any of the 335
following: 336

(a) Holding fifty per cent or more of the outstanding 337
voting securities or membership interest of a prelicensure 338
nursing education program; 339

(b) In the case of an unincorporated prelicensure nursing 340
education program, having the right to fifty per cent or more of 341
the program's profits or in the event of a dissolution, fifty 342
per cent or more of the program's assets; 343

(c) In the case of a prelicensure nursing education 344
program that is a for-profit or not-for-profit corporation, 345
having the contractual authority presently to designate fifty 346
per cent or more of its directors; 347

(d) In the case of a prelicensure nursing education 348
program that is a trust, having the contractual authority 349
presently to designate fifty per cent or more of its trustees; 350

(e) Having the authority to direct the management, 351
policies, or investments of a prelicensure nursing education 352
program. 353

(D) (1) When an action taken by the board under division 354
(A) (6), (7), or (17) or (C) (1) of this section is required to be 355
taken pursuant to an adjudication conducted under Chapter 119. 356
of the Revised Code, the board may, in lieu of an adjudication 357
hearing, enter into a consent agreement to resolve the matter. A 358
consent agreement, when ratified by a vote of a quorum of the 359
board, constitutes the findings and order of the board with 360
respect to the matter addressed in the agreement. If the board 361
refuses to ratify a consent agreement, the admissions and 362
findings contained in the agreement are of no effect. 363

(2) In any instance in which the board is required under 364
Chapter 119. of the Revised Code to give notice to a person 365
seeking approval of a prelicensure nursing education program of 366
an opportunity for a hearing and the person does not make a 367
timely request for a hearing in accordance with section 119.07 368
of the Revised Code, the board is not required to hold a 369
hearing, but may adopt, by a vote of a quorum, a final order 370
that contains the board's findings. 371

(3) When the board denies or withdraws approval of a 372
prelicensure nursing education program, the board may specify 373
that its action is permanent. A program subject to a permanent 374
action taken by the board is forever ineligible for approval and 375
the board shall not accept an application for the program's 376
reinstatement or approval. 377

Sec. 4723.28. (A) The board of nursing, by a vote of a 378
quorum, may impose one or more of the following sanctions if it 379
finds that a person committed fraud in passing an examination 380
required to obtain a license or dialysis technician certificate 381
issued by the board or to have committed fraud, 382
misrepresentation, or deception in applying for or securing any 383
nursing license or dialysis technician certificate issued by the 384
board: deny, revoke, suspend, or place restrictions on any 385
nursing license or dialysis technician certificate issued by the 386
board; reprimand or otherwise discipline a holder of a nursing 387
license or dialysis technician certificate; or impose a fine of 388
not more than five hundred dollars per violation. 389

(B) Except as provided in section 4723.092 of the Revised 390
Code, the board of nursing, by a vote of a quorum, may impose 391
one or more of the following sanctions: deny, revoke, suspend, 392
or place restrictions on any nursing license or dialysis 393

technician certificate issued by the board; reprimand or 394
otherwise discipline a holder of a nursing license or dialysis 395
technician certificate; or impose a fine of not more than five 396
hundred dollars per violation. The sanctions may be imposed for 397
any of the following: 398

(1) Denial, revocation, suspension, or restriction of 399
authority to engage in a licensed profession or practice a 400
health care occupation, including nursing or practice as a 401
dialysis technician, for any reason other than a failure to 402
renew, in Ohio or another state or jurisdiction; 403

(2) Engaging in the practice of nursing or engaging in 404
practice as a dialysis technician, having failed to renew a 405
nursing license or dialysis technician certificate issued under 406
this chapter, or while a nursing license or dialysis technician 407
certificate is under suspension; 408

(3) Conviction of, a plea of guilty to, a judicial finding 409
of guilt of, a judicial finding of guilt resulting from a plea 410
of no contest to, or a judicial finding of eligibility for a 411
pretrial diversion or similar program or for intervention in 412
lieu of conviction for, a misdemeanor committed in the course of 413
practice; 414

(4) Conviction of, a plea of guilty to, a judicial finding 415
of guilt of, a judicial finding of guilt resulting from a plea 416
of no contest to, or a judicial finding of eligibility for a 417
pretrial diversion or similar program or for intervention in 418
lieu of conviction for, any felony or of any crime involving 419
gross immorality or moral turpitude; 420

(5) Selling, giving away, or administering drugs or 421
therapeutic devices for other than legal and legitimate 422

therapeutic purposes; or conviction of, a plea of guilty to, a 423
judicial finding of guilt of, a judicial finding of guilt 424
resulting from a plea of no contest to, or a judicial finding of 425
eligibility for a pretrial diversion or similar program or for 426
intervention in lieu of conviction for, violating any municipal, 427
state, county, or federal drug law; 428

(6) Conviction of, a plea of guilty to, a judicial finding 429
of guilt of, a judicial finding of guilt resulting from a plea 430
of no contest to, or a judicial finding of eligibility for a 431
pretrial diversion or similar program or for intervention in 432
lieu of conviction for, an act in another jurisdiction that 433
would constitute a felony or a crime of moral turpitude in Ohio; 434

(7) Conviction of, a plea of guilty to, a judicial finding 435
of guilt of, a judicial finding of guilt resulting from a plea 436
of no contest to, or a judicial finding of eligibility for a 437
pretrial diversion or similar program or for intervention in 438
lieu of conviction for, an act in the course of practice in 439
another jurisdiction that would constitute a misdemeanor in 440
Ohio; 441

(8) Self-administering or otherwise taking into the body 442
any dangerous drug, as defined in section 4729.01 of the Revised 443
Code, in any way that is not in accordance with a legal, valid 444
prescription issued for that individual, or self-administering 445
or otherwise taking into the body any drug that is a schedule I 446
controlled substance; 447

(9) Habitual or excessive use of controlled substances, 448
other habit-forming drugs, or alcohol or other chemical 449
substances to an extent that impairs the individual's ability to 450
provide safe nursing care or safe dialysis care; 451

