



APRN Colleagues,

House Bill 216 was signed on January 4, 2017. **The changes made by this new law become effective on 4/6/2017.** The current law remains in effect until 4/6/2017. You should not do anything not currently authorized in ORC 4723 until 4/6/2017.

For future reference and planning, the key aspects of this legislation are summarized below. They are **not effective until April 6, 2017**

- **Licensure.** APRNs who apply for authorization to practice in Ohio will receive two licenses, if all requirements of the Ohio Board of Nursing are met. The first license will be as a registered nurse. The second license will be as an advanced practice registered nurse with role designated as CRNA, CNM, CNS or CNP.
 - An APRN may not practice as an APRN without an active registered nurse license and an active APRN license.
 - APRNs who apply for license renewal in 2017 must have a total of 48 hours of CE: (1) 24 hours for the registered nurse license which must include one hour of Category A CE on Ohio Nursing Practice Law. (2) 24 hours for the advanced practice registered nurse license which must include 12 hours of pharmacology. Forty-eight hours of CE every two years will be the baseline continuing education hours needed for APRN license renewal moving forward.
 - The new APRN license provides prescriptive authority for all CNMs, CNSs and CNPs. The certificate to prescribe (CTP) and the externship (CTP-E) has been eliminated.
 - APRNs who currently have a COA and a CTP/CTP-E will be grandfathered into the new APRN license.
 - It is not known how the OBON will transition APRNs who currently do not have a CTP or have a CTP-E.
- **APRN Drug Formulary.** The new formulary will be exclusionary only. The formulary will only list those drugs or classifications that an APRN may NOT prescribe. The column, “In accordance with the SCA” will be eliminated. Essentially, if the drug or its classification is NOT listed in the Formulary, the APRN may prescribe it.
 - All restrictions on furnishing sample medications have been revoked.
 - APRNs may not provide samples of controlled substances.
 - The collaborating ratio of 3 APRNs to 1 physician for prescribing has been expanded to 5 APRNs to 1 physician.
- **Schedule 2 changes.** APRNs with DEA numbers may now prescribe Schedule 2 medications to residents in assisted living facilities. Additionally, the three conditions required to prescribe Schedule 2 medications in non-authorized sites has been modified:

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- The patient must have a terminal condition.
 - The initial Schedule 2 medication must have been prescribed by a physician (no longer needs to be the collaborating physician).
 - The Schedule 2 medication may now be written for 72 hours instead of 24 hours.
- **Standard Care Arrangement changes:**
 - The Standard Care Arrangement (SCA) no longer requires a provision for 1) a Procedure for Regular Review of Referrals to Other Health Professionals and Chart Review and, 2) a policy for care of infants up to age one and recommendations for collaborating physician visits for children from birth to age three.
 - There will now be a 120 day “buffer” period to secure a new collaborating physician if the current collaborating physician terminates the collaboration agreement with the APRN. Upon notification by the current collaborating physician of an intent to end collaboration, the APRN will notify the OBON. When the OBON receives the notification the 120 day buffer period will begin. During this buffer period the former SCA remains in effect to allow the APRN to continue to practice while searching for another collaborating physician.
 - A copy of the SCA does not need to be located at all work sites. However, the SCA must be kept on file by the APRN’s employer.
 - Collaborating physicians for **psychiatric certified CNSs**. A certified psychiatric clinical nurse specialist may collaborate with a psychiatric certified collaborating physician or a collaborating primary care physician certified in family medicine, internal medicine or pediatrics. Psychiatric certified nurse practitioners were not included in this new change and they must continue to have a psychiatric collaborating physician only. [We believe that the exception made for psychiatric CNS’s, which does not include psychiatric certified nurse practitioners, is a simple technical problem that will be addressed in the very near future.]
 - **APRN Advisory Committee.** The OBON is required to form an APRN Advisory Committee to advise the board on APRN practice issues.
 - **Diabetic school children.** APRNs and physician assistants who provide care for school age children with diabetes will be able to write orders that are followed by healthcare providers at the schools.
 - **Advanced Pharmacology Course.** The Advanced pharmacology course will be valid for five years instead of three.

Questions? Send us an e-mail at info@oaapn.org