



## AGENDA

### Committee on Prescriptive Governance (CPG)

March 17, 2020

10:00 AM

*THE MISSION OF THE OHIO BOARD OF NURSING IS TO ACTIVELY SAFEGUARD THE HEALTH OF THE PUBLIC THROUGH THE EFFECTIVE REGULATION OF NURSING CARE.*

*The Committee on Prescriptive Governance shall develop a recommended exclusionary formulary that specifies the drugs and therapeutic devices that a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner cannot prescribe or furnish. A recommended exclusionary formulary shall not permit the prescribing or furnishing of any drug or device prohibited by federal or state law.*

1. Call to Order

- a. Welcome
- b. Introductions

2. Review/Approval of September 17, 2019 Meeting Minutes

3. Review new approved FDA drugs

4. Exclusionary Formulary Recommendation

Revised Rule 4723-9-10, OAC, effective 2/1/2020  
Revised APRN Prescribing Flow Chart

5. 2020 Five Year Rule Review: OAC, Chapters 4723-8, 4723-9, and 4723-23

6. Legislative Report/Sunset Review Committee Testimony

7. Remaining 2020 Meeting Dates: May 19, and September 15

8. Other

Adjourn



# Ohio Board of Nursing

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17 S. High Street, Suite 660 • Columbus, Ohio 43215-3466 • 614-466-3947

## Committee on Prescriptive Governance (CPG) DRAFT MINUTES September 17, 2019, 10:00 a.m.

**Members Attending:** Sherri Sievers, Chair, APRN-CNP; Barbara Douglas, APRN-CRNA; Richard Bakker, MD; Katherine Clark, DO; Richard Edgin, MD; Jessica Geiger-Hayes, PharmD

**Members Absent:** NONE

**Board Staff Attending:** Lisa Emrich; Tom Dilling; Anita DiPasquale; Chantelle Sunderman

**Guests Attending:** Robert Wanner, The Ohio State University College of Nursing; Kristine Blust, The Ohio State University College of Nursing

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### **Call to Order**

Sherri Sievers, Chair, recognized a quorum, called the meeting to order at 10:11 a.m. and welcomed members and guests.

### **Review and Approval May 2019 Meeting Minutes**

Barbara Douglas moved to approve the minutes as written; Richard Bakker seconded. The motion passed unanimously.

### **Review New Approved FDA Drugs and Exclusionary Formulary**

After reviewing new drugs approved by the FDA from April 27, 2019, through August 28, 2019, Katherine Clark moved to not add any of the drugs to the Exclusionary Formulary; R. Bakker seconded. The motion passed unanimously.

### **Board appointment of CPG member**

Lisa Emrich stated one individual applied for the APRN position. The Board will vote to appoint the new member at the September 18, 2019, Board Meeting.

### **RN and APRN Renewal**

L. Emrich said the renewal period ends on October 31, 2019. The fifty dollar late fee for RN and APRN renewal became effective September 16, 2019. Prior E\*News communications encouraged individuals to renew early to avoid the late fee. Now the email notifications remind individuals to renew before October 31, 2019, to avoid a lapse in license. APRNs that only renewed only their RN license will receive an email to renew their APRN license. As of this morning 192,993 licenses have been renewed through eLicense.

L. Emrich said on July 3, 2019, there was a limited system integration occurrence that impacted mostly Certified Nurse Specialists by converting their license from active to lapsed and auto-notifying the individuals via email. L. Emrich expressed her gratitude toward Jesse McClain, APRN-CNS for contacting the Board early that morning to make her aware this, which enabled the Board and eLicense administrators to timely and efficiently address the concern and correct the affected licenses.

### **Other**

Tom Dilling stated that the Ohio Sunset Review Committee notified the Board that it will review the statute authorizing the Board's Committee on Prescriptive Governance, but the Board has yet to receive a review date.

**Future Meetings:** Meetings for 2020 were scheduled for March 17, 2020; May 19, 2020; and September 15, 2020.

**Adjournment:** The meeting adjourned at 10:34 a.m.

DRAFT



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## **SUNSET REVIEW COMMITTEE**

Committee on Prescriptive Governance

Advisory Committee on Advanced Practice Registered Nursing

February 4, 2020

My name is Tom Dilling and I am the Public and Governmental Affairs Officer/Liaison with the Ohio Board of Nursing (Board). I am appearing here today on behalf of the Board and its Executive Director Betsy Houchen, JD, RN.

The Board's mission is to adequately safeguard the public through the effective regulation of nursing care. Our public protection role is critical; nursing touches virtually every citizen of Ohio. Ohioans expect nurses to obtain an adequate level of educational preparation, follow established practice standards, and provide competent nursing care. They also expect the Board to address unsafe practitioners so vulnerable populations are protected. Board operations are designed to meet these public and professional expectations.

The Board regulates over 300,000 licenses and certificates. The Board licenses and regulates registered nurses (RNs), licensed practical nurses (LPNs) and Advanced Practice Registered Nurses (APRNs), in addition to Dialysis Technicians (DTs), Community Health Workers (CHWs) and Medication Aides. The Board regulates over 20,000 APRNs, including Certified Registered Nurse Anesthetists (CRNA), Certified Nurse Practitioners (CNP), Clinical Nurse Specialists (CNS), and Certified Nurse Midwives (CNM). The Board also regulates approximately 239 pre-licensure nursing education programs and training programs. APRN education programs are not regulated by the Board; they are under the jurisdiction of the Ohio Department of Higher Education.

### **Committee on Prescriptive Governance**

The Committee on Prescriptive Governance (CPG) was first established in May of 2000 when the legislature granted prescriptive authority for certain APRNs, including CNPs, CNSs, and CNMs. Approximately 17,000 are licensed to prescribe in Ohio.

The CPG was established in 2000 to develop recommendations, through inter-professional collaboration, regarding APRN prescribing practices; review new drugs to determine if the drugs may be prescribed by APRNs; and set parameters for prescribing specific drugs for safe prescribing practices and patient safety. Over the years, the CPG recommended revisions to the Formulary and administrative rules that were adopted by the Board. The changes expedited the prescribing of newly approved FDA drugs by including drugs and prescribing parameters in each APRN's standard care arrangement. The CPG also simplified the format of the Formulary for ease of reference.

In 2017, significant structural and substantive changes were made to the CPG and the Formulary in HB 216 (131<sup>st</sup> General Assembly). HB 216 retained the CPG but reduced the number of members from ten to seven, required the adoption of an exclusionary

Formulary, and specified that CPG meet at least twice per year and recommend an exclusionary Formulary for the Board's approval twice a year. Revised Code Sections 4723.49, 4723.491, and 4723.492 specify members, terms, and the purpose of the committee. Section 4723.50, ORC, requires the Board to adopt rules consistent with the recommended exclusionary formulary submitted by the Committee.

The exclusionary Formulary specifies the drugs that a prescribing APRN cannot prescribe or furnish. Section 4723.50, ORC, requires the Board to adopt rules consistent with the recommended exclusionary formulary submitted by the Committee. The exclusionary formulary, which has not changed since its adoption in 2017, restates statutory limits already set in law and reads in its entirety as follows:

“A Certified Nurse Practitioner, Clinical Nurse Specialist, and Certified Nurse Midwife shall not prescribe or furnish any drug or device in violation of federal or Ohio law, or rules adopted by the Board. The prescriptive authority of a Certified Nurse Practitioner, Clinical Nurse Specialist, or Certified Nurse Midwife shall not exceed the prescriptive authority of the collaborating physician or podiatrist.”

The CPG members have expressed to the Board that they see little value in continuing the CPG given the implementation of HB 216 and the adoption of the exclusionary Formulary, and the Board is in agreement. Even though meetings are only convened twice a year, the members make a significant sacrifice of time and travel to attend very short meetings, review a light agenda, and recommend the same exclusionary Formulary.

### **Advisory Committee on Advanced Practice Registered Nursing**

The Board regulates over 20,000 Advanced Practice Registered Nurses (APRNs), including Certified Registered Nurse Anesthetists (CRNA), Certified Nurse Practitioners (CNP), Clinical Nurse Specialists (CNS), and Certified Nurse Midwives (CNM).

