

**As Passed by the House**

**135th General Assembly**

**Regular Session**

**2023-2024**

**Sub. S. B. No. 81**

**Senator Romanchuk**

**Cosponsors: Senators Roegner, Hackett, Ingram, Antonio, Cirino, DeMora,  
Gavarone, Huffman, S., Lang, Manning, Reineke, Reynolds, Rulli, Schaffer**

**Representatives Gross, Baker, Liston, Miller, M., Abdullahi, Brennan, Carruthers,  
Dell'Aquila, Denson, Dobos, Forhan, Hillyer, Isaacsohn, LaRe, Miller, A., Miller, J.,  
Sims, Somani, Upchurch**

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**A BILL**

To amend sections 3905.471, 4723.021, 4723.06, 1  
4723.28, and 4723.431; to enact new section 2  
4723.35 and sections 4723.351, 4723.436, and 3  
4730.204; and to repeal section 4723.35 of the 4  
Revised Code to authorize certain advanced 5  
practice registered nurses and physician 6  
assistants to sign documents related to 7  
psychiatric inpatients; to revise the law 8  
governing the Board of Nursing's monitoring of 9  
impaired practitioners; and to modify the law 10  
governing insurance navigators and to amend the 11  
version of section 4723.431 of the Revised Code 12  
that is scheduled to take effect on September 13  
30, 2024, to continue the changes to that 14  
section on and after that date. 15

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

**Section 1.** That sections 3905.471, 4723.021, 4723.06, 16  
4723.28, and 4723.431 be amended and new section 4723.35 and 17  
sections 4723.351, 4723.436, and 4730.204 of the Revised Code be 18  
enacted to read as follows: 19

**Sec. 3905.471.** (A) No individual or entity shall act as or 20  
hold itself out to be an insurance navigator unless that 21  
individual or entity is certified as an insurance navigator 22  
under this section and is receiving funding under division (i) 23  
of section 1311 of the Affordable Care Act. 24

(B) An insurance navigator who complies with the 25  
requirements of this section may do any of the following: 26

(1) Conduct public education activities to raise awareness 27  
of the availability of qualified health plans; 28

(2) Distribute fair and impartial general information 29  
concerning enrollment in all qualified health plans offered 30  
within the exchange and the availability of the premium tax 31  
credits under section 36B of the Internal Revenue Code of 1986, 32  
26 U.S.C. 36B, and cost-sharing reductions under section 1402 of 33  
the Affordable Care Act; 34

(3) Facilitate enrollment in qualified health plans, 35  
without suggesting that an individual select a particular plan; 36

(4) Provide referrals to appropriate state agencies for 37  
any enrollee with a grievance, complaint, or question regarding 38  
their health plan, coverage, or a determination under such plan 39  
coverage; 40

(5) Provide information in a manner that is culturally and 41  
linguistically appropriate to the needs of the population being 42  
served by the exchange. 43

(C) An insurance navigator shall not do any of the	44
following:	45
(1) Sell, solicit, or negotiate health insurance;	46
(2) Provide advice concerning the substantive benefits,	47
terms, and conditions of a particular health benefit plan or	48
offer advice about which health benefit plan is better or worse	49
or suitable for a particular individual or entity;	50
(3) Recommend a particular health plan or advise consumers	51
about which health benefit plan to choose;	52
(4) Provide any information or services related to health	53
benefit plans or other products not offered in the exchange.	54
Division (C)(4) of this section shall not be interpreted as	55
prohibiting an insurance navigator from providing information on	56
eligibility for medicaid;	57
(5) Engage in any unfair method of competition or any	58
fraudulent, deceptive, or dishonest act or practice.	59
(D) An individual shall not act in the capacity of an	60
insurance navigator, or perform insurance navigator duties on	61
behalf of an organization serving as an insurance navigator,	62
unless the individual has applied for certification and the	63
superintendent finds that the applicant meets all of the	64
following requirements:	65
(1) Is at least eighteen years of age;	66
(2) Has completed and submitted the application and	67
disclosure form required under division (F)(2) of this section	68
and has declared, under penalty of refusal, suspension, or	69
revocation of the insurance navigator's certification, that the	70
statements made in the form are true, correct, and complete to	71

the best of the applicant's knowledge and belief;	72
(3) Has successfully completed a criminal records check	73
under section 3905.051 of the Revised Code, as required by the	74
superintendent;	75
(4) Has successfully completed the certification and	76
training requirements adopted by the superintendent in	77
accordance with division (F) of this section;	78
(5) Has paid all fees required by the superintendent.	79
(E) (1) A business entity that acts as an insurance	80
navigator, supervises the activities of individual insurance	81
navigators, or receives funding to provide insurance navigator	82
services shall obtain an insurance navigator business entity	83
certification.	84
(2) Any entity applying for a business entity	85
certification shall:	86
(a) Apply in a form specified, and provide any information	87
required by, the superintendent; and	88
(b) Pay an initial licensure fee of two hundred dollars or	89
renewal fee of one hundred dollars.	90
(3) A business entity certified as an insurance navigator	91
shall, in a manner prescribed by the superintendent, make	92
available a list of all individual insurance navigators that the	93
business entity employs, supervises, or with which the business	94
entity is affiliated.	95
(F) The superintendent of insurance shall, prior to any	96
exchange becoming operational in this state, do all of the	97
following:	98

(1) (a) Adopt rules to establish a certification and 99  
training program for a prospective insurance navigator and the 100  
insurance navigator's employees that includes screening via a 101  
criminal records check performed in accordance with section 102  
3905.051 of the Revised Code, initial and continuing education 103  
requirements, and an examination; 104

(b) The certification and training program shall include 105  
training on compliance with the "Health Insurance Portability 106  
and Accountability Act of 1996," 110 Stat. 1955, 42 U.S.C. 107  
1320d, et seq., as amended, training on ethics, and training on 108  
provisions of the Affordable Care Act relating to insurance 109  
navigators and exchanges. 110

(2) Develop an application and disclosure form by which an 111  
insurance navigator may disclose any potential conflicts of 112  
interest, as well as any other information the superintendent 113  
considers pertinent. 114

(G) (1) The superintendent may suspend, revoke, or refuse 115  
to issue or renew the insurance navigator certification of any 116  
person, or levy a civil penalty against any person, that 117  
violates the requirements of this section or commits any act 118  
that would be a ground for denial, suspension, or revocation of 119  
an insurance agent license, as prescribed in section 3905.14 of 120  
the Revised Code. 121

(2) The superintendent shall have the power to examine and 122  
investigate the business affairs and records of any insurance 123  
navigator. 124

(3) (a) The superintendent shall not certify as an 125  
insurance navigator, and shall revoke any existing insurance 126  
navigator certification of, any individual, organization, or 127

business entity that is receiving financial compensation, 128  
including monetary and in-kind compensation, gifts, or grants, 129  
on or after October 1, 2013, in connection with the enrollment 130  
of any employees or other individuals in a qualified health 131  
benefit plan, from an insurer offering a qualified health 132  
benefit plan through an exchange operating in this state. 133

(b) Notwithstanding division (G) (3) (a) of this section, 134  
the superintendent may certify as a navigator a qualified health 135  
center and a federally qualified health center look-alike, as 136  
defined in section 3701.047 of the Revised Code. 137

(4) (a) If the superintendent finds that a violation of 138  
this section made by an individual insurance navigator was made 139  
with the knowledge of the employing or supervising entity, or 140  
that the employing or supervising entity should reasonably have 141  
been aware of the individual insurance navigator's violation, 142  
and the violation was not reported to the superintendent and no 143  
corrective action was undertaken on a timely basis, then the 144  
superintendent may suspend, revoke, or refuse to renew the 145  
insurance navigator certification of the supervising or 146  
employing entity. 147

(b) In addition to, or in lieu of, any disciplinary action 148  
taken under division (G) (4) (a) of this section, the 149  
superintendent may levy a civil penalty against such an entity. 150

