AGENDA

Committee on Prescriptive Governance (CPG)

May 21, 2019
10:00 AM

THE MISSION OF THE OHIO BOARD OF NURSING IS TO ACTIVELY SAFEGUARD THE HEALTH OF THE PUBLIC THROUGH THE EFFECTIVE REGULATION OF NURSING CARE.

The Committee on Prescriptive Governance shall develop a recommended exclusionary formulary that specifies the drugs and therapeutic devices that a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner cannot prescribe or furnish. A recommended exclusionary formulary shall not permit the prescribing or furnishing of any drug or device prohibited by federal or state law.

1. Call to Order
   a. Welcome
   b. Introductions

2. Review/Approval of November 16, 2018 Meeting Minutes

3. Review new approved FDA drugs

4. Exclusionary Formulary Recommendation
   Review Technical Change

5. Informational: Nursing Board Memorandum 2019 Five Year Rule Review

6. Remaining 2019 Meeting Dates: September 17

7. Other

Adjourn
Call to Order
Sherri Sievers, Chair, recognized a quorum, called the meeting to order at 10:28 a.m. and welcomed members and guests.

Review/Approval of March Meeting Minutes
Richard Bakker moved to approve the minutes as written, Barbara Douglas seconded. The motion passed unanimously.

Review New Approved FDA Drugs and Exclusionary Formulary
After reviewing new drugs approved by the FDA from February 2, 2018 to through November 7, 2018, the CPG agreed by consensus not to add any of the drugs to the Exclusionary Formulary. The CPG reviewed and continued its recommendation of the Exclusionary Formulary.

Informational Items
Nursing Board Rules: Chronic/Subacute Pain and Medication Assisted Treatment
L. Emrich stated that the chronic/subacute pain rules will be effective December 22, 2018, and the medication assisted treatment rules are anticipated to be effective February 1, 2019. The Nursing and Medical Boards will be addressing detoxification through additional rules in the future. S. Sievers commented that she again read the new rules and thought they were nicely written.

R. Bakker stated that the American College of Physicians recently published a position paper stating that there should be greater access to addiction treatment because the death rate of patients who were discontinued from therapy is remarkable. R. Bakker stated that additional physician organizations are supporting the position paper which could affect the content and timing of the Medical Board’s rule.

HB 6 New Federal Law Extending CARA 2016
L. Emrich stated the enacted federal legislation expands some aspects of CARA 2016. It makes permanent the ability of qualified CNPs and Physician Assistants with a DATA-waiver to provide medication assisted treatment and authorizes CNSs, CNMs and CRNAs to obtain a DATA-waiver and provide medication assisted treatment for a limited time period.
L. Emrich stated that the Ohio Department of Mental Health and Addiction Services (ODMHAS) administrative rules were revised to allow qualified CNPs to prescribe methadone within ODMHAS approved treatment programs.

Schedule 2019 Meetings
The following 2019 dates were agreed upon: January 14, May 21, and September 17.

Adjournment
Having no further business the meeting adjourned at 10:53 a.m.
**New Drugs for Review by CPG May 21 2019**
*(12/26/2018 to 4/26/2019)*
*(New Drugs Approved by FDA; Online Drug Facts and Comparisons)*

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand</th>
<th>CPG Action: An &quot;X&quot; in this column indicates the drugs were not added to the Exclusionary Formulary</th>
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<tbody>
<tr>
<td><strong>November 2018</strong></td>
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<tr>
<td>revefenacin</td>
<td>Yupelri</td>
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<td>Aemcolo</td>
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<td>Gamifant</td>
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<td>Daurismo</td>
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<td>Vitrakvi</td>
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<td>gilteritinib</td>
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<td>Rituximab-abbs</td>
<td>Truxima</td>
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<tr>
<td>amifampridine</td>
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<td><strong>December 2018</strong></td>
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<tr>
<td>trastuzumab-pkrb</td>
<td>Herzuma</td>
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<tr>
<td>immune globulin subcutaneous [human]-hipp</td>
<td>Cutaquig</td>
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<tr>
<td>calaspargase pegol-mknl</td>
<td>Asparlas</td>
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<td>tagraxofusp-erzs</td>
<td>Elzonris</td>
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<td>Drug Name</td>
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<tr>
<td>ravulizumab-cwz</td>
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<td>levodopa</td>
<td>Inbria</td>
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<td><strong>January 2019</strong></td>
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<td>Trastuzumab-dttb</td>
<td>Ontruzant</td>
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<td><strong>February 2019</strong></td>
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<td>prabotulinumtoxinA-xvfs</td>
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<td>Lotemax SM</td>
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<td>Trastuzumab/hyaluronida se-oysk</td>
<td>Herceptin Hylecta</td>
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<td>esketamine</td>
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<td><strong>April 2019</strong></td>
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<td>tegaserod</td>
<td>Zelnorm</td>
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### New Drugs for review January 2019

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<thead>
<tr>
<th>Drug Name</th>
<th>Brand Name</th>
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<tr>
<td>Immune globulin intravenous, human-slr</td>
<td>Asceniv</td>
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<tr>
<td>dolutegravir/lamivudine</td>
<td>Dovato</td>
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<tr>
<td>romosozumab-aqqg</td>
<td>Evenity</td>
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<tr>
<td>erdafitinib</td>
<td>Balversa</td>
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<tr>
<td>risankizumab-rzaa</td>
<td>Skyrizi</td>
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<tr>
<td>halobetasol propionate/tazarotene</td>
<td>Duobrii</td>
</tr>
<tr>
<td>etanercept-ykro</td>
<td>Eticovo</td>
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</tbody>
</table>
MEMORANDUM

TO: CPG Members
FROM: Lisa Emrich, Program Manager
DATE: May 16, 2019
RE: Technical Changes to Exclusionary Formulary

Board staff is requesting the CPG to consider and recommend the technical changes as reflected in the attached draft Exclusionary Formulary, for consistency with the language included in draft revisions to Rule 4723-9-10, OAC.

In your materials is a Board memorandum addressing its five year review of its administrative rules, and other rules requiring update or technical changes. Please see page 4 of the memorandum, and the staff recommendation to include the Exclusionary Formulary language in rule.

“This [recommendation] is based in input from JCARR in October 2018 at the time Rule 9-10 was last submitted to JCARR for review.”

These are technical revisions and do not change the exclusionary criteria for the prescribing or furnishing of drugs or devices.
Exclusionary Formulary

A Certified Nurse Practitioner, Clinical Nurse Specialist and Certified Nurse Midwife shall not prescribe or furnish any drug or device in violation of federal or Ohio law, or rules adopted by the Board.

The prescriptive authority of a Certified Nurse Practitioner, Clinical Nurse Specialist or Certified Nurse Midwife shall not exceed the prescriptive authority of the collaborating physician or podiatrist.

Adopted by the Board of Nursing on May 17, 2017
MEMORANDUM

TO: BOARD MEMBERS
   OHIO BOARD OF NURSING

FROM: HOLLY FISCHER
       CHIEF LEGAL COUNSEL

SUBJECT: 2019 Five Year Rule Review

DATE: MAY 10, 2019

As reviewed at the April meeting, the following are rule chapters the Board is required to review at least once every five years, along with technical changes to individual rules that are not slated for five-year review, but are either required to be revised, or recommended to be updated, due to recent legislative action, or for technical reasons discussed below.

Attached is the proposed rule language as updated based on the Board’s review at the April Retreat. After the May meeting, the language as approved by the Board will be distributed to interested parties. An interested parties meeting will be held on June 17, 2019. The rules will be filed with the Common Sense Initiative (CSI) in early September, and with JCARR in October. A rules hearing will be conducted at the November Board meeting.

1. 5-Year Review Rule Chapters

Chapter 2 Licensing for Active Duty Military and Veterans

- Rule 2-01 (A)(3)(f), (g): Delete cross reference in (f) to Rule 4723-8-01, not necessary; delete (g), obsolete.
- Rule 2-02: No change
- Rule 2-03 (C): Delete cross reference to Rule 4723-8-01, not necessary.
- Rule 2-04: No change.

Chapter 16: Hearings

- Rule 16-01, 16-02, 16-03, 16-04, 16-05, 16-06: No change.
- Rule 16-08(A): Change “thirty” to “forty-five.”
• Rule 16-09(A): Add “solely” before procedural in line three (“relates solely to a procedural matter”).
• Rule 16-10, 16-12, 16-13: No change.

Chapter 17: Intravenous Therapy Courses for Licensed Practical Nurses
• Rule 17-01(C): Change “client” to “patient” consistent with changes made throughout Chapter 4723, OAC over the past five years.
• Rule 17-01(G): Update cross reference (should be: paragraph (N) of Rule 4723-14-01).
• Rule 17-03(C)(3): Update cross reference (should be: Section 3721.01, ORC).
• Rule 17-05: No change.
• Rule 17-06: In the header language, delete the reference to 4723.18(A)(4)(a), ORC, as that language was removed by HB 216 (131st GA) and the correct reference should be Section 4723.19, ORC. In (A), delete the 40 hour minimum for the continuing education course, as determined by the Board at the April meeting, and as recommended by the Advisory Group on Continuing Education. At the end of the Rule, add as Statutory Authority Section 4723.19, ORC.
• 17-07(A)(5): Update name of form.
• 17-07(C): For endorsement applicants, delete the last sentence regarding the Board requiring completion of continuing education in IV therapy.

Chapter 25: Nurse Education Grant Program
• Rule 25-01: No change.
• Rule 25-02(H)(2): Replace “Ohio board of regents” with “chancellor of higher education” to reflect current statutory terminology.
• Rule 25-02(L): Update cross reference to Rule 4723-5-01(CC) (not X).
• Rule 25-03, 25-04, 25-05: No change.
• Rule 25-06(C): Update name of form.
• Rule 25-07: Replace “Ohio board of regents” with “chancellor of higher education” to reflect current statutory terminology.
• Rule 25-08: No change.
• Rule 25-09(A): Update name of form.
• Rule 25-10, 25-11, 25-12, 25-13, 25-14: No change.
• Rule 25-15 (B): Add clarifying language.
• Rule 25-16, 25-17, 25-18: No change.

Chapter 26: Community Health Workers
• Rule 26-01: No change.
• Rule 26-02(A)(1): Update name of form.
• Rule 26-04(A), (B)(1), (E): Update form references.
• Rule 26-04(C), (D), (E): Update language to reflect online application process for CHWs and ability to submit inactive requests electronically/online.
• Rule 26-04(H): Delete; this language is now covered by paragraph (E), as reinstatement and reactivation are now accomplished using a common application.
• Rule 26-05(D): Update form reference.
• Rule 26-06, 26-07, 26-08, 26-09, 26-10, 26-11: No change.
• Rule 26-12(A)(2)(b): Replace “Ohio board of regents” with “chancellor of higher education” to reflect current statutory terminology.
• Rule 26-13: No change.
• Rule 26-14(A)(1), (B)(1): Update form references.

2. Technical Changes - Other Rules

• Rule 1-03: Update form references as noted above.
• Chapter 5: This Chapter is slated for 5-year review in 2021.
  o Rule 5-04(B)(4): Delete this paragraph as it covers the same information as (B)(3), and is inconsistent with Section 4723.07(B)(7), ORC, which says “may” withdraw approval, not “shall.”
  o Rule 5-10(A)(5)(b) and 5-11(A)(5)(b): As determined by the Board at the April meeting and as recommended by the Advisory Group on Nursing Education, Rule 5-10(A)(5)(b) and 5-11(A)(5)(b): Remove the requirement that preceptors have at “at least two years” experience in nursing practice.
  o Rule 5-21(E)(2): Amend this language consistent with removal of the two-year experience requirement for preceptors in Rules 5-10, 5-11.
• Rule 7-05(E)(1) and 7-06(F)(1): Staff is recommending the process for issuance of a temporary permit to RN/LPN endorsement applicants be changed to expedite issuing permits by eliminating the documentation of completion of a nursing education program requirement. The rationale is that: (a) The law, Section 4723.09(D), ORC, does not require this documentation for temporary permits; (b) Frequently the education program information is not readily available through NURSYS, which staff relies upon to confirm licensure in another state, and this delays the temporary permit process; (c) Endorsement applicants are required to provide evidence of licensure in another
NCSBN jurisdiction, which would require completion of a NCSBN-member approved education program; (d) To obtain a full license, documentation of completion of an education program is required.

- **Rule 9-10**
  - 9-10 (A), (B), (C): Staff is recommending revising the rule to include the Exclusionary Formulary for prescribing in paragraph (B), rather than referring to a Formulary that is posted online. This is based on input from JCARR in October 2018 at the time Rule 9-10 was last submitted to JCARR for review. Should the CPG recommend that drugs be added to the Formulary, i.e., that APRNs cannot prescribe certain drugs, the CPG’s recommendation would go the Board for approval, and the Board would amend Rule 9-10 to reflect the updated Formulary. The language in (C) is statutory (Section 4723.50(C), ORC).
  - 9-10(A)(13): As discussed at the April meeting, the definition of “terminal condition” is revised consistent with Medical Board Rule 4731-11-01, filed by the Medical Board in March 2019 with CSI in response to public feedback.
  - 9-10(K)(6): As discussed at the April meeting, oncologists and hematologists were added by the Medical Board in Rule 4731-11-14 (filed with CSI in March 2019) as prescribers who may exceed the 120 MED; consistently, APRNs with national certification in oncology or hematology would also be able to exceed the 120 MED for established patients. Note the language regarding pain management, hospice and palliative care is not new but reorganized within the paragraph.

- **Rule 9-13**: This is the new MAT rule, effective February 1, 2019. The following changes are included:
  - 9-13(A): Change to reflect changes in Rule 4723-9-10, i.e., the Formulary is included in rule rather than online.
  - 9-13(B): Include Certified Nurse Midwives as prescribers who can potentially engage in medication-assisted treatment. As discussed at the April meeting, effective October 24, 2018, the “Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act” (H.R. 6), was signed into law amending 21 U.S.C. § 823 to expanding the definition of “qualified other practitioners” for purposes of buprenorphine prescribing for MAT. In addition to nurse practitioners (whose eligibility was made permanent), clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives were added (for a period of five years). The addition of CNMs is supported by ACNM and OAAPN.
o 9-13(A)(7), (A)(9), (C)(2), (C)(3) - (5), (C)(6), (C)(9), (C)(10): All of the changes are made so that the Rule is consistent with the Medical Board rules for MAT (see 4731-33-01, 4731-33-03, 4731-33-04), effective April 30, 2019. H.B. 49 (132nd GA), Section 4723.51(C), ORC, requires that the Nursing Board rules for MAT and the Medical Board rules be mutually consistent.

- **Detoxification.** H.B. 49 (132nd GA) implemented Section 4723.51, ORC, requiring that the Board adopt rules for MAT that address both treatment and detoxification. As noted, Section 4723.51(C), ORC requires that the Board adopt rule language consistent with language adopted by the Medical Board. The current Medical Board draft detoxification rules are attached for Board comment (Attachment A). The Medical Board’s Policy Committee approved of the draft on May 8, 2019. The Board would adopt a new rule or add the detoxification language to Rule 9-13 consistent with the Medical Board’s language.

- **4723-20-01, 20-03, 20-07:** These three rules were reviewed in five-year review last year and submitted as “no change” rules. LSC advised the Board on October 22, 2018, that even if the rules had no changes, in order to update a paragraph reference in the statutory authority (which is not part of the rule itself but is included in filing materials), the rules would need to be re-filed. Rather than do this, we opted to make the correction later. The statutory reference is “4723.07(K)” due to a law change (not “L”). We would submit as “4723.07” and eliminate the subparagraph completely.
The State Medical Board of Ohio seeks public input on proposed rules several times during the rule-making process. Public input is sought after the Medical Board has conducted its initial review of rules, after rules are filed with the Common Sense Initiative Office, and at the public hearing that occurs after the rules are formally filed with the Joint Committee on Agency Rule Review. The Medical Board’s initial review of rules may result in a proposal to amend current rules, rescind current rules, make no changes to current rules, and/or adopt new rules. Comments received will be reviewed and possibly result in changes to the initially proposed language before the rules are then filed with the Common Sense Initiative Office.

At this time the Medical Board has completed its initial review of the following rules and is seeking public comment on the proposed language. The rules and a short memo are attached.

Rule 4731-13-13: Subpoenas for purposes of hearing

4731-33-01: Definitions (Applicable to medication-assisted treatment rules)
4731-33-02: Standards and procedures for withdrawal management for drug or alcohol addiction

The proposed rules will also be available in the near future from the Medical Board’s website under “Newly Adopted and Proposed Rules.”

Deadline for submitting comments: May 24, 2019
Comments to: Sallie Debolt, Senior Counsel
State Medical Board of Ohio
Sallie.Debolt@med.ohio.gov

Respectfully,

Sallie Debolt
Senior Counsel
State Medical Board of Ohio
30 E. Broad Street, 3rd Floor
Columbus, OH 43215
(614) 644-7021
Sallie.Debolt@med.ohio.gov

Withdrawal
4731-13-13
manag...ion.pdf

2.1
Section 4731.056, Ohio Revised Code, requires the Medical Board to adopt a rule that establishes standards and procedures to be followed by physicians in the use of drugs approved by the FDA for use in medication-assisted treatment, including detoxification. Section 4730.55, ORC, requires the adoption of such rule applicable to physician assistants.

Attached to this memo are proposed amended rule 4731-33-01, Definitions, and new rule 4731-33-02, Standards and procedures for withdrawal management for drug or alcohol addiction. The physician assistant rules will be virtually the same, only with reference to "physician assistant" instead of "physician." The draft rules reflect the input of the Ohio Board of Nursing staff and the Ohio Department of Mental Health and Addiction Services.

**Rule 4731-33-01** is amended by adding definitions for "Withdrawal management" and "Ambulatory detoxification." The exemptions for providers of ambulatory detoxification are the same as the exemptions for office-based opioid treatment.

**New rule 4731-33-02:**

Paragraph (A): Requires the physician to inform the patient that detoxification is not treatment for substance use disorder. The paragraph also spells out the actions that must be taken to comply with Section 3719.04, ORC.

**Paragraph (B): Ambulatory detoxification for opioid addiction**

1. Sets out conditions under which ambulatory detoxification may be appropriate.
2. Requires the provision to be consistent with the American Society of Addiction Medicine's Level I-D or II-D level of care.
3. Requires the performance of an assessment focusing on signs and symptoms associated with opioid addiction.
4. Requires a biomedical and psychosocial evaluation of the patient.
5. Requires a review of the patient's OARRS report.
6. Requires information be given to the patient concerning risks of relapse and of overdose.
7. Requires an individualized treatment plan.
8. Requires patient counseling to be offered when the treatment is expected to last less than six months.
9. Requires periodic urine and/or other toxicological screenings, but is not specific as to frequency. Requires the physician to consider referral of a patient who has a positive screen.
10. Lists permissible and not permissible drugs that may be used; sets limits on the number of days allowed for prescriptions for take-home medications.
11. Requires the physician to offer a prescription for a naloxone kit.
12. Requires steps to reduce the chances of diversion.
Paragraph (C) Ambulatory detoxification from benzodiazepines or other sedatives

Requires compliance with paragraph (A) of the rule and TIP 45.

(1) Stipulates the conditions under which ambulatory detoxification maybe provided.
(2) Requires an assessment using a scale such as the "Clinical Institute Withdrawal Assessment for Benzodiazepines."
(3) Requires a biomedical and psychosocial evaluation of the patient.
(4) Requires that the patient be instructed not to drive during treatment.
(5) Requires regular assessment to include urine and/or toxicological screenings. Requires steps to reduce chances of diversion.

Paragraph (D) Ambulatory detoxification from alcohol

Requires compliance with paragraph (A) of the rule and TIP 45.

(1) Sets standards for when ambulatory detoxification may be appropriate.
(2) Requires an assessment focusing on signs and symptoms associated with alcohol use disorder.
(3) Requires a biomedical and psychosocial evaluation.
(4) Requires on-going urine and/or other toxicological screenings.
(5) Requires that the physician recommend that the patient who successfully completes withdrawal enter a long-term treatment program.

Comments on the proposed rule may be sent by May 24, 2019 to: Sallie.Debolt@med.ohio.gov
4731-33-01 Definitions.

(A) "Office-based opioid treatment" or "OBOT" means medication-assisted treatment, as that term is defined in this rule, in a private office or public sector clinic that is not otherwise regulated, by practitioners authorized to prescribe outpatient supplies of medications approved by the United States food and drug administration for the treatment of opioid addiction or dependence, prevention of relapse of opioid addiction or dependence, or both. OBOT includes treatment with all controlled substance medications approved by the United States food and drug administration for such treatment. OBOT does not include treatment that occurs in the following settings:

(1) A state or local correctional facility, as defined in section 5163.45 of the Revised Code;

(2) A hospital, as defined in section 3727.01 of the Revised Code;

(3) A provider certified to provide residential and inpatient substance use disorder services, including withdrawal management, by the Ohio department of mental health and addiction services;

(4) An opioid treatment program certified by SAMHSA and accredited by an independent SAMHSA-approved accrediting body; or

(5) A youth services facility, as defined in section 103.75 of the Revised Code.

(B) "SAMHSA" means the United States substance abuse and mental health services administration.

(C) "Medication-assisted treatment" means alcohol or drug addiction services that are accompanied by medication that has been approved by the United States food and drug administration for the treatment of substance use disorder, prevention of relapse of substance use disorder, or both.

(D) "Substance use disorder" includes misuse, dependence, and addiction to alcohol and/or legal or illegal drugs, as determined by diagnostic criteria in the "Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition" or "DSM-5."

(E) "OARRS" means the "Ohio Automated Rx Reporting System" drug database established and maintained pursuant to section 4729.75 of the Revised Code.

(F) For purposes of the rules in Chapter 4731-33 of the Administrative Code: (1)

"Qualified behavioral healthcare provider" means the following who is practicing within the scope of the professional license:
(a) Board certified addictionologist, board certified addiction psychiatrist, or psychiatrist, licensed under Chapter 4731. of the Revised Code;

(b) Licensed independent chemical dependency counselor-clinical supervisor, licensed independent chemical dependency counselor, licensed chemical dependency counselor III, licensed chemical dependency counselor II, or licensed chemical dependency counselor assistant licensed under Chapter 4758. of the Revised Code;

(c) Professional clinical counselor, licensed professional counselor, licensed independent social worker, licensed social worker, or marriage and family therapist, licensed under Chapter 4757. of the Revised Code;

(d) Advanced practice registered nurse, licensed as a clinical nurse specialist under Chapter 4723. of the Revised Code, who holds certification as a psychiatric mental health clinical nurse specialist issued by the American nurses credentialing center.

(e) Advanced practice registered nurse, licensed as a nurse practitioner under Chapter 4723. of the Revised Code, who holds certification as a psychiatric mental health nurse practitioner issued by the American nurses credentialing center;

(f) Psychologist, as defined in division (A) of section 4732.01 of the Revised Code, licensed under Chapter 4732. of the Revised Code; or

(g) An advanced practice registered nurse, licensed under Chapter 4723. of the Revised Code, who holds subspecialty certification as a certified addiction registered nurse-advanced practice issued by the addictions nursing certification board.

(2) Nothing in this paragraph shall be construed to prohibit a physician assistant licensed under Chapter 4730. of the Revised Code who practices under a supervision agreement with a board certified addiction psychiatrist, board certified addictionologist, or psychiatrist who is licensed as a physician under Chapter 4731. of the Revised Code, from providing services within the normal course of practice and expertise of the supervising physician, including addiction services, other mental health services, and physician delegated prescriptive services in compliance with Ohio and federal laws and rules.

(G) "Community addiction services provider," has the same meaning as in section 5119.01 of the Revised Code.
(H) "Community mental health services provider," has the same meaning as in section 5119.01 of the Revised Code.

(I) "Induction phase," means the phase of opioid treatment during which maintenance medication dosage levels are adjusted until a patient attains stabilization.

(J) "Stabilization phase," means the medical and psychosocial process of assisting the patient through acute intoxication and withdrawal management to the attainment of a medically stable, fully supported substance-free state, which may include the use of medications.

(K) "Withdrawal management" or "detoxification" means the process of safely removing addictive substances from the body. It includes the term "medically-assisted stabilization," which aims to reduce discomfort and potential physical harm for individuals who are experiencing withdrawal. Withdrawal management does not constitute substance abuse treatment or rehabilitation.

(L) "Ambulatory detoxification" means withdrawal management delivered in a medical office, public sector clinic, or urgent care facility by trained practitioners authorized to prescribe outpatient supplies of drugs approved by the United States food and drug administration for the treatment of addiction, prevention of relapse of drug addiction, or both. Ambulatory detoxification is the provision of medically supervised evaluation, withdrawal management, and referral services without extended onsite monitoring. Ambulatory detoxification does not include withdrawal management that occurs in the following settings:

(1) A state or local correctional facility, as defined in section 5163.45 of the Revised Code;

(2) In-patient treatment in a hospital, as defined in section 3727.01 of the Revised Code;

(3) A provider certified to provide residential and inpatient substance use disorder services, including withdrawal management, by the Ohio department of mental health and addiction services;

(4) An opioid treatment program certified by SAMHSA and accredited by an independent SAMHSA-approved accrediting body; or

(4) A youth services facility, as defined in section 103.75 of the Revised Code.
Rule 4731-33-02 Standards and procedures for withdrawal management for drug or alcohol addiction.

(A) Prior to providing ambulatory detoxification, as that term is defined in rule 4731-33-01 of the Administrative Code, for any substance use disorder the physician shall inform the patient that ambulatory detoxification alone is not substance abuse treatment. If the patient prefers substance abuse treatment, the physician shall comply with the requirements of section 3719.064 of the Revised Code, by completing all of the following actions:

(1) Both orally and in writing, give the patient information about all drugs approved by the U.S. Food and Drug Administration for use in medication-assisted treatment. That information was given shall be documented in the patient’s medical record.

(2) If the patient agrees to enter opioid treatment and the physician determines that such treatment is clinically appropriate, the physician shall refer the patient to an opioid treatment program licensed or certified by the Ohio department of mental health and addiction services to provide such treatment or to a physician, physician assistant, or advanced practice registered nurse who provides treatment using Naltrexone or who holds the DATA 2000 waiver to provide office-based treatment for opioid use disorder. The name of the program, physician, physician assistant, or advanced practice registered nurse to whom the patient was referred, and the date of the referral shall be documented in the patient record.