(10) Impairment of the ability to practice according to 452
acceptable and prevailing standards of safe nursing care or safe 453
dialysis care because of the use of drugs, alcohol, or other 454
chemical substances; 455

(11) Impairment of the ability to practice according to 456
acceptable and prevailing standards of safe nursing care or safe 457
dialysis care because of a physical or mental disability; 458

(12) Assaulting or causing harm to a patient or depriving 459
a patient of the means to summon assistance; 460

(13) Misappropriation or attempted misappropriation of 461
money or anything of value in the course of practice; 462

(14) Adjudication by a probate court of being mentally ill 463
or mentally incompetent. The board may reinstate the person's 464
nursing license or dialysis technician certificate upon 465
adjudication by a probate court of the person's restoration to 466
competency or upon submission to the board of other proof of 467
competency. 468

(15) The suspension or termination of employment by the 469
United States department of defense or department of veterans 470
affairs for any act that violates or would violate this chapter; 471

(16) Violation of this chapter or any rules adopted under 472
it; 473

(17) Violation of any restrictions placed by the board on 474
a nursing license or dialysis technician certificate; 475

(18) Failure to use universal and standard precautions 476
established by rules adopted under section 4723.07 of the 477
Revised Code; 478

(19) Failure to practice in accordance with acceptable and 479

prevailing standards of safe nursing care or safe dialysis care;	480
(20) In the case of a registered nurse, engaging in	481
activities that exceed the practice of nursing as a registered	482
nurse;	483
(21) In the case of a licensed practical nurse, engaging	484
in activities that exceed the practice of nursing as a licensed	485
practical nurse;	486
(22) In the case of a dialysis technician, engaging in	487
activities that exceed those permitted under section 4723.72 of	488
the Revised Code;	489
(23) Aiding and abetting a person in that person's	490
practice of nursing without a license or practice as a dialysis	491
technician without a certificate issued under this chapter;	492
(24) In the case of an advanced practice registered nurse,	493
except as provided in division (M) of this section, either of	494
the following:	495
(a) Waiving the payment of all or any part of a deductible	496
or copayment that a patient, pursuant to a health insurance or	497
health care policy, contract, or plan that covers such nursing	498
services, would otherwise be required to pay if the waiver is	499
used as an enticement to a patient or group of patients to	500
receive health care services from that provider;	501
(b) Advertising that the nurse will waive the payment of	502
all or any part of a deductible or copayment that a patient,	503
pursuant to a health insurance or health care policy, contract,	504
or plan that covers such nursing services, would otherwise be	505
required to pay.	506
(25) Failure to comply with the terms and conditions of	507

participation in the substance use disorder monitoring safe	508
haven program established under section conducted under sections	509
4723.35 <u>and 4723.351</u> of the Revised Code;	510
(26) Failure to comply with the terms and conditions	511
required under the practice intervention and improvement program	512
established under section 4723.282 of the Revised Code;	513
(27) In the case of an advanced practice registered nurse:	514
(a) Engaging in activities that exceed those permitted for	515
the nurse's nursing specialty under section 4723.43 of the	516
Revised Code;	517
(b) Failure to meet the quality assurance standards	518
established under section 4723.07 of the Revised Code.	519
(28) In the case of an advanced practice registered nurse	520
other than a certified registered nurse anesthetist, failure to	521
maintain a standard care arrangement in accordance with section	522
4723.431 of the Revised Code or to practice in accordance with	523
the standard care arrangement;	524
(29) In the case of an advanced practice registered nurse	525
who is designated as a clinical nurse specialist, certified	526
nurse-midwife, or certified nurse practitioner, failure to	527
prescribe drugs and therapeutic devices in accordance with	528
section 4723.481 of the Revised Code;	529
(30) Prescribing any drug or device to perform or induce	530
an abortion, or otherwise performing or inducing an abortion;	531
(31) Failure to establish and maintain professional	532
boundaries with a patient, as specified in rules adopted under	533
section 4723.07 of the Revised Code;	534
(32) Regardless of whether the contact or verbal behavior	535

is consensual, engaging with a patient other than the spouse of 536
the registered nurse, licensed practical nurse, or dialysis 537
technician in any of the following: 538

(a) Sexual contact, as defined in section 2907.01 of the 539
Revised Code; 540

(b) Verbal behavior that is sexually demeaning to the 541
patient or may be reasonably interpreted by the patient as 542
sexually demeaning. 543

(33) Assisting suicide, as defined in section 3795.01 of 544
the Revised Code; 545

(34) Failure to comply with the requirements in section 546
3719.061 of the Revised Code before issuing for a minor a 547
prescription for an opioid analgesic, as defined in section 548
3719.01 of the Revised Code; 549

(35) Failure to comply with section 4723.487 of the 550
Revised Code, unless the state board of pharmacy no longer 551
maintains a drug database pursuant to section 4729.75 of the 552
Revised Code; 553

(36) The revocation, suspension, restriction, reduction, 554
or termination of clinical privileges by the United States 555
department of defense or department of veterans affairs or the 556
termination or suspension of a certificate of registration to 557
prescribe drugs by the drug enforcement administration of the 558
United States department of justice; 559

(37) In the case of an advanced practice registered nurse 560
who is designated as a clinical nurse specialist, certified 561
nurse-midwife, or certified nurse practitioner, failure to 562
comply with the terms of a consult agreement entered into with a 563
pharmacist pursuant to section 4729.39 of the Revised Code. 564

(C) Disciplinary actions taken by the board under 565
divisions (A) and (B) of this section shall be taken pursuant to 566
an adjudication conducted under Chapter 119. of the Revised 567
Code, except that in lieu of a hearing, the board may enter into 568
a consent agreement with an individual to resolve an allegation 569
of a violation of this chapter or any rule adopted under it. A 570
consent agreement, when ratified by a vote of a quorum, shall 571
constitute the findings and order of the board with respect to 572
the matter addressed in the agreement. If the board refuses to 573
ratify a consent agreement, the admissions and findings 574
contained in the agreement shall be of no effect. 575