(H) A business entity that terminates the employment, 151  
engagement, affiliation, or other relationship with an 152  
individual insurance navigator shall notify the superintendent 153  
within thirty days following the effective date of the 154  
termination, using a format prescribed by the superintendent, if 155  
the reason for termination is one of the reasons set forth in 156  
section 3905.14 of the Revised Code, or the entity has knowledge 157

that the insurance navigator was found by a court or government 158  
body to have engaged in any of the activities in section 3905.14 159  
of the Revised Code. 160

(I) Insurance navigators are subject to the laws of this 161  
chapter, and any rules adopted pursuant to the chapter, in so 162  
far as such laws are applicable. 163

(J) The superintendent may deny, suspend, approve, renew, 164  
or revoke the certification of an insurance navigator if the 165  
superintendent determines that doing so would be in the interest 166  
of Ohio insureds or the general public. Such an action is not 167  
subject to Chapter 119. of the Revised Code. 168

(K) The superintendent may adopt rules in accordance with 169  
Chapter 119. of the Revised Code to implement sections 3905.47 170  
to 3905.473 of the Revised Code. 171

(L) The superintendent may, by rule, apply the 172  
requirements of this chapter to any entity or person designated 173  
by an exchange, the state, or the federal government to assist 174  
consumers or participate in exchange activities. 175

(M) Any fees collected under this section shall be paid 176  
into the state treasury to the credit of the department of 177  
insurance operating fund created under section 3901.021 of the 178  
Revised Code. 179

**Sec. 4723.021.** (A) In the absence of fraud or bad faith, 180  
~~the board of nursing, a current or former board member, an agent~~ 181  
~~of the board, a representative of the board, an employee of the~~ 182  
~~board, or an entity that provides services related to~~ 183  
~~remediation under the board's practice intervention and~~ 184  
~~improvement program none of the following shall not be held~~ 185  
liable in damages to any person as the result of any act, 186

omission, proceeding, conduct, or decision related to official	187
duties undertaken or performed pursuant to this chapter:	188
<u>(1) The board of nursing;</u>	189
<u>(2) A current or former board member;</u>	190
<u>(3) An agent, representative, or employee of the board;</u>	191
<u>(4) An entity that provides services related to</u>	192
<u>remediation under the board's practice intervention and</u>	193
<u>improvement program;</u>	194
<u>(5) The monitoring organization that conducts the safe</u>	195
<u>haven program as described in sections 4723.35 and 4723.351 of</u>	196
<u>the Revised Code and that may provide other services as</u>	197
<u>requested by the board. If-</u>	198
<u>(B) If a member, agent, representative, employee, or</u>	199
<u>entity or the monitoring organization asks to be defended by the</u>	200
state against any claim or action arising out of any act,	201
omission, proceeding, conduct, or decision related to the	202
requestor's official duties, and the request is made in writing	203
at a reasonable time before trial and the requestor cooperates	204
in good faith in the defense of the claim or action, the state	205
shall provide and pay for the requestor's defense and shall pay	206
any resulting judgment, compromise, or settlement. At no time	207
shall the state pay any part of a claim or judgment that is for	208
punitive or exemplary damages.	209
<b>Sec. 4723.06.</b> (A) The board of nursing shall:	210
(1) Administer and enforce the provisions of this chapter,	211
including the taking of disciplinary action for violations of	212
section 4723.28 of the Revised Code, any other provisions of	213
this chapter, or rules adopted under this chapter;	214



(2) Develop criteria that an applicant must meet to be	215
eligible to sit for the examination for licensure to practice as	216
a registered nurse or as a licensed practical nurse;	217
(3) Issue and renew nursing licenses, dialysis technician	218
certificates, and community health worker certificates, as	219
provided in this chapter;	220
(4) Define the minimum educational standards for the	221
schools and programs of registered nursing and practical nursing	222
in this state;	223
(5) Survey, inspect, and grant full approval to	224
prelicensure nursing education programs in this state that meet	225
the standards established by rules adopted under section 4723.07	226
of the Revised Code. Prelicensure nursing education programs	227
include, but are not limited to, diploma, associate degree,	228
baccalaureate degree, master's degree, and doctor of nursing	229
programs leading to initial licensure to practice nursing as a	230
registered nurse and practical nurse programs leading to initial	231
licensure to practice nursing as a licensed practical nurse.	232
(6) Grant conditional approval, by a vote of a quorum of	233
the board, to a new prelicensure nursing education program or a	234
program that is being reestablished after having ceased to	235
operate, if the program meets and maintains the minimum	236
standards of the board established by rules adopted under	237
section 4723.07 of the Revised Code. If the board does not grant	238
conditional approval, it shall hold an adjudication under	239
Chapter 119. of the Revised Code to consider conditional	240
approval of the program. If the board grants conditional	241
approval, at the first meeting following completion of the	242
survey process required by division (A) (5) of this section, the	243
board shall determine whether to grant full approval to the	244

program. If the board does not grant full approval or if it 245  
appears that the program has failed to meet and maintain 246  
standards established by rules adopted under section 4723.07 of 247  
the Revised Code, the board shall hold an adjudication under 248  
Chapter 119. of the Revised Code to consider the program. Based 249  
on results of the adjudication, the board may continue or 250  
withdraw conditional approval, or grant full approval. 251

(7) Place on provisional approval, for a period of time 252  
specified by the board, a prelicensure nursing education program 253  
that has ceased to meet and maintain the minimum standards of 254  
the board established by rules adopted under section 4723.07 of 255  
the Revised Code. Prior to or at the end of the period, the 256  
board shall reconsider whether the program meets the standards 257  
and shall grant full approval if it does. If it does not, the 258  
board may withdraw approval, pursuant to an adjudication under 259  
Chapter 119. of the Revised Code. 260

(8) Approve continuing education programs and courses 261  
under standards established in rules adopted under sections 262  
4723.07, 4723.69, 4723.79, and 4723.88 of the Revised Code; 263

(9) Establish ~~a substance use disorder monitoring the safe~~ 264  
haven program in accordance with ~~section~~ sections 4723.35 and 265  
4723.351 of the Revised Code; 266

(10) Establish the practice intervention and improvement 267  
program in accordance with section 4723.282 of the Revised Code; 268

(11) Grant approval to the course of study in advanced 269  
pharmacology and related topics described in section 4723.482 of 270  
the Revised Code; 271

(12) Make an annual edition of the exclusionary formulary 272  
established in rules adopted under section 4723.50 of the 273

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;	274 275 276 277
(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;	278 279 280 281
(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;	282 283 284 285
(15) Make an annual report to the governor, which shall be open for public inspection;	286 287
(16) Maintain and have open for public inspection the following records:	288 289
(a) A record of all its meetings and proceedings;	290
(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.	291 292 293 294
(c) A list of education and training programs approved by the board.	295 296
(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	297 298 299 300 301

statements, information, or documentation in the process of 302  
applying for approval of the program. If the board proposes to 303  
deny approval of the program, it shall do so pursuant to an 304  
adjudication conducted under Chapter 119. of the Revised Code. 305

(B) The board may fulfill the requirement of division (A) 306  
(8) of this section by authorizing persons who meet the 307  
standards established in rules adopted under section 4723.07 of 308  
the Revised Code to approve continuing education programs and 309  
courses. Persons so authorized shall approve continuing 310  
education programs and courses in accordance with standards 311  
established in rules adopted under section 4723.07 of the 312  
Revised Code. 313

Persons seeking authorization to approve continuing 314  
education programs and courses shall apply to the board and pay 315  
the appropriate fee established under section 4723.08 of the 316  
Revised Code. Authorizations to approve continuing education 317  
programs and courses shall expire and may be renewed according 318  
to the schedule established in rules adopted under section 319  
4723.07 of the Revised Code. 320

In addition to approving continuing education programs 321  
under division (A) (8) of this section, the board may sponsor 322  
continuing education activities that are directly related to the 323  
statutes and rules the board enforces. 324

