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

1. Call to Order
   a. Welcome
   b. Introductions

2. Review/Approval of May 15, 2017 Meeting Minutes

3. Proposed Draft Administrative Rules: OAC Chapters 4723-8; 4723-9; and 4723-14

4. Review new approved FDA drugs

5. Remaining 2017 meeting: October 16, 2017

Adjourn
Committee on Prescriptive Governance (CPG)
**DRAFT** MINUTES
May 15, 2017

Members Attending: Sherri Sievers, DNP, APRN, FNP-BC, NEA-BC; Chair; Cincinnati
Kristine A. Scordo, PhD, APRN, ACNP-BC, FAANP; Loveland
Richard Edgin, MD; Medical Board Member; Columbus
Richard Bakker, MD, PhD; Columbus
Katherine Clark, DO; Clayton (arrived 10:33 a.m.)
Megan Keller, PharmD, R.Ph; Clinical Pharmacist; Grove City

Members Absent: None

Board Staff Attending: Lisa Emrich, MSN, RN; Program Manager
Anita DiPasquale, JD; Staff Attorney
Chantelle Coles-Neal, BA; Administrative Professional

Guests Attending: Jeanne E. Bauer, COHCA
Carol Cairns, OAAPN
Kimberly Brazee, OAAPN
Deb Schwazer, OAAPN
Kim Kombrinck, OAAPN
Stephen Nielson, OAAPN
Pete DiPiazza, RMH, Ohio Health
Kain Grant, RMH
Jennifer Young, National Children's Hospital
Erin Keels, Nationwide Children's Hospital
Andrew Minton, Byers, Minton and Associates
Jon LaCross, Ohio State Medical Board
Kristin Miller

Call to Order
Lisa Emrich noted there was a quorum for the meeting, which requires four voting members present. She called the meeting to order at 10:00 a.m. and welcomed those in attendance. The CPG members introduced themselves.
Selection of Chairperson
Sherri Sievers was selected to Chair the CPG.

Draft Proposed New Rule 4723-9-10, OAC (Treatment of Acute Pain)
Holly Fischer presented proposed Rule 4723-9-10, OAC, regarding the treatment of acute pain. This rule will be filed in June and is expected to become effective August 31, 2017. The public hearing for the acute pain rule will be held at the July Board meeting. If changes are needed regarding the remaining content of the rule, the rule can be filed again and proceed through the Board’s usual rulemaking timeframe with the public hearing being held at the November Board meeting.

The CPG had no recommendations regarding the acute pain rule. The group discussed current rule language that is obsolete, such as the listing of drug categories and the terms “physician consult” and “physician initiated.” Discussion ensued regarding standard care arrangements and whether definitions of these terms are still needed.

Organization of Exclusionary Formulary
Kristine Scordo moved to approve an exclusionary formulary that identifies drugs that are prohibited by federal and state law from being prescribed, and states that 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. Richard Edgin seconded the motion. There was discussion regarding the exclusionary formulary improving access to care, APRN prescribing being limited by the prescriptive authority of their collaborating physician, and APRNs prescribing consistently with the standard of care. The motion passed unanimously.

List of New FDA Approved Drugs
The CPG recommended the Board continue to post the lists of new FDA approved drugs on the Board website.

Meeting Dates for 2017
The scheduled CPG meeting dates for 2017:
- July 24, 2017
- August 14, 2017 (Alternate to July meeting)
- October 16, 2017

Adjournment
Having no further business the meeting adjourned at approximately 11:22 am.
MEMORANDUM

TO: BOARD MEMBERS

FROM: HOLLY FISCHER, GENERAL COUNSEL

DATE: JULY 17, 2017

RE: ADMINISTRATIVE RULES

The following is an update including feedback from interested parties regarding the rule language the Board reviewed at its May meeting, including five year review Administrative Code Chapters 4723-1, Board Organization and Records, 4723-3, Definitions, and 4723-14, Continuing Education; and individual rules in other Chapters proposed for revision, primarily due to H.B. 216.

Five-Year Review Chapters

1. Chapter 4723-1 (Board Organization and Records)

   • Rule 1-05(B), (D): Changes are made as suggested by OAAPN, to reflect a “contact” list instead of a “mailing” list and to account for written or “electronic” requests for copies of rule notices.
   • Rule 1-06: Paragraph (G) is added to address OAAPN’s suggestion regarding providing for electronic communications.

2. Chapter 4723-14 (Continuing Education)

   The following are Advisory Group on Continuing Education recommendations (including their recommendations based on comments provided by DODD):

   • 14-01 (C): Change word “pace” to “space.” In paragraph (H), add the word “education” before the word “activity.” Paragraph (U)(3) is added at the

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1 The Board received written comments (see Attachment 1, May 31, 2017 email from Mary Jane Maloney, OAAPN; Attachment 2, June 30, 2017 email from Mary Jane Maloney, OAAPN; Attachment 3, July 5, 2017 email from Janet Winterstein, Ohio Department of Developmental Disabilities (DODD)); verbal comments at a June 19, 2017 interested party’s meeting; and recommendations from the Advisory Committee on Advanced Practice Registered Nursing (June 12, 2017) and the Advisory Group on Continuing Education (June 23, 2017). The Advisory Group on Nursing Education also reviewed the proposed rules at its June 8, 2017 meeting.
suggestion of OAAPN.

- 14-03(L): At the last meeting, the Board reviewed and approved of draft language related to HB 290, which authorizes LPN/RN/APRN continuing education to include up to eight hours of credit for providing health care services as a volunteer to indigent and uninsured persons. The Advisory Group questioned whether these volunteer hours could occur in a foreign country. Section 2305.234, ORC, requires that “Until June 30, 2019, the [recipient of health care be] eligible for the medicaid program or is a medicaid recipient.” Thus, it does not appear that non-U.S. citizens would meet the definition of “indigent and uninsured.”

- 14-05(B)(6): Add a cross-reference to 4723-14-03(L), for qualifying volunteer services. In 14-05 (C), the Advisory Group suggested adding after “include”: “these as specifically described in APRN national certification requirements.” However, because the only acceptable activities would be those specifically “approved by” or “provided by” a national certifying organization, adding this language would not seem necessary.

- 14-12(A)(10): Add the word “education” before the word “activity.”

- 14-15(A)(7), (A)(9): Upon review of comments by DODD, the Advisory Group is recommending rewording these paragraphs. In (C)(7)(d), a reference to Rule 4723-8-11 concussion training is added for those CNP/CNSs who wish to obtain this education.

- 14-17 (A)(5)(c), (g): Make similar changes as proposed for Rule 14-15.

**Technical Changes**

1. **Chapter 4723-2 Licensing for Active Duty Military and Veterans**

   - 2-03(D)(1), (2): Change “certificate holder”/“certificate” to licensee/license consistent with HB 216.

2. **Chapter 4723-8 Advanced Practice Registered Nurse Certification and Practice**

   - 8-03(A)(1) – (4): Revise according to OAAPN’s request to limit the use of initials to those set forth in statute (Section 4723.03(E), ORC).

   - 8-05 (D)(1): Edits are made to remove a reference to “certificate to prescribe”. In paragraph (F), OAAPN is requesting that the requirement that every two years, an APRN verify the license status of their collaborating physician/podiatrist(s), be removed. This requirement was the subject of discussion and hearing testimony in 2015. In response to hearing testimony, the Board agreed to refine the rule to change the requirement from annual verification to verification every two years.
The following is an excerpt from the Board’s November 2015 Meeting Minutes:

“Rule 4723-8-05(F): As was discussed at the July and September meetings, OAAPN and individuals requested that the language requiring APRNs to verify the license status of their collaborating physician be removed. The Board agreed by general consensus at the July meeting to keep the proposed language in the rule.

The Board discussed that the current rule requires annual license verification of the collaborating physician and, if applicable, certification status of each collaborating physician or podiatrist with whom the nurse has a SCA... The Board discussed that licensure verification by the APRN is not a new requirement, however many commenters believed this to be a “new” requirement and viewed it as a burden. Commentators asked that no verification be required, or if required, that it be a biennial (every two years) requirement rather than an annual requirement. The Board noted the license verification is done electronically through the Ohio eLicense Center. Board members expressed that it would have been more helpful for the Board to receive data from commenters that provided evidence that licensure verification is not needed.

The Board agreed by general consensus to refile Rule 4723-8-05 to change APRN verification of the licensure of each collaborating physician or podiatrist with whom the nurse has a SCA from every year to “every two years.””

- 8-10 (A), (E)(1): OAAPN is requesting that “area of practice” be changed to “specialty.” Some of the references to this word in the law include the following: Section 4723.01, ORC, states: “(V) "Nursing specialty" means a specialty in practice as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner.” This definition was added by H.B. 216 in 2017. 4723.06 (A)(13), ORC, references the Board’s authority to approve national certifying organizations for examination and licensure of advanced practice registered nurses, which may include separate organizations for each “nursing specialty”; Section 4723.28(B)(27) authorizes the Board to discipline APRNs for engaging in activities that exceed those permitted for the nurse’s “nursing specialty.” See also Section 4743 (C) and (D), referring to the CNP and CNS “nursing specialty.”

3. Chapter 4723-9 Prescriptive Authority

- 9-02(A)(4), (5): Staff is recommending changing paragraph (4) to “may include”,

3
and keeping the current language regarding “faculty-directed”, instead of adding "faculty-interactive"; but adding “or independent study.” The rationale is that these are terms defined Rule 4723-14-01, and would capture the current range of coursework offered in advanced pharmacology. Note that OAAPN had asked for a definition of “faculty-interactive”.

- 9-03: Revise; HB 216 requires applicants for APRN license to have advanced pharmacology in past five years.

