



Ohio Legislative Service Commission

Sub. Bill Comparative Synopsis

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H.B. 216

131st General Assembly
(H. Health and Aging)

This table summarizes how the latest substitute version of the bill differs from the immediately preceding version. It addresses only the topics on which the two versions differ substantively. It does not list topics on which the two bills are substantively the same.

Topic	Previous Version (As Introduced)	Sub. Version (LSC 131 0929-9)
Advanced practice registered nurse licensure	Replaces the existing certificate of authority issued by the Ohio Board of Nursing with an advanced practice registered nurse (APRN) license. Like the current certificate, an APRN license authorizes a registered nurse (RN) with advanced education and training to practice as a certified registered nurse anesthetist (CRNA), clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner. (<i>R.C. 4723.41 and 4723.42.</i>)	Same.
Standard care arrangement	Eliminates the requirement that an APRN who is a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner enter into a standard care arrangement with one or more collaborating physicians or podiatrists and practice in accordance with the arrangement. (Under current law, a standard care	Continues the requirement that an APRN enter into a standard care arrangement with a collaborating physician or podiatrist and practice in accordance with it.

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	<p>arrangement is a written, formal guide for planning and evaluating a patient's health care that is developed by an APRN with one or more collaborating physicians or podiatrists.) (R.C. 4723.01 and 4723.431 (repealed).)</p>	<p>In the event that a collaborating physician or podiatrist terminates the collaboration between the physician or podiatrist and an APRN before the standard care arrangement expires, all of the following apply:</p> <p>(1) The nurse must immediately notify the Board of Nursing;</p> <p>(2) The nurse may continue to practice under the existing standard care arrangement without the collaborating physician or podiatrist for not more than 120 days after notifying the Board.</p> <p>Prohibits a physician or podiatrist from collaborating at the same time with more than five APRNs in the prescribing component of their practices. (Current law prohibits collaboration in the prescribing component with more than three APRNs at the same time.)</p> <p>Maintains the exception in current law allowing a clinical nurse specialist who specializes in mental health or psychiatric mental health and does not prescribe drugs to practice without a standard care arrangement if the nurse collaborates with one or more physicians, and also provides that a physician collaborating with such a nurse may be one who specializes in family practice or primary</p>



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		care, pediatrics, or psychiatry. <i>(R.C. 4723.01 and 4723.431.)</i>
Collaboration and supervision	Allows an APRN to practice without a collaborating physician or podiatrist or standard care arrangement, or in the case of an APRN who is a CRNA, without a supervising physician, podiatrist, or dentist. (Under current law, "collaborating" means that the physicians or podiatrists who enter into a standard care arrangement with an APRN are continuously available to communicate with the nurse either in person or by radio, telephone or other form of telecommunication.) <i>(R.C. 4723.01, 4723.43 (repealed), and 4723.431 (repealed).)</i>	Continues the current law requirement that an APRN practice with a collaborating physician or podiatrist, but requires that the collaborating physician or podiatrist be continuously available to the APRN either in person or by electronic communication. Also maintains the current law requirement that a CRNA practice with a supervising physician, podiatrist, or dentist and, when administering anesthesia, practice in the immediate presence of the supervising physician, podiatrist, or dentist. <i>(R.C. 4723.01 and 4723.43.)</i>
Prescriptive authority	Grants an APRN, including a CRNA, authority to prescribe and furnish most drugs as part of the APRN license, without need for the separate certificate to prescribe or externship certificate to prescribe. (Under current law, a CRNA cannot obtain a certificate to prescribe.) <i>(R.C. 4723.01, 4723.48 (repealed), 4723.481, 4723.485 (repealed), and 4723.50 (repealed).)</i> Eliminates the conditions governing an APRN furnishing a sample or a complete or partial supply of a drug other than a controlled substance. <i>(R.C. 4723.481.)</i>	Same for most APRNs but does not permit CRNAs to prescribe or furnish drugs. <i>(R.C. 4723.01, 4723.43, 4723.48 (repealed), 4723.481, 4723.485 (repealed), and 4723.50.)</i> Same.
Schedule II controlled substances	Eliminates current law provisions that permit an APRN to issue a prescription for a schedule II controlled substance only in certain circumstances or from specified locations.	Maintains current law permitting an APRN to issue a prescription for a schedule II controlled substance only in certain circumstances or from specified locations. Adds residential care facilities to the locations specified.