(C) (1) The board may deny conditional approval to a new 325  
prelicensure nursing education program or program that is being 326  
reestablished after having ceased to operate if the program is 327  
controlled by a person who controls or has controlled a program 328  
that had its approval withdrawn, revoked, suspended, or 329  
restricted by the board or a board of another jurisdiction that 330  
is a member of the national council of state boards of nursing. 331

If the board proposes to deny approval, it shall do so pursuant 332  
to an adjudication conducted under Chapter 119. of the Revised 333  
Code. 334

(2) As used in this division, "control" means any of the 335  
following: 336

(a) Holding fifty per cent or more of the outstanding 337  
voting securities or membership interest of a prelicensure 338  
nursing education program; 339

(b) In the case of an unincorporated prelicensure nursing 340  
education program, having the right to fifty per cent or more of 341  
the program's profits or in the event of a dissolution, fifty 342  
per cent or more of the program's assets; 343

(c) In the case of a prelicensure nursing education 344  
program that is a for-profit or not-for-profit corporation, 345  
having the contractual authority presently to designate fifty 346  
per cent or more of its directors; 347

(d) In the case of a prelicensure nursing education 348  
program that is a trust, having the contractual authority 349  
presently to designate fifty per cent or more of its trustees; 350

(e) Having the authority to direct the management, 351  
policies, or investments of a prelicensure nursing education 352  
program. 353

(D) (1) When an action taken by the board under division 354  
(A) (6), (7), or (17) or (C) (1) of this section is required to be 355  
taken pursuant to an adjudication conducted under Chapter 119. 356  
of the Revised Code, the board may, in lieu of an adjudication 357  
hearing, enter into a consent agreement to resolve the matter. A 358  
consent agreement, when ratified by a vote of a quorum of the 359  
board, constitutes the findings and order of the board with 360

respect to the matter addressed in the agreement. If the board 361  
refuses to ratify a consent agreement, the admissions and 362  
findings contained in the agreement are of no effect. 363

(2) In any instance in which the board is required under 364  
Chapter 119. of the Revised Code to give notice to a person 365  
seeking approval of a prelicensure nursing education program of 366  
an opportunity for a hearing and the person does not make a 367  
timely request for a hearing in accordance with section 119.07 368  
of the Revised Code, the board is not required to hold a 369  
hearing, but may adopt, by a vote of a quorum, a final order 370  
that contains the board's findings. 371

(3) When the board denies or withdraws approval of a 372  
prelicensure nursing education program, the board may specify 373  
that its action is permanent. A program subject to a permanent 374  
action taken by the board is forever ineligible for approval and 375  
the board shall not accept an application for the program's 376  
reinstatement or approval. 377

**Sec. 4723.28.** (A) The board of nursing, by a vote of a 378  
quorum, may impose one or more of the following sanctions if it 379  
finds that a person committed fraud in passing an examination 380  
required to obtain a license or dialysis technician certificate 381  
issued by the board or to have committed fraud, 382  
misrepresentation, or deception in applying for or securing any 383  
nursing license or dialysis technician certificate issued by the 384  
board: deny, revoke, suspend, or place restrictions on any 385  
nursing license or dialysis technician certificate issued by the 386  
board; reprimand or otherwise discipline a holder of a nursing 387  
license or dialysis technician certificate; or impose a fine of 388  
not more than five hundred dollars per violation. 389

(B) Except as provided in section 4723.092 of the Revised 390

Code, the board of nursing, by a vote of a quorum, may impose 391  
one or more of the following sanctions: deny, revoke, suspend, 392  
or place restrictions on any nursing license or dialysis 393  
technician certificate issued by the board; reprimand or 394  
otherwise discipline a holder of a nursing license or dialysis 395  
technician certificate; or impose a fine of not more than five 396  
hundred dollars per violation. The sanctions may be imposed for 397  
any of the following: 398

(1) Denial, revocation, suspension, or restriction of 399  
authority to engage in a licensed profession or practice a 400  
health care occupation, including nursing or practice as a 401  
dialysis technician, for any reason other than a failure to 402  
renew, in Ohio or another state or jurisdiction; 403

(2) Engaging in the practice of nursing or engaging in 404  
practice as a dialysis technician, having failed to renew a 405  
nursing license or dialysis technician certificate issued under 406  
this chapter, or while a nursing license or dialysis technician 407  
certificate is under suspension; 408

(3) Conviction of, a plea of guilty to, a judicial finding 409  
of guilt of, a judicial finding of guilt resulting from a plea 410  
of no contest to, or a judicial finding of eligibility for a 411  
pretrial diversion or similar program or for intervention in 412  
lieu of conviction for, a misdemeanor committed in the course of 413  
practice; 414

(4) Conviction of, a plea of guilty to, a judicial finding 415  
of guilt of, a judicial finding of guilt resulting from a plea 416  
of no contest to, or a judicial finding of eligibility for a 417  
pretrial diversion or similar program or for intervention in 418  
lieu of conviction for, any felony or of any crime involving 419  
gross immorality or moral turpitude; 420

(5) Selling, giving away, or administering drugs or 421  
therapeutic devices for other than legal and legitimate 422  
therapeutic purposes; or conviction of, a plea of guilty to, a 423  
judicial finding of guilt of, a judicial finding of guilt 424  
resulting from a plea of no contest to, or a judicial finding of 425  
eligibility for a pretrial diversion or similar program or for 426  
intervention in lieu of conviction for, violating any municipal, 427  
state, county, or federal drug law; 428

(6) Conviction of, a plea of guilty to, a judicial finding 429  
of guilt of, a judicial finding of guilt resulting from a plea 430  
of no contest to, or a judicial finding of eligibility for a 431  
pretrial diversion or similar program or for intervention in 432  
lieu of conviction for, an act in another jurisdiction that 433  
would constitute a felony or a crime of moral turpitude in Ohio; 434

(7) Conviction of, a plea of guilty to, a judicial finding 435  
of guilt of, a judicial finding of guilt resulting from a plea 436  
of no contest to, or a judicial finding of eligibility for a 437  
pretrial diversion or similar program or for intervention in 438  
lieu of conviction for, an act in the course of practice in 439  
another jurisdiction that would constitute a misdemeanor in 440  
Ohio; 441

(8) Self-administering or otherwise taking into the body 442  
any dangerous drug, as defined in section 4729.01 of the Revised 443  
Code, in any way that is not in accordance with a legal, valid 444  
prescription issued for that individual, or self-administering 445  
or otherwise taking into the body any drug that is a schedule I 446  
controlled substance; 447

(9) Habitual or excessive use of controlled substances, 448  
other habit-forming drugs, or alcohol or other chemical 449  
substances to an extent that impairs the individual's ability to 450



provide safe nursing care or safe dialysis care;	451
(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;	452 453 454 455
(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;	456 457 458
(12) Assaulting or causing harm to a patient or depriving a patient of the means to summon assistance;	459 460
(13) Misappropriation or attempted misappropriation of money or anything of value in the course of practice;	461 462
(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.	463 464 465 466 467 468
(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;	469 470 471
(16) Violation of this chapter or any rules adopted under it;	472 473
(17) Violation of any restrictions placed by the board on a nursing license or dialysis technician certificate;	474 475
(18) Failure to use universal and standard precautions established by rules adopted under section 4723.07 of the Revised Code;	476 477 478

(19) Failure to practice in accordance with acceptable and prevailing standards of safe nursing care or safe dialysis care;	479 480
(20) In the case of a registered nurse, engaging in activities that exceed the practice of nursing as a registered nurse;	481 482 483
(21) In the case of a licensed practical nurse, engaging in activities that exceed the practice of nursing as a licensed practical nurse;	484 485 486
(22) In the case of a dialysis technician, engaging in activities that exceed those permitted under section 4723.72 of the Revised Code;	487 488 489
(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;	490 491 492
(24) In the case of an advanced practice registered nurse, except as provided in division (M) of this section, either of the following:	493 494 495
(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;	496 497 498 499 500 501
(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.	502 503 504 505 506