(B) Ambulatory detoxification for opioid addiction.

(1) The physician shall provide ambulatory detoxification only when all of the following conditions are met:

(a) A positive and helpful support network is available to the patient.

(b) The patient has a high likelihood of treatment adherence and retention in treatment.

(c) There is little risk of medication diversion.

(2) The physician shall provide ambulatory detoxification under a defined set of policies and procedures or medical protocols consistent with American Society of Addiction Medicine’s Level I-D or II-D level of care, under which services are designed to treat the patient’s level of clinical severity, to achieve safe and comfortable withdrawal from a mood-altering drug, and to effectively facilitate the patient’s transition into treatment and recovery. The ASAM Criteria, Third Edition, can be obtained from the website of the American Society of Addiction Medicine at https://www.asam.org/. A copy of the ASAM Criteria may be reviewed at the Medical Board office, 30 East Broad Street, Third Floor, Columbus, Ohio, during normal business hours.

(3) Prior to providing ambulatory detoxification, the physician shall perform an assessment of the patient. The assessment shall include a thorough medical history and physical examination. The assessment must focus on signs and symptoms
associated with opioid addiction and include assessment with a nationally recognized scale, such as one of the following:

(a) Objective Opioid Withdrawal Scale ("OOWS");
(b) Clinical Opioid Withdrawal Scale ("COWS"); or
(c) Subjective Opioid Withdrawal Scale ("SOWS").

(4) Prior to providing ambulatory detoxification, the physician shall conduct a biomedical and psychosocial evaluation of the patient, to include the following:

(a) A comprehensive medical and psychiatric history;
(b) A brief mental status exam;
(c) Substance abuse history;
(d) Family history and psychosocial supports;
(e) Appropriate physical examination;
(f) Urine drug screen or oral fluid drug testing;
(g) Pregnancy test for women of childbearing age and ability;
(h) Review of the patient's prescription information in OARRS;
(i) Testing for human immunodeficiency virus;
(j) Testing for hepatitis B;
(k) Testing for hepatitis C; and
(l) Consideration of screening for tuberculosis and sexually-transmitted diseases in patients with known risk factors.

(m) For other than toxicology tests for drugs and alcohol, appropriate history, substance abuse history, and pregnancy test, the physician may satisfy the assessment requirements by reviewing records from a physical examination and laboratory testing of the patient that was conducted within a reasonable period of time prior to the visit. If any part of the assessment cannot be completed prior to the initiation of treatment, the physician shall document the reason in the medical record.


(6) The physician shall inform the patient about the following before the patient is undergoing withdrawal from opioids:
(a) The detoxification process and potential subsequent treatment for substance use disorder, including information about all drugs approved by the United States food and drug administration for use in medication-assisted treatment;

(b) The risk of relapse following detoxification without entry into medication-assisted treatment;

(c) The high risk of overdose and death when there is a relapse following detoxification;

(d) The safe storage and disposal of the medications.

(7) The physician shall not establish standardized routines or schedules of increases or decreases of medications but shall formulate a treatment plan based on the needs of the specific patient.

(8) For persons projected to be involved in withdrawal management for six months or less, the physician shall offer the patient counseling as described in paragraphs (F) and (G) of rule 4731-33-03 of the Administrative Code.

(9) The physician shall require the patient to undergo urine and/or other toxicological screenings during withdrawal management in order to demonstrate the absence of use of alternative licit and/or illicit drugs. The physician shall consider referring a patient who has a positive urine(and or toxicological screening to a higher level of care, with such consideration documented in the patient's medical record.

(10) The physician shall comply with the following requirements for the use of medication:

(a) The physician may treat the patient's withdrawal symptoms by use of any of the following drugs as determined to be most appropriate for the patient.

   (i) Buprenorphine without naloxone (buprenorphine mono-product) when a buprenorphine/naloxone combination product is contraindicated, with the contraindication documented in the patient record;

   (ii) A drug specifically FDA approved for the alleviation of withdrawal symptoms;

   (iii) An alpha-2 adrenergic agent along with other non-narcotic medications as recommended in the American Society of Addiction Medicine's National Practice Guideline (https://www.asam.org/);

   (iv) A combination of buprenorphine and low dose naloxone (buprenorphine/naloxone combination product).

(b) The physician shall not use any of the following drugs to treat the patient's withdrawal symptoms:

   (i) Methadone;
(ii) Anesthetic agents

(c) The physician shall comply with the following:

(i) The physician shall not initiate treatment with buprenorphine to manage withdrawal symptoms until between twelve and eighteen hours after the last dose of short-acting agonist such as heroin or oxycodone, and twenty-four to forty-eight hours after the last dose of long-acting agonist such as methadone. Treatment with a buprenorphine product must be in compliance with the United States food and drug administration approved "Risk Evaluation and Mitigation Strategy" for buprenorphine products, which can be found on the United States food and drug administration website at the following address: https://www.accessdata.fda.gov/scripts/cder/remis/index.cfm.

(ii) The physician shall determine on an individualized basis the appropriate dosage of medication to ensure stabilization during withdrawal management.

(a) The dosage level shall be that which is well tolerated by the patient.
(b) The dosage level shall be consistent with the minimal standards of care.

(iii) In withdrawal management programs of thirty days or less duration, the physician shall not allow more than one week of unsupervised or take-home medications for the patient.

(iv) In withdrawal management programs of more than thirty days duration, the physician may allow the patient to have the opportunity for up to thirty days of take-home medications.

(11) The physician shall offer the patient a prescription for a naloxone kit.

(a) The physician shall ensure that the patient receives instruction on the kit's use including, but not limited to, recognizing the signs and symptoms of overdose and calling 911 in an overdose situation.

(b) The physician shall offer the patient a new prescription for naloxone upon expiration or use of the old kit.

(c) The physician shall be exempt from this requirement if the patient refuses the prescription. If the patient refuses the prescription the physician shall provide the patient with information on where to obtain a kit without a prescription.

(12) The physician shall take steps to reduce the chances of medication diversion by using the appropriate frequency of office visits, pill counts, and weekly checks of OARRS.

(C) The physician who provides ambulatory detoxification with medication management for withdrawal from benzodiazepines or other sedatives shall comply with paragraph (A) of this
rule and “TIP 45, A Treatment Improvement Protocol for Detoxification and Substance Abuse Treatment” by the Substance Abuse and Mental Health Services Administration available from the Substance Abuse and Mental Health Services Administration website at the following link: https://store.samhsa.gov/. (Search for “TIP 45”)

(1) The physician shall provide ambulatory detoxification with medication management only when a positive and helpful support network is available to the patient whose use of benzodiazepines was mainly in therapeutic ranges and who does not have polysubstance dependence. The patient should exhibit no more than mild to moderate withdrawal symptoms, have no comorbid medical condition or severe psychiatric disorder, and no past history of withdrawal seizures or withdrawal delirium.

(2) Prior to providing ambulatory detoxification, the physician shall perform and document an assessment of the patient that focuses on signs and symptoms associated with benzodiazepine or other sedative use disorder and include assessment with a nationally recognized scale, such as the “Clinical Institute Withdrawal Assessment for Benzodiazepines” (“CIWA-A”).

(3) Prior to providing ambulatory detoxification, the physician shall conduct and document a biomedical and psychosocial evaluation of the patient meeting the requirements of paragraph (B)(4) of this rule.

(4) The physician shall instruct the patient not to drive or operate dangerous machinery during treatment.

(5) During the ambulatory detoxification, the physician shall regularly assess the patient during the course of treatment so that dosage can be adjusted if needed.

(a) The physician shall require the patient to undergo urine and/or other toxicological screenings during withdrawal management in order to demonstrate the absence of use of alternative licit and/or illicit drugs.

(b) The physician shall document consideration of referring the patient who has a positive urine and/or toxicology screening to a higher level of care.

(c) The physician shall take steps to reduce the chances of diversion by using the appropriate frequency of office visits, pill counts, and weekly checks of OARRS.

(D) The physician who provides ambulatory detoxification with medication management of withdrawal from alcohol addiction shall comply with paragraph (A) of this rule and “TIP 45, A Treatment Improvement Protocol for Detoxification and Substance Abuse Treatment” by the Substance Abuse and Mental Health Services Administration available from the Substance Abuse and Mental Health Services Administration website at the following link: https://store.samhsa.gov/. (Search for “TIP 45”)

(1) The physician shall provide ambulatory detoxification from alcohol with medication management only when a positive and helpful support network is available to the patient who does not have a polysubstance dependence. The patient should exhibit no more than mild to moderate withdrawal symptoms, have no comorbid medical
conditions or severe psychiatric disorders, and no past history of withdrawal seizures or withdrawal delirium.

(2) Prior to providing ambulatory detoxification, the physician shall perform and document an assessment of the patient. The assessment must focus on signs and symptoms associated with alcohol use disorder and include assessment with a nationally recognized scale, such as the “Clinical Institute Withdrawal Assessment for Alcohol-revised” (“CIWA-AR”).

(3) Prior to providing ambulatory detoxification, the physician shall perform and document a biomedical and psychosocial evaluation meeting the requirements of paragraph (B)(4) of this rule.

(4) During the course of ambulatory detoxification, the physician shall assess the patient regularly:

(a) The physician shall adjust the dosage as medically appropriate;

(b) The physician shall require the patient to undergo urine and/or other toxicological screenings in order to demonstrate the absence of illicit drugs;

(c) The physician shall document the consideration of referring a patient who has a positive urine and/or toxicological screening to a higher level of care;

(5) The physician shall recommend that the patient who is successfully treated for alcohol withdrawal symptoms enter a long-term treatment program to maintain abstinence.
MEMORANDUM

TO: Amol Soin, M.D., Chair, Policy Committee
    Members, Policy Committee

FROM: Kimberly C. Anderson, Chief Legal Counsel

RE: Subacute and Chronic Pain Rules

DATE: March 7, 2019

The rule regarding prescribing for subacute and chronic pain, Rule 4731-11-14, Ohio Administrative Code, became effective on December 23, 2018. In the past few weeks, Board staff has become aware that the rule is having some negative impact for patients diagnosed with non-terminal cancer and patients diagnosed with terminal conditions.

The comments regarding the patients diagnosed with non-terminal cancer are summarized by a letter we received from the Ohio Hospital Association, which is attached. In summary, these patients may have severe pain requiring dosages which exceed 120MED and they are unable to quickly obtain appointments with board certified pain management specialists or board certified hospice and palliative care specialists. In order to address this issue, I have revised the rule to exempt board certified hematologists and board certified oncologists from that portion of the rule. The definitions are included in the attached revised Rule 4731-11-01, Ohio Administrative Code.

Board staff has also received comments from physicians indicating that the definition of terminal condition is causing delays for those patients. Patients diagnosed with a terminal condition are exempted from the rule, but the definition of terminal condition comes from Section 2133.01 of the Revised Code, which requires a second opinion. I have changed the definition of terminal condition to eliminate the need for a second opinion.

In order to reduce delay in making these changes, I recommend filing the revised rules directly with the Common Sense Initiative rather than requiring an initial circulation to interested parties. The Medical Board became aware of these issues through feedback from interested parties.

Action Requested: Request the full Board to approve filing the rules, as amended, with the Common Sense Initiative.
Hi Sallie and Klm. I hope you are doing well. I wanted to make you aware of a concern we are hearing from hospitals regarding the recently-implemented chronic pain rules. This is not a concern we heard about prior to the rule being finalized, but appears to have become a concern as members have worked to implement the new rules.

The specific provision at issue is the requirement that a physician may not prescribe a dosage in excess of 120 MED unless the physician is board certified in pain medicine or hospice/palliative care or has received a written recommendation to exceed 120 MED from a physician who is board certified as such. OAC 4731-11-14(E).

According to some hematology/oncology physicians, this requirement is delaying appropriate pain treatment for cancer patients who are above this MED limit, because of the delay in obtaining (and in some cases inability to obtain) a written recommendation from a physician who is board certified in pain medicine or hospice/palliative care (because of a shortage of such doctors in some communities, and long wait times to see them). Though the rules do not apply to terminal cancer patients, there are many cancer patients who are not terminal whose pain during treatment is very intense and whose routine treatment could exceed 120 MED. In fact, some terminal patients would be expected to experience less pain than nonterminal patients because the terminal patients are not undergoing (sometimes) painful treatments.

We understand these rules just recently became effective, but we wanted to share with you some feedback we are hearing from the hospital community to inform you and the Board of the experience "on the ground" in implementing the rules. As we continue to hear concerns from members on these rules and others we will share them with you, so that if there is an opportunity to refine the rules in the future because of additional implementation concerns, that feedback can be taken into account.

I would be happy to discuss this further.

Thanks for your consideration of this concern.

Sean

Sean McGlone | Senior Vice President and General Counsel
Sean.McGlone@ohiohospitals.org

Ohio Hospital Association

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Columbus, OH 43215-3640
Mission: OHA exists to collaborate with member hospitals and health systems to ensure a healthy Ohio.

Connect with OHA:
4723-2-01 Definitions.

(A) For purposes of Chapters 4723-1 to 4723-27 of the Administrative Code, and except as otherwise provided, the following definitions shall apply:

(1) "Active duty service member" means any member of the armed forces of the United States performing active duty under title 10 of the United States Code.

(2) "Armed forces" means the armed forces of the United States, including the army, navy, air force, marine corps, coast guard, or any reserve components of those forces; the national guard of any state; the commissioned corps of the United States public health service; the merchant marine service during wartime; such other service as may be designated by congress; or the Ohio organized militia when engaged in full-time national guard duty for a period of more than thirty days.

(3) "Applicant" means an individual who applies to the board for a license, temporary permit, or certificate, or renewal, reinstatement or reactivation of a license or certificate, to practice as:

(a) A registered nurse or licensed practical nurse;

(b) A dialysis technician intern;

(c) A certified dialysis technician;

(d) A medication aide;

(e) A community health worker;

(f) An advanced practice registered nurse as defined in paragraph (A) of rule 4723-6-01 of the Administrative Code, or

(g) An advanced practice registered nurse with prescriptive authority.

(4) "Service member" means any person who is serving in the armed forces.

(5) "Merchant marine" includes the United States army transport service and the United States naval transport service.

(6) "Veteran" means any person who has completed service in the armed forces, including the national guard of any state, or a reserve component of the armed
forces, who has been discharged under honorable conditions from the armed forces or who has been transferred to the reserve with evidence of satisfactory service.
4723-2-02    Processing applications from service members, veterans, or spouses of service members or veterans.

(A) The board shall include questions on all applications for licensure, certification, or biennial renewal of licensure or certification, that inquire as to whether the applicant is:

(1) A service member;

(2) A veteran; or

(3) The spouse or surviving spouse of a service member or veteran.

(B) If the applicant responds affirmatively to any of the questions discussed in paragraph (A) of this rule, the board shall:

(1) Route the application to a board staff member who is responsible for monitoring the application and communicating with the applicant regarding the status of the application, including informing the applicant of any documentation needed for the board to process the application;

(2) Expedite the processing of the application, even if the application was received later in time than other applications that are pending processing;

(3) Provide information to applicants if the applicant or their spouse will be imminently deployed, regarding available fee and continuing education waivers, as discussed in rule 4723-2-03 of the Administrative Code;

(4) Request that the applicant submit documentation to the board demonstrating that the applicant is a service member, veteran, or spouse or surviving spouse of a service member or veteran; and

(5) Track, on an annual basis, the total number of applications submitted by service members, veterans, or spouses or surviving spouses of service members or veterans, and the average number of business days expended by the board to process those applications.

(C) For purposes of paragraph (B)(4) of this rule, acceptable forms of documentation include:

(1) A copy of a document issued by the armed forces showing the applicant is a service member or veteran, or that the applicant’s spouse was a service
member or veteran; and

(2) If the applicant is a spouse or surviving spouse of a service member or veteran, a copy of a document showing that the applicant and the service member or veteran are spouses according to the law of any state or country.
2.1

4723-2-03 Fee waivers available to service members, veterans, or spouses of service members or veterans.

(A) A licensed practical nurse or registered nurse, who submits a renewal application after September fifteenth or later, or whose license lapsed, due to the licensee's service in the armed forces, shall be eligible for renewal and reinstatement without payment of the late application fee required by division (A)(10) of section 4723.08 of the Revised Code, and the reinstatement fee required by division (A)(15) of section 4723.08 of the Revised Code, if the following are met:

(1) The licensee presents the board with satisfactory evidence that, not more than six months prior to the date the evidence is submitted to the board, the licensee or certificate holder was honorably discharged or separated under honorable conditions;

(2) The licensee is not suffering a mental or physical impairment that may affect the individual's ability to provide safe care; and

(3) The licensee meets the requirements for license or certificate renewal required by section 4723.24 of the Revised Code.

(B) A licensed practical nurse or registered nurse, who submits a renewal application after September fifteenth or later, or whose license lapsed, due to the licensee's spouse's service in the armed forces, shall be eligible for renewal and reinstatement without payment of the late application fee required by division (A)(10) of section 4723.08 of the Revised Code, and the reinstatement fee required by division (A)(15) of section 4723.08 of the Revised Code, if the following are met:

(1) The licensee presents the board with satisfactory evidence that the licensee did not renew their license because their spouse's military service caused them to be absent from the state of Ohio;

(2) The licensee presents the board satisfactory evidence that, not more than six months prior to the date the evidence is submitted to the board, the licensee's spouse was honorably discharged or separated under honorable conditions; and

(3) The licensee meets the requirements for license renewal required by section 4723.24 of the Revised Code.

(C) An advanced practice registered nurse, as defined in paragraph (A) of rule 4723-8-01 of the Administrative Code, who submits a renewal application after September fifteenth or later, or whose license lapsed, due to the licensee's service in the armed
forces, shall be eligible for renewal and reinstatement without payment of the late
application fee required by division (A)(10) of section 4723.08 of the Revised
Code, and the reinstatement fee required by division (A)(15) of section 4723.08 of
the Revised Code, if the following are met:

(1) The licensee presents the board with satisfactory evidence that, not more than
six months prior to the date the evidence is submitted to the board, the
licensee was honorably discharged or separated under honorable conditions;

(2) The licensee is not suffering a mental or physical impairment that may affect
the individual's ability to provide safe care; and

(3) The licensee meets the requirements for license renewal required by section
4723.42 of the Revised Code.

(D) An advanced practice registered nurse, who submits a renewal application after
September fifteenth or later, or whose license lapsed, due to the licensee's spouse's
service in the armed forces, shall be eligible for renewal and reinstatement without
payment of the late application fee required by division (A)(10) of section 4723.08
of the Revised Code, and the reinstatement fee required by division (A)(15) of
section 4723.08 of the Revised Code, if the following are met:

(1) The licensee presents the board with satisfactory evidence that the licensee did
not renew their certificate because their spouse's military service caused them
to be absent from the state of Ohio;

(2) The licensee presents the board satisfactory evidence that, not more than six
months prior to the date the evidence is submitted to the board, the licensee's
spouse was honorably discharged or separated under honorable conditions; and

(3) The licensee meets the requirements for license renewal required by section
4723.42 of the Revised Code.

(E) A dialysis technician certificate holder, who submits a renewal application on March
first or later, or whose certificate lapsed, due to the holder's service in the armed
forces, shall be eligible for renewal and reinstatement without payment of the late
application fee required by division (A)(10) of section 4723.08 of the Revised
Code, and the reinstatement fee required by division (A)(15) of section 4723.08 of
the Revised Code, if the following are met:

(1) The certificate holder presents the board with satisfactory evidence that, not
more than six months prior to the date the evidence is submitted to the board, the certificate holder was honorably discharged or separated under honorable conditions;

(2) The certificate holder is not suffering a mental or physical impairment that may affect the individual's ability to provide safe care; and

(3) The certificate holder meets the requirements for certificate renewal required by section 4723.77 of the Revised Code and rule 4723-23-05 of the Administrative Code.

(F) A dialysis technician certificate holder, who submits a renewal application on March first or later, or whose certificate lapsed, due to the holder's spouse's service in the armed forces, shall be eligible for renewal and reinstatement without payment of the late application fee required by division (A)(10) of section 4723.08 of the Revised Code, and the reinstatement fee required by division (A)(15) of section 4723.08 of the Revised Code, if the following are met:

(1) The certificate holder presents the board with satisfactory evidence that the certificate holder did not renew their certificate because their spouse's military service caused them to be absent from the state of Ohio;

(2) The certificate holder presents the board satisfactory evidence that, not more than six months prior to the date the evidence is submitted to the board, the certificate holder's spouse was honorably discharged or separated under honorable conditions; and

(3) The certificate holder meets the requirements for license renewal required by section 4723.77 of the Revised Code and rule 4723-23-05 of the Administrative Code.

(G) A community health worker certificate holder, who submits a renewal application on April first or later, or whose certificate lapsed due to the holder's service in the armed forces shall be eligible for renewal and reinstatement without payment of the late application fee required by paragraph (C) of rule 4723-26-04 of the Administrative Code and division (A)(10) of section 4723.08 of the Revised Code, and the reinstatement fee required by paragraph (H)(2) of rule 4723-26-04 of the Administrative Code and division (A)(15) of section 4723.08 of the Revised Code if the following conditions are met:

(1) The certificate holder presents the board with satisfactory evidence that, not more than six months prior to the date the evidence is submitted to the board,
the certificate holder was honorably discharged or separated under honorable conditions; and

(2) The certificate holder is not suffering a mental or physical impairment that may affect the individual's ability to provide safe care.

(H) A community health worker certificate holder, who submits a renewal application on April first or later, or whose certificate lapsed, due to the holder's spouse's service in the armed forces shall be eligible for renewal and reinstatement without payment of the late application fee required by paragraph (C) of rule 4723-26-04 of the Administrative Code and division (A)(10) of section 4723.08 of the Revised Code, and the reinstatement fee required by paragraph (H)(2) of rule 4723-26-04 of the Administrative Code and division (A)(15) of section 4723.08 of the Revised Code, if the following are met:

(1) The certificate holder presents the board with satisfactory evidence that the holder did not renew their certificate because their spouse's military service caused them to be absent from the state of Ohio;

(2) The certificate holder presents the board satisfactory evidence that, not more than six months prior to the date the evidence is submitted to the board, the holder's spouse was honorably discharged or separated under honorable conditions; and

(3) The certificate holder meets the requirements for certificate renewal required by section 4723.85 of the Revised Code.

(I) A medication aide certificate holder who submits a renewal application after March first, or whose certificate lapsed due to the holder's service in the armed forces shall be eligible for renewal and reinstatement by paying the renewal fee set forth in paragraph (A)(2) of rule 4723-27-10 of the Administrative Code without payment of the late application fee set forth in paragraph (A)(3) of rule 4723-27-10 of the Administrative Code and division (A)(10) of section 4723.08 of the Revised Code or the reinstatement fee specified in paragraph (A)(4) of rule 4723-27-10 of the Administrative Code, if the following conditions are met:

(1) The certificate holder presents the board with satisfactory evidence that not more than six months prior to the date the evidence is submitted to the board, the certificate holder was honorably discharged or separated under honorable conditions; and

(2) The certificate holder is not suffering a mental or physical impairment that may
affect the individual's ability to provide safe care.

(J) A medication aide certificate holder who submits a renewal application after March first, or whose certificate lapsed, due to the holder's spouse's service in the armed forces shall be eligible for renewal and reinstatement without payment of the late application fee required by paragraph (C) of rule 4723-27-05 of the Administrative Code and division (A)(10) of section 4723.08 of the Revised Code, and the reinstatement fee required by paragraph (H)(2) of rule 4723-27-05 of the Administrative Code and division (A)(15) of section 4723.08 of the Revised Code, if the following are met:

(1) The certificate holder presents the board with satisfactory evidence that the holder did not renew their certificate because their spouse's military service caused them to be absent from the state of Ohio;

(2) The certificate holder presents the board satisfactory evidence that, not more than six months prior to the date the evidence is submitted to the board, the holder's spouse was honorably discharged or separated under honorable conditions; and

(3) The certificate holder meets the requirements for certificate renewal required by rule 4723-27-05 of the Administrative Code and section 4723.651 of the Revised Code.
Military duty time extension and factors to be considered.

(A) Upon receipt of an application from a licensed nurse, dialysis technician, certified community health worker, or medication aide that is accompanied by proper documentation certifying that the individual has been called to active duty during a current or prior reporting period, and certifying the length of that active duty, the individual shall receive an extension of the current continuing education reporting period equal to the total number of months spent in active duty during the current reporting period. For purposes of this rule, any portion of a month served on active duty shall be considered one full month.

(B) In determining whether the requirements of this chapter are met, the board shall consider relevant education, training, or service completed by a licensee or certificate holder as a member of the armed forces.
(A) For the purpose of this chapter of the Administrative Code:

(1) "Days" means calendar days.

(2) "Board hearing committee" means a standing committee of not less than three board members, appointed by the board at a public meeting, to conduct administrative hearings and provide a report and recommendation to the board as set forth in rule 4723-16-13 of the Administrative Code.

(3) "Hearing examiner" means the attorney appointed by the board to conduct a hearing pursuant to section 119.09 of the Revised Code.

(4) "Respondent" means the person who is requesting or has requested a hearing as provided in Chapter 119. of the Revised Code.

(5) "Representative of record" means the respondent or legal counsel for respondent who has filed a notice of appearance in accordance with rule 4723-16-02 of the Administrative Code or the assistant attorney general representing the state of Ohio.

(6) "Telecommunication" means communication by telephone conference or videoconference.

(B) The compilation of all time periods set forth in this chapter of the Administrative Code shall be in accordance with section 1.14 of the Revised Code.

(C) Procedures for filing, or mailing a motion or notice related to a board hearing shall comply with the following:

(1) Any notice specifying the date, time, and place for a hearing mailed by the board shall be mailed by certified mail, or regular mail with a certificate of mailing, to respondent and, if applicable, respondent's representative of record.

(2) The mailing date of any document mailed by the board, including but not limited to, a notice of opportunity or adjudication order, shall be the date appearing on the certified mail receipt or certificate of mailing.

