



Summary of Major Provisions of HB 216

HB 216 – Transition from Certification to Licensure New law effective April 6, 2017

HB 216 eliminated the certificate of authority (COA) and the Certificate to Prescribe (CTP) and replaced them with an APRN license that designates APRNs as CRNAs, CNPs, CNSs, or CNMs. The bill made additional changes to Chapter 4723., Ohio Revised Code (ORC), also known as the Nurse Practice Act, as well as other related ORC Sections.

Summary of Major APRN Provisions

1) COA Replaced by a License

Sections 4723.01 and 4723.41, ORC

- The bill established an APRN license rather than a COA, that authorizes a registered nurse with advanced education and training to practice as one or more of four types of APRNs: CRNA, CNS, CNM, or CNP.

2) The bill established titles for APRNs

Section 4723.44, ORC

- Certified Nurse-midwife or APRN-CNM, Clinical Nurse Specialist or APRN-CNS, Certified Nurse Practitioner or APRN-CNP, or Certified Registered Nurse Anesthetist or APRN-CRNA

3) Collaboration, Supervision for APRN-CRNAs, Standard Care Arrangement (SCA)

Sections 4723.43 and 4723.431, ORC

The bill preserves current law, requiring that an APRN-CNS (with the caveat mentioned below), APRN-CNM, or APRN-CNP enter into a SCA with one or more collaborating physicians or podiatrists and practice in accordance with the SCA. The requirements for the SCA remain the same, except as follows:

- The bill eliminated the requirement that a SCA contain (1) a procedure for regular review of referrals by the nurse to other health care professionals and the care outcomes for a random sample of all patients seen by the nurse; and (2) a policy for care of infants up to age one and recommendations for collaborating physician visits for children from birth to age three, if the nurse regularly provides services to infants.
- The bill now requires an APRN-CNS whose nursing specialty is mental health or psychiatric mental health to enter a SCA. Previously, this was not required for non-prescribing APRN-CNSs in this specialty area. For the APRN-CNS whose specialty is mental health or psychiatric mental health, the collaborating physician must

practice in one of the following specialties: 1) a specialty that is the same as or similar to the nurse's nursing specialty; 2) pediatrics, or 3) primary care or family practice.

- The bill requires the collaborating physician or podiatrist to provide written or electronic notice of termination of the collaborating relationship, and requires the APRN to subsequently notify the Board of the termination.
- The bill requires that the nurse's employer retain the SCA on file. Existing law requires a copy of the SCA to be retained on file at each site where the nurse practices.

For APRN-CRNAs, the bill maintains the existing requirement that an APRN-CRNA practice with a supervising dentist, physician, or podiatrist, and that supervision requires that an APRN-CRNA practice in the immediate presence of a dentist, physician, or podiatrist when administering anesthesia. Existing law does not require an APRN-CRNA to enter into a SCA.

4) Prescribing (APRN-CNP, APRN-CNS, APRN-CNM)

Sections 4723.431, 4723.481 and 4723.482, ORC

The bill specifies:

- That the CTP be eliminated, along with the initial externship certificate (CTP-E) that requires supervision of the APRN's prescribing practices.
- That the license grants each type of APRN, other than an APRN-CRNA, authority to prescribe or personally furnish most drugs and therapeutic devices.
- The elimination of the conditions governing an APRN furnishing a sample drug or therapeutic device, unless the drug or device is listed on the exclusionary formulary.
- That the applicant may apply for the license up to five years after completion of 45-hours of advanced pharmacology (previously it was three years).
- That the collaborating physician or podiatrist may collaborate with up to five nurses in the prescribing component of their practices (previously it was no more than three).

5) Formulary (APRN-CNP, APRN-CNS, APRN-CNM)

Sections 4723.492, 4723.50, ORC

The bill specifies:

- That the formulary is to be "exclusionary," including only those drugs or devices that the APRN is not authorized to prescribe or furnish.
- That the CPG develop a recommended exclusionary formulary and submit it to the Board at least twice each year for Board approval. The Board has authority to adopt rules consistent with the recommended exclusionary formulary submitted by the Committee.

