

As Introduced

136th General Assembly

Regular Session

2025-2026

H. B. No. 449

Representatives Barhorst, McClain

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, 4723.36, 4723.41, 4723.42, 4
4723.43, 4723.431, 4723.44, 4723.46, 4723.481, 5
4723.482, 4723.483, 4723.493, 4723.50, 4731.27, 6
4761.17, and 5164.07; to enact section 4723.439; 7
and to repeal sections 4723.45 and 5164.73 of 8
the Revised Code to modify the laws governing 9
the practice of advanced practice registered 10
nurses and to name this act the Better Access to 11
Health 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, 4723.36, 15
4723.41, 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 4723.439 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
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
Title XLVII of the Revised Code to practice a health care 137
profession. 138

(3) "Physician" means a person authorized under Chapter 139
4731. of the Revised Code to practice medicine and surgery or 140
osteopathic medicine and surgery. 141

(B) No school district board of education or governing 142
authority of a chartered or nonchartered nonpublic school shall 143
permit a student to practice for or compete in interscholastic 144
athletics until the student has submitted, to a school official 145
designated by the board or governing authority, a form signed by 146
the parent, guardian, or other person having care or charge of 147
the student stating that the student and the parent, guardian, 148
or other person having care or charge of the student have 149
received the concussion and head injury information sheet 150
required by section 3707.52 of the Revised Code. A completed 151
form shall be submitted each school year, as defined in section 152
3313.62 of the Revised Code, for each sport or other category of 153
interscholastic athletics for or in which the student practices 154
or competes. 155

(C) (1) No school district board of education or governing 156
authority of a chartered or nonchartered nonpublic school shall 157
permit an individual to coach interscholastic athletics unless 158
the individual holds a pupil-activity program permit issued 159
under section 3319.303 of the Revised Code for coaching 160
interscholastic athletics. 161

(2) No school district board of education or governing 162
authority of a chartered or nonchartered nonpublic school shall 163
permit an individual to referee interscholastic athletics unless 164
the individual holds a pupil-activity program permit issued 165
under section 3319.303 of the Revised Code for coaching 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

(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 (2) (a) Except as provided in division (E) (2) (b) of 215
this section, a school district board of education or governing 216
authority of a chartered or nonchartered nonpublic school may 217
authorize a licensed health care professional to make an 218
assessment or grant a clearance for purposes of division (E) (1) 219
of this section only if the professional is acting in accordance 220
with one of the following, as applicable to the professional's 221
authority to practice in this state: 222

~~(a)~~ (i) In consultation with a physician; 223

~~(b)~~ (ii) Pursuant to the referral of a physician; 224

~~(c)~~ (iii) In collaboration with a physician; 225

~~(d) (iv)~~ Under the supervision of a physician. 226

(b) The requirement of division (E) (2) (a) (iii) of this 227
section does not apply to a clinical nurse specialist or 228
certified nurse practitioner who, in accordance with section 229
4723.439 of the Revised Code, is practicing without a standard 230
care arrangement or is eligible to practice without a standard 231
care arrangement. 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 (2) (a) Except as provided in division (E) (2) (b) of 341

this section, a youth sports organization may authorize a 342
licensed health care professional to make an assessment or grant 343
a 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
4723.439 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 4723.439 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 4723.439 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

(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

of health care settings; 748

(2) Contributions to the planning, implementation, and 749
evaluation of nursing; 750

(3) Administration of medications and treatments 751
authorized by an individual who is authorized to practice in 752
this state and is acting within the course of the individual's 753
professional practice; 754

(4) Administration to an adult of intravenous therapy 755
authorized by an individual who is authorized to practice in 756
this state and is acting within the course of the individual's 757
professional practice, on the condition that the licensed 758
practical nurse is authorized under section 4723.18 or 4723.181 759
of the Revised Code to perform intravenous therapy and performs 760
intravenous therapy only in accordance with those sections; 761

(5) Delegation of nursing tasks as directed by a 762
registered nurse; 763

(6) Teaching nursing tasks to licensed practical nurses 764
and individuals to whom the licensed practical nurse is 765
authorized to delegate nursing tasks as directed by a registered 766
nurse. 767

(G) "Certified registered nurse anesthetist" means an 768
advanced practice registered nurse who holds a current, valid 769
license issued under this chapter and is designated as a 770
certified registered nurse anesthetist in accordance with 771
section 4723.42 of the Revised Code and rules adopted by the 772
board of nursing. 773

(H) "Clinical nurse specialist" means an advanced practice 774
registered nurse who holds a current, valid license issued under 775
this chapter and is designated as a clinical nurse specialist in 776

accordance with section 4723.42 of the Revised Code and rules 777
adopted by the board of nursing. 778

(I) "Certified nurse-midwife" means an advanced practice 779
registered nurse who holds a current, valid license issued under 780
this chapter and is designated as a certified nurse-midwife in 781
accordance with section 4723.42 of the Revised Code and rules 782
adopted by the board of nursing. 783

(J) "Certified nurse practitioner" means an advanced 784
practice registered nurse who holds a current, valid license 785
issued under this chapter and is designated as a certified nurse 786
practitioner in accordance with section 4723.42 of the Revised 787
Code and rules adopted by the board of nursing. 788

(K) "Physician" means an individual authorized under 789
Chapter 4731. of the Revised Code to practice medicine and 790
surgery or osteopathic medicine and surgery. 791

(L) "Collaboration" or "collaborating" means ~~the~~ 792
~~following:~~ 793

~~(1) In the case of a clinical nurse specialist or a~~ 794
~~certified nurse practitioner, that one or more podiatrists~~ 795
~~acting within the scope of practice of podiatry in accordance~~ 796
~~with section 4731.51 of the Revised Code and with whom the nurse~~ 797
~~has entered into a standard care arrangement or one or more~~ 798
~~physicians with whom the nurse has entered into a standard care~~ 799
~~arrangement~~ collaborating practitioners are continuously 800
available to communicate with the clinical nurse specialist, 801
certified nurse-midwife, or certified nurse practitioner either 802
in person or by electronic communication. 803

~~(2) In the case of a certified nurse-midwife, that one or~~ 804
~~more physicians with whom the certified nurse-midwife has~~ 805

~~entered into a standard care arrangement are continuously-~~ 806
~~available to communicate with the certified nurse-midwife either~~ 807
~~in person or by electronic communication.~~ 808

(M) "Collaborating practitioner" means any of the 809
following who is collaborating under a standard care arrangement 810
with a clinical nurse specialist, certified nurse-midwife, or 811
certified nurse practitioner: 812

(1) A physician; 813

(2) A podiatrist; 814

(3) A clinical nurse specialist, certified nurse-midwife, 815
or certified nurse practitioner who is not practicing under a 816
standard care arrangement with another collaborating 817
practitioner. 818

(N) "Supervision," as it pertains to a certified 819
registered nurse anesthetist, means that the certified 820
registered nurse anesthetist is under the direction of a 821
podiatrist acting within the podiatrist's scope of practice in 822
accordance with section 4731.51 of the Revised Code, a dentist 823
acting within the dentist's scope of practice in accordance with 824
Chapter 4715. of the Revised Code, or a physician, and, when 825
administering anesthesia, the certified registered nurse 826
anesthetist is in the immediate presence of the podiatrist, 827
dentist, or physician. 828

~~(N)~~ (O) "Standard care arrangement" means a written, formal 829
guide for planning and evaluating a patient's health care that 830
meets the requirements of section 4723.431 of the Revised Code 831
and is developed by one or more collaborating physicians or 832
~~podiatrists-practitioners and a~~ the clinical nurse specialist, 833
certified nurse-midwife, or certified nurse practitioner ~~and~~ 834

~~meets the requirements of section 4723.431 of the Revised~~ 835
~~Code who will practice under the arrangement.~~ 836

~~(O)~~ (P) "Advanced practice registered nurse" means an 837
individual who holds a current, valid license issued under this 838
chapter that authorizes the practice of nursing as an advanced 839
practice registered nurse and is designated as any of the 840
following: 841

(1) A certified registered nurse anesthetist; 842

(2) A clinical nurse specialist; 843

(3) A certified nurse-midwife; 844

(4) A certified nurse practitioner. 845

~~(P)~~ (Q) "Practice of nursing as an advanced practice 846
registered nurse" means providing to individuals and groups 847
nursing care that requires knowledge and skill obtained from 848
advanced formal education, continuing education, training, and 849
clinical experience. Such nursing care includes the care 850
described in section 4723.43 of the Revised Code. 851

~~(Q)~~ (R) "Dialysis care" means the care and procedures that 852
a dialysis technician or dialysis technician intern is 853
authorized to provide and perform, as specified in section 854
4723.72 of the Revised Code. 855

~~(R)~~ (S) "Dialysis technician" means an individual who holds 856
a current, valid certificate to practice as a dialysis 857
technician issued under section 4723.75 of the Revised Code. 858

~~(S)~~ (T) "Dialysis technician intern" means an individual 859
who has not passed the dialysis technician certification 860
examination required by section 4723.751 of the Revised Code, 861
but who has successfully completed a dialysis training program 862

approved by the board of nursing under section 4723.74 of the 863
Revised Code within the previous eighteen months. 864

~~(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 in~~ 872
~~practice~~ designation as a certified registered nurse 873
anesthetist, clinical nurse specialist, certified nurse-midwife, 874
or certified nurse practitioner. 875

~~(W)~~(X) "Physician assistant" means an individual who is 876
licensed to practice as a physician assistant under Chapter 877
4730. of the Revised Code. 878

Sec. 4723.02. The board of nursing shall assume and 879
exercise all the powers and perform all the duties conferred and 880
imposed on it by this chapter. 881

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

registered nurses, at least two shall hold a current, valid 892
license issued under this chapter that authorizes the practice 893
of nursing as an advanced practice registered nurse. Four 894
members shall be licensed practical nurses, each of whom shall 895
be a graduate of an approved program of nursing education that 896
prepares persons for licensure as a practical nurse, shall hold 897
a currently active license issued under this chapter to practice 898
nursing as a licensed practical nurse, and shall have been 899
actively engaged in the practice of nursing as a licensed 900
practical nurse for the five years immediately preceding the 901
member's initial appointment to the board. One member shall 902
represent the interests of consumers of health care. Neither 903
this member nor any person in the member's immediate family 904
shall be a member of or associated with a health care provider 905
or profession or shall have a financial interest in the delivery 906
or financing of health care. Representation of nursing service 907
and nursing education and of the various geographical areas of 908
the state shall be considered in making appointments. 909

As the term of any member of the board expires, a 910
successor shall be appointed who has the qualifications the 911
vacancy requires. Terms of office shall be for four years, 912
commencing on the first day of January and ending on the thirty- 913
first day of December. 914

A current or former board member who has served not more 915
than one full term or one full term and not more than thirty 916
months of another term may be reappointed for one additional 917
term. 918

Each member shall hold office from the date of appointment 919
until the end of the term for which the member was appointed. 920
The term of a member shall expire if the member ceases to meet 921

any requirement of this section for the member's position on the 922
board. Any member appointed to fill a vacancy occurring prior to 923
the expiration of the term for which the member's predecessor 924
was appointed shall hold office for the remainder of such term. 925
Any member shall continue in office subsequent to the expiration 926
date of the member's term until the member's successor takes 927
office, or until a period of sixty days has elapsed, whichever 928
occurs first. 929

Nursing organizations of this state may each submit to the 930
governor the names of not more than five nominees for each 931
position to be filled on the board. From the names so submitted 932
or from others, at the governor's discretion, the governor with 933
the advice and consent of the senate shall make such 934
appointments. 935

Any member of the board may be removed by the governor for 936
neglect of any duty required by law or for incompetency or 937
unprofessional or dishonorable conduct, after a hearing as 938
provided in Chapter 119. of the Revised Code. 939

Seven members of the board ~~including~~ constitute a quorum, 940
which shall include at least four registered nurses, one of whom 941
is an advanced practice registered nurse, and at least one 942
~~licensed practical nurse shall at all times constitute a quorum.~~ 943

Each member of the board shall receive an amount fixed 944
pursuant to division (J) of section 124.15 of the Revised Code 945
for each day in attendance at board meetings and in discharge of 946
official duties, and in addition thereto, necessary expense 947
incurred in the performance of such duties. 948

The board shall elect one of its nurse members as 949
president and one as vice-president. The board shall elect one 950

of its registered nurse members to serve as the supervising 951
member for disciplinary matters. 952

The board may establish advisory groups to serve in 953
consultation with the board or the executive director. Each 954
advisory group shall be given a specific charge in writing and 955
shall report to the board. Members of advisory groups shall 956
serve without compensation but shall receive their actual and 957
necessary expenses incurred in the performance of their official 958
duties. 959

Sec. 4723.06. (A) The board of nursing shall: 960

(1) Administer and enforce the provisions of this chapter, 961
including the taking of disciplinary action for violations of 962
section 4723.28 of the Revised Code, any other provisions of 963
this chapter, or rules adopted under this chapter; 964

