

As Introduced

136th General Assembly

Regular Session

2025-2026

H. B. No. 508

Representatives Gross, Baker

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
<u>(b) The requirement of division (E) (2) (a) (iii) of this</u>	227
<u>section does not apply to a clinical nurse specialist or</u>	228
<u>certified nurse practitioner who, in accordance with section</u>	229
<u>4723.439 of the Revised Code, is practicing without a standard</u>	230
<u>care arrangement or is eligible to practice without a standard</u>	231
<u>care arrangement.</u>	232
(3) A physician or licensed health care professional who	233
makes an assessment or grants a clearance for purposes of	234
division (E) (1) of this section may be a volunteer.	235
(4) Beginning one year after the effective date of this	236
amendment, all All physicians and licensed health care	237
professionals who conduct assessments and clearances under	238
division (E) (1) of this section must meet the minimum education	239
requirements established by rules adopted under section 3707.521	240
of the Revised Code by their respective licensing agencies.	241
(F) A school district board of education or governing	242
authority of a chartered or nonchartered nonpublic school that	243
is subject to the rules of an interscholastic conference or an	244
organization that regulates interscholastic athletic competition	245
and conducts interscholastic athletic events shall be considered	246
to be in compliance with divisions (B), (D), and (E) of this	247
section, as long as the requirements of those rules are	248
substantially similar to the requirements of divisions (B), (D),	249
and (E) of this section.	250
(G) (1) A school district, member of a school district	251
board of education, or school district employee or volunteer,	252
including a coach or referee, is not liable in damages in a	253
civil action for injury, death, or loss to person or property	254

allegedly arising from providing services or performing duties 255
under this section, unless the act or omission constitutes 256
willful or wanton misconduct. 257

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

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

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

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

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

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

(B) A youth sports organization shall provide to the 281
parent, guardian, or other person having care or charge of an 282
individual who wishes to practice for or compete in an athletic 283

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

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

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

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

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

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

(3) An official of the youth sports organization who is 311
supervising that practice or competition. 312

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

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

(i) A physician; 328

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

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

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

~~(2)~~ A (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 five thousand hours and are clinical nurse 1180
specialists, certified nurse-midwives, or certified nurse 1181
practitioners; 1182

(L) ~~Additional~~ For purposes of division (B) (5) of section 1183

~~4723.431 of the Revised Code, any other criteria for the~~ 1184
~~standard care arrangement required by section 4723.431 of the~~ 1185
~~Revised Code entered into by a clinical nurse specialist,~~ 1186
~~certified nurse-midwife, or certified nurse practitioner and the~~ 1187
~~nurse's collaborating physician or podiatrist arrangements;~~ 1188

(M) For purposes of division (B) (31) of section 4723.28 of 1189
the Revised Code, the actions, omissions, or other circumstances 1190
that constitute failure to establish and maintain professional 1191
boundaries with a patient; 1192

(N) Standards and procedures for delegation under section 1193
4723.48 of the Revised Code of the authority to administer 1194
drugs. 1195

The board may adopt other rules necessary to carry out the 1196
provisions of this chapter. The rules shall be adopted in 1197
accordance with Chapter 119. of the Revised Code. 1198

Sec. 4723.24. (A) (1) Except as otherwise provided in this 1199
chapter, all of the following apply with respect to the 1200
schedules for renewal of licenses and certificates issued by the 1201
board of nursing: 1202

(a) An active license to practice nursing as a registered 1203
nurse is subject to renewal in odd-numbered years. An 1204
application for renewal of the license is due on the fifteenth 1205
day of September of the renewal year. A late application may be 1206
submitted before the license lapses. If a license is not renewed 1207
or classified as inactive, the license lapses on the first day 1208
of November of the renewal year. 1209

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

day of September of the renewal year. A late application may be 1213
submitted before the license lapses. If a license is not renewed 1214
or classified as inactive, the license lapses on the first day 1215
of November of the renewal year. 1216

(c) An active license to practice nursing as an advanced 1217
practice registered nurse is subject to renewal in odd-numbered 1218
years. An application for renewal of the license is due on the 1219
fifteenth day of September of the renewal year. A late 1220
application may be submitted before the license lapses. If a 1221
license is not renewed or classified as inactive, the license 1222
lapses on the first day of November of the renewal year. 1223

(d) All other active licenses and certificates issued 1224
under this chapter are subject to renewal according to a 1225
schedule established by the board in rules adopted under section 1226
4723.07 of the Revised Code. 1227

(2) The board shall provide an application for renewal to 1228
every holder of an active license or certificate, except when 1229
the board is aware that an individual is ineligible for license 1230
or certificate renewal for any reason, including pending 1231
criminal charges in this state or another jurisdiction, failure 1232
to comply with a disciplinary order from the board or the terms 1233
of a consent agreement entered into with the board, failure to 1234
pay fines or fees owed to the board, or failure to provide on 1235
the board's request documentation of having completed the 1236
continuing nursing education requirements specified in division 1237
(C) of this section. 1238

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

certificate holder to receive an application for renewal from 1243
the board shall not excuse the holder from the requirements 1244
contained in this section, except as provided in section 5903.10 1245
of the Revised Code. 1246

(3) A license or certificate holder seeking renewal of the 1247
license or certificate shall complete the renewal application 1248
and submit it to the board with the renewal fee established 1249
under section 4723.08 of the Revised Code. If a renewal 1250
application is submitted after the date the application is due, 1251
but before the date the license or certificate lapses, the 1252
applicant shall include with the application the fee established 1253
under section 4723.08 of the Revised Code for processing a late 1254
application for renewal. 1255

With the renewal application, the applicant shall report 1256
any conviction, plea, or judicial finding regarding a criminal 1257
offense that constitutes grounds for the board to impose 1258
sanctions under section 4723.28 of the Revised Code since the 1259
applicant last submitted an application to the board. 1260

(4) On receipt of the renewal application, the board shall 1261
verify whether the applicant meets the renewal requirements. If 1262
the applicant meets the requirements, the board shall renew the 1263
license or certificate. 1264

(B) Every license or certificate holder shall give written 1265
or electronic notice to the board of any change of name or 1266
address within thirty days of the change. The board shall 1267
require the holder to document a change of name in a manner 1268
acceptable to the board. 1269

(C) (1) Except in the case of a first renewal after 1270
licensure by examination, to be eligible for renewal of an 1271

active license to practice nursing as a registered nurse or 1272
licensed practical nurse, each individual who holds an active 1273
license shall, in each two-year period specified by the board, 1274
complete continuing nursing education as follows: 1275

(a) For renewal of a license that was issued for a two- 1276
year renewal period, twenty-four hours of continuing nursing 1277
education; 1278

(b) For renewal of a license that was issued for less than 1279
a two-year renewal period, the number of hours of continuing 1280
nursing education specified by the board in rules adopted in 1281
accordance with Chapter 119. of the Revised Code; 1282

(c) Of the hours of continuing nursing education completed 1283
in any renewal period, at least one hour of the education must 1284
be directly related to the statutes and rules pertaining to the 1285
practice of nursing in this state. 1286

(2) To be eligible for renewal of an active license to 1287
practice nursing as an advanced practice registered nurse, each 1288
individual who holds an active license shall, in each two-year 1289
period specified by the board, complete continuing education as 1290
follows: 1291

(a) For renewal of a license that was issued for a two- 1292
year renewal period, twenty-four hours of continuing nursing 1293
education; 1294

(b) For renewal of a license that was issued for less than 1295
a two-year renewal period, the number of hours of continuing 1296
nursing education specified by the board in rules adopted in 1297
accordance with Chapter 119. of the Revised Code, including the 1298
number of hours of continuing education in advanced 1299
pharmacology; 1300

(c) In the case of an advanced practice registered nurse 1301
who is designated as a clinical nurse specialist, certified 1302
nurse-midwife, or certified nurse practitioner, of the hours of 1303
continuing nursing education completed in any renewal period, at 1304
least twelve hours of the education must be in advanced 1305
pharmacology and be received from an accredited institution 1306
recognized by the board. 1307

(d) The continuing education required by division (C) (2) 1308
(a) or (b) of this section is in addition to the continuing 1309
education required by division (C) (1) (a) or (b) of this section. 1310

(3) The board shall adopt rules establishing the procedure 1311
for a license holder to certify to the board completion of the 1312
required continuing nursing education. The board may conduct a 1313
random sample of license holders and require that the license 1314
holders included in the sample submit satisfactory documentation 1315
of having completed the requirements for continuing nursing 1316
education. On the board's request, a license holder included in 1317
the sample shall submit the required documentation. 1318

(4) An educational activity may be applied toward meeting 1319
the continuing nursing education requirement only if it is 1320
obtained through a program or course approved by the board or a 1321
person the board has authorized to approve continuing nursing 1322
education programs and courses. 1323

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

person the board has authorized to approve continuing nursing 1331
education programs and courses: 1332

(a) A license to practice nursing as a registered nurse; 1333

(b) A license to practice nursing as an advanced practice 1334
registered nurse. 1335

(D) Except as otherwise provided in section 4723.28 of the 1336
Revised Code, an individual who holds an active license to 1337
practice nursing as a registered nurse or licensed practical 1338
nurse and who does not intend to practice in Ohio may send to 1339
the board written or electronic notice to that effect on or 1340
before the date the license lapses, and the board shall classify 1341
the license as inactive. During the period that the license is 1342
classified as inactive, the holder may not engage in the 1343
practice of nursing as a registered nurse or licensed practical 1344
nurse in Ohio and is not required to pay the renewal fee. 1345

The holder of an inactive license to practice nursing as a 1346
registered nurse or licensed practical nurse or an individual 1347
who has failed to renew the individual's license to practice 1348
nursing as a registered nurse or licensed practical nurse may 1349
have the license reactivated or reinstated upon doing the 1350
following, as applicable to the holder or individual: 1351

(1) Applying to the board for license reactivation or 1352
reinstatement on forms provided by the board; 1353

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

other state, as provided in section 5903.10 of the Revised Code; 1360

(3) If the license has been inactive for at least five 1361
years from the date of application for reactivation or has 1362
lapsed for at least five years from the date of application for 1363
reinstatement, submitting a request to the bureau of criminal 1364
identification and investigation for a criminal records check 1365
and check of federal bureau of investigation records pursuant to 1366
section 4723.091 of the Revised Code. 1367

(E) Except as otherwise provided in section 4723.28 of the 1368
Revised Code, an individual who holds an active license to 1369
practice nursing as an advanced practice registered nurse and 1370
does not intend to practice in Ohio as an advanced practice 1371
registered nurse may send to the board written or electronic 1372
notice to that effect on or before the renewal date, and the 1373
board shall classify the license as inactive. During the period 1374
that the license is classified as inactive, the holder may not 1375
engage in the practice of nursing as an advanced practice 1376
registered nurse in Ohio and is not required to pay the renewal 1377
fee. 1378

The holder of an inactive license to practice nursing as 1379
an advanced practice registered nurse or an individual who has 1380
failed to renew the individual's license to practice nursing as 1381
an advanced practice registered nurse may have the license 1382
reactivated or reinstated upon doing the following, as 1383
applicable to the holder or individual: 1384

(1) Applying to the board for license reactivation or 1385
reinstatement on forms provided by the board; 1386

(2) Meeting the requirements for reactivating or 1387
reinstating licenses established in rules adopted under section 1388

