

4723-8-01

Definitions.

As used in this chapter:

(A) "Advanced practice registered nurse" means an individual who holds a current, valid license issued under Chapter 4723. of the Revised Code that authorizes the practice of nursing as an advanced practice registered nurse and is designated as any of the following:

- (1) A certified registered nurse anesthetist;
- (2) A clinical nurse specialist;
- (3) A certified nurse-midwife;
- (4) A certified nurse practitioner.

(B) "Collaboration" or "collaborating" means:

- (1) In the case of a certified nurse practitioner or a clinical nurse specialist, that a podiatrist or physician has entered into a standard care arrangement with the nurse and is continuously available to communicate with the clinical nurse specialist or certified nurse practitioner either in person, or by electronic communication;
- (2) In the case of a certified nurse-midwife, that a physician has entered into a standard care arrangement with the nurse and is continuously available to communicate with the nurse either in person, or by electronic communication..

(C) "Dentist" means an individual holding a license issued under Chapter 4715. of the Revised Code to practice dentistry, and who is practicing in Ohio.

(D) "Physician" means an individual holding a certificate issued under Chapter 4731. of the Revised Code authorizing the practice of medicine and surgery or osteopathic medicine and surgery, and who is practicing in Ohio.

(E) "Podiatrist" means an individual holding a certificate issued under Chapter 4731. of the Revised Code authorizing the practice of podiatric medicine, and who is practicing in Ohio.

(F) "Practice of nursing as an advanced practice registered nurse" means providing to

individuals and groups nursing care that requires knowledge and skill obtained from advanced formal education, training and clinical experience. Such nursing care includes the care described in section 4723.43 of the Revised Code, [and additionally, with respect to certified registered nurse anesthetists, sections 4723.433, 4723.434, and 4723.435 of the Revised Code.](#)

- (G) "Nursing specialty" means a specialty in practice as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner.
- (H) "Standard care arrangement" means a written, formal guide for planning and evaluating a patient's health care that is developed by a collaborating physician or podiatrist and a certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist, and that meets the requirements of section 4723.431 of the Revised Code and this chapter.
- (I) "Supervision" means that a certified registered nurse anesthetist is under the direction of a podiatrist, a dentist, or a physician, ~~and, when administering anesthesia, the certified registered nurse anesthetist is in the immediate presence of the podiatrist, dentist, or physician.~~

4723-8-02

Standards of practice.

- (A) An advanced practice registered nurse shall provide to patients nursing care that requires knowledge and skill obtained from advanced formal education, which includes a clinical practicum, and clinical experience as specified in sections 4723.41, 4723.43, [4723.433](#), [4723.434](#), [4723.435](#) and 4723.482 of the Revised Code and this chapter.
- (B) Except as otherwise precluded by law or rule, each advanced practice registered nurse shall practice in accordance with the following:
- (1) The advanced practice registered nurse's education and clinical experience;
 - (2) The advanced practice registered nurse's national certification as provided in section 4723.41 of the Revised Code; and
 - (3) Chapter 4723. of the Revised Code and rules adopted under that chapter.
- (C) Only a certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist holding a current valid license as an advanced practice registered nurse may prescribe drugs. [A certified registered nurse anesthetist may order drugs for use in the health care facility where the nurse practices in accordance with sections 4723.434 and 4723.435 of the Revised Code.](#)
- (D) Each certified nurse-midwife, certified nurse practitioner, and clinical nurse specialist shall utilize and incorporate into the nurse's practice, knowledge of Chapter 4731. of the Revised Code and rules adopted under that chapter that govern the practice of the nurse's collaborating physician or podiatrist. Each certified registered nurse anesthetist shall utilize and incorporate into the nurse's practice, knowledge of Chapters 4715. and 4731. of the Revised Code and rules adopted under these chapters that govern the practice of the nurse's supervising podiatrist, dentist, or physician.
- (E) Nothing in this rule precludes an advanced practice registered nurse from practicing as a registered nurse in accordance with section 4723.01 of the Revised Code and the rules of the board.

4723-8-03

Title protection.

- (A) Only a person who holds a current valid license to practice as an advanced practice registered nurse issued in accordance with sections 4723.41, 4723.42 and 4723.482 of the Revised Code and this chapter may use the following titles or initials if designated to do so:
- (1) Certified nurse-midwife, or A.P.R.N.-C.N.M., , if the individual is authorized to practice in accordance with division (A) of section 4723.43 of the Revised Code;
 - (2) Clinical nurse specialist, or A.P.R.N.-C.N.S., , if the individual is authorized to practice in accordance with division (D) of section 4723.43 of the Revised Code;
 - (3) Certified nurse practitioner, or A.P.R.N.-C.N.P., , if the individual is authorized to practice under division (C) of section 4723.43 of the Revised Code;
 - (4) Certified registered nurse anesthetist or A.P.R.N.-C.R.N.A., if the individual is authorized to practice in accordance with division (B) of sections [4723.43](#), [4723.433](#), [4723.434](#), and [4723.435](#) of the Revised Code; or
 - (5) Advanced practice registered nurse or A.P.R.N. if the individual is authorized to practice under division (A) to division (D) of section 4723.43 of the Revised Code.
- (B) Only a person who holds a current valid advanced practice registered nurse license issued in accordance with sections 4723.41, 4723.42 and 4723.482 of the Revised Code and this chapter to practice as a certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist shall:
- (1) Practice in accordance with sections [4723.43](#), [4723.433](#), [4723.434](#), or [4723.435](#) of the Revised Code, [as applicable](#), and this chapter as a certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist;
 - (2) Hold themselves out as being a certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, clinical nurse specialist, or advanced practice registered nurse;
 - (3) Use any title or initials implying that the person is a certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, clinical nurse specialist, or advanced practice registered nurse authorized to practice

in accordance with section 4723.03 of the Revised Code and paragraph (A) of this rule.

- (C) At all times when an advanced practice registered nurse is providing direct care to a patient within the nurse's respective scope of practice, each certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist shall display and identify the applicable title and designation as set forth in this rule.
- (D) No person who is not authorized to do so shall knowingly prescribe or personally furnish drugs or therapeutic devices without holding a current valid license to practice nursing as an advanced practice registered nurse issued under Chapter 4723. of the Revised Code and being designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner according to section 4723.42 of the Revised Code.

4723-8-04

Standard care arrangement for a certified nurse-midwife, certified nurse practitioner, and clinical nurse specialist.

(A) Prior to engaging in practice, a standard care arrangement shall be entered into with each physician or podiatrist with whom the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist collaborates.

(1) The standard care arrangement shall be revised to reflect the addition or deletion of a physician or podiatrist with whom the nurse collaborates within that employment setting. Under these circumstances, a new standard care arrangement is not necessary.

(2) A new standard care arrangement shall be executed when the nurse is: ~~employed at a different setting and engages in practice with a different collaborating physician or podiatrist.~~

(a) Employed at a different or additional organization or practice; and

(b) Engages in practice with a collaborating physician or podiatrist outside of the primary employing organization.

(B) Except as provided in paragraph (C) of this rule, a certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist engaged in the practice of the nurse's specialty, shall enter into a written standard care arrangement with one or more collaborating physicians or podiatrists whose practice is the same or similar to the nurse's practice. ~~In accordance with division (D) of section 4723.431 of the Revised Code, a clinical nurse specialist whose nursing specialty is mental health or psychiatric mental health, as determined by the board, must enter into a standard care arrangement with a collaborating physician who practices in one of the following specialties:~~

~~(1) A specialty that is the same or similar to the nurse's specialty;~~

~~(2) Pediatrics; or~~

~~(3) Primary care or family practice.~~

(C) In accordance with division (A)(2)(c) of section 4723.431 of the Revised Code, a clinical nurse specialist certified as a psychiatric-mental health CNS by the American nurses credentialing center or a certified nurse practitioner who is certified as a psychiatric-mental health NP by the American nurses credentialing center, may enter into a standard care arrangement with a physician, but not a podiatrist, if the collaborating physician is practicing in one of the following specialties:

(1) Psychiatry;

[\(2\) Pediatrics:](#)

[\(3\) Primary care of family practice.](#)

~~(E)~~(D) The standard care arrangement shall include at least:

- (1) The signatures of each nurse, and each collaborating physician, or the physician's designated representative, or each podiatrist with whom the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist primarily collaborates indicating review of and agreement to abide by the terms of the standard care arrangement. For purposes of this rule, a physician's designated representative means a physician who serves as the department or unit director or chair, within the same institution, organization or facility department or unit, and within the same practice specialty, that the nurse practices, and with respect to whom the physician has executed a legal authorization to enter collaborating agreements on the physician's behalf;
- (2) The date when the arrangement is initially executed;
- (3) The date of the most recent review of the arrangement;
- (4) The complete name, specialty and practice area, business address, and business phone number or number at which the individual can be reached at any time for:
 - (a) Each collaborating physician or podiatrist with whom the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist primarily collaborates and who is a party to the standard care arrangement, unless a physician's designated representative has entered the standard care arrangement on the physician's behalf; and
 - (b) Each certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist who is a party to the standard care arrangement;
- (5) A statement of services offered by the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist consistent with section 4723.43 of the Revised Code and this chapter, including a description of the scope of prescriptive practice.
- (6) A plan for incorporation of new technology or procedures consistent with the applicable scope of practice as set forth in section 4723.43 of the Revised Code and this chapter;

(7) Quality assurance provisions, including at least:

- (a) When modification is made to the body of the standard care arrangement, reapproval of the standard care arrangement is required~~Every two years, review and reapproval of the standard care arrangement. The standard care arrangement shall be reviewed at least every two years. Each nurse who is a party to the arrangement and at least one collaborating physician or podiatrist shall sign and date the biennial review of the standard care arrangement;~~
 - (b) Criteria for referral of a patient by the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist to a collaborating physician or podiatrist, including, for the certified nurse-midwife, a plan for referral of breech or face presentation or any other abnormal condition identified as such in the standard care arrangement;
 - (c) A process for the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist to obtain consultation from a physician or podiatrist; and
 - (d) A process for chart review in accordance with rule 4723-8-05 of the Administrative Code if the nurse's practice includes any direct patient care, ~~education, or management;~~
- (8) A plan for coverage of patients in instances of emergency or planned absences of either the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist, or the collaborating physician or podiatrist;
- (9) A process for resolution of disagreements regarding matters of patient management; and
- ~~(10) An arrangement regarding reimbursement under the medical assistance program as set forth in Chapter 5162. of the Revised Code and in accordance with any rules adopted under division (B) of section 5164.02 of the Revised Code.~~
- ~~(H)~~(10) Regarding the prescribing component of the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner's practice, the following quality assurance provisions shall include at least:
- (a) Provisions to ensure timely direct, personal evaluation of the patient with a collaborating physician or the physician's designee when indicated;

- (b) Prescribing ~~Additional prescribing~~ parameters for drugs or therapeutic devices when indicated; ~~including:~~
 - ~~(i) Provisions for use of drugs with non-food and drug administration (FDA) approved indications;~~
 - ~~(ii) Provisions for use of drugs approved by the FDA and reviewed by the committee on prescriptive governance subsequent to the date of the standard care arrangement;~~
 - ~~(iii) Provisions for use of drugs previously reviewed by the committee on prescriptive governance but approved by the FDA for new indications subsequent to the date of the standard care arrangement;~~
- ~~(iv)~~(c) Provisions for the use of schedule II controlled substances;
- ~~(v)~~(d) If the nurse is prescribing to minors, as defined in division (A) of section 3719.061 of the Revised Code, provisions for complying with section 3719.061 of the Revised Code when prescribing an opioid analgesic to a minor; and
- ~~(vi)~~(e) Provisions for obtaining and reviewing OARRS reports, and engaging in physician consultation and patient care consistent with section 4723.487 of the Revised Code and rule 4723-9-12 of the Administrative Code.
- ~~(e) A procedure for the nurse and the collaborating physician, or a designated member of a quality assurance committee, composed of at least one physician, of the institution, organization, or agency where the nurse has practiced during the period covered by the review, to conduct a periodic review, at least semiannually, of:~~
 - ~~(i) A representative sample of prescriptions written by the nurse;~~
 - ~~(ii) A representative sample of schedule II prescriptions written by the nurse; and~~
- ~~(d) Provisions to ensure that the nurse is meeting all the requirements of rule 4723-9-12 of the Administrative Code related to review of a patient's OARRS report, consultation with the collaborating physician prior to prescribing based on the OARRS report and signs of drug abuse or diversion as set forth in rule 4723-9-12 of the Administrative Code, and documentation of receipt and assessment of OARRS report information~~

~~in the patient's record.~~

~~(12)~~(11) Quality assurance standards consistent with rule 4723-8-05 of the Administrative Code.

~~(D)~~(E) The most current copy of the standard care arrangement, and any legal authorization signed by a physician according to paragraph ~~(E)~~(D)(1) of this rule, shall be retained on file by the nurse's employer . Upon request of the board, the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist shall immediately provide a copy of the standard care arrangement to the board.

~~(E)~~(F) Copies of previously effective standard care arrangements shall be retained by the nurse for three years and provided to the board upon request.

~~(F)~~(G) When a hospital negotiates a standard care arrangement in accordance with division ~~(F)~~(E) of section 4723.431 of the Revised Code and this chapter, the standard care arrangement shall be developed in accordance with paragraph ~~(E)~~(D) of this rule. Review and approval of the standard care arrangement shall be in accordance with the policies and procedures of the hospital governing body and the bylaws, policies, and procedures of the hospital medical staff.

~~(G)~~(H) A certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist shall notify the board of the identity of a collaborating physician or podiatrist not later than thirty days after engaging in practice.

~~(H)~~(I) A certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist shall notify the board of any change in the name and business address of a collaborating physician or podiatrist not later than thirty days after the change takes effect, except as provided in division ~~(E)~~(D) of section 4723.431 of the Revised Code.

4723-8-05

Quality assurance standards.

(A) An advanced practice registered nurse shall comply with all continuing education requirements for registered nurse license renewal and advanced practice registered nurse license renewal set forth in division (C) of section 4723.24 of the Revised Code and national certification requirements set forth in sections 4723.41 and 4723.42 of the Revised Code and this chapter.

~~(B) The certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist and the collaborating physician or podiatrist shall jointly review each effective standard care arrangement at least once every two years. Such review shall be documented with the date and signature of each nurse who is party to the arrangement and at least one collaborating physician or podiatrist.~~

~~(B)~~ Each certified nurse-midwife, certified nurse practitioner, and clinical nurse specialist who is a party to a standard care arrangement shall comply with all quality assurance provisions of the standard care arrangement in accordance with this chapter. Failure to provide, enter into, or to practice in accordance with a standard care arrangement may result in disciplinary action in accordance with section 4723.28 of the Revised Code.

~~(C)~~ Each practicing certified nurse-midwife, certified nurse practitioner, and clinical nurse specialist who is a party to a standard care arrangement shall participate in a quality assurance process and shall immediately provide documentation satisfactory to the board of such participation upon request of the board. The quality assurance process shall include at a minimum:

(1) Periodic random chart review which includes prescribing patterns and schedule II prescribing, if indicated, at least annually by a collaborating ~~or supervising~~ physician, podiatrist, ~~dentist~~, or a designated member of a quality assurance committee, composed of at least one physician, of the institution, organization, or agency where the nurse has practiced ~~during the period covered by the review, including a procedure for periodic review, at least semi-annually, of prescriptions written and prescribing patterns for the advanced practice registered nurse;~~

(2) An opportunity for the advanced practice registered nurse and the collaborating physician to discuss feedback or issues subsequent to the chart review~~Subsequent to each chart review, a conference shall be held between a collaborating or supervising physician, podiatrist, dentist, or a designated member of a quality assurance committee of the institution, organization, or agency and the advanced practice registered nurse;~~ and

(3) A process for patient evaluation of care.

~~(E)~~(D) Documentation of participation in an ongoing, systematic quality assurance process at an institution, organization, or agency shall satisfy the requirements of paragraph ~~(D)~~(C) of this rule, provided there is a plan to utilize the results of the quality assurance process to maintain or improve care delivery.

~~(F) Every two years, each certified nurse-midwife, certified nurse-practitioner, and clinical nurse specialist shall verify the licensure status of each collaborating physician or podiatrist with whom the nurse has an effective standard care arrangement. Verification of licensure status may be obtained online from the Ohio e-license center. The nurse shall document that such verification was obtained.~~

~~(G)~~(E) The board may audit, review or investigate, at any time, whether an advanced practice registered nurse has complied with the quality assurance standards set forth in this rule.