(3) A document is filed with the board when the document is received and time stamped at the board office located in Columbus, Ohio. Documents emailed
or faxed after normal board business hours will be time stamped as received by the board the following business day.

(4) A document may be filed by hand-delivery, mail, email or facsimile. If multiple copies of the same document are filed, only the first to be received by the board will be time stamped and retained by the board.

(D) A certified copy of a conviction, plea of guilty to, judicial finding of guilt, judicial finding of eligibility for pretrial diversion or similar program, or judicial finding of eligibility for intervention in lieu of conviction related to a felony or misdemeanor from a court of competent jurisdiction shall be conclusive proof of the commission of all elements of the felony or misdemeanor.

(E) The Ohio Rules of Evidence may be taken into consideration by the board, board hearing committee or the hearing examiner in determining the admissibility of evidence but shall not be controlling. The board, board hearing committee or hearing examiner may permit the use of electronic or photographic means for presentation of evidence.
Hearing representation and appearances.

(A) Respondents may be self represented or may be represented by an attorney, or attorneys, admitted to the practice of law in Ohio, and holding a current, active license to practice in Ohio.

(B) When respondent is represented by an attorney or attorneys, the attorney or attorneys each shall file a written notice of appearance with the board. The attorney or attorneys who have filed a notice of appearance with the board shall be considered by the board as the representative of record unless and until a written notice of withdrawal is filed with the board or until written notice of termination of representation is filed by respondent.

(C) A representative of record may present respondent’s position, arguments, or contentions in writing rather than appearing in person at any hearing, provided the board has not subpoenaed respondent to appear at the hearing, and provided respondent has timely requested a hearing.

(D) Respondent is not required to appear in person at any hearing provided the board has not subpoenaed the respondent to appear at the hearing. For good cause shown, respondent may appear by telecommunication. Respondent’s representative of record shall not be permitted to appear by telecommunication under any circumstance.

(E) The office of the attorney general shall identify one attorney from that office as the representative of record for purposes of service pursuant this chapter of the Administrative Code. Each assistant attorney general representing the board shall file his or her appearance in writing.

(F) Except as otherwise provided in Chapter 119 of the Revised Code, communications from the board, board hearing committee or hearing examiner shall be sent to the representative of record for each party.
Hearing continuances and motions for extensions of time.

(A) The board, board hearing committee, or hearing examiner may continue a hearing upon its or their own motion in order to more efficiently and effectively conduct its business, unless the circumstances establish that a continuance would not be in the interest of public safety.

(B) Upon written or oral motion of a representative of record, the board, board hearing committee or hearing examiner may continue the hearing. If a continuance is granted, the board, board hearing committee or the hearing examiner shall immediately establish a new hearing date unless otherwise agreed by the representatives of record.

(C) A hearing shall not be continued upon motion by a representative of record unless a showing of reasonable cause and due diligence is shown. Before granting a continuance, consideration shall be given to the harm to the public that may result from a delay in the proceedings.

(D) A motion for continuance filed by a representative of record fewer than five calendar days prior to the scheduled date of the hearing shall not be granted unless it is demonstrated that an extraordinary situation exists that could not have been anticipated and that would justify the granting of a continuance.

(E) Except as otherwise provided in Chapter 119. of the Revised Code or rules of the board, any motion or request for an extension of time in which to file a motion, brief, or objection, unless made upon the record at the hearing, shall be made in writing and filed with the board.

(F) No motion for an extension of time shall be granted by the board, board hearing committee or the hearing examiner unless:

1) The representative of record filing the motion makes a showing of reasonable cause and due diligence; and

2) If the extension of time will result in a delay in the proceedings, the representative of record can show that no harm to the public will result from the delay in the proceedings.

(G) In making a determination about harm to the public, the board, board hearing committee or the hearing examiner may consider whether the respondent holds an active license or certificate to practice in Ohio.

(H) If notice of opportunity for hearing has been given to respondent according to section
119.07 of the Revised Code, and respondent has timely requested a hearing, if respondent has failed to participate in prehearing conferences, or otherwise has failed to respond to the board hearing committee or hearing examiner, the hearing date shall not be continued based solely on the respondent's lack of participation or response.
4723-16-04          Motions.

(A) Except as otherwise provided in Chapter 119. of the Revised Code, any motion, unless made upon the record at a hearing or as an oral motion for continuance in accordance with rule 4723-16-03 of the Administrative Code, shall be in writing and filed with the board.

(B) A written motion shall state the relief sought and shall be accompanied by a memorandum stating the grounds for the motion and citing the authorities relied upon. A motion shall be made no later than fourteen days before the scheduled date of the hearing, unless one of the following applies:

(1) The case involves a summary suspension issued pursuant to section 4723.281 of the Revised Code; or

(2) The board, board hearing committee or hearing examiner expressly grants an exception.

(C) A response to a motion must be filed within ten days after service of a motion, or within the time frame established by the board, board hearing committee or hearing examiner. The party who made the original motion may reply to a response to a motion only with the permission of the board, board hearing committee or hearing examiner.

(D) The board, board hearing committee or hearing examiner shall issue a ruling on a written motion, after considering all memoranda and supporting documentation filed with the motion, in writing, and issue copies of the ruling to each representative of record. The board, board hearing committee or hearing examiner shall include in each written ruling a short statement setting forth the reason for the ruling.

(E) The ruling on all oral and written motions made at a hearing shall be included in the record of the hearing. The board, board hearing committee or hearing examiner may also take motions made during a hearing under advisement and issue a written ruling at a later time.

(F) Except as otherwise provided in this chapter or Chapter 119. of the Revised Code, rulings on all motions filed after the report and recommendation is issued are to be decided by the board.
4723-16-05 Prehearing processes.

(A) Any representative of record may serve upon the opposing representative of record a written request for a list of witnesses and copies of proposed exhibits intended to be introduced at hearing. Except in the case of summary suspensions, the opposing representative of record shall supply a list and copies to the requesting representative within a reasonable time, but not less than fourteen days before the hearing date.

(B) In cases of summary suspensions, the exchange of lists of witnesses and proposed exhibits intended to be introduced at hearing shall be completed as soon as possible, but not less than three days before the hearing date.

(C) If a representative of record fails to comply with a request for, or scheduling order requiring the timely exchange of, a list of witnesses, expert witness reports, if any, or copies of proposed exhibits, the opposing representative of record may request, and, absent extraordinary circumstances, the board, board hearing committee or hearing examiner shall grant, a motion to exclude from the hearing the testimony and proposed exhibits that were the subject of request.

(D) Upon written motion of any representative of record or upon the initiative of the board, board hearing committee or the hearing examiner, the board, board hearing committee or hearing examiner shall issue a scheduling order that may include but need not be limited to:

(1) A schedule for exchange of proposed hearing exhibits;

(2) A schedule for identifying lay and expert witnesses; and

(3) A schedule for the exchange of written reports, if any, from expert witnesses.

(E) If expert witness testimony is proposed, the expert may submit a written report. A written report by an expert shall set forth the opinions that the expert will testify about and the basis for the opinions. In order to be admitted as evidence at hearing, the written report must be provided to the opposing representative of record not less than thirty days before the hearing date. The expert may also testify as a fact witness.

(F) At any time before a hearing, with or without motion from a representative of record, the board, board hearing committee or hearing examiner may schedule a prehearing conference. The conference may be in person or by telecommunication. No witness testimony shall be taken during a prehearing conference. A prehearing conference may be held for reasons including but not limited to:
(1) Settlement negotiation;

(2) Identification of issues;

(3) Obtaining stipulations and admissions;

(4) Agreements limiting the number of witnesses;

(5) Discussion of proposed exhibits and witness lists;

(6) Estimating the time necessary for the hearing; and

(7) Discussion of any other matter tending to expedite the proceedings.

(G) The board, board hearing committee or hearing examiner may issue orders related to preparation for the hearing and the conduct of the hearing that facilitate the just and efficient disposition of the subject of the hearing. Orders may include, but are not limited to, requirements that by a date specified, a party or both parties submit:

(1) Legal briefs regarding the relevancy of proposed testimony or evidence;

(2) Legal briefs regarding a point of law; or

(3) Written opening statements and closing arguments.

(H) Any document that is a patient record or that contains information that is required to be kept confidential according to any state or federal law may, for purposes of the administrative hearing only, be provided to a representative of record or to a witness in the proceeding, but shall not be disseminated to any other person unless the confidential information is redacted.
Witnesses.

(A) A witness may be accompanied and advised by legal counsel. Participation by counsel for a witness other than the respondent, shall be limited to the protection of that witness's rights. The legal counsel shall neither examine nor cross-examine any witness.

(B) Pursuant to section 119.09 of the Revised Code, the board may institute contempt proceedings or file a motion to compel if a witness refuses to answer a question ruled proper at a hearing or disobeys a subpoena.

(C) A representative of record may move for, or the hearing examiner or board hearing committee may order, a separation of witnesses at the hearing.

(D) Each witness who appears before the board in response to a subpoena shall receive the fees and mileage provided for under section 119.094 of the Revised Code.

(E) For purposes of efficiency, the hearing examiner or board hearing committee may order that witnesses be called to testify out of order, by telecommunication, or by deposition.
4723-16-07  Evidence or factors to be considered by the board.

(A) The board, board hearing committee or hearing examiner shall admit evidence of any prior action taken by the board against respondent. The evidence shall include a copy of the board adjudication order, including all records incorporated within the order, and the notice of opportunity for hearing, or a copy of any consent agreement entered between the board and respondent, including all records incorporated within the consent agreement. The board, board hearing committee or hearing examiner may admit other records related to prior board action against respondent if the evidence offered is:

(1) To prove notice to respondent that particular conduct was unacceptable;

(2) To prove a continuing problem justifying harsher discipline than might otherwise be warranted in the case;

(3) To demonstrate respondent's disregard for compliance with the laws regulating the practice of nursing or for the actions of the board; or

(4) For purposes of impeachment.

(B) When making a decision regarding disciplinary action, the board shall consider:

(1) Prior action taken by the board against respondent;

(2) Respondent's prior completion of the alternative program for substance use disorder or chemical dependency, as set forth in paragraph (C) of rule 4723-6-04 of the Administrative Code, or prior completion of the practice intervention and improvement program, as set forth in paragraph (E) of rule 4723-18-09 of the Administrative Code.

(C) When making a decision regarding disciplinary action, the board may consider factors including, but not limited to, the following:

(1) Whether the act is willful, intentional, irresponsible, or unintentional;

(2) Whether the respondent failed to cooperate with the board investigation;

(3) Whether the respondent provided false, misleading or deceptive information to the board or board staff;

(4) The frequency of occurrence of the act at issue;
(5) Whether the act represents a pattern of commissions or omissions;

(6) The outcome of the actions of a licensee or certificate holder; or

(7) The level of harm or potential harm to a patient.
Subpoenas for purpose of hearing.

(A) Upon written request, filed at least thirty-four-five days before the hearing date, the board shall issue a subpoena for purposes of hearing to compel the attendance and testimony of a witness, or production of books, records or papers, at the hearing. The board, board hearing committee or hearing examiner may approve a subpoena request filed less than thirty days before the hearing date only upon a showing by the requestor of good cause for the short time frame.

(B) Each subpoena request shall specify the name and address of the individual to be served, or the books, records or papers to be produced and name and address of the person who is to appear at the hearing to produce the books, records or papers. The board shall not be responsible for determining the address of any individual named in a subpoena.

(C) Unless a subpoena is challenged as described in paragraph (E) of this rule, the board shall issue each subpoena requested within fourteen days of request. Subpoenas shall be directed to the sheriff of the county where the witness resides and returned in the same manner as a subpoena in a criminal case, as specified in section 119.09 of the Revised Code.

(D) Upon agreement of the parties, the board, board hearing committee or hearing examiner may approve an alternative means of obtaining a witness’s testimony, including, but not limited to, affidavit, deposition or testimony by telecommunication.

(E) Upon written motion filed according to rule 4723-16-04 of the Administrative Code, the board, board hearing committee or hearing examiner may order any subpoena quashed or modified for good cause shown. Good cause may be shown for reasons including but not limited to:

1. The total number of subpoenas requested by a party is unreasonable and a showing of necessity has not been made;

2. A subpoena does not provide a reasonable time to comply;

3. A subpoena requires disclosure of information that is privileged or confidential under law and no exception or waiver applies;

4. A subpoena for books, records or papers does not specify dates or time frames or specifies dates or time frames that are unreasonable or not relevant to the incidents described in the notice of opportunity for hearing; or
(5) A subpoena subjects a witness to undue burden. For purposes of this rule, the board, board hearing committee or hearing examiner may approve an alternative means of obtaining a witness’s testimony, including but not limited to, affidavit, deposition, or testimony by telephone or other means of telecommunication. If no reasonable means can be used to alleviate an undue burden on a witness, the board, board hearing committee or hearing examiner may quash the subpoena. A finding of an undue burden requires the showing of an extraordinary hardship that is more than the usual and expected inconvenience of attending a hearing. In considering whether a burden is undue, the board, board hearing committee or hearing examiner shall consider the magnitude of the burden on the witness and the materiality of the witness’s testimony.

(F) In the event the number of subpoenas requested appears to be unreasonable, the board hearing committee or hearing examiner may require a showing of necessity for the witnesses or records, and in the absence of such showing, may limit the number of subpoenas.

(G) At any point after a hearing has begun, the board, board hearing committee or hearing examiner may order that a subpoena be issued to compel the attendance and testimony of a witness or production of books, records or papers.
4723-16-09

Ex parte communication.

(A) No representative of record shall communicate with a board member or hearing examiner concerning a pending adjudication without the participation of the opposing representative of record, unless the communication relates solely to a procedural matter.

(B) No board member or hearing examiner shall engage in communication with or on behalf of any representative of record without the participation of the opposing representative of record, unless the communication relates to a procedural matter.

(C) A board member or hearing examiner shall disclose to the representatives of record and members of the board, any communication or attempted communication that appears to violate paragraph (A) or (B) of this rule. Such disclosure shall be made prior to the completion of deliberations on the pending adjudication.
Settlements.

(A) Any matter that is the subject of an investigation may be settled at any time by the board.

(B) A settlement shall be authorized on behalf of the board by the supervising member for disciplinary matters. In cases assigned for hearing, the parties may inform the board hearing committee or the hearing examiner that a settlement has been reached in lieu of proceeding with the hearing, and the board hearing committee or hearing examiner may continue the hearing pending ratification of the agreement by the board.

(C) A settlement agreement shall be in writing and shall be submitted for ratification to the board.

(D) A settlement agreement shall not be effective until the agreement is ratified by the board and signed by respondent, respondent's legal counsel, in any, and the president of the board.
4723-16-12 Request to address the board regarding a hearing.

(A) A representative of record may be permitted to address the board at the time of the board’s consideration of the report and recommendation, provided that prior to addressing the board, the representative of record has filed a written request with the board not less than seven days before the board meeting.

(B) If a representative of record addresses the board, the opposing representative of record shall also be given an opportunity to address the board. The representative of record who submitted a request to address the board first shall make the initial presentation before the board, and if both parties submit a request on the same date, the respondent of record for the state of Ohio shall make the initial presentation.

(C) Each representative of record who addresses the board shall be given not more than seven minutes in which to do so. The representative of record may request that time for rebuttal be deducted from their allotted time.
Authority and duties of board hearing committee or hearing examiners.

(A) Adjudication hearings may be conducted before the board, a board hearing committee or a hearing examiner appointed by the board.

(B) The hearing examiner shall be licensed to practice law in Ohio and may be an employee of the board or an independent contractor.

(C) The board hearing committee shall be composed of at least three board members, and one or more alternates, appointed by the board at a public meeting, to serve for a term of one year. One board hearing committee member shall preside and be responsible for conduct of the hearing. The presiding board member shall also be responsible for approving the report and recommendation discussed in paragraph (H) of this rule. The board hearing committee may request advice on legal questions from a staff attorney employed by the board, or an attorney with whom the board contracts as a hearing examiner, related to procedural or evidentiary questions or in preparation of the report and recommendation. This legal consultation shall not be deemed an ex parte communication.

(D) All hearings shall be open to the public, but the board hearing committee or hearing examiner conducting a hearing may close the hearing to the extent necessary to protect compelling interests or to comply with statutory requirements. In the event this occurs, the board hearing committee or hearing examiner shall state on the public record the reasons for closing the hearing.

(E) If the hearing examiner or board hearing committee determines that permitting broadcasting, televising, recording or the taking of photographs in the hearing room would not distract participants, impair the dignity of the proceedings, violate patient confidentiality or otherwise materially interfere with the achievement of a fair administrative hearing, the broadcasting, televising, recording or taking of photographs during hearing proceedings open to the public may be permitted under the following conditions and upon request:

1. Requests for permission for the broadcasting, televising, recording or taking of photographs in the hearing room shall be made in writing and submitted to the hearing examiner or board hearing committee prior to the start of the hearing, and shall be made part of the record of the proceedings;

2. Written permission is granted prior to the start of the hearing by the hearing examiner or board hearing committee and is made part of the record of the proceedings;

3. The filming, videotaping, recording or taking of photographs of witnesses who
object shall not be permitted; and

(4) Any film, video, photograph or audio recording created during a hearing, except for an audio recording made by the court reporter hired by the board to prepare the stenographic hearing record, shall not be part of the record of the proceeding.

(F) The board hearing committee or hearing examiner shall conduct hearings so as to prevent unnecessary delay, maintain order and ensure the development of a clear record. The authority of the board hearing committee or hearing examiner conducting a hearing includes, but is not limited to, the following:

(1) Administering oaths or affirmations;

(2) Ordering that subpoenas be issued or that depositions in lieu of live testimony be conducted;

(3) Examining witnesses and directly witnesses to testify;

(4) Making rulings on admissibility of evidence;

(5) Making rulings on procedural motions, whether such motions are oral or written;

(6) Holding prehearing conferences, as discussed in rule 4723-16-05 of the Administrative Code;

(7) Requesting briefs, before, during or after a hearing;

(8) Issuing scheduling orders for exchange of documents and filing deadlines;

(9) Determining the order of the hearing;

(10) Requiring or disallowing oral or written opening statements and closing arguments;

(11) Consolidating two or more matters involving the same respondent into one hearing;
(12) Preparing entries, proposed findings, and reports and recommendations to the board, as discussed in paragraph (H) of this rule; and

(13) Based upon a conflict in schedule, complexity of the issues involved, or for reasons of administrative efficiency, the board hearing committee may reassign the matter to a hearing examiner, or a hearing examiner may reassign to another hearing examiner or to the board hearing committee.

(G) The board hearing committee or hearing examiner may recommend in the report and recommendation that factual or legal allegations set forth in the notice of opportunity for hearing issued to respondent be dismissed, however, the authority of the board hearing committee or hearing examiner does not include authority to grant motions for dismissal of, or to otherwise dismiss, factual or legal allegations, or to modify, compromise or settle factual or legal allegations.

(H) Within one hundred twenty days of the date an adjudication hearing is closed, the board hearing committee or hearing examiner assigned to the case shall submit a written report to the board setting forth the proposed findings of fact and conclusions of law, or in the case of the board hearing committee, conclusions, and a recommendation of action to be taken by the board. A copy of the written report shall be mailed by certified mail to representatives of record for both parties. Either party may, within ten days of receipt of the report and recommendation, file written objections. Written objections, if filed in a timely manner, shall be considered by the board in determining whether to approve, modify or reject the report and recommendation.

(I) At a board meeting scheduled after the time for filing objections to a report and recommendation has passed, the board may approve, modify or reject the report and recommendation of the board committee or hearing examiner. Members of the board hearing committee that heard a case shall abstain from voting on a matter heard as members of the board hearing committee.
Definitions.

For the purposes of this chapter, the following definitions shall apply:

(A) "Adult" means anyone who is eighteen years of age or older.

(B) "Antibiotic" means a medication, including an anti-infective or anti-fungal, administered to inhibit the growth of, or destroy, microorganisms in the treatment or prevention of infectious disease.

(C) "Direction" means communication of a plan of care, based upon assessment of the patient by the registered nurse, or licensed physician, dentist, optometrist, or podiatrist, that establishes the parameters for providing care or performing a procedure. Unless otherwise provided by law, the registered nurse, or licensed physician, dentist, optometrist, or podiatrist shall be available on site to assess and evaluate the patient's response to the plan of care.

(D) "Initiate" means to start or to begin.

(E) "Maintain" means to administer or regulate an intravenous infusion according to the prescribed flow rate.

(F) "Piggyback" means an intermittent or secondary intravenous infusion.

(G) "OBN Approver" has the same meaning as in paragraph (H)(N) of rule 4723-14-01 of the Administrative Code.
2.1

Intravenous therapy procedures.

(A) Except as provided in paragraph (B) of this rule, a licensed practical nurse shall not perform any of the following intravenous therapy procedures:

(1) Initiate or maintain any of the following:

(a) Blood or blood components;

(b) Solutions for total parenteral nutrition;

(c) Cancer therapeutic medications including, but not limited to, cancer chemotherapy or an anti-neoplastic agents;

(d) Investigational or experimental medications;

(e) Solutions administered through any central venous line or arterial line or any other line that does not terminate in a peripheral vein, except as provided in paragraph (B)(1) of this rule;

(f) An intravenous piggyback infusion, except as provided in paragraph (B)(3) of this rule.

(2) Discontinue a central venous, arterial, or any other line that does not terminate in a peripheral vein;

(3) Initiate or discontinue a peripherally inserted central catheter, or any catheter that is longer than three inches;

(4) Program or set any function of a patient controlled analgesic;

(5) Mix, prepare or reconstitute any medication for intravenous therapy, except as provided in paragraph (B)(4) of this rule;

(6) Administer medications by an intravenous route, except as provided in paragraph (B)(3) of this rule;

(7) Inject medications by a direct intravenous route, except as provided in paragraph (B)(5) of this rule;

(8) Change tubing on an arterial line, a central venous line, or on any line that does
not terminate in a peripheral vein;

(9) Change an intermittent infusion device, unless the tip of the connected intravenous catheter terminates in a peripheral vein.

(B) A licensed practical nurse authorized by the board to perform intravenous therapy procedures, may perform the following procedures only for individuals aged eighteen or older and only when directed to do so by a licensed physician, dentist, optometrist, podiatrist, or registered nurse in accordance with section 4723.18 of the Revised Code:

(1) Administer the following solutions, or combinations of the solutions, through a venous line:

(a) Five per cent dextrose and water;

(b) Five per cent dextrose and lactated ringers;

(c) Five per cent dextrose and normal saline;

(d) Normal saline;

(e) Lactated ringers;

(f) 0.45 per cent sodium chloride and water;

(g) 0.2 per cent sodium chloride and water; or

(h) 0.3 per cent sodium chloride and water.

(2) Administer any of the solutions set forth in paragraph (B)(1) of this rule that contain vitamins or electrolytes after a registered nurse initiates the first infusion of the solution containing vitamins or electrolytes.

(3) Initiate or maintain an intermittent or secondary intravenous infusion containing an antibiotic;

(4) Prepare or reconstitute an antibiotic additive to be administered through an intravenous infusion;
(5) Inject heparin or normal saline to flush an intermittent infusion device or heparin lock, including, but not limited to, bolus or push;

(6) Change tubing on an intermittent infusion device and on an intravenous line if the line terminates in a peripheral vein;

(7) Place a venous access catheter, no longer than three inches in length, in the hand, forearm or antecubital space, followed by the placement of a saline or heparin lock, either for purposes of intermittent infusions, or to initiate infusions of any of the solutions set forth in paragraph (B)(1) of this rule; or

(8) Stop an infusion of blood or blood component, or turn off the function of a patient-controlled analgesic device when a complication arises.

(C) A licensed practical nurse authorized by the board to perform intravenous therapy procedures may perform the procedures set forth in paragraph (B) of this rule only if one of the following requirements are met:

(1) The licensed practical nurse is directed to perform intravenous therapy by a licensed physician, dentist, optometrist, or podiatrist who is present and readily available at the facility where the intravenous therapy procedure is performed;

(2) The licensed practical nurse is directed to perform intravenous therapy by a registered nurse who has personally performed an on-site assessment of the individual to receive intravenous therapy, and that registered nurse or another registered nurse is readily available at the site where the intravenous therapy procedure is performed; or

(3) If the intravenous therapy procedures are performed in a home as defined in section 3721.601 of the Revised Code, or in an intermediate care facility for individuals with intellectual disabilities as defined in section 5124.01 of the Revised Code, a registered nurse who directs the authorized licensed practical nurse to perform intravenous therapy is either:

(a) On the premises of the home or facility; or

(b) Accessible by some form of telecommunication.

(D) A licensed practical nurse may perform any of the intravenous therapy procedures specified in paragraph (E) of this rule without receiving authorization to perform
intravenous therapy from the board of nursing under section 4723.18 of the Revised Code, if both of the following apply:

(1) The licensed practical nurse acts at the direction of a registered nurse or a licensed physician, dentist, optometrist, or podiatrist and the registered nurse, physician, dentist, optometrist, or podiatrist is on the premises where the procedure is to be performed or accessible by some form of telecommunication; and

(2) The licensed practical nurse can demonstrate the knowledge, skills, and ability necessary to perform the procedure safely.

(E) The intravenous therapy procedures that a licensed practical nurse may perform in accordance with paragraph (D) of this rule are limited to the following:

(1) Verification of the type of peripheral intravenous solution being administered;

(2) Examination of a peripheral infusion site and the extremity for possible infiltration;

(3) Regulation of a peripheral intravenous infusion according to the prescribed flow rate;

(4) Discontinuation of a peripheral intravenous device at the appropriate time; and

(5) Performance of routine dressing changes at the insertion site of a peripheral venous or arterial infusion, peripherally inserted central catheter infusion, or central venous pressure subclavian infusion.
Standards for intravenous therapy continuing education course personnel.

(A) An application for approval of a faculty-directed continuing education intravenous therapy course must demonstrate that the person submitting the continuing education course for approval:

(1) Holds a current, valid Ohio license as a registered nurse;

(2) Possesses a baccalaureate degree with a major in nursing;

(3) Has a minimum of two years experience in the practice of nursing as a registered nurse; and

(4) Has formal education or practical experience in adult education.