(25) Failure to comply with the terms and conditions of participation in the <del>substance use disorder monitoring safe haven</del> program <del>established under section</del> <u>conducted under sections 4723.35 and 4723.351</u> of the Revised Code;	507 508 509 510
(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;	511 512 513
(27) In the case of an advanced practice registered nurse:	514
(a) Engaging in activities that exceed those permitted for the nurse's nursing specialty under section 4723.43 of the Revised Code;	515 516 517
(b) Failure to meet the quality assurance standards established under section 4723.07 of the Revised Code.	518 519
(28) In the case of an advanced practice registered nurse other than a certified registered nurse anesthetist, 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;	520 521 522 523 524
(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;	525 526 527 528 529
(30) Prescribing any drug or device to perform or induce an abortion, or otherwise performing or inducing an abortion;	530 531
(31) Failure to establish and maintain professional boundaries with a patient, as specified in rules adopted under section 4723.07 of the Revised Code;	532 533 534

(32) Regardless of whether the contact or verbal behavior	535
is consensual, engaging with a patient other than the spouse of	536
the registered nurse, licensed practical nurse, or dialysis	537
technician in any of the following:	538
(a) Sexual contact, as defined in section 2907.01 of the	539
Revised Code;	540
(b) Verbal behavior that is sexually demeaning to the	541
patient or may be reasonably interpreted by the patient as	542
sexually demeaning.	543
(33) Assisting suicide, as defined in section 3795.01 of	544
the Revised Code;	545
(34) Failure to comply with the requirements in section	546
3719.061 of the Revised Code before issuing for a minor a	547
prescription for an opioid analgesic, as defined in section	548
3719.01 of the Revised Code;	549
(35) Failure to comply with section 4723.487 of the	550
Revised Code, unless the state board of pharmacy no longer	551
maintains a drug database pursuant to section 4729.75 of the	552
Revised Code;	553
(36) The revocation, suspension, restriction, reduction,	554
or termination of clinical privileges by the United States	555
department of defense or department of veterans affairs or the	556
termination or suspension of a certificate of registration to	557
prescribe drugs by the drug enforcement administration of the	558
United States department of justice;	559
(37) In the case of an advanced practice registered nurse	560
who is designated as a clinical nurse specialist, certified	561
nurse-midwife, or certified nurse practitioner, failure to	562
comply with the terms of a consult agreement entered into with a	563

pharmacist pursuant to section 4729.39 of the Revised Code. 564

(C) Disciplinary actions taken by the board under 565  
divisions (A) and (B) of this section shall be taken pursuant to 566  
an adjudication conducted under Chapter 119. of the Revised 567  
Code, except that in lieu of a hearing, the board may enter into 568  
a consent agreement with an individual to resolve an allegation 569  
of a violation of this chapter or any rule adopted under it. A 570  
consent agreement, when ratified by a vote of a quorum, shall 571  
constitute the findings and order of the board with respect to 572  
the matter addressed in the agreement. If the board refuses to 573  
ratify a consent agreement, the admissions and findings 574  
contained in the agreement shall be of no effect. 575

(D) The hearings of the board shall be conducted in 576  
accordance with Chapter 119. of the Revised Code, the board may 577  
appoint a hearing examiner, as provided in section 119.09 of the 578  
Revised Code, to conduct any hearing the board is authorized to 579  
hold under Chapter 119. of the Revised Code. 580

In any instance in which the board is required under 581  
Chapter 119. of the Revised Code to give notice of an 582  
opportunity for a hearing and the applicant, licensee, or 583  
certificate holder does not make a timely request for a hearing 584  
in accordance with section 119.07 of the Revised Code, the board 585  
is not required to hold a hearing, but may adopt, by a vote of a 586  
quorum, a final order that contains the board's findings. In the 587  
final order, the board may order any of the sanctions listed in 588  
division (A) or (B) of this section. 589

(E) If a criminal action is brought against a registered 590  
nurse, licensed practical nurse, or dialysis technician for an 591  
act or crime described in divisions (B) (3) to (7) of this 592  
section and the action is dismissed by the trial court other 593

than on the merits, the board shall conduct an adjudication to 594  
determine whether the registered nurse, licensed practical 595  
nurse, or dialysis technician committed the act on which the 596  
action was based. If the board determines on the basis of the 597  
adjudication that the registered nurse, licensed practical 598  
nurse, or dialysis technician committed the act, or if the 599  
registered nurse, licensed practical nurse, or dialysis 600  
technician fails to participate in the adjudication, the board 601  
may take action as though the registered nurse, licensed 602  
practical nurse, or dialysis technician had been convicted of 603  
the act. 604

If the board takes action on the basis of a conviction, 605  
plea, or a judicial finding as described in divisions (B) (3) to 606  
(7) of this section that is overturned on appeal, the registered 607  
nurse, licensed practical nurse, or dialysis technician may, on 608  
exhaustion of the appeal process, petition the board for 609  
reconsideration of its action. On receipt of the petition and 610  
supporting court documents, the board shall temporarily rescind 611  
its action. If the board determines that the decision on appeal 612  
was a decision on the merits, it shall permanently rescind its 613  
action. If the board determines that the decision on appeal was 614  
not a decision on the merits, it shall conduct an adjudication 615  
to determine whether the registered nurse, licensed practical 616  
nurse, or dialysis technician committed the act on which the 617  
original conviction, plea, or judicial finding was based. If the 618  
board determines on the basis of the adjudication that the 619  
registered nurse, licensed practical nurse, or dialysis 620  
technician committed such act, or if the registered nurse, 621  
licensed practical nurse, or dialysis technician does not 622  
request an adjudication, the board shall reinstate its action; 623  
otherwise, the board shall permanently rescind its action. 624

Notwithstanding the provision of division (D) (2) of 625  
section 2953.32 or division (F) (1) of section 2953.39 of the 626  
Revised Code specifying that if records pertaining to a criminal 627  
case are sealed or expunged under that section the proceedings 628  
in the case shall be deemed not to have occurred, sealing or 629  
expungement of the following records on which the board has 630  
based an action under this section shall have no effect on the 631  
board's action or any sanction imposed by the board under this 632  
section: records of any conviction, guilty plea, judicial 633  
finding of guilt resulting from a plea of no contest, or a 634  
judicial finding of eligibility for a pretrial diversion program 635  
or intervention in lieu of conviction. 636

The board shall not be required to seal, destroy, redact, 637  
or otherwise modify its records to reflect the court's sealing 638  
or expungement of conviction records. 639

(F) The board may investigate an individual's criminal 640  
background in performing its duties under this section. As part 641  
of such investigation, the board may order the individual to 642  
submit, at the individual's expense, a request to the bureau of 643  
criminal identification and investigation for a criminal records 644  
check and check of federal bureau of investigation records in 645  
accordance with the procedure described in section 4723.091 of 646  
the Revised Code. 647

(G) During the course of an investigation conducted under 648  
this section, the board may compel any registered nurse, 649  
licensed practical nurse, or dialysis technician or applicant 650  
under this chapter to submit to a mental or physical 651  
examination, or both, as required by the board and at the 652  
expense of the individual, if the board finds reason to believe 653  
that the individual under investigation may have a physical or 654

mental impairment that may affect the individual's ability to 655  
provide safe nursing care. ~~Failure~~ 656

The board shall not compel an individual who has been 657  
referred to the safe haven program as described in sections 658  
4723.35 and 4723.351 to submit to a mental or physical 659  
examination. 660

Failure of any individual to submit to a mental or 661  
physical examination when directed constitutes an admission of 662  
the allegations, unless the failure is due to circumstances 663  
beyond the individual's control, and a default and final order 664  
may be entered without the taking of testimony or presentation 665  
of evidence. 666

If the board finds that an individual is impaired, the 667  
board shall require the individual to submit to care, 668  
counseling, or treatment approved or designated by the board, as 669  
a condition for initial, continued, reinstated, or renewed 670  
authority to practice. The individual shall be afforded an 671  
opportunity to demonstrate to the board that the individual can 672  
begin or resume the individual's occupation in compliance with 673  
acceptable and prevailing standards of care under the provisions 674  
of the individual's authority to practice. 675