4723-8-06

National certifying organizations.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

- (A) To be approved by the board, a national certifying organization shall meet all of the requirements set forth in division (A) of section 4723.46 of the Revised Code.
- (B) Annually at a time specified by the board, ~~the board shall provide to~~ each national nursing certifying organization approved by the board for the prior year shall submit a "Verification Form Organizations Certifying Advanced Practice Registered Nurses: Certified Nurse Midwives (CNMs), Certified Nurse Practitioners (CNPs), Clinical Nurse Specialists (CNSs), and Certified Registered Nurse Anesthetists (CRNAs)." ~~form, located at <http://www.nursing.ohio.gov/forms.htm> (revised 2015), for the organization to submit to the board~~ attesting that the organization has met and continues to meet all the requirements contained in section 4723.46 of the Revised Code. The board shall verify compliance of each national nursing certifying organization with the criteria contained in section 4723.46 of the Revised Code. No later than January thirtieth of each year, the board shall publish a list of approved national certifying organizations that meet these requirements. The board may approve additional national nursing certifying organizations or discontinue approval of a national nursing certifying organization based on criteria in section 4723.46 of the Revised Code. At the discretion of the board, it may discontinue approval of a national certifying organization for failure of the organization to return to the board the form indicating compliance with the requirements of section 4723.46 of the Revised Code.

4723-8-08

**Advanced practice registered nurse license renewal;
notification of national recertification.**

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

(A) To renew a current valid license to practice as an advanced practice registered nurse, a licensee shall:

(1) Submit a "Certified Registered Nurse Anesthetist Renewal Application," "Certified Nurse Midwife Renewal Application," "Certified Nurse Practitioner Renewal Application," and/or "Clinical Nurse Specialist Renewal Application," that includes:

(a) Except as provided in paragraph (A)(2) of this rule, documentation satisfactory to the board that the licensee has maintained certification in the nursing specialty with a national certifying organization as required by division (B) of section 4723.42 of the Revised Code;

(b) Documentation satisfactory to the board of completion of continuing education required by division (C)(2) of section 4723.24 of the Revised Code and rule 4723-8-10 of the Administrative Code;

(c) A list of the names and business addresses of the holder's current collaborating physicians and podiatrists, if the nurse is a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner; and

(d) The renewal fee set forth in division (A)(8) of section 4723.08 of the Revised Code. If a completed renewal application is not renewed on-line by September fifteenth of odd numbered years, in order to renew the applicant shall pay a late processing fee of fifty dollars in accordance with division (A)(10) of section 4723.08 of the Revised Code. The late processing fee is in addition to the renewal fee specified in division (A)(8) of section 4723.08 of the Revised Code, and is in addition to any late processing fee imposed with respect to renewal of the applicant's registered nurse license; and

(2) A clinical nurse specialist, originally issued a certificate of authority on or before December 31, 2000 in accordance with division (C) of section 4723.41 of the Revised Code, as that division existed prior to March 20, 2013, is not required to provide documentation of having maintained certification in the holder's specialty, but shall submit documentation satisfactory to the board of completion of continuing education in compliance with paragraph (E) of rule

4723-8-10 of the Administrative Code.

- (B) A renewed advanced practice registered nurse license is subject to renewal in odd-numbered years. When an advanced practice registered nurse license is first issued by the board on or after July first of an odd numbered year, that license shall be current through the thirty-first of October of the next odd-numbered year.
- (C) The board shall provide access to an on-line application to each holder of a current valid advanced practice registered nurse license for renewal of the license, except when the board is aware that an individual is ineligible for renewal for any reason, including those reasons specified in section 4723.24 of the Revised Code. ~~Failure of the licensee to receive an application for renewal from the board does not excuse the licensee from the requirements of Chapter 4723. of the Revised Code and this chapter.~~
- (D) Within thirty days of recertification by the applicable national certifying organization, an advanced practice registered nurse shall request that the national certifying organization provide, directly to the board, satisfactory documentation of recertification to the board. This requirement does not apply to a clinical nurse specialist, originally issued a certificate of authority on or before December 31, 2000 in accordance with division (C) of section 4723.41 of the Revised Code, as that division existed prior to March 20, 2013.
- (E) An advanced practice registered nurse who fails to maintain certification or recertification by the applicable national certifying organization approved by the Board according to section 4723.46 of the Revised Code, may be subject to disciplinary action in accordance with section 4723.28 of the Revised Code. This requirement does not apply to a clinical nurse specialist, originally issued a certificate of authority on or before December 31, 2000 in accordance with division (C) of section 4723.41 of the Revised Code, as that division existed prior to March 20, 2013.
- (F) A clinical nurse specialist, originally issued a certificate of authority on or before December 31, 2000 in accordance with division (C) of section 4723.41 of the Revised Code, as that division existed prior to March 20, 2013, who fails to complete the continuing nursing education required by division (B) of section 4723.42 of the Revised Code and rule 4723-8-10 of the Administrative Code, may be subject to disciplinary action in accordance with section 4723.28 of the Revised Code.
- (G) A holder of a current valid advanced practice registered nurse license who does not intend to practice as a certified nurse-midwife, certified nurse practitioner, certified

registered nurse anesthetist, or clinical nurse specialist in Ohio may request that the license be placed on inactive status at any time, by submitting a written statement to the board or electronic request asking that the certificate be placed on inactive status.

- (H) While on inactive status a nurse shall not represent or imply to the public that the nurse is authorized to practice as a certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist or use the titles or designations established by section 4723.03 of the Revised Code and rule 4723-8-03 of the Administrative Code.
- (I) An inactive or lapsed advanced practice registered nurse license may be reactivated or reinstated by:
 - (1) Submitting an "Advanced Practice Registered Nurse Reactivation and Reinstatement Application"; and
 - (2) Payment of the applicable fees set forth in section 4723.08 of the Revised Code.
- (J) An advanced practice registered nurse who is a service member or veteran, as defined in rule 4723-2-01 of the Administrative Code, or who is the spouse or surviving spouse of a service member or veteran, may be eligible for a waiver of the late application fee and the reinstatement fee according to rule 4723-2-03 of the Administrative Code.

*** DRAFT - NOT YET FILED ***

4723-8-09

Advanced practice registered nurse license for a certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist practicing in another jurisdiction.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

A certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist who is practicing in another jurisdiction may apply for an advanced practice registered nurse license to practice in Ohio if the nurse meets the requirements for licensure set forth in section 4723.41 of the Revised Code and this chapter. An applicant from another jurisdiction shall:

- (A) Submit a completed "Advanced Practice Registered Nurse License Application,"; and
- (B) Submit the applicable fee.

4723-8-10

Continuing education requirements.

- (A) Each advanced practice registered nurse who obtains continuing nursing education in the nurse's area of practice for the purpose of obtaining or maintaining a national certification may use those continuing education hours to satisfy the continuing education requirements for renewal of a license to practice as a registered nurse and advanced practice registered nurse set forth in this rule, section 4723.24 of the Revised Code and Chapter 4723-14 of the Administrative Code, if the continuing education meets the requirements of Chapter 4723-14 of the Administrative Code.
- (B) An advanced practice registered nurse who holds an active license shall complete continuing nursing education as follows in order to renew the license:
- (1) Twenty-four contact hours of continuing nursing education;
 - (2) For advanced practice registered nurses designated as a clinical nurse specialist, certified nurse-midwife or certified nurse practitioner, at least twelve hours of the education must be in advanced pharmacology and must have been provided by an accredited institution recognized by the board, including any provider referenced in paragraph (E) of rule 4723-9-01 of the Administrative Code;
 - (3) For the first period of renewal immediately following the initial issuance of the advanced practice registered nurse license by the board, a licensee is not required to complete any contact hours of continuing education;
 - (4) For purposes of fulfilling the twenty-four hours of continuing education required for renewal, an advanced practice registered nurse may satisfy up to eight hours by providing health care services as a volunteer if the following requirements are met:
 - (a) The licensee provides the health care services to an indigent and uninsured person as defined in section 2305.234 of the Revised Code;
 - (b) The health care provided is advanced practice registered nursing, as defined in division (P) of section 4723.01 of the Revised Code and is within the designated specialty scope of practice of the advanced practice registered nurse providing the services as set forth in section 4723.43 of the Revised Code;
 - (c) The health care services provided are provided as a volunteer, as that term is defined in section 2305.234 of the Revised Code;

- (d) The licensee satisfies the requirements of section 2305.234 of the Revised Code to qualify for the immunity from liability granted under that section;
- (e) One hour of continuing education may be awarded for each sixty minutes documented as spent providing health care services as a volunteer;
- (f) The advanced practice registered nurse obtains, and maintains for a period of six years following the date the health care services are provided, a signed statement from a person at the health care facility or location where the health care services were performed indicating:
 - (i) The date and time period the licensee performed the health care services;
 - (ii) That the recipient of the health care services was indigent and uninsured as defined in section 2305.234 of the Revised Code; and
 - (iii) That the licensee provided the health care services as a volunteer as defined in section 2305.234 of the Revised Code.
- (C) An advanced practice registered nurse who earns more than the number of hours required by this rule during a single renewal period cannot apply the extra hours to meet future renewal period continuing education requirements.
- (D) The waiver option discussed in rule 4723-14-03 of the Administrative Code, for purposes of registered nurse or licensed practical nurse continuing nursing education, does not apply to the advanced practice registered nurse continuing education requirements set forth in this rule.
- (E) A clinical nurse specialist, originally issued a certificate of authority on or before December 31, 2000 in accordance with division (C) of section 4723.41 of the Revised Code, as that division existed prior to March 20, 2013, who is not certified by a national nursing certifying organization approved by the board shall obtain twelve contact hours of continuing nursing education in addition to the twenty-four hours required every two years for renewal of a license to practice nursing as a registered nurse and the twenty-four hours required for renewal of a license to practice as an advanced practice registered nurse. For the purposes of complying with this rule:

- (1) The additional hours shall be in programs that are targeted to advanced practice registered nurses in the nurse's area of practice or in relevant programs from other health care disciplines;
- (2) The continuing education activity must meet the requirements of Chapter 4723-14 of the Administrative Code; and
- (3) The clinical nurse specialist cannot use the waiver option contained in rule 4723-14-03 of the Administrative Code for the additional twelve contact hours of continuing nursing education required by this paragraph.

4723-8-11

Youth concussion assessment and clearance.

(A) For purposes of this rule:

- (1) "Interscholastic athletics" means an athletic activity, that is an interscholastic extracurricular activity as defined in section 3313.535 of the Revised Code, that a school or school district sponsors or participates in and that includes participants from more than one school or school district.
- (2) "Youth" means an individual between the ages of four and nineteen who participated in youth sports organization or interscholastic athletics and was removed from practice or competition under division (D) of section 3707.511 of the Revised Code or division (D) of section 3313.539 of the Revised Code, based on exhibiting signs, symptoms or behaviors consistent with having sustained a concussion or head injury while participating in practice or competition.
- (3) "Youth sports organization" has the same meaning as in section 3707.51 of the Revised Code and means a public or nonpublic entity that organizes an athletic activity in which the athletes are not more than nineteen years of age and are required to pay a fee to participate in the athletic activity or whose cost to participate is sponsored by a business or nonprofit organization.
- (4) "Consensus Statement" means the "Consensus Statement on Concussion in Sport - the 5th International Conference on Concussion in Sport held in Berlin, October 2016."

(B) An advanced practice registered nurse clinical nurse specialist or certified nurse practitioner may assess and clear a youth to return to practice or competition if all of the following requirements are met:

- (1) The advanced practice registered nurse's [specialty practice](#) must include care and treatment of patients aged four through nineteen years of age and the nurse must collaborate with a physician whose practice includes this age group;
- (2) The advanced practice registered nurse has completed education and training in the detection of concussion, its clinical features, assessment techniques, and the principles of safe return to play protocols consistent with the "Consensus Statement";
- (3) The advanced practice registered nurse has maintained competency and completed continuing education in the detection of concussion, its clinical features, assessment techniques, and the principles of safe return to play

protocols consistent with the "Consensus Statement"; and

- (4) The nurse uses the medical clearance return to play after suspected concussion form located at: <http://www.nursing.ohio.gov/forms.htm> (2019)~~located at: <http://www.nursing.ohio.gov/forms.htm> (2015).~~

4723-9-01

Definitions.

For purposes of this chapter the following definitions shall apply:

(A) "Collaboration or collaborating" means in the case of ~~a~~an advanced practice registered nurse designated as a certified nurse practitioner, a clinical nurse specialist or a certified nurse-midwife, that a physician has entered into a standard care arrangement with the nurse and is continuously available to communicate with the nurse either in person, or by electronic communication.

~~(B) "Consultation" means the discussion or communication between a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner with a physician prior to initiating the prescription for a drug. The consultation relative to drug therapy shall be documented in the patient's record and shall include the consulting physician's name and the date the consultation took place.~~

~~(B)~~(B) "Controlled substance" means a drug, compound, mixture, preparation, or substance included in schedule I, II, III, IV, or V pursuant to the provisions of Chapter 3719. of the Revised Code.

~~(C)~~(C) "Contact hour" means a minimum of sixty minutes of continuing education. For credit hours earned on an academic quarter system, one credit hour is equivalent to ten contact hours. For credit hours earned on an academic trimester system, one credit hour is equivalent to twelve contact hours. For credit hours earned on an academic semester system, one credit hour is equivalent to fifteen contact hours.

~~(D)~~(D) "Course of study" means an advanced level instructional program in pharmacology required by section 4723.482 of the Revised Code for advanced practice registered nursing licensure, that is either:

(1) Offered by an accredited educational institution acceptable to the board. Accredited educational institutions acceptable to the board include programs that are required to obtain approval, authorization, or accreditation from one of the following:

(a) The chancellor of higher education~~Ohio board of regents~~ under section 3333.07 of the Revised Code;

(b) The Ohio department of education under section 3313.90 of the Revised Code;

(c) The Ohio state board of career colleges and schools under section 3332.05 of the Revised Code;

- (d) The higher learning commission of the north central association of colleges and schools;
 - (e) The accrediting council for independent colleges and schools; or
 - (f) Any other national or regional post-secondary education accreditation entity recognized by the board; or
- (2) A continuing education course that meets the requirements of Chapter 4723-14 of the Administrative Code.

~~(F)~~(E) "Dangerous drug" has the same meaning as in section 4729.01 of the Revised Code.

~~(G)~~(E) "Jurisdiction" means any state, territory, or political subdivision of the United States in which a board or legal approving authority regulates nurse licensure and nursing practice and maintains membership in the national council of state boards of nursing.

~~(H)~~(G) "Physician" means an individual who holds a current valid license to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery issued by the Ohio state medical board, or, in the case of applicants who hold a current valid certificate of authority to prescribe drugs and therapeutic devices from another jurisdiction, or who have been employed by the United States government and authorized to prescribe in conjunction with that employment, the physician's license may be issued by another jurisdiction as defined in this chapter.

~~(H)~~(H) "Sample drug" has the same meaning as in section 2925.01 of the Revised Code.

~~(H)~~(I) "Types of drugs" means therapeutic drug class.

4723-9-02

Requirements for a course of study in advanced pharmacology.

- (A) To be acceptable to the board, a course of study shall meet the following requirements:
- (1) Be a minimum of forty-five contact hours in length and include content which ensures sufficient preparation for the safe and effective prescribing of drugs and therapeutic devices;
 - (2) Include content which is specific to the participant's nursing specialty and which includes all of the following:
 - (a) A minimum of thirty-six hours of training, obtained from a single provider, in:
 - (i) Pharmacokinetic principles and clinical application; and
 - (ii) Principles of the use of drugs and therapeutic devices in the prevention of illness and maintenance of health;
 - (b) The fiscal and ethical implications of prescribing drugs and therapeutic devices;
 - (c) The state and federal laws that apply to the authority to prescribe;
 - (d) Instruction that is specific to schedule II controlled substances, including instruction in all of the following:
 - (i) Indications and contraindications for the use of schedule II controlled substances in drug therapies, including risk, evaluation and mitigation strategies for the use of opiates in the management treatment of acute, sub-acute and chronic pain, as those terms are defined in rule 4723-9-10 of the Administrative Code, for non-terminal conditions, and the need for periodic assessment and documentation of the patient's functional status;
 - (ii) The most recent guidelines and recommendations for pain management therapies and education, as established by state and national organizations such as the Ohio pain initiative, the American pain society, the governor's recoveryOhio initiative, ~~eabinet opiate action team (GCOAT)~~, and the United States food and drug administration (FDA), and the centers for disease control (CDC);

- (iii) The most recent guidelines and recommendations for stimulant therapies utilized in the management of attention-deficit or hyperactivity disorder, as adopted by state and national organizations ~~such as the American academy of pediatrics;~~
 - (iv) Fiscal and ethical implications of prescribing schedule II controlled substances;
 - (v) State and federal laws that apply to the authority to prescribe schedule II controlled substances, including state medical board of Ohio rules governing controlled substances and the treatment of chronic pain, and Ohio state board of pharmacy rules governing the manner of issuance of a prescription, and rules set forth in Chapters 4723-1 to 4723-27 of the Administrative Code;
 - (vi) Prevention of abuse and diversion of schedule II controlled substances, including identification of the risk of abuse, addiction and diversion, recognition of abuse, addiction and diversion, types of assistance available for prevention of abuse, addiction and diversion, the use of the Ohio automated rx reporting system (OARRS), including standards and procedures for OARRS access and review established in section 4729.75 of the Revised Code and rule 4723-9-12 of the Administrative Code, and other methods of establishing safeguards against abuse and diversion; and
- (e) Instruction specific to schedule II controlled substances as set forth in paragraph (A)(2)(d) of this rule may be integrated with areas of instruction required by paragraphs (A)(2)(a), (A)(2)(b) and (A)(2)(c) of this rule.
- (3) Include a process for interaction of the participants with instructional personnel;
- (4) Include a process for evaluating the participants' learning of the content required by this rule; ~~and that may include:~~
- ~~(a) Successful completion of case studies or written assignments;~~
 - ~~(b) Successful completion of a comprehensive written examination or a series of sequential examinations completed by topic area;~~
 - ~~(c) A mechanism to assure the security of the evaluation process; and~~

- (5) May be provided online, but must be faculty-directed or independent study and, as defined in rule 4723-14-01 of the Administrative Code, is offered by either an accredited educational institution acceptable to the board or a continuing education course that meets the requirements of Chapter 4723-14 of the Administrative Code.

