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OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research and Drafting

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Substitute Bill Comparative Synopsis

Sub. H.B. 177

133rd General Assembly

House Health

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UPDATED

This table summarizes how the latest substitute version of the bill differs from the immediately preceding version. It addresses only the topics on which the two versions differ substantively. It does not list topics on which the two bills are substantively the same.

Previous Version (As Introduced)	Latest Version (I_133_1060-6)
APRN independent practice	
Eliminates provisions of current law that require an advanced practice registered nurse (APRN) who is a certified nurse practitioner, clinical nurse specialist, or certified nurse-midwife to (1) enter into a standard care arrangement with one or more collaborating practitioners and (2) practice in accordance with the arrangement.	Instead, grants an APRN who has completed 2,000 clinical practice hours under a standard care arrangement the option to practice without the arrangement.
As part of eliminating the standard care arrangement requirement, eliminates the current law requirement that an APRN practice with one or more collaborating practitioners	Instead, requires an APRN who has ***not*** completed 2,000 clinical practice hours to practice with one or more collaborating practitioners. Also, permits an APRN who ***has*** completed 2,000 clinical practice hours to continue practicing with one or more collaborating practitioners, if the nurse so chooses.

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(R.C. 4723.43 and 4723.431; conforming changes in numerous other R.C. sections.) No provision.	*(R.C. 4723.43 and 4723.431; conforming changes in numerous other R.C. sections.)* Requires the Board of Nursing to consider an APRN who, immediately prior to the bill's effective date, completed 2,000 clinical practice hours under a standard care arrangement as having met the bill's requirements for independent practice. (To be eligible for this consideration, the nurse must submit to the Board documentation to that effect not later than six months after the bill's effective date.) *(Section 4.)*
Collaborating practitioners – including other APRNs	
Eliminates all references to an APRN's collaborating practitioner, which under current law must be either a physician or podiatrist. *(R.C. 4723.01, 4723.43, and 4723.431; conforming changes in numerous other R.C. sections.)*	Maintains references to collaborating practitioners for those APRNs who are required or choose to practice with collaborators. Permits an APRN's collaborating practitioner to be not only a physician or podiatrist, but also an APRN who is not practicing with another collaborator. *(R.C. 4723.01, 4723.43, and 4723.431; conforming changes in numerous other R.C. sections.)*
Standard care arrangements – standards and conditions	
As part of eliminating the requirement that an APRN enter into a standard care arrangement, eliminates corresponding provisions of law that will no longer be relevant *(R.C. 4723.431, 4731.50, and 4731.27).*	Maintains the law establishing standards and conditions for standard care arrangements for purposes of those APRNs who are required or choose to practice with a collaborator, but with the following changes: 1. Eliminates provisions that allow an APRN to continue to practice under an arrangement without a collaborating practitioner for a period of 120 days in cases where the collaborator terminates the arrangement or the arrangement terminates due to the collaborator's death *(R.C. 4723.431 and 4731.27)*.

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	2. Eliminates the requirement that the Board of Nursing establish criteria, by rule, specifying an acceptable travel time between the location where the APRN prescribes and the collaborator's location *(R.C. 4723.50)*. 3. Eliminates provisions that permit an APRN who specializes in psychiatric or mental health care to enter into an arrangement with a collaborating physician specializing in pediatrics, primary care, or family practice *(R.C. 4723.431)*.
Advanced pharmacology – course of study	
Eliminates the current law requirement that the Board of Nursing approve a course of study in advanced pharmacology, which an APRN must complete in order to be eligible to apply for licensure *(R.C. 4723.482)*.	Retains the requirement for Board approval of the course of study, but eliminates a condition of licensure eligibility under which the approved course of study must be completed within the five years before applying for an APRN license *(R.C. 4726.482).*
Quality assurance standards	
Maintains existing law requiring the Board of Nursing to adopt rules establishing quality assurance standards for all APRNs, including certified registered nurse anesthetists *(R.C. 4723.07)*.	Instead, directs the Board to set quality assurance standards by rule only for clinical nurse specialists, certified nurse-midwives, and certified nurse practitioners with less than 2,000 hours of clinical practice. (Thus, the Board is no longer required to establish quality assurance standards for either (1) APRNs who choose to continue practicing with collaboration or (2) certified registered nurse anesthetists.) *(R.C. 4723.07.)*