- 9-10: This Rule was filed on June 19, 2017 related to “Acute Pain” opioid analgesic prescribing. OAAPN submitted some comments on the rule, not related to acute pain prescribing:
  
  o Consistent with OAAPN’s comments, in the June 19 Rule filing, in paragraphs (A) and (B), definitions were removed related to “physician consultation” and “physician initiation”, as was the reference list of drug classifications, as this language related to the previous Formulary.

  o The following additional comments, related to paragraph (F), were reviewed at the June 12, 2017 APRN Advisory Committee meeting. The Committee recommended the Board consider these changes:
    - (F)(6)(a): delete the word “thorough” and add “relevant.”
    - (F)(6)(d): delete “ruling out the existence of any recognized contraindications.”
    - (F)(6)(f): delete the word “Properly.”

  o If the Board is in agreement with these changes, Rule 9-10 can possibly be revised again this year and filed in October, with a November rules hearing. This depends in part on the timing of CSI review relative to the Rule’s proposed August 31, 2017 effective date. If this is not feasible, the changes can be proposed in an October 2018 rule filing.

- 9-11(A)(4): OAAPN asked what was the rationale for the Board in requiring a minimum of two hours for the course in Ohio law governing drugs/prescriptive authority, required for applicants coming to Ohio from another state. This is a statutory requirement. Rule 9-11 was adopted based on SB 89 (128th GA); Section 4723.50(B)(2) requires the Board to adopt rules regarding the two-hour course of instruction in the laws of this state that govern drugs and prescriptive authority; the two-hour course is required for out-of-state applicants entering Ohio by Section 4723.482(C)(1), ORC.
Hello Mary Jane,

Please see the email sent to you on May 18, with a copy of the revised Rule 4723-9-10 attached; the changes you are requesting regarding your #1 and #2 were made.

Regarding your items #2 - 5 (paragraph 4723-9-10(F)(6)), these standards of practice relate generally to prescribing rather than specifically to acute pain prescribing, and have been in the rule language for a number of years. As you mention, a change in the standards of prescribing practice should be part of a larger discussion with the CPG, APRN Advisory Group, and the Board of Nursing. I will forward your email to those bodies, but you may also wish to submit materials/evidence in support of your recommendations. The Board will have a rule hearing regarding Rule 9-10 in July, but may also consider your changes, and if revisions are to be made, file the rule again in the fall subject to a November rules hearing.

Please let me know if you have any additional questions.

Holly

Holly R. Fischer, J.D.
General Counsel
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From: Mary Jane Maloney <Mmaloney@nesao.com>
Subject: Recommended revisions to Draft 4723-9-10
Date: May 31, 2017 3:20:46 PM ECT
To: Holly Fischer <HFischer@nursing.ohio.gov>
Cc: Candy Reichart <candyartcandy@gmail.com>, Andrew Minton <andrew@byersminton.com>, sherri sievers <sherri@byersminton.com>

Ms. Fischer,

Thank you for sharing OAAPN's recommendations (letter dated 4/28/2017) with the board staff and the board itself. There are recommendations that OAAPN urges the board to continue to consider after review by the Committee on Prescriptive Governance (CPG) and the APRN Advisory Committee. I saw that there was a May 31, 2017 deadline for comments. If these recommendations are premature because the board is only interested in the acute pain changes, I ask that these recommendations be held and shared with the appropriate parties for inclusion in the rules in time for the November JACC meeting.

1. Page 2 (A) (10) Please remove the definitions for "Physician consultation" and "Physician initiation". These terms hail back when prescriptive authority was initially given in 2001. While the terms made sense with an inclusionary formulary, it does not with an exclusionary formulary. These terms, which are now extraneous, will cause confusion among the community of prescribing APRNs which may become a public safety issue.
2. Page 2 (8): please Remove the list of specific drug classifications. At the May 15, 2017 CPG meeting the group agreed that the reference, "Facts and Comparisons", would no longer be the primary drug resource for clinical information for the exclusionary formulary. As these classifications come directly from this resource, the deletion of the list is requested.
3. Page 4 (6) (a) Please delete thorough and consider relevant. The word thorough when associated with a history, reflects a comprehensive collection of data that is not needed every time an APRN prescribes a medication to a patient.
4. (6) (d) Please delete the phrase "ruling out the existence of any recognized contra-indications". When administering or prescribing a medication,
the review of applicable contraindications is a foundational nursing principle which all nurses have learned, understand and practice.

5. (6) (6) Please delete "Properly". This word can be vague in its interpretation and, depending on the individual, may have varied meanings in the context with which it is used.

Thank you for the opportunity to continue this dialogue on this important rule.

Mary Jane Maloney DNP APRN-CNP
Director, Government Relations
Ohio Association of Advanced Practice Nurses

Begin forwarded message:

From: "Mays, Eric M." <emayn@nursing.ohio.gov>
Date: May 18, 2017 9:16:34 AM EDT
To: "andrew@byersrninton.com" <andrew@byersrninton.com>, "stephen@byersrninton.com" <stephen@byersrninton.com>, "mjanem@nessa.com" <mjanem@nessa.com>, " outpatient@nessa.com" < outpatient@nessa.com>, "christinewilliams01@gmail.com" <christinewilliams01@gmail.com>, "winehartcandy@gmail.com" <winehartcandy@gmail.com>, "loi@chnurses.org" <loi@chnurses.org>, "Kandar, Harry" <Harry.Kandar@dan.ohio.gov>, "zohri@chnurses.org" <zohri@chnurses.org>, "pdanielson@chnurses.org" <pdanielson@chnurses.org>, "lheuser@chnurses.org" <lheuser@chnurses.org>, "morgansal@gmail.com" <morgansal@gmail.com>, "mtyffany@chnurses.org" <mtyffany@chnurses.org>, "lwilker@chnurses.org" <lwilker@chnurses.org>, "lmahowald@aol.com" <lmahowald@aol.com>, "lkimchi-woods@chamberlain.edu" <lkimchi-woods@chamberlain.edu>, "rvchauudy@gmail.com" <rvchauudy@gmail.com>, "Nash, Lyndsay" <lyndsay.nash@dan.ohio.gov>, "LaCross, Jonithon" <jonithon.lacross@med.ohio.gov>, "Groobier, AJ" <AJ.Groobier@med.ohio.gov>, "Russell, Zachary" <Zachary.Russell@den.ohio.gov>, "Anderson, Kimberly" <Kimberly.Anderson@med.ohio.gov>, "kklehy@slk-law.com" <kklehy@slk-law.com>, "melnky.15@osu.edu" <melnky.15@osu.edu>, "Mcnamee, Cameron" <Cameron.McNamee@pharmacy.ohio.gov>, "Debroit, Sally" <Sally.Debolt@med.ohio.gov>, "aherf@slk-advisors.com" <aherf@slk-advisors.com>, "mgraham@con.ohio-state.edu" <mgraham@con.ohio-state.edu>, "lisa.taraknkin@lisa.taraknkin.com" <lisa.taraknkin@lisa.taraknkin.com>, "nelipnac@aol.com" <nelipnac@aol.com>, "Jennifer.carson@osumc.edu" <Jennifer.carson@osumc.edu>, "Stephanie.Milburn@osumc.edu" <Stephanie.Milburn@osumc.edu>, "jasmines.jones@gmail.com" <jasmines.jones@gmail.com>, "Jeri.milstead2@gmail.com" <Jeri.milstead2@gmail.com>, "willia@tompappas.com" <willia@tompappas.com>, "Schienholt, Steven" <Steven.Schienholt@pharmacy.ohio.gov>, "Stephanie.Gilligan@ohiochaptitals.org" <Stephanie.Gilligan@ohiochaptitals.org>, "Suzanne.Lappin@TheMentorNetwork.com" <Suzanne.Lappin@TheMentorNetwork.com>, "kthoma43@kent.edu" <kthoma43@kent.edu>, "Carol.Drennen@yahoo.com" <Carol.Drennen@yahoo.com>, "khanley3@wowway.com" <khanley3@wowway.com>, "pzhill@yahoo.com" <pzhill@yahoo.com>, "doddsh@dodsha.com" <doddsh@dodsha.com>, "CSolley@chmc.org" <CSolley@chmc.org>, "lycan@hospitalallianceofohio.org" <lycan@hospitalallianceofohio.org>, "Sean.McGIlone@hospitalallianceofohio.org" <Sean.McGIlone@hospitalallianceofohio.org>, "kate.huffman@ohiochaptitals.org" <kate.huffman@ohiochaptitals.org>, "Emily.Kaylor@govmernr.ohio.gov" <Emily.Kaylor@govmernr.ohio.gov>, "herf@bakerlaw.com" <herf@bakerlaw.com>, "Davis, Joff" <jdavison@ohio.gov>, "kars2@aol.com" <kars2@aol.com>, "kparks@bricker.com" <kparks@bricker.com>, "Winterstein, Janet" <janet.winterstein@ioch.ohio.gov>, "Mcknight@bricker.com" <Mcknight@bricker.com>, "kathy.keister@wright.edu" <kathy.keister@wright.edu>, "michelle.block@uhospitals.org" <michelle.block@uhospitals.org>, "daniel.bucci@uhospitals.org" <daniel.bucci@uhospitals.org>, "jean.blake@uhospitals.org" <jean.blake@uhospitals.org>, "nelisncarmey@bricker.com" <nelisncarmey@bricker.com>, "bcollier@ohiofreclinics.org" <bcollier@ohiofreclinics.org>, "ftouchen@nursing.ohio.gov" <ftouchen@nursing.ohio.gov>, "Pr(STD)@nursing.ohio.gov" <Pr(STD)@nursing.ohio.gov>, "Fischer, Holly" <HFischer@nursing.ohio.gov>, "emrich, Lisa G." <Emrich, Lisa G.> <Emrich, Lisa G.>

Cc: "Ferguson-Ramos, Lisa" <lfergusonramos@nursing.ohio.gov>, "Pettis, Margo" <MPettis@nursing.ohio.gov>, "Fischer, Holly" <HFischer@nursing.ohio.gov>, "ftouchen, Betsy" <Bftouchen@nursing.ohio.gov>, "Emrich, Lisa G." <Emrich, Lisa G.> <Emrich, Lisa G.>

Subject: Update – Proposed Rule 4723-9-10, OAC

Update – Proposed Rule 4723-9-10, OAC

At its meeting on May 17, 2017, the Board of Nursing made revisions to proposed Rule 4723-9-10, OAC, based on the recommendations provided by the Committee on Prescription Governance (CPG). The CPG met on May 15, 2017 and determined that no drugs would be listed on the exclusionary formulary other than those otherwise prohibited by federal or state law. As such, the language in paragraphs (A)(10), (A)(11), and (B) (following line three) is no longer necessary, as the language related to previously imposed restrictions in the formulary which are now obsolete. These
revisions are not related to the prescribing of opioids for treatment of acute pain.