*** DRAFT - NOT YET FILED ***

4723-9-03

Completing a course of study in advanced pharmacology.

Applicants seeking an advanced practice registered nurse license, with designation as a clinical nurse specialist, certified nurse practitioner, or certified nurse-midwife, who do not meet the requirements set forth in division (C) of section 4723.482 of the Revised Code, shall complete, within the five years immediately preceding the application, a course of study, as defined in rule 4723-9-01 of the Administrative Code, that meets the requirements of rule 4723-9-02 of the Administrative Code.

4723-9-08

Safety standards for personally furnishing drugs and therapeutic devices.

- (A) ~~A~~ An advanced practice registered nurse with a current valid license issued by the board and designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner ~~who holds a current, valid advanced practice registered nurse license issued by the board~~ may personally furnish to a patient a drug or therapeutic device, whether as a sample drug or a complete or partial supply, only if the following requirements are met:
- (1) The drug or therapeutic device is not excluded by the formulary set forth in rule 4723-9-10 of the Administrative Code, ~~located at <http://www.nursing.ohio.gov/Practice-Prescribing.htm> (effective 2017), established according to rule 4723-9-10 of the Administrative Code;~~
 - (2) If the drug furnished is a controlled substance, the requirements of section 4729.291 of the Revised Code are met, including limiting the amount of the controlled substance to a seventy-two hour supply, and, in any thirty-day period, not personally furnishing to or for patients, taken as a whole, an amount that exceeds two thousand five hundred dosage units;
 - (3) If the drug furnished is a dangerous drug, other than a sample drug, the nurse affixes labeling to the container as specified in rule 4729:5-19-02~~4729-5-17~~ of the Administrative Code;
 - (4) The nurse complies with rule 4723-9-12 of the Administrative Code regarding standards and procedures for review of OARRS reports;
 - (5) The nurse maintains a written record of all drugs and therapeutic devices personally furnished by the nurse as required by rule 4729:5-19-04~~4729-5-17~~ of the Administrative Code; and
 - (6) The nurse maintains current knowledge of and complies with all applicable state and federal laws or rules related to personally furnishing drugs and therapeutic devices.
- (B) ~~A~~ An advanced practice registered nurse with a current valid license issued by the board and designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner ~~who holds a current, valid advanced practice registered nurse license issued by the board~~ may personally furnish to a patient a sample drug only if, in addition to the requirements set forth in paragraph (A) of this rule, the following requirements are met:

- (1) The sample drug is furnished in compliance with section 3719.81 of the Revised Code, including but not but limited to the requirement that the sample be provided free of charge; and
 - (2) If the sample is a dangerous drug, the requirements of rule [4729:5-19-02](#)~~4729-5-17~~ of the Administrative Code are met.
- (C) Notwithstanding the requirements of this rule, [an advanced practice registered nurse with a current valid license issued by the board and designated as](#) a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner ~~who holds a current, valid advanced practice registered nurse license issued by the board~~ may personally furnish a supply of naloxone according to section 4723.488 of the Revised Code.
- (D) Notwithstanding the requirements of this rule, [an advanced practice registered nurse with a current valid license issued by the board and designated as](#) a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner ~~who holds a current, valid advanced practice registered nurse license~~ may personally furnish a complete or partial supply of a drug to treat chlamydia, gonorrhea, or trichomoniasis as specified in section 4723.4810 of the Revised Code.

4723-9-10

Formulary; standards of prescribing for advanced practice registered nurses designated as clinical nurse specialists, certified nurse-midwives, or certified nurse practitioners.

(A) Definitions; for purposes of this rule and interpretation of the formulary set forth in paragraph (B) of this rule, [except as otherwise provided](#):

- (1) "Acute pain" means pain that normally fades with healing, is related to tissue damage, significantly alters a patient's typical function, and is expected to be time-limited and not more than six weeks in duration.
- (2) "Chronic pain" means pain that has persisted after reasonable medical efforts have been made to relieve it and continues either episodically or continuously for twelve or more weeks following initial onset of pain. It may be the result of an underlying medical disease or condition, injury, medical treatment, inflammation, or unknown cause. "Chronic pain" does not include pain associated with a terminal condition or with a progressive disease that, in the normal course of progression, may reasonably be expected to result in a terminal condition.
- (3) "Extended-release or long-acting opioid analgesic" means an opioid analgesic that:
 - (a) Has United States food and drug administration approved labeling indicating that it is an extended-release or controlled release formulation;
 - (b) Is administered via a transdermal route; or
 - (c) Contains methadone.
- (4) "Family member" means a spouse, parent, child, sibling or other individual with respect to whom an advanced practice registered nurse's personal or emotional involvement may render the advanced practice registered nurse unable to exercise detached professional judgment in reaching diagnostic or therapeutic decisions.
- (5) "Hospice care program" has the same meaning as in section 3712.01 of the Revised Code.
- (6) "ICD-10-CM medical diagnosis code" means the disease code in the most current international classification of diseases, clinical modifications published by the United States department of health and human services.

- (7) "Opioid analgesic" has the same meaning as in section 3719.01 of the Revised Code, and means a controlled substance that has analgesic pharmacological activity at the opioid receptors of the central nervous system, including but not limited to the following drugs and their varying salt forms or chemical congeners: buprenorphine, butorphanol, codeine (including acetaminophen and other combination products), dihydrocodeine, fentanyl, hydrocodone (including acetaminophen combination products), hydromorphone, meperidine, methadone, morphine sulfate, oxycodone (including acetaminophen, aspirin, and other combination products), oxymorphone, tapentadol, and tramadol.
- (8) "Medication therapy management" has the same meaning as in rules adopted by agency 4729 of the Administrative Code.
- (9) "Minor" has the same meaning as in section 3719.061 of the Revised Code.
- (10) "Morphine equivalent daily dose (MED)" means a conversion of various opioid analgesics to a morphine equivalent dose by the use of accepted conversion tables provided by the state board of pharmacy at: https://www.ohiopmp.gov/MED_Calculator.aspx (effective 2017).
- (11) "Palliative care" has the same meaning as in section 3712.01 of the Revised Code.
- (12) "Sub-acute pain" means pain that has persisted after reasonable medical efforts have been made to relieve it and continues either episodically or continuously for more than six weeks but less than twelve weeks following initial onset of pain. It may be the result of an underlying medical disease or condition, injury, medical or surgical treatment, inflammation, or unknown cause.
- (13) "Terminal condition" has the same meaning as in section 2133.01 of the Revised Code. ~~means an irreversible, incurable, and untreatable condition caused by disease, illness, or injury from which, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by a physician who has examined the patient, both of the following apply:~~
- ~~(a) There can be no recovery;~~
- ~~(b) Death is likely to occur within a relatively short time if life-sustaining treatment is not administered.~~

- (B) Exclusionary formulary. ~~A~~An advanced practice registered nurse with a current valid license issued by the board and designated as a certified nurse practitioner, clinical nurse specialist or 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, including this rule. The prescriptive authority of ~~a~~ an advanced practice registered nurse designated as a certified nurse practitioner, clinical nurse specialist and certified nurse midwife shall not exceed the prescriptive authority of the collaborating physician or podiatrist.
- (C) The committee on prescriptive governance shall review the exclusionary formulary at least twice a year, and submit the recommended exclusionary formulary to the board. After reviewing a formulary submitted by the committee, the board may either adopt the formulary as a rule or ask the committee to reconsider and resubmit the formulary. The board shall not adopt any rule that does not conform to a formulary developed by the committee.
- (D) ~~A~~An advanced practice registered nurse with a current valid license issued by the board and designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may prescribe any drug or therapeutic device in any form or route of administration if:
- (1) The ability to prescribe the drug or therapeutic device is within the scope of practice in the advanced practice registered nurse's license designation~~specialty area~~;
 - (2) The prescription is consistent with the terms of a standard care arrangement entered into with a collaborating physician;
 - (3) The prescription would not exceed the prescriptive authority of the collaborating physician, including restrictions imposed on the physician's practice by action of the United States drug enforcement administration or the state medical board, or by the state medical board rules, including but not limited to rule 4731-11-09 of the Administrative Code;
 - (4) The individual drug or subtype or therapeutic device is not one excluded by the exclusionary formulary set forth in paragraph (B) of this rule;
 - (5) The prescription meets the requirements of state and federal law, including but not limited to this rule, and all prescription issuance rules adopted by agency 4729 of the Administrative Code;
 - (6) A valid prescriber-patient relationship exists. This relationship may include, but

is not limited to:

- (a) Obtaining a relevant history of the patient;
 - (b) Conducting a physical or mental examination of the patient;
 - (c) Rendering a diagnosis;
 - (d) Prescribing medication;
 - (e) Consulting with the collaborating physician when necessary; and
 - (f) Documenting these steps in the patient's medical records;
- (7) Notwithstanding paragraph (D)(6) of this rule, a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may prescribe or personally furnish a drug according to section 4723.4810 of the Revised Code to not more than a total of two individuals who are sexual partners of the advanced practice registered nurse's patient.
- (8) If the patient is a family member, acceptable and prevailing standards of safe nursing care require that the advanced practice registered nurse maintain detached professional judgment. The advanced practice registered nurse shall not prescribe to a family member unless:
- (a) The advanced practice registered nurse is able to exercise detached professional judgment in reaching diagnostic or therapeutic decisions;
 - (b) The prescription is documented in the patient's record.
- (9) Controlled substances. For drugs that are a controlled substance:
- (a) The advanced practice registered nurse has obtained a United States drug enforcement administration registration, except if not required to do so as provided in rules adopted by agency 4729 of the Administrative Code, and indicates the number on the prescription;
 - (b) The prescription indicates the ICD-10-CM medical diagnosis code of the primary disease or condition that the controlled substance is being used to treat. The code shall, at minimum, include the first four alphanumeric

characters of the ICD-10 CM medical diagnosis code, sometimes referred to as the category and etiology (ex. M165);

- (c) The prescription indicates the days' supply of the controlled substance prescription.
 - (d) The patient is not a family member; and
 - (e) The advanced practice registered nurse shall not self-prescribe a controlled substance.
- (E) Schedule II controlled substances. Except as provided in paragraph (F) of this rule, [an advanced practice registered nurse with a current valid license issued by the board and designated as](#) a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may prescribe a schedule II controlled substance only in situations where all of the following apply:
- (1) A patient has a terminal condition;
 - (2) A physician initially prescribed the substance for the patient; and
 - (3) The prescription is for a quantity that does not exceed the amount necessary for the patient's use in a single, seventy-two hour period.
- (F) Subject to the requirements set forth in paragraphs (G), (L), and (K) of this rule, a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may prescribe a schedule II controlled substance, if not excluded by the exclusionary formulary set forth in paragraph (B) of this rule, if the advanced practice registered nurse issues the prescription to the patient from any of the following locations:
- (1) A hospital registered under section 3701.07 of the Revised Code;
 - (2) An entity owned or controlled, in whole or in part, by a hospital or by an entity that owns or controls, in whole or in part, one or more hospitals;
 - (3) A health care facility operated by the department of mental health or the department of developmental disabilities;
 - (4) A nursing home licensed under section 3721.02 of the Revised Code or by a political subdivision certified under section 3721.09 of the Revised Code;

- (5) A county home or district home operated under Chapter 5155. of the Revised Code that is certified under the medicare or medicaid program;
 - (6) A hospice care program;
 - (7) A community mental health agency, as defined in section 5122.01 of the Revised Code;
 - (8) An ambulatory surgical facility, as defined in section 3702.30 of the Revised Code;
 - (9) A freestanding birthing center, as defined in section 3702.141 of the Revised Code;
 - (10) A federally qualified health center, as defined in section 3701.047 of the Revised Code;
 - (11) A federally qualified health center look-alike, as defined in section 3701.047 of the Revised Code;
 - (12) A health care office or facility operated by the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code;
 - (13) A site where a medical practice is operated, but only if the practice is comprised of one or more physicians who also are owners of the practice; the practice is organized to provide direct patient care; and the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner providing services at the site has a standard care arrangement and collaborates with at least one of the physician owners who practices primarily at that site; or
 - (14) A residential care facility, as defined in section 3721.01 of the Revised Code.
- (G) ~~A~~[An advanced practice registered nurse with a current valid license issued by the board and designated as a](#) clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall not issue to a patient a prescription for a schedule II controlled substance from a convenience care clinic even if the clinic is owned or operated by an entity specified in paragraph (F) of this rule.
- (H) Acute pain. For the treatment of acute pain,[an advanced practice registered nurse](#)

with a current valid license issued by the board and designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall comply with the following:

- (1) Extended-release or long-acting opioid analgesics shall not be prescribed for the treatment of acute pain;
- (2) Before prescribing an opioid analgesic, the advanced practice registered nurse shall first consider non-opioid treatment options. If opioid analgesic medications are required as determined by history and physical examination, the prescription should be for the minimum quantity and potency needed to treat the expected duration of pain, with a presumption that a three-day supply or less is frequently sufficient;
- (3) In all circumstances where opioid analgesics are prescribed for acute pain:
 - (a) Except as provided in paragraph (H)(3)(a)(iii) of this rule, the duration of the first opioid analgesic prescription for the treatment of an episode of acute pain shall be:
 - (i) For adults, not more than a seven-day supply with no refills;
 - (ii) For minors, not more than a five-day supply with no refills. As set forth in section 4723.481 of the Revised Code, the advanced practice registered nurse shall comply with section 3719.061 of the Revised Code, including but not limited to obtaining the parent or guardian's written consent prior to prescribing an opioid analgesic to a minor;
 - (iii) The seven-day limit for adults and five-day limit for minors may be exceeded for pain that is expected to persist for longer than seven days based on the pathology causing the pain. In this circumstance, the reason that the limits are being exceeded and the reason that a non-opioid analgesic medication was not appropriate to treat the patient's condition shall be documented in the patient's medical record; and
 - (iv) If a patient is intolerant of or allergic to an opioid medication initially prescribed, a prescription for a different opioid medication may be issued at any time during the initial seven-day or five-day dosing period, and the new prescription shall be subject to the requirements of this rule. The patient's intolerance

or allergy shall be documented in the patient's medical record, and the patient advised to safely dispose of the unused medication;

- (b) The patient, or a minor's parent or guardian, shall be advised of the benefits and risks of the opioid analgesic, including the potential for addiction, and the advice shall be documented in the patient's medical record; and
 - (c) The total morphine equivalent dose (MED) of a prescription for opioid analgesics for treatment of acute pain shall not exceed an average of thirty MED per day, except when:
 - (i) The circumstances set forth in paragraph (A)(3)(c) of rule 4731-11-13 of the Administrative Code exist; and
 - (ii) The patient's treating physician has entered a standard care arrangement with the advanced practice registered nurse that states the understanding of the physician as to when the advanced practice registered nurse may exceed the thirty MED average, and when the advanced practice registered nurse must consult with the physician prior to exceeding the thirty MED average. The standard care arrangement in this circumstance must comply with rule 4731-11-13 of the Administrative Code, and the advanced practice registered nurse must document in the patient's record the reason for exceeding the thirty MED average and the reason it is the lowest dose consistent with the patient's medical condition.
- (I) The requirements of paragraph (H) of this rule apply to treatment of acute pain, and do not apply when an opioid analgesic is prescribed:
- (1) To a patient in a hospice care;
 - (2) To a patient who is receiving palliative care;
 - (3) To a patient who has been diagnosed with a terminal condition, as defined as follows: ~~that term is defined in paragraph (A) of this rule; or~~
 - (a) An irreversible, incurable, and untreatable condition caused by disease, illness, or injury from which, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by a physician who has examined the patient, both of the following apply:

(i) There can be no recovery; and

(ii) Death is likely to occur within a relatively short time if life-sustaining treatment is not administered; or

(4) To a patient who has cancer or a condition associated with the individual's cancer or history of cancer.

(J) The requirements of paragraph (H) of this rule do not apply to:

(1) Prescriptions for opioid analgesics for the treatment of opioid addiction utilizing a controlled substance that is approved by the FDA for opioid detoxification or maintenance treatment; or

(2) Inpatient prescriptions as defined in rules adopted by agency 4729 of the Administrative Code.