(2) Develop criteria that an applicant must meet to be 965
eligible to sit for the examination for licensure to practice as 966
a registered nurse or as a licensed practical nurse; 967

(3) Issue and renew nursing licenses, dialysis technician 968
certificates, and community health worker certificates, as 969
provided in this chapter; 970

(4) Define the minimum educational standards for the 971
schools and programs of registered nursing and practical nursing 972
in this state; 973

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

programs leading to initial licensure to practice nursing as a 980
registered nurse and practical nurse programs leading to initial 981
licensure to practice nursing as a licensed practical nurse. 982

(6) Grant conditional approval, by a vote of a quorum of 983
the board, to a new prelicensure nursing education program or a 984
program that is being reestablished after having ceased to 985
operate, if the program meets and maintains the minimum 986
standards of the board established by rules adopted under 987
section 4723.07 of the Revised Code. If the board does not grant 988
conditional approval, it shall hold an adjudication under 989
Chapter 119. of the Revised Code to consider conditional 990
approval of the program. If the board grants conditional 991
approval, at the first meeting following completion of the 992
survey process required by division (A)(5) of this section, the 993
board shall determine whether to grant full approval to the 994
program. If the board does not grant full approval or if it 995
appears that the program has failed to meet and maintain 996
standards established by rules adopted under section 4723.07 of 997
the Revised Code, the board shall hold an adjudication under 998
Chapter 119. of the Revised Code to consider the program. Based 999
on results of the adjudication, the board may continue or 1000
withdraw conditional approval, or grant full approval. 1001

(7) Place on provisional approval, for a period of time 1002
specified by the board, a prelicensure nursing education program 1003
that has ceased to meet and maintain the minimum standards of 1004
the board established by rules adopted under section 4723.07 of 1005
the Revised Code. Prior to or at the end of the period, the 1006
board shall reconsider whether the program meets the standards 1007
and shall grant full approval if it does. If it does not, the 1008
board may withdraw approval, pursuant to an adjudication under 1009
Chapter 119. of the Revised Code. 1010

(8) Approve continuing education programs and courses 1011
under standards established in rules adopted under sections 1012
4723.07, 4723.69, 4723.79, and 4723.88 of the Revised Code; 1013

(9) Establish the safe haven program in accordance with 1014
sections 4723.35 and 4723.351 of the Revised Code; 1015

(10) Establish the practice intervention and improvement 1016
program in accordance with section 4723.282 of the Revised Code; 1017

(11) Grant approval to the course of study in advanced 1018
pharmacology and related topics described in section 4723.482 of 1019
the Revised Code; 1020

(12) Make an annual edition of the exclusionary formulary 1021
established in rules adopted under section 4723.50 of the 1022
Revised Code available to the public by electronic means and, as 1023
soon as possible after any revision of the formulary becomes 1024
effective, make the revision available to the public by 1025
electronic means; 1026

(13) Approve under section 4723.46 of the Revised Code 1027
national certifying organizations for examination and licensure 1028
of advanced practice registered nurses, which may include 1029
separate organizations for each nursing ~~specialty~~designation; 1030

(14) Provide guidance and make recommendations to the 1031
general assembly, the governor, state agencies, and the federal 1032
government with respect to the regulation of the practice of 1033
nursing and the enforcement of this chapter; 1034

(15) Make an annual report to the governor, which shall be 1035
open for public inspection; 1036

(16) Maintain and have open for public inspection the 1037
following records: 1038

(a) A record of all its meetings and proceedings; 1039

(b) A record of all applicants for, and holders of, 1040
licenses and certificates issued by the board under this chapter 1041
or in accordance with rules adopted under this chapter. The 1042
record shall be maintained in a format determined by the board. 1043

(c) A list of education and training programs approved by 1044
the board. 1045

(17) Deny conditional approval to a new prelicensure 1046
nursing education program or a program that is being 1047
reestablished after having ceased to operate if the program or a 1048
person acting on behalf of the program submits or causes to be 1049
submitted to the board false, misleading, or deceptive 1050
statements, information, or documentation in the process of 1051
applying for approval of the program. If the board proposes to 1052
deny approval of the program, it shall do so pursuant to an 1053
adjudication conducted under Chapter 119. of the Revised Code. 1054

(B) The board may fulfill the requirement of division (A) 1055
(8) of this section by authorizing persons who meet the 1056
standards established in rules adopted under section 4723.07 of 1057
the Revised Code to approve continuing education programs and 1058
courses. Persons so authorized shall approve continuing 1059
education programs and courses in accordance with standards 1060
established in rules adopted under section 4723.07 of the 1061
Revised Code. 1062

Persons seeking authorization to approve continuing 1063
education programs and courses shall apply to the board and pay 1064
the appropriate fee established under section 4723.08 of the 1065
Revised Code. Authorizations to approve continuing education 1066
programs and courses shall expire and may be renewed according 1067

to the schedule established in rules adopted under section 1068
4723.07 of the Revised Code. 1069

In addition to approving continuing education programs 1070
under division (A) (8) of this section, the board may sponsor 1071
continuing education activities that are directly related to the 1072
statutes and rules the board enforces. 1073

(C) (1) The board may deny conditional approval to a new 1074
prelicensure nursing education program or program that is being 1075
reestablished after having ceased to operate if the program is 1076
controlled by a person who controls or has controlled a program 1077
that had its approval withdrawn, revoked, suspended, or 1078
restricted by the board or a board of another jurisdiction that 1079
is a member of the national council of state boards of nursing. 1080
If the board proposes to deny approval, it shall do so pursuant 1081
to an adjudication conducted under Chapter 119. of the Revised 1082
Code. 1083

(2) As used in this division, "control" means any of the 1084
following: 1085

(a) Holding fifty per cent or more of the outstanding 1086
voting securities or membership interest of a prelicensure 1087
nursing education program; 1088

(b) In the case of an unincorporated prelicensure nursing 1089
education program, having the right to fifty per cent or more of 1090
the program's profits or in the event of a dissolution, fifty 1091
per cent or more of the program's assets; 1092

(c) In the case of a prelicensure nursing education 1093
program that is a for-profit or not-for-profit corporation, 1094
having the contractual authority presently to designate fifty 1095
per cent or more of its directors; 1096

(d) In the case of a prelicensure nursing education 1097
program that is a trust, having the contractual authority 1098
presently to designate fifty per cent or more of its trustees; 1099

(e) Having the authority to direct the management, 1100
policies, or investments of a prelicensure nursing education 1101
program. 1102

(D) (1) When an action taken by the board under division 1103
(A) (6), (7), or (17) or (C) (1) of this section is required to be 1104
taken pursuant to an adjudication conducted under Chapter 119. 1105
of the Revised Code, the board may, in lieu of an adjudication 1106
hearing, enter into a consent agreement to resolve the matter. A 1107
consent agreement, when ratified by a vote of a quorum of the 1108
board, constitutes the findings and order of the board with 1109
respect to the matter addressed in the agreement. If the board 1110
refuses to ratify a consent agreement, the admissions and 1111
findings contained in the agreement are of no effect. 1112

(2) In any instance in which the board is required under 1113
Chapter 119. of the Revised Code to give notice to a person 1114
seeking approval of a prelicensure nursing education program of 1115
an opportunity for a hearing and the person does not make a 1116
timely request for a hearing in accordance with section 119.07 1117
of the Revised Code, the board is not required to hold a 1118
hearing, but may adopt, by a vote of a quorum, a final order 1119
that contains the board's findings. 1120

(3) When the board denies or withdraws approval of a 1121
prelicensure nursing education program, the board may specify 1122
that its action is permanent. A program subject to a permanent 1123
action taken by the board is forever ineligible for approval and 1124
the board shall not accept an application for the program's 1125
reinstatement or approval. 1126

Sec. 4723.07. In accordance with Chapter 119. of the 1127
Revised Code, the board of nursing shall adopt and may amend and 1128
rescind rules that establish all of the following: 1129

(A) Provisions for the board's government and control of 1130
its actions and business affairs; 1131

(B) Subject to section 4723.072 of the Revised Code, 1132
minimum standards for nursing education programs that prepare 1133
graduates to be licensed under this chapter and procedures for 1134
granting, renewing, and withdrawing approval of those programs; 1135

(C) Criteria that applicants for licensure must meet to be 1136
eligible to take examinations for licensure; 1137

(D) Standards and procedures for renewal of the licenses 1138
and certificates issued by the board; 1139

(E) Standards for approval of continuing nursing education 1140
programs and courses for registered nurses, advanced practice 1141
registered nurses, and licensed practical nurses. The standards 1142
may provide for approval of continuing nursing education 1143
programs and courses that have been approved by other state 1144
boards of nursing or by national accreditation systems for 1145
nursing, including, but not limited to, the American nurses' 1146
credentialing center and the national association for practical 1147
nurse education and service. 1148

(F) Standards that persons must meet to be authorized by 1149
the board to approve continuing education programs and courses 1150
and a schedule by which that authorization expires and may be 1151
renewed; 1152

(G) Requirements, including continuing education 1153
requirements, for reactivating inactive licenses or 1154
certificates, and for reinstating licenses or certificates that 1155

have lapsed; 1156

(H) Conditions that may be imposed for reinstatement of a 1157
license or certificate following action taken under section 1158
3123.47, 4723.28, 4723.281, 4723.652, or 4723.86 of the Revised 1159
Code resulting in a license or certificate suspension; 1160

(I) Criteria for evaluating the qualifications of an 1161
applicant for a license to practice nursing as a registered 1162
nurse, a license to practice nursing as an advanced practice 1163
registered nurse, or a license to practice nursing as a licensed 1164
practical nurse for the purpose of issuing the license by the 1165
board's endorsement of the applicant's authority to practice 1166
issued by the licensing agency of another state; 1167

(J) Universal and standard precautions that shall be used 1168
by each licensee or certificate holder. The rules shall define 1169
and establish requirements for universal and standard 1170
precautions that include the following: 1171

(1) Appropriate use of hand washing; 1172

(2) Disinfection and sterilization of equipment; 1173

(3) Handling and disposal of needles and other sharp 1174
instruments; 1175

(4) Wearing and disposal of gloves and other protective 1176
garments and devices. 1177

(K) Quality assurance standards for advanced practice 1178
registered nurses who have practiced in a clinical setting for 1179
less than two thousand hours and are clinical nurse specialists, 1180
certified nurse-midwives, or certified nurse practitioners; 1181

(L) ~~Additional~~ For purposes of division (B) (5) of section 1182
4723.431 of the Revised Code, any other criteria for the 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

(M) 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

(N) 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) Except as provided in section 4723.092 of the Revised 1405
Code, the board of nursing, by a vote of a quorum, may impose 1406
one or more of the following sanctions: deny, revoke, suspend, 1407
or place restrictions on any nursing license or dialysis 1408
technician certificate issued by the board; reprimand or 1409
otherwise discipline a holder of a nursing license or dialysis 1410
technician certificate; or impose a fine of not more than five 1411
hundred dollars per violation. The sanctions may be imposed for 1412
any of the following: 1413

(1) Denial, revocation, suspension, or restriction of 1414
authority to engage in a licensed profession or practice a 1415
health care occupation, including nursing or practice as a 1416
dialysis technician, for any reason other than a failure to 1417
renew, in Ohio or another state or jurisdiction; 1418

(2) Engaging in the practice of nursing or engaging in 1419

practice as a dialysis technician, having failed to renew a 1420
nursing license or dialysis technician certificate issued under 1421
this chapter, or while a nursing license or dialysis technician 1422
certificate is under suspension; 1423

(3) Conviction of, a plea of guilty to, a judicial finding 1424
of guilt of, a judicial finding of guilt resulting from a plea 1425
of no contest to, or a judicial finding of eligibility for a 1426
pretrial diversion or similar program or for intervention in 1427
lieu of conviction for, a misdemeanor committed in the course of 1428
practice; 1429

(4) Conviction of, a plea of guilty to, a judicial finding 1430
of guilt of, a judicial finding of guilt resulting from a plea 1431
of no contest to, or a judicial finding of eligibility for a 1432
pretrial diversion or similar program or for intervention in 1433
lieu of conviction for, any felony or of any crime involving 1434
gross immorality or moral turpitude; 1435

(5) Selling, giving away, or administering drugs or 1436
therapeutic devices for other than legal and legitimate 1437
therapeutic purposes; or conviction of, a plea of guilty to, a 1438
judicial finding of guilt of, a judicial finding of guilt 1439
resulting from a plea of no contest to, or a judicial finding of 1440
eligibility for a pretrial diversion or similar program or for 1441
intervention in lieu of conviction for, violating any municipal, 1442
state, county, or federal drug law; 1443

(6) Conviction of, a plea of guilty to, a judicial finding 1444
of guilt of, a judicial finding of guilt resulting from a plea 1445
of no contest to, or a judicial finding of eligibility for a 1446
pretrial diversion or similar program or for intervention in 1447
lieu of conviction for, an act in another jurisdiction that 1448
would constitute a felony or a crime of moral turpitude in Ohio; 1449