The Board of Nursing is re-posting the revised rule on its website and emailing it to all interested parties to whom the previous CSI comment notification was sent.

As indicated in the Request for Comments (below), please submit comments to the Board by May 31, 2017.

May 2017 Proposed Rules--Request For Comments

Ohio Revised Code (ORC) Sections 107.62 and 121.82 require state agencies, including the Ohio Board of Nursing, to draft rules in collaboration with stakeholders, assess and justify any adverse impact on the business community (as defined ORC Section 107.52), and provide opportunity for those persons affected by the rules to provide input.

At this time, the Board welcomes further comment on the following rules that have been forwarded to Ohio's Common Sense Initiative Office (CSI) for review: The Board proposes to rescind two rules 4723-9-09, standards of practice; and 4723-9-10, formulary; and file one new rule 4723-9-10, formulary, that reflects language from both rescinded rules and additional practice standards and limitations regarding the prescribing of opioids for the treatment of acute pain. Attached, please find copies of the proposed rules along with the completed Common Sense Initiative (CSI) Business Impact Analysis filing for this rule package. You may also view these documents online by visiting the Board’s website at http://www.nursing.ohio.gov/.

The Board will review these proposed rules again and written comments received to date at its May 17, 2017 public meeting. If you wish to provide written comment to the Board on any of the proposed rules, please send your comments to the attention of the Ohio Board of Nursing at rules@nursing.ohio.gov and also copy the CSI on your e-mail at csipubliccomments@governor.ohio.gov. Please send your comments by the upcoming Board meeting if possible, but no later than the close of business on Wednesday, May 31, 2017. The Board anticipates filing the proposed rules by June 16, 2017.

The Board further anticipates holding a public hearing on the proposed rules at its July 26, 2017 meeting, at which time interested persons will be provided further opportunity to provide comment on the rules to the Board. The anticipated effective date of the rules will be on or about August 31, 2017.

If you have questions, please contact the Board’s Chief Counsel Holly Fischer at rules@nursing.ohio.gov.

Proposed Rul...pdf (549 KB)
Dear Ms. Fischer,

Please find attached additional recommendations from OAAPN for the five year review. Dr. Maloney was confused about the dates and was unable to attend the IP meeting on 6/19/2017. If you have any questions or need points of clarification, please contact Dr. Maloney at mjanem@nesao.com.

Thank you for your consideration.

Laura

Laura Carter, Executive Director
Ohio Association of Advanced Practice Nurses
laura@assnoffices.com
17 S. High Street, Suite 200
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Five Year Review (16.9 KB)
Ohio Association of Advanced Practice Nurses
Recommended Changes – Five Year Review
6-30-17

Changes to OAC 4723 – 2017

4723-1-06

(A) (1) Remove “writing” and replace with “Contact”; insert “electronically” after board and before to request

(2) Remove “writing” and replace with “Contact”; insert “electronically” after board and before to request

(B) Remove “in writing” and replace with “electronically”

(C) (1) Remove “written” and replace with “electronic”; remove “by postal or electronic mail”

(E) Remove “mailing” and replace with “contact”.

4723-1-05

(B) (1) Remove “mailing” and replace with “contact”.

(D) Remove “mailing” and replace with “contact”; after “written” add “or electronic”

4723-2-03

(D) (1) Remove certificate holder and replace with “licensee”; remove certificate and replace with “license”

(2) Remove certificate holder’s “and replace with “licensee’s”

4723-8-03(A) HB 216 changed the titles and initials to align with the NCSBN’s APRN Regulatory model. See excerpt from ORC 4723.03:

3) A person licensed under this chapter to practice nursing as an advanced practice registered nurse and designated as a certified registered nurse anesthetist may use that title or the initials “A.P.R.N.-C.R.N.A.”;

4) A person licensed under this chapter to practice nursing as an advanced practice registered nurse and designated as a clinical nurse specialist may use that title or the initials “A.P.R.N.-C.N.S.”;

5) A person licensed under this chapter to practice nursing as an advanced practice registered nurse and designated as a certified nurse-midwife may use that title or the initials “A.P.R.N.-C.N.M.”;

6) A person licensed under this chapter to practice nursing as an advanced practice registered nurse and designated as a certified nurse practitioner may use that title or the initials “A.P.R.N.-C.N.P.”;
(7) A person licensed under this chapter to practice nursing as an advanced practice registered nurse may use the title "advanced practice registered nurse" or the initials "A.P.R.N.

4723-8-05
(F) Remove. It makes sense for the APRN to validate the physician's licensure when first entering an SCA. The APRN is responsible for maintaining a valid license. All other licensed professionals are responsible to themselves to maintain their own licensures. Registered nurses do not verify another professionals' licensure. The RN assumes the prescriber of orders is licensed unless proven otherwise. The RN is not responsible if a licensed professional has a suspended or invalid license. Verification of a collaborating physician license is not required by the Revised Code. There is no discoverable evidence to support this rule as being effective to secure public safety. Additionally, the collaborating physician has no mandate from the Board of Medicine to verify the APRN has a valid license. Finally, at what point is the public jeopardized when the APRN forgets about this rule? If a nurse does not follow this rule, the nurse will be disciplined for an administrative lapse of memory and not for harming a patient.

4723-8-10
(A) Remove “area of practice” and replace with “specialty”.

(E) (1) Remove “area of practice” and replace with “specialty”.

4723-9-02
(A) (5) Please define what faculty-interactive means.

4723-9-03
(A) Change “three” to “five”

4723-9-11
(A) (4) Rationale behind course being two hours in length? Is this duration of course length based on evidence or traditionally has always been two hours?

4723-14-01
(U) (2) “...nurse and advanced practice registered nurse”

4723-14-05
(B) (6) “...except as provided in paragraph (L) in Chapter 4723-14-03 of the Administrative Code.
Hi Janet

The CE Advisory Group met on June 23rd and discussed the proposed Chapter 4723-14 rule changes. The Advisory Group discussed your comments/questions and subsequently proposed additional changes. The Board will review these changes at the July meeting. Thank you for your comments!

Lesleigh Robinson
Ohio Board of Nursing
17 South High Street, Suite 400
Columbus, Ohio 43215
(614) 955-3678 (phone)
(614) 466-0368 (fax)

From: "Winterstein, Janet" <janet.winterstein@dodd.ohio.gov>
Date: Thursday, June 8, 2017 5:46 PM
To: Lesleigh Robinson <lrobinson@nursing.ohio.gov>
Subject: RE: 2017 Board Rule Review—Interested Part Meeting Announcement

Hi Lesleigh,

Thank you for your prompt response. I am unable to attend the meeting June 23. If you could offer them my questions for their consideration that would be great. I'm sure they are clear in what their intentions are, I am just noting that as a reader of the rule it is not clear to me what is meant. I'm sure our approver unit chairperson will be able to explain it to our committee when the time comes.

Thanks again for your reply and your generous invitation.
Best regards,
Janet Winterstein, RN
Health Improvement Policy Specialist
Division of Residential Resources
Ohio Department of Developmental Disabilities
Phone 440-714-5372 | dodd.ohio.gov
DODD Helpline 800-617-6733

Medication Administration Certifications and Classes can be found on DODD.ohio.gov > click on Health & Welfare page to get to > Medication Administration page > Medication Administration Certification link. OR on the FREE DODD mobile app for Android and iPhones available in your phone's app store

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From: Robinson, Lesleigh
Sent: Thursday, June 8, 2017 3:38 PM
To: Winterstein, Janet <janet.winterstein@dodd.ohio.gov>
Hi Janet

Thank you for your comments. Regarding your first comment in 14-01, you are correct. "Pace" should be "space", and we will correct this in the next draft. Regarding your other comments, the language was recommended by the Advisory Group on Continuing Education. The Group will meet on June 23rd. I encourage you to attend the meeting and to discuss your comments, but if you are unable to attend, I will be glad to present your comments to the Group for discussion.

Lesleigh Robinson
Ohio Board of Nursing
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(614) 995-3678 (phone)
(614) 466-0388 (fax)

From: "Winterstein, Janet" <janet.winterstein@dodd.ohio.gov>
Date: June 7 2017 5:04:12 PM EDT
To: "Dilling, Thomas" <Tdilling@nursing.ohio.gov>
Subject: RE: 2017 Board Rule Review--Interested Part Meeting Announcement

Hi Tom,

Thank you for including me as an interested party. I am not able to attend the meeting (I will RSVP to Margo) but I do have a few brief comments/questions on the proposed changes. These are all from Chapter 14.

14-01

(3) "Asynchronous learning" means forms of education, instruction and learning that do not occur in the same pace or at the same time.

Is the word "pace" intentional or is this supposed to be "space"?

14-01

continuing education activity.

(1) "Conflict of interest" means the financial relationship with a commercial interest entity on the part of any person able to control the content of the activity if the products of the commercial interest are related to the topic of the education.

In referencing the control of the "content of the activity" — I think this might be more understandable to the reader if it said "control of the learning activity"
(7) A joint provider process and mechanism ensuring the approved provider unit maintains control of, and responsibility for, all aspects of meeting and maintaining the continuing education requirements set forth in Chapter 4723-16 of the Administrative Code. Written co-providership agreements that clearly identify the continuing education provider applicant as responsible for meeting and maintaining board requirements.

This one is a little hard to understand. DODD does have an approver unit, and I understand that the unit maintains control and responsibility, but I am not clear what a "joint provider" is (I'm not clear who is doing anything jointly in this section). Perhaps I'm missing something? or Could you maybe add a definition in 14-01 to help with the clarity of what this is getting at?

(9) If any person with the ability to control the content of an educational activity has a conflict of interest, the continuing education provider will resolve the conflict prior to the person being able to continue involvement with the activity. The provider will provide disclosure to learners that there is no conflict of interest involving anyone with the ability to control content of the activity, or if there is a conflict that has not yet been resolved by the provider, the provider will disclose to the learner the name of the individual, the type of relationship and the name of the commercial interest entity.