(K) Sub-acute and chronic pain. As specified in section 4723.481 of the Revised Code, for treatment of sub-acute and chronic pain, an advanced practice registered nurse with a current valid license issued by the board and designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall prescribe in a manner not exceeding the prescriptive authority of the collaborating physician or podiatrist. Prescribing parameters specifically include, but are not limited to, the following requirements set forth in rule 4731-11-14 of the Administrative Code:

(1) Prior to treating, or continuing to treat sub-acute or chronic pain with an opioid analgesic, the advanced practice registered nurse shall first consider and document non-medication options. If opioid analgesic medications are required as determined by a history and physical examination, the advanced practice registered nurse shall prescribe the minimum quantity and potency needed to treat the expected duration of pain and improve the patient's ability to function;

(2) Before prescribing an opioid analgesic for sub-acute or chronic pain, the advanced practice registered nurse shall complete or update and document in the patient record assessment activities to assure the appropriateness and safety of the medication, as required by rule 4731-11-14 of the Administrative Code, including but not limited to:

(a) Completing an OARRS check in compliance with rule 4723-9-12 of the Administrative Code;

- (b) Offering the patient a prescription for naloxone if the following circumstances exist:
 - (i) The patient has a prior history of opioid overdose;
 - (ii) The patient is co-prescribed a benzodiazepine, sedative hypnotic drug, carisprodal, tramadol, or gabapentin;
 - (iii) The patient has a concurrent substance use disorder; or
 - (iv) The dosage exceeds eighty MED as discussed in paragraph (K)(5) of this rule;
- (c) The advanced practice registered nurse shall consider offering the patient a prescription for naloxone if the dosage exceeds fifty MED as discussed in paragraph (K)(4) of this rule.
- (3) During the course of treatment with an opioid analgesic at doses below the average of fifty MED per day, the advanced practice registered nurse shall provide periodic follow-up assessment and documentation of the patient's functional status, the patient's progress toward treatment objectives, indicators of possible addiction, drug abuse or diversion, and any adverse drug effects.
- (4) Fifty MED. Prior to increasing the opioid dosage to a daily average of fifty MED or greater, the advanced practice registered nurse shall complete and document in the patient record the activities and information set forth in rule 4731-11-14 of the Administrative Code, including but not limited to the following:
 - (a) Review and update the assessment completed in paragraph (K)(2) of this rule if needed. The advanced practice registered nurse may rely on an appropriate assessment completed within a reasonable time if the advanced practice registered nurse is satisfied that he or she may rely on that information for purposes of meeting the requirements of Chapter 4723-8 and Chapter 4723-9 of the Administrative Code;
 - (b) Except when the patient was prescribed an average daily dosage that exceeded fifty MED before the effective date of this rule, document consideration of:

- (i) Consultation with a specialist in the area of the body affected by the pain;
 - (ii) Consultation with a pain management specialist;
 - (iii) Obtaining a medication therapy management review by a pharmacist;
 - (iv) Consultation with a specialist in addiction medicine or addiction psychiatry, if aberrant behaviors indicating medication misuse or substance use disorder are noted;
- (c) The advanced practice registered nurse shall consider offering the patient a prescription for naloxone if the dosage exceeds fifty MED as discussed in paragraph (K)(4) of this rule;
- (d) During the course of treatment with an opioid analgesic at doses at or above the average of fifty MED per day, the advanced practice registered nurse shall complete and document in the patient record all of the information and activities required by rule 4731-11-14 of the Administrative Code not less than every three months.
- (5) Eighty MED. Prior to increasing the opioid dosage to a daily average of eighty MED or greater, the advanced practice registered nurse shall complete and document in the patient record the activities and information set forth in rule 4731-11-14 of the Administrative Code, including but not limited to the following:
 - (a) A written pain management agreement shall be entered with the patient that outlines the advanced practice registered nurse's and patient's responsibilities during treatment, which requires the patient or patient guardian's agreement to all of the provisions set forth in rule 4731-11-14 of the Administrative Code;
 - (b) The advanced practice registered nurse shall offer the patient a prescription for naloxone;
 - (c) Except when the patient was prescribed an average daily dosage that exceeded eighty MED before the effective date of this rule, the advanced practice registered nurse shall obtain at least one of the following based upon the patient's clinical presentation:

- (i) Consultation with a specialist in the area of the body affected by the pain;
 - (ii) Consultation with a pain management specialist;
 - (iii) A medication therapy management review by a pharmacist; or
 - (iv) Consultation with a specialist in addiction medicine or addiction psychiatry, if aberrant behaviors indicating medication misuse or substance use disorder are noted.
- (6) One hundred twenty MED. The advanced practice registered nurse shall not prescribe a dosage that exceeds an average of one hundred twenty MED per day. This prohibition shall not apply under the following circumstances:
- (a) The advanced practice registered nurse holds national certification by a national certifying organization approved according to section 4723.46 of the Revised Code in:
 - (i) Pain management;
 - (ii) Hospice and palliative care;
 - (iii) Oncology; or
 - (iv) Hematology, [or coursework in hematology leading to certification in oncology;](#)
 - (b) The advanced practice registered nurse has received a written recommendation for a dosage exceeding an average of one hundred twenty MED per day from a board certified pain medicine physician, ~~or a~~ board certified hospice and palliative care physician, [or a board certified oncology or hematology physician,](#) who based the recommendation on a face-to-face visit and examination of the patient. The advanced practice registered nurse shall maintain the written recommendation in the patient's record; or
 - (c) The patient was receiving an average daily dose of one hundred twenty MED or more prior to the effective date of this rule. However, prior to escalating the patient's dose, the advanced practice registered nurse

shall receive a written recommendation as set forth in paragraph (K)(6)(b) of this rule.

(7) The requirements of paragraph (K) of this rule do not apply when an opioid analgesic is prescribed:

(a) To a patient in hospice care;

(b) To an patient who has terminal cancer or another terminal condition, as defined as follows:~~that term is defined in paragraph (A) of this rule; or;~~

(i) An irreversible, incurable, and untreatable condition caused by disease, illness, or injury from which, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by a physician who has examined the patient, both of the following apply:

(a) There can be no recovery; and

(b) Death is likely to occur within a relatively short time if life-sustaining treatment is not administered; or

(c) As an inpatient prescription as defined in rules adopted by agency 4729 of the Administrative Code.

(L) Drugs approved by the FDA but not yet reviewed and approved by the committee on prescriptive governance may be prescribed, unless later disapproved by the committee on prescriptive governance, if:

(1) The drug type or subtype is not excluded on the formulary set forth in paragraph (B) of this rule; and

(2) The collaborating physician has agreed in the standard care arrangement that the advanced practice registered nurse may prescribe drugs approved by the FDA, that meet the criteria set forth in paragraphs (L)(1) and (L)(2) of this rule, that have not yet been reviewed and approved by the committee on prescriptive governance.

(M) As specified in section 4723.44 of the Revised Code, an advanced practice registered nurse designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall not prescribe any drug or device to perform or induce an abortion, as that term is defined in section 2919.11 of the Revised Code.

- (N) As specified in section 4723.488 of the Revised Code, notwithstanding the requirements of this rule, an advanced practice registered nurse with a current valid license issued by the board and designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may prescribe or personally furnish naloxone.

- (O) The requirements of paragraph (D)(9)(c) of this rule apply to prescriptions for products that contain gabapentin.

4723-9-11

Course in Ohio law governing drugs and prescriptive authority.

- (A) All applicants seeking an advanced practice registered nurse license who practiced or are practicing as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner in another jurisdiction or as an employee of the United States government, in accordance with division (C) of section 4723.482 of the Revised Code, are required to complete a course of instruction in the laws of this state that govern drugs and prescriptive authority. To meet this requirement, the course of instruction must:
- (1) Include content and instruction on rules 4723-9-08, 4723-9-10, and 4723-9-12 of the Administrative Code, and other state, or federal laws that apply to the authority to prescribe schedule II controlled substances;
 - (2) Include content and instruction concerning the indications and contraindications for the use of opioids and benzodiazepines in drug therapies, and alternatives to opioid therapies in the management of acute and chronic pain, including the guidelines issued by the governor's [recoveryOhio initiative](#) ~~cabinet opiate action team (GCOAT)~~;
 - (3) Be approved by the board, or by an OBN approver as defined in rule 4723-14-01 of the Administrative Code, or offered by an OBN approved provider unit, as defined in rule 4723-14-01 of the Administrative Code that is headquartered in the state of Ohio; and
 - (4) Be at minimum two hours in length.
- (B) Applicants must submit documentation of successful completion to the board in the form of an original certificate, issued by the provider of the course of instruction that includes:
- (1) Name of the attendee;
 - (2) Title of the program;
 - (3) Date of the program;
 - (4) Name and address of the provider and OBN approver number, if applicable; and
 - (5) Verification of completion of at least two hours of instruction, each of sixty minutes in duration.

4723-9-12

Standards and procedures for review of OARRS.

(A) Definitions; for purposes of this rule:

- (1) "APRN" means a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who holds a current, valid license as an advanced practice registered nurse issued by the board.
- (2) "Delegate" means an authorized representative who is registered to obtain an OARRS report on behalf of an APRN.
- (3) "OARRS" means the Ohio automated RX reporting system established and maintained according to section 4729.75 of the Revised Code.
- (4) "OARRS report" means a report of information related to a specified patient generated by the drug database established maintained by the state board of pharmacy pursuant to section 4729.75 of the Revised Code.
- (5) "Reported drugs" means all drugs listed in rule [4729:8-2-01](#)~~4729-37-02~~ of the Administrative Code that are required to be reported to the drug database established and maintained according to section 4729.75 of the Revised Code, including controlled substance schedules II, III, IV and V.

(B) Standards of care: in addition to the requirements set forth in rule 4723-9-08 and rule 4723-9-10 of the Administrative Code, accepted and prevailing standards of care require that when prescribing or personally furnishing a reported drug, an APRN shall taking into account the potential for abuse of the reported drug, the possibility that the reported drug may lead to dependence, the possibility the patient will obtain the reported drug for a nontherapeutic use or distribute it to other persons, and the potential existence of an illicit market for the reported drug. When considering these circumstances in the course of determining whether to prescribe or personally furnish a reported drug to a patient, the APRN shall use sound clinical judgment and consider obtaining and reviewing an OARRS report, consistent with the requirements of this rule.

(C) Red flags: an APRN shall obtain and review an OARRS report when any of the following red flags pertain to the patient:

- (1) Selling prescription drugs;
- (2) Forging or altering a prescription;
- (3) Stealing or borrowing reported drugs;

- (4) Increasing the dosage of reported drugs in amounts that exceed the prescribed amount;
- (5) Suffering an overdose, intentional or nonintentional;
- (6) Having a drug screen result that is inconsistent with the treatment plan or refusing to participate in a drug screen;
- (7) Having been arrested, convicted, or received diversion, or intervention in lieu of conviction for a drug-related offense while under the APRN's care;
- (8) Receiving reported drugs from multiple prescribers, without clinical basis;
- (9) Traveling with a group of other patients to the APRN's office, where all or most of the patients request controlled substances prescriptions;
- (10) Traveling an extended distance or from out of state to the APRN's office;
- (11) Having a family member, friend, law enforcement officer or health care professional express concern related to the patient's use of illegal or reported drugs;
- (12) A known history of chemical abuse or dependency;
- (13) Appearing impaired or overly sedated during an office visit or examination;
- (14) Requesting reported drugs by specific name, street name, color, or identifying marks;
- (15) Frequently requesting early refills of reported drugs;
- (16) Frequently losing prescriptions for reported drugs;
- (17) A history of illegal drug use;
- (18) Sharing reported drugs with another person; or
- (19) Recurring visits to non-coordinated sites of care, such as emergency departments, urgent care facilities, or walk-in clinics to obtain reported drugs.

(D) OARRS review; opioid analgesics and benzodiazepines..

Except as provided in paragraph (G) of this rule, an APRN shall:

- (1) Obtain and review an OARRS report before initially prescribing to a patient a reported drug that is an opioid analgesic or benzodiazepine;
- (2) Obtain and review an OARRS report when prescribing opioid analgesics for the treatment of sub-acute and chronic pain as set forth in rule 4723-9-10 of the Administrative Code;
- (3) If the patient continues to receive opioid analgesics or benzodiazepines for more than ninety days after the initial report is requested, the APRN shall obtain and review OARRS reports for the patient at intervals not exceeding ninety days, determined according to the date the initial request was made, and until the course of treatment has ended; and
- (4) In obtaining and reviewing OARRS reports, comply with paragraph (F) of this rule.

(E) OARRS review; reported drugs that are not opioid analgesics or benzodiazepines.

Except as provided in paragraph (G) of this rule, an APRN shall:

- (1) Obtain and review an OARRS report following a course of treatment for a period of more than ninety days if the treatment includes the prescribing or personally furnishing of reported drugs that are not opioid analgesics or benzodiazepines;
- (2) Obtain and review an OARRS report at least annually thereafter until the course of treatment utilizing these reported drugs has ended; and
- (3) In obtaining and reviewing OARRS reports, comply with paragraph (F) of this rule.

(F) OARRS reports; time period; adjoining state: for purposes of paragraphs (C), (D), and (E) of this rule:

- (1) OARRS reports may be requested by the APRN's delegate but must be personally reviewed by the APRN;

- (2) Receipt and assessment of the OARRS report information, including consultation with the collaborating physician that occurred based on the OARRS report information or as required by paragraph (H) of this rule, shall be documented in the patient record;
 - (3) Initial reports requested shall cover at least twelve months immediately preceding the date of the request;
 - (4) If the APRN practices in a county of this state that adjoins another state, the APRN or the APRN's delegate shall also request a report of any information available in the drug database that pertains to prescriptions issued or drugs furnished to the patient in the state adjoining the county; and
 - (5) If an OARRS report regarding the patient is not available, the APRN shall document in the patient's record the reason that the report is not available and any efforts made in follow-up to obtain the requested information.
- (G) OARRS report exceptions: an APRN shall not be required to review and assess an OARRS report when prescribing or personally furnishing a reported drug under the following circumstances, unless the APRN believes or has reason to believe that the patient may be abusing or diverting reported drugs;
- (1) The reported drug is prescribed or personally furnished to a hospice patient in a hospice care program as those terms are defined in section 3712.01 of the Revised Code;
 - (2) The reported drug is prescribed or personally furnished to a patient who has been diagnosed with terminal cancer or another terminal condition, as defined in section 2133.01 of the Revised Code;
 - (3) The reported drug is prescribed for administration in a hospital, nursing home, or residential care facility;
 - (4) The reported drug is prescribed or personally furnished in an amount indicated for a period not to exceed seven days; or
 - (5) The reported drug is prescribed for treatment of non-terminal cancer or another condition associated with non-terminal cancer, except if prescribed for sub-acute or chronic pain and an OARRS report review is required by rule 4723-9-10 of the Administrative Code.

(H) Physician consultation: an APRN who prescribes or personally furnishes a reported drug to a patient following review of an OARRS report under paragraph (C), (D), or (E) of this rule, and determines, based on the OARRS report or red flags described in paragraph (C) of this rule that the patient may be abusing or diverting reported drugs, shall first consult with ~~their collaborating~~a physician prior to personally furnishing or prescribing a reported drug at the patient's next visit.

(1) Consultation shall include and result in:

- (a) Review and documentation of the reasons why the APRN believes or has reason to believe that the patient may be abusing or diverting drugs;
- (b) Review and documentation of the patient's progress toward treatment objectives over the course of treatment; and
- (c) Review and documentation of the functional status of the patient, including activities for daily living, adverse effects, analgesia and aberrant behavior over the course of treatment.

(2) Consultation may include and result in:

- (a) Utilization of a patient treatment agreement that includes more frequent and periodic review of OARRS reports, more frequent office visits, different treatment options, drug screens, use of one pharmacy, use of one provider for the prescription or personally furnishing of reported drugs, and consequences for non-compliance with the terms of the agreement. The patient treatment agreement shall be maintained as part of the patient record; and
- (b) Consultation with or referral to a substance use disorder specialist.

4723-9-13

Medication-assisted treatment.

