As Introduced

136th General Assembly
Regular Session **H. B. No. 508**
2025-2026

Representatives Gross, Baker

To amend sections 1751.67, 2133.211, 3313.539, 3707.511, 3727.06, 3923.233, 3923.301, 3923.63, 3923.64, 4723.01, 4723.02, 4723.06, 4723.07, 4723.24, 4723.28, 4723.36, 4723.41, 4723.42, 4723.43, 4723.431, 4723.44, 4723.46, 4723.481, 4723.482, 4723.483, 4723.493, 4723.50, 4731.27, 4761.17, and 5164.07; to enact section 4723.439; and to repeal sections 4723.45 and 5164.73 of the Revised Code to modify the laws governing the practice of advanced practice registered nurses and to name this act the Better Access to Health Care Act.

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

Section 1. That sections 1751.67, 2133.211, 3313.539, 3707.511, 3727.06, 3923.233, 3923.301, 3923.63, 3923.64, 4723.01, 4723.02, 4723.06, 4723.07, 4723.24, 4723.28, 4723.36, 4723.41, 4723.42, 4723.43, 4723.431, 4723.44, 4723.46, 4723.481, 4723.482, 4723.483, 4723.493, 4723.50, 4731.27, 4761.17, and 5164.07 be amended and section 4723.439 of the Revised Code be enacted to read as follows:

Sec. 1751.67. (A) Each individual or group health insuring corporation policy, contract, or agreement delivered, issued for

delivery, or renewed in this state that provides maternity benefits shall provide coverage of inpatient care and follow-up care for a mother and her newborn as follows:

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

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

When a decision is made in accordance with division (B) of this section to discharge a mother or newborn prior to the

expiration of the applicable number of hours of inpatient care required to be covered, the coverage of follow-up care shall apply to all follow-up care that is provided within seventy-two hours after discharge. When a mother or newborn receives at least the number of hours of inpatient care required to be covered, the coverage of follow-up care shall apply to follow-up care that is determined to be medically necessary by the provider responsible for discharging the mother or newborn.

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

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

(C)(1) No health insuring corporation may do either of the following:

(a) Terminate the participation of a provider or health care facility in an individual or group health care plan solely for making recommendations for inpatient or follow-up care for a

particular mother or newborn that are consistent with the care required to be covered by this section;

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

(2) Whoever violates division (C)(1)(a) or (b) of this section has engaged in an unfair and deceptive act or practice in the business of insurance under sections 3901.19 to 3901.26 of the Revised Code.

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

(1) Require a policy, contract, or agreement to cover inpatient or follow-up care that is not received in accordance with the policy's, contract's, or agreement's terms pertaining to the providers and facilities from which an individual is authorized to receive health care services;

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

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

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

(5) Establish minimum standards of medical diagnosis, care, or treatment for inpatient or follow-up care for a mother or newborn. A deviation from the care required to be covered under this section shall not, solely on the basis of this

section, give rise to a medical claim or to derivative claims for relief, as those terms are defined in section 2305.113 of the Revised Code.

Sec. 2133.211. A person who holds a current, valid license issued under Chapter 4723. of the Revised Code to practice as an advanced practice registered nurse may take any action that may be taken by an attending physician under sections 2133.21 to 2133.26 of the Revised Code and has the immunity provided by section 2133.22 of the Revised Code, except that if the nurse is practicing under a standard care arrangement with one or more collaborating practitioners, the immunity applies only if the action is taken ~~pursuant to a standard care arrangement~~ in collaboration with a collaborating physician.

A person who holds a license to practice as a physician assistant issued under Chapter 4730. of the Revised Code may take any action that may be taken by an attending physician under sections 2133.21 to 2133.26 of the Revised Code and has the immunity provided by section 2133.22 of the Revised Code if the action is taken pursuant to a supervision agreement entered into under section 4730.19 of the Revised Code, including, if applicable, the policies of a health care facility in which the physician assistant is practicing.

Sec. 3313.539. (A) As used in this section:

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

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

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

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

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

(2) No school district board of education or governing authority of a chartered or nonchartered nonpublic school shall permit an individual to referee interscholastic athletics unless the individual holds a pupil-activity program permit issued under section 3319.303 of the Revised Code for coaching interscholastic athletics or presents evidence that the individual has successfully completed, within the previous three

years, a training program in recognizing the symptoms of concussions and head injuries to which the department of health has provided a link on its internet web site under section 3707.52 of the Revised Code or a training program authorized and required by an organization that regulates interscholastic athletic competition and conducts interscholastic athletic events.