I'm not entirely clear on the intent of the words "not yet" -- is there and expectation that somehow a conflict will eventually be "resolved" -- I'm not sure that is always possible since subject experts often do have those conflicts (while also having important information to share). For me it's the new definition of "conflict of interest" that makes me wonder if it can/must always be resolved.

(c) A joint provider co-providership process requiring a written agreement and a mechanism ensuring the approved provider unit maintains control of, and responsibility for, all aspects of meeting and maintaining continuing education requirements set forth in this chapter.

This is from section 14- My question on this is the same as above; who is doing what jointly? In this case it appears to be the provider unit with the approver unit, but since there is similar paragraph in 14-15 I'm not sure.

Thanks again for my inclusion.
Best regards,
Janet Winterstein, RN
Health Improvement Policy Specialist
Division of Residential Resources
Ohio Department of Developmental Disabilities
Phone 440-714-5372 | dodd.ohio.gov
DODD Helpline 800-617-6733
Medication Administration Certifications and Classes can be found on DODD.ohio.gov > click on Health & Welfare page to get to> Medication Administration page > Medication Administration Certification link. OR on the FREE DODD mobile app for Android and iPhones available in your phone’s app store

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(C) "Asynchronous learning" means forms of education, instruction and learning that do not occur at the same pace or at the same time.

continuing education activity.

(D) "Conflict of interest" means the financial relationship with a commercial interest entity on the part of any person able to control the content of the activity if the products of the commercial interest are related to the topic of the education.

(7) A joint provider process and mechanism ensuring the approved provider will maintain control of and responsibility for all aspects of meeting and maintaining the continuing education requirements set forth in Chapter 4723-14 of the Administrative Code. Written co-providership agreements that clearly identify the continuing education provider as responsible for meeting and maintaining board requirements;
(2) If any person with the ability to control the content of an educational activity has a conflict of interest, the continuing education provider will resolve the conflict prior to the person being able to continue involvement with the activity. The provider will provide disclosure to learners that there is no conflict of interest involving anyone with the ability to control content of the activity, or if there is a conflict that has not yet been resolved by the provider, the provider will disclose to the learner the name of the individual, the type of relationship and the name of the commercial interest entity.

(c) A joint provider co-providership process requiring a written agreement and a mechanism ensuring the approved provider unit maintains control of, and responsibility for, all aspects of meeting and maintaining continuing education requirements set forth in this chapter.
4723-1-05 Notice of adoption, amendment, or rescission of rules.

(A) The board shall give public notice of its intention to adopt, amend, or rescind any rule according to Chapter 119. of the Revised Code at least thirty days prior to the date set for the public hearing on the proposal to adopt, amend, or rescind such rule. The public notice shall be published in the register of Ohio and any other publications required by Chapter 119. of the Revised Code. The public notice shall include the following information:

(1) A statement of the board's intention to adopt, amend, or rescind the rule;

(2) A synopsis of the proposed rule, amendment, or rule to be rescinded, or a general statement regarding the subject matter of the rule to be adopted, amended, or rescinded;

(3) A statement of the reason or purpose for the adoption, amendment, or rescission of the rule;

(4) The date, time, and place of the public hearing at which the adoption, amendment, or rescission of the rule will be considered.

(B) The proposed rule, amendment, or rescission shall be made available by the board, according to division (B) of section 119.03 of the Revised Code, to those persons affected by the rule, amendment, or rescission for at least thirty days prior to the date of the public hearing at the board offices in printed or other legible form at no charge. The board may also provide the proposed rule, amendment, or rescission:

(1) By postal or electronic mail to those persons included on a mailing contact list maintained by the board according to paragraph (D) of this rule;

(2) By a link on the board's web site;

(3) In any other manner the board considers appropriate.

(C) Prior to the effective date of a rule, amendment, or rescission the board, according to division (E) of section 119.03 of the Revised Code, shall make a reasonable effort to inform persons affected by the rule, amendment, or rescission, and to have available for distribution to those requesting it, the full text of the rule as adopted or amended. The board may provide the full text by such means as:

(1) Posting the rule as adopted or amended on the board's web site or providing a link to the register of Ohio;
(2) Publishing the rules in the board's quarterly magazine or other board publication;

(3) Sending a notice of the action by postal or electronic mail to those persons included on a mailing list maintained by the board pursuant to paragraph (D) of this rule, or to any person who provided evidence, oral testimony, or a written statement that was made part of the record of the public hearing.

(D) The board may maintain a mailing contact list of all persons who have made a prior written or electronic request to receive a copy of public notices discussed in paragraph (A) of this rule.

(E) The board may assess a reasonable fee not to exceed the cost of copying and mailing, for notices sent by means other than electronic mail according to the provisions of this rule.
Notice of board meetings.

(A) According to division (F) of section 121.22 of the Revised Code, the board shall ensure that any person can determine the time and place of all regularly scheduled meetings and the time, place, and purpose of all special meetings by:

(1) Writing the board to request advance notification of all meetings of the board, board committees or advisory groups;

(2) Writing the board to request advance notification of all meetings at which specific public matters designated by those persons are scheduled to be discussed;

(3) Calling the board office during normal business hours; or

(4) Accessing the information on the board’s web site.

(B) Any representative of the news media may obtain notice of all special meetings of the board by requesting in writing that notice be provided and supplying a postal or electronic mail address.

(C) In the event of a special meeting not of an emergency nature, the board shall notify all media representatives who have requested notice of the meeting by doing at least one of the following:

(1) Sending written notice, by postal or electronic mail no later than twenty-four hours prior to the special meeting;

(2) Notifying representatives by telephone no later than twenty-four hours prior to the special meeting. Telephone notice shall be complete if a message has been left for the representative, or if, after reasonable effort, the board has been unable to provide telephone notice;

(3) Informing the representative personally no later than twenty-four hours prior to the special meeting.

(D) In the event of a special meeting of an emergency nature requiring immediate official action, the board shall notify all media representatives who have requested notice of such meeting of the time, place, and purpose of the meeting by providing notice as described in paragraph (C)(1), (C)(2) or (C)(3) of this rule, or by notifying the statehouse press room. In such event, the notice need not be given twenty-four hours prior to the meeting, but shall be given immediately upon completion of the meeting agenda.
(E) For use in complying with the notice requirements of this rule, the board may maintain a mailing contact list of all persons who have made a prior written request to receive notice of regular or special meetings of the board, its committees, and advisory groups.

(F) The board may charge a reasonable fee not to exceed the cost of copying and mailing, for notices sent by means other than electronic mail according to this rule.

(G) For purposes of this rule, "writing" or "written" includes electronic communication.
Definitions.

As used in this chapter:

(A) "Accredited provider" means an entity that has received accreditation through a nationally recognized system. An accredited provider is authorized to plan, present and award contact hours for continuing education activities.

(B) "Approved provider unit" means an entity whose continuing education system has been approved by an OBN approver according to this chapter, or who has been approved by a national accrediting body to provide continuing education in a health care field. An approved provider unit is authorized to plan, present and award contact hours for continuing education activities.

(C) "Asynchronous learning" means forms of education, instruction and learning that do not occur in the same space or at the same time.

(D) "Blended learning" is a combination of independent study materials and faculty directed education.

(E) "Category A" means the portion of continuing education that meets the one hour requirement directly related to Chapter 4723. of the Revised Code and the rules of the board as described in rule 4723-14-03 of the Administrative Code. To qualify as category A, the continuing education must be approved by the board, an OBN approver, or offered by an OBN approved provider unit headquartered in the state of Ohio.

(F) "Commercial interest entity" means an entity that produces, markets, re-sells or distributes health care goods or services consumed by or used on patients, or that is owned or controlled by an entity that produces, markets, re-sells or distributes health care goods or services consumed by, or used on patients.

(G) "Commercial support" means monetary or in-kind contributions given to the provider, or approved provider unit of a continuing education activity by a commercial interest entity that is used to pay for all or part of the costs of a continuing education activity.

(H) "Conflict of interest" means the financial relationship with a commercial interest entity on the part of any person able to control the content of the educational activity if the products of the commercial interest are related to the topic of the education.

(I) "Contact hour" means sixty minutes of continuing education.

(J) "Continuing education" means a learning activity that builds upon a prelicensure
or precertification education program and enables a licensee or certificate holder to acquire or improve knowledge or skills that promote professional or technical development to enhance the licensee's or certificate holder's contribution to quality health care and pursuit of health care career goals according to rule 4723-14-05 of the Administrative Code.

(1) "Faculty-directed continuing education activity" means a continuing education activity in which faculty facilitate the pace and content of the activity, and the activity is one for which contact hours may be awarded. The activity may occur in settings such as a classroom, on-line, or via teleconference provided that one or more individuals is facilitating the pace of the activity.

(2) "Independent study continuing education activity" means a self-paced learning activity for which contact hours may be awarded that includes both a mechanism for evaluation of learning and feedback to the learner.

(3) "Interprofessional continuing education" means a planned, organized learning experience designed for a target audience made up of members of two or more different professions.

(H)(K) "Entity means a corporation, whether for profit or nonprofit, a partnership, a limited liability company, or an unincorporated society or association, but does not include a natural person.

(L) "Marketing" means the process of promoting, selling and distributing a product or service. It includes advertising, selling and delivering products.

(H)(M) "OBN" means the Ohio board of nursing.

(H)(N) "OBN approver" means an approver of continuing education, headquartered in the state of Ohio, that has successfully completed the approval or reapproval process set forth in rules 4723-14-09 and 4723-14-10 of the Administrative Code.

(K)(Q) "Outcome-based education" means education focused on educational experiences leading to learning, learner confidence and ultimately, improvements in practice and patient care.

(L)(P) "Planned learning activity" means an educational experience which meets the requirements of this chapter and that may include interprofessional continuing education.

(M)(Q) "Proof of completion of continuing education" means a document or other
verification that is issued by a continuing education provider as evidence of successful completion of a continuing education activity, and that meets the requirements set forth in rule 4723-14-06 of the Administrative Code.