(D) The hearings of the board shall be conducted in 576
accordance with Chapter 119. of the Revised Code, the board may 577
appoint a hearing examiner, as provided in section 119.09 of the 578
Revised Code, to conduct any hearing the board is authorized to 579
hold under Chapter 119. of the Revised Code. 580

In any instance in which the board is required under 581
Chapter 119. of the Revised Code to give notice of an 582
opportunity for a hearing and the applicant, licensee, or 583
certificate holder does not make a timely request for a hearing 584
in accordance with section 119.07 of the Revised Code, the board 585
is not required to hold a hearing, but may adopt, by a vote of a 586
quorum, a final order that contains the board's findings. In the 587
final order, the board may order any of the sanctions listed in 588
division (A) or (B) of this section. 589

(E) If a criminal action is brought against a registered 590
nurse, licensed practical nurse, or dialysis technician for an 591
act or crime described in divisions (B) (3) to (7) of this 592
section and the action is dismissed by the trial court other 593
than on the merits, the board shall conduct an adjudication to 594

determine whether the registered nurse, licensed practical 595
nurse, or dialysis technician committed the act on which the 596
action was based. If the board determines on the basis of the 597
adjudication that the registered nurse, licensed practical 598
nurse, or dialysis technician committed the act, or if the 599
registered nurse, licensed practical nurse, or dialysis 600
technician fails to participate in the adjudication, the board 601
may take action as though the registered nurse, licensed 602
practical nurse, or dialysis technician had been convicted of 603
the act. 604

If the board takes action on the basis of a conviction, 605
plea, or a judicial finding as described in divisions (B) (3) to 606
(7) of this section that is overturned on appeal, the registered 607
nurse, licensed practical nurse, or dialysis technician may, on 608
exhaustion of the appeal process, petition the board for 609
reconsideration of its action. On receipt of the petition and 610
supporting court documents, the board shall temporarily rescind 611
its action. If the board determines that the decision on appeal 612
was a decision on the merits, it shall permanently rescind its 613
action. If the board determines that the decision on appeal was 614
not a decision on the merits, it shall conduct an adjudication 615
to determine whether the registered nurse, licensed practical 616
nurse, or dialysis technician committed the act on which the 617
original conviction, plea, or judicial finding was based. If the 618
board determines on the basis of the adjudication that the 619
registered nurse, licensed practical nurse, or dialysis 620
technician committed such act, or if the registered nurse, 621
licensed practical nurse, or dialysis technician does not 622
request an adjudication, the board shall reinstate its action; 623
otherwise, the board shall permanently rescind its action. 624

Notwithstanding the provision of division (D) (2) of 625

section 2953.32 or division (F) (1) of section 2953.39 of the Revised Code specifying that if records pertaining to a criminal case are sealed or expunged under that section the proceedings in the case shall be deemed not to have occurred, sealing or expungement of the following records on which the board has based an action under this section shall have no effect on the board's action or any sanction imposed by the board under this section: records of any conviction, guilty plea, judicial finding of guilt resulting from a plea of no contest, or a judicial finding of eligibility for a pretrial diversion program or intervention in lieu of conviction.

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

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

(G) During the course of an investigation conducted under this section, the board may compel any registered nurse, licensed practical nurse, or dialysis technician or applicant under this chapter to submit to a mental or physical examination, or both, as required by the board and at the expense of the individual, if the board finds reason to believe that the individual under investigation may have a physical or mental impairment that may affect the individual's ability to

provide safe nursing care. ~~Failure~~ 656

The board shall not compel an individual who has been 657
referred to the safe haven program as described in sections 658
4723.35 and 4723.351 to submit to a mental or physical 659
examination. 660

Failure of any individual to submit to a mental or 661
physical examination when directed constitutes an admission of 662
the allegations, unless the failure is due to circumstances 663
beyond the individual's control, and a default and final order 664
may be entered without the taking of testimony or presentation 665
of evidence. 666

If the board finds that an individual is impaired, the 667
board shall require the individual to submit to care, 668
counseling, or treatment approved or designated by the board, as 669
a condition for initial, continued, reinstated, or renewed 670
authority to practice. The individual shall be afforded an 671
opportunity to demonstrate to the board that the individual can 672
begin or resume the individual's occupation in compliance with 673
acceptable and prevailing standards of care under the provisions 674
of the individual's authority to practice. 675

For purposes of this division, any registered nurse, 676
licensed practical nurse, or dialysis technician or applicant 677
under this chapter shall be deemed to have given consent to 678
submit to a mental or physical examination when directed to do 679
so in writing by the board, and to have waived all objections to 680
the admissibility of testimony or examination reports that 681
constitute a privileged communication. 682

(H) The board shall investigate evidence that appears to 683
show that any person has violated any provision of this chapter 684

or any rule of the board. Any person may report to the board any 685
information the person may have that appears to show a violation 686
of any provision of this chapter or rule of the board. In the 687
absence of bad faith, any person who reports such information or 688
who testifies before the board in any adjudication conducted 689
under Chapter 119. of the Revised Code shall not be liable for 690
civil damages as a result of the report or testimony. 691

(I) All of the following apply under this chapter with 692
respect to the confidentiality of information: 693

(1) Information received by the board pursuant to a 694
complaint or an investigation is confidential and not subject to 695
discovery in any civil action, except that the board may 696
disclose information to law enforcement officers and government 697
entities for purposes of an investigation of either a licensed 698
health care professional, including a registered nurse, licensed 699
practical nurse, or dialysis technician, or a person who may 700
have engaged in the unauthorized practice of nursing or dialysis 701
care. No law enforcement officer or government entity with 702
knowledge of any information disclosed by the board pursuant to 703
this division shall divulge the information to any other person 704
or government entity except for the purpose of a government 705
investigation, a prosecution, or an adjudication by a court or 706
government entity. 707

(2) If an investigation requires a review of patient 708
records, the investigation and proceeding shall be conducted in 709
such a manner as to protect patient confidentiality. 710