(7) Conviction of, a plea of guilty to, a judicial finding 1450
of guilt of, a judicial finding of guilt resulting from a plea 1451
of no contest to, or a judicial finding of eligibility for a 1452
pretrial diversion or similar program or for intervention in 1453
lieu of conviction for, an act in the course of practice in 1454
another jurisdiction that would constitute a misdemeanor in 1455
Ohio; 1456

(8) Self-administering or otherwise taking into the body 1457
any dangerous drug, as defined in section 4729.01 of the Revised 1458
Code, in any way that is not in accordance with a legal, valid 1459
prescription issued for that individual, or self-administering 1460
or otherwise taking into the body any drug that is a schedule I 1461
controlled substance; 1462

(9) Habitual or excessive use of controlled substances, 1463
other habit-forming drugs, or alcohol or other chemical 1464
substances to an extent that impairs the individual's ability to 1465
provide safe nursing care or safe dialysis care; 1466

(10) Impairment of the ability to practice according to 1467
acceptable and prevailing standards of safe nursing care or safe 1468
dialysis care because of the use of drugs, alcohol, or other 1469
chemical substances; 1470

(11) Impairment of the ability to practice according to 1471
acceptable and prevailing standards of safe nursing care or safe 1472
dialysis care because of a physical or mental disability; 1473

(12) Assaulting or causing harm to a patient or depriving 1474
a patient of the means to summon assistance; 1475

(13) Misappropriation or attempted misappropriation of 1476
money or anything of value in the course of practice; 1477

(14) Adjudication by a probate court of being mentally ill 1478

or mentally incompetent. The board may reinstate the person's 1479
nursing license or dialysis technician certificate upon 1480
adjudication by a probate court of the person's restoration to 1481
competency or upon submission to the board of other proof of 1482
competency. 1483

(15) The suspension or termination of employment by the 1484
United States department of defense or department of veterans 1485
affairs for any act that violates or would violate this chapter; 1486

(16) Violation of this chapter or any rules adopted under 1487
it; 1488

(17) Violation of any restrictions placed by the board on 1489
a nursing license or dialysis technician certificate; 1490

(18) Failure to use universal and standard precautions 1491
established by rules adopted under section 4723.07 of the 1492
Revised Code; 1493

(19) Failure to practice in accordance with acceptable and 1494
prevailing standards of safe nursing care or safe dialysis care; 1495

(20) In the case of a registered nurse, engaging in 1496
activities that exceed the practice of nursing as a registered 1497
nurse; 1498

(21) In the case of a licensed practical nurse, engaging 1499
in activities that exceed the practice of nursing as a licensed 1500
practical nurse; 1501

(22) In the case of a dialysis technician, engaging in 1502
activities that exceed those permitted under section 4723.72 of 1503
the Revised Code; 1504

(23) Aiding and abetting a person in that person's 1505
practice of nursing without a license or practice as a dialysis 1506

technician without a certificate issued under this chapter; 1507

(24) In the case of an advanced practice registered nurse, 1508
except as provided in division (M) of this section, either of 1509
the following: 1510

(a) Waiving the payment of all or any part of a deductible 1511
or copayment that a patient, pursuant to a health insurance or 1512
health care policy, contract, or plan that covers such nursing 1513
services, would otherwise be required to pay if the waiver is 1514
used as an enticement to a patient or group of patients to 1515
receive health care services from that provider; 1516

(b) Advertising that the nurse will waive the payment of 1517
all or any part of a deductible or copayment that a patient, 1518
pursuant to a health insurance or health care policy, contract, 1519
or plan that covers such nursing services, would otherwise be 1520
required to pay. 1521

(25) Failure to comply with the terms and conditions of 1522
participation in the safe haven program conducted under sections 1523
4723.35 and 4723.351 of the Revised Code; 1524

(26) Failure to comply with the terms and conditions 1525
required under the practice intervention and improvement program 1526
established under section 4723.282 of the Revised Code; 1527

(27) In the case of an advanced practice registered nurse: 1528

(a) Engaging in activities that exceed those permitted ~~for~~ 1529
~~the nurse's nursing specialty~~ under section 4723.43 of the 1530
Revised Code for the nurse's designation; 1531

(b) Failure to meet the quality assurance standards 1532
established under section 4723.07 of the Revised Code that apply 1533
to the nurse as a clinical nurse specialist, certified nurse- 1534

midwife, or certified nurse practitioner who has practiced in a 1535
clinical setting for less than two thousand hours. 1536

(28) In the case of an advanced practice registered nurse 1537
~~other than a certified registered nurse anesthetist~~who is 1538
required or chooses to practice under a standard care 1539
arrangement, as provided in section 4723.43 of the Revised Code, 1540
failure to maintain a standard care arrangement in accordance 1541
with section 4723.431 of the Revised Code or to practice in 1542
accordance with the standard care arrangement; 1543

(29) In the case of an advanced practice registered nurse 1544
who is designated as a clinical nurse specialist, certified 1545
nurse-midwife, or certified nurse practitioner, failure to 1546
prescribe drugs and therapeutic devices in accordance with 1547
section 4723.481 of the Revised Code; 1548

(30) Prescribing any drug or device to perform or induce 1549
an abortion, or otherwise performing or inducing an abortion; 1550

(31) Failure to establish and maintain professional 1551
boundaries with a patient, as specified in rules adopted under 1552
section 4723.07 of the Revised Code; 1553

(32) Regardless of whether the contact or verbal behavior 1554
is consensual, engaging with a patient other than the spouse of 1555
the registered nurse, licensed practical nurse, or dialysis 1556
technician in any of the following: 1557

(a) Sexual contact, as defined in section 2907.01 of the 1558
Revised Code; 1559

(b) Verbal behavior that is sexually demeaning to the 1560
patient or may be reasonably interpreted by the patient as 1561
sexually demeaning. 1562

(33) Assisting suicide, as defined in section 3795.01 of the Revised Code; 1563
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(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; 1565
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(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; 1569
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(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; 1573
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(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; 1579
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(38) Violation of section 4723.93 of the Revised Code; 1584

(39) 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. 1585
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(C) Disciplinary actions taken by the board under 1592
divisions (A) and (B) of this section shall be taken pursuant to 1593
an adjudication conducted under Chapter 119. of the Revised 1594
Code, except that in lieu of a hearing, the board may enter into 1595
a consent agreement with an individual to resolve an allegation 1596
of a violation of this chapter or any rule adopted under it. A 1597
consent agreement, when ratified by a vote of a quorum, shall 1598
constitute the findings and order of the board with respect to 1599
the matter addressed in the agreement. If the board refuses to 1600
ratify a consent agreement, the admissions and findings 1601
contained in the agreement shall be of no effect. 1602

(D) The hearings of the board shall be conducted in 1603
accordance with Chapter 119. of the Revised Code, the board may 1604
appoint a hearing examiner, as provided in section 119.09 of the 1605
Revised Code, to conduct any hearing the board is authorized to 1606
hold under Chapter 119. of the Revised Code. 1607

In any instance in which the board is required under 1608
Chapter 119. of the Revised Code to give notice of an 1609
opportunity for a hearing and the applicant, licensee, or 1610
certificate holder does not make a timely request for a hearing 1611
in accordance with section 119.07 of the Revised Code, the board 1612
is not required to hold a hearing, but may adopt, by a vote of a 1613
quorum, a final order that contains the board's findings. In the 1614
final order, the board may order any of the sanctions listed in 1615
division (A) or (B) of this section. 1616

(E) If a criminal action is brought against a registered 1617
nurse, licensed practical nurse, or dialysis technician for an 1618
act or crime described in divisions (B) (3) to (7) of this 1619
section and the action is dismissed by the trial court other 1620
than on the merits, the board shall conduct an adjudication to 1621

determine whether the registered nurse, licensed practical 1622
nurse, or dialysis technician committed the act on which the 1623
action was based. If the board determines on the basis of the 1624
adjudication that the registered nurse, licensed practical 1625
nurse, or dialysis technician committed the act, or if the 1626
registered nurse, licensed practical nurse, or dialysis 1627
technician fails to participate in the adjudication, the board 1628
may take action as though the registered nurse, licensed 1629
practical nurse, or dialysis technician had been convicted of 1630
the act. 1631

If the board takes action on the basis of a conviction, 1632
plea, or a judicial finding as described in divisions (B) (3) to 1633
(7) of this section that is overturned on appeal, the registered 1634
nurse, licensed practical nurse, or dialysis technician may, on 1635
exhaustion of the appeal process, petition the board for 1636
reconsideration of its action. On receipt of the petition and 1637
supporting court documents, the board shall temporarily rescind 1638
its action. If the board determines that the decision on appeal 1639
was a decision on the merits, it shall permanently rescind its 1640
action. If the board determines that the decision on appeal was 1641
not a decision on the merits, it shall conduct an adjudication 1642
to determine whether the registered nurse, licensed practical 1643
nurse, or dialysis technician committed the act on which the 1644
original conviction, plea, or judicial finding was based. If the 1645
board determines on the basis of the adjudication that the 1646
registered nurse, licensed practical nurse, or dialysis 1647
technician committed such act, or if the registered nurse, 1648
licensed practical nurse, or dialysis technician does not 1649
request an adjudication, the board shall reinstate its action; 1650
otherwise, the board shall permanently rescind its action. 1651

Notwithstanding the provision of division (D) (2) of 1652

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. 1683

The board shall not compel an individual who has been 1684
referred to the safe haven program as described in sections 1685
4723.35 and 4723.351 of the Revised Code to submit to a mental 1686
or physical examination. 1687

Failure of any individual to submit to a mental or 1688
physical examination when directed constitutes an admission of 1689
the allegations, unless the failure is due to circumstances 1690
beyond the individual's control, and a default and final order 1691
may be entered without the taking of testimony or presentation 1692
of evidence. 1693

If the board finds that an individual is impaired, the 1694
board shall require the individual to submit to care, 1695
counseling, or treatment approved or designated by the board, as 1696
a condition for initial, continued, reinstated, or renewed 1697
authority to practice. The individual shall be afforded an 1698
opportunity to demonstrate to the board that the individual can 1699
begin or resume the individual's occupation in compliance with 1700
acceptable and prevailing standards of care under the provisions 1701
of the individual's authority to practice. 1702

For purposes of this division, any registered nurse, 1703
licensed practical nurse, or dialysis technician or applicant 1704
under this chapter shall be deemed to have given consent to 1705
submit to a mental or physical examination when directed to do 1706
so in writing by the board, and to have waived all objections to 1707
the admissibility of testimony or examination reports that 1708
constitute a privileged communication. 1709

(H) The board shall investigate evidence that appears to 1710
show that any person has violated any provision of this chapter 1711

or any rule of the board. Any person may report to the board any 1712
information the person may have that appears to show a violation 1713
of any provision of this chapter or rule of the board. In the 1714
absence of bad faith, any person who reports such information or 1715
who testifies before the board in any adjudication conducted 1716
under Chapter 119. of the Revised Code shall not be liable for 1717
civil damages as a result of the report or testimony. 1718

(I) All of the following apply under this chapter with 1719
respect to the confidentiality of information: 1720

(1) Information received by the board pursuant to a 1721
complaint or an investigation is confidential and not subject to 1722
discovery in any civil action, except that the board may 1723
disclose information to law enforcement officers and government 1724
entities for purposes of an investigation of either a licensed 1725
health care professional, including a registered nurse, licensed 1726
practical nurse, or dialysis technician, or a person who may 1727
have engaged in the unauthorized practice of nursing or dialysis 1728
care. No law enforcement officer or government entity with 1729
knowledge of any information disclosed by the board pursuant to 1730
this division shall divulge the information to any other person 1731
or government entity except for the purpose of a government 1732
investigation, a prosecution, or an adjudication by a court or 1733
government entity. 1734

(2) If an investigation requires a review of patient 1735
records, the investigation and proceeding shall be conducted in 1736
such a manner as to protect patient confidentiality. 1737

(3) All adjudications and investigations of the board 1738
shall be considered civil actions for the purposes of section 1739
2305.252 of the Revised Code. 1740

(4) Any board activity that involves continued monitoring 1741
of an individual as part of or following any disciplinary action 1742
taken under this section shall be conducted in a manner that 1743
maintains the individual's confidentiality. Information received 1744
or maintained by the board with respect to the board's 1745
monitoring activities is not subject to discovery in any civil 1746
action and is confidential, except that the board may disclose 1747
information to law enforcement officers and government entities 1748
for purposes of an investigation of a licensee or certificate 1749
holder. 1750

(J) Any action taken by the board under this section 1751
resulting in a suspension from practice shall be accompanied by 1752
a written statement of the conditions under which the person may 1753
be reinstated to practice. 1754

