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Office of Research
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Office

H.B. 177
(1_133_1060-6)
133rd General Assembly

Fiscal Note & Local Impact Statement

[Click here for H.B. 177's Bill Analysis](#)

Version: In House Health

Primary Sponsor: Rep. Brinkman

Local Impact Statement Procedure Required: No

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Highlights

- The Board of Nursing may realize an increase in administrative or investigative costs as a result of the bill modifying requirements for standard care arrangements and collaborating physicians for some advanced practice registered nurses (APRNs).
- School districts may be able to reduce costs if the bill makes it easier to use certain APRNs to assess athletes showing signs of a concussion.

Detailed Analysis

Advanced practice registered nurses

Current law requires an APRN, who is a certified nurse practitioner, clinical nurse specialist, or certified nurse-midwife, to practice with a standard care arrangement with a collaborating physician or podiatrist. The bill allows an APRN who has completed 2,000 clinical practice hours under a standard care arrangement the option to practice without such an arrangement. Additionally, the bill allows an APRN who has not completed the required hours to enter into a standard care arrangement with an APRN who has completed 2,000 clinical practice hours. It is possible government-owned hospitals may experience a minimal savings if standard care arrangements are used less frequently; any savings will likely be minimal. However, it is possible that the Board of Nursing may realize an increase in investigative costs if there are any additional complaints as a result; any increase in complaints is expected to be minimal at best. At the end of FY 2018, the Board of Nursing reported 14,349 active licenses

that would be affected by the bill, including 12,817 certified nurse practitioners, 1,130 clinical nurse specialists, and 402 certified nurse-midwives.¹

Youth concussion assessments

Continuing law requires students or individuals that show symptoms consistent with a concussion sustained while playing for an athletic event through a school district or youth sports organization to be removed until the player has been assessed and cleared by an approved health care professional. The bill allows a clinical nurse specialist or a certified nurse practitioner to clear an athlete's return. This change may result in a cost savings for school districts if it makes it easier to use some APRNs (which may cost less than physicians) to evaluate concussions at sporting events.

Quality assurance standards

Current law requires the Board of Nursing to establish quality assurance standards in rule for all APRNs. The bill however directs the Board to establish standards only for clinical nurse specialists, certified nurse-midwives, and certified nurse practitioners with less than 2,000 clinical hours. The Board will experience a minimal cost to make any necessary modifications to its standards.

Synopsis of Fiscal Effect Changes

This synopsis of changes only includes changes made from the As Introduced version of the bill that are anticipated to have a fiscal impact. Provisions changed from the previous version of the bill that likely have no fiscal effect are not discussed.

The As Introduced version of the bill eliminated provisions of current law that required an APRN who is a certified nurse practitioner, clinical nurse specialist, or certified nurse-midwife, practice with a standard care arrangement with a collaborating physician or podiatrist. The substitute bill (I_133_1060-6) instead requires that an APRN must complete 2,000 clinical hours before being able to practice without a standard care arrangement with a collaborating practitioner. The substitute bill additionally allows an APRN that has completed 2,000 clinical hours to enter into a standard care arrangement with an APRN that has not completed the required hours. If a government-owned hospital was anticipated to realize a minimal savings due to fewer standard care arrangements, this change may minimally reduce those anticipated savings. Additionally, the substitute bill will allow only certain APRNs to practice without a standard care arrangement. Thus, the Board may realize fewer investigative costs under the substitute bill.

Next, the As Introduced version of the bill allowed any health care professional approved by a school district or youth sports organization to assess and clear athletes showing signs of concussion. The substitute bill removed this provision and instead allows a clinical nurse specialist or certified nurse practitioner to provide the concussion assessment. This change could minimally reduce some of the savings to school districts if the As Introduced

¹ Ohio Board of Nursing. Annual Report SFY 2018. <http://www.nursing.ohio.gov/PDFS/AnnualReport/AnnualReportFY18.pdf>.

version of the bill would have allowed a district to use different healthcare professionals at a lower cost.

The substitute bill requires the Board to only establish quality assurance standards for clinical nurse specialists, certified nurse-midwives, and certified nurse practitioners with less than 2,000 clinical hours. The Board will likely experience a minimal cost to modify its standards.