6) Controlled Substances (APRN-CNP, APRN-CNS, APRN-CNM)

Sections 3719.06 and 4723.481, ORC

Current law allows an APRN to prescribe a schedule II controlled substance only under certain conditions or from specified locations. These conditions include all of the following: (1) the patient has a terminal condition, (2) the collaborating physician initially prescribed the substance for the patient, and (3) the prescription is for an amount that does not exceed that necessary for the patient's use in a single, 24-hour period.

The bill specifies:

- That any physician, rather than only the APRN's collaborating physician, can issue the patient's initial prescription.
- That the APRN may prescribe an amount for the patient's use in a single, 72-hour period, rather than a 24-hour period.

Under existing law, the locations from which an APRN may prescribe a schedule II controlled substance include hospitals, nursing homes, hospice care programs, ambulatory surgical facilities, and freestanding birthing centers. An APRN may not (1) personally furnish a schedule II controlled substance or (2) prescribe a schedule II controlled substance from a convenience care clinic.

The bill specifies:

- Residential care facilities as additional locations from which an APRN may issue a prescription for a schedule II controlled substance.

7) Fees for Initial and Renewal Applications

Sections 4723.24 and 4723.08, ORC

The bill specifies:

- That the Board issue or deny the license after receiving a complete application within 30 days, rather than 60 days.
- That the initial APRN application fee is \$150 (current COA fee is \$100; CTP fee is \$50).
- That the renewal fee is \$135 (current COA fee is \$85; CTP renewal is \$50). Although the bill authorizes the Board to charge \$50 for processing a late application, the Board will not charge a late processing fee for the COA renewal/APRN licensure issuance in 2017.

8) Continuing Education (CE)

Section 4723.24 ORC

The bill maintains that an APRN-CNS, APRN-CNM, or APRN-CNP must complete 12 hours in each renewal period of CE in advanced pharmacology. In addition, it maintains that certain CE credits earned by an APRN to maintain certification by a national certifying organization may count as credit for the renewal of both a RN and APRN license.

The bill specifies:

- Starting November 1, 2019, , APRNs must complete 24 hours of CE in each renewal period, and for an APRN-CNP, APRN-CNS, or APRN-CNM, those 24 hours must include 12 hours of CE in advanced pharmacology. The 24 hours of CE required to renew each APRN license are in addition to the 24 hours of CE required to renew the RN license.
- An APRN must obtain required CE during the licensure period November 1, 2019 to October 31, 2021 in order to renew their APRN license on or before November 1, 2021. Inactive status

Section 4723.47, ORC

Current law provides that if the RN license is inactive, the nurse's COA is automatically classified as inactive while the RN license remains inactive. This provision remains in the current bill with respect to the APRN license.

2) License Suspension, Revocation, or Failure to Renew
Section 4723.47, ORC

Current law provides that if the APRN's RN license lapses for failure to renew, the nurse's COA lapses until the RN license is reinstated. This provision remains in the current bill as to the APRN license.

If either license is revoked or suspended, the other license is automatically revoked or suspended. This is similar to current law that provides that if a RN license is revoked or suspended, the COA is automatically suspended.

3) Termination of Physician Collaboration
Sections 4723.431(E) and 4731.27, ORC

The bill specifies:

- An APRN-CNS, APRN-CNM, or APRN-CNP may practice without a collaborating physician or podiatrist for not more than 120 days if the physician or podiatrist terminates the collaboration before the standard care arrangement expires. The 120-day period runs from the date the nurse submits the notice to the Board. The nurse must notify the Board of the termination “as soon as practicable” by submitting a copy of the notice of termination.

4) Unauthorized Practice as an APRN
Sections 4723.03 and 4723.44, ORC

As in current law, these provisions prohibit engaging in APRN practice without being licensed, or an individual representing or using any title or initial implying they are an APRN.