(A) Definitions; for purposes of this rule and interpretation of the formulary set forth in rule 4723-9-10 of the Administrative Code:

- (1) "Community addiction services provider" has the same meaning as in section 5119.01 of the Revised Code.
- (2) "Community mental health services provider" has the same meaning as in section 5119.01 of the Revised Code.
- (3) "Controlled substance," "schedule III," "schedule IV," and "schedule V" have the same meanings as in section 3719.01 of the Revised Code.
- (4) "FDA" means the United States food and drug administration.
- (5) "Induction phase" means the phase of opioid treatment during which maintenance medication dosage levels are adjusted until a patient attains stabilization.
- (6) "Medication-assisted treatment" means alcohol or drug addiction services that are accompanied by medication that has been approved by the United States food and drug administration for the treatment of substance use disorder, prevention of relapse of substance use disorder, or both.
- (7) "Office-based opioid treatment" or "OBOT" means medication-assisted treatment of opioid dependence or addiction utilizing controlled substances, in a private office or public sector clinic that is not otherwise regulated, by practitioners who are authorized to prescribe outpatient supplies of medications approved by the FDA for the treatment of opioid addiction or prevention of relapse. OBOT includes treatment with all controlled substance medications approved by the FDA for such treatment. OBOT does not include treatment that occurs in the following settings:
 - (a) A state or local correctional facility, as defined in section 5163.45 of the Revised Code;
 - (b) A hospital, as defined in section 3727.01 of the Revised Code;
 - (c) A provider certified to provide residential and inpatient substance use disorder services, including withdrawal management, by the Ohio department of mental health and addiction services;

- (d) An opioid treatment program certified by SAMHSA and accredited by an independent, SAMHSA-approved accrediting body; or
 - (e) A youth services facility, as defined in section 103.75 of the Revised Code.
- (8) "OARRS" means the "Ohio Automated RX Reporting System" drug database established and maintained pursuant to section 4729.75 of the Revised Code.
- (9) "Qualified behavioral healthcare provider" means the following who is practicing within the scope of professional licensure:
- (a) A medical doctor or doctor of osteopathic medicine and surgery who holds board certification in addiction medicine or addiction psychiatry, or a psychiatrist, licensed under Chapter 4731. of the Revised Code;
 - (b) A licensed independent chemical dependency counselor-clinical supervisor, licensed independent chemical dependency counselor, licensed chemical dependency counselor III, licensed chemical dependency counselor II, or licensed chemical dependency counselor assistant licensed under Chapter 4758. of the Revised Code;
 - (c) A professional clinical counselor, licensed professional counselor, licensed independent social worker, licensed social worker, or marriage and family therapist, licensed under Chapter 4757. of the Revised Code;
 - (d) An advanced practice registered nurse licensed as a clinical nurse specialist or certified nurse practitioner licensed by the board, who holds national certification in psychiatric mental health, or clinical nurse specialist who was not required to obtain national certification according to section 4723.41 of the Revised Code, and whose specialty is psychiatric mental health; or
 - (e) A psychologist, as defined in division (A) of section 4732.01 of the Revised Code, licensed under Chapter 4732. of the Revised Code; or
 - (f) An advanced practice registered nurse licensed by the board who holds additional certification as a certified addictions registered nurse-advanced practice issued by the addictions nursing certification board.

Nothing in paragraph (A)(9) of this rule shall be construed to prohibit an advanced practice registered nurse who collaborates with a physician licensed under Chapter 4731. of the Revised Code and certified as an addiction psychiatrist, addictionologist, or psychiatrist, from providing services within the normal course of practice and expertise of the collaborating physician, including addiction services, other mental health services, and prescriptive services in compliance with Ohio and federal law and rules.

- (10) "SAMHSA" means the United States substance abuse and mental health services administration.
- (11) "Stabilization phase" means the medical and psychosocial process of assisting the patient through acute intoxication and withdrawal management to the attainment of a medically stable, fully supported substance-free state, which may include the use of medications.
- (B) ~~An advanced practice registered nurse with a current valid license issued by the board and designated as a~~ clinical nurse specialist, certified nurse midwife or certified nurse practitioner ~~who holds a current valid advanced practice registered nurse license~~ may provide medication-assisted treatment, including prescribing controlled substances in schedule III, IV or V, if the advanced practice registered nurse ~~clinical nurse specialist, certified nurse midwife or certified nurse practitioner:~~
 - (1) Complies with section 3719.064 of the Revised Code, and all federal and state laws and regulations governing the prescribing of the medication, including but not limited to incorporating into the advanced practice registered nurse's practice knowledge of Chapter 4729. of the Revised Code, and Chapter 4731. of the Revised Code and rules adopted under that Chapter that govern the practice of the advanced practice registered nurse's collaborating physician;
 - (2) Completes at least eight hours of continuing nursing education in each renewal period related to substance abuse and addiction. Courses completed in compliance with this requirement shall be accepted toward meeting the continuing education requirements for biennial renewal of the advanced practice registered nurse license; and
 - (3) Only provides medication-assisted treatment if the treatment is within the collaborating physician's normal course of practice and expertise.
- (C) In addition to the requirements for medication-assisted treatment set forth in paragraph (B) of this rule, an advanced practice registered nurse with a current valid license issued by the board and designated as a clinical nurse specialist or

certified nurse practitioner may provide OBOT under the following circumstances:

- (1) The standard care arrangement statement of services offered includes OBOT;
- (2) The advanced practice registered nurse performs, or confirms the completion of, and documents a patient assessment that includes all of the following:
 - (a) A comprehensive medical and psychiatric history;
 - (b) A brief mental status history;
 - (c) Substance abuse history;
 - (d) Family history and psychosocial supports;
 - (e) Appropriate physical examination;
 - (f) Urine drug screen or oral fluid drug testing;
 - (g) Pregnancy test for women of childbearing age and ability;
 - (h) Review of patient's prescription information in OARRS;
 - (i) Testing for human immunodeficiency virus;
 - (j) Testing for hepatitis B;
 - (k) Testing for hepatitis C;
 - (l) Consideration of screening for tuberculosis and sexually-transmitted diseases in patients with known risk factors.
 - (m) For other than the toxicology tests for drugs and alcohol, appropriate history, substance abuse history, and pregnancy test, the advanced practice registered nurse may satisfy the assessment requirements by reviewing records from a physical examination and laboratory testing of the patient that was conducted within a reasonable period of time prior to the visit.
 - (n) If any part of the assessment cannot be completed prior to the initiation of

OBOT, the advanced practice registered nurse shall document the reasons in the medical record.

- (3) The advanced practice registered nurse establishes and documents a treatment plan that includes all of the following:
 - (a) The advanced practice registered nurse's rationale for selection of the specific drug to be used in the medication-assisted treatment;
 - (b) Patient education;
 - (c) The patient's written, informed consent;
 - (d) Random urine-drug screens or oral fluid drug testing;
 - (e) A signed treatment agreement with the patient that outlines the responsibilities of the patient and the advanced practice registered nurse;
 - (f) A plan for psychosocial treatment as discussed in paragraph (C)(5) of this rule;
- (4) The advanced practice registered nurse shall provide OBOT in accordance with an acceptable treatment protocol for assessment, induction, stabilization, maintenance and tapering. Acceptable protocols are any of the following:
 - (a) SAMSHA treatment improvement protocol publications for medication-assisted treatment available from the SAMSHA website at: <https://store.samhsa.gov>;
 - (b) "National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use," approved by the American society of addiction medicine in 2015, and available from the website of the American society of addiction medicine at <https://www.asam.org/>.
- (5) Except if the advanced practice registered nurse is a qualified behavior healthcare provider, the advanced practice registered nurse shall refer and work jointly with a qualified behavioral healthcare provider, community mental health services provider, or community addiction services provider to determine the optimal type and intensity of psychosocial treatment for the

patient and document the treatment plan in the patient record.

- (a) The treatment shall at minimum include a psychosocial needs assessment, supportive counseling, links to existing family supports, and referral to community services;
 - (b) The treatment shall include at least one of the following interventions:
 - (i) Cognitive behavioral treatment;
 - (ii) Community reinforcement approach;
 - (iii) Contingency management/motivational incentives; or
 - (iv) Behavioral couples counseling;
 - (c) The treatment plan shall include a structure for renegotiation of the treatment plan if the patient does not adhere to the original plan.
- (6) When clinically appropriate and if the patient refuses treatment from a qualified behavioral healthcare provider, community mental health services provider, or community addiction services provider, the advanced practice registered nurse shall ensure that the OBOT treatment plan requires the patient to participate in a twelve step program or appropriate self-help recovery program. If the patient is required to participate in a twelve step program or self-help recovery program, the advanced practice registered nurse shall require the patient to provide documentation of on-going participation in the program.
- (7) If the advanced practice registered nurse refers the patient to a qualified behavioral health service provider, community addiction services provider, or community mental health services provider, the advanced practice registered nurse shall document the referral and the advanced practice registered nurse's meaningful interactions with the provider in the patient record.
- (8) The advanced practice registered nurse shall offer the patient a prescription for a naloxone kit.
- (a) The advanced practice registered nurse shall ensure that the patient receives instruction on the kit's use including, but not limited to,

recognizing the signs and symptoms of overdose and calling 911 in an overdose situation.

- (b) The advanced practice registered nurse shall offer the patient a new prescription for naloxone upon expiration or use of the old kit.
 - (c) The advanced practice registered nurse shall be exempt from this requirement if the patient refuses the prescription. If the patient refuses the prescription the advanced practice registered nurse shall provide the patient with information on where to obtain a kit without a prescription.
- (9) If the advanced practice registered nurse provides OBOT using buprenorphine products, the following additional requirements must be met:
- (a) The provision shall comply with the FDA approved "Risk Evaluation and Mitigation Strategy" for buprenorphine products, which can be found on FDA website at the following address: <https://www.accessdata.fda.gov/scripts/cder/remis/index.cfm>. With the exception of those conditions listed in paragraph (C)(9)(b) of this rule, the advanced practice registered nurse who treats an opioid use disorder with a buprenorphine product shall only prescribe buprenorphine/naloxone combination products for use in OBOT.
 - (b) The advanced practice registered nurse shall prescribe buprenorphine without naloxone (buprenorphine mono-product) only in the following situations, and shall fully document the evidence for the decision to use buprenorphine mono-product in the patient's record:
 - (i) When the patient is pregnant or breast-feeding;
 - (ii) When converting the patient from buprenorphine mono-product to a buprenorphine/naloxone combination product;
 - (iii) In formulations other than tablet or film form for indications approved by the FDA;
 - (iv) For withdrawal management when a buprenorphine/naloxone combination product is contraindicated, with the contraindication documented in the patient record; or
 - (v) When the patient has an allergy to or intolerance of a

buprenorphine/naloxone combination product, after explaining to the patient the difference between an allergic reaction and symptoms of opioid withdrawal precipitated by buprenorphine or naloxone, and with documentation included in the patient record.

- (c) Due to a higher risk of fatal overdose when buprenorphine is prescribed with other opioids, benzodiazepines, sedative hypnotics, carisoprodol, and tramadol, the advanced practice registered nurse shall only co-prescribe these substances when it is medically necessary, and only if:
 - (i) The advanced practice registered nurse verifies the diagnosis for which the patient is receiving the other drug and coordinates care with the prescriber for the other drug, including whether it is possible to taper the drug to discontinuation. If the advanced practice registered nurse prescribing buprenorphine is the prescriber of the other drug, the advanced practice registered nurse shall taper the other drug to discontinuation if it is safe to do so. The advanced practice registered nurse shall educate the patient about the serious risks of the combined use; and
 - (ii) The advanced practice registered nurse documents progress in achieving the tapering plan in the patient record.
- (d) During the induction phase, the advanced practice registered nurse shall not prescribe a dosage that exceeds the recommendation in the FDA approved labeling, except for medically indicated circumstances as documented in the patient record. The advanced practice registered nurse shall see the patient at least once per week during this phase.
- (e) During the stabilization phase, when using any oral formulation of buprenorphine, the advanced practice registered nurse shall increase the daily dosage of buprenorphine in safe and effective increments to achieve the lowest dose that avoids intoxication, withdrawal, or significant drug craving.
 - (i) During the first ninety days of treatment, the advanced practice registered nurse shall prescribe no more than a two-week supply of the buprenorphine product containing naloxone.
 - (ii) Starting with the ninety-first day of treatment and until the completion of twelve months of treatment, the advanced practice

registered nurse shall prescribe no more than a thirty-day supply of the buprenorphine product containing naloxone.

- (f) The advanced practice registered nurse shall take steps to reduce the chances of buprenorphine diversion by using the lowest effective dose, appropriate frequency of office visits, pill counts, and checks of OARRS. The advanced practice registered nurse shall also require urine drug screens, serum medication levels, or oral fluid testing at least twice per quarter for the first year of treatment and at least once per quarter thereafter.
- (g) When using any oral formulation of buprenorphine, the advanced practice registered nurse shall document in the patient record the rationale for prescribed doses exceeding sixteen milligrams of buprenorphine per day. The advanced practice registered nurse shall not prescribe a dose of buprenorphine exceeding twenty-four milligrams per day.
- (h) The advanced practice registered nurse shall incorporate relapse prevention strategies into counseling or assure that they are addressed by a qualified behavioral healthcare provider who has the education and experience to provide substance abuse counseling.
- (i) The advanced practice registered nurse may treat a patient using the administration of extended-release, injectable, or implanted buprenorphine under the following circumstances:
 - (i) The advanced practice registered nurse strictly complies with any required risk evaluation and mitigation strategy program for the drug;
 - (ii) The advanced practice registered nurse shall prescribe an extended-release buprenorphine product strictly in accordance with the FDA's approved labeling for the drug's use;
 - (iii) The advanced practice registered nurse documents in the patient record the rationale for the use of the extended-release product; and
 - (iv) The advanced practice registered nurse who orders or prescribes extended-release, injectable, or implanted buprenorphine product shall administer the drug, or require it to be administered by another Ohio licensed health care provider acting in accordance

with the scope of their professional license.

- (10) If the clinical nurse specialist or certified nurse practitioner is using naltrexone to treat opioid use disorder, the advanced practice registered nurse shall comply with the following additional requirements:
- (a) Prior to treating a patient with naltrexone, the advanced practice registered nurse shall inform the patient about the risk of opioid overdose if the patient ceases naltrexone and then uses opioids. The advanced practice registered nurse shall take measures to ensure that the patient is adequately detoxified from opioids and is no longer physically dependent prior to treatment with naltrexone;
 - (b) The advanced practice registered nurse shall use oral naltrexone only for treatment of patients who can be closely supervised and who are highly motivated;
 - (i) The dosage regime shall strictly comply with the FDA approved labeling for naltrexone hydrochloride tablets;
 - (ii) The patient shall be encouraged to have a support person assist with the administration of the medication and supervise the medication. Examples of a support person are a family member, close friend, or employer;
 - (c) The advanced practice registered nurse shall require urine drug screens, serum medication levels or oral fluid testing at least every three months for the first year of treatment and at least every six months thereafter;
 - (d) The advanced practice registered nurse shall incorporate relapse prevention strategies into counseling or assure that they are addressed by a qualified behavioral healthcare or mental health services provider who has education and experience to provide substance abuse counseling.
 - (e) The advanced practice registered nurse may treat a patient with extended-release naltrexone for opioid dependence or for co-occurring opioid and alcohol use disorders.
 - (i) The advanced practice registered nurse should consider treatment with extended-release naltrexone for patients who have issues

with treatment adherence;

- (ii) The injection dosage shall strictly comply with FDA labeling for extended-release naltrexone; and
- (iii) The advanced practice registered nurse shall incorporate relapse prevention strategies into counseling or assure that they are addressed by a qualified behavioral healthcare provider or mental health services provider who has the education and experience to provide substance abuse counseling.

4723-9-14

Standards and procedures for withdrawal management for drug or alcohol addiction.

(A) Definitions; for purposes of this rule and interpretation of the formulary set forth in rule 4723-9-10 of the Administrative Code:

(1) The definitions set forth in rule 4723-9-13 of the Administrative Code apply in addition to those definitions set forth in this paragraph:

(2) "Ambulatory detoxification" means withdrawal management delivered in a medical office, public sector clinic, or urgent care facility by trained practitioners authorized to prescribe outpatient supplies of drugs approved by the FDA for the treatment of addiction, prevention of relapse of drug addiction, or both. Ambulatory detoxification is the provision of medically supervised evaluation, withdrawal management, and referral services without extended onsite monitoring. For purposes of this rule, ambulatory detoxification does not include withdrawal management that occurs in the following settings:

(a) A state or local correctional facility, as defined in section 5163.45 of the Revised Code;

(b) In-patient treatment in a hospital, as defined in section 3727.01 of the Revised Code;

(c) An opioid treatment program certified by SAMHSA and accredited by an independent SAMHSA-approved accrediting body; or

(d) A youth services facility, as defined in section 103.75 of the Revised Code.

(3) "ASAM" means the American society of addiction medicine;

(4) "Withdrawal management" or "detoxification" is a set of medical interventions aimed at managing the acute physical symptoms of intoxication and withdrawal. Detoxification denotes a clearing of toxins from the body of the patient who is acutely intoxicated and/or dependent on a substance of abuse. Withdrawal management seeks to minimize the physical harm caused by the intoxication and withdrawal of a substance of abuse. Withdrawal management occurs when the patient has a substance use disorder and either evidence of the characteristic withdrawal syndrome produced by withdrawal from that substance, or evidence that supports the expectation that such syndrome would develop without the provision of detoxification services. Withdrawal management alone does not constitute substance abuse treatment or rehabilitation.

(B) A clinical nurse specialist, certified nurse midwife or certified nurse practitioner who holds a current valid advanced practice registered nurse license may provide

ambulatory detoxification consistent with this rule if the advanced practice registered nurse:

(1) Only provides withdrawal management in collaboration with a physician who provides withdrawal management as part of the physician's normal course of practice and with whom the advanced practice registered nurse has a current standard care arrangement;

(2) Complies with the medication withdrawal policies of the healthcare facilities in which the advanced practice registered nurse engages in withdrawal management practice; and

(3) Complies with all state and federal laws and rules applicable to prescribing, including holding a DATA 2000 waiver to prescribe buprenorphine if buprenorphine is to be prescribed for withdrawal management in a medical office, public sector clinic, or urgent care facility.