For purposes of this division, any registered nurse, 676  
licensed practical nurse, or dialysis technician or applicant 677  
under this chapter shall be deemed to have given consent to 678  
submit to a mental or physical examination when directed to do 679  
so in writing by the board, and to have waived all objections to 680  
the admissibility of testimony or examination reports that 681  
constitute a privileged communication. 682

(H) The board shall investigate evidence that appears to 683



show that any person has violated any provision of this chapter 684  
or any rule of the board. Any person may report to the board any 685  
information the person may have that appears to show a violation 686  
of any provision of this chapter or rule of the board. In the 687  
absence of bad faith, any person who reports such information or 688  
who testifies before the board in any adjudication conducted 689  
under Chapter 119. of the Revised Code shall not be liable for 690  
civil damages as a result of the report or testimony. 691

(I) All of the following apply under this chapter with 692  
respect to the confidentiality of information: 693

(1) Information received by the board pursuant to a 694  
complaint or an investigation is confidential and not subject to 695  
discovery in any civil action, except that the board may 696  
disclose information to law enforcement officers and government 697  
entities for purposes of an investigation of either a licensed 698  
health care professional, including a registered nurse, licensed 699  
practical nurse, or dialysis technician, or a person who may 700  
have engaged in the unauthorized practice of nursing or dialysis 701  
care. No law enforcement officer or government entity with 702  
knowledge of any information disclosed by the board pursuant to 703  
this division shall divulge the information to any other person 704  
or government entity except for the purpose of a government 705  
investigation, a prosecution, or an adjudication by a court or 706  
government entity. 707

(2) If an investigation requires a review of patient 708  
records, the investigation and proceeding shall be conducted in 709  
such a manner as to protect patient confidentiality. 710

(3) All adjudications and investigations of the board 711  
shall be considered civil actions for the purposes of section 712  
2305.252 of the Revised Code. 713

(4) Any board activity that involves continued monitoring 714  
of an individual as part of or following any disciplinary action 715  
taken under this section shall be conducted in a manner that 716  
maintains the individual's confidentiality. Information received 717  
or maintained by the board with respect to the board's 718  
monitoring activities is not subject to discovery in any civil 719  
action and is confidential, except that the board may disclose 720  
information to law enforcement officers and government entities 721  
for purposes of an investigation of a licensee or certificate 722  
holder. 723

(J) Any action taken by the board under this section 724  
resulting in a suspension from practice shall be accompanied by 725  
a written statement of the conditions under which the person may 726  
be reinstated to practice. 727

(K) When the board refuses to grant a license or 728  
certificate to an applicant, revokes a license or certificate, 729  
or refuses to reinstate a license or certificate, the board may 730  
specify that its action is permanent. An individual subject to 731  
permanent action taken by the board is forever ineligible to 732  
hold a license or certificate of the type that was refused or 733  
revoked and the board shall not accept from the individual an 734  
application for reinstatement of the license or certificate or 735  
for a new license or certificate. 736

(L) No unilateral surrender of a nursing license or 737  
dialysis technician certificate issued under this chapter shall 738  
be effective unless accepted by majority vote of the board. No 739  
application for a nursing license or dialysis technician 740  
certificate issued under this chapter may be withdrawn without a 741  
majority vote of the board. The board's jurisdiction to take 742  
disciplinary action under this section is not removed or limited 743

when an individual has a license or certificate classified as 744  
inactive or fails to renew a license or certificate. 745

(M) Sanctions shall not be imposed under division (B) (24) 746  
of this section against any licensee who waives deductibles and 747  
copayments as follows: 748

(1) In compliance with the health benefit plan that 749  
expressly allows such a practice. Waiver of the deductibles or 750  
copayments shall be made only with the full knowledge and 751  
consent of the plan purchaser, payer, and third-party 752  
administrator. Documentation of the consent shall be made 753  
available to the board upon request. 754

(2) For professional services rendered to any other person 755  
licensed pursuant to this chapter to the extent allowed by this 756  
chapter and the rules of the board. 757

Sec. 4723.35. (A) As used in this section and section 758  
4723.351 of the Revised Code: 759

(1) "Applicant" means an individual who has applied for a 760  
license or certificate to practice issued under this chapter. 761  
"Applicant" may include an individual who has been granted 762  
authority by the board of nursing to practice as one type of 763  
practitioner, but has applied for authority to practice as 764  
another type of practitioner. 765

(2) "Impaired" or "impairment" means either or both of the 766  
following: 767

(a) Impairment of the ability to practice as described in 768  
division (B) (10) of section 4723.28 of the Revised Code; 769

(b) Impairment of the ability to practice as described in 770  
division (B) (11) of section 4723.28 of the Revised Code. 771

(3) "Practitioner" means an individual authorized under 772  
this chapter to practice as a registered nurse, including as an 773  
advanced practice registered nurse, licensed practical nurse, 774  
dialysis technician, community health worker, or medication 775  
aide. 776

(B) The board of nursing shall establish the safe haven 777  
program to monitor applicants and practitioners who are or may 778  
be impaired, but against whom the board has abstained from 779  
taking disciplinary action. The program is to be conducted by 780  
the monitoring organization under contract with the board as 781  
described in section 4723.351 of the Revised Code. 782

(C) (1) On the establishment of the program, the board may 783  
transfer to the monitoring organization, in whole or in part, 784  
either or both of the following responsibilities: 785

(a) The monitoring and oversight of licensees as part of 786  
the substance use disorder program as that program existed on or 787  
before the effective date of this section; 788

(b) The monitoring and oversight of licensees under terms 789  
specified in a board adjudication order or consent agreement. 790

(2) If the board transfers the responsibilities described 791  
in division (C) (1) of this section, both of the following apply: 792

(a) The monitoring organization shall provide to the board 793  
quarterly reports regarding the compliance of transferred 794  
licensees. 795

(b) The monitoring organization shall immediately report 796  
to the board any licensee who is not in compliance with the 797  
terms and conditions of monitoring. 798

(D) The board shall refer to the monitoring organization 799

any applicant or practitioner whose health and effectiveness 800  
show signs of impairment or potential impairment, but only if 801  
the applicant or practitioner meets the eligibility conditions 802  
of division (G) of this section. 803

(E) Determinations regarding an applicant's or 804  
practitioner's eligibility for admission to, continued 805  
participation in, and successful completion of the safe haven 806  
program shall be made by the monitoring organization in 807  
accordance with rules adopted under section 4723.351 of the 808  
Revised Code. 809

(F) The board shall abstain from taking disciplinary 810  
action under section 4723.28, 4723.652, or 4723.86 of the 811  
Revised Code against an individual whose health and 812  
effectiveness show signs of impairment or potential impairment, 813  
but who is not currently under the terms of a consent agreement 814  
with the board for impairment or an order issued by the board 815  
for impairment if the individual is participating in the safe 816  
haven program. 817

An applicant's or practitioner's impairment neither 818  
excuses an applicant or practitioner who has committed other 819  
violations of this chapter nor precludes the board from 820  
investigating or taking disciplinary action against an applicant 821  
or practitioner for other violations of this chapter. 822

(G) An applicant or practitioner is eligible to 823  
participate in the safe haven program if both of the following 824  
conditions are met: 825

(1) The applicant or practitioner needs assistance with 826  
impairment or potential impairment. 827

(2) The applicant or practitioner has an unencumbered 828

license and is not currently under the terms of a consent 829  
agreement with the board for impairment or an order issued by 830  
the board for impairment. 831

**Sec. 4723.351.** (A) To be qualified to contract with the 832  
board of nursing to conduct the safe haven program, an 833  
organization must meet all of the following requirements: 834

(1) Operate in this state as a professionals health 835  
program; 836

(2) Be organized as a not-for-profit entity and exempt 837  
from federal income taxation under subsection 501(c)(3) of the 838  
Internal Revenue Code; 839

(3) Contract with or employ to serve as the organization's 840  
medical director an individual who is authorized under Chapter 841  
4731. of the Revised Code to practice medicine and surgery or 842  
osteopathic medicine and surgery and specializes or has training 843  
and expertise in addiction medicine or psychiatry; 844