(K) When the board refuses to grant a license or 1755
certificate to an applicant, revokes a license or certificate, 1756
or refuses to reinstate a license or certificate, the board may 1757
specify that its action is permanent. An individual subject to 1758
permanent action taken by the board is forever ineligible to 1759
hold a license or certificate of the type that was refused or 1760
revoked and the board shall not accept from the individual an 1761
application for reinstatement of the license or certificate or 1762
for a new license or certificate. 1763

(L) No unilateral surrender of a nursing license or 1764
dialysis technician certificate issued under this chapter shall 1765
be effective unless accepted by majority vote of the board. No 1766
application for a nursing license or dialysis technician 1767
certificate issued under this chapter may be withdrawn without a 1768
majority vote of the board. The board's jurisdiction to take 1769
disciplinary action under this section is not removed or limited 1770

when an individual has a license or certificate classified as 1771
inactive or fails to renew a license or certificate. 1772

(M) Sanctions shall not be imposed under division (B) (24) 1773
of this section against any licensee who waives deductibles and 1774
copayments as follows: 1775

(1) In compliance with the health benefit plan that 1776
expressly allows such a practice. Waiver of the deductibles or 1777
copayments shall be made only with the full knowledge and 1778
consent of the plan purchaser, payer, and third-party 1779
administrator. Documentation of the consent shall be made 1780
available to the board upon request. 1781

(2) For professional services rendered to any other person 1782
licensed pursuant to this chapter to the extent allowed by this 1783
chapter and the rules of the board. 1784

Sec. 4723.36. (A) A certified nurse-midwife, certified 1785
nurse practitioner, or clinical nurse specialist may determine 1786
and pronounce an individual's death. 1787

~~(B) (1)~~ (B) A registered nurse who is not described in 1788
division (A) of this section may determine and pronounce an 1789
individual's death, but only if the individual's respiratory and 1790
circulatory functions are not being artificially sustained and, 1791
at the time the determination and pronouncement of death is 1792
made, the registered nurse is providing or supervising the 1793
individual's care through a hospice care program licensed under 1794
Chapter 3712. of the Revised Code or any other entity that 1795
provides palliative care. 1796

~~(2) A registered~~ (C) A nurse who determines and pronounces 1797
an individual's death under division ~~(B) (1)~~ (A) or (B) of this 1798
section shall ~~comply with both of the following:~~ 1799

~~(a) The nurse shall not complete any portion of the individual's death certificate.~~ 1800
1801

~~(b) The nurse shall notify the individual's attending physician, certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist of the determination and pronouncement of death in order for the physician, certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist to fulfill the physician's, certified nurse-midwife's, certified nurse practitioner's, or clinical nurse specialist's duties under section 3705.16 of the Revised Code.~~ 1802
1803
1804
1805
1806
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1809
The nurse shall provide the notification within a period of time 1810
that is reasonable but not later than twenty-four hours 1811
following the determination and pronouncement of the 1812
individual's death. 1813

(D) A nurse described in division (A) or (B) of this section, whether acting under this section or any other provision of this chapter, shall not complete the medical certification portion or any other portion of a death certificate. 1814
1815
1816
1817
1818

Sec. 4723.41. (A) Each person who ~~desires~~ is seeking to 1819
practice nursing as a certified nurse-midwife and has not been 1820
authorized to practice midwifery prior to December 1, 1967, and 1821
each person who ~~desires~~ is seeking to practice nursing as a 1822
certified registered nurse anesthetist, clinical nurse 1823
specialist, or certified nurse practitioner, shall file with the 1824
board of nursing a written or electronic application for a 1825
license to practice nursing as an advanced practice registered 1826
nurse ~~and that specifies the designation in the desired specialty being sought.~~ 1827
The application must be filed, under 1828
oath, on a form prescribed by the board accompanied by the 1829

application fee required by section 4723.08 of the Revised Code. 1830

Except as provided in division (B), (C), or (D) of this 1831
section, at the time of making application, the applicant shall 1832
meet all of the following requirements: 1833

(1) Be a registered nurse; 1834

(2) Submit documentation satisfactory to the board that 1835
the applicant has earned a master's or doctoral degree with a 1836
major in ~~a nursing specialty or in a~~ related field that 1837
qualifies the applicant to sit for the certification examination 1838
of a national certifying organization approved by the board 1839
under section 4723.46 of the Revised Code; 1840

(3) Submit documentation satisfactory to the board of 1841
having passed the certification examination of a national 1842
certifying organization approved by the board under section 1843
4723.46 of the Revised Code to examine and certify, as 1844
applicable, nurse-midwives, registered nurse anesthetists, 1845
clinical nurse specialists, or nurse practitioners; 1846

(4) Submit an affidavit with the application that states 1847
all of the following: 1848

(a) That the applicant is the person named in the 1849
documents submitted under this section and is the lawful 1850
possessor thereof; 1851

(b) The applicant's age, residence, the school at which 1852
the applicant obtained ~~education in the applicant's nursing-~~ 1853
~~specialty~~ the required master's or doctoral degree, and any other 1854
facts that the board requires; 1855

(c) The ~~specialty in which~~ designation being sought by the 1856
applicant ~~seeks designation~~. 1857

(B) (1) A certified registered nurse anesthetist, clinical 1858
nurse specialist, certified nurse-midwife, or certified nurse 1859
practitioner who is practicing or has practiced as such in 1860
another jurisdiction other than another state may apply for a 1861
license by endorsement to practice nursing as an advanced 1862
practice registered nurse ~~and designation as a certified-~~ 1863
~~registered nurse anesthetist, clinical nurse specialist,~~ 1864
~~certified nurse-midwife, or certified nurse practitioner~~ in this 1865
state if the nurse meets the requirements set forth in division 1866
(A) of this section or division (B) (2) of this section. 1867

(2) If an applicant who is practicing or has practiced in 1868
another jurisdiction other than another state applies for 1869
~~designation-licensure~~ under division (B) (2) of this section, the 1870
application shall be submitted to the board in the form 1871
prescribed by rules of the board and be accompanied by the 1872
application fee required by section 4723.08 of the Revised Code. 1873
The application shall include evidence that the applicant meets 1874
the requirements of division (B) (2) of this section, holds 1875
authority to practice nursing and is in good standing in another 1876
jurisdiction other than another state granted after meeting 1877
requirements approved by the entity of that jurisdiction that 1878
regulates nurses, and other information required by rules of the 1879
board of nursing. 1880

With respect to the educational requirements and national 1881
certification requirements that an applicant under division (B) 1882
(2) of this section must meet, both of the following apply: 1883

(a) If the applicant is a certified registered nurse 1884
anesthetist, certified nurse-midwife, or certified nurse 1885
practitioner who, on or before December 31, 2000, obtained 1886
certification ~~in the applicant's nursing specialty with~~ from a 1887

national certifying organization listed in division (A) (3) of 1888
section 4723.41 of the Revised Code as that division existed 1889
prior to March 20, 2013, or that was at that time approved by 1890
the board under section 4723.46 of the Revised Code, the 1891
applicant must have maintained the certification. The applicant 1892
is not required to have earned a master's or doctoral degree 1893
with a major in ~~a nursing specialty or in~~ a related field that 1894
qualifies the applicant to sit for the certification 1895
examination. 1896

(b) If the applicant is a clinical nurse specialist, one 1897
of the following must apply to the applicant: 1898

(i) On or before December 31, 2000, the applicant obtained 1899
a master's or doctoral degree with a major in a clinical area of 1900
nursing from an educational institution accredited by a national 1901
or regional accrediting organization. The applicant is not 1902
required to have passed a certification examination. 1903

(ii) On or before December 31, 2000, the applicant 1904
obtained a master's or doctoral degree in nursing or a related 1905
field and was certified as a clinical nurse specialist by the 1906
American nurses credentialing center or another national 1907
certifying organization that was at that time approved by the 1908
board under section 4723.46 of the Revised Code. 1909

(3) The board shall grant a license to practice nursing as 1910
an advanced practice registered nurse in accordance with Chapter 1911
4796. of the Revised Code to an applicant if either of the 1912
following applies: 1913

(a) The applicant holds a license in another state. 1914

(b) The applicant has satisfactory work experience, a 1915
government certification, or a private certification as 1916

described in that chapter as an advanced practice registered 1917
nurse in a state that does not issue that license. 1918

(4) The board may grant a nonrenewable temporary permit to 1919
practice nursing as an advanced practice registered nurse to an 1920
applicant for licensure under division (B)(2) or (3) of this 1921
section if the board is satisfied by the evidence that the 1922
applicant holds a valid, unrestricted license in or equivalent 1923
authorization from another jurisdiction. Chapter 4796. of the 1924
Revised Code does not apply to a temporary permit issued under 1925
this division. The temporary permit shall expire at the earlier 1926
of one hundred eighty days after issuance or upon the issuance 1927
of a license under division (B)(2) or (3) of this section. 1928

(C) An applicant ~~who desires seeking~~ to practice nursing 1929
as a certified registered nurse anesthetist, certified nurse- 1930
midwife, or certified nurse practitioner is exempt from the 1931
educational requirements in division (A)(2) of this section if 1932
all of the following are the case: 1933

(1) Before January 1, 2001, the board issued to the 1934
applicant a certificate of authority to practice as a certified 1935
registered nurse anesthetist, certified nurse-midwife, or 1936
certified nurse practitioner; 1937

(2) The applicant submits documentation satisfactory to 1938
the board that the applicant obtained certification ~~in the~~ 1939
~~applicant's nursing specialty with from~~ a national certifying 1940
organization listed in division (A)(3) of section 4723.41 of the 1941
Revised Code as that division existed prior to March 20, 2013, 1942
or that was at that time approved by the board under section 1943
4723.46 of the Revised Code; 1944

(3) The applicant submits documentation satisfactory to 1945

the board that the applicant has maintained the certification 1946
described in division (C) (2) of this section. 1947

(D) An applicant ~~who desires~~ seeking to practice as a 1948
clinical nurse specialist is exempt from the examination 1949
requirement in division (A) (3) of this section if both of the 1950
following are the case: 1951

(1) Before January 1, 2001, the board issued to the 1952
applicant a certificate of authority to practice as a clinical 1953
nurse specialist; 1954

(2) The applicant submits documentation satisfactory to 1955
the board that the applicant earned either of the following: 1956

(a) A master's or doctoral degree with a major in a 1957
clinical area of nursing from an educational institution 1958
accredited by a national or regional accrediting organization; 1959

(b) A master's or doctoral degree in nursing or a related 1960
field and was certified as a clinical nurse specialist by the 1961
American nurses credentialing center or another national 1962
certifying organization that was at that time approved by the 1963
board under section 4723.46 of the Revised Code. 1964

Sec. 4723.42. (A) If the applicant for a license to 1965
practice nursing as an advanced practice registered nurse has 1966
met all the requirements of section 4723.41 of the Revised Code 1967
and has paid the fee required by section 4723.08 of the Revised 1968
Code, the board of nursing shall issue the license and designate 1969
the license holder as a certified registered nurse anesthetist, 1970
clinical nurse specialist, certified nurse-midwife, or certified 1971
nurse practitioner. The license and designation authorize the 1972
holder to practice as an advanced practice registered nurse ~~in~~ 1973
~~the specialty as~~ as indicated by the designation. 1974

The board shall issue or deny the license not later than 1975
thirty days after receiving all of the documents required by 1976
section 4723.41 of the Revised Code. 1977

If an applicant is under investigation for a violation of 1978
this chapter, the board shall conclude the investigation not 1979
later than ninety days after receipt of all required documents, 1980
unless this ninety-day period is extended by written consent of 1981
the applicant, or unless the board determines that a substantial 1982
question of such a violation exists and the board has notified 1983
the applicant in writing of the reasons for the continuation of 1984
the investigation. If the board determines that the applicant 1985
has not violated this chapter, it shall issue a certificate not 1986
later than forty-five days after making that determination. 1987

(B) A license to practice nursing as an advanced practice 1988
registered nurse is subject to the renewal schedule that applies 1989
under section 4723.24 of the Revised Code. In providing renewal 1990
applications, the board shall follow the procedures that apply 1991
under section 4723.24 of the Revised Code for providing renewal 1992
applications to license holders. Failure of the license holder 1993
to receive an application for renewal from the board does not 1994
excuse the holder from the requirements of section 4723.44 of 1995
the Revised Code. 1996

A license holder seeking renewal of the license shall 1997
complete the renewal application and submit it to the board with 1998
all of the following: 1999

(1) The renewal fee established under section 4723.08 of 2000
the Revised Code and, if the application is submitted after it 2001
is due but before the license lapses, the fee established under 2002
that section for processing a late application for renewal; 2003

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

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

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

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

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

(D) An individual who holds an active license and does not intend to practice in this state as an advanced practice registered nurse may send to the board written or electronic notice to that effect on or before the date the license lapses, and the board shall classify the license as inactive.