(D) If a student practicing for or competing in an interscholastic athletic event exhibits signs, symptoms, or behaviors consistent with having sustained a concussion or head injury while participating in the practice or competition, the student shall be removed from the practice or competition by either of the following:

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

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

(E)(1) If a student is removed from practice or competition under division (D) of this section, the coach or referee who removed the student shall not allow the student, on the same day the student is removed, to return to that practice or competition or to participate in any other practice or competition for which the coach or referee is responsible. Thereafter, the coach or referee shall not allow the student to return to that practice or competition or to participate in any other practice or competition for which the coach or referee is responsible until both of the following conditions are satisfied:

(a) The student's condition is assessed by any of the

following who has complied with the requirements in division (E)(4) of this section:

(i) A physician;

(ii) A licensed health care professional the school district board of education or governing authority of the chartered or nonchartered nonpublic school, pursuant to division (E)(2) of this section, authorizes to assess a student who has been removed from practice or competition under division (D) of this section;

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

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

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

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

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

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

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

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

(3) A physician or licensed health care professional who makes an assessment or grants a clearance for purposes of division (E)(1) of this section may be a volunteer.

(4) ~~Beginning one year after the effective date of this amendment, all~~ All physicians and licensed health care professionals who conduct assessments and clearances under division (E)(1) of this section must meet the minimum education requirements established by rules adopted under section 3707.521 of the Revised Code by their respective licensing agencies.

(F) A school district board of education or governing authority of a chartered or nonchartered nonpublic school that is subject to the rules of an interscholastic conference or an organization that regulates interscholastic athletic competition and conducts interscholastic athletic events shall be considered to be in compliance with divisions (B), (D), and (E) of this section, as long as the requirements of those rules are substantially similar to the requirements of divisions (B), (D), and (E) of this section.

(G)(1) A school district, member of a school district board of education, or school district employee or volunteer, including a coach or referee, is not liable in damages in a civil action for injury, death, or loss to person or property

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) A physician;

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

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

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

~~(2) A~~ (2)(a) Except as provided in division (E)(2)(b) of

this section, a youth sports organization may authorize a licensed health care professional to make an assessment or grant a clearance for purposes of division (E)(1) of this section only if the professional is acting in accordance with one of the following, as applicable to the professional's authority to practice in this state:

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

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

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

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

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

(3) A physician or licensed health care professional who makes an assessment or grants a clearance for purposes of division (E)(1) of this section may be a volunteer.

(4) ~~Beginning one year after the effective date of this amendment, all~~ All physicians and licensed health care professionals who conduct assessments and clearances under division (E)(1) of this section must meet the minimum education requirements established by rules adopted under section 3707.521 of the Revised Code by their respective licensing agencies.

(F)(1) A youth sports organization or official, employee, or volunteer of a youth sports organization, including a coach or referee, is not liable in damages in a civil action for

injury, death, or loss to person or property allegedly arising from providing services or performing duties under this section, unless the act or omission constitutes willful or wanton misconduct.

(2) This section does not eliminate, limit, or reduce any other immunity or defense that a public entity, public official, or public employee may be entitled to under Chapter 2744. or any other provision of the Revised Code or under the common law of this state.

Sec. 3727.06. (A) As used in this section:

(1) "Doctor" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

(2) "Podiatrist" means an individual authorized under Chapter 4731. of the Revised Code to practice podiatric medicine and surgery.

(B)(1) Only the following may admit a patient to a hospital:

(a) A doctor who is a member of the hospital's medical staff;

(b) A dentist who is a member of the hospital's medical staff;

(c) A podiatrist who is a member of the hospital's medical staff;

(d) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner if ~~all of the following conditions are met:~~

~~(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.

(C) All hospital patients shall be under the medical supervision of a doctor, except that services that may be rendered by a licensed dentist pursuant to Chapter 4715. of the Revised Code provided to patients admitted solely for the purpose of receiving such services shall be under the supervision of the admitting dentist and that services that may be rendered by a podiatrist pursuant to section 4731.51 of the Revised Code provided to patients admitted solely for the purpose of receiving such services shall be under the supervision of the admitting podiatrist. If treatment not within the scope of Chapter 4715. or section 4731.51 of the Revised Code is required at the time of admission by a dentist or podiatrist, or becomes necessary during the course of hospital treatment by a dentist or podiatrist, such treatment shall be under the supervision of a doctor who is a member of the medical staff. It shall be the responsibility of the admitting dentist or podiatrist to make arrangements with a doctor who is a member of the medical staff to be responsible for the patient's treatment outside the scope of Chapter 4715. or section 4731.51 of the Revised Code when necessary during the patient's stay in the hospital.