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	Maintains current law prohibiting an APRN from personally furnishing to a patient a schedule II controlled substance or prescribing a schedule II controlled substance from a convenience care clinic. <i>(R.C. 3719.06 and 4723.481.)</i>	Same. <i>(R.C. 3719.06, not in the bill and 4723.481.)</i>
Drug formulary	Eliminates the requirement that the Board establish a drug formulary that specifies the types of drugs or devices an APRN is authorized to prescribe. <i>(R.C. 4723.50 (repealed).)</i>	Maintains the current law requirement that the Board establish a drug formulary, but requires that it be exclusionary and specify only those types of drugs or devices that an APRN is not authorized to prescribe or furnish. <i>(R.C. 4723.50.)</i>
Committee on Prescriptive Governance	Eliminates the Committee on Prescriptive Governance, which consists of four nurses, four physicians, and two pharmacists. <i>(R.C. 4723.49.)</i>	<p>Maintains the Committee on Prescriptive Governance, but specifies that its membership consists of three nurses, three physicians, and one pharmacist.</p> <p>Requires that all seven members be present in order for the Committee to conduct official business.</p> <p>Specifies that the pharmacist member is a nonvoting member. In the case of a tie, grants the Board of Nursing the deciding vote.</p> <p>Requires that the Committee develop and submit to the Board at least once per year a recommended exclusionary formulary for the Board's approval.</p> <p>Requires that the Board adopt rules consistent with the recommended exclusionary formulary submitted by the Committee.</p> <p><i>(R.C. 4723.49.)</i></p>

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Advisory Committee on Advanced Practice Registered Nursing	<p>Establishes an Advisory Committee on Advanced Practice Registered Nursing to advise the Board on the practice and regulation of APRNs.</p> <p>Specifies that its membership consists of four APRNs practicing in clinical setting, four APRNs serving as faculty members of programs of nursing education, one member of the Board, and one representative of an entity that employs ten or more APRNs.</p> <p><i>(R.C. 4723.49.)</i></p>	<p>Same, but also authorizes the Advisory Committee to make recommendations to the Committee on Prescriptive Governance.</p> <p>Same.</p> <p><i>(R.C. 4723.49.)</i></p>
Scope of practice	<p>Defines the practice of nursing as an APRN to include, across all four specialties, the following nursing care tasks:</p> <p>(1) Ordering and interpreting diagnostic tests and procedures;</p> <p>(2) Diagnosing medical conditions or diseases;</p> <p>(3) Planning, executing, delegating, and prescribing regimens, treatments, and therapies which may include nutrition, blood, and blood products and the use of durable medical equipment and medical devices;</p> <p>(4) Prescribing, ordering, administering, and furnishing drugs and therapeutic devices;</p> <p>(5) Consulting with and providing referrals to health providers or facilities. <i>(R.C. 4723.01.)</i></p> <p>Repeals existing law provisions that specify the</p>	No provision.



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	scope of practice for each APRN specialty. <i>(R.C. 4723.43 (repealed).)</i>	Maintains existing scope of practice provisions for each APRN specialty. <i>(R.C. 4723.43.)</i>
License renewal procedures	Provides that the renewal of an APRN license automatically renews the holder's RN license. <i>(R.C. 4723.24.)</i>	Requires that each license be renewed separately. <i>(R.C. 4723.24.)</i>
Continuing education	Maintains current law permitting certain continuing education completed by an APRN to count toward renewal of an RN license. <i>(R.C. 4723.24.)</i>	Permits certain continuing education completed by an APRN to maintain certification by a national certifying organization to count toward renewal of both an RN license and APRN license. Clarifies that 24 hours of continuing education must be completed for each license during a biennial renewal period. Requires that 12 of the 24 continuing education hours for a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner be in advanced pharmacology. <i>(R.C. 4723.24.)</i>
Board of Nursing Executive Director	Requires that the Board's executive director be the holder of either an APRN or RN license. <i>(R.C. 4723.05.)</i>	Maintains the current law requirement that the executive director hold an RN license. <i>(R.C. 4723.05, not in the bill.)</i>
Standards for advanced practice registered nursing schools and programs	Requires that the Board define the minimum educational standards for the schools and programs of advanced practice registered nursing in this state. <i>(R.C. 4723.06.)</i>	No provision.
Examination for licensure	Includes references to an "examination for licensure" as an APRN accepted by the Nursing Board. <i>(R.C. 4723.06, 4723.08, 4723.09, and 4723.10.)</i>	No provision.

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Death certificates	Permits an APRN to certify a cause of death or complete and sign a medical certificate of death (<i>R.C. 3705.16 and 4723.36</i>).	No provision.

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