Sec. 4723.43. A certified registered nurse anesthetist, 2033
clinical nurse specialist, certified nurse-midwife, or certified 2034
nurse practitioner may provide to individuals and groups nursing 2035
care that requires knowledge and skill obtained from advanced 2036
formal education, continuing education, training, and clinical 2037
experience. In this capacity as an advanced practice registered 2038
nurse, a certified nurse-midwife is subject to division (A) of 2039
this section, a certified registered nurse anesthetist is 2040
subject to division (B) of this section, a certified nurse 2041
practitioner is subject to division (C) of this section, and a 2042
clinical nurse specialist is subject to division (D) of this 2043
section. 2044

Each advanced practice registered nurse shall practice in 2045
accordance with rules adopted by the board of nursing and in a 2046
manner that is consistent with the nurse's certification from a 2047
national certifying organization approved by the board under 2048
section 4723.46 of the Revised Code. An advanced practice 2049
registered nurse who is a clinical nurse specialist, certified 2050
nurse-midwife, or certified nurse practitioner may prescribe 2051
drugs and therapeutic devices in accordance with section 2052
4723.481 of the Revised Code. 2053

In the case of an advanced practice registered nurse who 2054
has practiced in a clinical setting for less than two thousand 2055
hours and is a clinical nurse specialist, certified nurse- 2056
midwife, or certified nurse practitioner, the nurse may practice 2057
only under a standard care arrangement that meets the 2058
requirements of section 4723.431 of the Revised Code. 2059
Thereafter, the nurse may practice without a standard care 2060
arrangement if the requirements of section 4723.439 of the 2061
Revised Code are met or may choose to continue practicing under 2062
a standard care arrangement. When a nurse is required or chooses 2063

to practice under a standard care arrangement, the nurse shall 2064
practice only in accordance with the terms of the arrangement. 2065

(A) A nurse authorized to practice as a certified nurse- 2066
midwife, ~~in collaboration with one or more physicians,~~ may 2067
provide the management of preventive services and those primary 2068
care services necessary to provide health care to women 2069
antepartally, intrapartally, postpartally, and gynecologically, ~~and~~ 2070
~~consistent with the nurse's education and certification, and in~~ 2071
~~accordance with rules adopted by the board of nursing.~~ 2072

No certified nurse-midwife may perform version, deliver 2073
breech or face presentation, use forceps, or do any obstetric 2074
operation, ~~or treat any other abnormal condition,~~ except in 2075
emergencies. Division (A) of this section does not prohibit a 2076
certified nurse-midwife from performing episiotomies or normal 2077
vaginal deliveries, or repairing vaginal tears. ~~A certified~~ 2078
~~nurse-midwife may, in collaboration with one or more physicians,~~ 2079
~~prescribe drugs and therapeutic devices in accordance with~~ 2080
~~section 4723.481 of the Revised Code.~~ 2081

(B) A nurse authorized to practice as a certified 2082
registered nurse anesthetist, ~~consistent with the nurse's~~ 2083
~~education and certification and in accordance with rules adopted~~ 2084
~~by the board,~~ may do the following: 2085

(1) With supervision and in the immediate presence of a 2086
physician, podiatrist, or dentist, administer anesthesia and 2087
perform anesthesia induction, maintenance, and emergence; 2088

(2) With supervision, obtain informed consent for 2089
anesthesia care and perform preanesthetic preparation and 2090
evaluation, postanesthetic preparation and evaluation, 2091
postanesthesia care, and, subject to section 4723.433 of the 2092

Revised Code, clinical support functions; 2093

(3) With supervision and in accordance with section 2094
4723.434 of the Revised Code, engage in the activities described 2095
in division (A) of that section. 2096

The physician, podiatrist, or dentist supervising a 2097
certified registered nurse anesthetist must be actively engaged 2098
in practice in this state. When a certified registered nurse 2099
anesthetist is supervised by a podiatrist, the nurse's scope of 2100
practice is limited to the anesthesia procedures that the 2101
podiatrist has the authority under section 4731.51 of the 2102
Revised Code to perform. A certified registered nurse 2103
anesthetist may not administer general anesthesia under the 2104
supervision of a podiatrist in a podiatrist's office. When a 2105
certified registered nurse anesthetist is supervised by a 2106
dentist, the nurse's scope of practice is limited to the 2107
anesthesia procedures that the dentist has the authority under 2108
Chapter 4715. of the Revised Code to perform. 2109

(C) A nurse authorized to practice as a certified nurse 2110
practitioner, ~~in collaboration with one or more physicians or~~ 2111
~~podiatrists,~~ may provide preventive and, primary care, and acute 2112
care services, ~~provide services for acute illnesses,~~ and 2113
evaluate and promote patient wellness ~~within the nurse's nursing~~ 2114
~~specialty, consistent with the nurse's education and~~ 2115
~~certification, and in accordance with rules adopted by the~~ 2116
~~board. A certified nurse practitioner may, in collaboration with~~ 2117
~~one or more physicians or podiatrists, prescribe drugs and~~ 2118
~~therapeutic devices in accordance with section 4723.481 of the~~ 2119
~~Revised Code.~~ 2120

When a certified nurse practitioner ~~is collaborating~~ 2121
practices under a standard care arrangement entered into with a 2122

collaborating practitioner who is a podiatrist, the nurse's 2123
scope of practice is limited to the procedures that the 2124
podiatrist has the authority under section 4731.51 of the 2125
Revised Code to perform. 2126

(D) A nurse authorized to practice as a clinical nurse 2127
specialist, ~~in collaboration with one or more physicians or~~ 2128
~~podiatrists,~~ may provide and manage the care of individuals and 2129
groups with complex health problems and provide health care 2130
services that promote, improve, and manage health care ~~within~~ 2131
~~the nurse's nursing specialty, consistent with the nurse's~~ 2132
~~education and in accordance with rules adopted by the board. A~~ 2133
~~clinical nurse specialist may, in collaboration with one or more~~ 2134
~~physicians or podiatrists, prescribe drugs and therapeutic~~ 2135
~~devices in accordance with section 4723.481 of the Revised Code.~~ 2136

When a clinical nurse specialist ~~is collaborating~~ 2137
practices under a standard care arrangement entered into with a 2138
collaborating practitioner who is a podiatrist, the nurse's 2139
scope of practice is limited to the procedures that the 2140
podiatrist has the authority under section 4731.51 of the 2141
Revised Code to perform. 2142

Sec. 4723.431. ~~(A)(1) An~~ This section establishes 2143
standards and conditions regarding the standard care 2144
arrangements that are required or permitted by section 4723.43 2145
of the Revised Code to be maintained between an advanced 2146
practice registered nurse who is designated as a clinical nurse 2147
specialist, certified nurse-midwife, or certified nurse 2148
practitioner ~~may practice only in accordance with a standard~~ 2149
~~care arrangement entered into with and each physician or~~ 2150
~~podiatrist~~ collaborating practitioner with whom the nurse 2151
collaborates. ~~A~~ 2152

(A) (1) A copy of the nurse's standard care arrangement 2153
shall be retained on file by the nurse's employer. Prior 2154
approval of the standard care arrangement by the board of 2155
nursing is not required, but the board may periodically review 2156
it for compliance with this section. 2157

~~A clinical nurse specialist, certified nurse-midwife, or~~ 2158
~~certified nurse practitioner~~ (2) The nurse may enter into a 2159
standard care arrangement with one or more collaborating 2160
~~physicians or podiatrists~~practitioners. If a collaborating 2161
~~physician or podiatrist enters into standard care arrangements~~ 2162
~~with more than five nurses, the physician or podiatrist shall~~ 2163
~~not collaborate at the same time with more than five nurses in~~ 2164
~~the prescribing component of their practices.~~ 2165

Not later than thirty days after first engaging in the 2166
practice of advanced practice registered nursing as a ~~clinical~~ 2167
~~nurse specialist, certified nurse-midwife, or certified nurse~~ 2168
~~practitioner~~, the nurse shall submit to the board the name and 2169
~~business address~~ of each collaborating ~~physician or~~ 2170
~~podiatrist~~practitioner. Thereafter, the nurse shall notify the 2171
board of any additions or deletions to the nurse's collaborating 2172
~~physicians or podiatrists~~practitioners. ~~Except as provided in~~ 2173
~~division (D) of this section, the~~ The notice must be provided 2174
not later than thirty days after the change takes effect. 2175

~~(2) All~~ (3) All of the following conditions apply with 2176
respect to the practice of a collaborating ~~physician or~~ 2177
~~podiatrist with whom a clinical nurse specialist, certified~~ 2178
~~nurse-midwife, or certified nurse practitioner may enter into a~~ 2179
~~standard care arrangement~~practitioner: 2180

(a) ~~The~~ In the case of a collaborating practitioner who is 2181
a physician or podiatrist, the collaborating physician or 2182

podiatrist must be authorized both of the following: 2183

(i) Authorized to practice in this state. 2184

~~(b) Except as provided in division (A) (2) (c) of this~~ 2185
~~section, the physician or podiatrist must be practicing;~~ 2186

(ii) Practicing in an area of health care, including a 2187
specialty, that is the same as or similar to that in which the 2188
nurse's nursing specialty nurse is or will be practicing. 2189

(b) In the case of a collaborating practitioner who is a 2190
clinical nurse specialist, certified nurse-midwife, or certified 2191
nurse practitioner, the collaborating nurse must satisfy all of 2192
the following: 2193

(i) Be authorized to practice in this state; 2194

(ii) Be practicing under a designation that is the same 2195
designation as the nurse with whom the collaborating nurse has 2196
entered into a standard care arrangement; 2197

(iii) Have met the requirements of section 4723.439 of the 2198
Revised Code; 2199

(iv) Not practice under a standard care arrangement 2200
entered into with another collaborating practitioner. 2201

(c) If the nurse is a clinical nurse specialist who is 2202
certified as a psychiatric-mental health CNS or the equivalent 2203
of such title by the American nurses credentialing center or a 2204
certified nurse practitioner who is certified as a psychiatric- 2205
mental health NP or the equivalent of such title by the American 2206
nurses credentialing center or American academy of nurse 2207
practitioners certification board, the nurse may enter into a 2208
standard care arrangement with a physician but not a podiatrist- 2209
and the collaborating physician must be practitioner practicing 2210

in one of the following specialties: 2211

(i) Psychiatry; 2212

(ii) Pediatrics; 2213

(iii) Primary care or family practice. 2214

(B) A standard care arrangement shall be in writing and 2215
shall contain all of the following: 2216

(1) Criteria for referral of a patient by the ~~clinical-~~ 2217
~~nurse specialist, certified nurse-midwife, or certified nurse-~~ 2218
~~practitioner~~ nurse practicing under the standard care 2219
arrangement to a collaborating physician or podiatrist- 2220
practitioner or to another physician or podiatrist or a clinical 2221
nurse specialist, certified nurse-midwife, or certified nurse 2222
practitioner who meets the requirements of section 4723.439 of 2223
the Revised Code; 2224

(2) A process for the ~~clinical nurse specialist, certified~~ 2225
~~nurse-midwife, or certified nurse practitioner~~ nurse practicing 2226
under the standard care arrangement to obtain a consultation 2227
with a collaborating physician or podiatrist practitioner or 2228
with another physician or podiatrist or a clinical nurse 2229
specialist, certified nurse-midwife, or certified nurse 2230
practitioner who meets the requirements of section 4723.439 of 2231
the Revised Code; 2232

(3) A plan for coverage ~~in instances of emergency or~~ 2233
~~planned absences of either the clinical nurse specialist,~~ 2234
~~certified nurse-midwife, or certified nurse practitioner or a~~ 2235
~~collaborating physician or podiatrist~~ that provides the means 2236
whereby a physician or podiatrist or a clinical nurse 2237
specialist, certified nurse-midwife, or certified nurse 2238
practitioner that meets the requirements of section 4723.439 of 2239

the Revised Code is available for emergency care in instances of 2240
emergency or planned absences of either the nurse who is 2241
practicing under the standard care arrangement or the 2242
collaborating practitioner who entered into the arrangement; 2243

(4) The process for resolution of disagreements regarding 2244
matters of patient management between the ~~clinical nurse~~ 2245
~~specialist, certified nurse-midwife, or certified nurse~~ 2246
~~practitioner~~ nurse practicing under the standard care 2247
arrangement and a collaborating ~~physician or~~ 2248
~~podiatrist~~ practitioner; 2249

~~(5) An agreement that the collaborating physician shall~~ 2250
~~complete and sign the medical certificate of death pursuant to~~ 2251
~~section 3705.16 of the Revised Code;~~ 2252

~~(6)~~ Any other criteria required by rule of the board 2253
adopted pursuant to section 4723.07 or 4723.50 of the Revised 2254
Code. 2255

(C) A standard care arrangement entered into pursuant to 2256
this section may permit a clinical nurse specialist, certified 2257
nurse-midwife, or certified nurse practitioner to do any of the 2258
following: 2259

(1) Supervise services provided by a home health agency as 2260
defined in section 3740.01 of the Revised Code; 2261