Sec. 3923.233. (A) Notwithstanding any provision of any certificate furnished by an insurer in connection with or pursuant to any group sickness and accident insurance policy delivered, issued, renewed, or used, in or outside this state, on or after January 1, 1985, and notwithstanding any provision of any policy of insurance delivered, issued for delivery, renewed, or used, in or outside this state, on or after January 1, 1985, whenever the policy or certificate is subject to the jurisdiction of this state and provides for reimbursement for

any service that may be legally performed by an advanced practice registered nurse who holds a current, valid license issued under Chapter 4723. of the Revised Code and is designated as a certified nurse-midwife in accordance with section 4723.42 of the Revised Code, reimbursement under the policy or certificate shall not be denied to a certified nurse-midwife performing the service ~~in collaboration with a licensed physician~~. ~~The collaborating physician shall be identified on an insurance claim form.~~

~~The cost of collaboration with a certified nurse-midwife by a licensed physician as required under section 4723.43 of the Revised Code is a reimbursable expense.~~

~~The division of any reimbursement payment for services performed by a certified nurse-midwife between the certified nurse-midwife and the certified nurse-midwife's collaborating physician shall be determined and mutually agreed upon by the certified nurse-midwife and the physician. The division of fees shall not be considered a violation of division (B)(17) of section 4731.22 of the Revised Code. In no case shall the total fees charged exceed the fee the physician would have charged had the physician provided the entire service.~~

(B) Division (A) of this section applies to any certified nurse-midwife who is practicing in accordance with Chapter 4723. of the Revised Code, regardless of whether the nurse is required or chooses to practice under a standard care arrangement, as provided in section 4723.43 of the Revised Code, or the nurse exercises the authority to practice without a standard care arrangement, as provided in section 4723.439 of the Revised Code.

Sec. 3923.301. (A) Every person, the state and any of its

instrumentalities, any county, township, school district, or other political subdivision and any of its instrumentalities, and any municipal corporation and any of its instrumentalities that provides payment for health care benefits for any of its employees resident in this state, which benefits are not provided by contract with an insurer qualified to provide sickness and accident insurance or a health insuring corporation, and that includes reimbursement for any service that may be legally performed by an advanced practice registered nurse who holds a current, valid license issued under Chapter 4723. of the Revised Code and is designated as a certified nurse-midwife in accordance with section 4723.42 of the Revised Code, shall not deny reimbursement to a certified nurse-midwife performing the service ~~if the service is performed in collaboration with a licensed physician~~. ~~The collaborating physician shall be identified on the claim form.~~

~~The cost of collaboration with a certified nurse-midwife by a licensed physician as required under section 4723.43 of the Revised Code is a reimbursable expense.~~

~~The division of any reimbursement payment for services performed by a certified nurse-midwife between the certified nurse-midwife and the certified nurse-midwife's collaborating physician shall be determined and mutually agreed upon by the certified nurse-midwife and the physician. The division of fees shall not be considered a violation of division (B)(17) of section 4731.22 of the Revised Code. In no case shall the total fees charged exceed the fee the physician would have charged had the physician provided the entire service.~~

(B) Division (A) of this section applies to any certified nurse-midwife who is practicing in accordance with Chapter 4723.

of the Revised Code, regardless of whether the nurse is required or chooses to practice under a standard care arrangement, as provided in section 4723.43 of the Revised Code, or the nurse exercises the authority to practice without a standard care arrangement, as provided in section 4723.439 of the Revised Code.

Sec. 3923.63. (A) Notwithstanding section 3901.71 of the Revised Code, each individual or group policy of sickness and accident insurance delivered, issued for delivery, or renewed in this state that provides maternity benefits shall provide coverage of inpatient care and follow-up care for a mother and her newborn as follows:

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

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

obstetric, and nursing professionals. The coverage shall apply to services provided in a medical setting or through home health care visits. The coverage shall apply to a home health care visit only if the health care professional who conducts the visit is knowledgeable and experienced in maternity and newborn care.