(B) Except as provided in paragraph (C) of this rule, the minimum faculty qualifications for teaching a continuing education course in intravenous therapy for a licensed practical nurse are:

(1) Completion of a board-approved registered nursing education program, or a registered nursing education program approved by another national council of state boards of nursing jurisdiction;

(2) A current, valid Ohio license to practice nursing as a registered nurse; and

(3) A minimum of two years experience in the practice of nursing as a registered nurse that includes substantial direct clinical experience in intravenous therapy.

(C) A licensed health care professional who is not a registered nurse may teach a portion of the intravenous therapy continuing education course provided:

(1) The licensed health care professional teaches at the direction of a registered nurse instructor; and

(2) The licensed health care professional teaches information that is consistent with the professional's educational preparation and licensed scope of practice.
Minimum curriculum requirements.

According to division (A)(4)(a) of section 4723.18 of the Revised Code, the minimum curriculum for a continuing education course in intravenous therapy, required by section 4723.19 of the Revised Code, course for licensed practical nurses shall be a course that:

(A) Shall include instruction that includes, but is not limited to, the following components:

(1) Policies and procedures of both the Ohio board of nursing and the employing agency relating to intravenous therapy and accountability and responsibility of the licensed practical nurse in the performance of limited intravenous therapy procedures;

(2) Support and psychological preparation for the individual receiving intravenous therapy as well as the family members and significant others;

(3) Anatomy and physiology of the peripheral veins used for venipuncture;

(4) Procedure for venipuncture, collection of equipment, site selection, palpation of veins, and skin preparation;

(5) Procedures for adding intravenous solutions to existing infusions, hanging intravenous solutions, changing intravenous tubing, performing intravenous dressing changes and flushing and converting peripheral intermittent infusion devices;

(6) Relationships between intravenous therapy and the body's homeostatic and regulatory functions;

(7) Signs and symptoms of local and systemic complications in the administration of fluids and guidelines for management of these complications as well as preventive measures;

(8) Identification of various types of equipment used in administering intravenous therapy with content related to criteria for use of each and means of troubleshooting for malfunction;

(9) Formulas used to calculate flow rate;

(10) Principles and practices of prevention of disease transmission, as set forth in Chapter 4723-20 of the Administrative Code, and as related to intravenous
therapy;

(11) Glossary of common terminology pertinent to intravenous therapy;

(12) Documentation of intravenous therapy procedures;

(13) Demonstration of successful application of knowledge and skills to clinical practice by skills testing at least all of the components included in paragraphs (A)(8) and (A)(9) of this rule.

(14) A review of Chapter 4723. of the Revised Code and the rules of the board with respect to the role, accountability, and responsibility of the licensed practical nurse in intravenous therapy;

(15) Anatomy and physiology of the cardiovascular system as related to homeostasis;

(16) Anatomy and physiology of the respiratory system as related to homeostasis;

(17) Signs and symptoms of local and systemic complications in the administration of antibiotics;

(18) Guidelines for the management of complications arising from the intravenous administration of antibiotics;

(19) Procedures for reconstituting and administering intravenous antibiotics via piggyback that include, but are not limited to, pharmacology, compatibilities, and flow rates;

(20) Procedures for maintaining a central line for infusing only the solutions specified in section 4723.18 of the Revised Code;

(21) A review of prohibited practices as set forth in section 4723.18 of the Revised Code; and

(22) A review of the role of the registered nurse, licensed physician, dentist, optometrist, or podiatrist who is directing the licensed practical nurse to perform an intravenous therapy procedure with reference to how the role may differ depending upon the setting in which the intravenous therapy is being provided.
(B) Provides an opportunity to the nurses to develop proficiency in limited intravenous therapy procedures and related nursing care. Practice of all skill components and skills testing shall be done in either supervised clinical practice or while supervised in the laboratory.
4723-17-07 Proof of completion of an approved course in intravenous therapy.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

(A) In order to be approved or reapproved as a faculty-directed intravenous therapy continuing educational activity, in addition to the requirements contained in Chapter 4723-14 of the Administrative Code, an applicant for approval, or a provider seeking re-approval, shall have and implement written policies addressing the following:

(1) The level of achievement that a nurse must maintain in order to successfully complete the course in intravenous therapy and to obtain proof of completion of the course;

(2) Periodic evaluation of the nurse's progress in the course by an instructor of the course;

(3) A testing component that measures a nurse's competency related to intravenous therapy;

(4) A process for issuing a certificate of completion to nurses who have successfully completed the approved intravenous therapy course; and

(5) Submission of an "Application to Perform IV Therapy in Ohio as a LPN and Certification of CE Course Completion" to the board, on a form provided by the board located at http://www.nursing.ohio.gov/forms.htm (revised 2013), of documentation documenting of each nurse's completion of the approved intravenous therapy course.

(B) Upon receiving satisfactory documentation that a licensed practical nurse has successfully complete an approved intravenous therapy course, the board shall approve such nurse as authorized to provide intravenous therapy.

(C) When a licensed practical nurse who has been licensed by endorsement in Ohio provides documentation satisfactory to the board of having successfully completed an intravenous therapy course in another state that substantially meets the requirements of this chapter, the board may approve such nurse as authorized to provide intravenous therapy. The board may require, prior to approval, that the nurse successfully complete a continuing education activity that includes course content covering Chapter 4723- of the Revised Code, and the rules of the board related to the role, accountability and responsibility of the licensed practical nurse.
intravenous therapy.
Purpose of nurse education grant program.

The board shall award grants to nurse education programs that have partnerships with health care facilities, community health agencies, patient centered medical homes or other education programs to establish or support partnerships that will increase the enrollment capacity of the nurse education programs. Methods of increasing a program’s enrollment capacity may include hiring faculty and instructional personnel or purchasing educational equipment and materials if the grant applicant can clearly demonstrate that additional faculty and instructional personnel, or equipment and materials, are directly related and necessary to increasing the enrollment capacity of the nurse education program.
4723-25-02  Definitions.

For purposes of this chapter, the following definitions apply:

(A) "Nurse education program" means a prelicensure nurse education program approved by the board of nursing under section 4723.06 of the Revised Code, or a postlicensure nurse education program approved by the board of regents under section 3333.04 of the Revised Code.

(B) "Health care facility" means:

(1) A hospital registered under section 3701.07 of the Revised Code;

(2) A nursing home licensed under section 3721.02 of the Revised Code, or by a political subdivision certified under section 3721.09 of the Revised Code;

(3) A county home or a county nursing home as defined in section 5155.31 of the Revised Code that is certified under Title XVIII of the "Social Security Act," 49 Stat. 620 (1935), 42 U.S.C. 301, amended;

(4) A freestanding dialysis center;

(5) A freestanding inpatient rehabilitation facility;

(6) An ambulatory surgical facility;

(7) A freestanding cardiology catheterization facility;

(8) A freestanding birthing center;

(9) A freestanding or mobile diagnostic imaging center;

(10) A freestanding radiation therapy center.

(C) "Partnership" means a written agreement between a nurse education program and one or more health care facilities, community health agencies, patient centered medical homes or other education programs, that is signed by the legal signatory for each party and that shows how the partnership will increase the enrollment capacity of the nurse education program or programs.

(D) "Community health agency" means any program or agency that provides or contracts to provide health care services and is not a health care facility as defined in
paragraph (B) of this rule.

(E) "Board" means the Ohio board of nursing.

(F) "Nurse education grant program" means the program established in division (B) of section 4723.063 of the Revised Code.

(G) "Faculty and instructional personnel" means:

1. For prelicensure nursing education programs, persons who satisfy the standards for faculty and instructional personnel as set forth in rules 4723-5-10 and 4723-5-11 of the Administrative Code; or

2. For postlicensure nursing education programs, persons who satisfy standards established by the credentialing organization that accredits the program in accordance with paragraph (H) of this rule.

(H) "Education program" means a program approved or accredited by any of the following:

1. The Ohio board of nursing under section 4723.06 of the Revised Code;

2. The Ohio board of regents chancellor of higher education under section 3333.04 of the Revised Code;

3. The Ohio department of education under section 3313.90 of the Revised Code;

4. The state board of career colleges and schools under section 3332.05 of the Revised Code;

5. The higher learning commission of the north central association of colleges and schools;

6. The accrediting council for independent colleges and schools; or

7. Any other national or regional post-secondary education accreditation entity recognized by the board.

(I) "Grantee" means a nurse education program to which the board has awarded a grant
from the nurse education grant program.

(J) "Administrator of the program" has the same meaning as set forth in paragraph (A) of rule 4723-5-01 of the Administrative Code.

(K) "Patient centered medical home" is an advanced model of primary care in which care teams attend to the multifaceted needs of patients, providing whole person comprehensive and coordinated patient centered care.

(L) "Preceptor" has the same meaning as set forth in paragraph (X)(CC) of rule 4723-5-01 of the Administrative Code.
The board may recommend that the office of budget and management retain a percentage of money, which the office of budget and management determines to be fiscally responsible, in the nurse education grant program fund that it maintains to accomplish the goals of the nurse education grant program established in section 4723.063 of the Revised Code.
4723-25-04  Program administrative costs.

In accordance with division (D) of section 4723.063 of the Revised Code, no more than ten per cent of the nurse education grant program funds shall be used by the board for administrative costs associated with the program.
4723-25-05 Distribution of grants to prelicensure and postlicensure nurse education programs.

(A) Except as provided in paragraphs (B), (C), and (D) of this rule, nurse education grant program funds available for distribution in a two year grant cycle shall be distributed as follows:

(1) Approximately fifteen per cent of the available funds shall be awarded in grants to prelicensure education programs for licensed practical nurses approved by the board under section 4723.06 of the Revised Code, if the program allows students, following licensure as a licensed practical nurse, to transition into a registered nursing program approved by the board during the student's second year (a one plus one program);

(2) Approximately thirty five per cent of the available funds shall be awarded in grants to prelicensure education programs for registered nurses approved by the board under section 4723.06 of the Revised Code; and

(3) Approximately fifty per cent of the available funds shall be awarded in grants to postlicensure nurse education programs approved or accredited as described in paragraph (H) of rule 4723-25-02 of the Administrative Code, for the purpose of preparing nursing faculty or instructional personnel.

(B) The board has discretion to reallocate funds among one or more of the three grant categories set forth in paragraphs (A)(1) to (A)(3) of this rule to one or more other grant categories if no grant proposals are submitted in a category, if none of the proposals received in a category meet the funding criteria established in section 4723.063 of the Revised Code, or if funds remain in a category after all eligible grant applications have been considered by the board.

(C) A nurse education program may submit one grant proposal in each of the grant proposal categories set forth in paragraphs (A)(1) to (A)(3) of this rule for the same grant cycle.

(D) Grant awards shall not exceed two hundred thousand dollars per grant, per grant cycle.

(E) While no grant is guaranteed for renewal in subsequent grant periods, the board may elect to renew a grant approved for initial funding if both of the following conditions are met:

(1) A new grant proposal is submitted within the time frame for the next grant cycle; and
(2) The new proposal meets the standards contained in the request for proposals for the next grant cycle.

(F) Total awards to a nurse education program from each of the three grant categories set forth in paragraphs (A)(1) to (A)(3) of this rule shall not exceed one million dollars between January 2, 2014 and December 31, 2023.
Eligibility criteria for funding consideration.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

To be eligible for consideration to receive nurse education program grant funds, all of the following must be satisfied:

(A) Applicant is a nurse education program as defined in division (A)(2) of section 4723.063 of the Revised Code and this chapter;

(B) Applicant has entered into a partnership with one or more health care facilities, community health agencies, patient centered medical homes, or other education programs that will result in increased enrollment capacity in the applicant's nurse education program or programs;

(C) Applicant has submitted to the board a completed "NEGP RFP" form, discussed in rule 4723-25-09 of the administrative code, by the proposal deadline date a completed proposal on the form required by the board, located at http://www.nursing.ohio.gov/forms.htm (revised February 2013), that includes all of the information and attachments the board requires to evaluate the ability of the applicant to increase its enrollment capacity if the grant proposal is approved for funding.
4723-25-07  

Publication of notice for requests for proposals.

(A) Not less than thirty days prior to issuing a request for proposals, the board shall, by regular or electronic mail, provide notice of the issuance of a request for proposals to the administrator of all nurse education programs approved by the board under section 4723.06 of the Revised Code, or approved by the chancellor of higher education under section 3333.04 of the Revised Code.

(B) In addition to the notice required in paragraph (A) of this rule, the board shall also post notice of the issuance of the request for proposals on the board's website, distribute electronic notice to all persons included on the board's electronic subscriber list, and mail notice to any persons who do not have access to electronic mail but who have requested to be placed on a courtesy mailing list maintained by the board.
Grant cycles will begin on September first of odd number calendar years and extend for a period of two years, to August thirty-first of odd number years.
Grant proposal form.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

(A) Grant applicants/proposals shall be submitted a "NEG RFP" form to be considered for the nurse education grant program on the form required by the board, located at http://www.nursing.ohio.gov/forms.htm (revised February 2013).

(B) Information to be provided in the proposal shall be consistent with the request for proposal issued by the board and shall at minimum include the following:

(1) Specifics as to how the requested grant funds will allow the nurse education program to increase its enrollment capacity and the specific role to be played by the health care facility, community health agency, or other education program with which it has entered a partnership;

(2) The name of the administrator of the program employed by, or under contract with, the nurse education program who will be principally responsible for the grant and his or her academic and professional credentials;

(3) A projection of the amount that the nurse education program’s enrollment capacity will be increased as a result of the grant;

(4) A detailed description of how the proposal is consistent with the standards for nurse education programs set forth in Chapter 4723-5 of the Administrative Code;

(5) Any faculty or instructional personnel positions to be supported with funds from the grant and how they will directly contribute to increasing the enrollment capacity of the nurse education program;

(6) Type and uses of any equipment requested to be leased or purchased with funds from the grant and how it will directly contribute to increasing the enrollment capacity of the nurse education program;

(7) If an applicant is a postlicensure nursing education program, how it will increase the number of faculty and instructional personnel to serve as educators in nurse education programs;

(8) How the program will maintain the increased enrollment capacity in a nurse education program following conclusion of the grant funding cycle;
(9) Other sources of funding, if any, that will be used to support efforts by the nurse education program and its partnership to increase the enrollment capacity of the program; and

(10) How grant funds will be accounted for separately from other sources of funding received by the nurse education program.

(C) Grant proposals that are received by the board after the proposal deadline date will not be considered for funding during the grant cycle for which they were submitted. A nurse education program submitting a late proposal may resubmit a grant request in a subsequent grant cycle according to standards set forth in the subsequent request for proposals.
Grant review.

The board may delegate its authority, as it deems appropriate, to a committee of the board and staff members of the board, to review grants and make recommendations for funding to the full board.
Grant review criteria.

(A) Grant awards shall be made at the sole discretion of the board according to section 4723.063 of the Revised Code and the rules contained in this chapter.

(B) Preference in the award of grants shall be given to partnerships between nurse education programs and the following:

1. Hospitals registered under section 3701.07 of the Revised Code;

2. Nursing homes licensed under section 3721.02 of the Revised Code, or by a political subdivision certified under section 3721.09 of the Revised Code;

3. County homes or county nursing homes as defined in section 5155.31 of the Revised Code that are certified under Title XVIII or XIX of the "Social Security Act," 49 Stat. 620 (1935), 42 U.S.C. 301, amended; and

4. Education programs as defined in paragraph (H) of rule 4723-25-02 of the Administrative Code.

(C) Preference in the award of grants may be given to those programs seeking grant renewal that have demonstrated success in meeting the nurse education grant program goal of increasing the enrollment capacity of the applicant nurse education program.

(D) Preference in the award of grants may be given to programs that have a pass rate on the applicable nurse licensure examination that averages ninety-five per cent or higher of the national average for first time candidates in any given year for three consecutive years prior to submission of the grant proposal.

(E) Preference in the award of grants may be given to postlicensure nursing education programs that have demonstrated success in training and preparing graduate level nurses to serve as nurse educators in Ohio nurse education programs.

(F) Grants shall be awarded to prelicensure education programs for licensed practical nurses only if the program allows students, following licensure as a licensed practical nurse, to transition into a registered nursing program approved by the board during the student's second year (a one plus one program).
Use of grant funds.

(A) Grant funds shall be used solely for purposes of increasing enrollment capacity in nurse education programs.

(B) Grant funds may be used to hire or contract with:

   (1) Prelicensure nurse education program faculty and instructional personnel whose role will be the active supervision of one or more nursing students in a clinical setting; or

   (2) Faculty or instructional personnel engaged in training and preparing graduate level nurses to serve as nurse educators in Ohio nurse education programs.

(C) Grant funds may be used for the lease or purchase of equipment only when it can be demonstrated that the equipment will be directly related to an increase in enrollment capacity at a nurse education program and only when the equipment will be leased or owned by the applicant nurse education program.

(D) Grant funds may be used as matching funds for other funding sources if both of the following are satisfied:

   (1) Use of the funds from the other funding sources is consistent with the goal of the nurse education grant program of increasing the enrollment capacity in the nurse education program; and

   (2) All grant requirements continue to be met.
Prohibited uses of grant funds.

(A) Grant funds shall not be used for any of the following purposes:

   (1) Administrative costs associated with the nurse education program, health care
       facility, community health agency, other education program, or partnership;

   (2) The purchase of disposable items or disposable equipment;

   (3) The purchase of personal items or equipment for students participating in a
       nurse education program;

   (4) Costs associated with travel and lodging;

   (5) Costs associated with meals and entertainment;

   (6) Lease or purchase of vehicles;

   (7) The construction or renovation of buildings;

   (8) Liquidation of bad debts;

   (9) Fines, penalties, interest, or other financial payments;

   (10) The compensation of nurses who will be used as preceptors for prelicensure
        nursing education program students, except for the actual time a preceptor
        spends supervising no more than two nursing students at any one time in
        accordance with rule 4723-5-20 of the Administrative Code;

   (11) The compensation of nurses who will be used as preceptors for postlicensure
        nursing education program students except for the actual time a preceptor
        spends supervising nursing students engaged in a clinical experience at the
        direction of faculty or instructional personnel of the nurse education program;
        or

   (12) Student tuition assistance.

(B) Funds used for any purposes set forth in paragraph (A) of this rule must be repaid to
the board within thirty days after the grantee is provided with notice of the board's
determination that grant funds had previously been, or were currently being, used
for purposes prohibited by this rule.
Acknowledgment of terms.

(A) After receiving notification of approval of a grant proposal, the board and the nurse education program submitting the proposal shall execute a written agreement that contains the terms and conditions of the grant.

(B) This agreement, or acknowledgment of terms, shall be signed by the administrator of the nurse education program, or grantee, and by the board. The agreement may include but need not be limited to the following terms and conditions:

1. Method for advising the board regarding a change of circumstances that may significantly impact the grantee's ability to comply with the terms of the grant;

2. Method and schedule for disbursement of funds;

3. Special reporting requirements specific to an individual grant proposal;

4. Applicability of all relevant laws, regulations, and rulings; and

5. Grantee indemnification requirements.
Grantee reporting requirements.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

(A) The administrator of each grantee nurse education program shall submit the following annual reports to the board according to the schedule determined by the board that identify how the grant funds were used to increase the enrollment capacity of the program for each year of the grant funding cycle. Annual reports shall comply with all of the following:

(1) "NEGP Annual Report Year 1", for the first year of the grant funding cycle, submitted by the administrator of the program;

(2) "NEGP Annual Report Year 2", for the second year of the grant funding cycle, submitted on the form required by the board, located at http://www.nursing.ohio.gov/forms.htm (effective 2014); and

(3) Be according to the schedule determined by the board; and

(4)(3) "NEGP Quarterly Progress Report" form, identify how the grant funds were used to increase the enrollment capacity of the program.

(B) In addition to the annual report required in paragraph (A) of this rule, the administrator of the grantee nurse education program shall submit progress reports or periodic supplemental reports on the forms required by the board, located at http://www.nursing.ohio.gov/forms.htm (effective 2011), complete questionnaires or other documents during each year of the grant funding cycle as requested by the board.

(G)(B) At any time during the grant funding cycle the board may require that the grantee provide additional information or undergo an independent audit of the grant funds and how funds are being administered by the nurse education program or its partner health care facility, community health agency, or other education program.

(1) Any independent audits requested by the board shall be paid for by the grantee nurse education program.

(2) Grant funds shall not be used to pay the expenses of an independent audit requested by the board in accordance with this paragraph.

(D)(C) All grant funds shall be administered and accounted for using generally accepted accounting principles.
4723-25-16  

Reversion of funding.

(A) Grant recipients shall return to the board any unexpended grant funds that remain at the end of the grant period.

(B) Unexpended grant funds shall also be promptly returned to the board upon receipt of notice that any of the following have occurred:

1. The grantee has failed to spend the grant funds according to the grant proposal approved by the board;

2. The grantee has failed to comply with any provision included in the acknowledgment of terms as required by rule 4723-25-14 of the Administrative Code; or

3. The grantee no longer maintains its status as a nurse education program approved by the board under section 4723.06 of the Revised Code, or by the board of regents under section 3333.04 of the Revised Code.
Grantee programs, products, or publications.

Any special programs, products, or publications developed by the grantee nurse education program shall indicate that such program, product, or publication, was funded in whole or part by a grant from the Ohio board of nursing.
Annual grantee report.

The board shall make available on an annual basis, in print or by electronic means, a current list of nurse education grant program grantees together with the following information:

(A) The amount of the grant received by each grantee;

(B) The health care facility, community health agency, patient centered medical home or other education program with which the grantee nurse education program has partnered;

(C) The amount by which the enrollment capacity of the grantee nurse education program was projected to increase;

(D) The proposed use of the grant funds;

(E) The extent to which funding of the grant proposal has resulted in an increase in the enrollment capacity of the grantee nurse education program; and

(F) Such other information the board deems appropriate.
4723-26-01 Definition of terms.

For the purpose of this chapter, the following definitions apply:

(A) "Administrator" means the individual who is administratively responsible for a community health worker training program.

(B) "Board" means the Ohio board of nursing.

(C) "Certificate to practice" means the certificate issued by the board in accordance with section 4723.85 of the Revised Code.

(D) "Clinical experience" means a task or activity planned to meet course objectives or outcomes and to provide community health worker students with the opportunity to practice cognitive, psychomotor, and affective skills related to the delivery of care by community health workers. This experience may take place in a community setting or other appropriate site.

(E) "Community health worker" and "certified community health worker" mean an individual who satisfies both of the following:

(1) As a community representative, advocates for clients in the community by assisting them in accessing community health and supportive resources through the provision of such services as education, role modeling, outreach, home visits, or referrals; and

(2) Holds a certificate to practice issued or renewed by the board under section 4723.85 of the Revised Code.

(F) "Continuing education" means a planned learning activity that builds upon a community health worker's precertification education program and enables a community health worker to acquire or improve skills, knowledge or behavior that promotes professional or technical development or the enhancement of career goals and is approved by the board under Chapter 4723-14 of the Administrative Code.

(G) "Curriculum" means the standard minimum curriculum to be used in a board-approved training program for community health workers as provided in rule 4723-26-13 of the Administrative Code.

(H) "Delegation" means the transfer of responsibility for the performance of selected nursing tasks from a registered nurse to a community health worker.

(I) "Didactic" means the component of an educational program that includes lecture,
verbal instruction, or other means of exchanging theoretical information between instructor and students, typically in a classroom setting.

(J) "Inactive certificate" means the status of the certificate of an individual who has made a written request that the board place the certificate on inactive status. An individual with an inactive certificate does not hold a current, valid certificate.

(K) "Laboratory experience" means an activity planned to meet course objectives or outcomes and to provide a community health worker student with the opportunity to practice cognitive, psychomotor, and affective skills in the delivery of care, that takes place in a learning resource center or other appropriate location.

(L) "Lapsed certificate" means the status of a certificate of an individual who did not meet all of the requirements of certificate renewal and has not requested prior to the renewal deadline that the board place the certificate on inactive status.

(M) "Patient" means the recipient of a nursing task delegated by a registered nurse and may include an individual, group, or community.

(N) "Registered nurse" means an individual who holds a current, valid license issued under Chapter 4723. of the Revised Code that authorizes the practice of nursing as a registered nurse.

(O) "Representative of the board" means an employee of the board or an individual designated by the board to act on its behalf.

(P) "Site visit" means an announced or unannounced visit to a community health worker training program by a representative of the board to determine whether the program meets or maintains the minimum standards require by the board.

(Q) "Supervision by a registered nurse" means initial and ongoing direction, procedural guidance, observation, and evaluation by a registered nurse who is continually available in person, or by some form of telecommunication, of the nursing tasks performed by a community health worker.
Community health worker certification.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

(A) To obtain a certificate to practice as a community health worker, an applicant who meets the qualifications set forth in division (A) of section 4723.84 of the Revised Code shall:

1. Submit a completed "Community Health Worker Application" application on the form required by the board, located at http://www.nursing.ohio.gov/forms.htm (revised October 2013);

2. Submit an application fee of thirty-five dollars; and

3. In accordance with division (A) of section 4723.091 of the Revised Code, submit a request to the bureau of criminal identification and investigation for a criminal records check. The results of the criminal records check shall:

   a. Be received by the board before a certificate can be issued; and

   b. Indicate that the individual has not been convicted of, pled guilty to, or had a judicial finding of guilt for any violation set forth in section 4723.092 of the Revised Code.

(B) The board shall issue a certificate to practice as a community health worker to applicants who satisfy the requirements of paragraph (A) of this rule, after receipt of written notice from a community health worker training program approved by the board that the applicant has successfully completed the program, and that the applicant is competent to provide care as a community health worker.

(C) If an applicant fails to meet the requirements for certification within one year from the time the board receives the application, the application shall be considered void and the fee shall be forfeited. The application shall state the circumstances under which this forfeiture may occur.

