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OHIO LEGISLATIVE SERVICE COMMISSION

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Office

H.B. 508
136th General Assembly

Bill Analysis

Version: As Introduced

Primary Sponsors: Reps. Gross and Baker

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SUMMARY

- Grants an advanced practice registered nurse (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 5,000 hours.
- 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.
- Makes conforming changes to the laws governing APRNs and other health professionals, including the law regarding youth athletics and concussions.
- Eliminates the express prohibition against a certified nurse-midwife treating an abnormal condition, but otherwise maintains the current law list of activities the nurse-midwife may not perform.
- Names the act the "Better Access to Health Care Act."

DETAILED ANALYSIS

Advanced practice registered nurse independent practice

H.B. 508 grants an advanced practice registered nurse (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 nurse has practiced as an APRN in a clinical setting for 5,000 hours.

For an APRN who has not yet reached 5,000 hours of clinical practice, the bill maintains the requirement that the nurse enter into a standard care arrangement and practice with a collaborating practitioner. The bill also permits an APRN who has completed 5,000 hours in a

clinical setting to continue practicing under a standard care arrangement with one or more collaborating practitioners if the nurse so chooses.¹

Documentation of clinical practice

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 5,000 hours:

- Collaborated with one or more collaborating practitioners under a standard care arrangement;
- Practiced in a clinical setting.²

In reviewing documentation submitted by the nurse, the Board must count toward the 5,000 hours any time occurring prior to the bill's effective date 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.³

Licensure by endorsement

In the case of an APRN who obtained a license by endorsement, the bill directs the Board to accept clinical practice completed in another jurisdiction if the Board determines that the nurse practiced in that jurisdiction in a manner equivalent to practicing in Ohio.⁴

Rulemaking

The bill requires the Board to adopt rules as necessary to implement its provisions, including rules specifying the documentation that must be submitted in order to obtain authority to practice independently. The rules are to be adopted in accordance with the Administrative Procedure Act.⁵

Collaborating practitioner

Existing law requires an APRN to practice in collaboration with a physician or podiatrist with whom the nurse has entered into a standard care arrangement.⁶ For those APRNs required or authorized by the bill to practice with a collaborator, the bill permits a collaborating practitioner to include not only a physician or podiatrist, but also an APRN who is not practicing with another collaborator.⁷

¹ R.C. 4723.43, 4723.431, and 4723.439.

² R.C. 4723.439(B)(1) and (2).

³ R.C. 4723.439(C).

⁴ R.C. 4729.439(B)(3).

⁵ R.C. 4723.439(C); R.C. Chapter 119, not in the bill.

⁶ R.C. 4723.43.

⁷ R.C. 4723.01(M).

For an APRN to serve as a nurse's collaborating practitioner, the bill requires that the collaborating APRN be licensed to practice in the same APRN category as the nurse practicing under collaboration. Under the bill, these categories are referred to as "designations" (stemming from the designation indicated on the APRN license), in place of existing provisions that refer to the categories as "specialties."⁸

Current law defines "collaboration" to mean that the collaborating physician or podiatrist is continuously available to communicate with the nurse either in person or by electronic communication. The bill modifies the definition to accommodate its inclusion of independently practicing APRNs as collaborating practitioners.⁹

Standard care arrangements

Under existing law, an APRN must practice in accordance with a standard care arrangement, a written, formal guide for planning and evaluating a patient's health care that is developed by one or more collaborating physicians or podiatrists and the APRN.¹⁰ It must contain certain information, including the following:

- Criteria for referral of a patient by the nurse to a collaborating physician or podiatrist;
- A process for the nurse to obtain a consultation with a collaborating physician or podiatrist or another physician or podiatrist;
- A plan for coverage in instances of emergency or planned absences of either the nurse or collaborating physician or podiatrist;
- The process for resolving disagreements between the nurse and a collaborating physician or podiatrist regarding matters of patient management.¹¹

The bill maintains these requirements, but makes the following three changes to the law governing standard care arrangements. First, it eliminates provisions restricting a collaborating physician or podiatrist who enters into standard care arrangements with more than five nurses from collaborating at the same time with more than five nurses in the prescribing component of their practice.¹²

Second, it eliminates the requirement that the Board of Nursing establish, by rule, criteria specifying an acceptable travel time between the location where the APRN prescribes and the collaborator's location.¹³

⁸ R.C. 4723.43(A)(3)(b). Conforming changes in R.C. 4723.06, 4723.41, 4723.46, 4723.482, and 4723.493.

⁹ R.C. 4723.01(L).

¹⁰ R.C. 4723.01 and 4723.431.

¹¹ R.C. 4723.431.

¹² R.C. 4723.431(A).

¹³ R.C. 4723.50.

Third, the bill eliminates the requirement that a standard care arrangement contain an agreement that the collaborating physician must complete and sign a medical certificate of death.¹⁴

Schedule II controlled substances – residential palliative care

The bill authorizes an APRN to issue to a patient a prescription for a schedule II controlled substance from the patient's home or other residence if the patient is receiving palliative care.¹⁵ Current law generally limits an APRN's authority to prescribe these drugs, by authorizing the APRN to do so only if the patient has a terminal condition, a physician initially prescribed the drug, and the drug's amount does not exceed what is necessary for use in a single, 72-hour period. These limits, however, do not apply if the APRN prescribes the drug from a location included in one of 15 categories, including a hospital, hospice care program, nursing home, and medical practice.

