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S.B. 258
136th General Assembly

Fiscal Note & Local Impact Statement

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Version: As Introduced

Primary Sponsors: Sens. Lang and Romanchuk

Local Impact Statement Procedure Required: No

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Highlights

- The Board of Nursing may incur administrative costs to review documentation submitted by nurses seeking to practice without a standard care arrangement and to update and promulgate rules and policies.
- Government-owned hospitals may realize some administrative costs to update hospital policies to comply with the bill as well. However, administrative costs associated with standard care arrangements would be reduced for those nurses seeking such authority.

Detailed Analysis

The bill modifies the law surrounding advanced practice registered nurses (APRNs) and standard care arrangements, which are written, formal guides for planning and evaluating a patient's health care that is developed by one or more collaborating physicians or podiatrists and the APRN. The bill allows an APRN who is a certified nurse practitioner, clinical nurse specialist, or certified nurse-midwife the option to practice without a standard care arrangement and collaborating practitioner if the APRN has practiced in a clinical setting for 2,000 hours. The bill permits an APRN's collaborating practitioner to be not only a physician or podiatrist as under current law, but also an APRN who is not practicing with another collaborator. The bill removes the express prohibition against a certified nurse-midwife treating an abnormal condition. The bill makes additional changes to standard care arrangements including eliminating a requirement that the collaborating physician must complete and sign a medical certificate of death.

The bill additionally makes several changes concerning the Board of Nursing. The bill requires that, of the four registered nurse members needed for a quorum, at least one must be an APRN. The bill authorizes the holder of a nursing license to give the Board of Nursing electronic notice when informing the Board of a change of address or the nurse's intent not to practice in

Ohio. The bill also authorizes an individual seeking to practice as an APRN to file with the Board an electronic application for an APRN license.

Fiscal analysis

Under the bill, an APRN who seeks to practice without a standard care arrangement and collaborating practitioner is required by the bill to submit to the Board of Nursing documentation demonstrating that the nurse did both of the following for 2,000 hours: (1) collaborated with one or more collaborating practitioners under a standard care arrangement and (2) practiced in a clinical setting. In the case of an APRN who, immediately prior to the bill's effective date, completed 2,000 hours under a standard care arrangement with a collaborating physician or podiatrist, the bill directs the Board to consider the nurse as having met the bill's requirements for independent practice. To be eligible for this consideration, the APRN must submit to the Board documentation to that effect not later than six months after the bill's effective date. Under current law, a nurse must submit to the Board the name and business address of each collaborating physician or podiatrist and notify the Board of any deletions or additions to the collaborating physicians or podiatrists.¹ As a result, the Board will incur administrative costs to review additional documentation submitted by APRNs seeking to practice without a standard care arrangement. Costs will depend on the number seeking this status. In FY 2025, the Board licensed over 26,500 certified nurse practitioners, 1,700 clinical nurse specialists, and 700 certified nurse midwives.

The Board of Nursing may also realize some costs to update and promulgate rules and policies to comply with the bill and to respond to any additional questions or complaints. Government-owned hospitals may realize minimal costs to update hospital policies to comply with the bill as well. However, administrative costs associated with standard care arrangements would be reduced for those nurses seeking such authority.

¹ R.C. 4723.431.