(D) A community health worker certificate shall be considered current until the next scheduled renewal period for a certified community health worker. When a certificate is issued on or after January first of an odd numbered year, that certificate shall be considered current through March thirty-first of the next odd-numbered year.
Renewal of community health worker certificate.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

(A) The board shall provide on-line access to a "Community Healthworker Renewal Application" renewal application, located at http://www.nursing.ohio.gov/forms.htm (revised January 2013); to every holder of a current, valid certificate, except when the board is aware that the individual may be ineligible for certificate renewal for any reason, including those reasons set forth in section 4723.092 of the Revised Code. Failure of the certificate holder to receive an application for renewal from the board does not excuse the certificate holder from the requirements of section 4723.85 of the Revised Code and this chapter, except as provided in section 5903.10 of the Revised Code.

(B) To renew a certificate to practice as a community health worker a holder of a current, valid certificate shall:

1. Submit a completed on-line "Community Healthworker Renewal Application" completed renewal application on the form required by the board, located at http://www.nursing.ohio.gov/forms.htm (revised January 2013);

2. Submit a renewal fee of thirty-five dollars; and


(C) If a completed renewal application is not submitted on-line, postmarked, renewed on-line, or otherwise received by the board on or before March first of each odd numbered year, the application shall be considered late and a late fee of fifty dollars shall be imposed in addition to the thirty-five dollar renewal fee.

(D) A certificate holder with a current, valid certificate may request that the his or her certificate be placed on inactive status at any time by submitting to the board a written statement or electronic request asking that the certificate be placed on inactive status:

1. At the time of renewal, by checking the appropriate box on the renewal application that indicates the certificate holder wants to place the certificate on inactive status; or

2. At any time, by submitting to the board a written statement requesting that the
certificate be placed on inactive status.

(E) The board may reactivate an inactive certificate if an individual submits to the board all of the following:

To reactivate an inactive certificate or reinstate a lapsed certificate the certificate holder must submit:

1. A completed "Community Healthworker Reactivation and Reinstatement Application" including all required documentation;
2. Written notice requesting reactivation of the inactive certificate on the form required by the board;
3. A reactivation fee in the amount of thirty-five dollars; and
4. Verification of completion of documentation satisfactory to the board of having completed the continuing education requirements for renewal of a community health worker certificate as provided in accordance with rule 4723-26-05 of the Administrative Code.

(F) A certificate holder who has placed a community health worker certificate on inactive status is not required to pay a renewal fee unless the holder seeks to reactivate the certificate. If the certificate holder placed a certificate on inactive status after March second of the year in which the certificate was to be renewed, and notifies the board on or before March thirty-first of the same renewal year of the intent to reactivate, the certificate holder must still pay the late processing fee required by paragraph (C) of this rule.

(G) If a certificate to practice as a community health worker is not renewed by March thirty-first of each odd numbered year and the certificate holder has failed by that time to request that the certificate be placed on inactive status, the certificate will lapse.

(H) The board may reinstate a lapsed certificate to practice as a community health worker if the individual submits to the board all of the following:

1. A written request for reinstatement on the form required by the board, located at https://www.nursing.ohio.gov/forms.htm (revised 2013);
2. Payment of the thirty-five dollar renewal fee plus a lapsed fee of one hundred dollars; and
3. Documentation satisfactory to the board of having completed the continuing education requirements for renewal as provided in rule 4723-26-05 of the Administrative Code.

(I) When a community health worker certificate is inactive or lapsed, the individual
shall not represent or imply to the public that he or she is certified by the board as a community health worker.

An individual who continues to represent to the public that he or she is a certified community health worker during the time that his or her certificate is inactive or lapsed, may be subject to disciplinary action by the board in accordance with rule 4723-26-11 of the Administrative Code.

A community health worker certificate holder who is a service member or veteran, as defined in rule 4723-2-01 of the Administrative Code, or who is the spouse or surviving spouse of a service member or veteran, may be eligible for a waiver of the late application fee and the reinstatement fee according to rule 4723-2-03 of the Administrative Code.
Continuing education requirements.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

(A) Except in the case of the first renewal of a current, valid certificate to practice as a community health worker, to be eligible to renew a certificate, a community health worker shall complete fifteen contact hours of continuing education during each renewal period. For each reporting period, at least one of the required hours of continuing education must be directly related to Chapter 4723. of the Revised Code and the rules of the board in Chapters 4723-1 to 4723-27 of the Administrative Code. To qualify as continuing education directly related to Chapter 4723. of the Revised Code and the rules of the board, the continuing education must be approved by an OBN approver, or offered by an OBN approved provider unit headquartered in the state of Ohio. For each reporting period, at least one of the required hours of continuing education must be directly related to establishing and maintaining professional boundaries. This requirement applies to the reporting period set forth in paragraph (B) of this rule.

(B) A community health worker who requests that the certificate to practice as a community health worker be placed on inactive status shall not be required to meet the continuing education requirement for the period of time the certificate is on inactive status. To reactivate the certificate the community health worker shall complete fifteen hours of continuing education that meet the requirements as set forth in paragraph (A) of this rule, during the twenty-four months immediately prior to the application for reactivation.

(C) The holder of a lapsed certificate shall complete fifteen hours of continuing education that meet the requirements of paragraph (A) of this rule during the twenty-four months immediately prior to the application for reinstatement of the certificate.

(D) A community health worker shall verify completion of the continuing education required by this rule on the "Community Health Worker Renewal Application" or "Community Health Worker Reactivation and Reinstatement Application" application for certificate renewal, reactivation or reinstatement, provided by the board, and at the discretion of the board, may be required to show proof of completion of the approved continuing education. Failure to verify or provide proof of completion shall result in ineligibility to renew, reactivate or reinstate a certificate until proof of completion of the continuing education requirements is provided to the board.

(E) A community health worker who earns more than the number of contact hours of continuing education required for a single reporting period cannot apply the excess hours to satisfy future continuing education requirements.
(F) A community health worker who is ineligible to renew or reinstate a certificate due to failure to meet the continuing education requirements, may be required to show completion of up to thirty contact hours of continuing education, that meets the requirements of this rule, before their certificate is renewed or reinstated by the board. The continuing education shall be obtained within the forty-eight months immediately prior to the application for renewal or reinstatement.

(G) A community health worker may use a waiver to satisfy the continuing education requirement only one time, and must notify the board in writing requesting the waiver. Once requested the waiver cannot be rescinded and use of the waiver shall be documented on the community health worker’s certification record.

(H) The calculation of contact hours based on credit hours earned in an academic institution shall be made according to paragraph (B) of rule 4723-14-04 of the Administrative Code.

(I) Educational activities that satisfy the requirements of this rule are the same as those set forth in rule 4723-14-05 of the Administrative Code.

(J) The board may conduct a retrospective audit of any holder of a certificate to practice as a community health worker to determine compliance with this rule. The audit shall be conducted according to rule 4723-14-07 of the Administrative Code. A community health worker shall retain proof of completion of approved continuing education for a period of six years.

(K) A community health worker certificate holder who is engaged in active military duty may be eligible for an extension of time to complete continuing education as provided in rule 4723-2-04 of the Administrative Code.
4723-26-06 Nurse delegation to community health workers.

(A) This chapter sets forth standards for the delegation and supervision of nursing tasks performed by a community health worker at the delegation of a registered nurse.

(B) Nothing in this chapter shall be construed to prevent any person registered, certified, licensed, or otherwise legally authorized under any law in this state from engaging in the practice for which such person is registered, certified, licensed, or authorized.
4723-26-07 Prohibitions on delegation.

(A) Pursuant to division (B) of section 4723.82 of the Revised Code, a registered nurse shall not delegate to a community health worker the administration of medications.

(B) No community health worker to whom a nursing task is delegated shall delegate the nursing task to any other person.

(C) Employing a community health worker to engage in the unauthorized practice of nursing is prohibited by section 4723.03 of the Revised Code.

(D) If a community health worker delegates a nursing task, the community health worker shall be engaging in the unauthorized practice of nursing, which is prohibited by section 4723.03 of the Revised Code.

(E) If a community health worker performs a nursing task and does not comply with all the provisions set forth in this chapter, the community health worker shall be engaging in the unauthorized practice of nursing, in violation of section 4723.03 of the Revised Code.
Criteria and standards for a registered nurse delegating to a community health worker.

(A) A registered nurse may delegate a nursing task to a community health worker if all the conditions for delegation set forth in this chapter are met.

(B) Prior to delegating a nursing task to a community health worker, the delegating registered nurse shall determine each of the following:

1. That the nursing task is within the scope of practice of a registered nurse as set forth in section 4723.01 of the Revised Code;

2. That the nursing task is within the knowledge, skill, and ability of the registered nurse delegating the nursing task;

3. That the nursing task is within the training, skill, and ability of the community health worker who will be performing the delegated nursing task;

4. That appropriate resources and support are available for the performance of the nursing task, and for management of the outcome;

5. That adequate and appropriate supervision by the registered nurse of the performance of the nursing task is available in accordance with this rule; and

6. That:

   a. The nursing task requires no judgment based on nursing knowledge and expertise on the party of the community health worker performing the task;

   b. The results of the nursing task are reasonably predictable;

   c. The nursing task can be safely performed according to exact, unchanging directions, with no need to alter the standard procedures for performing the task;

   d. The performance of the nursing task does not require that complex observations or critical decisions be made with respect to the nursing task;

   e. The nursing task does not require repeated performance of nursing assessments by the delegating registered nurse; and
(f) The consequences of performing the nursing task improperly are minimal and not life threatening.

(C) Prior to delegating a nursing task to a community health worker, a registered nurse shall:

(1) Identify:

(a) The individual on whom the nursing task may be performed; and

(b) A specific time frame during which the delegated nursing task may be performed.

(2) Complete an evaluation of the conditions that relate to the delegation of the nursing task to be performed, including:

(a) An evaluation of the individual who needs nursing care;

(b) The types of nursing care the individual requires;

(c) The complexity and frequency of the nursing care needed;

(d) The stability of the individual who needs nursing care; and

(e) A review of the evaluations performed by other licensed health care professionals.

(D) The delegating registered nurse shall be accountable for the acts of delegation to and supervision of the community health worker in the performance of the delegated nursing task.

(E) If a registered nurse determines that a community health worker is not correctly performing a delegated task the registered nurse shall immediately intervene.

(F) A registered nurse shall not be responsible for the delegation of a nursing task by another licensed health care practitioner to a community health worker.
Supervision of the performance of a nursing task performed by a community health worker.

(A) When a community health worker is performing a nursing task in accordance with this chapter, supervision shall be provided by a registered nurse. For purposes of this rule, supervision includes initial and ongoing direction, procedural guidance, and observation and evaluation. The registered nurse providing the supervision for a delegated nursing task shall evaluate and document the following on an ongoing basis:

   (1) The degree to which the nursing care needs of the individual are being met;

   (2) The performance by the community health worker of the delegated nursing task;

   (3) The need for further instruction to the community health worker who is performing the nursing task; and

   (4) The need to withdraw the delegation.

(B) For purposes of providing supervision to a community health worker performing a delegated nursing task, the registered nurse must be either:

   (1) Continually accessible to the community health worker in person; or

   (2) Continually available to the community health worker by some form of telecommunication.

(C) In determining the number of community health workers that a registered nurse may supervise, the registered nurse shall consider all of the following:

   (1) A registered nurse may not supervise any more than five community health workers at one given time;

   (2) The number of clients who require nursing care and the health status of those clients;

   (3) The types and numbers of nursing tasks delegated to each community health worker;

   (4) The competency, dependability, and reliability of each community health worker to be supervised.
(5) The number of different settings in which the community health workers will be providing services and the proximity between these settings and the location of the registered nurse; and

(6) The availability of emergency aid if the registered nurse is not able to reach, in a timely manner, the setting in which the community health workers are providing services.
4723-26-10 Standards of safe care provided by the community health worker.

(A) The purpose of this chapter is to establish minimal acceptable standards of safe and effective care provided by community health workers holding a certificate issued by the board of nursing pursuant to Chapter 4723. of the Revised Code.

(B) A community health worker shall maintain knowledge of the duties, responsibilities, and accountabilities of a community health worker and shall practice in accordance with the following:

   (1) Laws regulating the provision of care by a community health worker as set forth in Chapter 4723. of the Revised Code;

   (2) Rules adopted by the board in accordance with Chapter 119. of the Revised Code; and

   (3) Any other applicable state or federal laws and rules.

(C) A community health worker shall perform nursing tasks in accordance with sections 4723.81 and 4723.82 of the Revised Code, only as delegated and supervised by a registered nurse holding a current, valid license issued by the board under Chapter 4723. of the Revised Code.

(D) A community health worker shall demonstrate competence and accountability in performing nursing tasks as delegated by a registered nurse, including, but not limited to, the following:

   (1) Consistent performance of nursing tasks as delegated by a registered nurse; and

   (2) Consulting with the supervising nurse in a timely manner to facilitate referral, consultation, or intervention when a community health worker identifies factors or conditions adversely affecting, or potentially affecting, a patient's health status.

(E) A community health worker shall, in a timely manner:

   (1) Perform the nursing tasks as delegated by a registered nurse, unless the community health worker believes or should have reason to believe any of the following:

       (a) Performing the nursing task would be harmful or potentially harmful to
the patient;

(b) The nursing task is contraindicated by other documented information; or

(c) The nursing task has not been properly authorized.

(2) Clarify the direction received from the delegating nurse if the community health worker believes, or should have reason to believe, any of the following:

(a) Performing the nursing task would be harmful or potentially harmful to the patient;

(b) The nursing task is contraindicated by other documented information;

(c) The nursing task has not been properly authorized; or

(d) The condition of the patient has changed.

(F) When clarifying a nursing task the community health worker shall, in a timely manner:

(1) Consult with the supervising registered nurse to explain the cause of concern;

(2) Advise the supervising registered nurse if the community health worker decides not to perform the nursing task;

(3) Document that the supervising registered nurse was advised of the community health worker’s decision not to perform the nursing task as delegated; and

(4) Take any other actions needed to assure the safety of the patient.

(G) A community health worker shall, in a timely manner, document, report to, and consult with, the supervising registered nurse when a patient refuses to follow the health care regimen.

(H) A community health worker shall maintain the confidentiality of patient information obtained in the course of the community health worker’s duties and responsibilities. A community health worker shall communicate patient information to other members of the health care team for health care purposes only, shall access patient
information only for purposes of patient care or for otherwise fulfilling the worker's assigned job responsibilities, and shall not disseminate patient information for purposes other than patient care or for otherwise fulfilling the worker's assigned job responsibilities through social media, texting, emailing, or any other form of communication.

(I) To the maximum extent feasible, identifiable patient health care information shall not be disclosed by a community health worker unless the patient has consented to the disclosure of identifiable patient health care information. A community health worker shall report individually identifiable patient information without written consent in limited circumstances only, and in accordance with an authorized law, rule, or other recognized legal authority.

(J) A community health worker shall do all of the following to promote patient safety:

1. Display the applicable title set forth in section 4723.82 of the Revised Code at all times when providing direct patient care, or if interacting with a patient, or health care provider on behalf of the patient, through any form of telecommunication, the community health worker shall identify their certification to the patient or healthcare provider;

2. In a timely manner, completely and accurately document and report all client data obtained while performing nursing tasks delegated by the supervising registered nurse, and the patient's response to the care;

3. In a timely manner, completely and accurately document and report to the supervising registered nurse all errors in, or deviations from, the delegated nursing tasks;

4. Not falsify any patient record or other document prepared in the course of, or in conjunction with, the performance of delegated nursing tasks;

5. Implement measures to promote a safe environment for the patient including consulting with a supervising registered nurse any time that the community health worker suspects patient abuse or neglect;

6. Establish, delineate, and maintain professional boundaries with each patient;

7. Refrain from all behavior that causes or may cause physical, verbal, mental, or emotional abuse or distress to a patient, or in behavior that may be reasonably interpreted to cause physical, verbal, mental, or emotional abuse or distress;
(8) Not misappropriate a patient's property, engage in behavior to seek or obtain, behavior that may reasonably be interpreted as seeking or obtaining, personal gain at the patient's expense, or engage in behavior that constitutes, or that may reasonably be interpreted as constituting, inappropriate involvement in a patient's personal relationships or financial matters;

(9) Not engage in sexual conduct or in conduct that may reasonably be interpreted as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient, or in verbal behavior that may reasonably be interpreted as seductive or sexually demeaning to a patient;

(10) Treat each patient with courtesy, respect, and with full recognition of dignity and individuality; and

(11) Provide each patient with privacy while performing delegated nursing tasks.

For purposes of paragraphs (J)(6) to (J)(9) of this rule, a patient is always considered to be incapable of giving free, full, or informed consent to the actions of a community health worker.

(K) A community health worker shall not make any false, misleading, or deceptive statements, or submit or cause to be submitted any false, misleading or deceptive information or documentation to:

(1) The board or any representative of the board;

(2) Current employers;

(3) Prospective employers when applying for positions requiring a community health worker certificate;

(4) Facilities in which, or organizations for whom, the community health worker is working a temporary or agency assignment;

(5) Other members of the patient's health care team; or

(6) Law enforcement personnel.

(L) For purposes of paragraphs (J)(6), (J)(7), (J)(8), (J)(9), and (J)(10) of this rule, a certified community health worker shall not use social media, texting, emailing, or other forms of telecommunication with, or about, a patient, for non-health care
purposes or for purposes other than fulfilling the worker's assigned job responsibilities.
2.1 Disciplinary actions against certified community health workers; investigations.

(A) The board of nursing, by the vote of a quorum, may impose one or more of the following sanctions if it finds that a person committed fraud in passing an examination required by a community health worker training program, or committed fraud, misrepresentation, or deception in applying for a community health worker certificate: deny, revoke, suspend, or place restrictions on a certificate issued by the board; reprimand or otherwise discipline a certificate holder; or impose a fine of not more than five hundred dollars per violation.

(B) By the vote of a quorum, the board may impose one or more of the following sanctions on an individual who applies for or holds, a community health worker certificate: deny, revoke, suspend, or place restrictions on a community health worker certificate, or reprimand or otherwise discipline a holder of a community health worker certificate. The sanctions may be imposed for any of the following:

(1) Denial, revocation, suspension, or restriction of authority to engage in a licensed profession or practice a health care occupation, in Ohio or another state or jurisdiction, including but not limited to nursing, practice as a dialysis technician, nurse aide, community health care worker or medication aide, for any reason other than a failure to renew;

(2) Performing a nursing task as a certified community health worker having failed to renew a community health worker certificate issued under Chapter 4723. of the Revised Code, or while a community health worker certificate is under suspension or inactive;

(3) Conviction of, a plea of guilty to, a judicial finding of guilt of, a judicial finding of guilt resulting from a plea of no contest to, or a judicial finding of eligibility for a pretrial diversion or similar program or for intervention in lieu of conviction for, of a misdemeanor committed in the course of performing care as a certified community health worker;

(4) Conviction of, a plea of guilty to, a judicial finding of guilt of, a judicial finding of guilt resulting from a plea of no contest to, or a judicial finding of eligibility for a pretrial diversion or similar program or for intervention in lieu of conviction for, any felony or any crime involving gross immorality or moral turpitude;

(5) Selling, giving away, or administering drugs or therapeutic devices for other than legal and legitimate therapeutic purposes; or conviction of, a plea of guilty to, a judicial finding of guilt of, a judicial finding of guilt resulting from a plea of no contest to, or a judicial finding of eligibility for a pretrial diversion or similar program or for intervention in lieu of conviction for, violating any municipal, state, county, or federal drug law;

(6) Conviction of, a plea of guilty to, a judicial finding of guilt of, a judicial finding of guilt resulting from a plea of no contest to, or a judicial finding of eligibility for a pretrial diversion or similar program or for intervention in lieu of conviction for, an act in another jurisdiction that would constitute a felony or a crime of moral turpitude in Ohio;

(7) Conviction of, a plea of guilty to, a judicial finding of guilt of, a judicial finding of guilt resulting from a plea of no contest to, or a judicial finding of eligibility for a pretrial diversion or similar program or for intervention in lieu of conviction for, an act in the course of practice in another jurisdiction that would constitute a misdemeanor in Ohio;

(8) Self-administering or otherwise taking into the body any dangerous drug, as defined in section 4729.01 of the Revised Code, in any way not in accordance with a legal, valid prescription issued for that individual, or self-administering or otherwise taking into the body any drug that is a schedule I controlled substance;

(9) Habitual or excessive use of controlled substances, other habit-forming drugs, or alcohol or other chemical substances to an extent that impairs the individual’s ability to comply with the standards of safe care established in rule 4723-26-10 of the Administrative Code;
(10) Impairment of the ability to comply with standards of safe care established in rule 4723-26-10 of the Administrative Code because of the use of drugs, alcohol or other chemical substances;

(11) Impairment of the ability to comply with standards of safe care established in rule 4723-26-10 of the Administrative Code because of a physical or mental disability;

(12) Assaulting or causing harm to a patient or depriving a patient of the means to summon assistance;

(13) Misappropriation or attempted misappropriation of money or anything of value in the course of performing care as a certified community health worker;

(14) Adjudication by a probate court of being mentally ill or mentally incompetent.

The board may restore the person's community health worker certificate upon adjudication by a probate court of the person's restoration to competency or upon submission to the board of other proof of competency;

(15) The suspension or termination of employment by the department of defense or the veterans administration of the United States for any act that violates or would violate his chapter;

(16) Violation of Chapter 4723. of the Revised Code or any rules adopted under it;

(17) Violation of any restrictions placed on a community health worker certificate by the board;

(18) Failure to use universal and standard precautions including those set forth in Chapter 4723-20 of the Administrative Code;

(19) Engaging in activities that exceed those permitted under sections 4723.61 to 4723.88 of the Revised Code or this chapter;

(20) Failure by a certified community health worker to conform to the standards of safe care established in rule 4723-26-10 of the Administrative Code;

(21) Aiding and abetting a person in that person's practice of nursing without a license, or practice as a dialysis technician or certified medication aide without a certificate issued under this chapter;

(22) Regardless of whether the contact or verbal behavior is consensual, engaging with a patient other the spouse of the certified community health worker in any of the following:

(a) Sexual contact, as defined in section 2907.01 of the Revised Code;

(b) Verbal behavior that is sexually demeaning to the patient or may be reasonably interpreted by the patient as sexually demeaning; or

(23) Assisting suicide as defined in section 3795.01 of the Revised Code.

(C) The hearings of the board shall be conducted in accordance with Chapter 119. of the Revised Code and Chapter 4723-16 of the Administrative Code. The board may appoint a hearing examiner, as provided in section 119.09 of the Revised Code, to conduct any hearing the board is authorized to hold under Chapter 119. of the Revised Code.

(D) In any instance in which the board is required under Chapter 119. of the Revised Code to give notice of an opportunity for a hearing and the applicant or certificate holder does not make a timely request for a hearing in accordance with section 119.07 of the Revised Code:

(1) The board is not required to hold a hearing, but may adopt, by vote of a quorum, a final order that contains the board's findings; and

(2) In the final order, the board may order any of the sanctions listed in paragraph (A) or (B) of this rule.
(E) If a criminal action is brought against a certified community health worker for an act or crime described in paragraphs (B)(3) to (B)(7) of this rule and the action is dismissed by the trial court other than on the merits:

(1) The board shall conduct an adjudication to determine whether the certified community health worker committed the act upon which the action was based.

(2) If the board determines on the basis of the adjudication that the certified community health worker committed the act, or if the certified community health worker fails to participate in the adjudication, the board may take action as though the certified community health worker had been convicted of the act.

(F) If the board takes action on the basis of a conviction, plea, or a judicial finding as described in paragraphs (B) (3) to (B)(7) of this rule that is overturned on appeal, the certified community health worker may, on exhaustion of the appeal process, petition the board for reconsideration of its action.

(1) On receipt of the petition and supporting court documents, the board shall temporarily rescind its action.

(2) If the board determines that the decision on appeal was a decision on the merits, it shall permanently rescind its action.

(3) If the board determines that the decision on appeal was not a decision on the merits, it shall conduct an adjudication to determine whether the certified community health worker committed the act on which the original conviction, plea, or judicial finding was based.

(a) If the board determines on the basis of the adjudication that the certified community health worker committed such act, or if the certified community health worker does not request an adjudication, the board shall reinstate its action.

(b) If the board determines that the certified community health worker did not commit such act, the board shall permanently rescind its action.

(G) The board may investigate an individual's criminal background in performing its duties under this rule and sections 4723.81 to 4723.88 of the Revised Code. As part of such investigation, the board may order the individual to submit, at the individual's expense, a request to the Bureau of Criminal Identification and Investigation for a criminal records check and check of federal bureau of investigation records in accordance with the procedure described in section 4723.091 of the Revised Code.

(H) During the course of an investigation the board may compel any certified community health worker, or applicant under section 4723.84 of the Revised Code, to submit to a mental or physical examination, or both, as required by the board and at the expense of the individual, if the board finds reason to believe that the individual under investigation may have a physical or mental impairment that may affect the individual's ability to perform delegated nursing tasks. Failure of any individual to submit to a mental or physical examination when directed constitutes an admission of the allegations, unless the failure is due to circumstances beyond the individual's control, and a default and final order may be entered without the taking of testimony or presentation of evidence.

(I) If the board finds that an individual is impaired in accordance with paragraph (H) of this rule, the board shall require the individual to submit to care, counseling, or treatment approved or designated by the board, as a condition for an initial, continued, reinstated, or renewed certified community health worker certificate.

(1) The individual shall be afforded an opportunity to demonstrate to the board that the individual can begin or resume the performance of delegated nursing tasks in accordance with standards established under rule 4723-26-10 of the Administrative Code.

(2) For purposes of this paragraph, any certified community health worker or applicant under this rule shall be deemed to have given consent to submit to a mental or physical examination when directed to do so in writing by the board, and to have waived all objections to the admissibility of testimony or examination reports that constitute a privileged communication.
(J) The provisions of division (I) of section 4723.28 of the Revised Code apply to information, investigations and adjudications involving certified community health workers or applicants under sections 4723.81 to 4723.88 of the Revised Code and this chapter.

(K) The provisions of section 4723.29 of the Revised Code apply with respect to any matter that the board has authority to investigate, inquire into, or hear under sections 4723.81 to 4723.88 of the Revised Code and this chapter.