(C) Prior to providing ambulatory detoxification for any substance use disorder the advanced practice registered nurse shall inform the patient that ambulatory detoxification alone is not substance abuse treatment. If the patient prefers substance abuse treatment, the advanced practice registered nurse shall comply with the requirements of section 3719.064 of the Revised Code, by completing the following actions:

(1) Both verbally and in writing give the patient information about all drugs approved by the FDA for use in medication-assisted treatment including withdrawal management. The information given shall be documented in the patient's record.

(2) If the patient agrees to enter opioid treatment and the advanced practice registered nurse determines that such treatment is clinically appropriate, the advanced practice registered nurse shall refer the patient to an opioid treatment program licensed or certified by the Ohio department of mental health and addiction services to provide such treatment or to a physician, physician assistant, or advanced practice registered nurse who provides treatment using naltrexone, or who holds the DATA 2000 waiver to provide office-based treatment for opioid use disorder. The name of the program or provider to whom the patient was referred and the date of the referral shall be documented in the patient record.

(D) When providing withdrawal management for opioid use disorder an advanced practice registered nurse may be authorized to use a medical device that is approved by the FDA as an aid in the reduction of opioid withdrawal symptoms.

(E) Ambulatory detoxification for opioid addiction.

(1) An advanced practice registered nurse shall provide ambulatory detoxification

only when all of the following conditions are met:

(a) A positive and helpful support network is available to the patient;

(b) The patient has a high likelihood of treatment adherence and retention in treatment; and

(c) There is little risk of medication diversion.

(2) The advanced practice registered nurse shall provide ambulatory detoxification under a defined set of policies and procedures or medical protocols consistent with level of care I-D or II-D as set forth in "The ASAM Criteria, Third Edition," under which services are designed to treat the patient's level of clinical severity to achieve safe and comfortable withdrawal from a mood-altering drug and effectively facilitate the patient's transition into treatment and recovery. "The ASAM Criteria, Third Edition," can be obtained from the website of ASAM at <https://www.asam.org/>, and may be reviewed at the board office, located at 17 S. high street, suite 660, Columbus, Ohio, 43215 during normal business hours.

(3) Prior to providing ambulatory detoxification, the advanced practice registered nurse shall perform an assessment of the patient. The assessment shall include a thorough medical history and physical examination. The assessment must focus on signs and symptoms associated with opioid addiction and include assessment with a nationally recognized scale, such as one of the following:

(a) Objective Opioid Withdrawal Scale ("OOWS");

(b) Clinical Opioid Withdrawal Scale ("COWS");

(c) Subjective Opioid Withdrawal Scale ("SOWS").

(4) Prior to providing ambulatory detoxification, the advanced practice registered nurse shall conduct a biomedical and psychosocial evaluation of the patient, to include the following:

(a) A comprehensive medical and psychiatric history;

(b) A brief mental status exam;

(c) A substance abuse history;

(d) Family history and psychosocial supports;

(e) Appropriate physical examination;

(f) Urine drug screen or oral fluid drug testing;

4723-9-14

4

- (g) Pregnancy test for women of childbearing age and ability;
 - (h) Review of the patient's prescription information in OARRS;
 - (i) Testing for human immunodeficiency virus;
 - (j) Testing for hepatitis B;
 - (k) Testing for hepatitis C; and
 - (l) Consideration of screening for tuberculosis and sexually transmitted diseases in patients with known risk factor.
 - (m) For other than toxicology tests for drugs and alcohol, appropriate history, substance abuse history, and pregnancy test, the advanced practice registered nurse may satisfy the assessment requirements by reviewing records from a physical examination and laboratory testing of the patient that was conducted within a reasonable period of time prior to the visit. If any part of the assessment cannot be completed prior to the initiation of treatment, the advanced practice registered nurse shall document the reasons in the medical record.
- (5) The advanced practice registered nurse shall request and document review of an OARRS report on the patient.
- (6) The advanced practice registered nurse shall inform the patient about the following before the patient is undergoing withdrawal from opioids:
- (a) The detoxification process and potential subsequent treatment for substance use disorder, including information about all drugs approved by the FDA for use in medication-assisted treatment;
 - (b) The risk of relapse following detoxification without entry into medication-assisted treatment;
 - (c) The high risk of overdose and death when there is a relapse following detoxification; and
 - (d) The safe storage and disposal of the medications.
- (7) The advanced practice registered nurse shall not establish standardized routines or schedules of increases or decreases of medications but shall formulate a treatment plan based on the needs of the specific patient.
- (8) For persons projected to be involved in withdrawal management for six months or less, the advanced practice registered nurse shall offer the patient

counseling and follow the procedures described in paragraphs (C)(8) and (C)(9) of rule 4723-9-13 of the Administrative Code.

(9) The advanced practice registered nurse shall require the patient to undergo urine and/or other toxicological screenings during withdrawal management in order to demonstrate the absence of use of alternative licit and/or illicit drugs. The advanced practice registered nurse shall consider referring a patient who has a positive urine and/or toxicological screening to a higher level of care, with such consideration documented in the patient's medical record, and confer with the collaborating physician prior to prescribing a buprenorphine/naloxone combination product to the patient.

(10) The advanced practice registered nurse shall comply with the following requirements for the use of medication:

(a) The advanced practice registered nurse may treat the patient's withdrawal symptoms by use of any of the following drugs as determined to be the most appropriate for the patient:

(i) A drug, excluding methadone, that is specifically FDA approved for the alleviation of withdrawal symptoms;

(ii) An alpha-2 adrenergic agent along with other non-narcotic medications as recommended in "The ASAM National Practice Guideline For the Use of Medications in the Treatment of Addiction Involving Opioid Use," available at: <https://www.asam.org>, and available on the board's website at <https://nursing.ohio.gov>;

(iii) A combination of buprenorphine and low dose naloxone (buprenorphine/naloxone combination product). However, buprenorphine without naloxone (buprenorphine mono-product) may be used if a buprenorphine/naloxone combination product is contraindicated, with the contraindication documented in the patient record.

(b) The advanced practice registered nurse shall not use any of the following drugs to treat the patient's withdrawal symptoms:

(i) Methadone;

(ii) Anesthetic agents.

(c) The advanced practice registered nurse shall:

(i) Not initiate treatment with buprenorphine to manage withdrawal symptoms until between twelve and eighteen hours after the last

dose of short-acting agonist such as heroin or oxycodone, and twenty-four hours after the last does of long-acting agonist such as methadone. Treatment with buprenorphine product must be in compliance with the FDA approved "Risk Evaluation and Mitigation Strategy" for buprenorphine products, which can be found on the FDA website at: <https://www.accessdata.fda.gov/scripts/cder/remis/index.cfm>.

(ii) Determine on an individualized basis the appropriate dosage of medication to ensure stabilization during withdrawal management.

(a) The dosage level shall be that which is well-tolerated by the patient.

(b) The dosage level shall be consistent with the minimal standards of care.

(11) The advanced practice registered nurse shall offer the patient a prescription for a naloxone kit and shall:

(a) Ensure that the patient receives instruction on the kit's use including, but not limited to, recognizing the signs and symptoms of overdose and calling 911 in an overdose situation;

(b) Offer the patient a new prescription for naloxone upon expiration or use of the old kit;

(c) Be exempt from this requirement if the patient refuses the prescription. If the patient refuses the prescription the advanced practice registered nurse shall provide the patient with information on where to obtain a kit without a prescription.

(12) The advanced practice registered nurse shall take steps to reduce the chances of medication diversion by using an appropriate frequency of office visits, pill counts, and weekly checks of OARRS.

(F) The advanced practice registered nurse who provides ambulatory detoxification with medication management for withdrawal from benzodiazepines or other sedatives shall comply with paragraphs (B), (C), and (D) of this rule and "TIP 45, A Treatment Improvement Protocol for Detoxification and Substance Abuse Treatment" by SAMHSA, available from the SAMHSA website at: <https://store.samhsa.gov/> (search for "TIP 45") and available on the board's website at: <https://nursing.ohio.gov>. In addition, ambulatory detoxification with medication management shall only be provided if:

(1) A positive and helpful support network is available to the patient;

- (2) The patient's use of benzodiazepines was mainly in therapeutic ranges;
 - (3) The patient does not have polysubstance dependence;
 - (4) The patient exhibits no more than mild to moderate withdrawal symptoms;
 - (5) The patient has no comorbid medical condition or severe psychiatric disorder;
 - (6) The patient has no history of withdrawal seizures or withdrawal delirium;
 - (7) Prior to providing ambulatory detoxification, the advanced practice registered nurse performs and documents an assessment of the patient that focuses on signs and symptoms associated with benzodiazepine or other sedative use disorder, including assessment with a nationally recognized scale, such as the "Clinical Institute Withdrawal Assessment for Benzodiazepines" ("CIWA-B");
 - (8) Prior to providing ambulatory detoxification, the advanced practice registered nurse conducts and documents a biomedical and psychosocial evaluation of the patient meeting the requirements of paragraph (E)(4) of this rule.
 - (9) The advanced practice registered nurse instructs the patient not to drive or operate dangerous machinery during treatment;
 - (10) The advanced practice registered nurse regularly assesses the patient during the course of ambulatory detoxification so that dosage can be adjusted if needed;
 - (a) The patient shall be required to undergo urine and/or other toxicological screening during withdrawal management in order to demonstrate the absence of use of alternative licit and/or illicit drugs;
 - (b) The advanced practice registered nurse shall document consideration of referral of the patient who has a positive urine and/or toxicological screen to a higher level of care;
 - (c) The advanced practice registered nurse shall take steps to reduce the chances of diversion by using an appropriate frequency of office visits, pill counts, and weekly checks of OARRS.
- (G) An advanced practice registered nurse who provides ambulatory detoxification with medication management of withdrawal from alcohol addiction shall comply with paragraphs (B), (C), and (D) of this rule and "TIP 45, A Treatment Improvement Protocol for Detoxification and Substance Abuse Treatment" by SAMHSA, available from the SAMHSA website at: <https://store.samhsa.gov/> (search for "TIP 45") and available on the board's website at: <https://nursing.ohio.gov>. In addition,

ambulatory detoxification with medication management shall only be provided if:

- (1) A positive and helpful support network is available to the patient;
- (2) The patient does not have polysubstance dependence;
- (3) The patient exhibits no more than mild to moderate withdrawal symptoms;
- (4) The patient has no comorbid medical condition or severe psychiatric disorder;
- (5) The patient has no history of withdrawal seizures or withdrawal delirium;
- (6) Prior to providing ambulatory detoxification, the advanced practice registered nurse performs and documents an assessment of the patient that focuses on signs and symptoms associated with alcohol use disorder, including assessment with a nationally recognized scale, such as the "Clinical Institute Withdrawal Assessment for Alcohol-revised" ("CIWA-Ar");
- (7) Prior to providing ambulatory detoxification, the advanced practice registered nurse conducts and documents a biomedical and psychosocial evaluation of the patient meeting the requirements of paragraph (E)(4) of this rule;
- (8) The advanced practice registered nurse regularly assesses the patient during the course of ambulatory detoxification. The advanced practice registered nurse shall:
 - (a) Adjust the dosage of medication as medically appropriate;
 - (b) Require the patient to undergo urine and/or other toxicological screening in order to demonstrate the absence of illicit drugs;
 - (c) Document the consideration of referral of the patient who has a positive urine and/or toxicological screen to a higher level of care.
- (9) If the patient agrees to enter alcohol treatment and the advanced practice registered nurse determines that such treatment is clinically appropriate, the advanced practice registered nurse shall refer the patient to an alcohol treatment program licensed or certified by the Ohio department of mental health and addiction services to provide such treatment or to a physician, physician assistant, or advanced practice registered nurse who provides treatment using any FDA approved forms of medication assisted treatment for alcohol use disorder. The name of the program, physician, physician assistant, or advanced practice registered nurse to whom the patient was referred, and the date of the referral, shall be documented in the patient record..
- (10) The advanced practice registered nurse shall instruct the patient not to drive or operate dangerous machinery during treatment.

4723-23-01

Definitions.

For purposes of this chapter the following definitions apply:

(A) "Delegation" means the transfer of responsibility for the performance of a selected task or activity from a licensed health care professional authorized to perform the task or activity to an individual who does not have the authority to perform the task or activity.

(B) "Dialysis care" means performing and monitoring dialysis procedures which include initiating or discontinuing dialysis, drawing blood, administering medications authorized by division (C) of section 4723.72 of the Revised Code, and responding to complications that arise in conjunction with dialysis.

(C) "Dialysis technician" or "DT" means an individual who is certified by the board according to section 4723.75 of the Revised Code.

~~(C)~~(D) "Dialysis technician intern ~~certificate~~ or "DTI" means ~~a certificate issued to~~ an individual who has not passed the dialysis technician certification examination but meets the requirements set forth in section 4723.76 of the Revised Code.

~~(D)~~(E) "Dialysis training program" means a program approved by the board according to rule 4723-23-07 of the Administrative Code that consists of not less than three hundred twenty clock hours of instruction including both of the following:

- (1) A minimum of one hundred clock hours of faculty-interactive theoretical instruction, which may be on-line; and
- (2) A minimum of two hundred twenty clock hours of supervised clinical experience.

~~(E)~~(F) "Discontinue" means to cease or stop.

~~(F)~~(G) "Inactive status" means the status of the certificate of an individual who has made a written request that the board place the certificate on inactive status. An individual with an inactive certificate does not hold a current, valid certificate and is not authorized to provide dialysis care.

~~(G)~~(H) "Initiate" means to start or to begin.

~~(H)~~(I) "Monitor" means to collect objective and subjective data and observe the dialysis patient for signs or symptoms of any change in physiological or psychosocial status or complications related to dialysis, to check or regulate the performance of the

machines used in performing dialysis, and to report any irregularity to the physician or licensed nurse as appropriate.

(J) "Home" means the private residence of a patient, and does not mean a residential care facility, assisted living facility, rehabilitation facility, nursing home, long term care facility, or group home licensed by the state of Ohio.

~~(J) "Ohio certified dialysis technician" or "OCDT" means an individual who holds a certificate to practice as a dialysis technician issued by the board according to section 4723.75 of the Revised Code.~~

(K) "Lapsed" means the status of a certificate of an individual who did not meet all the requirements of certificate renewal, and who did not request that the board place the certificate on inactive status prior to the renewal deadline.

(L) "Site visit" means an announced or unannounced visit to a dialysis training program by a board representative to determine whether the program meets or maintains the minimum standards required by the board.

(M) "Supervise" or "supervision" means initial and ongoing direction, procedural guidance, observation, and evaluation; and, except when dialysis care is being performed in the patient's home, requires a dialysis technician to be in the immediate presence of a physician or registered nurse.

4723-23-02

Dialysis technician intern certificate.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

(A) To obtain a dialysis technician intern certificate ~~to practice as a dialysis technician~~, an applicant who meets the qualifications set forth in division (A) of section 4723.76 of the Revised Code shall:

(1) Submit ~~an~~ a "Dialysis Technician Intern Application" ~~application on the form required by the board, located at <http://www.nursing.ohio.gov/forms.htm> (revised 2015)~~; that includes the name and address of each dialysis training program approved by the board in which the applicant has been enrolled and the dates during which the applicant was enrolled in each program;

(2) Submit an application fee of thirty-five dollars; and

(3) As required by section 4723.091 of the Revised Code, submit to a criminal records check completed by the bureau of criminal identification and investigation the results of which indicate that the individual has not been convicted of, pleaded guilty to, or had a judicial finding of guilt for any violation set forth in section 4723.092 of the Revised Code.

(B) Prior to the board determining an applicant is eligible for a dialysis technician intern certificate, the board shall have received:

(1) Written notice of the applicant's successful completion of a dialysis technician training program, approved by the board under section 4723.74 of the Revised Code, submitted directly by the program administrator or designee; and

(2) Written attestation, submitted directly to the board by the applicant's employer, that the applicant is competent to perform dialysis care.

(C) A dialysis technician intern certificate is valid for a period of time that is eighteen months from the date on which the applicant successfully completed a dialysis training program approved by the board under section 4723.74 of the Revised Code, minus the time the applicant was enrolled in one or more dialysis training programs approved by the board. A dialysis technician intern certificate shall not be renewed.

(D) An individual who holds a dialysis technician intern certificate shall not:

- (1) Act as a trainer or preceptor in any dialysis training program; or
 - (2) Provide dialysis care in a patient's home.
- (E) The holder of a dialysis technician intern certificate may place the certificate on inactive status by notifying the board in writing of the intent to place the certificate on inactive status. Upon receipt by the board of the request, the time during which the certificate is considered current shall be tolled or suspended. When an individual submits written notification to the board requesting reactivation of the intern certificate and a reactivation fee of thirty-five dollars, the board shall reactivate an intern certificate. Once reactivated, the intern certificate shall remain active for the length of time for which it was originally issued, minus the amount of time for which it previously was on active status.
- (F) If an applicant for a dialysis technician intern certificate is not determined eligible for a certificate within one year from receipt of the application, the application shall be considered void and the fee forfeited. The application shall state the circumstances under which this forfeiture may occur.
- (G) The board may propose to deny certification as a dialysis technician intern pursuant to an adjudication under Chapter 119. of the Revised Code. Based on the results of the adjudication, the board may issue the certificate, deny certification, or condition certification on the applicant's successful correction of the area of deficiency identified by the board.

