

HOW DOES HB 216 AFFECT...

STANDARD CARE ARRANGEMENT

- **ELIMINATES** that an SCA contain a procedure for regular review of referrals by the nurse to other health care professionals and the care outcomes for a random sample of all patients seen by the nurse. *Existing regulations require this element to be included in the SCA. This will remain in place until the Board changes its rules.*
- **ELIMINATES** that an SCA contain a policy for care of infants up to age one and recommendations for collaborating physician visits for children from birth to age three, if the nurse regularly provides services to infants. *Existing regulations require this element to be included in the SCA. This will remain in place until the Board changes its rules.*
- **REQUIRES** the collaborating physician or podiatrist to provide written or electronic notice of termination of the collaborating relationship, and requires the APRN to subsequently notify the Board of Nursing of termination
 - CNS, CNM, CNP may practice without a collaborating physician or podiatrist for no more than 120 days if the physician or podiatrist terminates the collaboration before the SCA expires. The 120 day period starts on the date the nurse submits the notice to the Board of Nursing. The nurse must notify the Board of the termination “as soon as practicable” by submitting a copy of the notice of termination.
- **REQUIRES** nurse’s employer to retain the SCA on file
 - Existing regulations require a copy of the SCA to be retained on file at each site where the nurse practices. This will remain in place until the Board changes its rules.
- **REQUIRES** CNSs whose nursing specialty is mental health or psychiatric mental health to enter an SCA (*previously was not required for non-prescribing CNSs in this specialty area*)
 - Collaborating physician must practice in one of the following specialties: A specialty that is the same as or similar to the nurse’s nursing specialty, Pediatrics, Primary Care or Family Practice

CONTROLLED SUBSTANCES

- An APRN to prescribe a schedule II controlled substance only under certain conditions or from specified locations. These conditions include all of the following:
 - The patient has a terminal condition (*current law – did not change*)
 - Any physician can issue the patient’s initial prescription, does not have to be the collaborating physician (*previously was collaborating physician only*)
 - The prescription is for an amount that does not exceed that necessary for the patient’s use in a single 72 hour period (*previously was 24 hour period*)
- The locations from which an APRN may prescribe a schedule II controlled substance includes: hospitals, nursing homes, hospice care programs, ambulatory surgical facilities, freestanding birthing centers, and *now residential care facilities.*

PRESCRIBING

- **ELIMINATES** CTP/CTP-E
- The APRN license grants each type of APRN (other than CRNA) the authority to prescribe or personally furnish most drugs and therapeutic devices
- **ELIMINATES** conditions governing an APRN furnishing a sample drug or therapeutic device, unless the drug or device is listed on the exclusionary formulary
- Applicants may apply for the APRN license up to five years after completion of 45 hours of advanced pharmacology (*previously was three years*)
- Collaborating physicians or podiatrists may now collaborate with up to five nurses in the prescribing component of their practices (*previously was three nurses*)

FORMULARY

- The formulary is now **EXCLUSIONARY**. It is to include only those drugs or devices that the APRN is *not authorized* to prescribe or furnish
- CPG will develop a recommended exclusionary formulary and submit it to the Board of Nursing at least twice a year for Board approval



OAAPN

Ohio Association of Advanced Practice Nurses