(L) When the board refuses to grant a community health worker certificate to an applicant, revokes a certificate, or refuses to reinstate a certificate, the board may specify that its action is permanent. An individual subject to permanent action taken by the board is forever ineligible to hold a community health worker certificate and the board shall not accept from the individual an application for reinstatement of the certificate or for a new certificate.

(M) No unilateral surrender of a community health worker certificate issued under Chapter 4723. of the Revised Code shall be effective unless accepted by majority vote of the board. No application for a community health worker certificate issued under Chapter 4723. of the Revised Code may be withdrawn without a majority vote of the board. The board's jurisdiction to take disciplinary action is not removed or limited when an individual has a certificate classified as inactive or fails to renew a certificate.

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Standards for community health worker training programs.

(A) To be approved by the board in accordance with division (G) of section 4723.88 of the Revised Code, a community health worker training program shall employ or contract with a person to serve as program administrator. Such person shall meet one of the following criteria:

(1) Hold a license or certificate to practice as one of the following health care professionals:

   (a) A dentist licensed under Chapter 4715. of the Revised Code;

   (b) A nurse licensed under Chapter 4723. of the Revised Code;

   (c) An optometrist licensed under Chapter 4725. of the Revised Code;

   (d) A pharmacist licensed under Chapter 4729. of the Revised Code;

   (e) A physician assistant certified under Chapter 4730. of the Revised Code;

   (f) A physician licensed under Chapter 4731. of the Revised Code;

   (g) A psychologist licensed under Chapter 4732. of the Revised Code;

   (h) A chiropractor licensed under Chapter 4734. of the Revised Code;

   (i) A nursing home administrator licensed under Chapter 4751. of the Revised Code;

   (j) A counselor, social worker, or marriage and family therapist licensed under Chapter 4757. of the Revised Code; or

   (k) A dietitian licensed under Chapter 4759. of the Revised Code.

(2) Hold credentials as an education professional that are recognized by:

   (a) The Ohio department of education;

   (b) The Ohio board of regents, chancellor of higher education; or

   (c) A nationally or regionally recognized accreditation body for programs of
postsecondary education.

(B) The administrator of a community health worker training program shall be responsible for the following:

(1) Assuring that the community health worker training program establishes written policies addressing the issues set forth in paragraph (C) of this rule;

(2) Assuring that the policies of the program are implemented as written;

(3) Assuring that the nursing tasks included in the curriculum of an approved community health worker training program are taught by an individual who:

(a) Has held an Ohio license to practice registered nursing for a minimum of two years;

(b) Is not prohibited by law from teaching nursing tasks;

(c) Satisfies one of the following:
   (i) Has experience in working directly with community health workers for a minimum of six months prior to entering into an instructor role; or
   (ii) Within six months after assuming instructor responsibilities in the community health worker training program, successfully completes the community health worker program coursework.

(4) Assuring that the training program utilizes other licensed health care professionals to provide portions of the relevant classroom and clinical instruction in accordance with the professional's educational background and licensed scope of practice.

(C) A community health worker training program shall adopt and implement program policies that address all of the following:

(1) Criteria for students to enroll and continue in the program that establish a basic level of ability necessary for an individual to safely perform the essential functions of a community health worker;
(2) Criteria for student re-enrollment in the program;

(3) Criteria for successful completion of the program;

(4) A process for determining that a student has sufficient knowledge and understanding to competently provide the care and services of a community health worker including both nursing tasks and non-nursing tasks.

   (a) A registered nurse shall provide written verification that a community health worker student has been taught the skills necessary to perform delegated nursing tasks;

   (b) A registered nurse or other qualified community health worker training program instructor or administrator shall provide written verification that a student has been taught skills necessary to provide the non-nursing tasks provided by a community health worker.

(5) A process for maintaining student records including:

   (a) The date a student began the program;

   (b) The date a student completed the program; and

   (c) The competency check lists for each individual student.

(6) An accurate, timely process to provide verification to the board that a student seeking certification as a community health worker has successfully completed the approved training program;

(7) A process for program evaluation that includes feedback from students, instructors and employers of individuals who have successfully completed the community health worker training program;

(8) Designation of those persons with authority to notify the board regarding student enrollment, re-enrollment, and completion of the program;

(9) A process for addressing the unexpected vacancy of the administrator of the program; and

(10) For individuals with experience in the armed forces of the United States, or in
the national guard or in a reserve component, the program shall have a process in place to:

(a) Review the individual's military education and skills training;

(b) Determine whether any of the military education or skills training is substantially equivalent to the curriculum established in Chapter 4723-26 of the Administrative Code;

(c) Award credit to the individual for any substantially equivalent military education or skills training.

(D) When the administrator of an approved community health worker training program vacates the position or is replaced, an authorized representative of the program shall provide written notice to the board within thirty days after the position is vacated and within thirty days after a new person assumes the role.

(E) An approved training program shall not initiate a new community health worker training program unless an administrator who meets the requirements of paragraph (A) of this rule is in place.

(F) When a decision is made to close a community health worker training program, the board shall be notified in writing of the decision and provided with the following information:

(1) The tentative date of closing;

(2) The location of the program's records, including but not limited to, student records; and

(3) The name and address of the custodian of the records.
Standard curriculum for community health worker training programs.

(A) An approved curriculum for a training program for community health workers shall be the standard minimum curriculum set forth in paragraph (B) of this rule and shall satisfy all of the following:

(1) Include a program philosophy, program objectives or outcomes, course objectives or outcomes, teaching strategies, and core competencies or other evaluation methods that are:

(a) Consistent with the law regulating the practice of the community health worker;

(b) Internally consistent;

(c) Implemented as written; and

(d) Distributed to community health worker students;

(2) Include a curriculum plan showing the sequence of courses, laboratory experiences, and units of credit or number of clock hours allotted to theory and laboratory experiences; and

(3) Include a curriculum content that is a minimum of one hundred hours of didactic classroom instruction and one hundred thirty hours of clinical experience. Relevant laboratory experiences may be integrated into the curriculum.

(B) As part of the classroom instruction required in paragraph (A) of this rule, related clinical and laboratory experiences shall provide a community health worker with an opportunity to practice cognitive, psychomotor, and affective skills in the performance of a variety of basic tasks and activities with individuals or groups across the life span. Portions of the relevant clinical experience shall be provided in a community setting similar to the settings in which a community health worker will provide services.

(C) The standard minimum curriculum for community health workers shall include courses, content, and expected outcomes, relative to the defined role of the community health worker, in the following major areas:

(1) Health care, including expected competencies in the areas of:
(a) The physical, mental, emotional and spiritual impacts on health;

(b) Basic anatomy and physiology of major body systems;

(c) Substance use and affects on health;

(d) Signs indicating a change in a client's health status;

(e) Obtaining accurate vital signs;

(f) Basic cardiopulmonary resuscitation skills;

(g) Medical terminology;

(h) Documentation methods; and

(i) Utilization of local health and referral systems.

(2) Community resources, including expected competencies in the areas of:

(a) Referral methods to assist various target population groups;

(b) Utilization of community resources and their referral processes;

(c) Utilization of resources related to entitlement programs;

(d) Recognizing and reporting signs of family violence, abuse and neglect; and

(e) Recognizing and making appropriate referral for signs of mental health and addiction problems.

(3) Communication skills, including expected competencies in the areas of:

(a) Interpersonal communication skills;

(b) Effective interview techniques;
(c) Effective written communications to health care and service care providers; and

(d) Utilization of appropriate telephone technique.

(4) Individual and community advocacy, including expected competencies in the areas of:

(a) Recognition of diversity, and the role of the community health worker in an interdisciplinary team;

(b) Supporting development of self care skills in various target population groups;

(c) Utilization of skills to assure that different target population groups receive needed services; and

(d) Methods of serving as a community liaison between different target population groups and local agencies and providers.

(5) Health education, including expected competencies in the areas of:

(a) Educating on healthy lifestyle choices, including nutrition, exercise, and stress management to reduce health risk factors;

(b) Educating on adverse health consequences of smoking, drinking, and drugs of abuse;

(c) Educating on the importance of oral health care across the lifespan;

(d) Explaining basic prevention and wellness topics; and

(e) Explaining age-appropriate safety and injury prevention techniques.

(6) Service skills and responsibilities, including expected competencies in the areas of:

(a) Protocols and policies regarding:
(i) Confidentiality;

(ii) Care coordination;

(iii) Documentation;

(iv) Submission of documentation for review by a supervisor; and

(v) Release of client information.

(b) Skills necessary to carry out an effective home visit, including:

(i) Personal safety;

(ii) Emotional dynamics;

(iii) Setting appropriate boundaries with clients;

(iv) Time management; and

(v) Conflict management skills.

(c) Performance of basic clerical, computing, and office skills necessary in the role of the community health worker.

(D) The standard minimum curriculum for community health workers shall also educate students on needs throughout the span of a lifetime including the following:

(1) Content related to the family during childbearing years, including expected competencies in the areas of:

(a) Health education related to the childbearing years; and

(b) A basic understanding of related anatomy, physiology, and appropriate health care.

(2) Content related to the family during pregnancy, including expected competencies in the areas of:
(a) Basic anatomy, physiology, and normal signs related to pregnancy;

(b) Recognition of warning signs during pregnancy requiring immediate reporting to the registered nurse supervisor; and

(c) Health education related to pregnancy, labor, and postpartum care.

(3) Content related to the newborn, infant, and young child, including expected competencies in the areas of:

(a) Routine infant feeding and newborn care;

(b) Recognizing and reporting problems that can occur in early infancy;

(c) Immunization schedules and information regarding referral to appropriate health care facilities and practitioners;

(d) Basic methods to enhance typical child development; and

(e) Identification of potential developmental delays.

(4) Content related to adolescents including expected competencies in the areas of:

(a) Age appropriate health education;

(b) Acute and chronic illnesses including, but not limited to asthma, obesity, and eating disorders; and

(c) High risk behaviors.

(5) Content related to adults and seniors, including expected competencies in the areas of:

(a) The aging process;

(b) Prevention strategies;

(c) Recommended screenings;
(d) Top causes of morbidity and mortality by age group; and

(e) Acute and chronic illnesses of adulthood including but not limited to heart disease, cancer, stroke, diabetes, and lung disease.

(6) Content related to special health care and social needs of target population groups including:

(a) Grandparents raising grandchildren;

(b) Adults caring for aging parents; and

(c) Children and adults with disabilities.

(E) For purposes of paragraph (B) of this rule, students participating in a clinical practicum in a community setting shall be supervised by qualified instructional personnel employed by, or under contract with, the community health worker training program.

(F) It is the intent of the board that this curriculum is structured in such a way as to assure that participants who successfully complete a program that provides the curriculum may be able to utilize a portion of the credit hours earned toward additional career-related education.
Procedures for obtaining approval or reapproval of community health worker training programs.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

The board shall approve and reapprove community health worker training programs as follows:

(A) A community health worker training program that seeks to be approved by the board shall submit to the board all of the following:

1. A completed "Community Health Worker Training Program Approval Application" application on a form specified by the board located at http://www.nursing.ohio.gov/forms.htm (effective May 2014);

2. Payment of a program approval fee of three hundred dollars; and

3. Any other information requested by the board.

(B) A community health worker training program seeking reapproval by the board shall submit the following to the board within ninety days prior to the expiration of its current approval:

1. A completed "Community Health Worker Training Program Re-Approval Application" reapproval application on a form specified by the board located at http://www.nursing.ohio.gov/forms.htm (effective May 2014);

2. Payment of a program reapproval fee of three hundred dollars; and

3. Any other information requested by the board.

(C) If the board determines that additional information is necessary to make a determination regarding an application for program approval or reapproval, the board shall provide written notice to the applicant requesting the information. An application will expire, and a new application must be submitted, if the requested information is not received by the board within one year of the date of the board’s request.

(D) The board may conduct a site visit of a community health worker training program or applicant either prior to approving or reapproving a program application, or at any time during the two year period for which a program is approved.
(E) At a regularly scheduled board meeting the board shall review the completed application for approval or reapproval and all other relevant documentation to determine whether a program complies with standards set forth in this chapter. If the board finds that the program meets all the requirements of this chapter it shall issue its approval or reapproval, in writing, to the applicant program.

(F) Program approval shall extend for two years provided the program continues to meet the program standards set forth in this chapter.

(G) If the board determines that an application for program approval or reapproval does not demonstrate that the applicant program meets or maintains the minimum standards set forth in this chapter, the board shall send to the administrator of the program a written report that identifies the specific deficiencies. The deficiency report must notify the applicant or program of a board meeting date, not less than ninety days in the future, at which the board will make a decision regarding the application.

(H) Within thirty days after receipt of the deficiency report, the administrator of the program may submit to the board either:

(1) A written plan of correction that sets forth the steps taken by the program to meet or maintain each minimum standard identified in the report as not being met or maintained; or

(2) A written response to the report setting forth evidence that the program is meeting and maintaining each minimum standard identified in the report as not being met or maintained.

In order for the board to consider the program's response to the deficiency report, the program must submit the response not less than thirty days prior to the board meeting at which the board will consider the program's approval status.

(I) Based on the deficiency report and the program's response to the report, if any, the board may grant approval, grant provisional approval, continue approval, or propose to deny or withdraw approval of the program. The board shall deny or withdraw approval of a program according to the procedures set forth in Chapter 119. of the Revised Code. In the alternative, the board an applicant or program may enter into a consent agreement specifying terms and conditions the applicant or program must satisfy in order to achieve or maintain an approval status.

(J) If at any time a program with full approval fails to meet and maintain the minimum
standards set forth in this chapter, the board shall place the program on provisional approval. When a program is placed on provisional approval, the board shall specify the minimum standard or standards the program is not meeting or maintaining and shall establish the time period during which the program will be on provisional approval. When the time period for provisional approval has expired, the board shall reconsider the program's approval status.

(K) If a program on provisional approval continues to fail to meet or maintain minimum standards at the end of the time period established for provisional approval, the board may propose to continue provisional approval for a period of time specified by the board or may propose to withdraw approval, according to the procedures set forth in Chapter 119. of the Revised Code. In the alternative, the board and applicant or program may enter into a consent agreement specifying terms and conditions the applicant or program must satisfy in order to achieve or maintain an approval status.

(L) When a complete application for reapproval is submitted to the board in accordance with paragraph (B) of this rule, and the board fails to make a determination before the current program approval expires, the board shall issue a notice to the administrator of the program extending approval of the program until board action is taken on the reapproval application.
Board records and documents.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in agency 4723 of the Administrative Code can be found in paragraph (G) of this rule.]

(A) The board shall maintain a record of all applicants for, and holders of, licenses and certificates issued by the board under Chapter 4723 of the Revised Code and any rules adopted under that chapter, in the format determined by the board.

(B) A change in name shall be submitted to the board on a "Name Change Form", dated 2016, available at http://www.nursing.ohio.gov/forms.htm, within thirty days of the change and shall be accompanied by a certified copy of one of the following documents:

(1) A marriage certificate or abstract;

(2) A dissolution or divorce decree;

(3) A court record indicating a change of name; or

(4) Documentation of a change in name consistent with the laws of the jurisdiction or foreign country where the name change occurred.

(C) A notification of a change in address shall be submitted in writing or electronically, by the licensee or certificate holder to the board within thirty days of the change.

(D) Documents submitted to the board may be returned at the discretion of the board.

(E) Wall certificates or other documents issued by the board as evidence of licensure, certification, or other authorization to practice shall not be falsified or altered.

(F) For purposes of Chapters 4723-1 to 4723-27 of the Administrative Code, when an applicant for licensure or certification, or renewal, reactivation or reinstatement of licensure or certification, submits a criminal records check completed by the bureau of criminal identification and investigation, the board shall consider the records check information to be valid for a period of one year from the date the information was received by the board. This provision shall not apply to criminal records checks required to be obtained according to the terms of board adjudication orders or consent agreements.

(G) Incorporated materials:
(1) "2016 Verification Form for Organizations Certifying Nurse Midwives (CNMs), Certified Nurse Practitioners (CNPs), Clinical Nurse Specialists (CNSs), and Certified Registered Nurse Anesthetists (CRNAs)," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(2) "Advanced Practice Registered Nurse License Application," dated 2017, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(3) "Advanced Practice Registered Nurse License Renewal Application 2019," dated 2017, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(4) "Advanced Practice Registered Nurse License Reactivation and Reinstatement Application," dated 2017, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(5) "Alternative Program for Chemical Dependency/Substance Use Disorders Admission Application," dated 2018, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(6) "Application for Initial Approval/Reapproval of a Testing Organization that Conducts an Examination of Dialysis Technicians," dated 2015, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(7) "Application to Perform IV Therapy in Ohio as a LPN and Certification of CE Course Completion," dated 2019, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(8) "Community Health Worker Application," dated 2019, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(9) "Community Health Worker Reactivation and Reinstatement Application," dated 2019, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(10) "Community Health Worker Renewal Application," dated 2019, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(11) "Community Health Worker Training Program Approval Application," dated 2019, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(12) "Community Health Worker Training Program Re-Approval Application," dated 2019, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(7) "Certificate of Authority–Renewal/APRN License Application," dated 2017;
may be obtained at http://www.nursing.ohio.gov/forms.htm;

(8)(13) "Dialysis Technician Application," dated 2017, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(9)(14) "Education Program PN Annual Report Form," dated 2018-2019, for licensed practical nursing education programs, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(10)(15) "Education Program RN Annual Report Form," dated 2018-2019, for registered nursing education programs, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(11)(16) "Education Program PN Presurvey Visit Report Form," dated 2017, for licensed practical nursing education programs may be obtained at http://www.nursing.ohio.gov/forms.htm;

(12)(17) "Education Program RN Presurvey Visit Report Form," dated 2017, for registered nursing education programs, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(13) "LPN IV Therapy Application," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(14)(18) "LPN Reactivation and Reinstatement Application," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(15)(19) "LPN Renewal Application," dated 2016-2018, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(16)(20) "Medication Aide Application," dated 2017, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(17)(21) "Medication Aide Reactivation and Reinstatement Application," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(18)(22) "Medication Aide Renewal Application," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(19)(23) "Medication Aide Training Program Application," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm;
(24) "Medication Aide Training Program Re-Approval Application," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(25) "Name Change Form," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(26) "Nursing Licensure by Endorsement Application," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm

(27) "NEG Project Annual Report Year 1," dated 2019, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(28) "NEG Project Annual Report Year 2," dated 2019, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(29) "NEG Project Quarterly Progress Report," dated 2019, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(30) "NEG Project RFP," dated 2019, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(23) "Nursing Licensure by Examination Application," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(24) "OBN Approver Application," dated 2017, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(25) "PN New Program Proposal Application," dated 2017, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(26) "RN New Education Program Proposal Application," dated 2017, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(27) "RN Reactivation and Reinstatement Application," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(28) "RN Renewal Application," dated 2017, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(29) "Request for Replacement Wall Certificate Form," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm;
(30) "Volunteer's Certificate Application," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(31) "Volunteer's Certificate Reactivation and Reinstatement Application," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm;

2.1

Procedure for board determination of a program's status.

(A) The board shall grant full approval status to programs holding:

(1) Full approval, if a program demonstrates to the board that it continues to meet and maintain the requirements of this chapter;

(2) Conditional approval, at the first board meeting following completion of the survey process required by division (A)(5) of section 4723.06 of the Revised Code, provided the program demonstrates to the board that it meets and maintains the requirements of this chapter;

(3) Provisional approval, if the program demonstrates to the board that it meets and maintains the requirements of this chapter.

(B) The following procedures shall be followed by the board when a program does not meet and maintain the requirements of this chapter:

(1) For a program with conditional approval, the board shall propose to withdrawing conditional approval pursuant to an adjudication under Chapter 119. of the Revised Code. The adjudication may result in the continuance of conditional approval, continuance of conditional approval based on compliance with the terms and conditions of a board order or consent agreement, or withdrawal of conditional approval;

(2) For a program with full approval, the board shall place the program on provisional approval in accordance with this chapter. When a program is placed on provisional approval, the board shall specify the requirements the program has not met and maintained and shall establish the time period during which the program will be on provisional approval. The board shall reconsider the program's approval status when the program demonstrates to the board that it meets and maintains the requirements of this chapter;

(3) If a program on provisional approval continues to fail to meet and maintain the requirements of this chapter at the end of the time period established for provisional approval, the board may propose to continue provisional approval for a period of time specified by the board or may propose to withdraw approval pursuant to an adjudication under Chapter 119. of the Revised Code. The adjudication may result in the continuance of provisional approval, withdrawal of approval, or granting of full approval;

(4) If a program on provisional approval in accordance with this chapter demonstrates that an additional requirement is not being met and maintained, the board shall propose to withdraw approval pursuant to an adjudication
under Chapter 119. of the Revised Code. The adjudication may result in the continuance of provisional approval, withdrawal of approval, or granting of full approval.

(§)(4) The board may enter into a consent agreement in lieu of conducting an adjudication under this rule that addresses the requirements of this chapter not met and maintained.

(C) The board shall provide to the administrator of the program written notice of the board's action.

(D) If a program with full approval status loses its approval, accreditation or certificate of registration from the Ohio board of regents, the Ohio department of education, the state board of career colleges and schools, or any national or regional post-secondary education accreditation entity, a representative of the board may conduct a survey visit and the board may place the program on provisional approval.

(E) If a program with full approval status fails to meet any of the following requirements, the board shall place the program on provisional approval status for a period of time:

(1) Failure to provide clinical or laboratory experience to students, as required by paragraph (F)(8) of rule 4723-5-13 of the Administrative Code for a registered nursing program, or paragraph (E)(12) of rule 4723-5-14 of the Administrative Code or paragraph (F) of rule 4723-5-14 of the Administrative Code for a practical nursing program;

(2) Failure to timely designate a qualified administrator or interim administrator according to paragraph (D) of rule 4723-5-09 of the Administrative Code;

(3) Providing or submitting false, misleading or deceptive information, documentation or statements to the board, in violation of rule 4723-5-25 of the Administrative Code; or

(4) Having pass rates on the licensure examination of less than ninety-five per cent of the national average for first-time candidates for the fourth consecutive year, as specified in paragraph (B)(4) of rule 4723-5-23 of the Administrative Code.
Qualifications of administrators, faculty, teaching assistants and preceptors for a registered nursing education program.

(A) The minimum qualifications and academic preparation for administrator, faculty, teaching assistant and preceptor appointments for a registered nursing education program are as follows:

(1) For administrator of a program:

   (a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of the Administrative Code;

   (b) Experience for at least five years in the practice of nursing as a registered nurse, two of which have been as a faculty member in a registered nursing education program;

   (c) A master's degree with a major in nursing;

   (d) Current, valid licensure as a registered nurse in Ohio; and

   (e) If the program is a baccalaureate or graduate program, an earned doctoral degree;

(2) For an associate administrator of a program:

   (a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of the Administrative Code;

   (b) Experience for at least five years in the practice of nursing as a registered nurse, two of which have been as a faculty member in a registered nursing education program;

   (c) A master's degree with a major in nursing; and

   (d) Current, valid licensure as a registered nurse in Ohio;

(3) For faculty teaching a nursing course:

   (a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of the
Administrative Code;

(b) Experience for at least two years in the practice of nursing as a registered nurse;

(c) A master's degree;

(i) If the individual does not possess a bachelor of science in nursing degree, the master's or other academic degree, including, but not limited to a Ph.D., shall be in nursing;

(ii) If the individual possesses a bachelor of science in nursing degree, the master's degree may be, but is not required to be, in nursing; and

(d) Current, valid licensure as a registered nurse in Ohio;

(4) For a teaching assistant as defined in paragraph (NN) of rule 4723-5-01 of the Administrative Code:

(a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of the Administrative Code;

(b) Experience for at least two years in the practice of nursing as a registered nurse;

(c) A baccalaureate degree in nursing or enrollment in a graduate level course in a program for registered nurses to obtain a master's or doctoral degree with a major in nursing; and

(d) Current, valid licensure as a registered nurse in Ohio;

(5) For a preceptor as defined in paragraph (CC) of rule 4723-5-01 of the Administrative Code:

(a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of the Administrative Code;
(b) Experience for at least two years in the practice of nursing as a registered nurse with demonstrated competence in the area of clinical practice in which the preceptor provides supervision to a nursing student;

(c) A baccalaureate degree in nursing is preferred; and

(d) Current, valid licensure as a registered nurse in the jurisdiction or foreign country where the supervision of a nursing student's clinical experience occurs.

(B) The requirements of this rule do not prohibit an individual appointed to a position prior to February 1, 2008 from continuing to serve in the position if the individual met the rule requirements for the position at the time of appointment.

(C) An individual who is a foreign educated nurse graduate, as defined in paragraph (D) of rule 4723-7-01 of the Administrative Code, shall be deemed to have met the academic preparation for an administrator, faculty, teaching assistant or preceptor for a registered nursing education program specified in paragraphs (A)(1)(a), (A)(2)(a), (A)(3)(a), (A)(4)(a), and (A)(5)(a) of this rule, if the individual has practiced nursing as a registered nurse in the state of Ohio, or in another jurisdiction of the national council of state boards of nursing, for at least two years.
4723-5-11 Qualifications of administrators, faculty, teaching assistants and preceptors for a practical nursing education program.

(A) The minimum qualifications and academic preparation for administrator, faculty, teaching assistant and preceptor appointments for a practical nursing education program are as follows:

(1) For an administrator of a program:

(a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of the Administrative Code;

(b) At least five years of experience in the practice of nursing as a registered nurse, two of which have been as a faculty member of a registered or practical nursing education program;

(c) A master's degree;

(i) If the individual does not possess a bachelor of science in nursing degree, the master's or other academic degree, including, but not limited to a Ph.D., shall be in nursing.