(4)(R) "Provider" means an entity that has received approval to plan and present faculty-directed or independent study continuing education activities.

(4)(S) "Reactivate" means to change the status of a license or certificate from inactive to active.

(4)(T) "Reinstate" means to change the status of a license or certificate from lapsed or suspended to reinstated.

(4)(U) "Reporting period" or "renewal period" means:

1. For a licensed practical nurse, November first through October thirty-first in the even numbered years;
2. For a registered nurse, November first through October thirty-first in the odd numbered years;
3. For an advanced practice registered nurse, November first through October thirty-first in the odd numbered years;
4. For an Ohio certified dialysis technician, April first through March thirty-first in the odd numbered years;
5. For a certified community health worker, April first through March thirty-first in the odd numbered years;
6. For a certified medication aide, the renewal period as specified in Chapter 4723-27 of the Administrative Code.

(R) "Sponsorship—support" means—monetary— or—in-kind support— given—by—a non-commercial interest entity to the provider, or approved provider unit of a continuing education activity that is used to pay for all or part of the costs of a continuing education activity.

(V) "Synchronous learning" means forms of education, instruction and learning that occur at the same time.

(W) "Waiver" means a one-time exception from meeting the continuing education
requirement set forth in section 4723.24 of the Revised Code and rules 4723-8-10, 4723-14-03, 4723-23-06, and 4723-26-05 of the Administrative Code.
Continuing education requirement for licensed practical and registered nurses.

(A) A nurse applying to renew an active license to practice nursing as a licensed practical nurse or registered nurse in Ohio must complete twenty-four contact hours of continuing education during the renewal period, unless an exception applies, and at least one of the required hours needs to be in category A continuing education.

(1) For the period immediately following licensure by examination, a nurse who holds an active license to practice nursing in Ohio is not required to complete any contact hours of continuing education for the first license renewal;

(2) A nurse who has been licensed by endorsement in Ohio for one year or less must complete twelve contact hours of continuing education;

(3) A nurse who has been licensed by endorsement in Ohio for more than one year must complete twenty-four contact hours of continuing education.

(B) A licensed practical nurse who has an active license as a registered nurse in Ohio is not required to meet the continuing education requirement for renewal of the license to practice as a practical nurse.

(C) A nurse from another jurisdiction who applies for licensure by endorsement to practice as a licensed practical nurse or registered nurse in Ohio is required to complete two contact hours of category A continuing education in order to be eligible for licensure.

(D) In order to renew, applicants must attest to completion of the continuing education required by this rule on the application for renewal. The board may require a renewal applicant to show proof of completion of continuing education. If the board requests proof of continuing education and the applicant fails to provide proof to the board before the end of the renewal period, the license shall lapse.

(E) To reactivate an inactive license or to reinstate a lapsed license to practice as a licensed practical nurse or registered nurse, the applicant must complete twenty-four contact hours of continuing education during the twenty-four month period immediately before the application date.

(1) If the license of a registered nurse or licensed practical nurse has been inactive or lapsed in Ohio less than two years, or the applicant holds a current, valid license in another jurisdiction, the continuing education shall be twenty-four contact hours of continuing education that includes one hour of category A.
(2) If the license of a registered nurse or licensed practical nurse has been inactive or lapsed in Ohio for two years or more, and the applicant does not hold a current, valid license in another jurisdiction, the continuing education must consist of twenty-four contact hours. The twenty-four contact hours must include all of the following:

(a) Two contact hours of category A with learning outcomes that address scopes of practice for registered and licensed practical nurses, standards of safe practice, and nursing delegation;

(b) Six contact hours with learning outcomes that address application of the nursing process and critical thinking, clinical reasoning, or nursing judgment related to patient care;

(c) Six contact hours in pharmacology with learning outcomes that include drug classifications, medication errors, and patient safety;

(d) Two contact hours that include learning outcomes related to clinical or organizational ethical principles in health care; and

(e) Eight contact hours that include learning outcomes related to an area relevant to the nurse's practice.

(F) A licensed practical nurse or registered nurse who requests that a license to practice be placed on inactive status is not required to meet the continuing education requirement for the period during which the license is on inactive status. To return to active status, the nurse must meet the continuing education requirements in paragraph (E) of this rule and provide proof to the board that those requirements were met.

(G) A licensed practical nurse or registered nurse may use a waiver to satisfy the continuing education requirement for one renewal period only if the nurse notifies the board in writing requesting the waiver. Once a nurse notifies the board of the intent to use the waiver, the board will not accept a withdrawal of the request.

(H) A licensed practical nurse or registered nurse cannot use the waiver to satisfy the requirements of rule 4723-8-10, 4723-9-07 or 4723-14-07 of the Administrative Code, or to meet the requirements for reactivating or reinstating a license.

(I) A licensed practical nurse or registered nurse who earns more than the number of hours required by this chapter during a single renewal period cannot apply the extra
hours to meet future renewal period continuing education requirements.

(J) One contact hour of education, that is directly related to recognition and handling of human trafficking victims, may qualify as part of the hours of continuing education required by paragraph (A), paragraph (E) or paragraph (K) of this rule for purposes of license or certificate renewal, reactivation or reinstatement.

(K) An individual holding a volunteer's certificate issued by the board according to section 4723.26 of the Revised Code must:

(1) To renew the certificate, complete twenty-four contact hours of continuing education in the twenty-four month period immediately before the renewal application date, that meets the requirements of Chapter 4723-14 of the Administrative Code, and includes:

(a) Two contact hours of category A with learning outcomes that address standards of safe practice and nursing delegation;

(b) One contact hour that includes content in patient abuse, patient rights, and professional boundaries;

(c) Two contact hours that include content in the scope of practice of the licensed practical nurse and the registered nurse;

(d) Two contact hours in nursing documentation;

(e) Three contact hours in principles of pain management;

(f) One contact hour that addresses the application of the nursing process and critical thinking related to patient care;

(g) One contact hour that includes content in maintaining patient confidentiality;

(h) Four contact hours in patient assessment and wound care;

(i) Four contact hours in medication administration and preventing medication errors; and

(j) Four contact hours relevant to the nurse's practice setting.
(2) To reactive an inactive certificate or reinstate a lapsed certificate, the applicant must complete the continuing education requirements specified in paragraph (K)(1) of this rule.

(L) For purposes of complying with the twenty-four hours of continuing education required by section 4723.24 of the Revised Code, a licensed practical nurse or registered nurse may satisfy up to eight hours by providing health care services as a volunteer if the following requirements are met:

(1) The licensee provides the health care services to an indigent and uninsured person as defined in section 2305.234 of the Revised Code;

(2) For registered nurses, the health care services provided are the practice of nursing as a registered nurse as defined in division (B) of section 4723.01 of the Revised Code;

(3) For licensed practical nurses, the health care services provided are the practice of nursing as a licensed practical nurse as defined in division (F) of section 4723.01 of the Revised Code;

(4) The health care services provided are provided as a volunteer, as that term is defined in section 2305.234 of the Revised Code;

(5) The licensee satisfies the requirements of section 2305.234 of the Revised Code to qualify for the immunity from liability granted under that section;

(6) One hour of continuing education may be awarded for each sixty minutes documented as spent providing health care services as a volunteer;

(7) The licensed practical nurse or registered nurse obtains, and maintains for a period of six years following the date the health care services are provided, a signed statement from a person at the health care facility or location where the health care services were performed indicating:

(a) The date and time period the licensee performed the health care services;

(b) That the recipient of the health care services was indigent and uninsured as defined in section 2305.234 of the Revised Code; and

(c) That the licensee provided the health care services as a volunteer as defined in section 2305.234 of the Revised Code.
Educational activities that do and do not meet the continuing education requirement.

(A) Any of the following options may be used by a licensee or certificate holder to meet the continuing education requirements set forth in section 4723.24 of the Revised Code, this chapter, or Chapter 4723-23, 4723-26 or 4723-27 of the Administrative Code:

(1) A continuing education activity that has been approved by an OBN approver or provided by an approved provider unit;

(2) A continuing education activity that has been approved by a board or agency regulating the licensee or certificate holder in another jurisdiction;

(3) A continuing education activity that has been approved or provided by a nationally recognized accreditation system of continuing education or a national certifying organization that meets the requirements in division (A) of section 4723.46 of the Revised Code;

(4) A successfully completed course provided by an accredited educational institution for which academic credit is awarded to the licensee or certificate holder;

(5) An independent study continuing education activity as defined in paragraph (G)(2) of rule 4723-14-01 of the Administrative Code;

(6) Interprofessional continuing education as defined in paragraph (G)(3) of rule 4723-14-01 of the Administrative Code;

(7) A continuing education activity that has been approved by a board or an agency that regulates a health care profession or related discipline in Ohio or another jurisdiction;

(8) Continuing education credit may be given to a licensee or certificate holder who develops and presents a course or activity, or develops an independent study, as follows:

(a) For the first time a presentation is given, the licensee or certificate holder who develops and presents the course or activity shall be awarded the same number of contact hours as the participant receives for the presentation. Contact hours shall only be awarded for the first time a presentation is given;
(b) For an independent study, the number of contact hours awarded to the licensee or certificate holder who develops the independent study shall be equal to the number of contact hours awarded to participants who complete the independent study;

(c) A licensee or certificate holder who presents a portion of an activity may receive continuing education contact hours for additional portions of the activity the licensee or certificate holder attends but does not present.

(9) The board may award contact hours for a board-approved continuing education activity.