(3) All adjudications and investigations of the board 711
shall be considered civil actions for the purposes of section 712
2305.252 of the Revised Code. 713

(4) Any board activity that involves continued monitoring 714
of an individual as part of or following any disciplinary action 715
taken under this section shall be conducted in a manner that 716
maintains the individual's confidentiality. Information received 717
or maintained by the board with respect to the board's 718
monitoring activities is not subject to discovery in any civil 719
action and is confidential, except that the board may disclose 720
information to law enforcement officers and government entities 721
for purposes of an investigation of a licensee or certificate 722
holder. 723

(J) Any action taken by the board under this section 724
resulting in a suspension from practice shall be accompanied by 725
a written statement of the conditions under which the person may 726
be reinstated to practice. 727

(K) When the board refuses to grant a license or 728
certificate to an applicant, revokes a license or certificate, 729
or refuses to reinstate a license or certificate, the board may 730
specify that its action is permanent. An individual subject to 731
permanent action taken by the board is forever ineligible to 732
hold a license or certificate of the type that was refused or 733
revoked and the board shall not accept from the individual an 734
application for reinstatement of the license or certificate or 735
for a new license or certificate. 736

(L) No unilateral surrender of a nursing license or 737
dialysis technician certificate issued under this chapter shall 738
be effective unless accepted by majority vote of the board. No 739
application for a nursing license or dialysis technician 740
certificate issued under this chapter may be withdrawn without a 741
majority vote of the board. The board's jurisdiction to take 742
disciplinary action under this section is not removed or limited 743

when an individual has a license or certificate classified as 744
inactive or fails to renew a license or certificate. 745

(M) Sanctions shall not be imposed under division (B) (24) 746
of this section against any licensee who waives deductibles and 747
copayments as follows: 748

(1) In compliance with the health benefit plan that 749
expressly allows such a practice. Waiver of the deductibles or 750
copayments shall be made only with the full knowledge and 751
consent of the plan purchaser, payer, and third-party 752
administrator. Documentation of the consent shall be made 753
available to the board upon request. 754

(2) For professional services rendered to any other person 755
licensed pursuant to this chapter to the extent allowed by this 756
chapter and the rules of the board. 757

Sec. 4723.35. (A) As used in this section and section 758
4723.351 of the Revised Code: 759

(1) "Applicant" means an individual who has applied for a 760
license or certificate to practice issued under this chapter. 761
"Applicant" may include an individual who has been granted 762
authority by the board of nursing to practice as one type of 763
practitioner, but has applied for authority to practice as 764
another type of practitioner. 765

(2) "Impaired" or "impairment" means either or both of the 766
following: 767

(a) Impairment of the ability to practice as described in 768
division (B) (10) of section 4723.28 of the Revised Code; 769

(b) Impairment of the ability to practice as described in 770
division (B) (11) of section 4723.28 of the Revised Code. 771

(3) "Practitioner" means an individual authorized under 772
this chapter to practice as a registered nurse, including as an 773
advanced practice registered nurse, licensed practical nurse, 774
dialysis technician, community health worker, or medication 775
aide. 776

(B) The board of nursing shall establish the safe haven 777
program to monitor applicants and practitioners who are or may 778
be impaired, but against whom the board has abstained from 779
taking disciplinary action. The program is to be conducted by 780
the monitoring organization under contract with the board as 781
described in section 4723.351 of the Revised Code. 782

(C) (1) On the establishment of the program, the board may 783
transfer to the monitoring organization, in whole or in part, 784
either or both of the following responsibilities: 785

(a) The monitoring and oversight of licensees as part of 786
the substance use disorder program as that program existed on or 787
before the effective date of this section; 788

(b) The monitoring and oversight of licensees under terms 789
specified in a board adjudication order or consent agreement. 790

(2) If the board transfers the responsibilities described 791
in division (C) (1) of this section, both of the following apply: 792

(a) The monitoring organization shall provide to the board 793
quarterly reports regarding the compliance of transferred 794
licensees. 795

(b) The monitoring organization shall immediately report 796
to the board any licensee who is not in compliance with the 797
terms and conditions of monitoring. 798

(D) The board shall refer to the monitoring organization 799

any applicant or practitioner whose health and effectiveness 800
show signs of impairment or potential impairment, but only if 801
the applicant or practitioner meets the eligibility conditions 802
of division (G) of this section. 803

(E) Determinations regarding an applicant's or 804
practitioner's eligibility for admission to, continued 805
participation in, and successful completion of the safe haven 806
program shall be made by the monitoring organization in 807
accordance with rules adopted under section 4723.351 of the 808
Revised Code. 809

(F) The board shall abstain from taking disciplinary 810
action under section 4723.28, 4723.652, or 4723.86 of the 811
Revised Code against an individual whose health and 812
effectiveness show signs of impairment or potential impairment, 813
but who is not currently under the terms of a consent agreement 814
with the board for impairment or an order issued by the board 815
for impairment if the individual is participating in the safe 816
haven program. 817

An applicant's or practitioner's impairment neither 818
excuses an applicant or practitioner who has committed other 819
violations of this chapter nor precludes the board from 820
investigating or taking disciplinary action against an applicant 821
or practitioner for other violations of this chapter. 822

(G) An applicant or practitioner is eligible to 823
participate in the safe haven program if both of the following 824
conditions are met: 825

(1) The applicant or practitioner needs assistance with 826
impairment or potential impairment. 827

(2) The applicant or practitioner has an unencumbered 828

license and is not currently under the terms of a consent 829
agreement with the board for impairment or an order issued by 830
the board for impairment. 831

Sec. 4723.351. (A) To be qualified to contract with the 832
board of nursing to conduct the safe haven program, an 833
organization must meet all of the following requirements: 834

(1) Operate in this state as a professionals health 835
program; 836

(2) Be organized as a not-for-profit entity and exempt 837
from federal income taxation under subsection 501(c)(3) of the 838
Internal Revenue Code; 839