When a decision is made in accordance with division (B) of this section to discharge a mother or newborn prior to the expiration of the applicable number of hours of inpatient care required to be covered, the coverage of follow-up care shall apply to all follow-up care that is provided within seventy-two hours after discharge. When a mother or newborn receives at least the number of hours of inpatient care required to be covered, the coverage of follow-up care shall apply to follow-up care that is determined to be medically necessary by the health care professionals responsible for discharging the mother or newborn.

(B) Any decision to shorten the length of inpatient stay to less than that specified under division (A)(1) of this section shall be made by the physician attending the mother or newborn, except that if a certified nurse-midwife is attending the mother ~~in collaboration with a physician~~, the decision may be made by the certified nurse-midwife. ~~Decisions~~

If the certified nurse-midwife is practicing under a standard care arrangement with one or more collaborating practitioners, as provided in Chapter 4723. of the Revised Code, the nurse's decision shall be made in collaboration with a collaborating practitioner. Decisions regarding early discharge shall be made only after conferring with the mother or a person responsible for the mother or newborn. For purposes of this

division, a person responsible for the mother or newborn may include a parent, guardian, or any other person with authority to make medical decisions for the mother or newborn.

(C)(1) No sickness and accident insurer may do either of the following:

(a) Terminate the participation of a health care professional or health care facility as a provider under a sickness and accident insurance policy solely for making recommendations for inpatient or follow-up care for a particular mother or newborn that are consistent with the care required to be covered by this section;

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

(2) Whoever violates division (C)(1)(a) or (b) of this section has engaged in an unfair and deceptive act or practice in the business of insurance under sections 3901.19 to 3901.26 of the Revised Code.

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

(1) Require a policy to cover inpatient or follow-up care that is not received in accordance with the policy's terms pertaining to the health care professionals and facilities from which an individual is authorized to receive health care services;

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

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

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

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

Sec. 3923.64. (A) Notwithstanding section 3901.71 of the Revised Code, each public employee benefit plan established or modified in this state that provides maternity benefits shall provide coverage of inpatient care and follow-up care for a mother and her newborn as follows:

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

(2) The plan shall cover a physician-directed source of follow-up care or a source of follow-up care directed by an advanced practice registered nurse. Services covered as follow-up care shall include physical assessment of the mother and newborn, parent education, assistance and training in breast or

bottle feeding, assessment of the home support system, performance of any medically necessary and appropriate clinical tests, and any other services that are consistent with the follow-up care recommended in the protocols and guidelines developed by national organizations that represent pediatric, obstetric, and nursing professionals. The coverage shall apply to services provided in a medical setting or through home health care visits. The coverage shall apply to a home health care visit only if the health care professional who conducts the visit is knowledgeable and experienced in maternity and newborn care.

When a decision is made in accordance with division (B) of this section to discharge a mother or newborn prior to the expiration of the applicable number of hours of inpatient care required to be covered, the coverage of follow-up care shall apply to all follow-up care that is provided within seventy-two hours after discharge. When a mother or newborn receives at least the number of hours of inpatient care required to be covered, the coverage of follow-up care shall apply to follow-up care that is determined to be medically necessary by the health care professionals responsible for discharging the mother or newborn.

(B) Any decision to shorten the length of inpatient stay to less than that specified under division (A)(1) of this section shall be made by the physician attending the mother or newborn, except that if a certified nurse-midwife is attending the mother ~~in collaboration with a physician~~, the decision may be made by the certified nurse-midwife. ~~Decisions~~

If the certified nurse-midwife is practicing under a standard care arrangement with one or more collaborating

practitioners, as provided in Chapter 4723. of the Revised Code, the nurse's decision shall be made in collaboration with a collaborating practitioner. Decisions regarding early discharge shall be made only after conferring with the mother or a person responsible for the mother or newborn. For purposes of this division, a person responsible for the mother or newborn may include a parent, guardian, or any other person with authority to make medical decisions for the mother or newborn.

(C)(1) No public employer who offers an employee benefit plan may do either of the following:

(a) Terminate the participation of a health care professional or health care facility as a provider under the plan solely for making recommendations for inpatient or follow-up care for a particular mother or newborn that are consistent with the care required to be covered by this section;

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

(2) Whoever violates division (C)(1)(a) or (b) of this section has engaged in an unfair and deceptive act or practice in the business of insurance under sections 3901.19 to 3901.26 of the Revised Code.

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

(1) Require a plan to cover inpatient or follow-up care that is not received in accordance with the plan's terms pertaining to the health care professionals and facilities from which an individual is authorized to receive health care services;

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

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

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

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

Sec. 4723.01. As used in this chapter:

(A) "Registered nurse" means an individual who holds a current, valid license issued under this chapter that authorizes the practice of nursing as a registered nurse.