4723.07 of the Revised Code or, if the individual did not renew 1389
because of service in the armed forces of the United States or a 1390
reserve component of the armed forces of the United States, 1391
including the Ohio national guard or the national guard of any 1392
other state, as provided in section 5903.10 of the Revised Code. 1393

Sec. 4723.28. (A) The board of nursing, by a vote of a 1394
quorum, may impose one or more of the following sanctions if it 1395
finds that a person committed fraud in passing an examination 1396
required to obtain a nursing license or dialysis technician 1397
certificate issued by the board or ~~to have that a person~~ 1398
committed fraud, misrepresentation, or deception in applying for 1399
or securing any nursing license or dialysis technician 1400
certificate issued by the board: deny, revoke, suspend, or place 1401
restrictions on any nursing license or dialysis technician 1402
certificate issued by the board; reprimand or otherwise 1403
discipline a holder of a nursing license or dialysis technician 1404
certificate; or impose a fine of not more than five hundred 1405
dollars per violation. 1406

(B) Except as provided in section 4723.092 of the Revised 1407
Code, the board of nursing, by a vote of a quorum, may impose 1408
one or more of the following sanctions: deny, revoke, suspend, 1409
or place restrictions on any nursing license or dialysis 1410
technician certificate issued by the board; reprimand or 1411
otherwise discipline a holder of a nursing license or dialysis 1412
technician certificate; or impose a fine of not more than five 1413
hundred dollars per violation. The sanctions may be imposed for 1414
any of the following: 1415

(1) Denial, revocation, suspension, or restriction of 1416
authority to engage in a licensed profession or practice a 1417
health care occupation, including nursing or practice as a 1418

dialysis technician, for any reason other than a failure to 1419
renew, in Ohio or another state or jurisdiction; 1420

(2) Engaging in the practice of nursing or engaging in 1421
practice as a dialysis technician, having failed to renew a 1422
nursing license or dialysis technician certificate issued under 1423
this chapter, or while a nursing license or dialysis technician 1424
certificate is under suspension; 1425

(3) Conviction of, a plea of guilty to, a judicial finding 1426
of guilt of, a judicial finding of guilt resulting from a plea 1427
of no contest to, or a judicial finding of eligibility for a 1428
pretrial diversion or similar program or for intervention in 1429
lieu of conviction for, a misdemeanor committed in the course of 1430
practice; 1431

(4) Conviction of, a plea of guilty to, a judicial finding 1432
of guilt of, a judicial finding of guilt resulting from a plea 1433
of no contest to, or a judicial finding of eligibility for a 1434
pretrial diversion or similar program or for intervention in 1435
lieu of conviction for, any felony or of any crime involving 1436
gross immorality or moral turpitude; 1437

(5) Selling, giving away, or administering drugs or 1438
therapeutic devices for other than legal and legitimate 1439
therapeutic purposes; or conviction of, a plea of guilty to, a 1440
judicial finding of guilt of, a judicial finding of guilt 1441
resulting from a plea of no contest to, or a judicial finding of 1442
eligibility for a pretrial diversion or similar program or for 1443
intervention in lieu of conviction for, violating any municipal, 1444
state, county, or federal drug law; 1445

(6) Conviction of, a plea of guilty to, a judicial finding 1446
of guilt of, a judicial finding of guilt resulting from a plea 1447

of no contest to, or a judicial finding of eligibility for a 1448
pretrial diversion or similar program or for intervention in 1449
lieu of conviction for, an act in another jurisdiction that 1450
would constitute a felony or a crime of moral turpitude in Ohio; 1451

(7) Conviction of, a plea of guilty to, a judicial finding 1452
of guilt of, a judicial finding of guilt resulting from a plea 1453
of no contest to, or a judicial finding of eligibility for a 1454
pretrial diversion or similar program or for intervention in 1455
lieu of conviction for, an act in the course of practice in 1456
another jurisdiction that would constitute a misdemeanor in 1457
Ohio; 1458

(8) Self-administering or otherwise taking into the body 1459
any dangerous drug, as defined in section 4729.01 of the Revised 1460
Code, in any way that is not in accordance with a legal, valid 1461
prescription issued for that individual, or self-administering 1462
or otherwise taking into the body any drug that is a schedule I 1463
controlled substance; 1464

(9) Habitual or excessive use of controlled substances, 1465
other habit-forming drugs, or alcohol or other chemical 1466
substances to an extent that impairs the individual's ability to 1467
provide safe nursing care or safe dialysis care; 1468

(10) Impairment of the ability to practice according to 1469
acceptable and prevailing standards of safe nursing care or safe 1470
dialysis care because of the use of drugs, alcohol, or other 1471
chemical substances; 1472

(11) Impairment of the ability to practice according to 1473
acceptable and prevailing standards of safe nursing care or safe 1474
dialysis care because of a physical or mental disability; 1475

(12) Assaulting or causing harm to a patient or depriving 1476

a patient of the means to summon assistance; 1477

(13) Misappropriation or attempted misappropriation of 1478
money or anything of value in the course of practice; 1479

(14) Adjudication by a probate court of being mentally ill 1480
or mentally incompetent. The board may reinstate the person's 1481
nursing license or dialysis technician certificate upon 1482
adjudication by a probate court of the person's restoration to 1483
competency or upon submission to the board of other proof of 1484
competency. 1485

(15) The suspension or termination of employment by the 1486
United States department of defense or department of veterans 1487
affairs for any act that violates or would violate this chapter; 1488

(16) Violation of this chapter or any rules adopted under 1489
it; 1490

(17) Violation of any restrictions placed by the board on 1491
a nursing license or dialysis technician certificate; 1492

(18) Failure to use universal and standard precautions 1493
established by rules adopted under section 4723.07 of the 1494
Revised Code; 1495

(19) Failure to practice in accordance with acceptable and 1496
prevailing standards of safe nursing care or safe dialysis care; 1497

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

(21) In the case of a licensed practical nurse, engaging 1501
in activities that exceed the practice of nursing as a licensed 1502
practical nurse; 1503

(22) In the case of a dialysis technician, engaging in 1504
activities that exceed those permitted under section 4723.72 of 1505
the Revised Code; 1506

(23) Aiding and abetting a person in that person's 1507
practice of nursing without a license or practice as a dialysis 1508
technician without a certificate issued under this chapter; 1509

(24) In the case of an advanced practice registered nurse, 1510
except as provided in division (M) of this section, either of 1511
the following: 1512

(a) Waiving the payment of all or any part of a deductible 1513
or copayment that a patient, pursuant to a health insurance or 1514
health care policy, contract, or plan that covers such nursing 1515
services, would otherwise be required to pay if the waiver is 1516
used as an enticement to a patient or group of patients to 1517
receive health care services from that provider; 1518

(b) Advertising that the nurse will waive the payment of 1519
all or any part of a deductible or copayment that a patient, 1520
pursuant to a health insurance or health care policy, contract, 1521
or plan that covers such nursing services, would otherwise be 1522
required to pay. 1523

(25) Failure to comply with the terms and conditions of 1524
participation in the safe haven program conducted under sections 1525
4723.35 and 4723.351 of the Revised Code; 1526

(26) Failure to comply with the terms and conditions 1527
required under the practice intervention and improvement program 1528
established under section 4723.282 of the Revised Code; 1529

(27) In the case of an advanced practice registered nurse: 1530

(a) Engaging in activities that exceed those permitted ~~for~~ 1531

~~the nurse's nursing specialty~~ under section 4723.43 of the 1532
Revised Code for the nurse's designation; 1533

(b) Failure to meet the quality assurance standards 1534
established under section 4723.07 of the Revised Code that apply 1535
to the nurse as a clinical nurse specialist, certified nurse- 1536
midwife, or certified nurse practitioner who has practiced in a 1537
clinical setting for less than five thousand hours. 1538

(28) In the case of an advanced practice registered nurse 1539
~~other than a certified registered nurse anesthetist~~who is 1540
required or chooses to practice under a standard care 1541
arrangement, as provided in section 4723.43 of the Revised Code, 1542
failure to maintain a standard care arrangement in accordance 1543
with section 4723.431 of the Revised Code or to practice in 1544
accordance with the standard care arrangement; 1545

(29) In the case of an advanced practice registered nurse 1546
who is ~~designated as a~~ clinical nurse specialist, certified 1547
nurse-midwife, or certified nurse practitioner, failure to 1548
prescribe drugs and therapeutic devices in accordance with 1549
section 4723.481 of the Revised Code; 1550

(30) Prescribing any drug or device to perform or induce 1551
an abortion, or otherwise performing or inducing an abortion; 1552

(31) Failure to establish and maintain professional 1553
boundaries with a patient, as specified in rules adopted under 1554
section 4723.07 of the Revised Code; 1555

(32) Regardless of whether the contact or verbal behavior 1556
is consensual, engaging with a patient other than the spouse of 1557
the registered nurse, licensed practical nurse, or dialysis 1558
technician in any of the following: 1559

(a) Sexual contact, as defined in section 2907.01 of the 1560

Revised Code; 1561

(b) Verbal behavior that is sexually demeaning to the 1562
patient or may be reasonably interpreted by the patient as 1563
sexually demeaning. 1564

(33) Assisting suicide, as defined in section 3795.01 of 1565
the Revised Code; 1566

(34) Failure to comply with the requirements in section 1567
3719.061 of the Revised Code before issuing for a minor a 1568
prescription for an opioid analgesic, as defined in section 1569
3719.01 of the Revised Code; 1570

(35) Failure to comply with section 4723.487 of the 1571
Revised Code, unless the state board of pharmacy no longer 1572
maintains a drug database pursuant to section 4729.75 of the 1573
Revised Code; 1574

(36) The revocation, suspension, restriction, reduction, 1575
or termination of clinical privileges by the United States 1576
department of defense or department of veterans affairs or the 1577
termination or suspension of a certificate of registration to 1578
prescribe drugs by the drug enforcement administration of the 1579
United States department of justice; 1580

(37) In the case of an advanced practice registered nurse 1581
who is designated as a clinical nurse specialist, certified 1582
nurse-midwife, or certified nurse practitioner, failure to 1583
comply with the terms of a consult agreement entered into with a 1584
pharmacist pursuant to section 4729.39 of the Revised Code; 1585

(38) Violation of section 4723.93 of the Revised Code; 1586

(39) Failure to cooperate with an investigation conducted 1587
by the board under this chapter, including failure to comply 1588

with a subpoena or order issued by the board or failure to 1589
answer truthfully a question presented by the board in an 1590
investigative interview, in an investigative office conference, 1591
at a deposition, or in written interrogatories, except that 1592
failure to cooperate with an investigation does not constitute 1593
grounds for discipline if a court of competent jurisdiction has 1594
issued an order that either quashes a subpoena or permits the 1595
individual to withhold testimony or evidence at issue; 1596

(40) In the case of a collaborating practitioner who is a 1597
clinical nurse specialist, certified nurse-midwife, or certified 1598
nurse practitioner, failure to enter into a standard care 1599
arrangement with the clinical nurse specialist, certified nurse- 1600
midwife, or certified nurse practitioner with whom the nurse 1601
will collaborate or failure to fulfill the responsibilities of 1602
collaboration after entering into the standard care arrangement. 1603