4723-23-03

Dialysis technician certificate.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

(A) To obtain a certificate to practice as an Ohio certified dialysis technician an applicant who meets the qualifications set forth in section 4723.75 of the Revised Code shall:

(1) Submit a "Dialysis Technician Application";

(2) Submit an application fee of thirty-five dollars; and

(3) As required by section 4723.75 of the Revised Code, submit to a criminal records check completed by the bureau of criminal identification and investigation the results of which indicate that the individual has not been convicted of, pleaded guilty to, or had a judicial finding of guilt for any violation set forth in section 4723.092 of the Revised Code.

(B) Prior to the board determining an applicant is eligible for a dialysis technician certificate, the board must receive documentation that demonstrates the applicant is competent to practice as a dialysis technician. This may be established by one of the following routes:

(1) The board has received:

(a) Written notice of the applicant's successful completion of a dialysis technician training program, approved by the board under section 4723.74 of the Revised Code, submitted directly by the program administrator or designee;

(b) Written attestation, submitted directly to the board by the applicant's employer or employers, that the applicant has performed dialysis care for not less than six months immediately prior to the date of application for certification; and

(c) Written notice, submitted to the board directly by a testing organization approved by the board, that the applicant has passed a certification examination demonstrating competence to perform dialysis care not later than eighteen months after successfully completing a dialysis training program approved by the board under section 4723.74 of the Revised Code, as required by division (B)(1)(b) of section 4723.75 of the Revised Code. For purposes of calculating the eighteen-month period, the board shall subtract the total amount of time the applicant

was enrolled in one or more training programs approved by the board from the eighteen-month period.

(2) The board has received:

- (a) Written notice, submitted to the board directly by a testing organization approved by the board, that the applicant has passed a certification examination in another jurisdiction demonstrating competence to perform dialysis care;
- (b) Written attestation, submitted directly to the board by the applicant's employer or employers, that the applicant has been employed to perform dialysis care in another jurisdiction for not less than six months immediately prior to the date of application for certification; and
- (c) Evidence satisfactory to the board that the applicant has completed two contact hours of education that is directly related to Chapter 4723. of the Revised Code or rules adopted by the board, and that meets the requirements set forth in paragraph (C) of rule 4723-14-01 of the Administrative Code for category A education.

For purposes of this paragraph, the word "immediately" means not more than sixty days prior to the date the individual submits an application for a dialysis technician certificate to the board.

(C) If an applicant for a dialysis technician certificate under paragraph (B)(1) of this rule did not pass the certification examination within the eighteen-month period required by division (B)(1)(b) of section 4723.75 of the Revised Code, as calculated according to paragraph (B)(1)(c) of this rule, the applicant is not eligible to be certified as a dialysis technician by the board unless the applicant repeats the entire training and application process, as follows:

- (1) The applicant enrolls in or re-enrolls in, and successfully completes, a dialysis training program approved by the board under section 4723.74 of the Revised Code;
- (2) The applicant applies for and is issued a dialysis technician intern certificate as set forth in section 4723.76 of the Revised Code and rule 4723-23-02 of the Administrative Code;
- (3) The applicant submits an application to the board, as specified in paragraph (A) of this rule, including submitting another criminal records check completed

by the bureau of criminal identification and investigation the results of which indicate that the individual has not been convicted of, pleaded guilty to, or had a judicial finding of guilt for any violation set forth in section 4723.092 of the Revised Code;

- (4) The applicant meets all of the requirements set forth in paragraph (B)(1) of this rule.
- (D) If an applicant for a certificate to practice as an Ohio certified dialysis technician is not determined eligible for a certificate within two year from receipt of the application, the application shall be considered void and the fee forfeited. The application form shall state the circumstances under which this forfeiture may occur.
- (E) A certificate to practice as an Ohio certified dialysis technician shall be considered current until the next scheduled renewal period for an Ohio certified dialysis technician certificate. When a certificate to practice as an Ohio certified dialysis technician is issued on or after January first of an odd numbered year, that certificate shall be considered current through March thirty-first of the next odd numbered year.
- (F) The board may propose to deny certification as a dialysis technician pursuant to an adjudication under Chapter 119. of the Revised Code. Based on the results of the adjudication, the board may issue the certificate, deny certification, or condition certification on the applicant's successful correction of the area of deficiency identified by the board.

4723-23-05

Renewal of a certificate to practice as a ~~an Ohio-certified~~ dialysis technician.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

- (A) The board shall provide access to an on-line "Dialysis Technician Renewal Application," for renewal to every ~~each~~ holder of a current, valid ~~certified~~ dialysis technician certificate ~~an application for renewal~~, except when the board is aware that the individual may be ineligible for renewal for any reason, including those reasons set forth in section 4723.092 of the Revised Code. ~~Failure of the certificate holder to receive an application for renewal from the board does not excuse the holder from the requirements of section 4723.77 of the Revised Code and this rule.~~
- (B) To renew a ~~certificate to practice as an Ohio-certified~~ dialysis technician certificate, a holder of a current, valid certificate shall submit:
- (1) ~~A~~ Submit a completed "Dialysis Technician Renewal Application" ~~renewal application on the form specified by the board, located at <http://www.nursing.ohio.gov/forms.htm> (revised 2015);~~
 - (2) ~~Submit a~~ A renewal fee of thirty-five dollars; and
 - (3) Verification of completion of ~~Meet~~ the continuing education requirements set forth in rule 4723-23-06 of the Administrative Code.
- (C) If a completed renewal application is not ~~postmarked, renewed~~ submitted on-line, ~~or otherwise received by the board on or before~~ by March first of odd numbered years, ~~the application shall be considered late and in order to renew the applicant shall pay~~ a late processing fee ~~shall be imposed~~ according to division (A)(13) of section 4723.08 of the Revised Code. The late processing fee is in addition to the renewal fee specified in paragraph (B) of this rule.
- (D) A certificate holder with a current, valid certificate who does not intend to practice as ~~an Ohio-certified~~ a dialysis technician in Ohio may request that the certificate be placed on inactive status ~~as follows~~ at any time by submitting to the board a written statement or electronic request asking that the certificate be placed on inactive status. ÷
- (1) ~~At time of renewal, by checking the appropriate box on the certificate renewal application that indicates the certificate holder wants to place the certificate on inactive status; or~~

- ~~(2) At any time prior to the expiration of the current certificate, by submitting to the board a written statement requesting that the certificate be placed on inactive status.~~
- (E) A certificate holder who has requested that their dialysis technician certificate be placed on inactive status is not required to pay a renewal fee unless the holder seeks to reactivate the certificate. If the certificate holder placed a certificate on inactive status after March first of the year in which the certificate was to be renewed, and then notifies the board on or before March thirty-first of the same renewal year of the intent to reactivate, the certificate holder must still pay the late processing fee required by paragraph (BC) of this rule.
- (F)) A dialysis technician who does not renew a certificate ~~shall lapse if a certificate holder fails to renew a certificate to practice as an Ohio certified dialysis technician~~ on or before March thirty-first of odd numbered years, and has not requested inactive status according to paragraph (E) of this rule, shall have a lapsed certificate.
- ~~(G) An individual who holds an inactive or lapsed certificate shall not represent or imply to the public that the individual is authorized to practice as an Ohio certified dialysis technician and shall not provide dialysis care.~~
- ~~(H)~~(G) An individual who continues to practice in as an Ohio as a Ohio certified dialysis technician ~~or who performs dialysis care~~ with an inactive or lapsed certificate shall ~~may~~ be subject to disciplinary action under~~in accordance with~~ section 4723.28 of the Revised Code.
- ~~(H)~~(H) To reactivate an inactive certificate or reinstate a lapsed certificate, an individual must submit~~An Ohio certified dialysis technician with an inactive certificate to practice may reactivate the certificate by submitting to the board all of the following:~~
- (1) A completed "Dialysis Technician Reactivation or Reinstatement Application,"~~reactivation application on the form specified by the board, located at <http://www.nursing.ohio.gov/forms.htm> (revised 2015);~~
 - (2) A reactivation fee of thirty-five dollars; and
 - (3) Verification of completion of ~~Documentation of compliance with the~~ the continuing education requirements ~~requirements~~ set forth in paragraph (B) of rule 4723-23-06 of the Administrative Code.
- ~~(J) An Ohio certified dialysis technician with a lapsed certificate may reinstate the~~

~~certificate by submitting to the board all of the following:~~

~~(1) A completed application to reinstate a lapsed certificate on the form specified by the board, located at <http://www.nursing.ohio.gov/forms.htm> (revised 2015);~~

~~(2) A renewal fee of thirty five dollars plus a reinstatement fee of one hundred dollars as provided in division (A)(18) of section 4723.08 of the Revised Code; and~~

~~(3) Documentation of compliance with the continuing education requirements set forth in paragraph (C) of rule 4723-23-06 of the Administrative Code.~~

~~(K)~~(L) A dialysis technician certificate holder who is a service member or veteran, as defined in rule 4723-2-01 of the Administrative Code, or who is the spouse or surviving spouse of a service member or veteran, may be eligible for a waiver of the late application fee and the reinstatement fee according to rule 4723-2-03 of the Administrative Code.

4723-23-06

Continuing education requirements.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

- (A) Except in the case of the first renewal of ~~an active certificate to practice as an Ohio certified~~ a dialysis technician certificate, in order to renew the applicant must; ~~renewal of an active certificate shall require that the certificate holder~~ have completed~~obtained~~ fifteen contact hours of continuing education approved by the board in accordance with Chapter 4723-14 of the Administrative Code and this rule. The required fifteen contact hours shall include both of the following:
- (1) At least ten hours directly related to dialysis care; and
 - (2) At least one hour directly related to the law and rules governing the provision of nursing or dialysis care as set forth in Chapter 4723. of the Revised Code, and rules adopted by the board.
- (B) ~~An Ohio certified~~ dialysis technician who ~~requests that a certificate to practice as a dialysis technician be~~ placed a certificate on inactive status shall not be required to meet the continuing education requirement for the period of time the certificate is on inactive status. To reactivate the certificate,~~return to active status~~ the dialysis technician shall complete fifteen hours of continuing education during the twenty-four months immediately preceding application ~~to reactivate the certificate~~. The fifteen hours of continuing education shall comply with the requirements set forth in paragraph (A) of this rule.
- (C) To reinstate a lapsed dialysis technician certificate, ~~When a certificate to practice as an Ohio certified dialysis technician is lapsed~~ the holder of the certificate shall complete fifteen hours of continuing education during the twenty-four months immediately preceding application to reinstate the certificate. The fifteen hours of continuing education shall comply with the requirements set forth in paragraph (A) of this rule.
- (D) ~~An Ohio certified~~ A dialysis technician shall verify completion of the continuing education required by this rule on the "Dialysis Technician Renewal Application."~~application for certificate renewal provided by the board, located at <http://www.nursing.ohio.gov/forms.htm> (revised 2015)~~, and at the discretion of the board, may be required to show proof of completion of the approved continuing education. Failure to so verify or provide such proof shall result in ineligibility to renew, reactivate, or reinstate a ~~certificate to practice as an Ohio certified~~ dialysis technician certificate until the continuing education requirements are met.

- (E) ~~An Ohio~~ [certified](#) dialysis technician who earns in excess of the number of contact hours of continuing education required for a single reporting period shall not apply the excess hours to satisfy future continuing education requirements.
- (F) ~~An Ohio~~ [certified](#) dialysis technician, who is ineligible to renew, reactivate, or reinstate a certificate ~~to practice as a dialysis technician in Ohio~~ due to failure to meet the continuing education requirements, may be required to show completion of up to thirty contact hours of continuing education, that meets the requirements of this rule, before being issued a current certificate by the board. The continuing education shall be obtained within the forty-eight months immediately preceding renewal, reactivation, or reinstatement of the certificate.
- (G) ~~An Ohio~~ [certified](#) dialysis technician may use a waiver to satisfy the continuing education requirement only one time, and the dialysis technician shall notify the board in writing requesting the waiver. Once the dialysis technician notifies the board of the intent to use the waiver, the waiver shall not be rescinded and use of the waiver shall be documented on the dialysis technician's certificate [record](#).
- (H) Notwithstanding paragraph (G) of this rule, the holder of a lapsed or inactive ~~Ohio~~ dialysis technician certificate may not use the one time continuing education waiver when reinstating a lapsed certificate or reactivating an inactive certificate.
- (I) Contact hours based on credit hours earned in an academic institution shall be calculated according to paragraph (B) of rule 4723-14-04 of the Administrative Code.
- (J) Educational activities that satisfy the requirements of this rule are the same as those set forth in rule 4723-14-05 of the Administrative Code.
- (K) The board may conduct a retrospective audit of any holder of a [dialysis technician](#) certificate ~~to practice as an Ohio certified dialysis technician~~ to determine compliance with this rule. The audit shall be conducted according to rule 4723-14-07 of the Administrative Code. ~~An Ohio certified~~ [certified](#) dialysis technician shall retain proof of completion of approved continuing education for a period of six years.
- (L) A dialysis technician ~~certificate holder~~ who is engaged in active military duty may be eligible for an extension of time to complete continuing education as provided in rule 4723-2-04 of the Administrative Code.

4723-23-07

Procedures for obtaining approval or reapproval as a dialysis technician training program.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

The board shall approve and reapprove dialysis technician training programs as follows:

(A) A dialysis technician training program that seeks to be approved by the board shall:

(1) Submit a completed "Dialysis Technician Training Programs Application for Initial Board Approval" form to the board ~~a completed application on a form specified by the board, located at <http://www.nursing.ohio.gov/forms.htm> (revised 2015)~~, that includes the following:

(a) Identifying information;

(b) Information regarding administrative processes of the program;

(c) A description of the record-keeping system to be used by the training program to assure accurate reporting to the board of individuals who have enrolled in and who did or did not successfully complete the program;

(d) A copy of the policies required by rule 4723-23-08 of the Administrative Code; and

(e) Any other information requested by the board;

(2) Submit payment of a program approval fee of three hundred dollars.

No more than one hundred twenty days after receipt of a complete application for approval, the board shall make a determination regarding the approval status of the training program;

(B) Approval shall be current for two years provided the program demonstrates that the standards set forth in rule 4723-23-08 of the Administrative Code are met and maintained throughout the two-year approval period. ;

(C) At least ninety days prior to expiration of program approval, a dialysis technician training program seeking reapproval shall submit to the board the following:

- (1) A "Dialysis Technician Training Program Re-Approval Application."~~reapproval application on a form specified by the board, located at <http://www.nursing.ohio.gov/forms.htm> (revised 2015),~~ that includes, but is not limited to, verification that the program meets and has maintained the standards set forth in rule 4723-23-08 of the Administrative Code;
 - (2) Payment of a program reapproval fee of three hundred dollars; and
 - (3) Any other information requested by the board;
- (D) The board shall provide written notification to the dialysis technician training program seeking approval or reapproval if additional information is needed. The notice shall specify a time frame for submission of the required information. The additional information may include but is not limited to the documentation required by paragraph (A)(1) of this rule;
- (E) At a regularly scheduled board meeting the board shall review the completed application for approval or reapproval and other necessary documentation to determine compliance with the rules of this chapter. The board shall approve or reapprove a program when the program meets the requirements for approval or reapproval;
- (F) The board shall provide the program with written notification of its approval status;
- (G) When a complete application for reapproval is submitted to the board in accordance with paragraph (C) of this rule and the board fails to make a determination before the program's approval expires, the board shall issue a notice to the nurse responsible for administering the program extending approval of the program until board action is taken on the reapproval application;
- (H) If at any time a dialysis training program approved by the board or a program seeking approval or reapproval appears not to meet or maintain the minimum standards set forth in this chapter:
- (1) The board shall submit to the nurse responsible for administering the program a written deficiency report which identifies the standard or standards not being met or maintained and shall include the date on which the board is to consider the deficiency report;
 - (2) ~~Within thirty days after receipt of the deficiency report, the~~The nurse responsible for administering the program may submit to the board, at least

forty-five days prior to the date the board is to consider the deficiency report.
either:

- (a) A written plan of correction which sets forth the steps taken by the program to meet or maintain each minimum standard identified in the report as not being met or maintained; or
 - (b) A written response to the report disputing its findings and setting forth evidence that the program is meeting and maintaining each minimum standard identified in the report as not being met or maintained;
- (3) The board may grant approval, reapproval, or propose to deny or withdraw approval of the program based on the deficiency report, the program's response to the report, and any other relevant evidence.

The board shall deny or withdraw approval of a program only pursuant to an adjudication in accordance with Chapter 119. of the Revised Code.