(B) "Practice of nursing as a registered nurse" means providing to individuals and groups nursing care requiring specialized knowledge, judgment, and skill derived from the principles of biological, physical, behavioral, social, and nursing sciences. Such nursing care includes:

(1) Identifying patterns of human responses to actual or potential health problems amenable to a nursing regimen;

(2) Executing a nursing regimen through the selection, performance, management, and evaluation of nursing actions;

(3) Assessing health status for the purpose of providing nursing care;

(4) Providing health counseling and health teaching;

(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;

(6) Teaching, administering, supervising, delegating, and evaluating nursing practice.

(C) "Nursing regimen" may include preventative, restorative, and health-promotion activities.

(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.

(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.

(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:

(1) Observation, patient teaching, and care in a diversity

of health care settings;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) A physician;

(2) A podiatrist;

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

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

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

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

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

(1) A certified registered nurse anesthetist;

(2) A clinical nurse specialist;

(3) A certified nurse-midwife;

(4) A certified nurse practitioner.

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

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

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

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

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

~~(T)~~ (U) "Certified community health worker" means an individual who holds a current, valid certificate as a community health worker issued under section 4723.85 of the Revised Code.

~~(U)~~ (V) "Medication aide" means an individual who holds a current, valid certificate issued under this chapter that authorizes the individual to administer medication in accordance with section 4723.67 of the Revised Code;

~~(V)~~ (W) "~~Nursing specialty~~Designation" means ~~a specialty in practice~~ designation as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

have lapsed;

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

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

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

(1) Appropriate use of hand washing;

(2) Disinfection and sterilization of equipment;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a patient of the means to summon assistance;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Revised Code;

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

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

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

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

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

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

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

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

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

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

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

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

hold under Chapter 119. of the Revised Code.

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

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

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

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

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

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

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

(G) During the course of an investigation conducted under this section, the board may compel any registered nurse, licensed practical nurse, or dialysis technician or applicant under this chapter to submit to a mental or physical examination, or both, as required by the board and at the expense of the individual, if the board finds reason to believe that the individual under investigation may have a physical or mental impairment that may affect the individual's ability to provide safe nursing 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 authority to practice. The individual shall be afforded an opportunity to demonstrate to the board that the individual can begin or resume the individual's occupation in compliance with acceptable and prevailing standards of care under the provisions of the individual's authority to practice.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) Be a registered nurse;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

On receipt of the renewal application, fees, and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

When a clinical nurse specialist ~~is collaborating~~

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

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

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

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

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

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

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

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

(i) Authorized to practice in this state~~.~~

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

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

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

(i) Be authorized to practice in this state;

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

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

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

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

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

(i) Psychiatry;

(ii) Pediatrics;

(iii) Primary care or family practice.

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

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

the Revised Code;

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

(3) A plan for coverage ~~in instances of emergency or planned absences of either the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner or a collaborating physician or podiatrist~~ that provides the means whereby 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 is available for emergency care in instances of emergency or planned absences of either the nurse who is practicing under the standard care arrangement or the collaborating practitioner who entered into the arrangement;

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

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

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

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

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

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

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

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

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

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

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

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

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

(E)(1) Nothing in this section 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 or section 4723.43 of the Revised Code. A standard care arrangement between the hospital's employee and the employee's collaborating ~~physician~~ practitioner is subject to approval by the medical staff and governing body of the hospital prior to implementation of the arrangement at the hospital.

(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 board determines that the nurse practiced in that jurisdiction in a manner equivalent to practicing in this state.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

organizations that no longer meet the requirements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(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 practitioner ~~who holds a certificate to prescribe issued under section 4723.48 of the Revised Code~~ may do either of the following without having examined an individual to whom epinephrine may be administered:

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

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

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

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

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

(1) Four advanced practice registered nurses, each

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

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

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

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

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

Initial appointments to the committee shall be made not

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Quality assurance standards;

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

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

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

in accordance with Chapter 119. of the Revised Code.

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.

(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.

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.

~~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.~~

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

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

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

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

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

(1) A physician;

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

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

(4) A physician assistant who holds a valid prescriber

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

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

(1) A physician;

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

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

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

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

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

physician assistant's physician-delegated prescriptive authority.

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

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

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

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

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

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

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

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

(1) Terminate the provider agreement of a health care

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

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

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

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

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

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

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

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

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

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

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

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

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

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