(3) Contract with or employ to serve as the organization's 840
medical director an individual who is authorized under Chapter 841
4731. of the Revised Code to practice medicine and surgery or 842
osteopathic medicine and surgery and specializes or has training 843
and expertise in addiction medicine or psychiatry; 844

(4) Contract with or employ one or more licensed health 845
care professionals as necessary for the organization's 846
operation. 847

(B) The monitoring organization shall do all of the 848
following pursuant to the contract: 849

(1) Conduct a review of individuals and entities providing 850
impairment evaluation and treatment services to determine which 851
should be approved to serve as the program's evaluators and 852
treatment providers; 853

(2) Grant or deny approval to evaluators and treatment 854
providers and periodically review and update the program's list 855
of approved evaluators and providers, including by examining 856

<u>their outcomes and operations;</u>	857
<u>(3) Receive any report of applicant or practitioner</u>	858
<u>impairment or suspected impairment from any source, including</u>	859
<u>board referrals described in section 4723.35 of the Revised</u>	860
<u>Code;</u>	861
<u>(4) Notify an applicant or practitioner who is the subject</u>	862
<u>of a referral or report received under this section that the</u>	863
<u>referral or report has been made and that the applicant or</u>	864
<u>practitioner may be eligible to participate in the program</u>	865
<u>conducted under this section;</u>	866
<u>(5) Determine whether an applicant or practitioner</u>	867
<u>referred or reported to the monitoring organization is eligible</u>	868
<u>to participate in the program, which may include evaluating</u>	869
<u>records as described in division (D) (1) (c) of this section, and</u>	870
<u>notify the practitioner or applicant of the determination;</u>	871
<u>(6) In the case of an applicant or practitioner reported</u>	872
<u>by a treatment provider, notify the treatment provider of the</u>	873
<u>eligibility determination;</u>	874
<u>(7) Report to the board any practitioner or applicant who</u>	875
<u>is determined ineligible to participate in the program;</u>	876
<u>(8) Refer an eligible applicant or practitioner who</u>	877
<u>chooses to participate in the program for evaluation by a</u>	878
<u>treatment provider approved by the monitoring organization,</u>	879
<u>unless the report received by the monitoring organization was</u>	880
<u>made by an approved treatment provider and the applicant or</u>	881
<u>practitioner has already been evaluated by the treatment</u>	882
<u>provider;</u>	883
<u>(9) Monitor the evaluation of an eligible applicant or</u>	884
<u>practitioner;</u>	885

(10) Refer an eligible applicant or practitioner who 886
chooses to participate in the program to a treatment provider 887
approved by the monitoring organization; 888

(11) Establish, in consultation with the treatment 889
provider to which an applicant or practitioner is referred, the 890
terms and conditions with which the applicant or practitioner 891
must comply for continued participation in and successful 892
completion of the program; 893

(12) Report to the board any applicant or practitioner who 894
does not complete evaluation or treatment or does not comply 895
with any of the terms and conditions established by the 896
monitoring organization and the treatment provider; 897

(13) Perform any other activities specified in the 898
contract with the board or that the monitoring organization 899
considers necessary to comply with this section and section 900
4723.35 of the Revised Code. 901

(C) The monitoring organization shall not disclose to the 902
board the name of an applicant or practitioner or any records 903
relating to an applicant or practitioner, unless any of the 904
following occurs: 905

(1) The applicant or practitioner is determined to be 906
ineligible to participate in the program. 907

(2) The applicant or practitioner requests the disclosure. 908

(3) The applicant or practitioner is unwilling or unable 909
to complete or comply with any part of the program, including 910
evaluation, treatment, or monitoring. 911

(4) The applicant or practitioner presents an imminent 912
danger to the public or to the applicant or practitioner, as a 913

<u>result of the applicant's or practitioner's impairment.</u>	914
<u>(5) The applicant's or practitioner's impairment has not</u>	915
<u>been substantially alleviated by participation in the program.</u>	916
<u>(D) (1) The monitoring organization shall develop</u>	917
<u>procedures governing each of the following:</u>	918
<u>(a) Receiving referrals or reports of applicant or</u>	919
<u>practitioner impairment or potential impairment;</u>	920
<u>(b) Notifying applicants or practitioners of referrals,</u>	921
<u>reports, and eligibility determinations;</u>	922
<u>(c) Evaluating records of referred applicants and</u>	923
<u>practitioners, in particular records from other jurisdictions</u>	924
<u>regarding prior treatment for impairment or continued</u>	925
<u>monitoring;</u>	926
<u>(d) Referring eligible applicants and practitioners for</u>	927
<u>evaluation or treatment;</u>	928
<u>(e) Establishing individualized treatment plans for</u>	929
<u>eligible applicants and practitioners, as recommended by</u>	930
<u>treatment providers;</u>	931
<u>(f) Establishing individualized terms and conditions with</u>	932
<u>which eligible applicants or practitioners must comply for</u>	933
<u>continued participation in and successful completion of the</u>	934
<u>program;</u>	935
<u>(g) Establishing criteria for the approval and periodic</u>	936
<u>review of evaluators and treatment providers, including</u>	937
<u>examinations of evaluator and provider outcomes and operations.</u>	938
<u>(2) The monitoring organization, in consultation with the</u>	939
<u>board, shall develop procedures governing each of the following:</u>	940

(a) Providing reports to the board on a periodic basis on 941
the total number of applicants and practitioners participating 942
in the program, without disclosing the names or records of any 943
program participants other than those about whom reports are 944
required by this section; 945

(b) Reporting to the board any applicant or practitioner 946
who due to impairment presents an imminent danger to the public 947
or to the applicant or practitioner; 948

(c) Reporting to the board any applicant or practitioner 949
who is unwilling or unable to complete or comply with any part 950
of the program, including evaluation, treatment, or monitoring; 951

(d) Reporting to the board any applicant or practitioner 952
whose impairment was not substantially alleviated by 953
participation in the program. 954

(E) The board may adopt any rules it considers necessary 955
to implement this section and section 4723.35 of the Revised 956
Code, including rules regarding the monitoring organization and 957
treatment providers that provide treatment to practitioners 958
referred by the monitoring organization. Any such rules shall be 959
adopted in accordance with Chapter 119. of the Revised Code. 960