(ii) If the individual possesses a bachelor of science in nursing degree, the master's degree may be, but is not required to be, in nursing; and

(d) Current, valid licensure as a registered nurse in Ohio;

(2) For an associate administrator of a program:

(a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of the Administrative Code;

(b) At least five years of experience in the practice of nursing as a registered nurse, including two years as a faculty member in a registered or practical nursing education program;

(c) A master's degree;

(i) If the individual does not possess a bachelor of science in nursing degree, the master's or other academic degree, including, but not limited to a Ph.D., shall be in nursing; and

(ii) If the individual possesses a bachelor of science in nursing degree, the master's degree may be, but is not required to be, in nursing; and

(d) Current, valid licensure as a registered nurse in Ohio;
degree, the master's or other academic degree, including, but not limited to a Ph.D., shall be in nursing;

(ii) If the individual possesses a bachelor of science in nursing degree, the master's degree may be, but is not required to be, in nursing; and

(d) Current, valid licensure as a registered nurse in Ohio;

(3) For faculty teaching a nursing course:

(a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of the Administrative Code;

(b) Experience for at least two years in the practice of nursing as a registered nurse;

(c) A baccalaureate degree in nursing; and

(d) Current, valid licensure as a registered nurse in Ohio;

(4) For a teaching assistant as defined in paragraph (NN) of rule 4723-5-01 of the Administrative Code:

(a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of the Administrative Code;

(b) Experience for at least two years in the practice of nursing as a registered nurse; and

(c) Current, valid licensure as a registered nurse in Ohio;

(5) For a preceptor as defined in paragraph (CC) of rule 4723-5-01 of the Administrative Code:

(a) Completion of an approved registered or practical nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of the Administrative Code;
(b) Experience for at least two years in the practice of nursing as a registered nurse or as a licensed practical nurse with demonstrated competence in the area of clinical practice in which the preceptor provides supervision to a nursing student;

(c) Current, valid licensure as a registered nurse or as a licensed practical nurse in the jurisdiction or foreign country where the supervision of a nursing student's clinical experience occurs.

(B) The requirements of this rule do not prohibit an individual appointed to a position prior to February 1, 2008 from continuing to serve in the position if the individual met the rule requirements for the position at the time of appointment.

(C) An individual who is a foreign educated nurse graduate, as defined in paragraph (D) of rule 4723-7-01 of the Administrative Code, shall be deemed to have met the academic preparation for an administrator, faculty, teaching assistant or preceptor for a practical nursing education program specified in paragraphs (A)(1)(a), (A)(2)(a), (A)(3)(a), (A)(4)(a), and (A)(5)(a) of this rule, if the individual has practiced nursing as a registered nurse in the state of Ohio, or in another jurisdiction of the national council of state boards of nursing, for at least two years.
The administrator of the program shall maintain records including the following:

(A) Records for currently enrolled nursing students that include:

   (1) Admission or transfer records;

   (2) Transcripts; and

   (3) Clinical experience evaluation records for each clinical course that reflect the
       student's achievement of the specific behavioral and cognitive skills and
       outcomes to successfully complete the course and to engage in safe and
       effective nursing practice;

   (4) Laboratory evaluation records for each course regarding nursing care of
       obstetrical patients, immediate newborns and pediatric patients, where high
       fidelity or mid or moderate fidelity simulation is used, that reflect the
       student's achievement of the specific behavioral and cognitive skills and
       outcomes to successfully complete the course, and to engage in safe and
       effective nursing practice;

   (5) Laboratory experience evaluation records for each course containing laboratory
       hours, not referenced in paragraph (A)(4) of this rule, that reflect the student's
       achievement of the specific behavioral and cognitive skills and outcomes to
       successfully complete the course, and to engage in safe and effective nursing
       practice;

(B) Records for all graduates of the program that shall include complete transcripts
    indicating the credential granted and the date of completion of the program;

(C) Records for the program that shall include the minutes of all scheduled faculty
    meetings;

(D) Records for each faculty and teaching assistant currently being utilized in the
    program that include:

   (1) Documentation of academic credentials, including copies of official academic
       transcripts;

   (2) A record that includes the time periods, by month and year of employment in
       clinical practice, and in teaching, and the names and locations of all
       employers in the field of nursing and nursing education; and
(3) Verification of current, valid licensure as a registered nurse in Ohio at the time of appointment, if the record has not been reviewed during a previous survey visit by the board, and at each licensure renewal.

(E) Records for preceptors that include:

(1) Verification of current, valid licensure as a registered nurse, or, for a practical nursing education program, as a licensed practical nurse, in the jurisdiction or foreign country where the supervision of a nursing student's clinical experience occurs; and

(2) A record demonstrating competency in the area of clinical practice in which the preceptor provides supervision to a nursing student, including the names and locations of employers in the field of nursing, and with time periods of employment, by month and year, demonstrating at least two years of nursing practice, and competency in the area of clinical practice in which the preceptor provides supervision to a nursing student.
Registered nurse licensure by endorsement.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

(A) A registered nurse applicant for licensure by endorsement shall satisfy the following:

(1) Have completed a registered nursing education program approved by a jurisdiction of the national council of state boards of nursing at the time the applicant completed the program;

(2) Submit a completed "Nursing Licensure by Endorsement Application," and the license application fee required by section 4723.08 of the Revised Code;

(3) As required by section 4723.09 of the Revised Code, submit to a criminal records check completed by the bureau of criminal identification and investigation the results of which indicate that the applicant for licensure by endorsement has not been convicted of, pleaded guilty to, or had a judicial finding of guilt for any violation set forth in section 4723.092 of the Revised Code;

(4) As required by section 4723.09 of the Revised Code, not be required to register under Chapter 2950. of the Revised Code or a substantially similar law of another state, the United States, or another country; and

(5) Have been originally licensed by examination to practice as a registered nurse and meet one of the following requirements:

(a) If originally licensed by examination prior to January 1, 1953, evidence of having passed an examination;

(b) If originally licensed by examination on or after January 1, 1953, but prior to July 1, 1982, achievement of a score of at least three hundred fifty on each subject tested in the "State Board Test Pool Examination";

(c) If originally licensed by examination on or after July 1, 1982, but prior to October 1, 1988, achievement of a score of at least one thousand six hundred on the NCLEX-RN; or

(d) If originally licensed by examination on or after October 1, 1988, achievement of a "pass" score on the NCLEX-RN;
(B) In addition to meeting the requirements in paragraph (A) of this rule, prior to licensure by endorsement as a registered nurse an applicant shall:

(1) Submit evidence of successful completion of a registered nursing education program according to paragraph (A)(1) of this rule;

(2) Have submitted directly from the jurisdiction of the applicant's original licensure by examination, or electronically from the national council of state boards of nursing, verification of licensure by examination as a registered nurse, as required by paragraph (A)(4) of this rule;

(3) Have submitted verification of current, valid licensure as a registered nurse directly from any jurisdiction of the national council of state boards of nursing, or electronically by the national council of state board of nursing;

(4) Submit to the board documentation of completion of two contact hours of continuing education that is directly related to Chapter 4723. of the Revised Code or rules adopted by the board, and that meets the requirements set forth in paragraph (C) of rule 4723-14-01 of the Administrative Code for category A education; and

(5) Submit any other documentation required by the board.

(C) The board may propose to deny licensure by endorsement pursuant to an adjudication conducted in accordance with Chapter 119. of the Revised Code.

(D) According to section 4723.09 of the Revised Code, the board may issue a nonrenewable temporary permit to practice nursing as a registered nurse to a registered nurse applicant for licensure by endorsement. A temporary permit expires at the earlier of one hundred eighty days after the permit is issued, or upon licensure by endorsement.

(E) An applicant for endorsement as a registered nurse who requests a temporary permit to practice nursing as a registered nurse in Ohio shall:

(1) Submit evidence of successful completion of a registered nursing education program according to paragraph (A)(1) of this rule;

(2)(1) Have submitted directly from the jurisdiction of the applicant's original licensure by examination, or electronically from the national council of state boards of nursing, verification of licensure by examination as a registered
nurse according to paragraph (A)(5) of this rule;

(2) Have submitted verification of current, valid licensure as a registered nurse directly from any jurisdiction of the national council of state boards of nursing, or electronically from the national council of state boards of nursing; and

(3) Submit any other documentation required by the board.

(F) The board shall immediately terminate the applicant's temporary permit upon notification of a criminal records check completed by the bureau of criminal identification and investigation that indicates the individual has been convicted of, plead guilty to, or had a judicial finding of guilt for any violation set forth in section 4723.092 of the Revised Code, or upon information that the permit holder is required to register under Chapter 2950. of the Revised Code or a substantially similar law of another state, the United States, or another country.

(G) If an applicant for licensure by endorsement as a registered nurse fails to meet the requirements for licensure within one year from the date the application is received, or the application remains incomplete for one year, the application shall be considered void and the fee forfeited. The application shall state the circumstances under which forfeiture may occur.
Practical nurse licensure by endorsement.

[Comment: Information regarding the availability and effective date of the materials incorporated by reference in this rule can be found in paragraph (G) of rule 4723-1-03 of the Administrative Code.]

(A) A practical nurse applicant for licensure by endorsement shall satisfy the following:

(1) Have completed:

(a) A practical nursing education program approved by a jurisdiction of the national council of state boards of nursing at the time the applicant completed the program;

(b) If the applicant has practiced and maintained current, valid licensure as a licensed practical nurse in another jurisdiction for a minimum continuous period of five years prior to the date of application, either:

   (i) A registered nursing education program approved by a jurisdiction of the national council of state boards of nursing, at the time the applicant completed the program; or

   (ii) A registered nursing education program not approved by a jurisdiction of the national council of state boards of nursing, for which the board has received from the program administrator or designee, or from the jurisdiction in which the applicant was originally licensed by examination as a licensed practical nurse, a copy of an official transcript or other documentation demonstrating that the applicant's educational preparation is substantially similar to that required for programs approved by the board;

(2) Submit a completed "Nursing Licensure by Endorsement Application," and the applicable license application fee required by section 4723.08 of the Revised Code;

(3) As required by section 4723.09 of the Revised Code, submit to a criminal records check completed by the bureau of criminal identification and investigation, the results of which indicate that the applicant for licensure by endorsement has not been convicted of, pleaded guilty to, or had a judicial finding of guilt for any violation set forth in section 4723.092 of the Revised Code;

(4) As required by section 4723.09 of the Revised Code, not be required to register
under Chapter 2950. of the Revised Code or a substantially similar law of another state, the United States, or another country; and

(5) Have been originally licensed to practice as a licensed practical nurse based upon passing a practical nurse examination and meet one of the following requirements:

(a) If originally licensed by examination on or after July 1, 1956, but prior to July 1, 1982, achievement of a score of at least three hundred fifty on the "State Board Test Pool Examination";

(b) If originally licensed by examination on or after July 1, 1982, but prior to October 1, 1988, achievement of a score of at least three hundred fifty on the NCLEX-PN; or

(c) If originally licensed by examination on or after October 1, 1988, achievement of a "pass" score on the NCLEX-PN.

(B) In addition to meeting the requirements in paragraph (A) of this rule, prior to licensure by endorsement as a practical nurse an applicant shall:

(1) Submit evidence of successful completion of a practical nursing program according to paragraph (A)(1) of this rule;

(2) Have submitted directly from the jurisdiction of the applicant's original licensure by examination, or electronically from the national council of state boards of nursing, verification of licensure by examination as a practical nurse, as required by paragraph (A)(5) of this rule;

(3) Have submitted verification of current, valid licensure as a licensed practical nurse directly from any jurisdiction of the national council of state boards of nursing or electronically by the national council of state boards of nursing;

(4) Submit to the board documentation of completion of two contact hours of continuing education that is directly related to Chapter 4723. of the Revised Code or rules adopted by the board and that meets the requirements set forth in paragraph (C) of rule 4723-14-01 of the Administrative Code for category A education; and

(5) Submit any other documentation required by the board.
(C) Upon the request of a practical nurse applicant for licensure by endorsement who satisfies the requirements of paragraphs (A) and (B) of this rule, the board may issue a license indicating one or both of the following:

(1) The applicant is authorized to administer medication according to division (F)(3) of section 4723.01 of the Revised Code if the applicant submits documentation satisfactory to the board of having successfully completed a course or course content in basic pharmacology;

(2) The applicant is authorized to provide adult intravenous therapy according to Chapter 4723-17 of the Administrative Code if the applicant submits documentation satisfactory to the board of meeting the requirements of section 4723.18 of the Revised Code and Chapter 4723-17 of the Administrative Code;

(D) The board may propose to deny licensure by endorsement pursuant to an adjudication conducted in accordance with Chapter 119. of the Revised Code.

(E) According to section 4723.09 of the Revised Code, the board may issue a nonrenewable temporary permit to practice nursing as a licensed practical nurse to a practical nurse applicant for licensure by endorsement. A temporary permit expires at the earlier of one hundred eighty days after the permit is issued, or upon licensure by endorsement.

(F) An applicant for licensure by endorsement as a practical nurse who requests a temporary permit to practice nursing as a licensed practical nurse in Ohio shall:

(1) Submit evidence of successful completion of a nursing education program according to paragraph (A)(1) of this rule;

(2)(1) Have submitted directly from the jurisdiction of the applicant's original licensure by examination, or electronically from the national council of state boards of nursing, verification of licensure by examination as a licensed practical nurse, according to paragraph (A)(5) of this rule;

(3)(2) Have submitted verification of current, valid licensure as a licensed practical nurse directly from any jurisdiction of the national council of state boards of nursing, or electronically from the national council of state boards of nursing, and if the applicant qualifies for licensure by endorsement as a practical nurse by satisfying the requirements of paragraph (A)(1)(c) of this rule, documentation that the applicant has practiced and maintained current, valid licensure as a licensed practical nurse in another jurisdiction for a continuous
period of five years prior to the date of application; and

(4)(3) Submit any other documentation required by the board.

(G) The board shall immediately terminate the applicant's temporary permit upon notification of a criminal records check completed by the bureau of criminal identification and investigation that indicates the individual has been convicted of, pleaded guilty to, or had a judicial finding of guilt for any violation set forth in section 4723.09 of the Revised Code, or upon information that the permit holder is required to register under Chapter 2950. of the Revised Code or a substantially similar law of another state, the United States, or another country.

(H) If an applicant for licensure by endorsement as a licensed practical nurse fails to meet the requirements for licensure within one year from the date the application is received, or the application remains incomplete for one year, the application shall be considered void and the fee forfeited. The application shall state the circumstances under which forfeiture may occur.
4723-9-10 Formulary; standards of prescribing for advanced practice registered nurses designated as clinical nurse specialists, certified nurse-midwives, or certified nurse practitioners.

(A) Definitions; for purposes of this rule and interpretation of the formulary set forth in paragraph (B) of this rule, located at http://www.nursing.ohio.gov/Practice-Prescribing.htm (effective 2017):

1. "Acute pain" means pain that normally fades with healing, is related to tissue damage, significantly alters a patient's typical function, and is expected to be time-limited and not more than six weeks in duration.

2. "Chronic pain" means pain that has persisted after reasonable medical efforts have been made to relieve it and continues either episodically or continuously for twelve or more weeks following initial onset of pain. It may be the result of an underlying medical disease or condition, injury, medical treatment, inflammation, or unknown cause. "Chronic pain" does not include pain associated with a terminal condition or with a progressive disease that, in the normal course of progression, may reasonably be expected to result in a terminal condition.

3. "Extended-release or long-acting opioid analgesic" means an opioid analgesic that:

   (a) Has United States food and drug administration approved labeling indicating that it is an extended-release or controlled release formulation;

   (b) Is administered via a transdermal route; or

   (c) Contains methadone.

4. "Family member" means a spouse, parent, child, sibling or other individual with respect to whom an advanced practice registered nurse's personal or emotional involvement may render the advanced practice registered nurse unable to exercise detached professional judgment in reaching diagnostic or therapeutic decisions.

5. "Hospice care program" has the same meaning as in section 3712.01 of the Revised Code.

6. "ICD-10-CM medical diagnosis code" means the disease code in the most current international classification of diseases, clinical modifications
published by the United States department of health and human services.

(7) "Opioid analgesic" has the same meaning as in section 3719.01 of the Revised Code, and means a controlled substance that has analgesic pharmacological activity at the opioid receptors of the central nervous system, including but not limited to the following drugs and their varying salt forms or chemical congeners: buprenorphine, butorphanol, codeine (including acetaminophen and other combination products), dihydrocodeine, fentanyl, hydrocodone (including acetaminophen combination products), hydromorphone, meperidine, methadone, morphine sulfate, oxycodone (including acetaminophen, aspirin, and other combination products), oxymorphone, tapentadol, and tramadol.

(8) "Medication therapy management" has the same meaning as in rules adopted by agency 4729 of the Administrative Code.

(9) "Minor" has the same meaning as in section 3719.061 of the Revised Code.

(10) "Morphine equivalent daily dose (MED)" means a conversion of various opioid analgesics to a morphine equivalent dose by the use of accepted conversion tables provided by the state board of pharmacy at: https://www.ohiopmp.gov/MED_Calculator.aspx (effective 2017).

(11) "Palliative care" has the same meaning as in section 3712.01 of the Revised Code.

(12) "Sub-acute pain" means pain that has persisted after reasonable medical efforts have been made to relieve it and continues either episodically or continuously for more than six weeks but less than twelve weeks following initial onset of pain. It may be the result of an underlying medical disease or condition, injury, medical or surgical treatment, inflammation, or unknown cause.

(13) "Terminal condition" has the same meaning as in section 2123.01 of the Revised Code means an irreversible, incurable, and untreatable condition caused by disease, illness, or injury from which, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by a physician who has examined the patient, both of the following apply:

(a) There can be no recovery;

(b) Death is likely to occur within a relatively short time if life-sustaining
treatment is not administered.

(B) The committee on prescriptive governance shall establish a recommended exclusionary formulary located at http://www.nursing.ohio.gov/Practice-Prescribing.htm (effective 2017), that may specify the exclusion of therapeutic devices, individual drugs or subtypes of individual drugs-Exclusionary Formulary. A certified nurse practitioner, clinical nurse specialist or certified nurse midwife shall not prescribe or furnish any drug or device in violation of federal or Ohio law, or rules adopted by the board, including this rule. The prescriptive authority of a certified nurse practitioner, clinical nurse specialist and certified nurse midwife shall not exceed the prescriptive authority of the collaborating physician or podiatrist.

(C) The recommended exclusionary formulary shall not permit the prescribing or furnishing of any drug or device prohibited by federal or state law, or rules adopted by the board, including this rule.

(D) The formulary established by the committee on prescriptive governance shall be available on the Ohio board of nursing web site, located at http://www.nursing.ohio.gov/Practice-Prescribing.htm (effective 2017).

(E) The committee on prescriptive governance shall review the exclusionary formulary located at http://www.nursing.ohio.gov/Practice-Prescribing.htm (effective 2017), for additions or deletions at least twice a year, and submit the recommended exclusionary formulary to the board. After reviewing a formulary submitted by the committee, the board may either adopt the formulary as a rule or ask the committee to reconsider and resubmit the formulary. The board shall not adopt any rule that does not conform to a formulary developed by the committee.

(F) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may prescribe any drug or therapeutic device in any form or route of administration if:

(1) The ability to prescribe the drug or therapeutic device is within the scope of practice in the advanced practice registered nurse’s specialty area;

(2) The prescription is consistent with the terms of a standard care arrangement entered into with a collaborating physician;

(3) The prescription would not exceed the prescriptive authority of the collaborating physician, including restrictions imposed on the physician’s practice by action of the United States drug enforcement administration or the state medical board, or by the state medical board rules, including but not limited to rule 4731-11-09 of the Administrative Code;
(4) The individual drug or subtype or therapeutic device is not one excluded by the exclusionary formulary set forth in paragraph (B) of this rule, located at http://www.nursing.ohio.gov/Practice-Prescribing.htm (effective 2017);

(5) The prescription meets the requirements of state and federal law, including but not limited to this rule, and all prescription issuance rules adopted by agency 4729 of the Administrative Code;

(6) A valid prescriber-patient relationship exists. This relationship may include, but is not limited to:

(a) Obtaining a relevant history of the patient;

(b) Conducting a physical or mental examination of the patient;

(c) Rendering a diagnosis;

(d) Prescribing medication;

(e) Consulting with the collaborating physician when necessary; and

(f) Documenting these steps in the patient's medical records;

(7) Notwithstanding paragraph (F)(D)(6) of this rule, a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may prescribe or personally furnish a drug according to section 4723.4810 of the Revised Code to not more than a total of two individuals who are sexual partners of the advanced practice registered nurse's patient.

(8) If the patient is a family member, acceptable and prevailing standards of safe nursing care require that the advanced practice registered nurse maintain detached professional judgment. The advanced practice registered nurse shall not prescribe to a family member unless:

(a) The advanced practice registered nurse is able to exercise detached professional judgment in reaching diagnostic or therapeutic decisions;

(b) The prescription is documented in the patient's record.

(9) Controlled substances. For drugs that are a controlled substance:
(a) The advanced practice registered nurse has obtained a United States drug enforcement administration registration, except if not required to do so as provided in rules adopted by agency 4729 of the Administrative Code, and indicates the number on the prescription;

(b) The prescription indicates the ICD-10-CM medical diagnosis code of the primary disease or condition that the controlled substance is being used to treat. The code shall, at minimum, include the first four alphanumeric characters of the ICD-10 CM medical diagnosis code, sometimes referred to as the category and etiology (ex. M165);

(c) The prescription indicates the days' supply of the controlled substance prescription.

(d) The patient is not a family member; and

(e) The advanced practice registered nurse shall not self-prescribe a controlled substance.

Schedule II controlled substances. Except as provided in paragraph (H)(5) of this rule, a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may prescribe a schedule II controlled substance only in situations where all of the following apply:

(1) A patient has a terminal condition;

(2) A physician initially prescribed the substance for the patient; and

(3) The prescription is for a quantity that does not exceed the amount necessary for the patient's use in a single, seventy-two hour period.

Subject to the requirements set forth in paragraphs (H)(5), (H)(L), and (M)(K) of this rule, a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may prescribe a schedule II controlled substance, if not excluded by the exclusionary formulary set forth in paragraph (B) of this rule, located at http://www.nursing.ohio.gov/Practice-Prescribing.htm (effective 2017), if the advanced practice registered nurse issues the prescription to the patient from any of the following locations:

(1) A hospital registered under section 3701.07 of the Revised Code;
(2) An entity owned or controlled, in whole or in part, by a hospital or by an entity that owns or controls, in whole or in part, one or more hospitals;

(3) A health care facility operated by the department of mental health or the department of developmental disabilities;

(4) A nursing home licensed under section 3721.02 of the Revised Code or by a political subdivision certified under section 3721.09 of the Revised Code;

(5) A county home or district home operated under Chapter 5155. of the Revised Code that is certified under the medicare or medicaid program;

(6) A hospice care program;

(7) A community mental health agency, as defined in section 5122.01 of the Revised Code;

(8) An ambulatory surgical facility, as defined in section 3702.30 of the Revised Code;

(9) A freestanding birthing center, as defined in section 3702.141 of the Revised Code;

(10) A federally qualified health center, as defined in section 3701.047 of the Revised Code;

(11) A federally qualified health center look-alike, as defined in section 3701.047 of the Revised Code;

(12) A health care office or facility operated by the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code;

(13) A site where a medical practice is operated, but only if the practice is comprised of one or more physicians who also are owners of the practice; the practice is organized to provide direct patient care; and the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner providing services at the site has a standard care arrangement and collaborates with at least one of the physician owners who practices primarily at that site; or
(14) A residential care facility, as defined in section 3721.01 of the Revised Code.

(14)(G) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall not issue to a patient a prescription for a schedule II controlled substance from a convenience care clinic even if the clinic is owned or operated by an entity specified in paragraph (14)(F) of this rule.

(14)(H) Acute pain. For the treatment of acute pain, a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall comply with the following:

(1) Extended-release or long-acting opioid analgesics shall not be prescribed for the treatment of acute pain;

(2) Before prescribing an opioid analgesic, the advanced practice registered nurse shall first consider non-opioid treatment options. If opioid analgesic medications are required as determined by history and physical examination, the prescription should be for the minimum quantity and potency needed to treat the expected duration of pain, with a presumption that a three-day supply or less is frequently sufficient;

(3) In all circumstances where opioid analgesics are prescribed for acute pain:

(a) Except as provided in paragraph (14)(H)(3)(a)(iii) of this rule, the duration of the first opioid analgesic prescription for the treatment of an episode of acute pain shall be:

(i) For adults, not more than a seven-day supply with no refills;

(ii) For minors, not more than a five-day supply with no refills. As set forth in section 4723.481 of the Revised Code, the advanced practice registered nurse shall comply with section 3719.061 of the Revised Code, including but not limited to obtaining the parent or guardian's written consent prior to prescribing an opioid analgesic to a minor;

(iii) The seven-day limit for adults and five-day limit for minors may be exceeded for pain that is expected to persist for longer than seven days based on the pathology causing the pain. In this circumstance, the reason that the limits are being exceeded and the reason that a non-opioid analgesic medication was not appropriate to treat the patient's condition shall be documented in
the patient’s medical record; and

(iv) If a patient is intolerant of or allergic to an opioid medication initially prescribed, a prescription for a different opioid medication may be issued at any time during the initial seven-day or five-day dosing period, and the new prescription shall be subject to the requirements of this rule. The patient’s intolerance or allergy shall be documented in the patient’s medical record, and the patient advised to safely dispose of the unused medication;

(b) The patient, or a minor’s parent or guardian, shall be advised of the benefits and risks of the opioid analgesic, including the potential for addiction, and the advice shall be documented in the patient’s medical record; and

(c) The total morphine equivalent dose (MED) of a prescription for opioid analgesics for treatment of acute pain shall not exceed an average of thirty MED per day, except when:

(i) The circumstances set forth in paragraph (A)(3)(c) of rule 4731-11-13 of the Administrative Code exist; and

(ii) The patient’s treating physician has entered a standard care arrangement with the advanced practice registered nurse that states the understanding of the physician as to when the advanced practice registered nurse may exceed the thirty MED average, and when the advanced practice registered nurse must consult with the physician prior to exceeding the thirty MED average. The standard care arrangement in this circumstance must comply with rule 4731-11-13 of the Administrative Code, and the advanced practice registered nurse must document in the patient’s record the reason for exceeding the thirty MED average and the reason it is the lowest dose consistent with the patient’s medical condition.

(κ)(1) The requirements of paragraph (κ)(1) of this rule apply to treatment of acute pain, and do not apply when an opioid analgesic is prescribed:

(1) To a patient an individual who is in a hospice care program;

(2) To a patient an individual who is receiving palliative care;
(3) To a patient, an individual who has been diagnosed with a terminal condition, as that term is defined in paragraph (A) of this rule; or

(4) To a patient, an individual who has cancer or a condition associated with the individual's cancer or history of cancer.