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Certified nurse midwives – scope of practice	
Maintains current law provisions that expressly state the following regarding activities excluded from or included within the practice of a certified nurse-midwife: (1) the nurse may not perform version, deliver breech or face presentation, use forceps, perform any obstetric operation, or treat any other abnormal condition and (2) the nurse is not prohibited from repairing vaginal tears or performing episiotomies or normal vaginal deliveries *(R.C. 4723.43)*.	Eliminates the current law provisions regarding activities expressly excluded or included, but retains other provisions of existing law specifying that the authority of a certified nurse-midwife to provide obstetrical and gynecological health care services to women is subject to Board of Nursing rules and governed by the nurse's education and national certification *(R.C. 4723.43)*.
Hospital admitting privileges	
As part of eliminating the requirement that an APRN practice under a standard care arrangement and with collaboration, makes the following changes to the law governing hospital admissions: 1. Removes conditions under which an APRN is authorized to admit a patient to a hospital only if (a) the APRN has a standard care arrangement with a collaborating physician or podiatrist and (b) the patient is under the medical supervision of that physician or podiatrist. 2. Eliminates the requirement that an APRN notify his or her collaborating physician or podiatrist of a planned admission. *(R.C. 3727.06.)*	Same, in the case of an APRN who is authorized to practice without collaboration. In the case of an APRN who is required or chooses to practice with a collaborating practitioner, maintains current law requiring the APRN to notify the collaborator of the planned admission. (The bill does not address the patient's supervision after admission.) *(R.C. 3727.06.)*
Board of Nursing quorum	
Retains current law specifying that seven Board of Nursing members, including at least four registered nurse members and one licensed practical nurse member, constitute a quorum *(R.C. 4723.02)*.	Of the four registered nurse members needed to constitute a quorum, requires that one be an APRN *(R.C. 4723.02)*.

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Concussions in youth athletics – assessments and clearances	
Maintains the existing authority of a school district or youth sports organization to permit any licensed health care professional who is not a physician to assess an athlete for a concussion and to clear the athlete to return to play. Maintains provisions specifying that a physician may assess an athlete for a concussion and clear the athlete to return to play without first obtaining from a school district or youth sports organization authority to do so.	Same as the previous version for most nonphysicians; however, in the case of a clinical nurse specialist or certified nurse practitioner, specifies that the APRN, like a physician under existing law, may assess an athlete for a concussion and clear the athlete's return without having first been authorized to do so by a school district or youth sports organization.
Eliminates the requirement for physician involvement (through consultation, referral, collaboration, or supervision) when the assessment or clearance is performed by a nonphysician, including an APRN acting without a collaborating physician under the bill.	Instead, maintains the existing law requirement under which most nonphysicians may be authorized to make the assessment or clearance only if acting under the consultation, referral, or supervision of a physician; however, in the case of an APRN who is a clinical nurse specialist or certified nurse practitioner, continues to eliminate the requirement for physician involvement (including collaboration).
No provision.	Permits a nonphysician health care professional to make the assessment or clearance while acting under the consultation or referral of an APRN who is a clinical nurse specialist or certified nurse practitioner.
(R.C. 3313.539 and 3707.511.)	*(R.C. 3313.539 and 3707.511.)*
Physician issuance of schedule II prescriptions from convenience care clinics	
Prohibits a physician from issuing to a patient a prescription for a schedule II controlled substance from a convenience care clinic *(R.C. 4731.058)*.	No provision.

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