Sec. 4723.431. (A) (1) An advanced practice registered 961
nurse who is designated as a clinical nurse specialist, 962
certified nurse-midwife, or certified nurse practitioner may 963
practice only in accordance with a standard care arrangement 964
entered into with each physician or podiatrist with whom the 965
nurse collaborates. A copy of the standard care arrangement 966
shall be retained on file by the nurse's employer. Prior 967
approval of the standard care arrangement by the board of 968
nursing is not required, but the board may periodically review 969

it for compliance with this section. 970

A clinical nurse specialist, certified nurse-midwife, or 971
certified nurse practitioner may enter into a standard care 972
arrangement with one or more collaborating physicians or 973
podiatrists. If a collaborating physician or podiatrist enters 974
into standard care arrangements with more than five nurses, the 975
physician or podiatrist shall not collaborate at the same time 976
with more than five nurses in the prescribing component of their 977
practices. 978

Not later than thirty days after first engaging in the 979
practice of nursing as a clinical nurse specialist, certified 980
nurse-midwife, or certified nurse practitioner, the nurse shall 981
submit to the board the name and business address of each 982
collaborating physician or podiatrist. Thereafter, the nurse 983
shall notify the board of any additions or deletions to the 984
nurse's collaborating physicians or podiatrists. Except as 985
provided in division (D) of this section, the notice must be 986
provided not later than thirty days after the change takes 987
effect. 988

(2) All of the following conditions apply with respect to 989
the practice of a collaborating physician or podiatrist with 990
whom a clinical nurse specialist, certified nurse-midwife, or 991
certified nurse practitioner may enter into a standard care 992
arrangement: 993

(a) The physician or podiatrist must be authorized to 994
practice in this state. 995

(b) Except as provided in division (A) (2) (c) of this 996
section, the physician or podiatrist must be practicing in a 997
specialty that is the same as or similar to the nurse's nursing 998

specialty.	999
(c) If the nurse is a clinical nurse specialist who is	1000
certified as a psychiatric-mental health CNS by the American	1001
nurses credentialing center or a certified nurse practitioner	1002
who is certified as a psychiatric-mental health NP by the	1003
American nurses credentialing center, the nurse may enter into a	1004
standard care arrangement with a physician but not a podiatrist	1005
and the collaborating physician must be practicing in one of the	1006
following specialties:	1007
(i) Psychiatry;	1008
(ii) Pediatrics;	1009
(iii) Primary care or family practice.	1010
(B) A standard care arrangement shall be in writing and	1011
shall contain all of the following:	1012
(1) Criteria for referral of a patient by the clinical	1013
nurse specialist, certified nurse-midwife, or certified nurse	1014
practitioner to a collaborating physician or podiatrist or	1015
another physician or podiatrist;	1016
(2) A process for the clinical nurse specialist, certified	1017
nurse-midwife, or certified nurse practitioner to obtain a	1018
consultation with a collaborating physician or podiatrist or	1019
another physician or podiatrist;	1020
(3) A plan for coverage in instances of emergency or	1021
planned absences of either the clinical nurse specialist,	1022
certified nurse-midwife, or certified nurse practitioner or a	1023
collaborating physician or podiatrist that provides the means	1024
whereby a physician or podiatrist is available for emergency	1025
care;	1026

(4) The process for resolution of disagreements regarding 1027
matters of patient management between the clinical nurse 1028
specialist, certified nurse-midwife, or certified nurse 1029
practitioner and a collaborating physician or podiatrist; 1030

(5) Any other criteria required by rule of the board 1031
adopted pursuant to section 4723.07 or 4723.50 of the Revised 1032
Code. 1033

~~(C)(1)-(C)~~ A standard care arrangement entered into 1034
pursuant to this section may permit a clinical nurse specialist, 1035
certified nurse-midwife, or certified nurse practitioner to 1036
~~supervise~~ do any of the following: 1037

(1) Supervise services provided by a home health agency as 1038
defined in section 3740.01 of the Revised Code.— 1039

~~(2) A standard care arrangement entered into pursuant to~~ 1040
~~this section may permit a clinical nurse specialist, certified~~ 1041
~~nurse-midwife, or certified nurse practitioner to admit;~~ 1042

(2) Admit a patient to a hospital in accordance with 1043
section 3727.06 of the Revised Code; 1044

(3) Sign any document relating to the admission, 1045
treatment, or discharge of an inpatient receiving psychiatric or 1046
other behavioral health care services, but only if the 1047
conditions of section 4723.436 of the Revised Code have been 1048
met. 1049

(D) (1) Except as provided in division (D) (2) of this 1050
section, if a physician or podiatrist terminates the 1051
collaboration between the physician or podiatrist and a 1052
certified nurse-midwife, certified nurse practitioner, or 1053
clinical nurse specialist before their standard care arrangement 1054
expires, all of the following apply: 1055

(a) The physician or podiatrist must give the nurse 1056
written or electronic notice of the termination. 1057

(b) Once the nurse receives the termination notice, the 1058
nurse must notify the board of nursing of the termination as 1059
soon as practicable by submitting to the board a copy of the 1060
physician's or podiatrist's termination notice. 1061

(c) Notwithstanding the requirement of section 4723.43 of 1062
the Revised Code that the nurse practice in collaboration with a 1063
physician or podiatrist, the nurse may continue to practice 1064
under the existing standard care arrangement without a 1065
collaborating physician or podiatrist for not more than one 1066
hundred twenty days after submitting to the board a copy of the 1067
termination notice. 1068

(2) In the event that the collaboration between a 1069
physician or podiatrist and a certified nurse-midwife, certified 1070
nurse practitioner, or clinical nurse specialist terminates 1071
because of the physician's or podiatrist's death, the nurse must 1072
notify the board of the death as soon as practicable. The nurse 1073
may continue to practice under the existing standard care 1074
arrangement without a collaborating physician or podiatrist for 1075
not more than one hundred twenty days after notifying the board 1076
of the physician's or podiatrist's death. 1077