A CRNA, CNS, CNM, or CNP may provide to individuals and groups nursing care that requires knowledge and skill obtained from advanced formal education and clinical experience. A licensed APRN is also a registered nurse who has earned a master's or doctoral degree with a major in a nursing specialty or in a related field that qualifies the nurse to take a national certification examination. National certification is required to become licensed as a CRNA, CNS, CNM, or CNP.

CNSs, CNMs, or CNPs may practice only in accordance with a standard care arrangement entered into with each physician or podiatrist with whom the nurse collaborates. Prior approval of the standard care arrangement by the Board is not required. A CRNA practices under the supervision of a physician without a standard care arrangement.

The Advisory Committee on Advanced Practice Registered Nursing (Advisory Committee), statutorily created in 2017, consists of eight members who advise the Board regarding the practice and regulation of APRNs and may make recommendations to the committee on prescriptive governance. Section 4723.493, ORC, specifies a representative committee that includes all types of practicing APRNs, teaching faculty, and employer representation. The committee consists of the following members:

- Four APRNs, each actively engaged in APRN practice in a clinical setting in this state; one actively engaged in primary care; one actively engaged as a CRNA, and one actively engaged in practice as CNM
- Two APRNs, who are faculty members of an approved program of nursing education that prepares students for licensure as APRNs
- A member of the Board who is an APRN
- A representative of an entity employing ten or more APRNs actively engaged in practice

The Board values the work of the Committee. In addition to advising the Board on issues affecting the practice and regulation of advanced practice registered nursing, the Committee serves as a public forum for interested parties and nursing associations to discuss practice issues and provide comments on proposed administrative rules.

The Board is supportive of continuing the Advisory Committee.



## Ohio Sunset Review Committee

### *Agency Questionnaire*

Agency Name: Advisory Committee on Advanced Practice Registered Nursing (Ohio Board of Nursing)

Point of Contact: Betsy Houchen, JD, RN, Executive Director

Agency's primary purpose and its various goals and objectives:

The mission of the Ohio Board of Nursing (Board) is to actively safeguard the public through the effective regulation of nursing care. Our public protection role is critical; nursing touches virtually every citizen of Ohio. Ohioans expect nurses to obtain an adequate level of educational preparation, follow established practice standards, and provide competent nursing care. They also expect the Board to address unsafe practitioners so vulnerable populations are protected. Board operations are designed to meet these public and professional expectations.

The Board regulates over 300,000 licenses and certificates. The Board licenses and regulates registered nurses (RNs), licensed practical nurses (LPNs) and Advanced Practice Registered Nurses (APRNs), in addition to Dialysis Technicians (DTs), Community Health Workers (CHWs) and Medication Aides. The Board regulates over 20,000 APRNs, including Certified Registered Nurse Anesthetists (CRNA), Certified Nurse Practitioners (CNP), Clinical Nurse Specialists (CNS), and Certified Nurse Midwives (CNM). The Board also regulates 239 pre-licensure nursing education programs and training programs. APRN education programs are not regulated by the Board; they are under the jurisdiction of the Ohio Department of Higher Education.

The Advisory Committee on Advanced Practice Registered Nursing (Advisory Committee), statutorily created in 2017, consists of eight members who advise the Board regarding the practice and regulation of APRNs and may make recommendations to the committee on prescriptive governance. The statute specifies a representative committee that includes all types of practicing APRNs, teaching faculty, and employer representation. See Section 4723.493, ORC, which is included in its entirety below in the "Additional Notes" section.

In addition to advising the Board on issues affecting the practice and regulation of advanced practice registered nursing, the Committee serves as a public forum for interested parties and nursing associations to discuss practice issues and provide comments on proposed administrative rules. The Board values the input of the Advisory Committee that represents a highly skilled professional licensee population and is supportive of continuing the Advisory Committee.

Agency's past and anticipated workload, number of staff required to complete workload, and total number of staff:

Board staff work with the Chair of the Committee to establish the agenda and provide materials for the meetings. There are 3-4 staff who work about 10-15 hours in preparation for each meeting which includes conducting research, writing memos, and compiling discussion materials. Additional time between meetings is spent to communicate with the Chair, Committee members, and interested parties.

Agency's past and anticipated budgets and its sources of funding:

The Board's budget is authorized biennially as part of the State of Ohio's budget. The Board receives no General Revenue funds. It is totally funded by license fees paid by those regulated by the Board. The current fees have been in place since 2004.

Number of members of its governing board or other governing entity and their compensation, if any:

The Advisory Committee is comprised of eight members who serve without compensation, but each member shall receive payment for their actual and necessary expenses incurred in performance of their official duties (Section 4723.02, ORC).

The total expenses for each of the last eight Committee meetings are as follows: \$384.24 (January 2018); \$428.06 (May 2018); \$440.12 (June 2018); \$610.36 (October 2018); \$422.04 (February 2019); \$414.96 (April 2019); \$520.12 (June 2019); and \$547.96 (October 2019).

The current Committee members are:

Erin Keels, APRN-CNP (Chair, Nursing Board Member)  
Brian Garrett, APRN-CRNA  
Sherri Sievers, APRN-CNP (CNP)  
Michelle Zamudio, APRN-CNM  
Pamela Bolton, APRN-CNP, APRN-CNS (employer representative)  
Peter DiPiazza, APRN-CNP  
Jody Miniard, APRN-CNP (APRN Faculty)  
Angela Gager, APRN-CNP (APRN Faculty)

Agency-recommended legislative changes to improve organizational efficiency:

The Board has no recommendations at this time.

## Additional notes:

### 4723.493 Advisory committee on advanced practice registered nursing.

(A) There is hereby created within the board of nursing the advisory committee on advanced practice registered nursing. The committee shall consist of the following members and any other members the board appoints under division (B) of this section:

(1) Four advanced practice registered nurses, each actively engaged in the practice of advanced practice registered nursing in a clinical setting in this state, at least one of whom is actively engaged in providing primary care, at least one of whom is actively engaged in practice as a certified registered nurse anesthetist, and at least one of whom is actively engaged in practice as a certified nurse-midwife;

(2) Two advanced practice registered nurses, each serving as a faculty member of an approved program of nursing education that prepares students for licensure as advanced practice registered nurses;

(3) A member of the board of nursing who is an advanced practice registered nurse;

(4) A representative of an entity employing ten or more advanced practice registered nurses actively engaged in practice in this state.

(B) The board of nursing shall appoint the members described in division (A) of this section. Recommendations for initial appointments and for filling any vacancies may be submitted to the board by organizations representing advanced practice registered nurses practicing in this state and by schools of advanced practice registered nursing. The board shall appoint initial members and fill vacancies according to the recommendations it receives. If it does not receive any recommendations or receives an insufficient number of recommendations, the board shall appoint members and fill vacancies on its own advice.

Initial appointments to the committee shall be made not later than sixty days after the effective date of this section. Of the initial appointments described in division (A)(1) of this section, two shall be for terms of one year and two shall be for terms of two years. Of the initial appointments described in division (A)(2) of this section, one shall be for a term of one year and one shall be for a term of two years. Of the initial appointments described in divisions (A)(3) and (4) of this section, each shall be for a term of two years. Thereafter, terms shall be for two years, with each term ending on the same day of the same month as did the term that it succeeds. Vacancies shall be filled in the same manner as appointments.

When the term of any member expires, a successor shall be appointed in the same manner as the initial appointment. Any member appointed to fill a vacancy occurring prior to the expiration of the term for which the member's predecessor was appointed shall hold office for the remainder of that term. A member shall continue in office subsequent to the expiration date of the member's term until the member's successor takes office or until a period of sixty days has elapsed, whichever occurs first. A member may be reappointed for one additional term only.

(C) The committee shall organize by selecting a chairperson from among its members. The committee may select a new chairperson at any time. Five members constitute a quorum for the transaction of official business. Members shall serve without compensation but receive payment for their actual and necessary expenses incurred in the performance of their official duties. The expenses shall be paid by the board of nursing.

(D) The committee shall advise the board regarding the practice and regulation of advanced practice registered nurses and may make recommendations to the committee on prescriptive governance. The committee may also recommend to the board that an individual with expertise in an advanced practice registered nursing specialty be appointed under division (B) of this section as an additional member of the committee.