(2) Admit a patient to a hospital in accordance with 2262
section 3727.06 of the Revised Code; 2263

(3) Sign any document relating to the admission, 2264
treatment, or discharge of an inpatient receiving psychiatric or 2265
other behavioral health care services, but only if the 2266
conditions of section 4723.436 of the Revised Code have been 2267
met. 2268

(D) (1) Except as provided in division (D) (2) of this 2269
section, if a ~~physician or podiatrist~~ collaborating practitioner 2270
terminates the collaboration between the ~~physician or podiatrist~~ 2271
collaborating practitioner and a certified nurse-midwife, 2272
certified nurse practitioner, or clinical nurse specialist 2273
before their standard care arrangement expires, all of the 2274
following apply: 2275

(a) The ~~physician or podiatrist~~ collaborating practitioner 2276
must give the nurse written or electronic notice of the 2277
termination. 2278

(b) Once the nurse receives the termination notice, the 2279
nurse must notify the board of nursing of the termination as 2280
soon as practicable by submitting to the board a copy of the 2281
~~physician's or podiatrist's~~ collaborating practitioner's 2282
termination notice. 2283

(c) ~~Notwithstanding the requirement of section 4723.43 of~~ 2284
~~the Revised Code that the nurse practice in collaboration with a~~ 2285
~~physician or podiatrist, the~~ The nurse may continue to practice 2286
under the existing standard care arrangement without a 2287
collaborating ~~physician or podiatrist~~ practitioner for not more 2288
than one hundred twenty days after submitting to the board a 2289
copy of the termination notice. 2290

(2) In the event that the collaboration between a 2291
~~physician or podiatrist~~ collaborating practitioner and a 2292
certified nurse-midwife, certified nurse practitioner, or 2293
clinical nurse specialist terminates because of the ~~physician's~~ 2294
~~or podiatrist's~~ collaborating practitioner's death, the nurse 2295
must notify the board of the death as soon as practicable. The 2296
nurse may continue to practice under the existing standard care 2297
arrangement without a collaborating ~~physician or podiatrist~~ 2298

practitioner for not more than one hundred twenty days after 2299
notifying the board of the ~~physician's or podiatrist's~~ 2300
collaborating practitioner's death. 2301

(E) (1) Nothing in this section prohibits a hospital from 2302
hiring a clinical nurse specialist, certified nurse-midwife, or 2303
certified nurse practitioner as an employee and negotiating 2304
standard care arrangements on behalf of the employee as 2305
necessary to meet the requirements of this section or section 2306
4723.43 of the Revised Code. A standard care arrangement between 2307
the hospital's employee and the employee's collaborating 2308
~~physician-practitioner~~ is subject to approval by the medical 2309
staff and governing body of the hospital prior to implementation 2310
of the arrangement at the hospital. 2311

(2) Nothing in this section prohibits a standard care 2312
arrangement from specifying actions that a clinical nurse 2313
specialist, certified nurse-midwife, or certified nurse 2314
practitioner is authorized to take, or is prohibited from 2315
taking, as part of the nurse's practice in collaboration with a 2316
physician or podiatrist or a clinical nurse specialist, 2317
certified nurse-midwife, or certified nurse practitioner that 2318
meets the requirements of section 4723.439 of the Revised Code. 2319
In specifying such actions, the standard care arrangement shall 2320
not authorize the nurse practicing under the standard care 2321
arrangement to take any action that is otherwise prohibited by 2322
the Revised Code or rule of the board. 2323

Sec. 4723.439. (A) An advanced practice registered nurse 2324
who is a clinical nurse specialist, certified nurse-midwife, or 2325
certified nurse practitioner may practice without a standard 2326
care arrangement, and therefore without a collaborating 2327
practitioner, if the requirements of division (B) of this 2328

section are met. 2329

(B) (1) To be eligible to practice without a standard care 2330
arrangement, a nurse must have both collaborated with one or 2331
more collaborating practitioners under a standard care 2332
arrangement and practiced in a clinical setting for two thousand 2333
hours. 2334

(2) A nurse who seeks to practice without a standard care 2335
arrangement shall submit to the board of nursing documentation 2336
demonstrating that the requirements described in division (B) (1) 2337
of this section have been met. 2338

(3) In the case of a nurse who obtained a license by 2339
endorsement as described in division (B) of section 4723.41 of 2340
the Revised Code, the board of nursing shall accept practice in 2341
a clinical setting completed in another jurisdiction if the 2342
board determines that the nurse practiced in that jurisdiction 2343
in a manner equivalent to practicing in this state. 2344

(C) The board of nursing shall adopt rules as necessary to 2345
implement this section, including rules specifying the 2346
documentation that a nurse must submit in order to demonstrate 2347
that the nurse has met the requirements described in division 2348
(B) (1) of this section. The rules shall be adopted in accordance 2349
with Chapter 119. of the Revised Code. 2350

Sec. 4723.44. (A) No person shall knowingly do any of the 2351
following unless the person holds a current, valid license 2352
issued by the board of nursing under this chapter to practice 2353
nursing as an advanced practice registered nurse ~~in the~~ 2354
~~specialty indicated by the designation:~~ 2355

(1) Engage in the practice of nursing as an advanced 2356
practice registered nurse for a fee, salary, or other 2357

consideration, or as a volunteer; 2358

(2) Represent the person as being an advanced practice 2359
registered nurse, including representing the person as being a 2360
certified registered nurse anesthetist, clinical nurse 2361
specialist, certified nurse-midwife, or certified nurse 2362
practitioner; 2363

(3) Use any title or initials implying that the person is 2364
an advanced practice registered nurse, including using any title 2365
or initials implying the person is a certified registered nurse 2366
anesthetist, clinical nurse specialist, certified nurse-midwife, 2367
or certified nurse practitioner. 2368

(B) No advanced practice registered nurse shall knowingly 2369
do any of the following: 2370

(1) Engage, for a fee, salary, or other consideration, or 2371
as a volunteer, in the practice of ~~a nursing specialty nursing~~ 2372
as an advanced practice registered nurse in a manner other than 2373
the specialty designated that which is indicated by the 2374
designation on the nurse's current, valid license issued by the 2375
board under this chapter to practice nursing as an advanced 2376
practice registered nurse; 2377

(2) Represent the ~~person-nurse~~ as being authorized to 2378
practice ~~any nursing specialty nursing~~ as an advanced practice 2379
registered nurse in a manner other than the specialty designated 2380
that which is indicated by the designation on the nurse's 2381
current, valid license to practice nursing as an advanced 2382
practice registered nurse; 2383

(3) Use the title "certified registered nurse anesthetist" 2384
or the initials "N.A." or "C.R.N.A.," the title "clinical nurse 2385
specialist" or the initials "C.N.S.," the title "certified 2386

nurse-midwife" or the initials "C.N.M.," the title "certified 2387
nurse practitioner" or the initials "C.N.P.," the title 2388
"advanced practice registered nurse" or the initials "A.P.R.N.," 2389
or any other title or initials implying that the nurse is 2390
authorized to practice ~~any nursing specialty nursing as an~~ 2391
advanced practice registered nurse in a manner other than the 2392
specialty designated that which is indicated by the designation 2393
on the nurse's current, valid license to practice nursing as an 2394
advanced practice registered nurse; 2395

(4) ~~Except as provided in division (A) (2) (c) of section~~ 2396
~~4723.431 of the Revised Code, enter~~ Enter into a standard care 2397
arrangement with a ~~physician or podiatrist collaborating~~ 2398
practitioner who is practicing in a specialty an area of health 2399
care, including a specialty, that is not the same as or similar 2400
to that in which the nurse's nursing specialty nurse is or will 2401
be practicing; 2402

(5) Prescribe drugs or therapeutic devices in a manner 2403
that does not comply with section 4723.481 of the Revised Code; 2404

(6) Prescribe any drug or device to perform or induce an 2405
abortion, or otherwise perform or induce an abortion. 2406

(C) No person shall knowingly employ a person to engage in 2407
the practice of nursing as an advanced practice registered nurse 2408
unless the person so employed holds a current, valid license and 2409
designation issued by the board under this chapter to practice 2410
as an advanced practice registered nurse ~~in the specialty as~~ 2411
indicated by the designation. 2412

(D) A document certified by the executive director of the 2413
board, under the official seal of the board, to the effect that 2414
it appears from the records of the board that no license to 2415

practice nursing as an advanced practice registered nurse has 2416
been issued to the person specified in the document, or that a 2417
license to practice nursing as an advanced practice registered 2418
nurse, if issued, has been revoked or suspended, shall be 2419
received as prima-facie evidence of the record of the board in 2420
any court or before any officer of the state. 2421

Sec. 4723.46. (A) The board of nursing shall establish a 2422
list of national certifying organizations approved by the board 2423
to examine and certify advanced practice registered nurses to 2424
~~practice nursing specialties~~. To be approved by the board, a 2425
national certifying organization must meet all of the following 2426
requirements: 2427

(1) Be national in the scope of its credentialing; 2428

(2) Have an educational requirement beyond that required 2429
for registered nurse licensure; 2430

(3) Have practice requirements beyond those required for 2431
registered nurse licensure; 2432

(4) Have testing requirements beyond those required for 2433
registered nurse licensure that measure the theoretical and 2434
clinical content of a nursing specialty practice as an advanced 2435
practice registered nurse, are developed in accordance with 2436
accepted standards of validity and reliability, and are open to 2437
registered nurses who have successfully completed the 2438
educational program required by the organization; 2439

(5) Issue certificates to advanced practice registered 2440
nurses, including certified registered nurse anesthetists, 2441
clinical nurse specialists, certified nurse-midwives, or 2442
certified nurse practitioners; 2443

(6) Periodically review the qualifications of advanced 2444

practice registered nurses, including certified registered nurse 2445
anesthetists, clinical nurse specialists, certified nurse- 2446
midwives, or certified nurse practitioners. 2447

(B) Not later than the thirtieth day of January of each 2448
year, the board shall publish the list of national certifying 2449
organizations that have met the requirements of division (A) of 2450
this section within the previous year and remove from the list 2451
organizations that no longer meet the requirements. 2452

Sec. 4723.481. This section establishes standards and 2453
conditions regarding the authority of an advanced practice 2454
registered nurse who is designated as a clinical nurse 2455
specialist, certified nurse-midwife, or certified nurse 2456
practitioner to prescribe and personally furnish drugs and 2457
therapeutic devices under a license issued under section 4723.42 2458
of the Revised Code. 2459

(A) A clinical nurse specialist, certified nurse-midwife, 2460
or certified nurse practitioner shall not prescribe or furnish 2461
any drug or therapeutic device that is listed on the 2462
exclusionary formulary established in rules adopted under 2463
section 4723.50 of the Revised Code. 2464

(B) The prescriptive authority of a clinical nurse 2465
specialist, certified nurse-midwife, or certified nurse 2466
practitioner practicing under a standard care arrangement shall 2467
not exceed the prescriptive authority of the collaborating 2468
~~physician or pediatric practitioner,~~ including, in the case of a 2469
collaborating practitioner who is a physician, the physician's 2470
authority to treat chronic pain with controlled substances and 2471
products containing tramadol as described in section 4731.052 of 2472
the Revised Code. 2473

(C) (1) Except as provided in division (C) (2) or (3) of 2474
this section, a clinical nurse specialist, certified nurse- 2475
midwife, or certified nurse practitioner may prescribe to a 2476
patient a schedule II controlled substance only if all of the 2477
following are the case: 2478

(a) The patient has a terminal condition, as defined in 2479
section 2133.01 of the Revised Code. 2480

(b) A physician initially prescribed the substance for the 2481
patient. 2482

(c) The prescription is for an amount that does not exceed 2483
the amount necessary for the patient's use in a single, seventy- 2484
two-hour period. 2485

(2) The restrictions on prescriptive authority described 2486
in division (C) (1) of this section do not apply if a clinical 2487
nurse specialist, certified nurse-midwife, or certified nurse 2488
practitioner issues the prescription to the patient from any of 2489
the following entities: 2490

(a) A hospital as defined in section 3722.01 of the 2491
Revised Code; 2492

(b) An entity owned or controlled, in whole or in part, by 2493
a hospital or by an entity that owns or controls, in whole or in 2494
part, one or more hospitals; 2495

(c) A health care facility operated by the department of 2496
mental health and addiction services or the department of 2497
developmental disabilities; 2498

(d) A nursing home licensed under section 3721.02 of the 2499
Revised Code or by a political subdivision certified under 2500
section 3721.09 of the Revised Code; 2501

(e) A county home or district home operated under Chapter 2502
5155. of the Revised Code that is certified under the medicare 2503
or medicaid program; 2504

(f) A hospice care program, as defined in section 3712.01 2505
of the Revised Code; 2506

(g) A community mental health services provider, as 2507
defined in section 5122.01 of the Revised Code; 2508