(C) Disciplinary actions taken by the board under 1604
divisions (A) and (B) of this section shall be taken pursuant to 1605
an adjudication conducted under Chapter 119. of the Revised 1606
Code, except that in lieu of a hearing, the board may enter into 1607
a consent agreement with an individual to resolve an allegation 1608
of a violation of this chapter or any rule adopted under it. A 1609
consent agreement, when ratified by a vote of a quorum, shall 1610
constitute the findings and order of the board with respect to 1611
the matter addressed in the agreement. If the board refuses to 1612
ratify a consent agreement, the admissions and findings 1613
contained in the agreement shall be of no effect. 1614

(D) The hearings of the board shall be conducted in 1615
accordance with Chapter 119. of the Revised Code, the board may 1616
appoint a hearing examiner, as provided in section 119.09 of the 1617
Revised Code, to conduct any hearing the board is authorized to 1618

hold under Chapter 119. of the Revised Code. 1619

In any instance in which the board is required under 1620
Chapter 119. of the Revised Code to give notice of an 1621
opportunity for a hearing and the applicant, licensee, or 1622
certificate holder does not make a timely request for a hearing 1623
in accordance with section 119.07 of the Revised Code, the board 1624
is not required to hold a hearing, but may adopt, by a vote of a 1625
quorum, a final order that contains the board's findings. In the 1626
final order, the board may order any of the sanctions listed in 1627
division (A) or (B) of this section. 1628

(E) If a criminal action is brought against a registered 1629
nurse, licensed practical nurse, or dialysis technician for an 1630
act or crime described in divisions (B)(3) to (7) of this 1631
section and the action is dismissed by the trial court other 1632
than on the merits, the board shall conduct an adjudication to 1633
determine whether the registered nurse, licensed practical 1634
nurse, or dialysis technician committed the act on which the 1635
action was based. If the board determines on the basis of the 1636
adjudication that the registered nurse, licensed practical 1637
nurse, or dialysis technician committed the act, or if the 1638
registered nurse, licensed practical nurse, or dialysis 1639
technician fails to participate in the adjudication, the board 1640
may take action as though the registered nurse, licensed 1641
practical nurse, or dialysis technician had been convicted of 1642
the act. 1643

If the board takes action on the basis of a conviction, 1644
plea, or a judicial finding as described in divisions (B)(3) to 1645
(7) of this section that is overturned on appeal, the registered 1646
nurse, licensed practical nurse, or dialysis technician may, on 1647
exhaustion of the appeal process, petition the board for 1648

reconsideration of its action. On receipt of the petition and 1649
supporting court documents, the board shall temporarily rescind 1650
its action. If the board determines that the decision on appeal 1651
was a decision on the merits, it shall permanently rescind its 1652
action. If the board determines that the decision on appeal was 1653
not a decision on the merits, it shall conduct an adjudication 1654
to determine whether the registered nurse, licensed practical 1655
nurse, or dialysis technician committed the act on which the 1656
original conviction, plea, or judicial finding was based. If the 1657
board determines on the basis of the adjudication that the 1658
registered nurse, licensed practical nurse, or dialysis 1659
technician committed such act, or if the registered nurse, 1660
licensed practical nurse, or dialysis technician does not 1661
request an adjudication, the board shall reinstate its action; 1662
otherwise, the board shall permanently rescind its action. 1663

Notwithstanding the provision of division (D) (2) of 1664
section 2953.32 or division (F) (1) of section 2953.39 of the 1665
Revised Code specifying that if records pertaining to a criminal 1666
case are sealed or expunged under that section the proceedings 1667
in the case shall be deemed not to have occurred, sealing or 1668
expungement of the following records on which the board has 1669
based an action under this section shall have no effect on the 1670
board's action or any sanction imposed by the board under this 1671
section: records of any conviction, guilty plea, judicial 1672
finding of guilt resulting from a plea of no contest, or a 1673
judicial finding of eligibility for a pretrial diversion program 1674
or intervention in lieu of conviction. 1675

The board shall not be required to seal, destroy, redact, 1676
or otherwise modify its records to reflect the court's sealing 1677
or expungement of conviction records. 1678

(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 or dialysis care.

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

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

If the board finds that an individual is impaired, the board shall require the individual to submit to care, counseling, or treatment approved or designated by the board, as

a condition for initial, continued, reinstated, or renewed 1709
authority to practice. The individual shall be afforded an 1710
opportunity to demonstrate to the board that the individual can 1711
begin or resume the individual's occupation in compliance with 1712
acceptable and prevailing standards of care under the provisions 1713
of the individual's authority to practice. 1714

For purposes of this division, any registered nurse, 1715
licensed practical nurse, or dialysis technician or applicant 1716
under this chapter shall be deemed to have given consent to 1717
submit to a mental or physical examination when directed to do 1718
so in writing by the board, and to have waived all objections to 1719
the admissibility of testimony or examination reports that 1720
constitute a privileged communication. 1721

(H) The board shall investigate evidence that appears to 1722
show that any person has violated any provision of this chapter 1723
or any rule of the board. Any person may report to the board any 1724
information the person may have that appears to show a violation 1725
of any provision of this chapter or rule of the board. In the 1726
absence of bad faith, any person who reports such information or 1727
who testifies before the board in any adjudication conducted 1728
under Chapter 119. of the Revised Code shall not be liable for 1729
civil damages as a result of the report or testimony. 1730

(I) All of the following apply under this chapter with 1731
respect to the confidentiality of information: 1732

(1) Information received by the board pursuant to a 1733
complaint or an investigation is confidential and not subject to 1734
discovery in any civil action, except that the board may 1735
disclose information to law enforcement officers and government 1736
entities for purposes of an investigation of either a licensed 1737
health care professional, including a registered nurse, licensed 1738

practical nurse, or dialysis technician, or a person who may 1739
have engaged in the unauthorized practice of nursing or dialysis 1740
care. No law enforcement officer or government entity with 1741
knowledge of any information disclosed by the board pursuant to 1742
this division shall divulge the information to any other person 1743
or government entity except for the purpose of a government 1744
investigation, a prosecution, or an adjudication by a court or 1745
government entity. 1746

(2) If an investigation requires a review of patient 1747
records, the investigation and proceeding shall be conducted in 1748
such a manner as to protect patient confidentiality. 1749

(3) All adjudications and investigations of the board 1750
shall be considered civil actions for the purposes of section 1751
2305.252 of the Revised Code. 1752

(4) Any board activity that involves continued monitoring 1753
of an individual as part of or following any disciplinary action 1754
taken under this section shall be conducted in a manner that 1755
maintains the individual's confidentiality. Information received 1756
or maintained by the board with respect to the board's 1757
monitoring activities is not subject to discovery in any civil 1758
action and is confidential, except that the board may disclose 1759
information to law enforcement officers and government entities 1760
for purposes of an investigation of a licensee or certificate 1761
holder. 1762

(J) Any action taken by the board under this section 1763
resulting in a suspension from practice shall be accompanied by 1764
a written statement of the conditions under which the person may 1765
be reinstated to practice. 1766

(K) When the board refuses to grant a license or 1767

certificate to an applicant, revokes a license or certificate, 1768
or refuses to reinstate a license or certificate, the board may 1769
specify that its action is permanent. An individual subject to 1770
permanent action taken by the board is forever ineligible to 1771
hold a license or certificate of the type that was refused or 1772
revoked and the board shall not accept from the individual an 1773
application for reinstatement of the license or certificate or 1774
for a new license or certificate. 1775

(L) No unilateral surrender of a nursing license or 1776
dialysis technician certificate issued under this chapter shall 1777
be effective unless accepted by majority vote of the board. No 1778
application for a nursing license or dialysis technician 1779
certificate issued under this chapter may be withdrawn without a 1780
majority vote of the board. The board's jurisdiction to take 1781
disciplinary action under this section is not removed or limited 1782
when an individual has a license or certificate classified as 1783
inactive or fails to renew a license or certificate. 1784

(M) Sanctions shall not be imposed under division (B) (24) 1785
of this section against any licensee who waives deductibles and 1786
copayments as follows: 1787

(1) In compliance with the health benefit plan that 1788
expressly allows such a practice. Waiver of the deductibles or 1789
copayments shall be made only with the full knowledge and 1790
consent of the plan purchaser, payer, and third-party 1791
administrator. Documentation of the consent shall be made 1792
available to the board upon request. 1793

(2) For professional services rendered to any other person 1794
licensed pursuant to this chapter to the extent allowed by this 1795
chapter and the rules of the board. 1796

Sec. 4723.36. (A) A certified nurse-midwife, certified 1797
nurse practitioner, or clinical nurse specialist may determine 1798
and pronounce an individual's death. 1799

~~(B) (1)~~ (B) A registered nurse who is not described in 1800
division (A) of this section may determine and pronounce an 1801
individual's death, but only if the individual's respiratory and 1802
circulatory functions are not being artificially sustained and, 1803
at the time the determination and pronouncement of death is 1804
made, the registered nurse is providing or supervising the 1805
individual's care through a hospice care program licensed under 1806
Chapter 3712. of the Revised Code or any other entity that 1807
provides palliative care. 1808

~~(2) A registered~~ (C) A nurse who determines and pronounces 1809
an individual's death under division ~~(B) (1)~~ (A) or (B) of this 1810
section shall ~~comply with both of the following:~~ 1811

~~(a) The nurse shall not complete any portion of the~~ 1812
~~individual's death certificate.~~ 1813

~~(b) The nurse shall notify the individual's attending~~ 1814
~~physician, certified nurse-midwife, certified nurse~~ 1815
~~practitioner, or clinical nurse specialist~~ of the determination 1816
and pronouncement of death in order for the physician, ~~certified~~ 1817
~~nurse-midwife, certified nurse practitioner, or clinical nurse~~ 1818
~~specialist~~ to fulfill the physician's, ~~certified nurse~~ 1819
~~midwife's, certified nurse practitioner's, or clinical nurse~~ 1820
~~specialist's~~ duties under section 3705.16 of the Revised Code. 1821
The nurse shall provide the notification within a period of time 1822
that is reasonable but not later than twenty-four hours 1823
following the determination and pronouncement of the 1824
individual's death. 1825

(D) A nurse described in division (A) or (B) of this 1826
section, whether acting under this section or any other 1827
provision of this chapter, shall not complete the medical 1828
certification portion or any other portion of a death 1829
certificate. 1830

Sec. 4723.41. (A) Each person who ~~desires~~is seeking to 1831
practice nursing as a certified nurse-midwife and has not been 1832
authorized to practice midwifery prior to December 1, 1967, and 1833
each person who ~~desires~~is seeking to practice nursing as a 1834
certified registered nurse anesthetist, clinical nurse 1835
specialist, or certified nurse practitioner, shall file with the 1836
board of nursing a written or electronic application for a 1837
license to practice nursing as an advanced practice registered 1838
nurse ~~and that specifies the designation in the desired~~ 1839
~~specialty~~being sought. The application must be filed, under 1840
oath, on a form prescribed by the board accompanied by the 1841
application fee required by section 4723.08 of the Revised Code. 1842

Except as provided in division (B), (C), or (D) of this 1843
section, at the time of making application, the applicant shall 1844
meet all of the following requirements: 1845

(1) Be a registered nurse; 1846

(2) Submit documentation satisfactory to the board that 1847
the applicant has earned a master's or doctoral degree with a 1848
major in ~~a nursing specialty or in a~~ related field that 1849
qualifies the applicant to sit for the certification examination 1850
of a national certifying organization approved by the board 1851
under section 4723.46 of the Revised Code; 1852