(B) Except as provided for advanced practice registered nurses in paragraph (C) of this rule, the following activities cannot be used by a licensee or certificate holder to meet the continuing education requirements set forth in section 4723.24 of the Revised Code, this chapter, or Chapter 4723-23, 4723-26 or 4723-27 of the Administrative Code:

(1) Repetition of any educational activity with identical content and course outcomes within a single reporting period;

(2) Self-directed learning such as reading of texts or journal articles that has not been approved as an independent study or awarded contact hours by an accredited or approved provider or provider unit;

(3) Participation in clinical practice or research that is not part of a continuing education activity;

(4) A personal development activity;

(5) Professional meetings or conventions except for those portions designated as a continuing education activity;

(6) Community service or volunteer practice, unless the service or practice qualifies under paragraph (L) of rule 4723-14-03 of the Administrative Code;

(7) Continuing education ordered by the board pursuant to section 4723.28, 4723.282, 4723.652 or 4723.86 of the Revised Code; or

(8) Membership in a professional organization.
(C) The continuing education required of an advanced practice registered nurse to maintain certification by a national certifying organization shall be applied toward the continuing education requirements for renewal of a license to practice as a registered nurse and advanced practice registered nurse if the continuing education is obtained through a program or course meeting the requirement of paragraph (A) of this rule. Notwithstanding paragraph (B) of this rule, if the activity is approved or provided by a national certifying organization, that meets the requirements of division (A) of section 4723.46 of the Revised Code, the activity may include the following:

(1) Self-directed learning such as reading or reviewing of texts or journal articles;

(2) Participation in clinical practice, research or mission trips;

(3) Professional meetings or conventions; or

(4) Precepting, teaching or conducting public education courses.
OBN approver processes and statements.

(A) An OBN approver shall establish, implement, and enforce processes that address the following:

1. The scope of the approver's approval activities including identification of the target audience of providers and the type of applications to be approved;

2. Qualifications and responsibilities of all paid or volunteer staff members of the approver, including a mechanism for identifying and handling potential conflicts of interest for individuals involved in the approval process;

3. A peer review process to be used for review and approval of all continuing education activities;

4. A process to ensure that documentation of a planned activity satisfies the requirements of this chapter;

5. An application process and guidelines for approval and reapproval of faculty-directed and independent study continuing education activities, according to rules 4723-14-15 and 4723-14-16 of the Administrative Code, that ensure:

   a. The approval or reapproval process is completed prior to the date the continuing education activity is offered; and

   b. The content of the activity meets the criteria for approval set forth in paragraph (G)(J) of rule 4723-14-01 of the Administrative Code;

6. An application process and guidelines for approval and reapproval to be used by an approved provider unit that applies to have its continuing education system approved according to rule 4723-14-17 of the Administrative Code. The process must ensure that the internal review and documentation used by the approved provider unit are completed before the date continuing education activity is offered;

7. The documentation, review process, and record-keeping to be used by the OBN approver offering its own continuing education activities that ensure all documentation and reviews are completed before the date continuing education activity is offered;

8. The process for awarding contact hours for a continuing education activity,
including a statement of minimum requirements an individual must meet to receive contact hours;

(9) The process for ensuring that the primary purpose of a continuing education activity is not to promote the sale of items or services;

(10) If any commercial support is provided for an educational activity, the continuing education provider will maintain control of the educational content and disclose the existence of the commercial support to the learner.

(11) If any person with the ability to control the content of an educational activity has a conflict of interest, the continuing education provider will resolve the conflict prior to the person being able to continue involvement with the activity. The provider will provide disclosure to learners that there is no conflict of interest involving anyone with the ability to control content of the activity, or if there is a conflict that has not yet been resolved by the provider, the provider will disclose to the learner the name of the individual, the type of relationship and the name of the commercial interest entity.

(12) Exhibits shall not be set up or positioned in such a way that will influence or distract a learner from the educational activity.

(13) A statement ensuring that if any commercial support or sponsorship support is provided for an educational activity, the continuing education provider will maintain control of the educational content and disclose to attendees all financial relationships, or lack of any financial relationships, between the commercial supporter or sponsor and the continuing education provider or presenter, and ensure that arrangements for commercial exhibits will not influence the planning of, or interfere with the presentation of, educational activities.

(14) A system for record-keeping that ensures the following records are maintained, safely stored, and readily retrievable for a minimum of six years:

(a) A copy of the entire application package submitted to the board by the OBN approver and all reapproval applications;

(b) A copy of each continuing education application reviewed by the OBN approver with all attachments;

(c) Documentation of the review and action taken on each application;

(d) A copy of any letter stating OBN approver decisions and all other
pertinent correspondence; and

(e) All additional or clarifying information concerning the application;

(12)(14) An evaluation process that provides for evaluation of the activities of the OBN approver;

(13)(15) The process for assuring that the OBN approver number is used in all correspondence and advertising as required by paragraph (E) or (F) of rule 4723-14-14 of the Administrative Code;

(14)(16) The process for development and distribution to the public of material related to approval activities including a current list of continuing education activities approved or offered by the OBN approver;

(15)(17) Possible actions an OBN approver may take in response to an application for approval submitted by a continuing education provider, including the time period for notifying the applicant regarding the action taken;

(16)(18) The actions a continuing education provider may take while an application for approval of a continuing education activity is pending before an OBN approver, including a process for appealing a negative decision by the approver;

(17)(19) The process for withdrawal of approval of a continuing education provider's activity or system that includes a description of the circumstances that can lead to loss of approval and the process used to notify consumers regarding the loss of approval;

(18)(20) Publication of deadlines for submitting continuing education provider applications and fees for the approval process;

(19)(21) The process for documenting a review conducted by the OBN approver in response to complaints received about a provider or provider unit.

(B) An OBN approver must have goals that are consistent with the requirements of this chapter.

(C) An OBN approver must develop, date, and periodically review an organizational chart defining the lines of authority and communication within the approver and its
administrative structure.

(D) An OBN approver must establish a means to review the provider unit during the three year approval period, that may include on-site visits to the provider unit, or review of documentation requested by the OBN approver.
4723-14-15 Approval of a faculty-directed continuing education activity.

(A) Each application for approval of a faculty-directed continuing education activity submitted by a continuing education provider to an OBN approver must document all of the following:

(1) Availability of adequate resources to be used for administering and planning the continuing education activity, including identification of the person responsible for its administration and planning;

(2) The process of assessment, planning, implementation and evaluation of a continuing education activity occurs under the direction of a registered nurse or a planning committee that includes at least one registered nurse, and at least one licensed practical nurse if the target audience includes licensed practical nurses;

(3) Identification of the target audience and appropriate outcomes for the identified target audience;

(4) Inclusion of behavioral outcomes for each segment of the continuing education activity that are appropriate for the identified target audience;

(5) Identification of a content outline reflecting continuing education principles, practice, and needs of the target audience;

(6) Identification of faculty credentials that include the specific qualifications of each faculty member for the topic area to be presented;

(7) A process ensuring the approved provider maintains control of, and responsibility for, all aspects of meeting and maintaining the continuing education requirements set forth in Chapter 4723-14 of the Administrative Code. Written co-providership agreements that clearly identify the continuing education provider/applicant as responsible for meeting and maintaining board requirements;

(8) A statement ensuring that if any commercial support or sponsorship support is provided for an education activity the continuing education provider will maintain control of the educational content and disclose to the learner the existence of commercial support;

(a) Maintain control of the educational content and disclose to attendees all financial relationships or lack of financial relationships between the commercial supporter or sponsorship supporter and the educational provider or presenter; and
(b) Ensure that arrangements for commercial exhibits will not influence the planning of, or interfere with the presentation of educational activities;

(9) The provider will disclose to learners that there is no conflict of interest involving anyone with the ability to control content of the educational activity, or if there is a conflict that has been resolved by the provider, the provider will disclose to the learner the name of the individual, the type of relationship and the name of the commercial interest entity;

(10) Exhibits shall not be set up or positioned in such a way that will influence or distract a learner from the educational activity;

(9)(11) Evaluation of the continuing education activity that addresses the achievement of program outcomes and the teaching effectiveness of each faculty member; and

(10)(12) Identification of criteria for successful completion of the continuing education activity that are communicated to the participant before the continuing education activity.

(B) Any marketing materials for the continuing education activity must be completed according to rule 4723-14-14 of the Administrative Code and must be submitted to the OBN approver for review. A draft may be submitted with the application with a final copy to be submitted for the record.

(1) All marketing for the continuing education activity shall include the approval status and the OBN approver number; and

(2) If approval by the OBN approver is pending, marketing for a continuing education activity shall include a statement that directs any interested party to contact the provider to obtain information regarding approval status.

(C) A document verifying completion of a continuing education activity must be given by the continuing education provider to all attendees who meet the requirements to receive contact hours. The document shall include:

(1) A space for the name of the attendee;

(2) The title of the program;

(3) The date of the program;
(4) The name and address of the provider of the continuing education activity;

(5) The name of the OBN approver and OBN approver number;

(6) The number of contact hours earned;

(7) When applicable, a statement that includes the number of category A hours, or a statement that includes the number of contact hours and a description of the following:

(a) Continuing education for non-certified clinical nurse specialists as described in rule 4723-8-10 of the Administrative Code;

(b) Continuing education for dialysis care as described in rule 4723-23-06 of the Administrative Code; or

(c) Continuing education in advanced pharmacology for an advanced practice registered nurse designated as a clinical nurse specialist, certified nurse practitioner, or certified nurse-midwife nurse holding a certificate to prescribe as described in section 4723.24 4723.485 of the Revised Code and rule 4723-9-07 of the Administrative Code; and

(d) Continuing education for an advanced practice registered nurse designated as a clinical nurse specialist or certified nurse practitioner in the detection of concussion, its clinical features, assessment techniques, and the principles of safe return to play protocols as set forth in rule 4723-8-11 of the Administrative Code; and

(8) When applicable, indication of contact hours for the initial presentation of the continuing education activity by the presenter.

(D) Records must be maintained by the provider offering the continuing education activity in a safe, secure, and accessible manner for at least six years and shall include the following for each continuing education activity approved:

(1) A complete copy of all application data;

(2) All correspondence with the OBN approver;

(3) A list of all attendees who were issued contact hours for each date the continuing education activity was offered that includes the number of contact
hours granted to each;

(4) A summary evaluation for each date the continuing education activity is offered; and

(5) Any change made to the program during its approval period.

(E) During the period of approval, the provider offering the continuing education activity approved by the OBN approver must notify the OBN approver of:

(1) Any additional presentation dates; and

(2) Any change made to the continuing education activity as submitted in the original application.

(F) An OBN approver may approve an individually submitted faculty-directed continuing education activity that complies with the standards set forth in this rule. The approval may be granted for up to two years.