(h) An ambulatory surgical facility, as defined in section 2509
3702.30 of the Revised Code; 2510

(i) A freestanding birthing center, as defined in section 2511
3701.503 of the Revised Code; 2512

(j) A federally qualified health center, as defined in 2513
section 3701.047 of the Revised Code; 2514

(k) A federally qualified health center look-alike, as 2515
defined in section 3701.047 of the Revised Code; 2516

(l) A health care office or facility operated by the board 2517
of health of a city or general health district or the authority 2518
having the duties of a board of health under section 3709.05 of 2519
the Revised Code; 2520

(m) A site where a medical practice is operated, but only 2521
if the practice is comprised of one or more physicians who also 2522
are owners of the practice; the practice is organized to provide 2523
direct patient care; and the clinical nurse specialist, 2524
certified nurse-midwife, or certified nurse practitioner 2525
~~providing provides~~ services at the site ~~has a standard care~~ 2526
~~arrangement and collaborates with at least one of the physician~~ 2527
~~owners who practices primarily at that site;~~ 2528

(n) A site where a behavioral health practice is operated 2529

that does not qualify as a location otherwise described in 2530
division (C) (2) of this section, but only if the practice is 2531
organized to provide outpatient services for the treatment of 2532
mental health conditions, substance use disorders, or both, and 2533
the clinical nurse specialist, certified nurse-midwife, or 2534
certified nurse practitioner providing services at the site of 2535
the practice has a standard care arrangement and collaborates 2536
with at least one physician who is employed by that practice; 2537

(o) A residential care facility, as defined in section 2538
3721.01 of the Revised Code. 2539

(3) A clinical nurse specialist, certified nurse-midwife, 2540
or certified nurse practitioner shall not issue to a patient a 2541
prescription for a schedule II controlled substance from a 2542
convenience care clinic even if the clinic is owned or operated 2543
by an entity specified in division (C) (2) of this section. 2544

(D) A pharmacist who acts in good faith reliance on a 2545
prescription issued by a clinical nurse specialist, certified 2546
nurse-midwife, or certified nurse practitioner under division 2547
(C) (2) of this section is not liable for or subject to any of 2548
the following for relying on the prescription: damages in any 2549
civil action, prosecution in any criminal proceeding, or 2550
professional disciplinary action by the state board of pharmacy 2551
under Chapter 4729. of the Revised Code. 2552

(E) A clinical nurse specialist, certified nurse-midwife, 2553
or certified nurse practitioner shall comply with section 2554
3719.061 of the Revised Code if the nurse prescribes for a 2555
minor, as defined in that section, an opioid analgesic, as 2556
defined in section 3719.01 of the Revised Code. 2557

Sec. 4723.482. (A) Except as provided in divisions (C) and 2558

(D) of this section, an applicant for a license to practice 2559
nursing as an advanced practice registered nurse who seeks 2560
designation as a clinical nurse specialist, certified nurse- 2561
midwife, or certified nurse practitioner shall include with the 2562
application submitted under section 4723.41 of the Revised Code 2563
evidence of successfully completing the course of study in 2564
advanced pharmacology and related topics in accordance with the 2565
requirements specified in division (B) of this section. 2566

(B) With respect to the course of study in advanced 2567
pharmacology and related topics, all of the following 2568
requirements apply: 2569

(1) The course of study shall be completed not longer than 2570
five years before the application is filed. 2571

(2) The course of study shall be not less than forty-five 2572
contact hours. 2573

(3) The course of study shall meet the requirements to be 2574
approved by the board of nursing in accordance with standards 2575
established in rules adopted under section 4723.50 of the 2576
Revised Code. 2577

(4) The content of the course of study shall be specific 2578
to the ~~applicant's nursing specialty~~ designation being sought by 2579
the applicant. 2580

(5) The instruction provided in the course of study shall 2581
include all of the following: 2582

(a) A minimum of thirty-six contact hours of instruction 2583
in advanced pharmacology that includes pharmacokinetic 2584
principles and clinical application and the use of drugs and 2585
therapeutic devices in the prevention of illness and maintenance 2586
of health; 2587

(b) Instruction in the fiscal and ethical implications of prescribing drugs and therapeutic devices; 2588
2589

(c) Instruction in the state and federal laws that apply to the authority to prescribe; 2590
2591

(d) Instruction that is specific to schedule II controlled substances, including instruction in all of the following: 2592
2593

(i) Indications for the use of schedule II controlled substances in drug therapies; 2594
2595

(ii) ~~The most recent Pain management therapy guidelines for pain management therapies, as established by state and national organizations such as the Ohio pain initiative and the American pain society;~~ 2596
2597
2598
2599

(iii) Fiscal and ethical implications of prescribing schedule II controlled substances; 2600
2601

(iv) State and federal laws that apply to the authority to prescribe schedule II controlled substances; 2602
2603

(v) Prevention of abuse and diversion of schedule II controlled substances, including identification of the risk of abuse and diversion, recognition of abuse and diversion, types of assistance available for prevention of abuse and diversion, and methods of establishing safeguards against abuse and diversion. 2604
2605
2606
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(C) An applicant who practiced or is practicing as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner in another jurisdiction or as an employee of the United States government shall include with the application submitted under section 4723.41 of the Revised Code all of the following: 2610
2611
2612
2613
2614
2615

(1) Evidence of having completed a two-hour course of 2616
instruction approved by the board in the laws of this state that 2617
govern drugs and prescriptive authority; 2618

(2) Either of the following: 2619

(a) Evidence of having held, for a continuous period of at 2620
least one year during the three years immediately preceding the 2621
date of application, valid authority issued by another 2622
jurisdiction to prescribe therapeutic devices and drugs, 2623
including at least some controlled substances; 2624

(b) Evidence of having been employed by the United States 2625
government and authorized, for a continuous period of at least 2626
one year during the three years immediately preceding the date 2627
of application, to prescribe therapeutic devices and drugs, 2628
including at least some controlled substances, in conjunction 2629
with that employment. 2630

(D) In lieu of including with an application submitted 2631
under section 4723.41 of the Revised Code the evidence described 2632
in division (A) of this section, an applicant described in 2633
division (C) or (D) of section 4723.41 of the Revised Code may 2634
include evidence of all of the following: 2635

(1) Successfully completing the course of study in 2636
advanced pharmacology and related topics more than five years 2637
before the date the application is filed; 2638

(2) Holding, for a continuous period of at least one year 2639
during the three years immediately preceding the date of 2640
application, valid authority in any jurisdiction to prescribe 2641
therapeutic devices and drugs, including at least some 2642
controlled substances; 2643

(3) Exercising the prescriptive authority described in 2644

division (D) (2) of this section for the minimum one-year period. 2645

Sec. 4723.483. (A) (1) Subject to division (A) (2) of this 2646
section, and notwithstanding any provision of this chapter or 2647
rule adopted by the board of nursing, a clinical nurse 2648
specialist, certified nurse-midwife, or certified nurse 2649
practitioner ~~who holds a certificate to prescribe issued under~~ 2650
~~section 4723.48 of the Revised Code~~ may do either of the 2651
following without having examined an individual to whom 2652
epinephrine may be administered: 2653

(a) Personally furnish a supply of epinephrine 2654
autoinjectors for use in accordance with sections 3313.7110, 2655
3313.7111, 3314.143, 3326.28, 3328.29, 3728.03 to 3728.05, and 2656
5101.76 of the Revised Code; 2657

(b) Issue a prescription for epinephrine autoinjectors for 2658
use in accordance with sections 3313.7110, 3313.7111, 3314.143, 2659
3326.28, 3328.29, 3728.03 to 3728.05, and 5101.76 of the Revised 2660
Code. 2661

(2) An epinephrine autoinjector personally furnished or 2662
prescribed under division (A) (1) of this section must be 2663
furnished or prescribed in such a manner that it may be 2664
administered only in a manufactured dosage form. 2665

(B) A nurse who acts in good faith in accordance with this 2666
section is not liable for or subject to any of the following for 2667
any action or omission of an entity to which an epinephrine 2668
autoinjector is furnished or a prescription is issued: damages 2669
in any civil action, prosecution in any criminal proceeding, or 2670
professional disciplinary action. 2671

Sec. 4723.493. (A) There is hereby created within the 2672
board of nursing the advisory committee on advanced practice 2673

registered nursing. The committee shall consist of the following 2674
~~members and any other members the board appoints under division~~ 2675
~~(B) of this section:~~ 2676

(1) Four advanced practice registered nurses, each 2677
actively engaged in the practice of advanced practice registered 2678
nursing in a clinical setting in this state, at least one of 2679
whom is actively engaged in providing primary care, at least one 2680
of whom is actively engaged in practice as a certified 2681
registered nurse anesthetist, and at least one of whom is 2682
actively engaged in practice as a certified nurse-midwife; 2683

(2) Two advanced practice registered nurses, each serving 2684
as a faculty member of an approved program of nursing education 2685
that prepares students for licensure as advanced practice 2686
registered nurses; 2687

(3) A member of the board of nursing who is an advanced 2688
practice registered nurse; 2689

(4) A representative of an entity employing ten or more 2690
advanced practice registered nurses actively engaged in practice 2691
in this state. 2692

(B) The board of nursing shall appoint the members 2693
described in division (A) of this section and may appoint 2694
additional members as described in division (D) of this section. 2695
~~Recommendations for~~ For purposes of initial appointments and for 2696
~~filling any vacancies may be submitted to,~~ the board by shall 2697
accept recommendations, if any, from organizations representing 2698
advanced practice registered nurses practicing in this state and 2699
~~by from~~ schools of advanced practice registered nursing. The 2700
board shall appoint initial members and fill vacancies according 2701
to the recommendations it receives. If it does not receive any 2702

recommendations or receives an insufficient number of 2703
recommendations, the board shall appoint members and fill 2704
vacancies on its own advice. 2705

Initial appointments to the committee shall be made not 2706
later than sixty days after April 6, 2017. Of the initial 2707
appointments described in division (A)(1) of this section, two 2708
shall be for terms of one year and two shall be for terms of two 2709
years. Of the initial appointments described in division (A)(2) 2710
of this section, one shall be for a term of one year and one 2711
shall be for a term of two years. Of the initial appointments 2712
described in divisions (A)(3) and (4) of this section, each 2713
shall be for a term of two years. Thereafter, terms shall be for 2714
two years, with each term ending on the same day of the same 2715
month as did the term that it succeeds. Vacancies shall be 2716
filled in the same manner as appointments. 2717

When the term of any member expires, a successor shall be 2718
appointed in the same manner as the initial appointment. Any 2719
member appointed to fill a vacancy occurring prior to the 2720
expiration of the term for which the member's predecessor was 2721
appointed shall hold office for the remainder of that term. A 2722
member shall continue in office subsequent to the expiration 2723
date of the member's term until the member's successor takes 2724
office or until a period of sixty days has elapsed, whichever 2725
occurs first. A member may be reappointed for one additional 2726
term only. 2727

(C) The committee shall organize by selecting a 2728
chairperson from among its members. The committee may select a 2729
new chairperson at any time. Five members constitute a quorum 2730
for the transaction of official business. Members shall serve 2731
without compensation but receive payment for their actual and 2732

necessary expenses incurred in the performance of their official 2733
duties. The expenses shall be paid by the board of nursing. 2734

(D) The committee shall advise the board regarding the 2735
practice and regulation of advanced practice registered nurses. 2736
The committee may also recommend to the board that ~~an individual~~ 2737
~~with expertise in an advanced practice registered nursing~~ 2738
~~specialty nurse who practices in a specialized area of nursing~~ 2739
be appointed under division (B) of this section as an additional 2740
member of the committee. 2741

Sec. 4723.50. (A) As used in this section: 2742

(1) "Controlled substance" has the same meaning as in 2743
section 3719.01 of the Revised Code. 2744

(2) "Medication-assisted treatment" has the same meaning 2745
as in section 340.01 of the Revised Code. 2746

(B) ~~In accordance with Chapter 119. of the Revised Code,~~ 2747
~~the~~ The board of nursing shall adopt rules as necessary to 2748
implement the provisions of this chapter pertaining to the 2749
authority of ~~advanced practice registered nurses who are~~ 2750
~~designated as~~ clinical nurse specialists, certified nurse- 2751
midwives, and certified nurse practitioners to prescribe and 2752
furnish drugs and therapeutic devices.— 2753

~~The board shall adopt,~~ including rules establishing an 2754
exclusionary formulary. The exclusionary formulary shall permit, 2755
in a manner consistent with section 4723.481 of the Revised 2756
Code, the prescribing of controlled substances, including drugs 2757
that contain buprenorphine used in medication-assisted treatment 2758
and both oral and long-acting opioid antagonists. ~~The~~ 2759

The formulary shall not permit the prescribing or 2760
furnishing of any of the following: 2761

(1) A drug or device to perform or induce an abortion; 2762

(2) A drug or device prohibited by federal or state law. 2763

(C) In addition to the rules described in division (B) of 2764
this section, the board shall adopt rules ~~under this section~~ 2765
that do the following: 2766