(3) Submit documentation satisfactory to the board of 1853
having passed the certification examination of a national 1854

certifying organization approved by the board under section 1855
4723.46 of the Revised Code to examine and certify, as 1856
applicable, nurse-midwives, registered nurse anesthetists, 1857
clinical nurse specialists, or nurse practitioners; 1858

(4) Submit an affidavit with the application that states 1859
all of the following: 1860

(a) That the applicant is the person named in the 1861
documents submitted under this section and is the lawful 1862
possessor thereof; 1863

(b) The applicant's age, residence, the school at which 1864
the applicant obtained ~~education in the applicant's nursing~~ 1865
~~specialty~~ the required master's or doctoral degree, and any other 1866
facts that the board requires; 1867

(c) The ~~specialty in which~~ designation being sought by the 1868
applicant ~~seeks designation~~. 1869

(B) (1) A certified registered nurse anesthetist, clinical 1870
nurse specialist, certified nurse-midwife, or certified nurse 1871
practitioner who is practicing or has practiced as such in 1872
another jurisdiction other than another state may apply for a 1873
license by endorsement to practice nursing as an advanced 1874
practice registered nurse ~~and designation as a certified~~ 1875
~~registered nurse anesthetist, clinical nurse specialist,~~ 1876
~~certified nurse-midwife, or certified nurse practitioner~~ in this 1877
state if the nurse meets the requirements set forth in division 1878
(A) of this section or division (B) (2) of this section. 1879

(2) If an applicant who is practicing or has practiced in 1880
another jurisdiction other than another state applies for 1881
~~designation~~ licensure under division (B) (2) of this section, the 1882
application shall be submitted to the board in the form 1883

prescribed by rules of the board and be accompanied by the 1884
application fee required by section 4723.08 of the Revised Code. 1885
The application shall include evidence that the applicant meets 1886
the requirements of division (B) (2) of this section, holds 1887
authority to practice nursing and is in good standing in another 1888
jurisdiction other than another state granted after meeting 1889
requirements approved by the entity of that jurisdiction that 1890
regulates nurses, and other information required by rules of the 1891
board of nursing. 1892

With respect to the educational requirements and national 1893
certification requirements that an applicant under division (B) 1894
(2) of this section must meet, both of the following apply: 1895

(a) If the applicant is a certified registered nurse 1896
anesthetist, certified nurse-midwife, or certified nurse 1897
practitioner who, on or before December 31, 2000, obtained 1898
certification ~~in the applicant's nursing specialty with~~ from a 1899
national certifying organization listed in division (A) (3) of 1900
section 4723.41 of the Revised Code as that division existed 1901
prior to March 20, 2013, or that was at that time approved by 1902
the board under section 4723.46 of the Revised Code, the 1903
applicant must have maintained the certification. The applicant 1904
is not required to have earned a master's or doctoral degree 1905
with a major in ~~a nursing specialty or in~~ a related field that 1906
qualifies the applicant to sit for the certification 1907
examination. 1908

(b) If the applicant is a clinical nurse specialist, one 1909
of the following must apply to the applicant: 1910

(i) On or before December 31, 2000, the applicant obtained 1911
a master's or doctoral degree with a major in a clinical area of 1912
nursing from an educational institution accredited by a national 1913

or regional accrediting organization. The applicant is not 1914
required to have passed a certification examination. 1915

(ii) On or before December 31, 2000, the applicant 1916
obtained a master's or doctoral degree in nursing or a related 1917
field and was certified as a clinical nurse specialist by the 1918
American nurses credentialing center or another national 1919
certifying organization that was at that time approved by the 1920
board under section 4723.46 of the Revised Code. 1921

(3) The board shall grant a license to practice nursing as 1922
an advanced practice registered nurse in accordance with Chapter 1923
4796. of the Revised Code to an applicant if either of the 1924
following applies: 1925

(a) The applicant holds a license in another state. 1926

(b) The applicant has satisfactory work experience, a 1927
government certification, or a private certification as 1928
described in that chapter as an advanced practice registered 1929
nurse in a state that does not issue that license. 1930

(4) The board may grant a nonrenewable temporary permit to 1931
practice nursing as an advanced practice registered nurse to an 1932
applicant for licensure under division (B) (2) or (3) of this 1933
section if the board is satisfied by the evidence that the 1934
applicant holds a valid, unrestricted license in or equivalent 1935
authorization from another jurisdiction. Chapter 4796. of the 1936
Revised Code does not apply to a temporary permit issued under 1937
this division. The temporary permit shall expire at the earlier 1938
of one hundred eighty days after issuance or upon the issuance 1939
of a license under division (B) (2) or (3) of this section. 1940

(C) An applicant ~~who desires~~ seeking to practice nursing 1941
as a certified registered nurse anesthetist, certified nurse- 1942

midwife, or certified nurse practitioner is exempt from the 1943
educational requirements in division (A) (2) of this section if 1944
all of the following are the case: 1945

(1) Before January 1, 2001, the board issued to the 1946
applicant a certificate of authority to practice as a certified 1947
registered nurse anesthetist, certified nurse-midwife, or 1948
certified nurse practitioner; 1949

(2) The applicant submits documentation satisfactory to 1950
the board that the applicant obtained certification ~~in the~~ 1951
~~applicant's nursing specialty with~~ from a national certifying 1952
organization listed in division (A) (3) of section 4723.41 of the 1953
Revised Code as that division existed prior to March 20, 2013, 1954
or that was at that time approved by the board under section 1955
4723.46 of the Revised Code; 1956

(3) The applicant submits documentation satisfactory to 1957
the board that the applicant has maintained the certification 1958
described in division (C) (2) of this section. 1959

(D) An applicant ~~who desires~~ seeking to practice as a 1960
clinical nurse specialist is exempt from the examination 1961
requirement in division (A) (3) of this section if both of the 1962
following are the case: 1963

(1) Before January 1, 2001, the board issued to the 1964
applicant a certificate of authority to practice as a clinical 1965
nurse specialist; 1966

(2) The applicant submits documentation satisfactory to 1967
the board that the applicant earned either of the following: 1968

(a) A master's or doctoral degree with a major in a 1969
clinical area of nursing from an educational institution 1970
accredited by a national or regional accrediting organization; 1971

(b) A master's or doctoral degree in nursing or a related 1972
field and was certified as a clinical nurse specialist by the 1973
American nurses credentialing center or another national 1974
certifying organization that was at that time approved by the 1975
board under section 4723.46 of the Revised Code. 1976

Sec. 4723.42. (A) If the applicant for a license to 1977
practice nursing as an advanced practice registered nurse has 1978
met all the requirements of section 4723.41 of the Revised Code 1979
and has paid the fee required by section 4723.08 of the Revised 1980
Code, the board of nursing shall issue the license and designate 1981
the license holder as a certified registered nurse anesthetist, 1982
clinical nurse specialist, certified nurse-midwife, or certified 1983
nurse practitioner. The license and designation authorize the 1984
holder to practice as an advanced practice registered nurse ~~in~~ 1985
~~the specialty as~~ indicated by the designation. 1986

The board shall issue or deny the license not later than 1987
thirty days after receiving all of the documents required by 1988
section 4723.41 of the Revised Code. 1989

If an applicant is under investigation for a violation of 1990
this chapter, the board shall conclude the investigation not 1991
later than ninety days after receipt of all required documents, 1992
unless this ninety-day period is extended by written consent of 1993
the applicant, or unless the board determines that a substantial 1994
question of such a violation exists and the board has notified 1995
the applicant in writing of the reasons for the continuation of 1996
the investigation. If the board determines that the applicant 1997
has not violated this chapter, it shall issue a certificate not 1998
later than forty-five days after making that determination. 1999

(B) A license to practice nursing as an advanced practice 2000
registered nurse is subject to the renewal schedule that applies 2001

under section 4723.24 of the Revised Code. In providing renewal 2002
applications, the board shall follow the procedures that apply 2003
under section 4723.24 of the Revised Code for providing renewal 2004
applications to license holders. Failure of the license holder 2005
to receive an application for renewal from the board does not 2006
excuse the holder from the requirements of section 4723.44 of 2007
the Revised Code. 2008

A license holder seeking renewal of the license shall 2009
complete the renewal application and submit it to the board with 2010
all of the following: 2011

(1) The renewal fee established under section 4723.08 of 2012
the Revised Code and, if the application is submitted after it 2013
is due but before the license lapses, the fee established under 2014
that section for processing a late application for renewal; 2015

(2) Documentation satisfactory to the board that the 2016
holder has maintained certification ~~in the nursing specialty~~ 2017
~~with from~~ a national certifying organization approved by the 2018
board under section 4723.46 of the Revised Code; 2019

(3) A list of the names and business addresses of the 2020
holder's current collaborating ~~physicians and~~ 2021
~~podiatrists~~practitioners, if the holder is a clinical nurse 2022
specialist, certified nurse-midwife, or certified nurse 2023
practitioner and is practicing under a standard care 2024
arrangement; 2025

(4) If the license holder is a clinical nurse specialist, 2026
documentation satisfactory to the board that the holder has 2027
completed continuing education for that ~~specialty designation~~ as 2028
required by rule of the board. 2029

On receipt of the renewal application, fees, and 2030

documents, the board shall verify that the applicant holds a 2031
current, valid license to practice nursing as a registered nurse 2032
in this state and a current, valid license to practice nursing 2033
as an advanced practice registered nurse in this state, and, if 2034
it so verifies, shall renew the license to practice nursing as 2035
an advanced practice registered nurse. 2036

(C) An applicant for reinstatement of a license that has 2037
lapsed shall submit the reinstatement fee established under 2038
section 4723.08 of the Revised Code. 2039

(D) An individual who holds an active license and does not 2040
intend to practice in this state as an advanced practice 2041
registered nurse may send to the board written or electronic 2042
notice to that effect on or before the date the license lapses, 2043
and the board shall classify the license as inactive. 2044

Sec. 4723.43. A certified registered nurse anesthetist, 2045
clinical nurse specialist, certified nurse-midwife, or certified 2046
nurse practitioner may provide to individuals and groups nursing 2047
care that requires knowledge and skill obtained from advanced 2048
formal education, continuing education, training, and clinical 2049
experience. In this capacity as an advanced practice registered 2050
nurse, a certified nurse-midwife is subject to division (A) of 2051
this section, a certified registered nurse anesthetist is 2052
subject to division (B) of this section, a certified nurse 2053
practitioner is subject to division (C) of this section, and a 2054
clinical nurse specialist is subject to division (D) of this 2055
section. 2056

Each advanced practice registered nurse shall practice in 2057
accordance with rules adopted by the board of nursing and in a 2058
manner that is consistent with the nurse's certification from a 2059
national certifying organization approved by the board under 2060

section 4723.46 of the Revised Code. An advanced practice 2061
registered nurse who is a clinical nurse specialist, certified 2062
nurse-midwife, or certified nurse practitioner may prescribe 2063
drugs and therapeutic devices in accordance with section 2064
4723.481 of the Revised Code. 2065

