



Chairman Gross, Vice Chair Barhorst, Ranking Member Baker, and members of the House Medicaid Committee, thank you for the opportunity to present proponent testimony for House Bill (HB) 508 on behalf of the Ohio Association of Advanced Practice Nurses (OAAPN). We are Mandi Cafasso and Summer Davis, certified nurse practitioners and Co-Chairs of OAAPN's Government Relations Committee. OAAPN proudly represents more than 30,000 advanced practice registered nurses (APRNs) across Ohio.

HB 508 is a patient-access and workforce-stability bill. It retires an outdated administrative requirement for APRNs who have practiced for 5,000 hours or more —the Standard Care Arrangement (SCA) is a State Mandated, non-funded contract —that limits practice, delays care and does nothing to enhance safety. Retiring the SCA maintains the same standard of care that exists today, while giving Ohio patients more timely access to the providers already caring for them.

The Standard Care Arrangement does not extend an APRN's education, function as a residency, or provide clinical instruction. APRNs must complete graduate education, national board certification, and state licensure before ever signing an SCA. The SCA occurs AFTER licensure—it is an administrative contract, not a component of professional preparation. Comparing an SCA to a residency is inaccurate; residencies happen before full licensure, while APRNs are already fully licensed, qualified, and accountable for the care they provide.

The Standard Care Arrangement does not mean supervision, nothing in Ohio law requires APRNs to work “under” or “side-by-side” with a physician through the SCA. It simply lists a collaborating physician in a similar specialty to satisfy statute. The named physician may be located hours, counties, or states away and may sign arrangements with multiple APRNs across the country.

Collaboration exists regardless of paperwork. Collaboration is the foundation of modern healthcare. Physicians, APRNs, pharmacists, and nurses consult and coordinate daily because that is how safe care happens. True collaboration is a professional behavior—not a contract. Eliminating the SCA will not end teamwork; it removes a state mandated, non-funded document that pretends to create it.



APRNs are responsible for their clinical judgment, diagnosis, prescribing, and treatment ***within their scope of practice/ licensure***. Let's be clear – retiring the SCA for APRNs who have practiced for 5,000 hours or more does not expand an APRN's scope of practice or licensure; the SCA is an additional layer and cost to what we are already doing within our national board certification and licensure.

HB 508 benefits more than just APRNs – this bill promotes patient access to care, leading to improved health outcomes for Ohioans. Eliminating the Standard Care Arrangement (SCA) requirement will unlock more access to care, particularly in rural and underserved areas. Many rural communities rely solely on APRNs for healthcare services. For example, one of the worst counties in Ohio is Noble county, where there is 1 primary care physician to 14,000 people in that county. These Ohioans deserve better access to care.

However current law requires over 30,000 APRNs to enter into these contracts, and if it ends, they must find a new one within 120 days or stop practicing. During that time, the APRN continues to provide care safely under existing law. Yet when the 120 days expire without a new contract—often because physicians are limited by employer policy or charge unaffordable fees—the APRN must stop practicing, and patients lose care. In many small towns, that means the clinic closes and Ohioans must travel farther or delay treatment. These outcomes increase costs and worsen health disparities without improving safety.

The majority of the U.S. and the Veterans Health Administration already supported the removal of the SCA. Contrary to popular belief or messaging, the SCA provides no clinical or safety oversight. Studies and state reports confirm that eliminating this requirement has not reduced quality or safety. Instead, it has unlocked access, lowered costs, and strengthened local health systems. In fact, during the COVID-19 public health emergency Ohio eliminated the requirement that APRN's have a signed SCA and there were no reports of harm to patients as a result of this complete suspension of the requirement in Ohio.

In 2014 the Federal Trade Commission cautioned that mandated supervisory contracts can threaten competition and harm patients by limiting access and innovation. It has explicitly supported removing Ohio's SCA to improve access to care, contain costs, and to expand innovation in health care delivery.