Added by 131st General Assembly File No. TBD, HB 216, §1, eff. 4/6/2017.



# Ohio Sunset Review Committee

## *Agency Questionnaire*

Agency Name: Committee on Prescriptive Governance (Ohio Board of Nursing)

Point of Contact: Betsy Houchen, Executive Director, JD, RN

Agency's primary purpose and its various goals and objectives:

The mission of the Ohio Board of Nursing (Board) is to actively safeguard the public through the effective regulation of nursing care. Our public protection role is critical; nursing touches virtually every citizen of Ohio. Ohioans expect nurses to obtain an adequate level of educational preparation, follow established practice standards, and provide competent nursing care. They also expect the Board to address unsafe practitioners so vulnerable populations are protected. Board operations are designed to meet these public and professional expectations.

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The Committee on Prescriptive Governance (CPG) was established in 2000 to develop recommendations, through inter-professional collaboration, regarding APRN prescribing practices; review new drugs to determine if the drugs may be prescribed by APRNs; and set parameters for prescribing specific drugs for safe prescribing practices and patient safety.

Over the years, the CPG recommended revisions to the Formulary and administrative rules that were adopted by the Board. The changes expedited the prescribing of newly approved FDA drugs by including drugs and prescribing parameters in each APRN's standard care arrangement. The CPG also simplified the format of the Formulary for ease of reference.

Significant structural and substantive changes were made to the CPG and the Formulary, which became an "exclusionary formulary," in HB 216 of the 131st General Assembly (effective April 6, 2017). HB 216 retained the CPG but reduced its membership from ten to seven members and required CPG to meet at least twice per year and recommend an exclusionary Formulary for the Board's approval twice a year.

The exclusionary Formulary specifies the drugs that a prescribing APRN cannot prescribe or furnish. Section 4723.50, ORC, requires the Board to adopt rules consistent with the recommended exclusionary formulary submitted by the Committee. The exclusionary formulary, which has not changed since its adoption in 2017, reads in its entirety as follows:

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Agency's past and anticipated workload, number of staff required to complete workload, and total number of staff:

Board staff work with the Chair of CPG to establish the agenda and provide materials for the meetings. Since implementation of the exclusionary formulary, the workload is and should continue to be minimal. Various staff provide about 2-3 hours of work every six months, to schedule the meetings, communicate with CPG members, and prepare the meeting agenda and materials.

Agency's past and anticipated budgets and its sources of funding:

The Board's budget is authorized biennially as part of the State of Ohio's budget. The Board receives no General Revenue funds. It is totally funded by license fees paid by those regulated by the Board. The current fees have been in place since 2004.

Number of members of its governing board or other governing entity and their compensation, if any:

The CPG is comprised of seven members who serve without compensation but receive payment for their actual and necessary expenses incurred in the performance of their official duties (Section 4723.02, ORC). The total expenses for each of the last six CPG meetings are as follows: \$273.56 (October 2017); \$312.20 (March 2018); \$279.66 (November 2018); \$125.64 (January 2019); \$211.80 (May 2019); \$199.68 (September 2019).

The CPG members are:

Sherri Sievers, APRN-CNP (Chair) (APRN nominated by APRN Association)  
Barbara Douglas, APRN-CRNA (Nursing Board Member)  
Eric Kramer, APRN-CNP, APRN-CRNA (APRN nominated by APRN Specialty Association)  
Richard Edgin, MD (Medical Board Member)  
Richard Bakker, MD (Physician practicing with APRNs)  
Katherine Clark, DO (Physician practicing with APRNs)  
Jessica Geiger-Hayes, PharmD (Clinical Pharmacist)

Agency-recommended legislative changes to improve organizational efficiency:

The CPG members have expressed to the Board that they see little value in continuing the CPG given the implementation of HB 216 and the adoption of the exclusionary Formulary. Although they only meet twice a year, the members make a significant sacrifice of time and travel to attend very short meetings, review a light agenda, and recommend the same exclusionary Formulary. In the future, if there is a need to address patient safety regarding prescribing a particular drug it could be addressed in statute or rule.

It is noteworthy that SB 259 of the 132nd General Assembly eliminated the Medical Board's authority to adopt a Physician Assistant (PA) drug Formulary resulting in having no Formulary for the PAs while prohibiting a PA from prescribing a drug in violation of state or federal law. This may create a precedent for eliminating the CPG.

Additional notes:

None



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### MEMORANDUM

To: Board Members, Ohio Board of Nursing

From: Tom Dilling, Public and Governmental Affairs Officer/Liaison  
Betsy Houchen, Executive Director

Subject: Legislation, 133<sup>rd</sup> General Assembly Update

Date: January 13, 2020

#### **HB 177, Standard Care Arrangements**

HB 177 was introduced April 9, 2019, proposing to eliminate the standard care arrangements entered into by advanced practice registered nurses and collaborating physicians or podiatrists; prohibit physician prescribing of schedule II controlled substances in convenience care clinics; and remove physician oversight of a CNP, CNS, or CNM, granting clearance for a concussed student to return to play or practice in a sport, consistent with other parts of the bill.

The bill has had five hearings in the House Health Committee. The Committee most recently heard HB 177 on November 19, 2019, at which time they accepted a substitute version of the bill. Generally, Sub HB 177 grants those APRNs who submit documentation of having completed 2,000 clinical practice hours under a standard care arrangement with a collaborating practitioner, the option to practice without the arrangement and collaborating practitioner.

For additional information on the substitute proposal, attached is a copy of the HB 177 comparison document published by LSC that notes the sub bill changes from the previous version.

#### **HB 224, Nurse Anesthetists**

HB 224 was introduced on April 29, 2019 and has had five hearings in the House Health Committee. At the fourth hearing on June 18, 2019, a substitute version of the bill was accepted by the committee. At the fifth hearing on December 10, 2019, a new substitute version of the bill was accepted by the committee. The various associations representing the interests of physicians and CRNAs have since reached agreement on bill language that is supported by the Ohio State Association of Nurse Anesthetists (OSANA) and not opposed by the physician organizations. For more information on the substitute proposal, attached is a copy of the HB 224 comparative synopsis document published by LSC that notes the sub bill changes from the previous version, a letter of support of the sub bill from OSANA, and a letter of neutrality from OSMA and OSA.

**SB 7, Temporary Licensing-Military**

SB 7 requires state occupational licensing agencies, under certain circumstances, to issue six-year temporary licenses or certificates to members of the military and spouses who are licensed in another jurisdiction and have moved to Ohio for active duty. After a conference committee about SB 7 on December 10, 2019, the House and Senate subsequently agreed to the conference committee report and the proposed changes to the bill.

House member Representative Perales who sponsored similar legislation in HB 133 explained the following changes made in the amendment to the bill, AM1511x7:

- A licensing agency can choose whether to issue a temporary license or a full license to a military member or a military member's spouse. Perales said State Medical Board of Ohio (SMBO) officials told him they'd prefer to offer full licenses instead of temporary ones. "So why not make that an option? That makes it even better."
- All fees are waived for temporary and full licenses. "No fees? Of course, that makes it better. I think we had no more than a third of the cost originally. That makes it better for the military member," Perales said.
- Background checks are required for licensing agencies that require a background check to be completed at the time of application. "That's a no-brainer. We just missed it, really," Perales said.
- Requires a licensing agency to issue the license within 30 days from the time the application is submitted. If a background check is required, the agency must issue the license within 14 days of the background check being completed. Perales said the U.S. Department of Defense (DOD) told him they'd prefer timelines be implemented, and that he and Rep. Jim Butler (R-Dayton) came up with the specific numbers.
- Clarifies that a licensee cannot exceed their scope of practice. "It only makes sense that even though they are licensed, they can't practice something that they are not educated for. If a nurse gets her license here but wants to do a specialty in nursing and is not Ohio-trained, then we have to have some protection."
- If an individual is under investigation by the licensing agency of any other state, then the Ohio licensing agency can postpone issuance of the license until the investigation is complete and the applicant is found to be in good standing. Perales said this amendment was requested by the SMBO.

