



# OHIO LEGISLATIVE SERVICE COMMISSION

## Synopsis of Senate Committee Amendments

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### Sub. H.B. 111

132nd General Assembly  
(S. Health, Human Services & Medicaid)

This table compares the As Reported by the Senate Committee version of the bill with the As Passed by the House version of the bill.

Topic	As Passed by the House	As Reported by the Senate Committee
<b>Advanced practice registered nurses (APRNs) – involuntary hospitalization for mental health treatment</b> (R.C. 5122.10)	Permits a clinical nurse specialist or certified nurse practitioner who is certified as a psychiatric-mental health nurse to have an individual involuntarily hospitalized for mental health treatment in an emergency.	Same.
<b>APRNs – standard care arrangements for mental health specialists</b> (R.C. 4723.431)	No provision.	Specifies that a certified nurse practitioner who is certified in psychiatric-mental health may enter into a standard care arrangement with a psychiatrist (as opposed to a "physician who practices in the same specialty"). Also permits the nurse to enter into a standard care arrangement with a pediatrician, primary care physician, or family practice physician.
<b>APRNs – referrals and consultations with other physicians</b> (R.C. 4723.431)	No provision.	Authorizes clinical nurse specialists, certified nurse-midwives, or certified nurse practitioners to refer a patient to and consult with a physician or podiatrist who is not the nurse's collaborating practitioner.

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

Topic	As Passed by the House	As Reported by the Senate Committee
<p><b>APRNs – grandfathered license applicants</b>  <i>(R.C. 4723.41(B), (C), and (D); Sections 7 and 9)</i></p>	<p>No provision.</p> <p>No provision.</p>	<p>Re-enacts provisions, repealed in 2013, that grandfathered certain APRN license applicants from meeting educational and examination requirements generally required for licensure.</p> <p>Provides that these provisions take immediate effect.</p>
<p><b>APRNs – pharmacology requirements</b>  <i>(R.C. 4723.482(A), (C), and (D); Sections 7 and 9)</i></p>	<p>No provision.</p> <p>No provision.</p> <p>No provision.</p>	<p>Clarifies that certain out-of-state APRN licensure applicants, including those who worked as federal employees, are subject to different pharmacology documentation requirements than in-state applicants.</p> <p>Authorizes the grandfathered applicants (described above) to submit alternative evidence of meeting existing pharmacology requirements.</p> <p>Provides that these provisions take immediate effect.</p>
<p><b>Opioid treatment program (OTP) licensure</b>  <i>(R.C. 5119.01(A), 5119.37 (renumbered R.C. 5119.431), 5119.371, and 5119.99; Section 6)</i></p>	<p>No provision.</p> <p>No provision.</p> <p>No provision.</p>	<p>Requires, beginning 12 months after the bill's effective date, that all types of OTPs, rather than only methadone treatment programs, be licensed through the Ohio Department of Mental Health and Addiction Services (ODMHAS).</p> <p>Specifies that a community addiction services provider is ineligible for OTP licensure for three years (instead of five years, as currently applicable to methadone treatment programs) after having had an adverse action taken against it.</p> <p>Prohibits a proposed OTP from being located within 500 feet of property containing a school, child day-care center, or child-serving agency regulated by ODMHAS.</p>

Topic	As Passed by the House	As Reported by the Senate Committee
	<p>No provision.</p> <p>No provision.</p> <p>No provision.</p>	<p>Specifies other requirements for an OTP license that are generally similar to existing requirements for the license to maintain methadone treatment.</p> <p>Gives ODMHAS authority to conduct OTP inspections, enforcement actions, and other responsibilities similar to its existing authority for methadone treatment programs.</p> <p>Specifies that failure to obtain the license to operate an OTP when required to do so is a fifth-degree felony.</p>
<p><b>Methadone treatment program licensure</b>  <i>(R.C. 5119.39 (renumbered 5119.43) and 5119.391; Section 6; conforming changes in R.C. 140.01(M), 2925.03(H), 3715.08(B), 3719.13, 3719.27, 3719.61, 3721.01(A), 4729.291(D), 4729.292, 5119.21(A), 5119.34(B), and 5119.361)</i></p>	<p>No provision.</p>	<p>Applies to methadone treatment programs, for the 12-month period that ODMHAS continues to issue licenses to maintain methadone treatment, the same program location requirements and adverse action look-back period that the bill applies to OTPs.</p>

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<p><b>Mandatory certification of addiction services</b> <i>(R.C. 5119.35; Section 6)</i></p>	<p>No provision.</p> <p>No provision.</p>	<p>Generally prohibits, beginning 15 months after the bill's effective date, a person or government entity from providing withdrawal management addiction services provided in settings other than acute care hospitals, addiction services provided in a residential treatment setting, and outpatient addiction services unless the services have been certified by the Director of Mental Health and Addiction Services.</p> <p>Specifies that violation of the prohibition is a fifth-degree felony.</p>
<p><b>Dialysis technician applicants</b> <i>(R.C. 4723.75(B))</i></p>	<p>No provision.</p>	<p>Reduces to six (from 12) the minimum number of months that an applicant for dialysis technician licensure must have performed dialysis care as a condition of attaining licensure.</p>
<p><b>Orthotists, prosthetists, and pedorthists</b> <i>(R.C. 4779.08(A) and 4779.19; 4779.20(B) (repealed); and Section 5)</i></p>	<p>No provision.</p> <p>No provision.</p> <p>No provision.</p>	<p>Extends to two years (from one) the license renewal period for orthotists, prosthetists, and pedorthists.</p> <p>Requires the Occupational, Physical Therapy, and Athletic Trainers Board to adopt rules to account for the extension of the license renewal period.</p> <p>Requires the Board to adopt rules for continuing education, in place of specific statutory requirements.</p>

Topic	As Passed by the House	As Reported by the Senate Committee
<p><b>State Medical Board</b>  <i>(R.C. 4731.09, 4731.19, 4731.22(B)(25) and (F)(3), 4731.222, 4731.291, 4731.295, 4731.297, 4731.52, 4759.05(B)(3), 4761.03, 4761.05, and 4761.06)</i></p>	<p>No provision.</p> <p>No provision.</p> <p>No provision.</p>	<p>Eliminates the existing requirement that each physician assistant supervision agreement be submitted to, and reviewed by, the Medical Board.</p> <p>Increases to \$5,000 (from \$1,000) the amount of the civil penalty that the Medical Board may impose if it finds that a physician failed to comply with the law governing those supervision agreements.</p> <p>Makes changes to law governing the Medical Board's issuance or renewal of certain licenses, certificates, or permits, including physician training certificates, podiatrist licenses, and limited permits to practice respiratory care and to Medical Board investigatory procedures.</p>
<p><b>Hospital facilities of a charter county hospital</b>  <i>(R.C. 339.01(D))</i></p>	<p>No provision.</p>	<p>Authorizes a board of county hospital trustees of a charter county hospital to purchase, acquire, lease, construct, own, operate, or manage hospital facilities in a county contiguous to a charter county.</p>
<p><b>Children's crisis care facilities</b>  <i>(Sections 3 and 4)</i></p>	<p>No provision.</p>	<p>Modifies an allocation made to children's crisis care facilities in the main appropriations act for the 132nd General Assembly, Am. Sub. H.B. 49.</p>