In the case of an advanced practice registered nurse who 2066
has practiced in a clinical setting for less than five thousand 2067
hours and is a clinical nurse specialist, certified nurse- 2068
midwife, or certified nurse practitioner, the nurse may practice 2069
only under a standard care arrangement that meets the 2070
requirements of section 4723.431 of the Revised Code. 2071
Thereafter, the nurse may practice without a standard care 2072
arrangement if the requirements of section 4723.439 of the 2073
Revised Code are met or may choose to continue practicing under 2074
a standard care arrangement. When a nurse is required or chooses 2075
to practice under a standard care arrangement, the nurse shall 2076
practice only in accordance with the terms of the arrangement. 2077

(A) A nurse authorized to practice as a certified nurse- 2078
midwife, ~~in collaboration with one or more physicians,~~ may 2079
provide the management of preventive services and those primary 2080
care services necessary to provide health care to women 2081
antepartally, intrapartally, postpartally, and gynecologically, 2082
~~consistent with the nurse's education and certification, and in~~ 2083
~~accordance with rules adopted by the board of nursing.~~ 2084

No certified nurse-midwife may perform version, deliver 2085
breech or face presentation, use forceps, or do any obstetric 2086
operation, ~~or treat any other abnormal condition,~~ except in 2087
emergencies. Division (A) of this section does not prohibit a 2088
certified nurse-midwife from performing episiotomies or normal 2089
vaginal deliveries, or repairing vaginal tears. ~~A certified~~ 2090

~~nurse-midwife may, in collaboration with one or more physicians,~~ 2091
~~prescribe drugs and therapeutic devices in accordance with~~ 2092
~~section 4723.481 of the Revised Code.~~ 2093

(B) A nurse authorized to practice as a certified 2094
registered nurse anesthetist, ~~consistent with the nurse's~~ 2095
~~education and certification and in accordance with rules adopted~~ 2096
~~by the board,~~ may do the following: 2097

(1) With supervision and in the immediate presence of a 2098
physician, podiatrist, or dentist, administer anesthesia and 2099
perform anesthesia induction, maintenance, and emergence; 2100

(2) With supervision, obtain informed consent for 2101
anesthesia care and perform preanesthetic preparation and 2102
evaluation, postanesthetic preparation and evaluation, 2103
postanesthesia care, and, subject to section 4723.433 of the 2104
Revised Code, clinical support functions; 2105

(3) With supervision and in accordance with section 2106
4723.434 of the Revised Code, engage in the activities described 2107
in division (A) of that section. 2108

The physician, podiatrist, or dentist supervising a 2109
certified registered nurse anesthetist must be actively engaged 2110
in practice in this state. When a certified registered nurse 2111
anesthetist is supervised by a podiatrist, the nurse's scope of 2112
practice is limited to the anesthesia procedures that the 2113
podiatrist has the authority under section 4731.51 of the 2114
Revised Code to perform. A certified registered nurse 2115
anesthetist may not administer general anesthesia under the 2116
supervision of a podiatrist in a podiatrist's office. When a 2117
certified registered nurse anesthetist is supervised by a 2118
dentist, the nurse's scope of practice is limited to the 2119

anesthesia procedures that the dentist has the authority under 2120
Chapter 4715. of the Revised Code to perform. 2121

(C) A nurse authorized to practice as a certified nurse 2122
practitioner, ~~in collaboration with one or more physicians or~~ 2123
~~podiatrists,~~ may provide preventive and, primary care, and acute 2124
care services, ~~provide services for acute illnesses,~~ and 2125
evaluate and promote patient wellness ~~within the nurse's nursing~~ 2126
~~specialty, consistent with the nurse's education and~~ 2127
~~certification, and in accordance with rules adopted by the~~ 2128
~~board. A certified nurse practitioner may, in collaboration with~~ 2129
~~one or more physicians or podiatrists, prescribe drugs and~~ 2130
~~therapeutic devices in accordance with section 4723.481 of the~~ 2131
~~Revised Code.~~ 2132

When a certified nurse practitioner ~~is collaborating~~ 2133
practices under a standard care arrangement entered into with a 2134
collaborating practitioner who is a podiatrist, the nurse's 2135
scope of practice is limited to the procedures that the 2136
podiatrist has the authority under section 4731.51 of the 2137
Revised Code to perform. 2138

(D) A nurse authorized to practice as a clinical nurse 2139
specialist, ~~in collaboration with one or more physicians or~~ 2140
~~podiatrists,~~ may provide and manage the care of individuals and 2141
groups with complex health problems and provide health care 2142
services that promote, improve, and manage health care ~~within~~ 2143
~~the nurse's nursing specialty, consistent with the nurse's~~ 2144
~~education and in accordance with rules adopted by the board. A~~ 2145
~~clinical nurse specialist may, in collaboration with one or more~~ 2146
~~physicians or podiatrists, prescribe drugs and therapeutic~~ 2147
~~devices in accordance with section 4723.481 of the Revised Code.~~ 2148

When a clinical nurse specialist ~~is collaborating~~ 2149

practices under a standard care arrangement entered into with a 2150
collaborating practitioner who is a podiatrist, the nurse's 2151
scope of practice is limited to the procedures that the 2152
podiatrist has the authority under section 4731.51 of the 2153
Revised Code to perform. 2154

Sec. 4723.431. ~~(A)(1) An~~ This section establishes 2155
standards and conditions regarding the standard care 2156
arrangements that are required or permitted by section 4723.43 2157
of the Revised Code to be maintained between an advanced 2158
practice registered nurse who is designated as a clinical nurse 2159
specialist, certified nurse-midwife, or certified nurse 2160
practitioner ~~may practice only in accordance with a standard-~~ 2161
~~care arrangement entered into with and each physician or~~ 2162
~~podiatrist collaborating practitioner with whom the nurse~~ 2163
collaborates. ~~A-~~ 2164

(A)(1) A copy of the nurse's standard care arrangement 2165
shall be retained on file by the nurse's employer. Prior 2166
approval of the standard care arrangement by the board of 2167
nursing is not required, but the board may periodically review 2168
it for compliance with this section. 2169

~~A clinical nurse specialist, certified nurse-midwife, or~~ 2170
~~certified nurse practitioner~~ (2) The nurse may enter into a 2171
standard care arrangement with one or more collaborating 2172
~~physicians or podiatrists~~practitioners. ~~If a collaborating~~ 2173
~~physician or podiatrist enters into standard care arrangements~~ 2174
~~with more than five nurses, the physician or podiatrist shall~~ 2175
~~not collaborate at the same time with more than five nurses in~~ 2176
~~the prescribing component of their practices.~~ 2177

Not later than thirty days after first engaging in the 2178
practice of advanced practice registered nursing as a clinical- 2179

~~nurse specialist, certified nurse-midwife, or certified nurse-~~ 2180
~~practitioner,~~ the nurse shall submit to the board the name ~~and~~ 2181
~~business address of each collaborating physician or~~ 2182
~~podiatrist~~practitioner. Thereafter, the nurse shall notify the 2183
board of any additions or deletions to the nurse's collaborating 2184
~~physicians or podiatrists~~practitioners. ~~Except as provided in-~~ 2185
~~division (D) of this section, the~~ The notice must be provided 2186
not later than thirty days after the change takes effect. 2187

~~(2) All~~ (3) All of the following conditions apply with 2188
respect to the practice of a collaborating ~~physician or~~ 2189
~~podiatrist with whom a clinical nurse specialist, certified-~~ 2190
~~nurse-midwife, or certified nurse practitioner may enter into a-~~ 2191
~~standard care arrangement~~practitioner: 2192

(a) ~~The~~ In the case of a collaborating practitioner who is 2193
a physician or podiatrist, the collaborating physician or 2194
podiatrist must be ~~authorized~~ both of the following: 2195

(i) Authorized to practice in this state. 2196

~~(b) Except as provided in division (A) (2) (c) of this-~~ 2197
~~section, the physician or podiatrist must be practicing;~~ 2198

(ii) Practicing in an area of health care, including a 2199
specialty, that is the same as or similar to that in which the 2200
nurse's nursing specialtynurse is or will be practicing. 2201

(b) In the case of a collaborating practitioner who is a 2202
clinical nurse specialist, certified nurse-midwife, or certified 2203
nurse practitioner, the collaborating nurse must satisfy all of 2204
the following: 2205

(i) Be authorized to practice in this state; 2206

(ii) Be practicing under a designation that is the same 2207

designation as the nurse with whom the collaborating nurse has 2208
entered into a standard care arrangement; 2209

(iii) Have met the requirements of section 4723.439 of the 2210
Revised Code; 2211

(iv) Not practice under a standard care arrangement 2212
entered into with another collaborating practitioner. 2213

(c) If the nurse is a clinical nurse specialist who is 2214
certified as a psychiatric-mental health CNS or the equivalent 2215
of such title by the American nurses credentialing center or a 2216
certified nurse practitioner who is certified as a psychiatric- 2217
mental health NP or the equivalent of such title by the American 2218
nurses credentialing center or American academy of nurse 2219
practitioners certification board, the nurse may enter into a 2220
standard care arrangement with a ~~physician but not a podiatrist~~ 2221
~~and the collaborating physician must be practitioner~~ practicing 2222
in one of the following specialties: 2223

(i) Psychiatry; 2224

(ii) Pediatrics; 2225

(iii) Primary care or family practice. 2226

(B) A standard care arrangement shall be in writing and 2227
shall contain all of the following: 2228

(1) ~~Criteria for referral of a patient by the clinical-~~ 2229
~~nurse specialist, certified nurse-midwife, or certified nurse-~~ 2230
~~practitioner~~ nurse practicing under the standard care 2231
arrangement to a collaborating physician or podiatrist 2232
practitioner or to another physician or podiatrist or a clinical 2233
nurse specialist, certified nurse-midwife, or certified nurse 2234
practitioner who meets the requirements of section 4723.439 of 2235

the Revised Code; 2236

(2) A process for the ~~clinical nurse specialist, certified~~ 2237
~~nurse-midwife, or certified nurse practitioner~~ nurse practicing 2238
under the standard care arrangement to obtain a consultation 2239
with a collaborating ~~physician or podiatrist~~ practitioner or 2240
with another physician or podiatrist or a clinical nurse 2241
specialist, certified nurse-midwife, or certified nurse 2242
practitioner who meets the requirements of section 4723.439 of 2243
the Revised Code; 2244

(3) A plan for coverage ~~in instances of emergency or~~ 2245
~~planned absences of either the clinical nurse specialist,~~ 2246
~~certified nurse-midwife, or certified nurse practitioner or a~~ 2247
~~collaborating physician or podiatrist~~ that provides the means 2248
whereby a physician or podiatrist or a clinical nurse 2249
specialist, certified nurse-midwife, or certified nurse 2250
practitioner that meets the requirements of section 4723.439 of 2251
the Revised Code is available for emergency care in instances of 2252
emergency or planned absences of either the nurse who is 2253
practicing under the standard care arrangement or the 2254
collaborating practitioner who entered into the arrangement; 2255

(4) The process for resolution of disagreements regarding 2256
matters of patient management between the ~~clinical nurse~~ 2257
~~specialist, certified nurse-midwife, or certified nurse~~ 2258
~~practitioner~~ nurse practicing under the standard care 2259
arrangement and a collaborating ~~physician or~~ 2260
~~podiatrist~~ practitioner; 2261

(5) ~~An agreement that the collaborating physician shall~~ 2262
~~complete and sign the medical certificate of death pursuant to~~ 2263
~~section 3705.16 of the Revised Code;~~ 2264