Current law provides for expedited processing of applications of members of the military and their spouses (see Rule 4723-2-02, OAC). The Board has promoted expedited licensing of the military through rules, processes and approval of certain military nursing programs which were added to statute. Prior to the bill's expected implementation in April 2020, the Board will explore what rule and eLicense changes may be necessary to

comply with the statute and the expedited nature of the current and proposed processes that appear to retain the ability to provide a temporary permit to obtain a license in a timely manner.

### **HB 263, Occupational Licensing-Criminal Convictions**

HB 263 was introduced on May 28, 2019 and has had four hearings in the House Commerce and Labor Committee. Proponents and other interested parties have provided testimony in committee. Proponents offered similar testimony sharing personal stories from their own experience or those they knew or had worked with to describe various difficulties those persons had encountered when attempting to be licensed. The examples were wide ranging and generally discussed matters related to non-health care related professions. At the Committee's December 11, 2019 meeting, the bill was amended to add certain reporting requirements to licensing boards that were related to the bill's requirements.

The Legislative Service Committee summarizes the bill as follows:

- Requires, within 180 days after the bill's effective date, a state licensing authority to adopt a list of specific criminal offenses for which a conviction, judicial finding of guilt, or plea of guilty may disqualify an individual from obtaining a license.
- Allows a state licensing authority to consider a listed offense when deciding whether an individual is disqualified from receiving an initial license, provided the state licensing authority considers the offense in light of specific factors supported by clear and convincing evidence.
- Prohibits a state licensing authority from considering a listed disqualifying offense when the offense occurred outside of time periods specified in the bill.
- Prohibits a state licensing authority from refusing to issue an initial license to an individual based solely on being charged with or convicted of a criminal offense or a nonspecific qualification such as "moral turpitude" or lack of "moral character."
- Requires a state licensing authority that refuses to issue an initial license because of a specific disqualifying offense to notify the applicant of the reason for the refusal, the applicant's right to an administrative hearing, the earliest date the applicant may reapply, and the individual's ability to offer evidence of rehabilitation upon reapplication.
- Places the burden of proving the relationship between a disqualifying offense and the licensed occupation on the state licensing authority in any proceeding reviewing the authority's denial of an initial license based on a disqualifying offense.

Various licensing boards have discussed common concerns with the bill. Several strategies to address the balance between reentry efforts and maintaining public safety may be considered as possible alternatives, including defining moral turpitude in statute,

establishing mitigating and aggravating criteria in assessing an applicant's past criminal activity and current rehabilitation, requiring professional schools to counsel applicants with criminal history with respect to employment and licensure limitations, and requiring the state to collect data to quantify and assess criminal history in various professions.

**SB 246, Occupational Licensing and HB 432, Occupational Licensing Reciprocity**

SB 246 was introduced on November 26, 2019 and had its sponsor testimony in Senate General Government and Agency Review Committee on December 11, 2019. Co-sponsors Sens. Roegner and McColley said in sponsor testimony their legislation would establish universal licensure reciprocity in Ohio. The bill is further described as requiring an occupational licensing authority to issue a license or government certification to an applicant who holds a license, government certification, or private certification or has satisfactory work experience in another state under certain circumstances. Included with this memorandum, please find a copy of the LSC Analysis for your information.

HB 432 was introduced on December 4, 2019 and had its sponsor testimony in House State and Local Government Committee on December 11, 2019. It should be considered a companion bill to SB 246. As such, please refer to the copy of the LSC Analysis to SB 246 regarding the bill. In sponsor testimony, Rep. Powell noted that "the recent House passage of legislation offering temporary license reciprocity for military families and said her bill would expand that to apply to all who have licenses in good standing. Specific conditions include holding a license or government certification for the same occupation and level of practice; having that license for at least one year; being in good standing in all jurisdictions where they are licensed to practice; having met minimum education, training or experience requirements, or passing an exam; having not surrendered a license or had it revoked for related negligence or misconduct; and not being disqualified due to criminal offenses."

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Additional information and details related to the content and status of any state bill mentioned in the legislative report may be found at <https://www.legislature.ohio.gov/legislation/searchlegislation;jsessionid=17223f7a114e6ed96192eff21785?0>.



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## Substitute Bill Comparative Synopsis

### Sub. H.B. 177

### 133<sup>rd</sup> General Assembly

### House Health

Elizabeth Molnar, Attorney

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.

Previous Version (As Introduced)	Latest Version (I_133_1060-6)
<b>APRN independent practice</b>	
Eliminates provisions of current law that (1) require an advanced practice registered nurse (APRN) who is a certified nurse practitioner, clinical nurse specialist, or certified nurse-midwife to enter into a standard care arrangement with one or more collaborating physicians or podiatrists, (2) require the nurse to practice in accordance with the arrangement, and (3) require the nurse to practice with a collaborating physician or podiatrist ( <i>R.C. 4723.01, 4723.43, and 4723.431; conforming changes in numerous other R.C. sections</i> ).	Instead grants an APRN who has completed 2,000 clinical practice hours under a standard care arrangement with a collaborating practitioner the option to practice without the arrangement and collaborating practitioner ( <i>R.C. 4723.01, 4723.431, and 4723.433; conforming changes in numerous other R.C. sections</i> ).

Previous Version (As Introduced)	Latest Version (I_133_1060-6)
No provision.	Requires the Board of Nursing to consider an APRN who, immediately prior to the bill's effective date, completed 2,000 clinical practice hours under a standard care arrangement with a collaborating practitioner as having met the bill's requirements for independent practice. (To be eligible for this consideration, the nurse must submit to the Board documentation to that effect not later than six months after the bill's effective date.) <i>(Section 4)</i> .
Collaborating practitioner (including another APRN)	
Eliminates the current law requirement than an APRN practice with one or more collaborating physicians or podiatrists <i>(R.C. 4723.01, 4723.43, and 4723.431; conforming changes in numerous other R.C. sections)</i> .	Instead requires an APRN who has <b>not</b> completed 2,000 clinical practice hours to practice with one or more collaborating practitioners, defined to include any of the following: <ol style="list-style-type: none"> <li>1. A physician;</li> <li>2. A podiatrist;</li> <li>3. An APRN who is not practicing under a standard care arrangement with another collaborating practitioner <i>(R.C. 4723.01, 4723.43, and 4723.431; conforming changes in numerous other R.C. sections)</i>.</li> </ol>
No provision.	Also permits an APRN who has completed 2,000 clinical practice hours to continue to practice under a standard care arrangement with a collaborating practitioner if the nurse so chooses <i>(R.C. 4723.43, 4723.431, and 4723.433; conforming changes in numerous other R.C. sections)</i> .

Previous Version (As Introduced)	Latest Version (I_133_1060-6)
<b>Standard care arrangements – termination</b>	
Eliminates the requirement that an APRN enter into a standard care arrangement, thereby eliminating provisions of law that address the nurse’s authority to practice without an arrangement after a collaborating physician or podiatrist terminates the arrangement or in the event of the physician’s or podiatrist’s death ( <i>R.C. 4723.431 and 4731.27</i> ).	Maintains the law establishing standards and conditions for APRN standard care arrangements, but eliminates those provisions that allow an APRN to continue to practice under an arrangement without a collaborating practitioner for a period of 120 days in cases where the collaborator terminates the arrangement or the arrangement terminates due to death ( <i>R.C. 4723.431 and 4731.27</i> ).
<b>Standard care arrangements – prescribing practices</b>	
Eliminates the requirement that an APRN enter into a standard care arrangement and thus, eliminates provisions of law requiring the Board of Nursing to establish by rule criteria for the components of an arrangement as they relate to APRN prescribing practices ( <i>R.C. 4723.431 and 4723.50</i> ).	Maintains Board authority to establish these components by rule, but eliminates the requirement that the rule determine an acceptable travel time between the location where the APRN prescribes and the collaborating physician’s or podiatrist’s location ( <i>R.C. 4723.50</i> ).
<b>Psychiatric APRNs</b>	
Eliminates the requirement that an APRN enter into a standard care arrangement, including provisions of law that permit an APRN who specializes in psychiatric or mental health care to enter into an arrangement with a collaborating physician specializing in pediatrics, primary care, or family practice ( <i>R.C. 4723.431</i> ).	Maintains the law establishing standards and conditions for APRN standard care arrangements, but also eliminates those provisions allowing a psychiatric APRN to collaborate with a physician specializing in pediatrics, primary care, or family practice ( <i>R.C. 4723.431</i> ).
<b>Advanced pharmacology – course of study</b>	
Eliminates the requirement that the Board of Nursing approve a course of study in advanced pharmacology, which an APRN must complete in order to be eligible for licensure ( <i>R.C. 4723.482</i> ).	No provision.