It must also not be forgotten that the Ohio Board of Nursing is responsible for APRN oversight and serves to protect the public by ensuring that its licensees maintain the highest standards of safe practice. The Ohio Board of Nursing determines qualifications, enforces disciplinary action, and upholds public safety. HB 508 does not alter that authority; it simply eliminates redundant paperwork.

The bottom line: The SCA is not education, not supervision, and not collaboration. It's simply an administrative signature left over from another era—offering no clinical or safety value in modern healthcare. If Ohio fails to remove the outdated requirement for SCAs, we risk losing our competitive edge in retaining a strong health care workforce to states that allow nurses to practice to the full extent of their training and licensure.

For these reasons, on behalf of OAAPN and the 30,000 APRNs we represent, we respectfully ask for your support of House Bill 508.

Thank you for allowing us to provide proponent testimony today, we are happy to take any questions.

Submitted by:

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References

See [ORC 4723.431\(A\)](#).

¹ See [ORC 4723.431\(A\)\(1\)](#). A collaborating physician may enter into SCAs with more than 5 nurses, so long as the physician does not collaborate at the same time with more than 5 nurses in the prescribing component of their practices.

¹ See [OAC 4723-8-04\(D\)](#).

¹ See [OAC 4723-8-05\(C\)](#). Periodic random chart review, which includes prescribing patterns and schedule II prescribing, if indicated, must only be completed annually by a collaborating physician.



¹ See *State Practice Environment*, AANP, <https://www.aanp.org/advocacy/state/state-practice-environment> (last updated Sept. 2025).

¹ *Id.*

¹ See [OAC 4723-8-02\(B\)](#); see also [ORC 4723.41\(A\)](#). To be licensed as an APRN in Ohio, the nurse must have earned a master's or doctoral degree with a major in a nursing specialty or in a related field that qualifies the nurse to sit for the certification examination of a national certifying organization approved by the board.

See [ORC 4723.431\(D\)\(1\)\(c\)](#).

¹ Markowitz et al., "Nurse Practitioner Scope of Practice and Patient Harm," NBER Working Paper No. 31109 (2023); *Journal of Policy Analysis and Management* (2023). See "A Comparative Analysis of NP, PA, and Physician Malpractice Risk," *Journal of the American Association of Nurse Practitioners*, Vol. 37, Issue 6 (2025). See also, Myers et al., *Advanced Practice Provider Malpractice Claims*, *Journal of Healthcare Risk Management* (2021).

¹ See *Complaints & Regulations*, Ohio Bd. of Nursing, <https://nursing.ohio.gov/complaints-and-regulations> (last visited Oct. 30, 2025); see also [ORC 4723.02](#).

¹ See *OBN's Complaint & Investigation Process*, Ohio Bd. of Nursing, <https://nursing.ohio.gov/complaints-and-regulations/obns-complaint-and-investigation-process> (last visited Oct. 30, 2025); see also *Recent Board Actions*, Ohio Bd. of Nursing, <https://nursing.ohio.gov/complaints-and-regulations/recent-board-actions> (last visited Oct. 30, 2025).

¹ Federal Trade Commission, *Policy Perspectives: Competition and the Regulation of Advanced Practice Nurses*, March 2014, <https://www.ftc.gov/system/files/documents/reports/policy-perspectives-competition-regulation-advanced-practice-nurses/140307aprnpolicypaper.pdf> (last visited Oct. 30, 2025); see also Federal Trade Commission, *Letter to Ohio House of Representatives re: Ohio HB 177*, January 2020,

https://www.ftc.gov/system/files/documents/advocacy_documents/ftc-staff-comment-ohio-house-representatives-concerning-ohio-house-bill-177/v200005ohiohb177aprncomment.pdf (last visited Oct. 30, 2025).

¹ See Federal Trade Commission, *Letter to Ohio House of Representatives re: Ohio HB 177*, p. 1-2.

¹ *Id.* at 5-11.