(G) An application for reapproval of an individually submitted faculty-directed continuing education activity may be simplified according to policies established by the OBN approver.
Approval of the continuing education system of a provider unit.

(A) An OBN approver may elect to approve and reapprove the continuing education system of a proposed provider unit for a specified period of time, not to exceed three years. The approval and reapproval processes shall be based on an in-depth analysis by the OBN approver of the ability of the proposed provider unit to meet the board continuing education requirements set forth in this chapter, and to maintain the requirements during the approval period. The applicant for initial approved provider unit status must include documentation demonstrating the proposed provider unit:

(1) Has the ability to meet the board continuing education requirements set forth in this chapter by having received approval for a specified number of continuing education activities or contact hours before applying for approval of the continuing education system;

(2) Is an identifiable unit and has goals consistent with the requirements of this chapter;

(3) Has sufficient resources to meet and maintain board requirements of this chapter including a registered nurse responsible for the planning and implementation of continuing education activities;

(4) Documents planned learning activities that meet the requirements of this chapter;

(5) The proposed provider unit must have the following ready to implement:

   (a) A process ensuring that all continuing education requirements contained in this chapter are to be met and maintained;

   (b) A process to ensure that all the required planning documentation is completed before presentation of the continuing education activity, and that the required records are completed after the presentation and maintained according to rule 4723-14-12 of the Administrative Code;

   (c) A co-providership process requiring a written agreement and a mechanism ensuring the approved provider unit maintains control of, and responsibility for, all aspects of meeting and maintaining continuing education requirements set forth in this chapter;

   (d) A process requiring that all marketing used by the provider meets the
requirements of rule 4723-14-14 of the Administrative Code;

(e) A process requiring ongoing evaluation of the approved provider unit's system;

(f) If any commercial support is provided for an activity, the continuing education provider will maintain control of the educational content and disclose the existence of commercial support to the learner. A statement assuring that if any commercial support or sponsorship is provided for an educational activity, the continuing education provider will:

(i) Maintain control of the educational content and disclose to attendees all financial relationships or lack of financial relationships between the commercial supporter or sponsor and the continuing education provider or presenter; and

(ii) Ensure that arrangements for commercial exhibits will not influence the planning of or interfere with the presentation of educational activities.

(g) The provider will disclose to learners that there is no conflict of interest involving anyone with the ability to control content of the educational activity, or if there is a conflict that has been resolved by the provider, the provider will disclose to the learner the name of the individual, the type of relationship and the name of the commercial interest entity;

(h) Exhibits shall not be set up or positioned in such a way that will influence or distract a learner from the educational activity; and

(6) The applicant for approved provider unit status must submit to the OBN approver complete documentation of a continuing education activity that has been previously approved by an OBN approver. The documentation must demonstrate that the requirements for a continuing education activity required by this chapter are met.

(B) For reapproval, an approved provider unit must submit to the OBN approver, at a minimum, updated processes and sample documentation for a continuing education activity demonstrating that the requirements in rules 4723-14-15 and 4723-14-16 of the Administrative Code are met. The documentation must include the following:

(1) Marketing material;
(2) A description of how continuing education rules have been followed during the approval time period;

(3) Results of the approved provider unit's evaluation process; and

(4) Any additional information requested by the OBN approver.

(C) An approved provider unit must give written notice to the OBN approver within thirty days of any significant change in the:

(1) Provider system;

(2) Key personnel directly responsible for the provider system;

(3) Structure of the administration that influences the functioning of the provider;

(4) Ownership of the approved provider unit; or

(5) Approved provider unit activities.

(D) An approved provider unit shall not approve continuing education activities. An approved provider unit is authorized to award contact hours only for those continuing education activities that have been planned and implemented by the approved provider unit according to the requirements of this chapter, including having a registered nurse responsible for the planning and implementation of activities as required by paragraph (A)(3) of rule 4723-14-17 of the Administrative Code.

(E) Records must be maintained by the approved provider unit in a safe, secure, and accessible manner for at least six years, and must include:

(1) A complete copy of the provider unit application submitted to the OBN approver and all related correspondence;

(2) Copies of all continuing education activity files including:

   (a) Documentation for a faculty-directed continuing education activity required by paragraphs (A) to (C) of rule 4723-14-15 of the Administrative Code, or documentation for an independent study required by rule 4723-14-16 of the Administrative Code;
(b) A list of all attendees who were awarded contact hours for each date the continuing education activity was offered that includes the number of contact hours awarded to each;

(c) A summary evaluation for each date the continuing education activity is offered; and

(d) Any changes made to the activity during the time the activity was offered to learners.
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)(+3)(10) of section 4723.08 of the Revised Code, and the reinstatement fee required by division (A)(+8)(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)(+3)(10) of section 4723.08 of the Revised Code, and the reinstatement fee required by division (A)(+8)(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 certificate license lapsed, due to the holder 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)(13)(10) of section 4723.08 of the Revised Code, and the reinstatement fee required by division (A)(18)(15) of section 4723.08 of the Revised Code, if the following are met:

(1) The licensee 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 holderlicensee was honorably discharged or separated under honorable conditions;

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

(3) The certificate holderlicensee meets the requirements for certificatelicense 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 certificatelicense lapsed, due to the holderlicensee'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)(13)(10) of section 4723.08 of the Revised Code, and the reinstatement fee required by division (A)(18)(15) of section 4723.08 of the Revised Code, if the following are met:

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

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

(3) The certificate holderlicensee meets the requirements for certificatelicense renewal required by section 4723.42 of the Revised Code.

(E) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner whose certificate to prescribe lapsed, due to the holder's service in the armed forces, shall be eligible for renewal and reinstatement without payment of the reinstatement fee required by division (A)(18) 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 rule 4723-9-07 of the Administrative Code.

(F) A clinician nurse specialist, certified nurse-midwife, or certified nurse-practitioner whose certificate to prescribe lapsed, due to the certificate holder's spouse's service in the armed forces, shall be eligible for renewal and reinstatement without payment of the reinstatement fee required by division (A)(18) 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 renewal required by rule 4723-9-07 of the Administrative Code.

(G)(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)(13)(10) of section 4723.08 of the Revised Code, and the reinstatement fee required by division (A)(13)(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)(+3)(10) of section 4723.08 of the Revised Code, and the reinstatement fee required by division (A)(+8)(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)(+3)(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)(+8)(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)(49)(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)(49)(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.

(K)(1) 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)(49)(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.

(I)(1) 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)(49)(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)(49)(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.
Title protection.

(A) Only a person who holds a current valid license to practice as an advanced practice registered nurse certificate of authority issued in accordance with sections 4723.41, 4723.42 and 4723.482 of the Revised Code and this chapter may use the following titles or initials if designated to do so:

(1) Certified nurse-midwife, or A.P.R.N.-C.N.M., certified—registered nurse-midwife, or C.R.N.M., if the individual is authorized to practice in accordance with division (A) of section 4723.43 of the Revised Code;

(2) Clinical nurse specialist, or A.P.R.N.-C.N.S., clinical registered nurse specialist, or C.R.N.S., if the individual is authorized to practice in accordance with division (D) of section 4723.43 of the Revised Code;

(3) Certified nurse practitioner, or A.P.R.N.-C.N.P., certified registered nurse practitioner, or C.R.N.P., if the individual is authorized to practice under division (C) of section 4723.43 of the Revised Code;

(4) Certified registered nurse anesthetist or A.P.R.N.-C.R.N.A., if the individual is authorized to practice in accordance with division (B) of section 4723.43 of the Revised Code; or

(5) Advanced practice registered nurse or A.P.R.N. if the individual is authorized to practice under division (A) to division (D) of section 4723.43 of the Revised Code.

(B) Only a person who holds a current valid advanced practice registered nurse license certificate of authority issued in accordance with sections 4723.41 and 4723.42 of the Revised Code and this chapter to practice as a certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist shall:

(1) Practice in accordance with section 4723.43 of the Revised Code and this chapter as a certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist;

(2) Hold themselves out as being a certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, clinical nurse specialist, or advanced registered practice registered nurse;

(3) Use any title or initials implying that the person is a certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, clinical nurse practitioner, certified registered nurse anesthetist, clinical nurse specialist or, if designated to do so. If a person is not authorized to practice in accordance with division (A) of section 4723.43 of the Revised Code, that person is not authorized to practice in accordance with division (C) of section 4723.43 of the Revised Code.
nurse specialist, or advanced practice registered nurse authorized to practice in accordance with section 4723.03 of the Revised Code and paragraph (A) of this rule.

(C) At all times when an advanced practice registered nurse is providing direct care to a patient within the nurse's respective scope of practice, each certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist shall display and identify the applicable title and designation as set forth in this rule.

(D) No person who is not authorized to do so shall knowingly prescribe or personally furnish drugs or therapeutic devices without holding a current valid license to practice nursing as an advanced practice registered nurse issued under Chapter 4723 of the Revised Code and being designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner according to section 4723.42 of the Revised Code.
Quality assurance standards.

(A) A holder of an advanced practice registered nurse shall comply with all continuing education requirements for registered nurse license renewal and advanced practice registered nurse license renewal set forth in division (C) of section 4723.24 of the Revised Code and national certification requirements set forth in sections 4723.41 and 4723.42 of the Revised Code and this chapter.

(B) The certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist and the collaborating physician or podiatrist shall jointly review each effective standard care arrangement at least once every two years. Such review shall be documented with the date and signature of each nurse who is party to the arrangement and at least one collaborating physician or podiatrist.

(C) Each certified nurse-midwife, certified nurse practitioner, and clinical nurse specialist who is a party to a standard care arrangement shall comply with all quality assurance provisions of the standard care arrangement in accordance with this chapter. Failure to provide, enter into, or to practice in accordance with a standard care arrangement may result in disciplinary action in accordance with section 4723.28 of the Revised Code.