Previous Version (As Introduced)	Latest Version (I_133_1060-6)
No provision.	Eliminates the requirement that the course of study be completed not longer than five years before filing an application for an APRN license ( <i>R.C. 4723.482</i> ).
<b>Quality assurance standards</b>	
No provision.	Rather than require the Board of Nursing, as under current law, to establish by rule quality assurance standards for all APRNs, including certified registered nurse anesthetists, directs the Board to set such standards only for clinical nurse specialists, certified nurse-midwives, and certified nurse practitioners with less than 2,000 hours of clinical practice ( <i>R.C. 4723.07</i> ).
<b>Board of Nursing quorum</b>	
No provision.	Specifies that, of the seven Board of Nursing members needed to constitute a quorum, one must be an advanced practice registered nurse ( <i>R.C. 4723.02</i> ).
<b>Concussions in youth athletics – assessments and clearances</b>	
Regarding the existing authority of a school district or youth sports organization to permit any licensed health care professional who is not a physician to assess an athlete for a concussion and to clear the athlete to return to play, eliminates the requirement for physician involvement (through consultation, referral, collaboration, or supervision) when the assessment or clearance is performed by a nonphysician, including an APRN acting without a collaborating physician under the bill ( <i>R.C. 3313.539 and 3707.511</i> ). (Under current law, a physician may assess an athlete for a concussion and clear the athlete to return to play without first obtaining from a school district or youth sports organization authority to do so.)	Instead specifies that a clinical nurse specialist or certified nurse practitioner, like a physician under existing law, may assess an athlete for a concussion and clear the athlete’s return without having first been authorized to do so by a school district or youth sports organization. Also provides that such a nurse is not required to act with a collaborating physician ( <i>R.C. 3313.539 and 3707.511</i> ).

Previous Version (As Introduced)	Latest Version (I_133_1060-6)
<b>Physician issuance of schedule II prescriptions from convenience care clinics</b>	
Prohibits a physician from issuing to a patient a prescription for a schedule II controlled substance from a convenience care clinic (R.C. 4731.058).	No provision.



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## Substitute Bill Comparative Synopsis

**Sub. H.B. 224**

**133<sup>rd</sup> General Assembly**

House Health

Elizabeth Molnar, Attorney

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.

Previous Version (I_133_1055-2)	Latest Version (I_133_1055-10)
<b>Physician, podiatrist, or dentist supervision and consultation</b>	
Maintains existing law requiring a certified registered nurse anesthetist (CRNA) to practice under the supervision of a physician, podiatrist, or dentist, but also establishes a new requirement – that a CRNA consult with a physician, podiatrist, or dentist before performing activities authorized by the bill or already permitted under current law ( <i>R.C. 4723.43(B)</i> ).	Eliminates the requirement that a CRNA consult with a physician, podiatrist, or dentist, but retains current law requiring supervision ( <i>R.C. 4723.43(B)</i> ).

Previous Version (I_133_1055-2)	Latest Version (I_133_1055-10)
<b>CRNA authority to select anesthesia</b>	
<p>Grants a CRNA authority to select anesthesia if the CRNA is in the immediate presence of a supervising practitioner (<i>R.C. 4723.43(B)</i>). (Also retains current law authorizing a CRNA to administer anesthesia in the practitioner’s immediate presence.)</p>	<p>Removes provisions authorizing a CRNA to select anesthesia, but maintains existing authority to administer anesthesia in the supervising practitioner’s immediate presence (<i>R.C. 4723.43(B)</i>).</p>
<b>Clinical support functions, including delegation</b>	
<p>Provides that a CRNA may perform clinical support functions, as under existing law, but requires the CRNA to do so in consultation with a physician (<i>R.C. 4723.43(B)</i>). (Neither current law nor either version of the substitute bill define “clinical support functions.”)</p> <p>Specifies that clinical support functions may be performed at any time (<i>R.C. 4723.43(B)</i>).</p> <p>Authorizes a CRNA, when performing clinical support functions, to order fluids, treatments, drugs, and one or more diagnostic tests and to evaluate test results (<i>R.C. 4723.43(B)</i>).</p>	<p>Removes the requirement that the nurse consult with a physician, but maintains CRNA authority to perform clinical support functions (<i>R.C. 4723.43(B)</i>).</p> <p>No provision.</p> <p>Instead permits a CRNA, when performing clinical support functions, to direct a nurse or respiratory therapist to do the following:</p> <ol style="list-style-type: none"> <li>1. Provide supportive care, including monitoring vital signs, conducting electrocardiograms, and administering intravenous (IV) fluids;</li> <li>2. Administer treatments, drugs, and IV fluids to treat conditions related to the administration of anesthesia, but only if a physician, dentist, or podiatrist ordered them (<i>R.C. 4723.43(B) and 4723.433</i>).</li> </ol>

Previous Version (I_133_1055-2)	Latest Version (I_133_1055-10)
<b>Delegation generally</b>	
<p>Allows a CRNA to direct a nurse or respiratory therapist to (1) provide supportive care and (2) administer treatments, drugs, and IV fluids to treat conditions related to the administration of anesthesia, but only if the CRNA does so during the time period that begins on the patient’s admission to a facility and ends on his or her discharge from recovery (<i>R.C. 4723.43(B)</i>).</p>	<p>Same, but unlike when a CRNA performs clinical support functions and delegates to a nurse or respiratory therapist the administration of treatments, drugs, or IV fluids for conditions related to anesthesia administration as part of those support functions (see “<b>Clinical support functions, including delegation</b>” above), does not require the treatments, drugs, and IV fluids to be ordered by a physician, dentist, or podiatrist (<i>R.C. 4723.434</i>).</p>
<b>CRNA authority to perform other services and activities</b>	
<p>Permits a CRNA to engage in the following services or activities not authorized under current law:</p> <ol style="list-style-type: none"> <li>1. Selecting, ordering, and administering pain relief therapies (the bill does not define “pain relief therapies”);</li> <li>2. Selecting, ordering, and administering treatments, drugs, and IV fluids for conditions related to the administration of anesthesia;</li> <li>3. Performing and documenting evaluations and assessments, which may include ordering and evaluating one or more diagnostic tests and consulting with one or more other health care professionals;</li> <li>4. Establishing anesthesia care plans and determining whether planned anesthesia is appropriate;</li> <li>5. Obtaining informed consent for anesthesia care;</li> <li>6. Performing and documenting postanesthesia care preparation and evaluation (<i>R.C. 4723.43(B)</i>).</li> </ol>	<p>In the case of those services and activities, does the following:</p> <ol style="list-style-type: none"> <li>1. Eliminates CRNA authority under the bill to select, order, and administer pain relief therapies;</li> <li>2. Retains provisions authorizing the CRNA to select, order, and administer treatments, drugs, and IV fluids for conditions related to anesthesia’s administration;</li> <li>3. Retains provisions authorizing the performing and documenting of evaluations and assessments, but removes the language regarding consulting with other health care professionals;</li> <li>4. Removes provisions authorizing a CRNA to establish anesthesia care plans and determine anesthesia’s appropriateness;</li> <li>5. Retains authority under the bill to obtain informed consent for anesthesia care;</li> </ol>