(4) Contract with or employ one or more licensed health 845  
care professionals as necessary for the organization's 846  
operation. 847

(B) The monitoring organization shall do all of the 848  
following pursuant to the contract: 849

(1) Conduct a review of individuals and entities providing 850  
impairment evaluation and treatment services to determine which 851  
should be approved to serve as the program's evaluators and 852  
treatment providers; 853

(2) Grant or deny approval to evaluators and treatment 854  
providers and periodically review and update the program's list 855  
of approved evaluators and providers, including by examining 856

<u>their outcomes and operations;</u>	857
<u>(3) Receive any report of applicant or practitioner</u>	858
<u>impairment or suspected impairment from any source, including</u>	859
<u>board referrals described in section 4723.35 of the Revised</u>	860
<u>Code;</u>	861
<u>(4) Notify an applicant or practitioner who is the subject</u>	862
<u>of a referral or report received under this section that the</u>	863
<u>referral or report has been made and that the applicant or</u>	864
<u>practitioner may be eligible to participate in the program</u>	865
<u>conducted under this section;</u>	866
<u>(5) Determine whether an applicant or practitioner</u>	867
<u>referred or reported to the monitoring organization is eligible</u>	868
<u>to participate in the program, which may include evaluating</u>	869
<u>records as described in division (D) (1) (c) of this section, and</u>	870
<u>notify the practitioner or applicant of the determination;</u>	871
<u>(6) In the case of an applicant or practitioner reported</u>	872
<u>by a treatment provider, notify the treatment provider of the</u>	873
<u>eligibility determination;</u>	874
<u>(7) Report to the board any practitioner or applicant who</u>	875
<u>is determined ineligible to participate in the program;</u>	876
<u>(8) Refer an eligible applicant or practitioner who</u>	877
<u>chooses to participate in the program for evaluation by a</u>	878
<u>treatment provider approved by the monitoring organization,</u>	879
<u>unless the report received by the monitoring organization was</u>	880
<u>made by an approved treatment provider and the applicant or</u>	881
<u>practitioner has already been evaluated by the treatment</u>	882
<u>provider;</u>	883
<u>(9) Monitor the evaluation of an eligible applicant or</u>	884
<u>practitioner;</u>	885

(10) Refer an eligible applicant or practitioner who 886  
chooses to participate in the program to a treatment provider 887  
approved by the monitoring organization; 888

(11) Establish, in consultation with the treatment 889  
provider to which an applicant or practitioner is referred, the 890  
terms and conditions with which the applicant or practitioner 891  
must comply for continued participation in and successful 892  
completion of the program; 893

(12) Report to the board any applicant or practitioner who 894  
does not complete evaluation or treatment or does not comply 895  
with any of the terms and conditions established by the 896  
monitoring organization and the treatment provider; 897

(13) Perform any other activities specified in the 898  
contract with the board or that the monitoring organization 899  
considers necessary to comply with this section and section 900  
4723.35 of the Revised Code. 901

(C) The monitoring organization shall not disclose to the 902  
board the name of an applicant or practitioner or any records 903  
relating to an applicant or practitioner, unless any of the 904  
following occurs: 905

(1) The applicant or practitioner is determined to be 906  
ineligible to participate in the program. 907

(2) The applicant or practitioner requests the disclosure. 908

(3) The applicant or practitioner is unwilling or unable 909  
to complete or comply with any part of the program, including 910  
evaluation, treatment, or monitoring. 911

(4) The applicant or practitioner presents an imminent 912  
danger to the public or to the applicant or practitioner, as a 913



<u>result of the applicant's or practitioner's impairment.</u>	914
<u>(5) The applicant's or practitioner's impairment has not</u>	915
<u>been substantially alleviated by participation in the program.</u>	916
<u>(D) (1) The monitoring organization shall develop</u>	917
<u>procedures governing each of the following:</u>	918
<u>(a) Receiving referrals or reports of applicant or</u>	919
<u>practitioner impairment or potential impairment;</u>	920
<u>(b) Notifying applicants or practitioners of referrals,</u>	921
<u>reports, and eligibility determinations;</u>	922
<u>(c) Evaluating records of referred applicants and</u>	923
<u>practitioners, in particular records from other jurisdictions</u>	924
<u>regarding prior treatment for impairment or continued</u>	925
<u>monitoring;</u>	926
<u>(d) Referring eligible applicants and practitioners for</u>	927
<u>evaluation or treatment;</u>	928
<u>(e) Establishing individualized treatment plans for</u>	929
<u>eligible applicants and practitioners, as recommended by</u>	930
<u>treatment providers;</u>	931
<u>(f) Establishing individualized terms and conditions with</u>	932
<u>which eligible applicants or practitioners must comply for</u>	933
<u>continued participation in and successful completion of the</u>	934
<u>program;</u>	935
<u>(g) Establishing criteria for the approval and periodic</u>	936
<u>review of evaluators and treatment providers, including</u>	937
<u>examinations of evaluator and provider outcomes and operations.</u>	938
<u>(2) The monitoring organization, in consultation with the</u>	939
<u>board, shall develop procedures governing each of the following:</u>	940

(a) Providing reports to the board on a periodic basis on the total number of applicants and practitioners participating in the program, without disclosing the names or records of any program participants other than those about whom reports are required by this section; 941  
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(b) Reporting to the board any applicant or practitioner who due to impairment presents an imminent danger to the public or to the applicant or practitioner; 946  
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(c) Reporting to the board any applicant or practitioner who is unwilling or unable to complete or comply with any part of the program, including evaluation, treatment, or monitoring; 949  
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(d) Reporting to the board any applicant or practitioner whose impairment was not substantially alleviated by participation in the program. 952  
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(E) The board may adopt any rules it considers necessary to implement this section and section 4723.35 of the Revised Code, including rules regarding the monitoring organization and treatment providers that provide treatment to practitioners referred by the monitoring organization. Any such rules shall be adopted in accordance with Chapter 119. of the Revised Code. 955  
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**Sec. 4723.431.** (A) (1) 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 each physician or podiatrist with whom the nurse collaborates. 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 board of nursing is not required, but the board may periodically review 961  
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it for compliance with this section. 970

A clinical nurse specialist, certified nurse-midwife, or 971  
certified nurse practitioner may enter into a standard care 972  
arrangement with one or more collaborating physicians or 973  
podiatrists. If a collaborating physician or podiatrist enters 974  
into standard care arrangements with more than five nurses, the 975  
physician or podiatrist shall not collaborate at the same time 976  
with more than five nurses in the prescribing component of their 977  
practices. 978

Not later than thirty days after first engaging in the 979  
practice of nursing as a clinical nurse specialist, certified 980  
nurse-midwife, or certified nurse practitioner, the nurse shall 981  
submit to the board the name and business address of each 982  
collaborating physician or podiatrist. Thereafter, the nurse 983  
shall notify the board of any additions or deletions to the 984  
nurse's collaborating physicians or podiatrists. Except as 985  
provided in division (D) of this section, the notice must be 986  
provided not later than thirty days after the change takes 987  
effect. 988

(2) All of the following conditions apply with respect to 989  
the practice of a collaborating physician or podiatrist with 990  
whom a clinical nurse specialist, certified nurse-midwife, or 991  
certified nurse practitioner may enter into a standard care 992  
arrangement: 993

(a) The physician or podiatrist must be authorized to 994  
practice in this state. 995

