



## Summary of Major Provisions of HB 216

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

**This document provides general information about the major provisions of HB 216. Please refer to the Board website at [www.nursing.ohio.gov](http://www.nursing.ohio.gov) for additional information.<sup>1</sup>**

HB 216 eliminates the certificate of authority (COA) and the Certificate to Prescribe (CTP) and replaces them with an APRN license that will designate APRNs as CRNAs, CNPs, CNSs, or CNMs. The bill makes additional changes to Chapter 4723., Ohio Revised Code (ORC), also known as the Nurse Practice Act, as well as other related ORC Sections. The bill becomes law on April 6, 2017.

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### Summary of Major APRN Provisions

- 1) COA Replaced by a License  
Sections 4723.01 and 4723.41, ORC
  - The bill establishes 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) Collaboration, Supervision for CRNAs, Standard Care Arrangement (SCA)  
Sections 4723.43 and 4723.431, ORC

The bill preserves current law, requiring that a CNS (with the caveat mentioned below), CNM, or 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:

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<sup>1</sup> This is one of four Board summaries regarding HB 216 that are available on the Board website at [www.nursing.ohio.gov](http://www.nursing.ohio.gov): Summary of Major Provisions of HB 216; CNPs, CNSs, CNMs--Transition to Licensure; CRNAs--Transition to Licensure; Advanced Pharmacology Licensure Requirements. The Board will post additional information and FAQs in the future.

- The bill eliminates 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 a CNS whose nursing specialty is mental health or psychiatric mental health to enter a SCA. Previously, this was not required for non-prescribing CNSs in this specialty area. For the 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 CRNAs, the bill maintains the existing requirement that a CRNA practice with a supervising dentist, physician, or podiatrist, and that supervision requires that a CRNA practice in the immediate presence of a dentist, physician, or podiatrist when administering anesthesia. Existing law does not require a CRNA to enter into a SCA.

### 3) Prescribing (CNP, CNS, 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 a 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).

4) Formulary (CNP, CNS, 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.

5) Controlled Substances (CNP, CNS, 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.

6) 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.

7) Continuing Education (CE)  
Section 4723.24 ORC

The bill maintains that a CNS, CNM, or 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 in 2019, to renew an APRN license, APRNs must complete 24 hours of CE in each renewal period, and for a CNP, CNS, or CNM, those 24 hours must include 12 hours of CE in advanced pharmacology. The 24 hours of CE required to renew an APRN license are in addition to the 24 hours of CE required to renew the RN license.

8) 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.

9) 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.

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

The bill specifies:

- A CNS, CNM, or 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.

11) 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.

12) 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.

13) 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 a 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.

#### 14) 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 a CNS, CNM, 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 a CNS, CNM, or 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.

15) 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.

**IMPORTANT RENEWAL DEADLINES**  
**RN License Renewal and COA Renewal/APRN License Issuance**

APRNs may renew their RN license and complete the COA renewal/APRN license issuance process on or after July 1, 2017.

The final deadline for APRNs to renew their **RN license** is **October 31, 2017**.

- APRNs must renew their RN license to be eligible to complete the COA renewal/APRN license issuance process.
- The late processing fee for RN renewal goes into effect on September 16, 2017.
- Those renewing their RN license on or after September 16, 2017 will pay an additional \$50.00.

The final deadline for APRNs to **complete the COA renewal/APRN license issuance process is December 31, 2017** because HB 216 specifies that current COAs will remain valid until December 31, 2017.

- The renewal/license issuance fee is \$135.
- There is no late processing fee for the COA this year.

The Board recommends APRNs complete the RN renewal and the COA renewal/APRN license issuance processes at the same time to assure timely renewals. Please remember to complete **BOTH** processes in order to complete all the required steps to become a licensed APRN.

**Questions?**

**We want to answer your questions, but we don't want to miss your call. We will be renewing and issuing over 200,000 nursing licenses in 2017.**

**If you have questions concerning licensure and HB 216, please e-mail us so we can more timely address your questions and those of your fellow licensees.**

Please email [practice216@nursing.ohio.gov](mailto:practice216@nursing.ohio.gov)

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