4723-23-08

Requirements for a dialysis technician training program approved by the board.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

To be approved by the board a dialysis technician training program shall meet and maintain the following standards and requirements:

(A) In accordance with paragraph (D) of rule 4723-23-01 of the Administrative Code, an approved training program shall consist of not less than three hundred twenty clock hours of instruction and shall include a minimum of one hundred clock hours of faculty-interactive theoretical instruction, and a minimum of two hundred twenty clock hours of supervised clinical experience. The curriculum shall include content that ensures sufficient preparation for safe and effective practice as a dialysis technician. The curriculum shall include, but is not limited to, the following content:

(1) Theoretical instruction that includes:

- (a) Completion of the "Dialysis Technician Application,";
- (b) A review of the relevant laws and rules regulating the practice of a dialysis technician and appropriate program policies;
- (c) Renal anatomy and physiology;
- (d) Infection control and universal precautions;
- (e) Basic chemistry of body fluids and electrolytes;
- (f) Manifestations of renal failure;
- (g) Blood work and laboratory values related to dialysis;
- (h) Principles of dialysis;
- (i) Pharmacology of the drugs commonly used during dialysis;
- (j) Medication administration techniques specific to the drugs used in dialysis;

- (k) Management of the complications of dialysis and renal failure;
 - (l) The role of the dialysis technician in a dialysis setting including, but not limited to, legal and ethical considerations and concepts of delegation;
 - (m) Water treatment relevant to dialysis;
 - (n) Principles of patient education related to renal failure;
 - (o) Principles of and requirements for documentation;
 - (p) Communication and team work skills;
 - (q) Operation of dialysis delivery systems that includes the machines, dialysate, and dialyzer;
 - (r) Principles of safe effective dialysis care;
 - (s) Principles related to the nutritional considerations for patients receiving dialysis;
 - (t) Psychosocial aspects of renal disease;
 - (u) Principles of dialyzer reprocessing;
 - (v) Principles for initiating, monitoring, and discontinuing dialysis;
 - (w) Principles related to the adequacy of dialysis; and
 - (x) Establishing and maintaining professional boundaries with a patient.
- (2) Supervised clinical instruction which:
- (a) Provides the dialysis technician trainee with the opportunity to practice the cognitive, psychomotor, and affective skills required for the safe performance of dialysis care by the dialysis technician;
 - (b) Meets the learning needs of each trainee;

- (c) Meets the established program objectives or outcomes; and
 - (d) Is provided concurrently with the related classroom theory instruction;
- (B) The program shall be administered by a registered nurse who meets the following qualifications:
- (1) Current, valid licensure in Ohio to practice nursing as a registered nurse;
 - (2) At least thirty-six months experience in the practice of nursing as a registered nurse, of which at least twenty-four months has been in the care of renal patients, with at least six of those months in dialysis care; and
 - (3) Education or experience in adult education;
- (C) The registered nurse who is responsible for administering the program may utilize other health care professionals to assist in conducting classroom and clinical portions of the program in accordance with the professional's educational background and applicable scope of practice as set forth in the appropriate sections of the Revised Code;
- (D) The registered nurse who is responsible for administering the program shall:
- (1) Assure that the governing body of the training program establishes in writing the policies required by paragraph (E) of this rule; and
 - (2) Implement the policies as written;
- (E) The program shall adopt and implement policies that establish:
- (1) Criteria for trainee enrollment and continuation in the program that require, at a minimum, that the individual be able to safely perform the essential functions of a dialysis technician;
 - (2) Criteria for successful completion of the program;
 - (3) A process for determining achievement of the skills required for the safe performance of dialysis care which shall include, at a minimum, written verification that the trainee has been taught the required skills, signed by both a registered nurse and the trainee;

- (4) A process for maintaining trainee records including but not limited to:
 - (a) The date the trainee began the program;
 - (b) The date the trainee completed the program; and
 - (c) Competency check lists for each trainee;
- (5) An accurate, timely process for providing written notice to the board regarding enrollment and program completion that includes the dates of trainee enrollment and successful completion, as determined by the nurse who is responsible for administering the program;
- (6) A process for monitoring the status of the dialysis technician intern certificate a trainee may hold;
- (7) A process for evaluation of the program which includes, but is not limited to:
 - (a) Feedback from trainees enrolled in the program regarding the program and the instructional personnel assisting with the program;
 - (b) Feedback from the employers of the trainees who have successfully completed the program; and
 - (c) A review of the trainees' level of achievement on the national certification examination;
- (8) Those individuals who have authority to notify the board regarding trainee enrollment, re-enrollment, withdrawal from, and completion of the program; and
- (9) A procedure in accordance with paragraph (F) of this rule for dealing with the unexpected vacancy of the nurse responsible for administering the program;
- (10) For individuals with experience in the armed forces of the United States, or in the national guard or in a reserve component, the program shall have a process in place to:
 - (a) Review the individual's military education and skills training;

- (b) Determine whether any of the military education or skills training is substantially equivalent to the curriculum established in Chapter 4723-23 of the Administrative Code; and
 - (c) Award credit to the individual for any substantially equivalent military education or skills training.
- (F) When the nurse responsible for administering the program vacates the position or is replaced, the board shall be ~~immediately~~ informed in writing within forty-five days of the effective date of the vacancy; and informed in writing within forty-five days of a new appointment, including ~~of the vacancy and provided~~ the name and qualifications of the new administrator. A training program shall not initiate a new dialysis technician training course unless an administrator who meets the requirements of paragraph (B) of this rule is in place; and
- (G) When a decision is made to close a training program, the board shall be notified in writing of the decision and shall be provided with the following information:
 - (1) The tentative date of the closing;
 - (2) The location of the program's records, including but not limited to trainees' records; and
 - (3) The name and address of the custodian of the records.

4723-23-09

Information required when attesting to the competence of an applicant for a dialysis technician intern certificate or a certificate to practice as ~~an Ohio-certified~~ dialysis technician.

- (A) The employer of an applicant, for a dialysis technician intern certificate under rule 4723-23-02 of the Administrative Code or a dialysis technician certificate under rule 4723-23-03 of the Administrative Code, or the employer's designee, shall provide written information directly to the board when attesting to the competence to perform dialysis care of the applicant.
- (B) The information required by this rule shall include the following:
- (1) When the applicant is applying for a dialysis technician intern certificate, verification by the employer or the employer's designee, that a registered nurse or licensed physician observed the applicant perform dialysis care and attests that the applicant consistently performs dialysis care in accordance with acceptable and prevailing standards of safe dialysis care as set forth in section 4723.72 of the Revised Code and this chapter; or
 - (2) When an applicant is applying for a certificate to practice as a ~~an Ohio-certified~~ dialysis technician, a statement that the employer, prior employer, or the employer or prior employer's designee, in good faith affirms that the applicant has the knowledge, skills, and ability to provide dialysis care in accordance with acceptable and prevailing standards of safe dialysis care as set forth in section 4723.72 of the Revised Code and this chapter.
- (C) The employer or the employer's designee shall provide assurance that the verification or statement required by paragraph (B) of this rule has been sent directly to the board by the employer.

4723-23-10

Requirements for approval and reapproval of a testing organization that conducts an examination of a dialysis technician candidate.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

(A) To be approved by the board a testing organization that conducts an examination of a dialysis technician candidate shall meet all of the following requirements:

- (1) Be national in the scope of its testing and credentialing;
- (2) Maintain files for each candidate who passes the organization's examination for dialysis technicians;
- (3) Issue a certificate to each individual who passes the organization's examination for dialysis technicians;
- (4) Periodically conduct an analysis of the tasks, role delineation, skills, and knowledge required of a dialysis technician with a minimum of six month's experience in providing dialysis care and revise the examination as needed to reflect the findings of the analysis;
- (5) Require a minimum of six months experience in dialysis care before the candidate is allowed to take the examination;
- (6) Provide a formal process by which an affected individual may appeal the organization's decision to revoke certification when the organization has such revocation authority;
- (7) Provide a mechanism for assuring the security of the examination;
- (8) Not be affiliated in any way with a provider of dialysis care or with a dialysis technician training program; and
- (9) Include on the examination material that comprehensively tests the following:
 - (a) Patient care activities that include but are not limited to:
 - (i) Collection of objective and subjective data about the patient's condition;

- (ii) The patient's response to dialysis; and
 - (iii) Appropriate interventions when complications arise in conjunction with dialysis;
- (b) Principles of dialysis delivery systems and machine technology which include but are not limited to:
 - (i) Operation of the machines used in dialysis;
 - (ii) Machine set-up; and
 - (iii) Machine evaluation;
- (c) Principles of water treatment systems which include but are not limited to:
 - (i) System components and design;
 - (ii) Maintenance of the water treatment system;
 - (iii) Monitoring of the water treatment system; and
 - (iv) Evaluation of the system;
- (d) Principles of dialyzer reprocessing including but not limited to reprocessing procedures, testing, and evaluation; and
- (e) Responsibilities of the dialysis technician with respect to documentation, patient education, and professional development.

The board may also require a testing organization to demonstrate that the test administered by the organization is psychometrically sound.

- (B) A testing organization seeking approval by the board shall submit to the board an "Application for Initial Approval/Reapproval of a Testing Organization that Conducts an Examination of Dialysis Technicians" that includes the information required by the board to determine whether the organization meets the requirements set forth in paragraph (A) of this rule. The board shall verify compliance of each testing organization with the criteria contained in paragraph (A) of this rule.

- (C) Annually, at a time specified by the board, the board shall provide to each testing organization approved by the board for the prior year an "Application for Initial Approval/Reapproval of a Testing Organization that Conducts an Examination of Dialysis Technicians" on which the organization shall indicate whether it complies with the criteria contained in paragraph (A) of this rule. The board shall verify continued compliance of each testing organization with the criteria contained in paragraph (A) of this rule.
- (D) The board shall issue a written notification to each testing organization that is approved by the board.
- (E) No later than January thirty-first of each year, the board shall make available a list of approved testing organizations that meet the requirements of paragraph (A) of this rule.
- (F) The board may discontinue approval of a testing organization that does not meet the criteria contained in paragraph (A) of this rule or that fails to timely return to the board the form indicating compliance with paragraph (A) of this rule.

4723-23-12

Standards for medication administration by a dialysis technician.

(A) A dialysis technician shall administer only the following medications:

- (1) Intradermal lidocaine or another single therapeutically equivalent local anesthetic for the purpose of initiating dialysis treatment;
- (2) Intravenous heparin or other single therapeutically equivalent anticoagulant for the purpose of initiating and maintaining dialysis treatment;
- (3) Intravenous normal saline;
- (4) Patient specific dialysate to which the dialysis technician may add only electrolytes; and
- (5) Oxygen, when the administration of the oxygen has been delegated to the dialysis technician by a registered nurse.

(B) When administering the medications set forth in paragraph (A) of this rule, the dialysis technician shall:

- (1) Assure that the right dose of the right medication is given to the right individual through the right route of administration at the right time;
- (2) Accurately and timely document the administration of the medication and notify a physician or licensed nurse of the patient's response to the medication as appropriate;
- (3) Consult with an appropriate licensed practitioner when the dialysis technician believes or has reason to believe that a prescribed medication is inaccurate, not properly authorized, harmful or potentially harmful to a patient, or contraindicated by other documented information; and
- (4) Take any other action needed to assure the safety of the patient.

(C) A dialysis technician shall administer the medications authorized by this rule only if the task has been delegated to the dialysis technician by a registered nurse in accordance with Chapter 4723-13 of the Administrative Code or by a licensed physician.

(D) The dialysis technician shall be in the immediate presence of a registered nurse or

physician when administering medications.

(E) Notwithstanding paragraph (D) of this rule, when a dialysis technician administers medications while providing dialysis care in the patient's home a registered nurse shall supervise the technician in accordance with rule 4723-23-13 of the Administrative Code.

4723-23-13

Standards and procedures for supervising a dialysis technician who provides dialysis care in the home.

- (A) A dialysis technician may provide dialysis care in the home of a patient only if the technician holds a current, valid certificate issued by the board to practice as a ~~is an Ohio-certified~~ dialysis technician.
- (B) When a ~~an Ohio-certified~~ dialysis technician provides dialysis care in the home of a patient a registered nurse shall supervise the care provided by the dialysis technician. The registered nurse who is supervising the dialysis technician shall meet the following requirements:
- (1) Hold a current, valid license to practice nursing as a registered nurse in Ohio; and
 - (2) Be employed by or under contract with a medicare-approved home dialysis program.
- (C) When a registered nurse is supervising the care provided by ~~an Ohio-certified~~a dialysis technician in accordance with paragraph (B) of this rule the nurse shall:
- (1) Visit the patient's home at least one time per month while the dialysis technician is providing dialysis care to the patient to determine whether the care is being provided in accordance with the standards for safe dialysis care as set forth in this chapter; and
 - (2) Assess the quality of the care provided by the dialysis technician and provide a written report of each visit to the medicare-approved home dialysis program.
- (D) When a registered nurse determines that ~~an Ohio-certified~~a dialysis technician is not providing care in accordance with the standards for safe dialysis care as set forth in this chapter, the nurse shall immediately notify the medicare-approved home dialysis program and take whatever additional steps are needed to assure the safety of the patient.

4723-23-14

Standards for safe dialysis care.

- (A) This rule sets forth the minimal acceptable standards of safe and effective dialysis care and provides criteria for the board to evaluate a dialysis technician's adherence to the acceptable standards of safe dialysis care. For purposes of this rule, "dialysis technician" means an individual holding a dialysis technician certificate or a dialysis technician intern certificate.
- (B) In accordance with section 4723.72 of the Revised Code and this chapter, a dialysis technician shall provide dialysis care only when the performance of the care is delegated to the dialysis technician by a physician or registered nurse.
- (C) A dialysis technician shall demonstrate competence and accountability in all areas of dialysis care in which the technician is engaged including, but not limited to, the following:
- (1) Consistent performance of all aspects of dialysis care according to acceptable standards; and
 - (2) Appropriate recognition, referral, consultation, or intervention when a complication arises in conjunction with dialysis or when a change in patient status occurs;
- (D) A dialysis technician shall timely:
- (1) Implement the prescribed dialysis care order for a patient unless the technician believes or should have reason to believe that the prescribed order is inaccurate, not properly authorized, not current or valid, harmful or potentially harmful to the patient, or contraindicated by other documented information; and
 - (2) Clarify any prescribed dialysis care order for a patient when the technician believes or should have reason to believe that the order is inaccurate, not properly authorized, not current or valid, harmful or potentially harmful to the patient, or contraindicated by other documented information.
- (E) When clarifying the prescribed dialysis care order, the dialysis technician shall timely:
- (1) Consult with an appropriate licensed practitioner;
 - (2) Notify the practitioner when the technician decides not to follow the prescribed dialysis care order;

- (3) Document that the practitioner was notified of the decision not to follow the direction or the prescribed dialysis care order; and
 - (4) Take any other action needed to assure the safety of the patient.
- (F) A dialysis technician shall timely report to and consult as necessary with other members of the dialysis care team, including, but not limited to, the licensed nurse or physician when a patient refuses to follow the prescribed dialysis care order.
- (G) A dialysis technician shall maintain the confidentiality of patient information obtained in the course of practice. The dialysis technician shall communicate patient information with other members of the health care team for health care purposes only, shall access patient information only for purposes of patient care or for otherwise fulfilling the dialysis technician's assigned job responsibilities, and shall not disseminate patient information for purposes other than patient care or for otherwise fulfilling the dialysis technician's assigned job responsibilities through social media, texting, emailing, or any other form of communication.
- (H) A dialysis technician shall do the following to promote patient safety:
- (1) Display the applicable title or initials set forth in section 4723.73 of the Revised Code at all times when providing dialysis care;
 - (2) Completely, accurately, and timely document and report all patient data obtained while providing dialysis care and the patient's response to the care;
 - (3) Completely, accurately and, timely document and report to the appropriate practitioner all errors in or deviations from the prescribed dialysis care regimen;
 - (4) Not falsify any patient record or any other documents prepared in the course of or in conjunction with the provision of dialysis care. This includes, but is not limited to, case management documents or reports, time records or reports, and other documents related to billing for dialysis services;
 - (5) Implement measures to provide a safe environment for the patient;
 - (6) Delineate, establish, and maintain professional boundaries with each patient;
 - (7) Not engage in behavior that causes or may cause physical, verbal, mental, or

emotional abuse to a patient, or in behavior that may reasonably be interpreted as physical, verbal, mental or emotional abuse;

- (8) Not misappropriate a patient's property, engage in behavior to seek or obtain personal gain at the patient's expense, or engage in behavior that constitutes inappropriate involvement in a patient's personal relationships;
- (9) Not engage in sexual misconduct or in conduct that may reasonably be interpreted as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient, or in behavior that may reasonably be interpreted as seductive or sexually demeaning to a patient; and
- (10) Treat each patient with courtesy, respect, and with full recognition of the dignity of each individual.

The patient is always presumed incapable of giving free, full, or informed consent to the behaviors by a dialysis technician set forth in paragraphs (H)(7), (H)(8) and (H)(9) of this rule.

(I) A dialysis technician shall not make any false, misleading, or deceptive statements, or submit or cause to be submitted any false, misleading or deceptive information or documentation to:

- (1) The board or any representative of the board;
- (2) Current employers;
- (3) Prospective future employers when applying for positions requiring a certificate to practice dialysis care;
- (4) Facilities in which, or organizations for whom, the dialysis technician is working a temporary or agency assignment;
- (5) Other members of the patient's health care team; or
- (6) Law enforcement personnel.

(J) For purposes of paragraphs (H)(6), (H)(7), (H)(8), (H)(9), and (H)(10) of this rule, a dialysis technician shall not use social media, texting, emailing, or other forms of communication with, or about, a patient, for non-health care purposes or for purposes other than fulfilling the dialysis technician's assigned job responsibilities.