(b) Except as provided in division (A) (2) (c) of this 996  
section, the physician or podiatrist must be practicing in a 997  
specialty that is the same as or similar to the nurse's nursing 998

specialty.	999
(c) If the nurse is a clinical nurse specialist who is	1000
certified as a psychiatric-mental health CNS by the American	1001
nurses credentialing center or a certified nurse practitioner	1002
who is certified as a psychiatric-mental health NP by the	1003
American nurses credentialing center, the nurse may enter into a	1004
standard care arrangement with a physician but not a podiatrist	1005
and the collaborating physician must be practicing in one of the	1006
following specialties:	1007
(i) Psychiatry;	1008
(ii) Pediatrics;	1009
(iii) Primary care or family practice.	1010
(B) A standard care arrangement shall be in writing and	1011
shall contain all of the following:	1012
(1) Criteria for referral of a patient by the clinical	1013
nurse specialist, certified nurse-midwife, or certified nurse	1014
practitioner to a collaborating physician or podiatrist or	1015
another physician or podiatrist;	1016
(2) A process for the clinical nurse specialist, certified	1017
nurse-midwife, or certified nurse practitioner to obtain a	1018
consultation with a collaborating physician or podiatrist or	1019
another physician or podiatrist;	1020
(3) A plan for coverage in instances of emergency or	1021
planned absences of either the clinical nurse specialist,	1022
certified nurse-midwife, or certified nurse practitioner or a	1023
collaborating physician or podiatrist that provides the means	1024
whereby a physician or podiatrist is available for emergency	1025
care;	1026

(4) The process for resolution of disagreements regarding 1027  
matters of patient management between the clinical nurse 1028  
specialist, certified nurse-midwife, or certified nurse 1029  
practitioner and a collaborating physician or podiatrist; 1030

(5) Any other criteria required by rule of the board 1031  
adopted pursuant to section 4723.07 or 4723.50 of the Revised 1032  
Code. 1033

~~(C)(1)-(C)~~ A standard care arrangement entered into 1034  
pursuant to this section may permit a clinical nurse specialist, 1035  
certified nurse-midwife, or certified nurse practitioner to 1036  
~~supervise~~ do any of the following: 1037

(1) Supervise services provided by a home health agency as 1038  
defined in section 3740.01 of the Revised Code.— 1039

~~(2) A standard care arrangement entered into pursuant to~~ 1040  
~~this section may permit a clinical nurse specialist, certified~~ 1041  
~~nurse-midwife, or certified nurse practitioner to admit;~~ 1042

(2) Admit a patient to a hospital in accordance with 1043  
section 3727.06 of the Revised Code; 1044

(3) Sign any document relating to the admission, 1045  
treatment, or discharge of an inpatient receiving psychiatric or 1046  
other behavioral health care services, but only if the 1047  
conditions of section 4723.436 of the Revised Code have been 1048  
met. 1049

(D) (1) Except as provided in division (D) (2) of this 1050  
section, if a physician or podiatrist terminates the 1051  
collaboration between the physician or podiatrist and a 1052  
certified nurse-midwife, certified nurse practitioner, or 1053  
clinical nurse specialist before their standard care arrangement 1054  
expires, all of the following apply: 1055

(a) The physician or podiatrist must give the nurse 1056  
written or electronic notice of the termination. 1057

(b) Once the nurse receives the termination notice, the 1058  
nurse must notify the board of nursing of the termination as 1059  
soon as practicable by submitting to the board a copy of the 1060  
physician's or podiatrist's termination notice. 1061

(c) Notwithstanding the requirement of section 4723.43 of 1062  
the Revised Code that the nurse practice in collaboration with a 1063  
physician or podiatrist, the nurse may continue to practice 1064  
under the existing standard care arrangement without a 1065  
collaborating physician or podiatrist for not more than one 1066  
hundred twenty days after submitting to the board a copy of the 1067  
termination notice. 1068

(2) In the event that the collaboration between a 1069  
physician or podiatrist and a certified nurse-midwife, certified 1070  
nurse practitioner, or clinical nurse specialist terminates 1071  
because of the physician's or podiatrist's death, the nurse must 1072  
notify the board of the death as soon as practicable. The nurse 1073  
may continue to practice under the existing standard care 1074  
arrangement without a collaborating physician or podiatrist for 1075  
not more than one hundred twenty days after notifying the board 1076  
of the physician's or podiatrist's death. 1077

(E) Nothing in this section prohibits a hospital from 1078  
hiring a clinical nurse specialist, certified nurse-midwife, or 1079  
certified nurse practitioner as an employee and negotiating 1080  
standard care arrangements on behalf of the employee as 1081  
necessary to meet the requirements of this section. A standard 1082  
care arrangement between the hospital's employee and the 1083  
employee's collaborating physician is subject to approval by the 1084  
medical staff and governing body of the hospital prior to 1085

implementation of the arrangement at the hospital. 1086

Sec. 4723.436. (A) Subject to division (B) of this 1087  
section, a certified nurse-midwife, clinical nurse specialist, 1088  
or certified nurse practitioner may sign one or more documents 1089  
relating to any of the following: 1090

(1) The admission of a patient to a facility for the 1091  
purpose of receiving psychiatric or other behavioral health care 1092  
services on an inpatient basis; 1093

(2) The discharge of a patient from a facility after 1094  
receiving inpatient psychiatric or other behavioral health care 1095  
services; 1096

(3) The treatment a patient receives while at a facility 1097  
on an inpatient basis for psychiatric or other behavioral health 1098  
care services. 1099

The documents may include a treatment plan or any 1100  
medication order that is part of the treatment plan. 1101

(B) To be eligible to sign documents described in this 1102  
section, all of the following must be satisfied: 1103

(1) The nurse is employed by the facility in which a 1104  
patient is receiving psychiatric or other behavioral health care 1105  
services on an inpatient basis or the nurse has been granted 1106  
appropriate credentials by the facility; 1107

(2) The nurse's collaborating physician is employed by the 1108  
facility in which a patient is receiving psychiatric or other 1109  
behavioral health care services on an inpatient basis or the 1110  
physician is a member of the facility's medical staff. 1111

(3) The nurse's collaborating physician has authorized the 1112  
nurse to sign documents described in this section for the 1113

physician's patients. 1114

(4) The standard care arrangement entered into pursuant to 1115  
section 4723.431 of the Revised Code specifies in writing that 1116  
the nurse is authorized to sign documents described in this 1117  
section for the collaborating physician's patients. 1118

(C) A collaborating physician who authorizes a nurse to 1119  
sign one or more documents as described in this section is not 1120  
liable for damages in a civil action for injury, death, or loss 1121  
to person or property for an act or omission that arises from 1122  
the nurse signing the document, and is not subject to 1123  
administrative action or criminal prosecution for an act or 1124  
omission that arises from the nurse signing the document. 1125

**Sec. 4730.204.** (A) Subject to division (B) of this 1126  
section, a physician assistant may sign one or more documents 1127  
relating to any of the following: 1128

(1) The admission of a patient to a health care facility 1129  
for the purpose of receiving psychiatric or other behavioral 1130  
health care services on an inpatient basis; 1131

(2) The discharge of a patient from a health care facility 1132  
after receiving inpatient psychiatric or other behavioral health 1133  
care services; 1134

(3) The treatment of a patient while at a health care 1135  
facility on an inpatient basis for psychiatric or other 1136  
behavioral health care services. 1137

The documents may include a treatment plan or any 1138  
medication order that is part of the treatment plan. 1139

(B) To be eligible to sign documents described in this 1140  
section, all of the following must be satisfied: 1141



(1) The physician assistant is employed by the health care facility in which a patient is receiving psychiatric or other behavioral health care services on an inpatient basis or the physician assistant has been granted appropriate credentials by the facility; 1142  
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(2) The physician assistant's supervising physician is employed by the health care facility in which a patient is receiving psychiatric or other behavioral health care services on an inpatient basis or is a member of the facility's medical staff. 1147  
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(3) The physician assistant's supervising physician has authorized the physician assistant to sign documents described in this section for the physician's patients. 1152  
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(4) The policies of the health care facility authorize the physician assistant to sign documents described in this section. 1155  
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(C) Notwithstanding section 4730.22 of the Revised Code or any other conflicting provision of this chapter, a supervising physician who authorizes a physician assistant to sign one or more documents as described in this section is not liable for damages in a civil action for injury, death, or loss to person or property for an act or omission that arises from the physician assistant signing the document, and is not subject to administrative action or criminal prosecution for an act or omission that arises from the physician assistant signing the document. 1157  
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**Section 2.** That existing sections 3905.471, 4723.021, 4723.06, 4723.28, and 4723.431 of the Revised Code are hereby repealed. 1167  
1168  
1169