(E) Nothing in this section prohibits a hospital from 1078
hiring a clinical nurse specialist, certified nurse-midwife, or 1079
certified nurse practitioner as an employee and negotiating 1080
standard care arrangements on behalf of the employee as 1081
necessary to meet the requirements of this section. A standard 1082
care arrangement between the hospital's employee and the 1083
employee's collaborating physician is subject to approval by the 1084
medical staff and governing body of the hospital prior to 1085

implementation of the arrangement at the hospital. 1086

Sec. 4723.436. (A) Subject to division (B) of this 1087
section, a certified nurse-midwife, clinical nurse specialist, 1088
or certified nurse practitioner may sign one or more documents 1089
relating to any of the following: 1090

(1) The admission of a patient to a facility for the 1091
purpose of receiving psychiatric or other behavioral health care 1092
services on an inpatient basis; 1093

(2) The discharge of a patient from a facility after 1094
receiving inpatient psychiatric or other behavioral health care 1095
services; 1096

(3) The treatment a patient receives while at a facility 1097
on an inpatient basis for psychiatric or other behavioral health 1098
care services. 1099

The documents may include a treatment plan or any 1100
medication order that is part of the treatment plan. 1101

(B) To be eligible to sign documents described in this 1102
section, all of the following must be satisfied: 1103

(1) The nurse is employed by the facility in which a 1104
patient is receiving psychiatric or other behavioral health care 1105
services on an inpatient basis or the nurse has been granted 1106
appropriate credentials by the facility; 1107

(2) The nurse's collaborating physician is employed by the 1108
facility in which a patient is receiving psychiatric or other 1109
behavioral health care services on an inpatient basis or the 1110
physician is a member of the facility's medical staff. 1111

(3) The nurse's collaborating physician has authorized the 1112
nurse to sign documents described in this section for the 1113

physician's patients. 1114

(4) The standard care arrangement entered into pursuant to 1115
section 4723.431 of the Revised Code specifies in writing that 1116
the nurse is authorized to sign documents described in this 1117
section for the collaborating physician's patients. 1118

(C) A collaborating physician who authorizes a nurse to 1119
sign one or more documents as described in this section is not 1120
liable for damages in a civil action for injury, death, or loss 1121
to person or property for an act or omission that arises from 1122
the nurse signing the document, and is not subject to 1123
administrative action or criminal prosecution for an act or 1124
omission that arises from the nurse signing the document. 1125

Sec. 4730.204. (A) Subject to division (B) of this 1126
section, a physician assistant may sign one or more documents 1127
relating to any of the following: 1128

(1) The admission of a patient to a health care facility 1129
for the purpose of receiving psychiatric or other behavioral 1130
health care services on an inpatient basis; 1131

(2) The discharge of a patient from a health care facility 1132
after receiving inpatient psychiatric or other behavioral health 1133
care services; 1134

(3) The treatment of a patient while at a health care 1135
facility on an inpatient basis for psychiatric or other 1136
behavioral health care services. 1137

The documents may include a treatment plan or any 1138
medication order that is part of the treatment plan. 1139

(B) To be eligible to sign documents described in this 1140
section, all of the following must be satisfied: 1141

(1) The physician assistant is employed by the health care facility in which a patient is receiving psychiatric or other behavioral health care services on an inpatient basis or the physician assistant has been granted appropriate credentials by the facility; 1142
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(2) The physician assistant's supervising physician is employed by the health care facility in which a patient is receiving psychiatric or other behavioral health care services on an inpatient basis or is a member of the facility's medical staff. 1147
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(3) The physician assistant's supervising physician has authorized the physician assistant to sign documents described in this section for the physician's patients. 1152
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(4) The policies of the health care facility authorize the physician assistant to sign documents described in this section. 1155
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(C) Notwithstanding section 4730.22 of the Revised Code or any other conflicting provision of this chapter, a supervising physician who authorizes a physician assistant to sign one or more documents as described in this section is not liable for damages in a civil action for injury, death, or loss to person or property for an act or omission that arises from the physician assistant signing the document, and is not subject to administrative action or criminal prosecution for an act or omission that arises from the physician assistant signing the document. 1157
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Section 2. That existing sections 3905.471, 4723.021, 4723.06, 4723.28, and 4723.431 of the Revised Code are hereby repealed. 1167
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Section 3. That section 4723.35 of the Revised Code is 1170

hereby repealed. 1171

Section 4. That the version of section 4723.431 of the 1172
Revised Code that is scheduled to take effect September 30, 1173
2024, be amended to read as follows: 1174

Sec. 4723.431. (A) (1) An advanced practice registered 1175
nurse who is designated as a clinical nurse specialist, 1176
certified nurse-midwife, or certified nurse practitioner may 1177
practice only in accordance with a standard care arrangement 1178
entered into with each physician or podiatrist with whom the 1179
nurse collaborates. A copy of the standard care arrangement 1180
shall be retained on file by the nurse's employer. Prior 1181
approval of the standard care arrangement by the board of 1182
nursing is not required, but the board may periodically review 1183
it for compliance with this section. 1184

A clinical nurse specialist, certified nurse-midwife, or 1185
certified nurse practitioner may enter into a standard care 1186
arrangement with one or more collaborating physicians or 1187
podiatrists. If a collaborating physician or podiatrist enters 1188
into standard care arrangements with more than five nurses, the 1189
physician or podiatrist shall not collaborate at the same time 1190
with more than five nurses in the prescribing component of their 1191
practices. 1192

Not later than thirty days after first engaging in the 1193
practice of nursing as a clinical nurse specialist, certified 1194
nurse-midwife, or certified nurse practitioner, the nurse shall 1195
submit to the board the name and business address of each 1196
collaborating physician or podiatrist. Thereafter, the nurse 1197
shall notify the board of any additions or deletions to the 1198
nurse's collaborating physicians or podiatrists. Except as 1199
provided in division (D) of this section, the notice must be 1200

provided not later than thirty days after the change takes 1201
effect. 1202

(2) All of the following conditions apply with respect to 1203
the practice of a collaborating physician or podiatrist with 1204
whom a clinical nurse specialist, certified nurse-midwife, or 1205
certified nurse practitioner may enter into a standard care 1206
arrangement: 1207

