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Office of Research
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Office

H.B. 177
(1_133_1060-8)
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 to practice without such an arrangement if he or she has practiced in a clinical setting for the longer of the following: 2,000 hours or 12 months. 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 the clinical setting time requirements. 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 also 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. Current law states the professional must be acting within their scope of practice, including in collaboration with a physician, in order to clear the athlete. The bill allows a clinical nurse specialist or a certified nurse practitioner to clear an athlete's return without practicing with standard care arrangement with a physician as long as the professional is currently practicing without a standard care arrangement or is eligible to practice without one. 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 or 12 months of clinical practice. 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 previous version of the bill (I_133_1060-6) 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 previous version of the bill (I_133_1060-6) allowed a clinical nurse specialist or certified nurse practitioner to assess and clear athletes showing signs of concussion. In addition, the previous version eliminated the requirement that the nurse be authorized by a school district or youth sports organization to assess and clear athletes. This substitute bill (I_133_1060-8) maintains current law, which authorizes such an APRN to assess and clear athletes only if the APRN has been approved to do so and is acting in collaboration with a physician. The substitute bill also excepts from the collaboration requirement a clinical nurse specialist or certified nurse practitioner who is practicing without a standard care arrangement or is eligible to practice without one. The provision that maintains current law would require that school districts or youth sports organizations continue to approve an APRN. This could reduce any associated minimal savings that would have occurred from this elimination under the previous substitute bill.

HB0177H4/lb

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