~~(6)~~ Any other criteria required by rule of the board 2265
adopted pursuant to section 4723.07 or 4723.50 of the Revised 2266
Code. 2267

(C) A standard care arrangement entered into pursuant to 2268
this section may permit a clinical nurse specialist, certified 2269
nurse-midwife, or certified nurse practitioner to do any of the 2270
following: 2271

(1) Supervise services provided by a home health agency as 2272
defined in section 3740.01 of the Revised Code; 2273

(2) Admit a patient to a hospital in accordance with 2274
section 3727.06 of the Revised Code; 2275

(3) Sign any document relating to the admission, 2276
treatment, or discharge of an inpatient receiving psychiatric or 2277
other behavioral health care services, but only if the 2278
conditions of section 4723.436 of the Revised Code have been 2279
met. 2280

(D) (1) Except as provided in division (D) (2) of this 2281
section, if a ~~physician or podiatrist~~ collaborating practitioner 2282
terminates the collaboration between the ~~physician or podiatrist~~ 2283
collaborating practitioner and a certified nurse-midwife, 2284
certified nurse practitioner, or clinical nurse specialist 2285
before their standard care arrangement expires, all of the 2286
following apply: 2287

(a) The ~~physician or podiatrist~~ collaborating practitioner 2288
must give the nurse written or electronic notice of the 2289
termination. 2290

(b) Once the nurse receives the termination notice, the 2291
nurse must notify the board of nursing of the termination as 2292
soon as practicable by submitting to the board a copy of the 2293

~~physician's or podiatrist's collaborating practitioner's~~ 2294
termination notice. 2295

(c) ~~Notwithstanding the requirement of section 4723.43 of~~ 2296
~~the Revised Code that the nurse practice in collaboration with a~~ 2297
~~physician or podiatrist, the~~ The nurse may continue to practice 2298
under the existing standard care arrangement without a 2299
collaborating ~~physician or podiatrist~~ practitioner for not more 2300
than one hundred twenty days after submitting to the board a 2301
copy of the termination notice. 2302

(2) In the event that the collaboration between a 2303
~~physician or podiatrist~~ collaborating practitioner and a 2304
certified nurse-midwife, certified nurse practitioner, or 2305
clinical nurse specialist terminates because of the ~~physician's~~ 2306
~~or podiatrist's~~ collaborating practitioner's death, the nurse 2307
must notify the board of the death as soon as practicable. The 2308
nurse may continue to practice under the existing standard care 2309
arrangement without a collaborating ~~physician or podiatrist~~ 2310
practitioner for not more than one hundred twenty days after 2311
notifying the board of the ~~physician's or podiatrist's~~ 2312
~~collaborating practitioner's~~ death. 2313

(E) (1) Nothing in this section prohibits a hospital from 2314
hiring a clinical nurse specialist, certified nurse-midwife, or 2315
certified nurse practitioner as an employee and negotiating 2316
standard care arrangements on behalf of the employee as 2317
necessary to meet the requirements of this section or section 2318
4723.43 of the Revised Code. A standard care arrangement between 2319
the hospital's employee and the employee's collaborating 2320
~~physician~~ practitioner is subject to approval by the medical 2321
staff and governing body of the hospital prior to implementation 2322
of the arrangement at the hospital. 2323

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

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

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

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

(3) In the case of a nurse who obtained a license by endorsement as described in division (B) of section 4723.41 of the Revised Code, the board of nursing shall accept practice in

a clinical setting completed in another jurisdiction if the 2354
board determines that the nurse practiced in that jurisdiction 2355
in a manner equivalent to practicing in this state. 2356

(C) In reviewing documentation submitted under division 2357
(B) (2) of this section, the board shall count toward the five 2358
thousand hours required by division (B) (1) of this section any 2359
length of time occurring prior to the effective date of this 2360
section during which the nurse both collaborated with one or 2361
more collaborating physicians or podiatrists under a standard 2362
care arrangement and practiced in a clinical setting. 2363

(D) The board of nursing shall adopt rules as necessary to 2364
implement this section, including rules specifying the 2365
documentation that a nurse must submit in order to demonstrate 2366
that the nurse has met the requirements described in division 2367
(B) (1) of this section. The rules shall be adopted in accordance 2368
with Chapter 119. of the Revised Code. 2369

Sec. 4723.44. (A) No person shall knowingly do any of the 2370
following unless the person holds a current, valid license 2371
issued by the board of nursing under this chapter to practice 2372
nursing as an advanced practice registered nurse ~~in the~~ 2373
~~specialty indicated by the designation:~~ 2374

(1) Engage in the practice of nursing as an advanced 2375
practice registered nurse for a fee, salary, or other 2376
consideration, or as a volunteer; 2377

(2) Represent the person as being an advanced practice 2378
registered nurse, including representing the person as being a 2379
certified registered nurse anesthetist, clinical nurse 2380
specialist, certified nurse-midwife, or certified nurse 2381
practitioner; 2382

(3) Use any title or initials implying that the person is 2383
an advanced practice registered nurse, including using any title 2384
or initials implying the person is a certified registered nurse 2385
anesthetist, clinical nurse specialist, certified nurse-midwife, 2386
or certified nurse practitioner. 2387

(B) No advanced practice registered nurse shall knowingly 2388
do any of the following: 2389

(1) Engage, for a fee, salary, or other consideration, or 2390
as a volunteer, in the practice of ~~a nursing specialty nursing~~ 2391
as an advanced practice registered nurse in a manner other than 2392
the specialty designated that which is indicated by the 2393
designation on the nurse's current, valid license issued by the 2394
board under this chapter to practice nursing as an advanced 2395
practice registered nurse; 2396

(2) Represent the ~~person-nurse~~ as being authorized to 2397
practice ~~any nursing specialty nursing as an advanced practice~~ 2398
registered nurse in a manner other than the specialty designated 2399
that which is indicated by the designation on the nurse's 2400
current, valid license to practice nursing as an advanced 2401
practice registered nurse; 2402

(3) Use the title "certified registered nurse anesthetist" 2403
or the initials "N.A." or "C.R.N.A.," the title "clinical nurse 2404
specialist" or the initials "C.N.S.," the title "certified 2405
nurse-midwife" or the initials "C.N.M.," the title "certified 2406
nurse practitioner" or the initials "C.N.P.," the title 2407
"advanced practice registered nurse" or the initials "A.P.R.N.," 2408
or any other title or initials implying that the nurse is 2409
authorized to practice ~~any nursing specialty nursing as an~~ 2410
advanced practice registered nurse in a manner other than the 2411
specialty designated that which is indicated by the designation 2412

on the nurse's current, valid license to practice nursing as an 2413
advanced practice registered nurse; 2414

(4) ~~Except as provided in division (A) (2) (c) of section~~ 2415
~~4723.431 of the Revised Code, enter~~ Enter into a standard care 2416
arrangement with a ~~physician or pediatricist~~ collaborating 2417
practitioner who is practicing in a specialty an area of health 2418
care, including a specialty, that is not the same as or similar 2419
to that in which the nurse's nursing specialty nurse is or will 2420
be practicing; 2421

(5) Prescribe drugs or therapeutic devices in a manner 2422
that does not comply with section 4723.481 of the Revised Code; 2423

(6) Prescribe any drug or device to perform or induce an 2424
abortion, or otherwise perform or induce an abortion. 2425

(C) No person shall knowingly employ a person to engage in 2426
the practice of nursing as an advanced practice registered nurse 2427
unless the person so employed holds a current, valid license and 2428
designation issued by the board under this chapter to practice 2429
as an advanced practice registered nurse ~~in the specialty as~~ 2430
indicated by the designation. 2431

(D) A document certified by the executive director of the 2432
board, under the official seal of the board, to the effect that 2433
it appears from the records of the board that no license to 2434
practice nursing as an advanced practice registered nurse has 2435
been issued to the person specified in the document, or that a 2436
license to practice nursing as an advanced practice registered 2437
nurse, if issued, has been revoked or suspended, shall be 2438
received as prima-facie evidence of the record of the board in 2439
any court or before any officer of the state. 2440

Sec. 4723.46. (A) The board of nursing shall establish a 2441

list of national certifying organizations approved by the board 2442
to examine and certify advanced practice registered nurses to 2443
~~practice nursing specialties~~. To be approved by the board, a 2444
national certifying organization must meet all of the following 2445
requirements: 2446

(1) Be national in the scope of its credentialing; 2447

(2) Have an educational requirement beyond that required 2448
for registered nurse licensure; 2449

(3) Have practice requirements beyond those required for 2450
registered nurse licensure; 2451

(4) Have testing requirements beyond those required for 2452
registered nurse licensure that measure the theoretical and 2453
clinical content of ~~a nursing specialty~~practice as an advanced 2454
practice registered nurse, are developed in accordance with 2455
accepted standards of validity and reliability, and are open to 2456
registered nurses who have successfully completed the 2457
educational program required by the organization; 2458

(5) Issue certificates to advanced practice registered 2459
nurses, including certified registered nurse anesthetists, 2460
clinical nurse specialists, certified nurse-midwives, or 2461
certified nurse practitioners; 2462

(6) Periodically review the qualifications of advanced 2463
practice registered nurses, including certified registered nurse 2464
anesthetists, clinical nurse specialists, certified nurse- 2465
midwives, or certified nurse practitioners. 2466

(B) Not later than the thirtieth day of January of each 2467
year, the board shall publish the list of national certifying 2468
organizations that have met the requirements of division (A) of 2469
this section within the previous year and remove from the list 2470

organizations that no longer meet the requirements. 2471

Sec. 4723.481. This section establishes standards and 2472
conditions regarding the authority of an advanced practice 2473
registered nurse who is designated as a clinical nurse 2474
specialist, certified nurse-midwife, or certified nurse 2475
practitioner to prescribe and personally furnish drugs and 2476
therapeutic devices under a license issued under section 4723.42 2477
of the Revised Code. 2478

(A) A clinical nurse specialist, certified nurse-midwife, 2479
or certified nurse practitioner shall not prescribe or furnish 2480
any drug or therapeutic device that is listed on the 2481
exclusionary formulary established in rules adopted under 2482
section 4723.50 of the Revised Code. 2483

(B) The prescriptive authority of a clinical nurse 2484
specialist, certified nurse-midwife, or certified nurse 2485
practitioner practicing under a standard care arrangement shall 2486
not exceed the prescriptive authority of the collaborating 2487
~~physician or podiatrist~~practitioner, including, in the case of a 2488
collaborating practitioner who is a physician, the physician's 2489
authority to treat chronic pain with controlled substances and 2490
products containing tramadol as described in section 4731.052 of 2491
the Revised Code. 2492

(C) (1) Except as provided in division (C) (2) or (3) of 2493
this section, a clinical nurse specialist, certified nurse- 2494
midwife, or certified nurse practitioner may prescribe to a 2495
patient a schedule II controlled substance only if all of the 2496
following are the case: 2497

(a) The patient has a terminal condition, as defined in 2498
section 2133.01 of the Revised Code. 2499