5) Board of Nursing Members
Section 4723.02, ORC

The Board consists of 13 members, eight of whom must be RNs. Under existing law, one of the RN members must be an APRN.

- The bill requires that at least two of the eight RN members hold current, valid APRN licenses.

6) Advisory Committee on Advanced Practice Registered Nursing
Section 4723.493, ORC

The bill establishes an Advisory Committee that is responsible for advising the Board on the practice and regulation of APRNs, and that may make recommendations to the CPG.

The bill specifies:

- That the Board appoint the members of the Advisory Committee as follows:
 - Four APRNs who are actively practicing in Ohio in clinical settings, at least one of whom is actively engaged in providing primary care, at least one of whom is actively engaged in practice as an APRN-CRNA, and at least one of whom is actively engaged in practice as a CNM.
 - Two APRNs who each serve as faculty members of approved programs of nursing education that prepare students for licensure as APRNs.
 - One member of the Board who is an APRN.
 - One representative of an entity that employs ten or more APRNs who are actively practicing in Ohio.
 - The Board may appoint members in addition to the eight members required on the Advisory Committee's recommendation.
- That schools of advanced practice registered nursing and organizations representing APRNs practicing in Ohio may submit recommendations to the Board regarding membership.
- Initial appointments must be made not later than 60 days after the bill's effective date. Certain initial appointments are for one year, while others are for two years.
- Thereafter, each member is to serve a two-year term. Members may be reappointed for one additional term.
- Five Committee members constitute a quorum.

7) Committee on Prescriptive Governance (CPG)

Sections 4723.49, 4723.492, 4729.50, ORC

Under current law, the CPG consists of four nurses, four physicians, and two pharmacists.

The bill specifies:

- The Nursing Board is to appoint the members who are nurses, the Medical Board is to appoint the members who are physicians, and the Pharmacy Board is to appoint the member who is a pharmacist.
- Membership is three APRNs, three physicians, and one pharmacist.
 - Two APRNs, one nominated by an Ohio advanced practice registered nurse specialty association and one nominated by the Ohio Association of

- Advanced Practice Registered Nurses.
 - A member of the Board who is an APRN.
 - Two physicians actively engaged in practice with an APRN-CNS, APRN-CNM, APRN-CNP, one nominated by the Ohio State Medical Association and one nominated by the Ohio Academy of Family Physicians.
 - A member of the State Medical Board who is a physician and represents the public.
 - A pharmacist actively engaged in practice in Ohio as a clinical pharmacist; the clinical pharmacist is a nonvoting member.
- Initial appointments must be made not later than 60 days after the effective date.
 - APRNs, one for term of one year and two for terms of two years.
 - Physicians, one for a term of one year and two for terms of two years.
 - Pharmacy's appointment for a term of two years.
 - Thereafter terms are for two years.
- At least four voting members must be present to conduct business.
- The Board has the deciding vote in a tie that must be cast following a Board meeting.
- The Committee is to meet at least twice per year.
- The CPG must develop a recommended exclusionary formulary of drugs and therapeutic devices that an APRN-CNS, APRN-CNM, or APRN-CNP cannot prescribe or furnish. The CPG must submit the exclusionary formulary to the Board at least twice each year for the Board's approval. The Board may ask the Committee to reconsider and resubmit the recommended formulary. The Board has authority to adopt rules consistent with the recommended exclusionary formulary submitted by the Committee.

8) Advisory Group on Dialysis
Section 4723.71, ORC

Current law requires the Board to appoint a physician who specializes in nephrology to serve as a member. The bill specifies that the Board may appoint either a physician or an APRN recommended by the Board who specializes in nephrology.

Questions?

If you have questions concerning licensure, email the Board at LicensureAPRN@nursing.ohio.gov

If you have questions concerning practice, email the Board at PracticeAPRN@nursing.ohio.gov

The law and rules referenced above are available for review at the "Law and Rules" link on the left side of the Board website at www.nursing.ohio.gov

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