(a) The physician or podiatrist must be authorized to 1208
practice in this state. 1209

(b) Except as provided in division (A) (2) (c) of this 1210
section, the physician or podiatrist must be practicing in a 1211
specialty that is the same as or similar to the nurse's nursing 1212
specialty. 1213

(c) If the nurse is a clinical nurse specialist who is 1214
certified as a psychiatric-mental health CNS by the American 1215
nurses credentialing center or a certified nurse practitioner 1216
who is certified as a psychiatric-mental health NP by the 1217
American nurses credentialing center, the nurse may enter into a 1218
standard care arrangement with a physician but not a podiatrist 1219
and the collaborating physician must be practicing in one of the 1220
following specialties: 1221

(i) Psychiatry; 1222

(ii) Pediatrics; 1223

(iii) Primary care or family practice. 1224

(B) A standard care arrangement shall be in writing and 1225
shall contain all of the following: 1226

(1) Criteria for referral of a patient by the clinical 1227
nurse specialist, certified nurse-midwife, or certified nurse 1228

practitioner to a collaborating physician or podiatrist or	1229
another physician or podiatrist;	1230
(2) A process for the clinical nurse specialist, certified	1231
nurse-midwife, or certified nurse practitioner to obtain a	1232
consultation with a collaborating physician or podiatrist or	1233
another physician or podiatrist;	1234
(3) A plan for coverage in instances of emergency or	1235
planned absences of either the clinical nurse specialist,	1236
certified nurse-midwife, or certified nurse practitioner or a	1237
collaborating physician or podiatrist that provides the means	1238
whereby a physician or podiatrist is available for emergency	1239
care;	1240
(4) The process for resolution of disagreements regarding	1241
matters of patient management between the clinical nurse	1242
specialist, certified nurse-midwife, or certified nurse	1243
practitioner and a collaborating physician or podiatrist;	1244
(5) Any other criteria required by rule of the board	1245
adopted pursuant to section 4723.07 or 4723.50 of the Revised	1246
Code.	1247
(C) <u>(1)(C)</u> A standard care arrangement entered into	1248
pursuant to this section may permit a clinical nurse specialist,	1249
certified nurse-midwife, or certified nurse practitioner to	1250
supervise <u>do any of the following:</u>	1251
<u>(1) Supervise</u> services provided by a home health agency as	1252
defined in section 3740.01 of the Revised Code.—	1253
(2) A standard care arrangement entered into pursuant to	1254
this section may permit a clinical nurse specialist, certified	1255
nurse-midwife, or certified nurse practitioner to admit;	1256

<u>(2) Admit a patient to a hospital;</u>	1257
<u>(3) Sign any document relating to the admission,</u>	1258
<u>treatment, or discharge of an inpatient receiving psychiatric or</u>	1259
<u>other behavioral health care services, but only if the</u>	1260
<u>conditions of section 4723.436 of the Revised Code have been</u>	1261
<u>met.</u>	1262
(D) (1) Except as provided in division (D) (2) of this	1263
section, if a physician or podiatrist terminates the	1264
collaboration between the physician or podiatrist and a	1265
certified nurse-midwife, certified nurse practitioner, or	1266
clinical nurse specialist before their standard care arrangement	1267
expires, all of the following apply:	1268
(a) The physician or podiatrist must give the nurse	1269
written or electronic notice of the termination.	1270
(b) Once the nurse receives the termination notice, the	1271
nurse must notify the board of nursing of the termination as	1272
soon as practicable by submitting to the board a copy of the	1273
physician's or podiatrist's termination notice.	1274
(c) Notwithstanding the requirement of section 4723.43 of	1275
the Revised Code that the nurse practice in collaboration with a	1276
physician or podiatrist, the nurse may continue to practice	1277
under the existing standard care arrangement without a	1278
collaborating physician or podiatrist for not more than one	1279
hundred twenty days after submitting to the board a copy of the	1280
termination notice.	1281
(2) In the event that the collaboration between a	1282
physician or podiatrist and a certified nurse-midwife, certified	1283
nurse practitioner, or clinical nurse specialist terminates	1284
because of the physician's or podiatrist's death, the nurse must	1285

notify the board of the death as soon as practicable. The nurse 1286
may continue to practice under the existing standard care 1287
arrangement without a collaborating physician or podiatrist for 1288
not more than one hundred twenty days after notifying the board 1289
of the physician's or podiatrist's death. 1290

(E) Nothing in this section prohibits a hospital from 1291
hiring a clinical nurse specialist, certified nurse-midwife, or 1292
certified nurse practitioner as an employee and negotiating 1293
standard care arrangements on behalf of the employee as 1294
necessary to meet the requirements of this section. A standard 1295
care arrangement between the hospital's employee and the 1296
employee's collaborating physician is subject to approval by the 1297
medical staff and governing body of the hospital prior to 1298
implementation of the arrangement at the hospital. 1299

Section 5. That the existing version of section 4723.431 1300
of the Revised Code that is scheduled to take effect September 1301
30, 2024, is hereby repealed. 1302

Section 6. Sections 4 and 5 of this act take effect 1303
September 30, 2024. 1304

Section 7. The version of section 4723.431 of the Revised 1305
Code that is scheduled to take effect September 30, 2024, is 1306
presented in this act as a composite of the section as amended 1307
by both Section 101.01 and Section 130.10 of H.B. 110 of the 1308
134th General Assembly. The General Assembly, applying the 1309
principle stated in division (B) of section 1.52 of the Revised 1310
Code that amendments are to be harmonized if reasonably capable 1311
of simultaneous operation, finds that the composite is the 1312
resulting version of the section in effect prior to the 1313
effective date of the section as presented in this act. 1314