**Section 3.** That section 4723.35 of the Revised Code is 1170

hereby repealed. 1171

**Section 4.** That the version of section 4723.431 of the 1172  
Revised Code that is scheduled to take effect September 30, 1173  
2024, be amended to read as follows: 1174

**Sec. 4723.431.** (A) (1) An advanced practice registered 1175  
nurse who is designated as a clinical nurse specialist, 1176  
certified nurse-midwife, or certified nurse practitioner may 1177  
practice only in accordance with a standard care arrangement 1178  
entered into with each physician or podiatrist with whom the 1179  
nurse collaborates. A copy of the standard care arrangement 1180  
shall be retained on file by the nurse's employer. Prior 1181  
approval of the standard care arrangement by the board of 1182  
nursing is not required, but the board may periodically review 1183  
it for compliance with this section. 1184

A clinical nurse specialist, certified nurse-midwife, or 1185  
certified nurse practitioner may enter into a standard care 1186  
arrangement with one or more collaborating physicians or 1187  
podiatrists. If a collaborating physician or podiatrist enters 1188  
into standard care arrangements with more than five nurses, the 1189  
physician or podiatrist shall not collaborate at the same time 1190  
with more than five nurses in the prescribing component of their 1191  
practices. 1192

Not later than thirty days after first engaging in the 1193  
practice of nursing as a clinical nurse specialist, certified 1194  
nurse-midwife, or certified nurse practitioner, the nurse shall 1195  
submit to the board the name and business address of each 1196  
collaborating physician or podiatrist. Thereafter, the nurse 1197  
shall notify the board of any additions or deletions to the 1198  
nurse's collaborating physicians or podiatrists. Except as 1199  
provided in division (D) of this section, the notice must be 1200

provided not later than thirty days after the change takes 1201  
effect. 1202

(2) All of the following conditions apply with respect to 1203  
the practice of a collaborating physician or podiatrist with 1204  
whom a clinical nurse specialist, certified nurse-midwife, or 1205  
certified nurse practitioner may enter into a standard care 1206  
arrangement: 1207

(a) The physician or podiatrist must be authorized to 1208  
practice in this state. 1209

(b) Except as provided in division (A) (2) (c) of this 1210  
section, the physician or podiatrist must be practicing in a 1211  
specialty that is the same as or similar to the nurse's nursing 1212  
specialty. 1213

(c) If the nurse is a clinical nurse specialist who is 1214  
certified as a psychiatric-mental health CNS by the American 1215  
nurses credentialing center or a certified nurse practitioner 1216  
who is certified as a psychiatric-mental health NP by the 1217  
American nurses credentialing center, the nurse may enter into a 1218  
standard care arrangement with a physician but not a podiatrist 1219  
and the collaborating physician must be practicing in one of the 1220  
following specialties: 1221

(i) Psychiatry; 1222

(ii) Pediatrics; 1223

(iii) Primary care or family practice. 1224

(B) A standard care arrangement shall be in writing and 1225  
shall contain all of the following: 1226

(1) Criteria for referral of a patient by the clinical 1227  
nurse specialist, certified nurse-midwife, or certified nurse 1228

practitioner to a collaborating physician or podiatrist or 1229  
another physician or podiatrist; 1230

(2) A process for the clinical nurse specialist, certified 1231  
nurse-midwife, or certified nurse practitioner to obtain a 1232  
consultation with a collaborating physician or podiatrist or 1233  
another physician or podiatrist; 1234

(3) A plan for coverage in instances of emergency or 1235  
planned absences of either the clinical nurse specialist, 1236  
certified nurse-midwife, or certified nurse practitioner or a 1237  
collaborating physician or podiatrist that provides the means 1238  
whereby a physician or podiatrist is available for emergency 1239  
care; 1240

(4) The process for resolution of disagreements regarding 1241  
matters of patient management between the clinical nurse 1242  
specialist, certified nurse-midwife, or certified nurse 1243  
practitioner and a collaborating physician or podiatrist; 1244

(5) Any other criteria required by rule of the board 1245  
adopted pursuant to section 4723.07 or 4723.50 of the Revised 1246  
Code. 1247

~~(C)(1)(C)~~ A standard care arrangement entered into 1248  
pursuant to this section may permit a clinical nurse specialist, 1249  
certified nurse-midwife, or certified nurse practitioner to 1250  
~~supervise do any of the following:~~ 1251

(1) Supervise services provided by a home health agency as 1252  
defined in section 3740.01 of the Revised Code.— 1253

~~(2) A standard care arrangement entered into pursuant to 1254  
this section may permit a clinical nurse specialist, certified 1255  
nurse-midwife, or certified nurse practitioner to admit; 1256~~

<u>(2) Admit a patient to a hospital;</u>	1257
<u>(3) Sign any document relating to the admission,</u>	1258
<u>treatment, or discharge of an inpatient receiving psychiatric or</u>	1259
<u>other behavioral health care services, but only if the</u>	1260
<u>conditions of section 4723.436 of the Revised Code have been</u>	1261
<u>met.</u>	1262
(D) (1) Except as provided in division (D) (2) of this	1263
section, if a physician or podiatrist terminates the	1264
collaboration between the physician or podiatrist and a	1265
certified nurse-midwife, certified nurse practitioner, or	1266
clinical nurse specialist before their standard care arrangement	1267
expires, all of the following apply:	1268
(a) The physician or podiatrist must give the nurse	1269
written or electronic notice of the termination.	1270
(b) Once the nurse receives the termination notice, the	1271
nurse must notify the board of nursing of the termination as	1272
soon as practicable by submitting to the board a copy of the	1273
physician's or podiatrist's termination notice.	1274
(c) Notwithstanding the requirement of section 4723.43 of	1275
the Revised Code that the nurse practice in collaboration with a	1276
physician or podiatrist, the nurse may continue to practice	1277
under the existing standard care arrangement without a	1278
collaborating physician or podiatrist for not more than one	1279
hundred twenty days after submitting to the board a copy of the	1280
termination notice.	1281
(2) In the event that the collaboration between a	1282
physician or podiatrist and a certified nurse-midwife, certified	1283
nurse practitioner, or clinical nurse specialist terminates	1284
because of the physician's or podiatrist's death, the nurse must	1285

notify the board of the death as soon as practicable. The nurse 1286  
may continue to practice under the existing standard care 1287  
arrangement without a collaborating physician or podiatrist for 1288  
not more than one hundred twenty days after notifying the board 1289  
of the physician's or podiatrist's death. 1290

(E) Nothing in this section prohibits a hospital from 1291  
hiring a clinical nurse specialist, certified nurse-midwife, or 1292  
certified nurse practitioner as an employee and negotiating 1293  
standard care arrangements on behalf of the employee as 1294  
necessary to meet the requirements of this section. A standard 1295  
care arrangement between the hospital's employee and the 1296  
employee's collaborating physician is subject to approval by the 1297  
medical staff and governing body of the hospital prior to 1298  
implementation of the arrangement at the hospital. 1299

**Section 5.** That the existing version of section 4723.431 1300  
of the Revised Code that is scheduled to take effect September 1301  
30, 2024, is hereby repealed. 1302

**Section 6.** Sections 4 and 5 of this act take effect 1303  
September 30, 2024. 1304

**Section 7.** The version of section 4723.431 of the Revised 1305  
Code that is scheduled to take effect September 30, 2024, is 1306  
presented in this act as a composite of the section as amended 1307  
by both Section 101.01 and Section 130.10 of H.B. 110 of the 1308  
134th General Assembly. The General Assembly, applying the 1309  
principle stated in division (B) of section 1.52 of the Revised 1310  
Code that amendments are to be harmonized if reasonably capable 1311  
of simultaneous operation, finds that the composite is the 1312  
resulting version of the section in effect prior to the 1313  
effective date of the section as presented in this act. 1314