(1) Establish standards for board approval of the course 2767
of study in advanced pharmacology and related topics required by 2768
section 4723.482 of the Revised Code; 2769

(2) Establish requirements for board approval of the two- 2770
hour course of instruction in the laws of this state as required 2771
under division (C) (1) of section 4723.482 of the Revised Code; 2772

(3) ~~Establish~~ For purposes of division (B) (5) of section 2773
4723.431 of the Revised Code, establish criteria for the 2774
components of the any standard care arrangements described in 2775
section 4723.431 of the Revised Code arrangement that apply to 2776
the authority to prescribe, including the components that apply 2777
to the authority to prescribe schedule II controlled substances. 2778
The rules shall be consistent with that section and include all 2779
of the following: 2780

(a) Quality assurance standards; 2781

(b) Standards for periodic review by a collaborating 2782
~~physician or pediatric practitioner~~ of the records of patients 2783
treated by ~~the a clinical nurse specialist, certified nurse-~~ 2784
midwife, or certified nurse practitioner who is practicing under 2785
a standard care arrangement with the collaborating practitioner; 2786

(c) ~~Acceptable travel time between the location at which~~ 2787
~~the clinical nurse specialist, certified nurse-midwife, or~~ 2788
~~certified nurse practitioner is engaging in the prescribing~~ 2789

~~components of the nurse's practice and the location of the~~ 2790
~~nurse's collaborating physician or podiatrist~~ Any other criteria 2791
the board considers appropriate. 2792

(D) All rules adopted under this section shall be adopted 2793
in accordance with Chapter 119. of the Revised Code. 2794

Sec. 4731.27. (A) As used in this section, 2795
"collaboration," "physician," "standard care arrangement," and 2796
"supervision" have the same meanings as in section 4723.01 of 2797
the Revised Code. 2798

(B) A physician or podiatrist shall enter into a standard 2799
care arrangement with each clinical nurse specialist, certified 2800
nurse-midwife, or certified nurse practitioner with whom the 2801
physician or podiatrist is in collaboration. 2802

The collaborating physician or podiatrist shall fulfill 2803
the responsibilities of collaboration, as specified in the 2804
arrangement and in accordance with division (A) of section 2805
4723.431 of the Revised Code. A copy of the standard care 2806
arrangement shall be retained on file by the nurse's employer. 2807
Prior approval of the standard care arrangement by the state 2808
medical board is not required, but the board may periodically 2809
review it. 2810

~~A physician or podiatrist who terminates collaboration~~ 2811
~~with a certified nurse-midwife, certified nurse practitioner, or~~ 2812
~~clinical nurse specialist before their standard care arrangement~~ 2813
~~expires shall give the nurse the written or electronic notice of~~ 2814
~~termination required by division (D) (1) of section 4723.431 of~~ 2815
~~the Revised Code.~~ 2816

Nothing in this division prohibits a hospital from hiring 2817
a clinical nurse specialist, certified nurse-midwife, or 2818

certified nurse practitioner as an employee and negotiating 2819
standard care arrangements on behalf of the employee as 2820
necessary to meet the requirements of this section. A standard 2821
care arrangement between the hospital's employee and the 2822
employee's collaborating ~~physician-practitioner~~ is subject to 2823
approval by the medical staff and governing body of the hospital 2824
prior to implementation of the arrangement at the hospital. 2825

(C) A physician or podiatrist shall cooperate with the 2826
board of nursing in any investigation the board conducts with 2827
respect to a clinical nurse specialist, certified nurse-midwife, 2828
or certified nurse practitioner who collaborates with the 2829
physician or podiatrist or with respect to a certified 2830
registered nurse anesthetist who practices with the supervision 2831
of the physician or podiatrist. 2832

Sec. 4761.17. All of the following apply to the practice 2833
of respiratory care by a person who holds a license or limited 2834
permit issued under this chapter: 2835

(A) The person shall practice only pursuant to a 2836
prescription or other order for respiratory care issued by any 2837
of the following: 2838

(1) A physician; 2839

(2) A ~~clinical nurse specialist, certified nurse-midwife,~~ 2840
~~or~~ certified nurse practitioner, certified nurse-midwife, or 2841
clinical nurse specialist who holds a current, valid license 2842
issued under Chapter 4723. of the Revised Code to practice 2843
nursing as an advanced practice registered nurse ~~and has entered~~ 2844
~~into a standard care arrangement with a physician;~~ 2845

(3) A certified registered nurse anesthetist who holds a 2846
current, valid license issued under Chapter 4723. of the Revised 2847

Code to practice nursing as an advanced practice registered 2848
nurse and acts in compliance with sections 4723.43, 4723.433, 2849
and 4723.434 of the Revised Code; 2850

(4) A physician assistant who holds a valid prescriber 2851
number issued by the state medical board, has been granted 2852
physician-delegated prescriptive authority, and has entered into 2853
a supervision agreement that allows the physician assistant to 2854
prescribe or order respiratory care services. 2855

(B) The person shall practice only under the supervision 2856
of any of the following: 2857

(1) A physician; 2858

(2) A certified nurse practitioner, certified nurse- 2859
midwife, or clinical nurse specialist; 2860

(3) A physician assistant who is authorized to prescribe 2861
or order respiratory care services as provided in division (A) 2862
(4) of this section. 2863

(C) (1) When practicing under the prescription or order of 2864
a certified nurse practitioner, certified nurse midwife, or 2865
clinical nurse specialist or under the supervision of such a 2866
nurse, the person's administration of medication that requires a 2867
prescription is limited to the drugs that the nurse is 2868
authorized to prescribe pursuant to section 4723.481 of the 2869
Revised Code. 2870

(2) When practicing under the order of a certified 2871
registered nurse anesthetist, the person's administration of 2872
medication is limited to the drugs that the nurse is authorized 2873
to order or direct the person to administer, as provided in 2874
sections 4723.43, 4723.433, and 4723.434 of the Revised Code. 2875

(3) When practicing under the prescription or order of a physician assistant or under the supervision of a physician assistant, the person's administration of medication that requires a prescription is limited to the drugs that the physician assistant is authorized to prescribe pursuant to the physician assistant's physician-delegated prescriptive authority.

Sec. 5164.07. (A) The medicaid program shall include coverage of inpatient care and follow-up care for a mother and her newborn as follows:

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

(2) The medicaid program shall cover a physician-directed source of follow-up care or a source of follow-up care directed by an advanced practice registered nurse. Services covered as follow-up care shall include physical assessment of the mother and newborn, parent education, assistance and training in breast or bottle feeding, assessment of the home support system, performance of any medically necessary and appropriate clinical tests, and any other services that are consistent with the follow-up care recommended in the protocols and guidelines developed by national organizations that represent pediatric, obstetric, and nursing professionals. The coverage shall apply to services provided in a medical setting or through home health

care visits. The coverage shall apply to a home health care 2906
visit only if the health care professional who conducts the 2907
visit is knowledgeable and experienced in maternity and newborn 2908
care. 2909

When a decision is made in accordance with division (B) of 2910
this section to discharge a mother or newborn prior to the 2911
expiration of the applicable number of hours of inpatient care 2912
required to be covered, the coverage of follow-up care shall 2913
apply to all follow-up care that is provided within forty-eight 2914
hours after discharge. When a mother or newborn receives at 2915
least the number of hours of inpatient care required to be 2916
covered, the coverage of follow-up care shall apply to follow-up 2917
care that is determined to be medically necessary by the health 2918
care professionals responsible for discharging the mother or 2919
newborn. 2920

(B) Any decision to shorten the length of inpatient stay 2921
to less than that specified under division (A)(1) of this 2922
section shall be made by the physician attending the mother or 2923
newborn, except that if a certified nurse-midwife is attending 2924
the mother ~~in collaboration with a physician~~, the decision may 2925
be made by the certified nurse-midwife. ~~Decisions~~ If the 2926
certified nurse-midwife is practicing under a standard care 2927
arrangement with one or more collaborating practitioners, as 2928
provided in Chapter 4723. of the Revised Code, the nurse's 2929
decision shall be made in collaboration with a collaborating 2930
practitioner. 2931

Decisions regarding early discharge shall be made only 2932
after conferring with the mother or a person responsible for the 2933
mother or newborn. For purposes of this division, a person 2934
responsible for the mother or newborn may include a parent, 2935

guardian, or any other person with authority to make medical 2936
decisions for the mother or newborn. 2937

(C) The department of medicaid, in administering the 2938
medicaid program, may not do either of the following: 2939

(1) Terminate the provider agreement of a health care 2940
professional or health care facility solely for making 2941
recommendations for inpatient or follow-up care for a particular 2942
mother or newborn that are consistent with the care required to 2943
be covered by this section; 2944

(2) Establish or offer monetary or other financial 2945
incentives for the purpose of encouraging a person to decline 2946
the inpatient or follow-up care required to be covered by this 2947
section. 2948

(D) This section does not do any of the following: 2949

(1) Require the medicaid program to cover inpatient or 2950
follow-up care that is not received in accordance with the 2951
program's terms pertaining to the health care professionals and 2952
facilities from which a medicaid recipient is authorized to 2953
receive health care services. 2954

(2) Require a mother or newborn to stay in a hospital or 2955
other inpatient setting for a fixed period of time following 2956
delivery; 2957

(3) Require a child to be delivered in a hospital or other 2958
inpatient setting; 2959

(4) Authorize a certified nurse-midwife to practice beyond 2960
the authority to practice nurse-midwifery in accordance with 2961
Chapter 4723. of the Revised Code; 2962

(5) Establish minimum standards of medical diagnosis, 2963

care, or treatment for inpatient or follow-up care for a mother 2964
or newborn. A deviation from the care required to be covered 2965
under this section shall not, on the basis of this section, give 2966
rise to a medical claim or derivative medical claim, as those 2967
terms are defined in section 2305.113 of the Revised Code. 2968

Section 2. That existing sections 1751.67, 2133.211, 2969
3313.539, 3707.511, 3727.06, 3923.233, 3923.301, 3923.63, 2970
3923.64, 4723.01, 4723.02, 4723.06, 4723.07, 4723.24, 4723.28, 2971
4723.36, 4723.41, 4723.42, 4723.43, 4723.431, 4723.44, 4723.46, 2972
4723.481, 4723.482, 4723.483, 4723.493, 4723.50, 4731.27, 2973
4761.17, and 5164.07 of the Revised Code are hereby repealed. 2974

Section 3. That sections 4723.45 and 5164.73 of the 2975
Revised Code are hereby repealed. 2976

Section 4. (A) Subject to division (B) of this section, 2977
the Board of Nursing shall consider a clinical nurse specialist, 2978
certified nurse practitioner, or certified nurse-midwife to have 2979
satisfied the requirements of section 4723.439 of the Revised 2980
Code, as enacted by this act, if the nurse, immediately prior to 2981
the effective date of this section, both collaborated with one 2982
or more physicians or podiatrists under a standard care 2983
arrangement and practiced in a clinical setting for two thousand 2984
hours. 2985

(B) Not later than the date that occurs six months after 2986
the effective date of this section, a clinical nurse specialist, 2987
certified nurse practitioner, or certified nurse-midwife seeking 2988
authority to practice without a standard care arrangement shall 2989
submit to the Board documentation, acceptable to the Board, 2990
demonstrating that the nurse, immediately prior to the effective 2991
date of this section, both collaborated with one or more 2992
physicians or podiatrists under a standard care arrangement and 2993

practiced in a clinical setting for two thousand hours. 2994

In the case of a nurse who obtained a license by 2995
endorsement as described in division (B) of section 4723.41 of 2996
the Revised Code, the Board shall accept practice in a clinical 2997
setting completed in another jurisdiction if the Board 2998
determines that the nurse practiced in that jurisdiction in a 2999
manner equivalent to practicing in this state. 3000

(C) If the nurse fails to submit documentation by the date 3001
that occurs six months after the effective date of this section, 3002
the nurse shall cease practicing without a standard care 3003
arrangement until the nurse meets the requirements of section 3004
4723.439 of the Revised Code, as enacted by this act. 3005

Section 5. This act shall be known as the Better Access to 3006
Health Care Act. 3007

Section 6. The General Assembly, applying the principle 3008
stated in division (B) of section 1.52 of the Revised Code that 3009
amendments are to be harmonized if reasonably capable of 3010
simultaneous operation, finds that the following sections, 3011
presented in this act as composites of the sections as amended 3012
by the acts indicated, are the resulting versions of the 3013
sections in effect prior to the effective date of the sections 3014
as presented in this act: 3015

Section 4723.431 of the Revised Code as amended by both 3016
H.B. 497 and S.B. 196 of the 135th General Assembly. 3017

Section 4723.481 of the Revised Code as amended by H.B. 33 3018
of the 135th General Assembly and by H.B. 110 and H.B. 509 of 3019
the 134th General Assembly. 3020