Previous Version (I_133_1055-2)	Latest Version (I_133_1055-10)
<p>Requires a CRNA to have been granted credentials and clinical privileges by the facility's medical staff before the CRNA may engage in most of the foregoing services or activities (R.C. 4723.43(B)).</p> <p>Allows a CRNA to perform the services and activities described above only during the time period that begins on the patient's admission to a facility and ends on his or her discharge from recovery (R.C. 4723.43(B)).</p>	<p>6. Instead authorizes a CRNA to perform preanesthetic preparation and evaluation (R.C. 4723.43(B) and 4723.434).</p> <p>No provision.</p> <p>Maintains the time period requirement but with the following changes:</p> <ol style="list-style-type: none"> <li>1. Specifies that it begins on a patient's admission to the facility for a surgery or procedure;</li> <li>2. Provides that it applies only when performing and documenting evaluations and assessments; selecting, ordering, and administering treatments, drugs, and IV fluids; and directing nurses and respiratory therapists to provide supportive care or administer drugs, treatments, and IV fluids to treat conditions related to the administration of anesthesia (R.C. 4723.434).</li> </ol>
Limitations on CRNA practice	
<p>Specifies that a CRNA may not prescribe a drug for use outside of the facility where the nurse practices (R.C. 4723.43(B)).</p> <p>Requires the facility to adopt a written policy establishing standards and procedures to be followed by the CRNA when ordering and evaluating diagnostic tests, establishing anesthesia care plans, and selecting, ordering, and administering drugs, treatments, and IV fluids (R.C. 4723.43(B)).</p>	<p>Same (R.C. 4723.434).</p> <p>Similar, but requires the adopted policy to be developed by the facility's medical, nursing, and pharmacy directors. Also requires the policy to address a CRNA's delegation of activities to nurses and respiratory therapists and removes provisions requiring the policy to address the establishment of anesthesia care plans. Also specifies that, in adopting a policy, the facility (1) must not authorize a CRNA to select, order, or administer a drug that a supervising practitioner is not</p>

Previous Version (I_133_1055-2)	Latest Version (I_133_1055-10)
No provision.	<p>authorized to prescribe and (2) must allow a supervising practitioner to issue every order related to a patient’s anesthesia care (R.C. 4723.43(B) and 4723.435).</p> <p>Requires the CRNA and supervising practitioner to both be physically present at the facility when the nurse does any of the following:</p> <ol style="list-style-type: none"> <li>1. Performs and documents evaluations and assessments;</li> <li>2. Selects, orders, and administers treatments, drugs, and IV fluids;</li> <li>3. Directs nurses or respiratory therapists to provide supportive care or administer treatments, drugs, or IV fluids to treat conditions related to the administration of anesthesia.</li> </ol>
No provision.	<p>Prohibits a CRNA from engaging in one or more of the foregoing activities if the supervising practitioner or the facility determines that it is not in the patient’s best interest for the nurse to do so. Following such a determination, requires the patient’s medical or electronic health record to indicate that the CRNA is prohibited from engaging in the activities.</p>

December 5, 2019

The Honorable Jon Cross  
The Honorable Shane Wilkin  
77 S. High Street  
Columbus, OH 43215

Dear Representatives Cross and Wilkin:

On behalf of the Ohio State Association of Nurse Anesthetists (OSANA), I write to express our support for HB 224-10. OSANA appreciates the efforts of the Ohio State Medical Association (OSMA) and the Ohio Society of Anesthesiologists (OSA) drafting language in the -10 version of the bill that we can support in good faith. We received the letter from OSMA and OSA dated December 3, 2019 expressing their position of neutrality with the -10 version of the bill and we accept the compromise version of the bill as written.

Thank you for your steadfast work and commitment to an inclusive process created to reach consensus on HB 224. We believe HB 224 has the chance to advance anesthesia patient safety and quality care in Ohio and we look forward to consideration of this bill by the Ohio House Health Committee and the Ohio House of Representatives soon.

Sincerely,



Joe Hollabaugh

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The Ohio Society  
of Anesthesiologists

December 3, 2019

The Honorable Shane Wilkin

The Honorable Jon Cross

77 South High Street

Columbus, Ohio 43215

Dear Representatives Wilkin and Cross:

On behalf of the Ohio State Medical Association (OSMA) and the Ohio Society of Anesthesiologists (OSA), we want to convey our position of neutral on HB 224-10, the CRNA scope of practice bill. This version is the result of numerous stakeholder meetings, conversations and hearings. We believe it represents a fair compromise that balances both the desire by CRNAs to have more authority while maintaining physician involvement and oversight that ensures the best quality of care for patients.

Included in HB 224-10 are the following key provisions:

- Allows CRNAs to order drugs, tests, intravenous fluids and treatments during the perioperative period if the facility has a policy delineating such authority
- Allows CRNAs to direct RNs, LPNs, and Respiratory Therapists to provide supportive care both within the perioperative period and within the facility
- Allows supervising physicians to opt out of the CRNA expanded authority if they believe it is in the best interest of the patient
- Clinical support functions are clarified for CRNAs and do not include ordering of drugs, tests, intravenous fluids or treatments.

Thank you for your countless hours and hard work on this bill.

Sincerely,

A handwritten signature in blue ink that reads "Monica Hueckel".

Monica Hueckel

A handwritten signature in blue ink that reads "Willa J. Ebersole".

Willa J. Ebersole



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# OHIO LEGISLATIVE SERVICE COMMISSION

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S.B. 246  
133<sup>rd</sup> General Assembly

## Bill Analysis

**Version:** As Introduced

**Primary Sponsors:** Sens. Roegner and McColley

Kelly Bomba, Attorney

### SUMMARY

- Requires a licensing authority to issue a license or government certification under certain circumstances to an applicant who holds an out-of-state occupational license.
- Requires a licensing authority to issue a license or government certification under certain circumstances to an applicant who has a government certification, a private certification, or satisfactory work experience in a state that does not issue a license or government certification for the respective occupation.
- Requires an applicant to submit to a criminal records check to receive a license or government certification under the bill if a licensing authority requires an applicant under the law governing the applicable profession, occupation, or occupational activity to submit to a criminal records check to receive a license or government certification.
- Allows a licensing authority to require an applicant to pass an examination on Ohio's laws and rules governing the applicable profession, occupation, or occupational activity if a licensing authority requires an applicant to pass the examination to receive a license or government certification under the applicable law.
- Requires, if a licensing authority requires an applicant under the law governing the applicable profession, occupation, or occupational activity to satisfy a financial responsibility requirement to receive a license or government certification, an applicant to satisfy the requirement to receive a license or government certification under the bill.
- Prohibits a licensing authority from issuing or denying a license or government certification under the bill to the applicant while the applicant is the subject of certain pending complaints, allegations, or investigations.
- Requires a licensing authority to provide an applicant with a written decision to issue or reject a license or government certification under the bill within 60 days after receiving a complete application.

- Specifies that an applicant who is issued a license or government certification under the bill is subject to the laws regulating the practice of the applicable occupation or profession in Ohio and is subject to the licensing authority's jurisdiction.
- Requires that a license or government certification issued under the bill be considered a license or government certification issued under the laws regulating the practice of the applicable occupation or profession in Ohio.
- Specifies that provisions of law applicable to a license or government certification issued to an applicant who does not obtain a license or government certification under the bill apply in the same manner to licenses and government certifications issued under the bill.
- Prohibits a political subdivision from prohibiting an individual who holds a license or government certification issued by a state agency under the bill from engaging in the respective profession, occupation, or occupational activity in the political subdivision's jurisdiction.
- Requires a licensing authority to issue temporary training licenses under the bill.
- Exempts licenses from the bill that authorize an out-of-state professional to engage in a profession, occupation, or occupational activity for a limited time or on a limited basis and limits these licenses to individuals who are not Ohio residents.
- Exempts licenses from the bill that authorize a person to engage in a profession, occupation, or occupational activity as a volunteer.
- Requires each licensing authority to adopt rules as necessary to implement the bill.

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## DETAILED ANALYSIS

### Occupational license reciprocity

The bill requires a licensing authority to issue a license or government certification under certain circumstances to an applicant who holds an out-of-state occupational license or who has a government certification, a private certification, or satisfactory work experience in a state that does not issue the respective license. The three circumstances under which a licensing authority must issue a license or government certification are described under "**Issuance to out-of-state license or government certification holders,**" "**Issuance to private certification holders,**" and "**Issuance to individuals with satisfactory work experience,**" below.<sup>1</sup>

The bill requires each licensing authority to adopt rules as necessary to implement the bill.<sup>2</sup>

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<sup>1</sup> R.C. 9.79, with conforming changes throughout the bill.

<sup>2</sup> R.C. 9.79(L).