Quality assurance standards

Existing law requires the Board of Nursing to adopt rules establishing quality assurance standards for all APRNs, including certified registered nurse anesthetists.¹⁶ The bill instead directs the Board to set by rule quality assurance standards only for certified nurse practitioners, clinical nurse specialists, or certified nurse midwives with less than 5,000 hours of clinical practice. Accordingly, under the bill, the Board is not required to establish in rule quality assurance standards for either of the following: APRNs who choose to continue practicing with collaboration or certified registered nurse anesthetists.

Youth concussions – assessments and clearances

When a student or individual exhibits symptoms consistent with a concussion sustained while playing in or practicing for an athletic event sponsored by a school district or youth sports organization, current law requires the student or individual to be removed from play or practice.¹⁷ The student or individual cannot return to play or practice until he or she has been (1) assessed by a physician or another licensed health care professional authorized by the school district or youth sports organization to conduct such assessments and (2) cleared to return to play or practice by the physician or other licensed health care professional.

Under current law, a school district or youth sports organization may authorize a licensed health care professional (who is not a physician) to conduct assessments and grant clearances only if the professional acts as follows: (1) in consultation with a physician, (2) pursuant to a physician's referral, (3) in collaboration with a physician, or (4) under the physician's supervision. In the case of a certified nurse practitioner or clinical nurse specialist who is being authorized by a school district or youth sports organization, the bill eliminates the condition that the nurse act

¹⁴ R.C. 4723.431(B)(5).

¹⁵ R.C. 4723.481(C)(2)(p).

¹⁶ R.C. 4723.07(K).

¹⁷ R.C. 3313.539 and 3707.511.

in collaboration with a physician in most instances. Specifically, the collaboration requirement is maintained only for those nurses who have not yet reached 5,000 hours of clinical practice; the requirement does not apply once a nurse is eligible to practice without collaboration, even if the nurse chooses to continue practicing under a standard care arrangement.¹⁸

Other changes

Because the bill grants an APRN who is a certified nurse practitioner, clinical nurse specialist, or certified nurse-midwife the option to practice without a collaborating practitioner, it makes various conforming changes to the laws governing nurses and other health professionals.¹⁹

The bill also addresses the law authorizing an APRN to admit a patient to a hospital, by eliminating the conditions that (1) the APRN have entered into a standard care arrangement with a collaborating physician or podiatrist who is a member of the hospital's medical staff and (2) the patient be under the medical supervision of that collaborator. The bill maintains the current law requirement that an APRN notify the APRN's collaborating practitioner of the admission, but limits its application to an APRN who practices under a standard care arrangement.²⁰

The bill addresses two obsolete provisions of statutory law. First, it repeals the law under which any person holding, as of 1988, a certificate to practice nurse-midwifery issued by the State Medical Board is deemed to be certified by the Board of Nursing.²¹ (Under law in effect before 1988, nurse-midwives were regulated by the Medical Board.) Second, it eliminates a reference to certificates to prescribe in the law governing APRN authority to prescribe or furnish epinephrine without having examined the individual to whom the drug is administered.²² (Under law in effect before April 2017, a Board-issued certificate to prescribe authorized an APRN to prescribe or personally furnish drugs or devices.)

¹⁸ R.C. 3313.539(A)(2) and 3707.511(A)(2).

¹⁹ R.C. 1751.67 (insurance and maternity benefits), 2133.211 (do-not-resuscitate orders and legal immunity), 3923.233 (insurance reimbursement for services performed by a certified nurse-midwife), 3923.301 (insurance reimbursement for services performed by a certified nurse-midwife), 3923.63 (insurance and maternity benefits), 3923.64 (insurance and maternity benefits), 4723.28 (Board of Nursing disciplinary actions), 4723.42 (APRN license renewals), 4723.44 (unauthorized practice), 4723.481 (APRN prescriptive authority), 4723.50 (Board rules regarding prescriptive authority), 4731.27 (physicians and standard care arrangements), 4761.17 (respiratory care supervision), and 5164.07 (Medicaid and maternity benefits).

²⁰ R.C. 3727.06.

²¹ R.C. 4723.45, repealed.

²² R.C. 4723.483.

Medicaid payments

The bill repeals the law regarding the division of Medicaid payments between a collaborating physician or podiatrist and an APRN.²³ Under the law being repealed, both of the following apply:

- The division of any Medicaid payment between an APRN and the collaborating physician or podiatrist for services performed by the nurse must be determined and agreed on by both parties;
- The Medicaid payment cannot exceed the payment that the physician or podiatrist would have received had the physician or podiatrist provided the entire service.

Certified nurse-midwives – scope of practice

In the case of a certified nurse-midwife, the bill eliminates the express prohibition against treating an abnormal condition, while maintaining the current law list of activities a certified nurse-midwife may not perform. These include delivering breech or face presentation, performing version, using forceps, or performing any obstetric operation.²⁴

Board of Nursing quorum

Under current law, seven Board of Nursing members, including at least four registered nurses (RNs) and one licensed practical nurse, constitute a quorum. The bill requires that, of the four RN members needed for a quorum, at least one must be an APRN.²⁵

Electronic notice and application

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.²⁶ Existing law provides only for written notice.

The bill also authorizes an individual seeking to practice as an APRN to file with the Board an electronic application for an APRN license. Current law provides only for a written application.²⁷

HISTORY

Action	Date
Introduced	10-08-25

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²³ R.C. 5164.73, repealed.

²⁴ R.C. 4723.43.

²⁵ R.C. 4723.02.

²⁶ R.C. 4723.24.

²⁷ R.C. 4723.41.