(b) A physician initially prescribed the substance for the	2500
patient.	2501
(c) The prescription is for an amount that does not exceed	2502
the amount necessary for the patient's use in a single, seventy-	2503
two-hour period.	2504
(2) The restrictions on prescriptive authority <u>described</u>	2505
in division (C) (1) of this section do not apply if a clinical	2506
nurse specialist, certified nurse-midwife, or certified nurse	2507
practitioner issues the prescription to the patient from any of	2508
the following entities:	2509
(a) A hospital as defined in section 3722.01 of the	2510
Revised Code;	2511
(b) An entity owned or controlled, in whole or in part, by	2512
a hospital or by an entity that owns or controls, in whole or in	2513
part, one or more hospitals;	2514
(c) A health care facility operated by the department of	2515
mental health and addiction services or the department of	2516
developmental disabilities;	2517
(d) A nursing home licensed under section 3721.02 of the	2518
Revised Code or by a political subdivision certified under	2519
section 3721.09 of the Revised Code;	2520
(e) A county home or district home operated under Chapter	2521
5155. of the Revised Code that is certified under the medicare	2522
or medicaid program;	2523
(f) A hospice care program, as defined in section 3712.01	2524
of the Revised Code;	2525
(g) A community mental health services provider, as	2526
defined in section 5122.01 of the Revised Code;	2527

(h) An ambulatory surgical facility, as defined in section 2528
3702.30 of the Revised Code; 2529

(i) A freestanding birthing center, as defined in section 2530
3701.503 of the Revised Code; 2531

(j) A federally qualified health center, as defined in 2532
section 3701.047 of the Revised Code; 2533

(k) A federally qualified health center look-alike, as 2534
defined in section 3701.047 of the Revised Code; 2535

(l) A health care office or facility operated by the board 2536
of health of a city or general health district or the authority 2537
having the duties of a board of health under section 3709.05 of 2538
the Revised Code; 2539

(m) A site where a medical practice is operated, but only 2540
if the practice is comprised of one or more physicians who also 2541
are owners of the practice; the practice is organized to provide 2542
direct patient care; and the clinical nurse specialist, 2543
certified nurse-midwife, or certified nurse practitioner 2544
~~providing provides services at the site has a standard care~~ 2545
~~arrangement and collaborates with at least one of the physician~~ 2546
~~owners who practices primarily at that site;~~ 2547

(n) A site where a behavioral health practice is operated 2548
that does not qualify as a location otherwise described in 2549
division (C)(2) of this section, but only if the practice is 2550
organized to provide outpatient services for the treatment of 2551
mental health conditions, substance use disorders, or both, and 2552
the clinical nurse specialist, certified nurse-midwife, or 2553
certified nurse practitioner providing services at the site of 2554
the practice has a standard care arrangement and collaborates 2555
with at least one physician who is employed by that practice; 2556

(o) A residential care facility, as defined in section 2557
3721.01 of the Revised Code; 2558

(p) The home or other residence of a patient receiving 2559
palliative care, as defined in section 3712.01 of the Revised 2560
Code. 2561

(3) A clinical nurse specialist, certified nurse-midwife, 2562
or certified nurse practitioner shall not issue to a patient a 2563
prescription for a schedule II controlled substance from a 2564
convenience care clinic even if the clinic is owned or operated 2565
by an entity specified in division (C) (2) of this section. 2566

(D) A pharmacist who acts in good faith reliance on a 2567
prescription issued by a clinical nurse specialist, certified 2568
nurse-midwife, or certified nurse practitioner under division 2569
(C) (2) of this section is not liable for or subject to any of 2570
the following for relying on the prescription: damages in any 2571
civil action, prosecution in any criminal proceeding, or 2572
professional disciplinary action by the state board of pharmacy 2573
under Chapter 4729. of the Revised Code. 2574

(E) A clinical nurse specialist, certified nurse-midwife, 2575
or certified nurse practitioner shall comply with section 2576
3719.061 of the Revised Code if the nurse prescribes for a 2577
minor, as defined in that section, an opioid analgesic, as 2578
defined in section 3719.01 of the Revised Code. 2579

Sec. 4723.482. (A) Except as provided in divisions (C) and 2580
(D) of this section, an applicant for a license to practice 2581
nursing as an advanced practice registered nurse who seeks 2582
designation as a clinical nurse specialist, certified nurse- 2583
midwife, or certified nurse practitioner shall include with the 2584
application submitted under section 4723.41 of the Revised Code 2585

evidence of successfully completing the course of study in 2586
advanced pharmacology and related topics in accordance with the 2587
requirements specified in division (B) of this section. 2588

(B) With respect to the course of study in advanced 2589
pharmacology and related topics, all of the following 2590
requirements apply: 2591

(1) The course of study shall be completed not longer than 2592
five years before the application is filed. 2593

(2) The course of study shall be not less than forty-five 2594
contact hours. 2595

(3) The course of study shall meet the requirements to be 2596
approved by the board of nursing in accordance with standards 2597
established in rules adopted under section 4723.50 of the 2598
Revised Code. 2599

(4) The content of the course of study shall be specific 2600
to the ~~applicant's nursing specialty~~ designation being sought by
the applicant. 2601
2602

(5) The instruction provided in the course of study shall 2603
include all of the following: 2604

(a) A minimum of thirty-six contact hours of instruction 2605
in advanced pharmacology that includes pharmacokinetic 2606
principles and clinical application and the use of drugs and 2607
therapeutic devices in the prevention of illness and maintenance 2608
of health; 2609

(b) Instruction in the fiscal and ethical implications of 2610
prescribing drugs and therapeutic devices; 2611

(c) Instruction in the state and federal laws that apply 2612
to the authority to prescribe; 2613

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

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

(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;~~

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

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

(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.

(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:

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

(2) Either of the following:

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

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

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

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

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

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

Sec. 4723.483. (A)(1) Subject to division (A)(2) of this section, and notwithstanding any provision of this chapter or rule adopted by the board of nursing, a clinical nurse

specialist, certified nurse-midwife, or certified nurse 2671
~~practitioner who holds a certificate to prescribe issued under~~ 2672
~~section 4723.48 of the Revised Code~~ may do either of the 2673
following without having examined an individual to whom 2674
epinephrine may be administered: 2675

(a) Personally furnish a supply of epinephrine 2676
autoinjectors for use in accordance with sections 3313.7110, 2677
3313.7111, 3314.143, 3326.28, 3328.29, 3728.03 to 3728.05, and 2678
5180.26 of the Revised Code; 2679

(b) Issue a prescription for epinephrine autoinjectors for 2680
use in accordance with sections 3313.7110, 3313.7111, 3314.143, 2681
3326.28, 3328.29, 3728.03 to 3728.05, and 5180.26 of the Revised 2682
Code. 2683

(2) An epinephrine autoinjector personally furnished or 2684
prescribed under division (A) (1) of this section must be 2685
furnished or prescribed in such a manner that it may be 2686
administered only in a manufactured dosage form. 2687

(B) A nurse who acts in good faith in accordance with this 2688
section is not liable for or subject to any of the following for 2689
any action or omission of an entity to which an epinephrine 2690
autoinjector is furnished or a prescription is issued: damages 2691
in any civil action, prosecution in any criminal proceeding, or 2692
professional disciplinary action. 2693

Sec. 4723.493. (A) There is hereby created within the 2694
board of nursing the advisory committee on advanced practice 2695
registered nursing. The committee shall consist of the following 2696
~~members and any other members the board appoints under division~~ 2697
~~(B) of this section:~~ 2698

(1) Four advanced practice registered nurses, each 2699

actively engaged in the practice of advanced practice registered 2700
nursing in a clinical setting in this state, at least one of 2701
whom is actively engaged in providing primary care, at least one 2702
of whom is actively engaged in practice as a certified 2703
registered nurse anesthetist, and at least one of whom is 2704
actively engaged in practice as a certified nurse-midwife; 2705

(2) Two advanced practice registered nurses, each serving 2706
as a faculty member of an approved program of nursing education 2707
that prepares students for licensure as advanced practice 2708
registered nurses; 2709

(3) A member of the board of nursing who is an advanced 2710
practice registered nurse; 2711

(4) A representative of an entity employing ten or more 2712
advanced practice registered nurses actively engaged in practice 2713
in this state. 2714

(B) The board of nursing shall appoint the members 2715
described in division (A) of this section and may appoint 2716
additional members as described in division (D) of this section. 2717
~~Recommendations for~~ For purposes of initial appointments and for 2718
~~filling any vacancies may be submitted to,~~ the board ~~by shall~~ 2719
accept recommendations, if any, from organizations representing 2720
advanced practice registered nurses practicing in this state and 2721
~~by from~~ schools of advanced practice registered nursing. The 2722
board shall appoint initial members and fill vacancies according 2723
to the recommendations it receives. If it does not receive any 2724
recommendations or receives an insufficient number of 2725
recommendations, the board shall appoint members and fill 2726
vacancies on its own advice. 2727

Initial appointments to the committee shall be made not 2728

later than sixty days after April 6, 2017. Of the initial 2729
appointments described in division (A)(1) of this section, two 2730
shall be for terms of one year and two shall be for terms of two 2731
years. Of the initial appointments described in division (A)(2) 2732
of this section, one shall be for a term of one year and one 2733
shall be for a term of two years. Of the initial appointments 2734
described in divisions (A)(3) and (4) of this section, each 2735
shall be for a term of two years. Thereafter, terms shall be for 2736
two years, with each term ending on the same day of the same 2737
month as did the term that it succeeds. Vacancies shall be 2738
filled in the same manner as appointments. 2739

When the term of any member expires, a successor shall be 2740
appointed in the same manner as the initial appointment. Any 2741
member appointed to fill a vacancy occurring prior to the 2742
expiration of the term for which the member's predecessor was 2743
appointed shall hold office for the remainder of that term. A 2744
member shall continue in office subsequent to the expiration 2745
date of the member's term until the member's successor takes 2746
office or until a period of sixty days has elapsed, whichever 2747
occurs first. A member may be reappointed for one additional 2748
term only. 2749

(C) The committee shall organize by selecting a 2750
chairperson from among its members. The committee may select a 2751
new chairperson at any time. Five members constitute a quorum 2752
for the transaction of official business. Members shall serve 2753
without compensation but receive payment for their actual and 2754
necessary expenses incurred in the performance of their official 2755
duties. The expenses shall be paid by the board of nursing. 2756

(D) The committee shall advise the board regarding the 2757
practice and regulation of advanced practice registered nurses. 2758

The committee may also recommend to the board that ~~an individual~~ 2759
~~with expertise in an advanced practice registered nursing~~ 2760
~~specialty nurse who practices in a specialized area of nursing~~ 2761
be appointed under division (B) of this section as an additional 2762
member of the committee. 2763

Sec. 4723.50. (A) As used in this section: 2764

(1) "Controlled substance" has the same meaning as in 2765
section 3719.01 of the Revised Code. 2766

(2) "Medication-assisted treatment" has the same meaning 2767
as in section 340.01 of the Revised Code. 2768

(B) ~~In accordance with Chapter 119. of the Revised Code,~~ 2769
~~the~~ The board of nursing shall adopt rules as necessary to 2770
implement the provisions of this chapter pertaining to the 2771
authority of ~~advanced practice registered nurses who are~~ 2772
~~designated as~~ clinical nurse specialists, certified nurse- 2773
midwives, and certified nurse practitioners to prescribe and 2774
furnish drugs and therapeutic devices.— 2775

