



OHIO LEGISLATIVE SERVICE COMMISSION

Synopsis of Senate Committee Amendments*

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Sub. H.B. 216

131st General Assembly
(S. Health & Human Services)

Advanced practice registered nurses – standard care arrangements

Eliminates a requirement of current law, unchanged by the House, that standard care arrangements under which advanced practice registered nurses (APRNs) collaborate with physicians or podiatrists include both of the following:

--A procedure for a regular review of referrals by an APRN to other health care professionals and care outcomes for a random sample of patients seen by the APRN;

--If the APRN is a clinical nurse specialist or certified nurse practitioner who regularly provides services to infants, a policy for care of infants up to age one and recommendations for collaborating physician visits for children from birth to age three.

Eliminates the current law provision, unchanged by the House, allowing an APRN who is a psychiatric clinical nurse specialist and does not prescribe drugs to practice without a standard care arrangement.

Terminating a collaboration

Adds to the House-passed version a provision requiring a collaborating physician or podiatrist who terminates a collaboration with an APRN before their standard care arrangement expires to give the APRN written or electronic notice of the termination, except in cases of death.

Modifies the House's provision concerning notice to the Board of Nursing by requiring an APRN to notify the Board of the termination of collaboration as soon as practicable by submitting to it a copy of the notice given by the physician.

If the death of a physician or podiatrist terminates a collaboration, requires the APRN to notify the Board as soon as practicable and allows the APRN to continue practicing under the existing standard care arrangement without a collaborating physician or podiatrist for not more than 120 days after giving the notice.

* This synopsis does not address amendments that may have been adopted on the Senate Floor.

Prescribing schedule II controlled substances – APRNs

Modifies current law, unchanged by the House, specifying conditions under which an APRN can issue a prescription for a schedule II controlled substance by permitting the patient's initial prescription to have been issued by any physician, rather than only the APRN's collaborating physician, and allowing the APRN to prescribe an amount for the patient's use in a single, 72-hour, rather than 24-hour, period.

Committee on Prescriptive Governance

Limits reappointment of members to one additional term.

Requires that at least four voting members be present to conduct official business, instead of all seven members as required by the House-passed version.

Like the House-passed version, requires the Board of Nursing to cast the deciding vote in the event of a tie, but also specifies that the vote be cast following a Board meeting.

Requires that the Committee submit to the Board a recommended drug formulary at least twice a year, rather than once a year as required by the House-passed version.

Advisory Committee on Advanced Practice Registered Nursing

Regarding the Advisory Committee established in the House-passed version:

--Provides that two, rather than four, members are to be APRNs who serve as faculty of nursing education programs;

--Specifies that five members, rather than six, constitute a quorum;

--Provides that members serve two-year terms and are eligible for reappointment for one additional term, rather than serving at the pleasure of the Board;

--Instead of allowing professional nursing associations and individuals to submit recommendations to the Board about the Committee's membership, authorizes schools of advanced practice registered nursing and organizations representing Ohio's APRNs to do so.

Unauthorized prescribing

Adds a provision prohibiting a person who is not otherwise authorized to prescribe or furnish drugs and therapeutic devices from doing so unless the person

holds an APRN license and is designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner.

Board of Nursing

Quorum

Removes the House-passed provision requiring that at least one of the seven Board members constituting a quorum be an APRN.

Professional discipline – all nurses

Adds the following as grounds upon which the Board may discipline a nurse licensed by the Board:

--Revocation, suspension, restriction, reduction, or termination of clinical privileges by the U.S. Department of Defense or Department of Veterans Affairs;

--Termination or suspension of a certificate of registration to prescribe drugs by the U.S. Drug Enforcement Administration.

Approval of education and training programs

Adds provisions that do all of the following:

--Authorize the Board to deny approval to a program controlled by a person who controls or previously controlled a program that had its approval withdrawn, revoked, suspended, or restricted by the Board or a board of another state;

--When taking an action required to be taken pursuant to an adjudication, authorize the Board to enter into a consent agreement in lieu of the adjudication;

--Specify that the Board is not required to hold a hearing if an applicant for approval does not timely request one;

--Authorize the Board to specify that the denial, suspension, revocation, or withdrawal of program approval is a permanent action.

Licensed practical nurses – educational requirements

Adds a provision allowing an applicant for licensure to submit evidence of having successfully completed a practical nursing course offered or approved by the U.S. Army.



Licensed practical nurses – intravenous therapy

Modifies current law, unchanged by the House, to do both of the following:

--Permit a licensed practical nurse seeking authority to administer intravenous therapy to complete either a Board-approved course of study or a continuing education training program that meets specified criteria, instead of being required to complete both;

--Eliminate the requirement that the nurse complete a minimum of 40 hours of training.

Dialysis technicians

Adds a provision specifying that a person who is required to register as a sex offender is not eligible for a certificate to practice as a dialysis technician or dialysis technician intern.

Notice of overdose death

Adds a provision authorizing a coroner to notify the Board of Nursing and State Dental Board of a drug overdose death and state in the notice whether the drug involved was obtained by prescription and the name of the prescriber.

Diabetes care in schools

Adds a provision authorizing a physician assistant with prescriptive authority or an APRN who is a clinical nurse specialist or certified nurse practitioner to issue an order for diabetes care provided a student in school.

Diabetes prevalence assessments

Adds provisions that do all of the following:

--Require the following state agencies to assess the prevalence of diabetes in Ohio and establish goals and plans to reduce that prevalence: Department of Health, Department of Medicaid, Department of Administrative Services, and Commission on Minority Health;

--Require the Director of Health to submit biennial reports to the General Assembly summarizing assessment results and recommending legislative and fiscal policies related to diabetes prevention, treatment, and management;

--Specify that the diabetes provisions do not require the agencies to establish any new programs for diabetes prevention, treatment, and management.

Podiatrist supervision of hyperbaric oxygen therapy

Adds provisions authorizing a podiatrist to order and supervise hyperbaric oxygen therapy if the podiatrist meets all of the following conditions:

(1) Has consulted with a physician who has been authorized to perform hyperbaric oxygen therapy by the facility in which the hyperbaric oxygen room or chamber is located;

(2) Orders hyperbaric oxygen therapy only for treatment within the scope of practice of podiatry;

(3) Is certified in advanced cardiovascular life support by a certifying organization recognized by the State Medical Board;

(4) Has completed, at a minimum, a 40-hour introductory course in hyperbaric medicine recognized by the American Board of Foot and Ankle Surgery or by the Undersea and Hyperbaric Medical Society;

(5) Is board certified or board qualified by the American Board of Foot and Ankle Surgery or the American Board of Podiatric Medicine.

Adds provisions requiring both of the following when hyperbaric oxygen therapy is supervised by a podiatrist:

--That the podiatrist be immediately available throughout the performance of the therapy;

--That a physician who has been authorized to perform hyperbaric oxygen therapy by the facility be readily available for consultation throughout the performance of the therapy.