## Definitions

For purposes of the bill:

1. “Licensing authority” means a state agency or political subdivision that issues licenses or government certifications.
2. “License” means an authorization evidenced by a license, certificate, registration, permit, card, or other authority that is issued or conferred by a licensing authority to an individual by which the individual has or claims the privilege to engage in a profession, occupation, or occupational activity over which the licensing authority has jurisdiction.
3. “Government certification” means authorization from a licensing authority or the government of another state to an individual who meets qualifications related to a profession, occupation, or occupational activity to which both of the following apply:
  - a. Only an individual holding the authorization may use a specific title or titles when advertising or holding the individual’s self out to engage in the profession, occupation, or occupational activity.
  - b. An individual is not required to have the authorization to engage in the profession, occupation, or occupational activity in the respective jurisdiction.
4. “Out-of-state occupational license” means a license, certificate, registration, permit, card, or other authority that is issued or conferred by the government of another state to an individual by which the individual has or claims the privilege to engage in a profession, occupation, or occupational activity over which that state has jurisdiction.
5. “Private certification” means authorization from a private organization to an individual who meets qualifications determined by the organization related to the performance of a profession, occupation, or occupational activity and by which the individual may hold the individual’s self out as certified by the organization.<sup>3</sup>

## Issuance to out-of-state license or government certification holders

The bill requires a licensing authority to issue a license or government certification to an applicant if the licensing authority determines that all of the following apply:

1. The applicant holds either of the following:
  - a. An out-of-state occupational license that authorizes the applicant to engage in the same profession, occupation, or occupational activity, and at the same practice level, as the license or government certification for which the applicant is applying in Ohio.

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<sup>3</sup> R.C. 9.79(A).

- b. A government certification in the same profession, occupation, or occupational activity as the license or government certification for which the applicant is applying in Ohio in a state that does not issue an out-of-state occupational license for the respective profession, occupation, or occupational activity.
2. The applicant has held the out-of-state occupational license or government certification for at least one year and is in good standing in all jurisdictions in which the applicant holds an out-of-state occupational license or government certification to practice the same profession, occupation, or occupational activity for which the applicant is applying in Ohio.
3. The applicant was required to satisfy minimum education, training, or experience requirements or pass an examination to receive the out-of-state occupational license or government certification.
4. The applicant has not surrendered or had revoked a license, out-of-state occupational license, or government certification because of negligence or intentional misconduct related to the applicant's work in the same profession, occupation, or occupational activity for which the applicant is applying in Ohio.
5. The applicant pays a fee equal to the renewal fee required for license or government certification holders under the applicable law to the licensing authority (it is unclear what fee can be charged if there is no renewal fee for the license or government certification).
6. The applicant is not disqualified from obtaining the license or government certification because of a conviction, judicial finding of guilt, or plea of guilty to a disqualifying criminal offense specified on the list the licensing authority makes available pursuant to continuing law.<sup>4</sup>

## **Issuance to private certification holders**

The bill requires a licensing authority to issue a license or government certification to an applicant if the licensing authority determines that all of the following apply:

1. The applicant holds a private certification and has at least two years of work experience in the same profession, occupation, or occupational activity, and at the same practice level, as the license or government certification for which the applicant is applying in Ohio in a state that does not issue an out-of-state occupational license or government certification for the respective profession, occupation, or occupational activity.
2. The applicant is in good standing with the private organization that issued the private certification.

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<sup>4</sup> R.C. 9.79(B).

3. The applicant meets the requirements specified under (4) to (6) of “**Issuance to out-of-state license or government certification holders,**” above.<sup>5</sup>

### **Issuance to individuals with satisfactory work experience**

The bill requires a licensing authority to issue a license or government certification to an applicant if the licensing authority determines that both of the following apply:

1. The applicant has at least three years of work experience in the same profession, occupation, or occupational activity, and at the same practice level, as the license or government certification for which the applicant is applying in Ohio in a state that does not issue an out-of-state occupational license or government certification for the respective profession, occupation, or occupational activity.
2. The applicant meets the requirements under (4) to (6) of “**Issuance to out-of-state license or government certification holders,**” above.<sup>6</sup>

### **Criminal records check**

If a licensing authority requires an applicant under the law governing the applicable profession, occupation, or occupational activity to submit to a criminal records check to receive a license or government certification, an applicant must submit to the criminal records check to receive a license or government certification under the bill.<sup>7</sup>

### **Examination on Ohio’s laws and rules**

If a licensing authority requires an applicant to pass an examination on Ohio’s laws and rules governing the applicable profession, occupation, or occupational activity to receive a license or government certification under the applicable law, the bill allows a licensing authority to require an applicant to pass the examination to receive a license or government certification under the bill.<sup>8</sup>

### **Financial responsibility requirement**

If a licensing authority requires an applicant under the law governing the applicable profession, occupation, or occupational activity to satisfy a financial responsibility requirement to receive a license or government certification, an applicant must satisfy the requirement to receive a license or government certification under the bill.<sup>9</sup> An example of this type of requirement is the requirement that an applicant for an auctioneer license must provide proof

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<sup>5</sup> R.C. 9.79(C).

<sup>6</sup> R.C. 9.79(D).

<sup>7</sup> R.C. 9.79(G).

<sup>8</sup> R.C. 9.79(F).

<sup>9</sup> R.C. 9.79(H).

of financial responsibility in the form of either an irrevocable letter of credit, cash bond, or a surety bond in the amount of \$25,000 to receive an initial license.<sup>10</sup>

## **Decision to issue or deny a license or government certification**

If an applicant is the subject of a complaint, allegation, or investigation that relates to unprofessional conduct or an alleged crime pending before a court, administrative agency, or entity that regulates a license, out-of-state occupational license, or government certification, the bill prohibits a licensing authority from issuing or denying a license or government certification to the applicant until the complaint, allegation, or investigation is resolved.<sup>11</sup>

The bill requires a licensing authority to provide an applicant with a written decision to issue or reject a license or government certification under the bill within 60 days after receiving a complete application. An application is not considered complete until any required examination or criminal records check (described under “**Examination on Ohio’s laws and rules**” and “**Criminal background check**,” above) is complete.<sup>12</sup>

## **Law regulating the practice of the occupation or profession**

An applicant who is issued a license or government certification under the bill is subject to the laws regulating the practice of the applicable occupation or profession in Ohio and is subject to the licensing authority’s jurisdiction. Additionally, the bill specifies that a license or government certification issued under the bill is considered a license or government certification issued under the laws regulating the practice of the applicable occupation or profession in Ohio. Provisions of law applicable to a license or government certification issued to an applicant who does not obtain a license or government certification under the bill apply in the same manner to licenses and government certifications issued under the bill.<sup>13</sup>

## **Exempt licenses**

The bill does not apply to any of the following licenses:<sup>14</sup>

1. Licenses subject to the continuing law moratorium on the issuance of new fireworks manufacturer and wholesaler licenses.<sup>15</sup>
2. Medical marijuana cultivator and retail dispensary licenses, which are subject to a limit on the number of licenses allowed at any one time.<sup>16</sup>

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<sup>10</sup> R.C. 4707.11, not in the bill.

<sup>11</sup> R.C. 9.79(E).

<sup>12</sup> R.C. 9.79(M).

<sup>13</sup> R.C. 9.79(I) and (J).

<sup>14</sup> R.C. 9.79(K).

<sup>15</sup> R.C. 3743.75, not in the bill.

<sup>16</sup> R.C. 3796.09 and 3796.10, not in the bill.

