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## Substitute Bill Comparative Synopsis

**Sub. H.B. 177**

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

House Health

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

Previous Version (I_133_1060-6)	Latest Version (I_133_1060-8)
<b>APRN independent practice</b>	
Grants a certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner who has completed 2,000 clinical practice hours the option to practice without a standard care arrangement and collaborating practitioner ( <i>R.C. 4723.433 and Section 4</i> ).	Instead grants the option to any such advanced practice registered nurse (APRN) who has practiced in a clinical setting for the longer of the following: <ol style="list-style-type: none"><li>2,000 hours;</li><li>12 months (<i>R.C. 4723.433 and Section 4</i>).</li></ol>
<b>Certified nurse-midwives – scope of practice</b>	
Eliminates current law prohibiting a certified nurse-midwife from doing the following, except in emergencies: performing version, delivering breech or face presentation, using forceps, performing any obstetric operation, or treating any other abnormal condition ( <i>R.C. 4723.43(A)</i> ).	Continues to eliminate the express prohibition against treating an abnormal condition, but otherwise, maintains the current law list of activities a certified nurse-midwife may not perform ( <i>R.C. 4723.43(A)</i> ).
Removes a current law provision specifying that a certified nurse-midwife is not prohibited from repairing vaginal tears or performing episiotomies or normal vaginal deliveries ( <i>R.C. 4723.43(A)</i> ).	Retains this provision of current law ( <i>R.C. 4723.43(A)</i> ).

Previous Version (I_133_1060-6)	Latest Version (I_133_1060-8)
<b>Concussions in youth athletics</b>	
<p>Permits any clinical nurse specialist or certified nurse practitioner, not just one who collaborates with a physician, to assess and clear a concussed athlete. Also, eliminates the requirement that the nurse be authorized by a school district or youth sports organization to assess and clear athletes (<i>R.C. 3313.539(E), 3707.511(E), and 3707.521</i>).</p>	<p>Maintains current law, which authorizes such an APRN to assess and clear an athlete only if the APRN has been approved to do so by the school district or sports organization and is acting in collaboration with a physician, but also excepts from the collaboration requirement a clinical nurse specialist or certified nurse practitioner who is either practicing without a standard care arrangement or eligible to practice without one (<i>R.C. 3313.539(E)(2)(b) and 3707.511(E)(2)(b)</i>).</p>