~~The board shall adopt, including~~ rules establishing an 2776
exclusionary formulary. The exclusionary formulary shall permit, 2777
in a manner consistent with section 4723.481 of the Revised 2778
Code, the prescribing of controlled substances, including drugs 2779
that contain buprenorphine used in medication-assisted treatment 2780
and both oral and long-acting opioid antagonists. ~~The~~ 2781

The formulary shall not permit the prescribing or 2782
furnishing of any of the following: 2783

(1) A drug or device to perform or induce an abortion; 2784

(2) A drug or device prohibited by federal or state law. 2785

(C) In addition to the rules described in division (B) of 2786

this section, the board shall adopt rules ~~under this section~~ 2787
that do the following: 2788

(1) Establish standards for board approval of the course 2789
of study in advanced pharmacology and related topics required by 2790
section 4723.482 of the Revised Code; 2791

(2) Establish requirements for board approval of the two- 2792
hour course of instruction in the laws of this state as required 2793
under division (C) (1) of section 4723.482 of the Revised Code; 2794

(3) ~~Establish~~ For purposes of division (B) (5) of section 2795
4723.431 of the Revised Code, establish criteria for the 2796
components of the any standard care arrangements described in 2797
section 4723.431 of the Revised Code arrangement that apply to 2798
the authority to prescribe, including the components that apply 2799
to the authority to prescribe schedule II controlled substances. 2800
The rules shall be consistent with that section and include all 2801
of the following: 2802

(a) Quality assurance standards; 2803

(b) Standards for periodic review by a collaborating 2804
~~physician or pediatric practitioner~~ of the records of patients 2805
treated by ~~the a clinical nurse specialist, certified nurse-~~ 2806
~~midwife, or certified nurse practitioner who is practicing under~~ 2807
a standard care arrangement with the collaborating practitioner; 2808

(c) ~~Acceptable travel time between the location at which~~ 2809
~~the clinical nurse specialist, certified nurse-midwife, or~~ 2810
~~certified nurse practitioner is engaging in the prescribing-~~ 2811
~~components of the nurse's practice and the location of the~~ 2812
~~nurse's collaborating physician or pediatricist~~ Any other criteria 2813
the board considers appropriate. 2814

(D) All rules adopted under this section shall be adopted 2815

in accordance with Chapter 119. of the Revised Code.

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

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

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

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

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Nothing in this division prohibits a hospital from hiring
a clinical nurse specialist, certified nurse-midwife, or
certified nurse practitioner as an employee and negotiating
standard care arrangements on behalf of the employee as
necessary to meet the requirements of this section. A standard
care arrangement between the hospital's employee and the

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employee's collaborating ~~physician-practitioner~~ is subject to 2845
approval by the medical staff and governing body of the hospital 2846
prior to implementation of the arrangement at the hospital. 2847

(C) A physician or podiatrist shall cooperate with the 2848
board of nursing in any investigation the board conducts with 2849
respect to a clinical nurse specialist, certified nurse-midwife, 2850
or certified nurse practitioner who collaborates with the 2851
physician or podiatrist or with respect to a certified 2852
registered nurse anesthetist who practices with the supervision 2853
of the physician or podiatrist. 2854

Sec. 4761.17. All of the following apply to the practice 2855
of respiratory care by a person who holds a license or limited 2856
permit issued under this chapter: 2857

(A) The person shall practice only pursuant to a 2858
prescription or other order for respiratory care issued by any 2859
of the following: 2860

(1) A physician; 2861

(2) ~~A clinical nurse specialist, certified nurse-midwife,~~ 2862
~~or~~ certified nurse practitioner, certified nurse-midwife, or 2863
clinical nurse specialist who holds a current, valid license 2864
issued under Chapter 4723. of the Revised Code to practice 2865
nursing as an advanced practice registered nurse ~~and has entered~~ 2866
~~into a standard care arrangement with a physician;~~ 2867

(3) A certified registered nurse anesthetist who holds a 2868
current, valid license issued under Chapter 4723. of the Revised 2869
Code to practice nursing as an advanced practice registered 2870
nurse and acts in compliance with sections 4723.43, 4723.433, 2871
and 4723.434 of the Revised Code; 2872

(4) A physician assistant who holds a valid prescriber 2873

number issued by the state medical board, has been granted 2874
physician-delegated prescriptive authority, and has entered into 2875
a supervision agreement that allows the physician assistant to 2876
prescribe or order respiratory care services. 2877

(B) The person shall practice only under the supervision 2878
of any of the following: 2879

(1) A physician; 2880

(2) A certified nurse practitioner, certified nurse- 2881
midwife, or clinical nurse specialist; 2882

(3) A physician assistant who is authorized to prescribe 2883
or order respiratory care services as provided in division (A) 2884
(4) of this section. 2885

(C) (1) When practicing under the prescription or order of 2886
a certified nurse practitioner, certified nurse midwife, or 2887
clinical nurse specialist or under the supervision of such a 2888
nurse, the person's administration of medication that requires a 2889
prescription is limited to the drugs that the nurse is 2890
authorized to prescribe pursuant to section 4723.481 of the 2891
Revised Code. 2892

(2) When practicing under the order of a certified 2893
registered nurse anesthetist, the person's administration of 2894
medication is limited to the drugs that the nurse is authorized 2895
to order or direct the person to administer, as provided in 2896
sections 4723.43, 4723.433, and 4723.434 of the Revised Code. 2897

(3) When practicing under the prescription or order of a 2898
physician assistant or under the supervision of a physician 2899
assistant, the person's administration of medication that 2900
requires a prescription is limited to the drugs that the 2901
physician assistant is authorized to prescribe pursuant to the 2902

physician assistant's physician-delegated prescriptive 2903
authority. 2904

Sec. 5164.07. (A) The medicaid program shall include 2905
coverage of inpatient care and follow-up care for a mother and 2906
her newborn as follows: 2907

(1) The medicaid program shall cover a minimum of forty- 2908
eight hours of inpatient care following a normal vaginal 2909
delivery and a minimum of ninety-six hours of inpatient care 2910
following a cesarean delivery. Services covered as inpatient 2911
care shall include medical, educational, and any other services 2912
that are consistent with the inpatient care recommended in the 2913
protocols and guidelines developed by national organizations 2914
that represent pediatric, obstetric, and nursing professionals. 2915

(2) The medicaid program shall cover a physician-directed 2916
source of follow-up care or a source of follow-up care directed 2917
by an advanced practice registered nurse. Services covered as 2918
follow-up care shall include physical assessment of the mother 2919
and newborn, parent education, assistance and training in breast 2920
or bottle feeding, assessment of the home support system, 2921
performance of any medically necessary and appropriate clinical 2922
tests, and any other services that are consistent with the 2923
follow-up care recommended in the protocols and guidelines 2924
developed by national organizations that represent pediatric, 2925
obstetric, and nursing professionals. The coverage shall apply 2926
to services provided in a medical setting or through home health 2927
care visits. The coverage shall apply to a home health care 2928
visit only if the health care professional who conducts the 2929
visit is knowledgeable and experienced in maternity and newborn 2930
care. 2931

When a decision is made in accordance with division (B) of 2932

this section to discharge a mother or newborn prior to the 2933
expiration of the applicable number of hours of inpatient care 2934
required to be covered, the coverage of follow-up care shall 2935
apply to all follow-up care that is provided within forty-eight 2936
hours after discharge. When a mother or newborn receives at 2937
least the number of hours of inpatient care required to be 2938
covered, the coverage of follow-up care shall apply to follow-up 2939
care that is determined to be medically necessary by the health 2940
care professionals responsible for discharging the mother or 2941
newborn. 2942

(B) Any decision to shorten the length of inpatient stay 2943
to less than that specified under division (A) (1) of this 2944
section shall be made by the physician attending the mother or 2945
newborn, except that if a certified nurse-midwife is attending 2946
the mother ~~in collaboration with a physician~~, the decision may 2947
be made by the certified nurse-midwife. ~~Decisions~~ If the 2948
certified nurse-midwife is practicing under a standard care 2949
arrangement with one or more collaborating practitioners, as 2950
provided in Chapter 4723. of the Revised Code, the nurse's 2951
decision shall be made in collaboration with a collaborating 2952
practitioner. 2953

Decisions regarding early discharge shall be made only 2954
after conferring with the mother or a person responsible for the 2955
mother or newborn. For purposes of this division, a person 2956
responsible for the mother or newborn may include a parent, 2957
guardian, or any other person with authority to make medical 2958
decisions for the mother or newborn. 2959

(C) The department of medicaid, in administering the 2960
medicaid program, may not do either of the following: 2961

(1) Terminate the provider agreement of a health care 2962

professional or health care facility solely for making 2963
recommendations for inpatient or follow-up care for a particular 2964
mother or newborn that are consistent with the care required to 2965
be covered by this section; 2966

(2) Establish or offer monetary or other financial 2967
incentives for the purpose of encouraging a person to decline 2968
the inpatient or follow-up care required to be covered by this 2969
section. 2970

(D) This section does not do any of the following: 2971

(1) Require the medicaid program to cover inpatient or 2972
follow-up care that is not received in accordance with the 2973
program's terms pertaining to the health care professionals and 2974
facilities from which a medicaid recipient is authorized to 2975
receive health care services. 2976

(2) Require a mother or newborn to stay in a hospital or 2977
other inpatient setting for a fixed period of time following 2978
delivery; 2979

(3) Require a child to be delivered in a hospital or other 2980
inpatient setting; 2981

(4) Authorize a certified nurse-midwife to practice beyond 2982
the authority to practice nurse-midwifery in accordance with 2983
Chapter 4723. of the Revised Code; 2984

(5) Establish minimum standards of medical diagnosis, 2985
care, or treatment for inpatient or follow-up care for a mother 2986
or newborn. A deviation from the care required to be covered 2987
under this section shall not, on the basis of this section, give 2988
rise to a medical claim or derivative medical claim, as those 2989
terms are defined in section 2305.113 of the Revised Code. 2990

Section 2. That existing sections 1751.67, 2133.211, 2991
3313.539, 3707.511, 3727.06, 3923.233, 3923.301, 3923.63, 2992
3923.64, 4723.01, 4723.02, 4723.06, 4723.07, 4723.24, 4723.28, 2993
4723.36, 4723.41, 4723.42, 4723.43, 4723.431, 4723.44, 4723.46, 2994
4723.481, 4723.482, 4723.483, 4723.493, 4723.50, 4731.27, 2995
4761.17, and 5164.07 of the Revised Code are hereby repealed. 2996

Section 3. That sections 4723.45 and 5164.73 of the 2997
Revised Code are hereby repealed. 2998

Section 4. This act shall be known as the Better Access to 2999
Health Care Act. 3000

Section 5. The General Assembly, applying the principle 3001
stated in division (B) of section 1.52 of the Revised Code that 3002
amendments are to be harmonized if reasonably capable of 3003
simultaneous operation, finds that the following sections, 3004
presented in this act as composites of the sections as amended 3005
by the acts indicated, are the resulting versions of the 3006
sections in effect prior to the effective date of the sections 3007
as presented in this act: 3008

Section 4723.431 of the Revised Code as amended by both 3009
H.B. 497 and S.B. 196 of the 135th General Assembly. 3010

Section 4723.481 of the Revised Code as amended by H.B. 33 3011
of the 135th General Assembly and by H.B. 110 and H.B. 509 of 3012
the 134th General Assembly. 3013