(\(\rightarrow\)) The requirements of paragraph (\(\rightarrow\)) of this rule do not apply to:

(1) Prescriptions for opioid analgesics for the treatment of opioid addiction utilizing a controlled substance that is approved by the FDA for opioid detoxification or maintenance treatment; or

(2) Inpatient prescriptions as defined in rules adopted by agency 4729 of the Administrative Code.

(M4)(K) Sub-acute and chronic pain. As specified in section 4723.481 of the Revised Code, for treatment of sub-acute and chronic pain, a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall prescribe in a manner not exceeding the prescriptive authority of the collaborating physician or podiatrist. Prescribing parameters specifically include, but are not limited to, the following requirements set forth in rule 4731-11-14 of the Administrative Code:

(1) Prior to treating, or continuing to treat sub-acute or chronic pain with an opioid analgesic, the advanced practice registered nurse shall first consider and document non-medication options. If opioid analgesic medications are required as determined by a history and physical examination, the advanced practice registered nurse shall prescribe the minimum quantity and potency needed to treat the expected duration of pain and improve the patient's ability to function;

(2) Before prescribing an opioid analgesic for sub-acute or chronic pain, the advanced practice registered nurse shall complete or update and document in the patient record assessment activities to assure the appropriateness and safety of the medication, as required by rule 4731-11-14 of the Administrative Code, including but not limited to:

(a) Completing an OARRS check in compliance with rule 4723-9-12 of the Administrative Code;

(b) Offering the patient a prescription for naloxone if the following circumstances exist:
(i) The patient has a prior history of opioid overdose;

(ii) The patient is co-prescribed a benzodiazepine, sedative hypnotic drug, carisprodal, tramadol, or gabapentin;

(iii) The patient has a concurrent substance use disorder; or

(iv) The dosage exceeds eighty MED as discussed in paragraph (M)(K)(5) of this rule;

(c) The advanced practice registered nurse shall consider offering the patient a prescription for naloxone if the dosage exceeds fifty MED as discussed in paragraph (M)(K)(4) of this rule.

(3) During the course of treatment with an opioid analgesic at doses below the average of fifty MED per day, the advanced practice registered nurse shall provide periodic follow-up assessment and documentation of the patient's functional status, the patient's progress toward treatment objectives, indicators of possible addiction, drug abuse or diversion, and any adverse drug effects.

(4) Fifty MED. Prior to increasing the opioid dosage to a daily average of fifty MED or greater, the advanced practice registered nurse shall complete and document in the patient record the activities and information set forth in rule 4731-11-14 of the Administrative Code, including but not limited to the following:

(a) Review and update the assessment completed in paragraph (M)(K)(2) of this rule if needed. The advanced practice registered nurse may rely on an appropriate assessment completed within a reasonable time if the advanced practice registered nurse is satisfied that he or she may rely on that information for purposes of meeting the requirements of Chapter 4723-8 and Chapter 4723-9 of the Administrative Code;

(b) Except when the patient was prescribed an average daily dosage that exceeded fifty MED before the effective date of this rule, document consideration of:

(i) Consultation with a specialist in the area of the body affected by the pain;
(ii) Consultation with a pain management specialist;

(iii) Obtaining a medication therapy management review by a pharmacist;

(iv) Consultation with a specialist in addiction medicine or addiction psychiatry, if aberrant behaviors indicating medication misuse or substance use disorder are noted;

(c) The advanced practice registered nurse shall consider offering the patient a prescription for naloxone if the dosage exceeds fifty MED as discussed in paragraph (M)(5)(K)(4) of this rule;

(d) During the course of treatment with an opioid analgesic at doses at or above the average of fifty MED per day, the advanced practice registered nurse shall complete and document in the patient record all of the information and activities required by rule 4731-11-14 of the Administrative Code not less than every three months.

(5) Eighty MED. Prior to increasing the opioid dosage to a daily average of eighty MED or greater, the advanced practice registered nurse shall complete and document in the patient record the activities and information set forth in rule 4731-11-14 of the Administrative Code, including but not limited to the following:

(a) A written pain management agreement shall be entered with the patient that outlines the advanced practice registered nurse's and patient's responsibilities during treatment, which requires the patient or patient guardian's agreement to all of the provisions set forth in rule 4731-11-14 of the Administrative Code;

(b) The advanced practice registered nurse shall offer the patient a prescription for naloxone;

(c) Except when the patient was prescribed an average daily dosage that exceeded eighty MED before the effective date of this rule, the advanced practice registered nurse shall obtain at least one of the following based upon the patient's clinical presentation:

(i) Consultation with a specialist in the area of the body affected by the pain;
(ii) Consultation with a pain management specialist;

(iii) A medication therapy management review by a pharmacist; or

(iv) Consultation with a specialist in addiction medicine or addiction psychiatry, if aberrant behaviors indicating medication misuse or substance use disorder are noted.

(6) One hundred twenty MED. The advanced practice registered nurse shall not prescribe a dosage that exceeds an average of one hundred twenty MED per day. This prohibition shall not apply under the following circumstances:

(a) The advanced practice registered nurse holds national certification in pain management or hospice and palliative care by a national certifying organization approved according to section 4723.46 of the Revised Code in:

(i) Pain management;

(ii) Hospice and palliative care;

(iii) Oncology; or

(iv) Hematology;

(b) The advanced practice registered nurse has received a written recommendation for a dosage exceeding an average of one hundred twenty MED per day from a board certified pain medicine physician, or board certified hospice and palliative care physician, who based the recommendation on a face-to-face visit and examination of the patient. The advanced practice registered nurse shall maintain the written recommendation in the patient's record; or

(c) The patient was receiving an average daily dose of one hundred twenty MED or more prior to the effective date of this rule. However, prior to escalating the patient's dose, the advanced practice registered nurse shall receive a written recommendation as set forth in paragraph (M)(K)(6)(b) of this rule.

(7) The requirements of paragraph (M)(K) of this rule do not apply when an opioid analgesic is prescribed:
(a) To an individual patient who is in a hospice care program;

(b) To an individual patient who has terminal cancer or another terminal condition, as that term is defined in paragraph (A) of this rule; or

(c) As an inpatient prescription as defined in rules adopted by agency 4729 of the Administrative Code.

Drugs approved by the FDA but not yet reviewed and approved by the committee on prescriptive governance may be prescribed, unless later disapproved by the committee on prescriptive governance, if:

(1) The drug type or subtype is not excluded on the formulary set forth in paragraph (B) of this rule, located at http://www.donaing.ohio.gov/Practice.htm (effective 2017); and

(2) The collaborating physician has agreed in the standard care arrangement that the advanced practice registered nurse may prescribe drugs approved by the FDA, that meet the criteria set forth in paragraphs (N)(L)(1) and (N)(L)(2) of this rule, that have not yet been reviewed and approved by the committee on prescriptive governance.

As specified in section 4723.44 of the Revised Code, a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall not prescribe any drug or device to perform or induce an abortion.

As specified in section 4723.488 of the Revised Code, notwithstanding the requirements of this rule, a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may prescribe or personally furnish naloxone.

The requirements of paragraph (D)(9) of this rule apply to prescriptions for products that contain gabapentin.
Medication-assisted treatment.

(A) Definitions; for purposes of this rule and interpretation of the formulary set forth in rule 4723-9-10 of the Administrative Code, located at http://www.nursing.ohio.gov/Practice-Prescribing.htm (effective May 17, 2017):

(1) "Community addiction services provider" has the same meaning as in section 5119.01 of the Revised Code.

(2) "Community mental health services provider" has the same meaning as in section 5119.01 of the Revised Code.

(3) "Controlled substance," "schedule III," "schedule IV," and "schedule V" have the same meanings as in section 3719.01 of the Revised Code.

(4) "FDA" means the United States food and drug administration.

(5) "Induction phase" means the phase of opioid treatment during which maintenance medication dosage levels are adjusted until a patient attains stabilization.

(6) "Medication-assisted treatment" means alcohol or drug addiction services that are accompanied by medication that has been approved by the United States food and drug administration for the treatment of substance use disorder, prevention of relapse of substance use disorder, or both.

(7) "Office-based opioid treatment" or "OBOT" means medication-assisted treatment of opioid dependence or addiction utilizing controlled substances, in a private office or public sector clinic that is not otherwise regulated, by practitioners who are authorized to prescribe outpatient supplies of medications approved by the FDA for the treatment of opioid addiction or prevention of relapse. OBOT includes treatment with all controlled substance drugs medications approved by the FDA for such treatment. OBOT does not include treatment that occurs in the following settings:

(a) A state or local correctional facility, as defined in section 5163.45 of the Revised Code;

(b) A hospital, as defined in section 3727.01 of the Revised Code;

(c) A provider certified to provide residential and inpatient substance use disorder services, including withdrawal management, by the Ohio department of mental health and addiction services;
(d) An opioid treatment program certified by SAMHSA and accredited by an independent, SAMHSA-approved accrediting body; or

(c) A youth services facility, as defined in section 103.75 of the Revised Code.

(8) "OARRS" means the "Ohio Automated RX Reporting System" drug database established and maintained pursuant to section 4729.75 of the Revised Code.

(9) "Qualified behavioral healthcare provider" means the following who is practicing within the scope of professional licensure:

(a) A medical doctor or doctor of osteopathic medicine and surgery who holds board certification in addiction medicine or addiction psychiatry, or a psychiatrist, licensed under Chapter 4731. of the Revised Code;

(b) A licensed independent chemical dependency counselor-clinical supervisor, licensed independent chemical dependency counselor, licensed chemical dependency counselor III, or licensed chemical dependency counselor II, or licensed chemical dependency counselor assistant licensed under Chapter 4758. of the Revised Code;

(c) A professional clinical counselor, licensed professional counselor, licensed independent social worker, licensed social worker, or marriage and family therapist, licensed under Chapter 4757. of the Revised Code;

(d) An advanced practice registered nurse licensed as a clinical nurse specialist or certified nurse practitioner licensed by the board, who holds national certification in psychiatric mental health, or clinical nurse specialist who was not required to obtain national certification according to section 4723.41 of the Revised Code, and whose specialty is psychiatric mental health; or

(e) A psychologist, as defined in division (A) of section 4732.01 of the Revised Code, licensed under Chapter 4732. of the Revised Code; or

(f) An advanced practice registered nurse licensed by the board who holds additional certification as a certified addictions registered nurse-advanced practice issued by the addictions nursing certification board.
Nothing in paragraph (A)(9) of this rule shall be construed to prohibit an advanced practice registered nurse who collaborates with a physician licensed under Chapter 4731. of the Revised Code and certified as an addiction psychiatrist, addictionologist, or psychiatrist, from providing services within the normal course of practice and expertise of the collaborating physician, including addiction services, other mental health services, and prescriptive services in compliance with Ohio and federal law and rules.

(10) "SAMHSA" means the United States substance abuse and mental health services administration.

(11) "Stabilization phase" means the medical and psychosocial process of assisting the patient through acute intoxication and withdrawal management to the attainment of a medically stable, fully supported substance-free state, which may include the assistance of medications.

(B) A clinical nurse specialist, certified nurse midwife or certified nurse practitioner who holds a current valid advanced practice registered nurse license may provide medication-assisted treatment, including prescribing controlled substances in schedule III, IV or V, if the clinical nurse specialist, certified nurse midwife or certified nurse practitioner:

(1) Complies with section 3719.064 of the Revised Code, and all federal and state laws and regulations governing the prescribing of the medication, including but not limited to incorporating into the advanced practice registered nurse's practice knowledge of Chapter 4729. of the Revised Code, and Chapter 4731. of the Revised Code and rules adopted under that Chapter that govern the practice of the advanced practice registered nurse's collaborating physician;

(2) Completes at least eight hours of continuing nursing education in each renewal period related to substance abuse and addiction. Courses completed in compliance with this requirement shall be accepted toward meeting the continuing education requirements for biennial renewal of the advanced practice registered nurse license; and

(3) Only provides medication-assisted treatment if the treatment is within the collaborating physician's normal course of practice and expertise.

(C) In addition to the requirements for medication-assisted treatment set forth in paragraph (B) of this rule, a clinical nurse specialist or certified nurse practitioner may provide OBOT under the following circumstances:
(1) The standard care arrangement statement of services offered includes OBOT;

(2) The advanced practice registered nurse performs, or confirms the completion of, and documents a patient assessment that includes all of the following:

   (a) A comprehensive medical and psychiatric history;

   (b) A brief mental status history;

   (c) Substance abuse history;

   (d) Family history and psychosocial supports;

   (e) Appropriate physical examination;

   (f) Urine drug screen or oral fluid drug testing;

   (g) Pregnancy test for women of childbearing age and ability;

   (h) Review of patient's prescription information in OARRS;

   (i) Testing for human immunodeficiency virus;

   (j) Testing for hepatitis B;

   (k) Testing for hepatitis C;

   (l) Consideration of screening for tuberculosis and sexually-transmitted diseases in patients with known risk factors.

   (m) For other than the toxicology tests for drugs and alcohol, appropriate history, substance abuse history, and pregnancy test, the advanced practice registered nurse may satisfy the assessment requirements by reviewing records from a physical examination and laboratory testing of the patient that was conducted within a reasonable period of time prior to the visit.

   (n) If any part of the assessment cannot be completed prior to the initiation of OBOT, the advanced practice registered nurse shall document the reasons in the medical record.
(3) The advanced practice registered nurse establishes and documents a treatment plan that includes all of the following:

(a) The advanced practice registered nurse's rationale for selection of the specific drug to be used in the medication-assisted treatment;

(b) Patient education;

(c) The patient's written, informed consent;

(d) Random urine-drug screens or oral fluid drug testing;

(e) A signed treatment agreement with the patient that outlines the responsibilities of the patient and the advanced practice registered nurse;

(f) A plan for psychosocial treatment as discussed in paragraph (C)(5) of this rule;

(4) The advanced practice registered nurse shall provide OBOT in accordance with an acceptable treatment protocol for assessment, induction, stabilization, maintenance and tapering. Acceptable protocols are any of the following:

(a) SAMSHA treatment improvement protocol publications for medication-assisted treatment available from the SAMSHA website at: https://store.samhsa.gov/list-series/series-name=TIP-Series-Treatment-Improvement-Protocol

(b) "National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use," approved by the American society of addiction medicine in 2013-2015, and available from the website of the American society of addiction medicine at https://www.asam.org/Ohio department of mental health and addiction services at

(5) Except if the advanced practice registered nurse is a qualified behavior healthcare provider, the The advanced practice registered nurse shall refer and work jointly with a qualified behavioral healthcare provider, community mental health services provider, or community addiction services provider to determine the optimal type and intensity of psychosocial treatment for the patient and document the treatment plan in the patient record.
(a) The treatment shall at minimum include a psychosocial needs assessment, supportive counseling, links to existing family supports, and referral to community services;

(b) The treatment shall include at least one of the following interventions:

(i) Cognitive behavioral treatment;

(ii) Community reinforcement approach;

(iii) Contingency management/motivational incentives; or

(iv) Behavioral couples counseling;

(c) The treatment plan shall include a structure for renegotiation of the treatment plan if the patient does not adhere to the original plan.

(6) When clinically appropriate or and if the patient refuses treatment from a qualified behavioral healthcare provider, community mental health services provider, or community addiction services provider, the advanced practice registered nurse shall ensure that the OBOT treatment plan requires the patient to participate in a twelve step program or appropriate self-help recovery program. If the patient is required to participate in a twelve step program or self-help recovery program, the advanced practice registered nurse shall require the patient to provide documentation of on-going participation in the program.

(7) If the advanced practice registered nurse refers the patient to a qualified behavioral health service provider, community addiction services provider, or community mental health services provider, the advanced practice registered nurse shall document the referral and the advanced practice registered nurse's meaningful interactions with the provider in the patient record.

(8) The advanced practice registered nurse shall offer the patient a prescription for a naloxone kit.

(a) The advanced practice registered nurse shall ensure that the patient receives instruction on the kit's use including, but not limited to, recognizing the signs and symptoms of overdose and calling 911 in an overdose situation.
(b) The advanced practice registered nurse shall offer the patient a new prescription for naloxone upon expiration or use of the old kit.

(b)(c) The advanced practice registered nurse shall be exempt from this requirement set forth in paragraph (C)(9)(a) of this rule does not apply if the patient refuses the prescription. If the patient refuses the prescription the advanced practice registered nurse shall provide the patient with information on where to obtain a kit without a prescription.

(9) If the advanced practice registered nurse provides OBOT using buprenorphine products, the following additional requirements must be met:

(a) The provision shall comply with the FDA approved "Risk Evaluation and Mitigation Strategy" for buprenorphine products, which can be found on the FDA website at the following address: https://www.accessdata.fda.gov/scripts/cder/remis/index.cfm. With the exception of those conditions listed in paragraph (C)(9)(b) of this rule, the advanced practice registered nurse who treats an opioid use disorder with a buprenorphine product shall only prescribe a combination product of buprenorphine/naloxone combination products and naloxone for use in OBOT.

(b) The advanced practice registered nurse shall prescribe buprenorphine without naloxone (buprenorphine mono-product) only in the following situations, and shall fully document the evidence for the decision to use buprenorphine mono-product in the patient's record:

(i) When the patient is pregnant or breast-feeding;

(ii) When converting the patient from methadone or a buprenorphine mono-product to a buprenorphine/naloxone combination product containing naloxone for a period not to exceed seven days;

(iii) In formulations other than tablet or film form for indications approved by the FDA;

(iv) For withdrawal management when a combination product of buprenorphine/naloxone combination product and naloxone is contraindicated, with the contraindication documented in the patient record; or

(v) When the patient has an allergy to or intolerance of a combination
product of buprenorphine/naloxone combination product and naloxone, after explaining to the patient the difference between an allergic reaction and symptoms of opioid withdrawal precipitated by buprenorphine or naloxone, and with documentation included in the patient record.

(c) Due to a higher risk of fatal overdose when buprenorphine is prescribed with other opioids, benzodiazepines, sedative hypnotics, carisoprodol, and tramadol, the advanced practice registered nurse shall only co-prescribe these substances when it is medically necessary, where are extenuating circumstances, and only if:

(i) The advanced practice registered nurse verifies the diagnosis for which the patient is receiving the other drug and coordinates care with the prescriber for the other drug, including discussing with the prescriber whether it is possible to taper the drug to discontinuation. If the advanced practice registered nurse prescribing buprenorphine is the prescriber of the other drug, the advanced practice registered nurse shall taper the other drug to discontinuation, if possible if it is safe to do so. The advanced practice registered nurse shall educate the patient about the serious risks of the combined use; and

(ii) The advanced practice registered nurse documents progress in achieving the tapering plan in the patient record.

(d) During the induction phase, the advanced practice registered nurse shall not prescribe a dosage that exceeds the recommendation in the FDA approved labeling, except for medically indicated circumstances as documented in the patient record. The advanced practice registered nurse shall see the patient at least once per week during this phase.

(e) During the stabilization phase, when using any oral formulation of buprenorphine, the advanced practice registered nurse shall increase the daily dosage of buprenorphine in safe and effective increments to achieve the lowest dose that avoids intoxication, withdrawal, or significant drug craving.

(i) During the first ninety days of treatment, the advanced practice registered nurse shall prescribe no more than a two-week supply of the buprenorphine product containing naloxone.

(ii) Starting with the ninety-first day of treatment and until the
completion of twelve months of treatment, the advanced practice
registered nurse shall prescribe no more than a thirty-day supply
of the buprenorphine product containing naloxone.

(f) The advanced practice registered nurse shall take steps to reduce the
chances of buprenorphine diversion by using the lowest effective dose,
appropriate frequency of office visits, pill counts, and checks of
OARRS. The advanced practice registered nurse shall also require urine
drug screens, or serum medication levels, or oral fluid testing at least
twice per quarter for the first year of treatment and at least
once per quarter thereafter.

(g) When using any oral formulation of buprenorphine, the advanced practice
registered nurse shall document in the patient record the rationale for
prescribed doses exceeding sixteen milligrams of buprenorphine per
day. The advanced practice registered nurse shall not prescribe a dose
of buprenorphine exceeding twenty-four milligrams per day.

(h) The advanced practice registered nurse shall incorporate relapse
prevention strategies into counseling or assure that they are addressed
by a qualified behavioral healthcare provider who has the education and
experience to provide substance abuse counseling.

(i) The advanced practice registered nurse may treat a patient using the
administration of extended-release, injectable, or implanted
buprenorphine under the following circumstances:

(i) The advanced practice registered nurse strictly complies with any
required risk evaluation and mitigation strategy program for the
drug;

(ii) The advanced practice registered nurse shall prescribe an
extended-release buprenorphine product strictly in accordance
with the FDA's approved labeling for the drug's use;

(iii) The advanced practice registered nurse documents in the patient
record the rationale for the use of the extended-release product;
and

(iv) The advanced practice registered nurse who orders or prescribes
extended-release, injectable, or implanted buprenorphine product
shall administer the drug, or require it to be administered by
another Ohio licensed health care provider acting in accordance with the scope of their professional license.

(10) If the clinical nurse specialist or certified nurse practitioner is using naltrexone to treat opioid use disorder, the advanced practice registered nurse shall comply with the following additional requirements:

(a) Prior to treating a patient with naltrexone, the advanced practice registered nurse shall inform the patient about the risk of opioid overdose if the patient ceases naltrexone and then uses opioids. The advanced practice registered nurse shall take measures to ensure that the patient is adequately detoxified from opioids and is no longer physically dependent prior to treatment with naltrexone;

(b) The advanced practice registered nurse shall use oral naltrexone only for treatment of patients who can be closely supervised and who are highly motivated;

(i) The dosage regime shall strictly comply with the FDA approved labeling for naltrexone hydrochloride tablets;

(ii) The patient shall be encouraged to have a support person assist with the administration of the medication and supervise the medication. Examples of a support person are a family member, close friend, or employer;

(c) The advanced practice registered nurse shall require urine drug screens or serum medication levels or oral fluid testing at least every three months for the first year of treatment and at least every six months thereafter;

(d) The advanced practice registered nurse shall incorporate relapse prevention strategies into counseling or assure that they are addressed by a qualified behavioral healthcare or mental health services provider who has education and experience to provide substance abuse counseling.

(e) The advanced practice registered nurse may treat a patient with extended-release naltrexone for opioid dependence or for co-occurring opioid and alcohol use disorders.

(i) The advanced practice registered nurse should consider treatment
with extended-release naltrexone for patients who have issues with treatment adherence;

(ii) The injection dosage shall strictly comply with FDA labeling for extended-release naltrexone; and

(iii) The advanced practice registered nurse shall incorporate relapse prevention strategies into counseling or assure that they are addressed by a qualified behavioral healthcare provider or mental health services provider who has the education and experience to provide substance abuse counseling.
Definitions pertaining to prevention of disease transmission and infection control.

For the purposes of this chapter, the following definitions shall apply:

(A) "Aseptic technique" means practices used to reduce or eliminate microorganisms.

(B) "Exposure-prone activity" means an activity in which there is a risk of disease transmission by virtue of any of the following:

   (1) Direct contact with a disease source that includes:

      (a) Airborne transmission or droplet;

      (b) Eating or drinking contaminated food or water;

      (c) Being bitten by an insect or other disease carrying agent;

   (2) Invasive procedure;

   (3) Any other direct contact with disease source, including bodily contact; or

   (4) Contact with contaminated environmental surfaces.

(C) "Hand washing" as that term is used in division (K)(1) of section 4723.07 of the Revised Code is a component of hand hygiene achieved by washing and rinsing hands with non-antimicrobial soap or antimicrobial soap and water, or by using alcohol-based waterless hand sanitizers or other antimicrobial agents.

(D) "Invasive procedure" means any procedure involving manual or instrumental contact with, or entry into, any blood, body fluid, cavity, internal organ, subcutaneous tissue, mucous membrane or percutaneous wound of the human body. If percutaneous injury occurs to a licensee or certificate holder during an exposure-prone activity, the licensee's or certificate holder's blood is likely to contact the patient's body cavity, subcutaneous tissues, or mucous membranes.

(E) "Respiratory hygiene" is an element of standard precautions that requires the licensee or certificate holder to engage in source control practices to control the spread of respiratory infection, including but not limited to:

   (1) Covering coughs or sneezes, promptly disposing of used tissues, and performing hand hygiene;
(2) Source control measures, including but not limited to using masks on a coughing patient when tolerated and appropriate; or

(3) Spatial separation of patients and other persons with respiratory infections in common waiting areas when possible.

(F) "Universal and standard precautions" are infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered, and include but are not limited to the following:

(1) Practices used to mitigate exposure to disease-causing agents when exposure-prone activity occurs;

(2) Hand hygiene;

(3) Disinfection and sterilization of equipment;

(4) Appropriate handling and disposal of needles and other sharp instruments; and

(5) Appropriate use of personal protective equipment, including wearing and disposal of gloves and other protective barriers or devices.
Hand hygiene.

During the delivery of healthcare, licensees and certificate holders shall follow acceptable and prevailing standard precautions for hand hygiene, including but not limited to the following:

(A) Appropriate handwashing prior to performing or participating in an exposure-prone activity and after performing or participating in an exposure-prone activity;

(B) Washing the hands and other skin surfaces immediately and thoroughly when hands have had contact with mucous membranes, blood or body fluids, secretions or excretions, or after touching contaminated items; and

(C) Washing the hands immediately after the gloves are removed; and

(D) For the purposes of this chapter, hand washing may include the use of alcohol-based waterless hand sanitizers or other antimicrobial agents. If contact with spores, such as C. difficile or bacillus anthracis, has likely occurred, the physical action of washing and rinsing hands with antimicrobial soap and water is the recommended standard precaution.
4723-20-07  Failure to use universal and standard precautions.

During the delivery of healthcare, a licensee or certificate holder who fails to follow universal and standard precautions when engaging in exposure-prone activity, as set forth in rules 4723-20-01 to 4723-20-06 of the Administrative Code, may be subject to disciplinary action according to section 4723.28 of the Revised Code.