3. Licenses issued pursuant to rules of the Supreme Court of Ohio governing admission to the practice of law.<sup>17</sup>
4. Commercial fishing licenses.<sup>18</sup>
5. Licenses issued under the Commercial Driver’s Licensing Law.<sup>19</sup>
6. A permit issued to a nonlicensed individual to teach in schools under limited circumstances.<sup>20</sup>

The bill does not apply to licenses that authorize a person to engage in a profession, occupation, or occupational activity as a volunteer.<sup>21</sup>

## **Political subdivision recognition**

Consistent with *Struthers v. Sokol*, the bill prohibits a political subdivision from prohibiting an individual who holds a license or government certification issued by a state agency under the bill from engaging in the respective profession, occupation, or occupational activity in the political subdivision’s jurisdiction. Under the Home Rule amendment to the Ohio Constitution, a municipal ordinance adopted under a municipality’s police powers cannot conflict with a “general law.” Under *Sokol*, the test for conflict is whether the ordinance prohibits what the state law permits or vice versa. Because state law under the bill requires issuance of a reciprocal license that allows an individual to practice in Ohio, a municipal ordinance that would prohibit what state law allows seemingly would be in direct conflict with the state’s “general law” for home rule purposes.<sup>22</sup>

## **Temporary training licenses**

Under continuing law, some state licensing authorities issue temporary training licenses that allow an individual who is working to obtain full licensure or gain supervised practice hours to engage in a profession, occupation, or occupational activity. The bill applies to these temporary training licenses.<sup>23</sup>

## **Limited time and limited basis licenses**

Under continuing law, some state licensing authorities currently issue licenses that allow an out-of-state professional to engage in a profession, occupation, or occupational activity for a

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<sup>17</sup> Ohio Constitution, Article IV, Section 5.

<sup>18</sup> R.C. 1533.342, not in the bill.

<sup>19</sup> R.C. Chapter 4506.

<sup>20</sup> R.C. 3319.301.

<sup>21</sup> Multiple sections throughout the bill, examples include R.C. 4715.42, 4723.26, and 4731.295.

<sup>22</sup> R.C. 9.79(N) and Ohio Const., art. XVIII, sec. 3, and *Struthers v. Sokol*, 108 Ohio St. 263 (1923).

<sup>23</sup> Multiple sections throughout the bill, examples include R.C. 4723.76, 4729.11, 4731.291, and 4731.573.

limited time or on a limited basis. Other laws exempt certain individuals from obtaining a license under the applicable law if the individual meets specified requirements and practices for a limited time. The bill's reciprocity provisions do not apply to these limited time and limited basis licenses, and a licensing authority cannot require an exempt individual to obtain a license under the reciprocity provisions. However, the bill limits these licenses and exemptions to individuals who are not Ohio residents, thus requiring an Ohio resident to obtain a full license or a license under the bill.<sup>24</sup>

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## HISTORY

Action	Date
Introduced	11-26-19

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S0246-I-133/ts

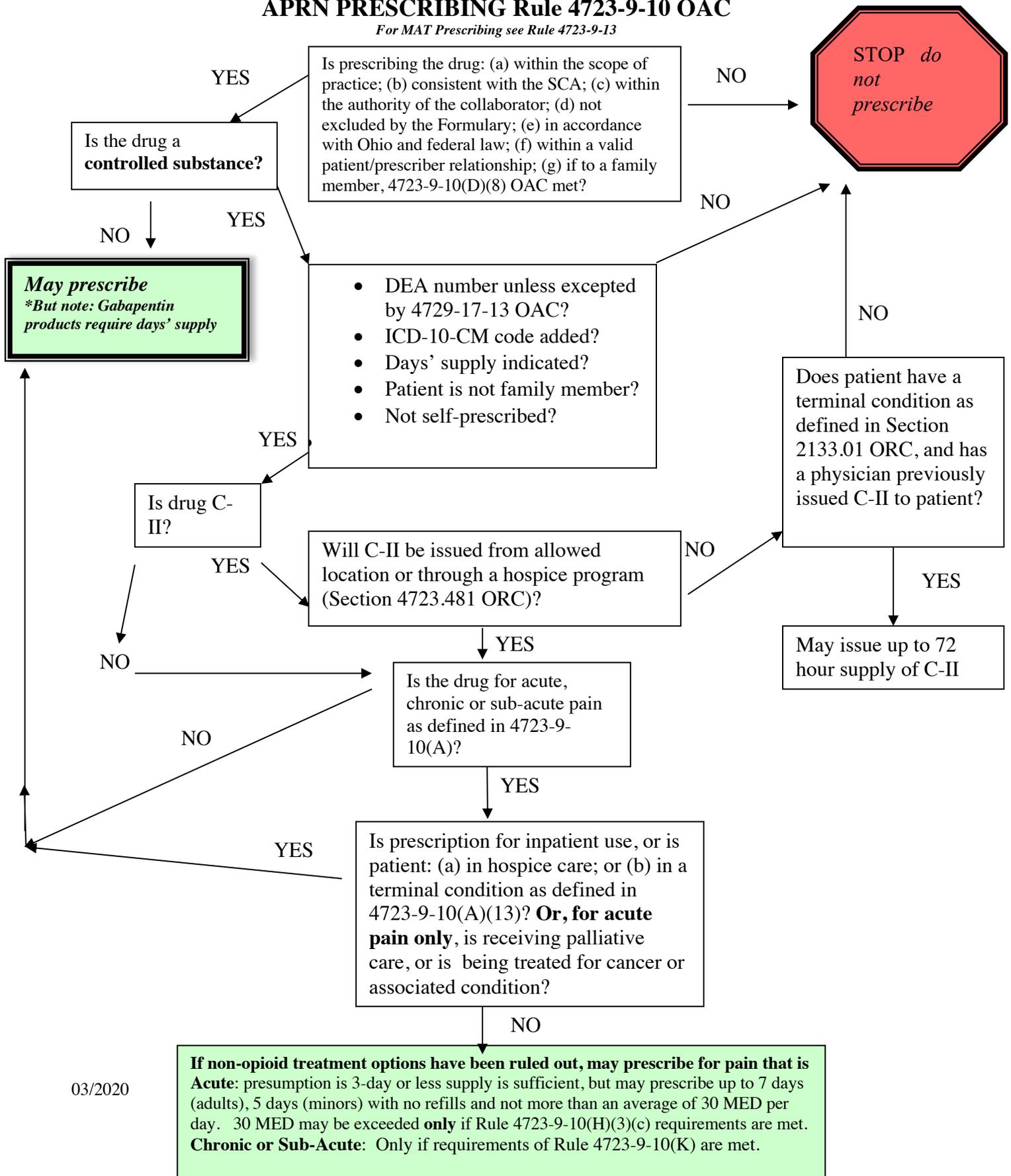
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<sup>24</sup> Multiple sections throughout the bill, examples include R.C. 1565.06, 3723.03, 4717.10, 4713.37, 4715.09, 4725.26, and 4755.65.



APRN PRESCRIBING Rule 4723-9-10 OAC

For MAT Prescribing see Rule 4723-9-13





**New Drugs For Review by on CPG March 17, 2020 (8/29/2019 to 2/18/2020)  
(New Drugs Approved by FDA; Online Drug Facts and Comparisons)**

<b>Generic Name</b>	<b>Brand Name</b>
lactitol	Pizensy
pemetrexed	Pemfexy
Influenza A [H5N1]	Audenz
peanut [Arachis hypogaea]	Palforzia
empagliflozin/linagliptin/metformin hydrochloride	Trijardy XR
tazemetostat	Tazverik
teprotumumab-trbw	Tepezza
ferric derisomaltose	Monoferric
diazepam (nasal spray)	Valtoco
avapritinib	Ayvakit
ubrogepant	Ubrelvy
lumateperone	Caplyta
lemborexant	Dayvigo
levamlodipine	Conjupri
fam-trastuzumab deruxtecan-nxki	Enhertu
Ebola Zaire Vaccine, Live	Ervebo
enfortumab vedotin-ejfv	Padcev

golodirsen	Vyondys 53
infliximab-axxq	Avsola
voxelotor	Oxbryta
cenobamate	XCOPRI
givosiran	Givlaari
adalimumab-afzb	Abrilada
crizanlizumab-tmca	Adakveo
zanubrutinib	Brukina
cefiderocol	Fetroja
luspatercept-aamt	Reblozyl
omeprazole magnesium/amoxicillin/rifabutin	Talicia
influenza vaccine	High-Dose Quadrivalent
pegfilgrastim-bmez	Ziextenzo
Bretylium tosylate injection	(Had been unavailable in US since 1999 because of raw material shortages)
diroximel fumarate	Vumerity
elexacaftor, tezacaftor, and ivacaftor	Trikafta
minocycline	Amzeeq
lasmiditan	Reyvow
afamelanotide	Scenesse
brovacizumab-dblb	Beovu

trifarotene	Aklief
Smallpox and monkeypox vaccine, live, nonreplicating	Jynneos
semaglutide	Rybelsus
tenapanor	Ibsrela