(D) Each practicing certified nurse-midwife, certified nurse practitioner, and clinical nurse specialist who is a party to a standard care arrangement shall participate in a quality assurance process and shall immediately provide documentation satisfactory to the board of such participation upon request of the board. The quality assurance process shall include at a minimum:

1. Periodic random chart review at least annually by a collaborating or supervising physician, podiatrist, dentist, or a designated member of a quality assurance committee, composed of at least one physician, of the institution, organization, or agency where the nurse has practiced during the period covered by the review. If the nurse holds prescriptive authority, the process shall include, including a procedure for periodic review, at least semi-annually, of prescriptions written and prescribing patterns for the advanced practice registered nurse holder of a certificate to prescribe;

2. Subsequent to each chart review, a conference shall be held between a collaborating or supervising physician, podiatrist, dentist, or a designated member of a quality assurance committee of the institution, organization, or agency and the advanced practice registered nurse; and

(E) Documentation of participation in an ongoing, systematic quality assurance process at an institution, organization, or agency shall satisfy the requirements of paragraph (D) of this rule, provided there is a plan to utilize the results of the quality assurance process to maintain or improve care delivery.

(F) Every two years, each certified nurse-midwife, certified nurse practitioner, and clinical nurse specialist shall verify the licensure status of each collaborating physician or podiatrist with whom the nurse has an effective standard care arrangement. Verification of licensure status may be obtained online from the Ohio e-license center. The nurse shall document that such verification was obtained.

(G) The board may audit, review or investigate, at any time, whether an advanced practice registered nurse has complied with the quality assurance standards set forth in this rule.
Continuing education requirements.

(A) Each advanced practice registered nurse who obtains continuing nursing education in the nurse's area of practice for the purpose of obtaining or maintaining a national certification may use those continuing education hours to satisfy the continuing education requirements for renewal of a license to practice as a registered nurse and advanced practice registered nurse set forth in this rule, section 4723.24 of the Revised Code and Chapter 4723-14 of the Administrative Code, if the continuing education meets the requirements of Chapter 4723-14 of the Administrative Code.

(B) An advanced practice registered nurse who holds an active license shall complete continuing nursing education as follows in order to renew the license:

1. Twenty-four contact hours of continuing nursing education;

2. For advanced practice registered nurses designated as a clinical nurse specialist, certified nurse-midwife or certified nurse practitioner, at least twelve hours of the education must be in advanced pharmacology and must have been provided by an accredited institution recognized by the board, including any provider referenced in paragraph (E) of rule 4723-9-01 of the Administrative Code;

3. For the first period of renewal immediately following the initial issuance of the advanced practice registered nurse license by the board, a licensee is not required to complete any contact hours of continuing education;

4. For purposes of fulfilling the twenty-four hours of continuing education required for renewal, an advanced practice registered nurse may satisfy up to eight hours by providing health care services as a volunteer if the following requirements are met:

   a. The licensee provides the health care services to an indigent and uninsured person as defined in section 2305.234 of the Revised Code;

   b. The health care provided is advanced practice registered nursing, as defined in division (P) of section 4723.01 of the Revised Code and is within the designated specialty scope of practice of the advanced practice registered nurse providing the services as set forth in section 4723.43 of the Revised Code;

   c. The health care services provided are provided as a volunteer, as that term is defined in section 2305.234 of the Revised Code;

   d. The licensee satisfies the requirements of section 2305.234 of the Revised Code to qualify for the immunity from liability granted under that section;
(e) One hour of continuing education may be awarded for each sixty minutes documented as spent providing health care services as a volunteer;

(f) The advanced practice registered nurse obtains, and maintains for a period of six years following the date the health care services are provided, a signed statement from a person at the health care facility or location where the health care services were performed indicating:

(i) The date and time period the licensee performed the health care services;

(ii) That the recipient of the health care services was indigent and uninsured as defined in section 2305.234 of the Revised Code; and

(iii) That the licensee provided the health care services as a volunteer as defined in section 2305.234 of the Revised Code.

(C) An advanced practice registered nurse who earns more than the number of hours required by this rule during a single renewal period cannot apply the extra hours to meet future renewal period continuing education requirements.

(D) The waiver option discussed in rule 4723-14-03 of the Administrative Code, for purposes of registered nurse or licensed practical nurse continuing nursing education, does not apply to the advanced practice registered nurse continuing education requirements set forth in this rule.

(B)(E) A clinical nurse specialist, originally issued a certificate of authority on or before December 31, 2000 in accordance with division (C) of section 4723.41 of the Revised Code, as that division existed prior to March 20, 2013, who is not certified by a national nursing certifying organization approved by the board shall obtain twelve contact hours of continuing nursing education in addition to the twenty-four hours required every two years for renewal of a license to practice nursing as a registered nurse and the twenty-four hours required for renewal of a license to practice as an advanced practice registered nurse. For the purposes of complying with this rule:

(1) The additional hours shall be in programs that are targeted to advanced practice registered nurses in the nurse's area of practice or in relevant programs from other health care disciplines;

(2) The continuing education activity must meet the requirements of Chapter 4723-4 of the Administrative Code; and
(3) The clinical nurse specialist cannot use the waiver option contained in rule 4723-14-03 of the Administrative Code for the additional twelve contact hours of continuing nursing education required by this paragraph.
4723-9-02 Requirements for a course of study in advanced pharmacology.

(A) To be acceptable to the board, a course of study shall meet the following requirements:

(1) Be a minimum of forty-five contact hours in length and include content which ensures sufficient preparation for the safe and effective prescribing of drugs and therapeutic devices;

(2) Include content which is specific to the participant's nursing specialty and which includes all of the following:

(a) A minimum of thirty-six hours of training, obtained from a single provider, in:

   (i) Pharmacokinetic principles and clinical application; and

   (ii) Principles of the use of drugs and therapeutic devices in the prevention of illness and maintenance of health;

(b) The fiscal and ethical implications of prescribing drugs and therapeutic devices;

(c) The state and federal laws that apply to the authority to prescribe;

(d) Instruction that is specific to schedule II controlled substances, including instruction in all of the following:

   (i) Indications and contraindications for the use of schedule II controlled substances in drug therapies, including risk, evaluation and mitigation strategies for the use of opiates in the treatment of chronic pain for non-terminal conditions, and the need for periodic assessment and documentation of the patient's functional status;

   (ii) The most recent guidelines and recommendations for pain management therapies and education, as established by state and national organizations such as the Ohio pain initiative, the American pain society, the governor's cabinet opiate action team (GCOAT), and the United States food and drug administration (FDA), and the centers for disease control (CDC);
(iii) The most recent guidelines and recommendations for stimulant therapies utilized in the management of attention-deficit or hyperactivity disorder, as adopted by state and national organizations such as the American academy of pediatrics;

(iv) Fiscal and ethical implications of prescribing schedule II controlled substances;

(v) State and federal laws that apply to the authority to prescribe schedule II controlled substances, including state medical board of Ohio rules governing controlled substances and the treatment of chronic pain, and Ohio state board of pharmacy rules governing the manner of issuance of a prescription, and rules set forth in Chapters 4723-1 to 4723-27 of the Administrative Code;

(vi) Prevention of abuse and diversion of schedule II controlled substances, including identification of the risk of abuse, addiction and diversion, recognition of abuse, addiction and diversion, types of assistance available for prevention of abuse, addiction and diversion, the use of the Ohio automated rx reporting system (OARRS), including standards and procedures for OARRS access and review established in section 4729.75 of the Revised Code and rule 4723-9-12 of the Administrative Code, and other methods of establishing safeguards against abuse and diversion; and

(e) Instruction specific to schedule II controlled substances as set forth in paragraph (A)(2)(d) of this rule may be integrated with areas of instruction required by paragraphs (A)(2)(a), (A)(2)(b) and (A)(2)(c) of this rule.

(3) Include a process for interaction of the participants with instructional personnel;

(4) Include a process for evaluating the participants' learning of the content required by this rule that may include:

(a) Successful completion of case studies or written assignments;

(b) Successful completion of a comprehensive written examination or a series of sequential examinations completed by topic area;
(c) A mechanism to assure the security of the evaluation process; and

(5) May be provided online, but must be faculty-directed or independent study and, as defined in of rule 4723-14-01 of this Chapter, is offered by either an accredited educational institution acceptable to the board or a continuing education course that meets the requirements of Chapter 4723-14 of the Administrative Code, obtained either from:

(a) An accredited educational institution acceptable to the board; or

(b) A continuing education program in pharmacology that meets the requirements of Chapter 4723-14 of the Administrative Code;
4723-9-03 Completing a course of study in advanced pharmacology.

(A) Applicants seeking an advanced practice registered nurse license certificate to prescribe, who do not meet the requirements set forth in either division (C) or (D) of section 4723.482 of the Revised Code, shall complete, within the three/five years immediately preceding the application, a course of study, as defined in rule 4723-9-01 of the Administrative Code, that meets the requirements of rule 4723-9-02 of the Administrative Code.
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, 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 and significantly alters a patient's typical function, and is expected to be time-limited.

(2) "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.

(3) "Family member" means a spouse, parent, child, sibling or other individual with respect to whom a nurse's personal or emotional involvement may render the nurse unable to exercise detached professional judgment in reaching diagnostic or therapeutic decisions.

(4) "Hospice care program" has the same meaning as in section 3712.01 of the Revised Code.

(5) "ICD-10-CM 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.

(6) "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.

(7) "Minor" has the same meaning as in section 3719.061 of the Revised Code.

(8) "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: http://www.pharmacy.ohio.gov/MED (effective 2017).

(9) "Palliative care" has the same meaning as in section 3712.01 of the Revised Code.

(10) "Terminal condition" has the same meaning as in section 2133.01 of the Revised Code.

(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 or individual drugs.

(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 formulary, located at http://www.nursing.ohio.gov/Practice-Prescribing.htm (effective 2017), for additions or deletions at least twice a year.

(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 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 formulary, 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, rule 4729-5-30 of the Administrative Code and rule 4729-5-13 of the Administrative Code;

(6) A valid prescriber-patient relationship exists. This relationship may include, but is not limited to:

(a) Obtaining a thorough history of the patient;

(b) Conducting a physical or mental examination of the patient;

(c) Rendering a diagnosis;

(d) Prescribing medication, ruling out the existence of any recognized contraindications;

(e) Consulting with the collaborating physician when necessary; and

(f) Properly documenting these steps in the patient's medical records;

(7) Notwithstanding paragraph (F)(6) of this rule, the nurse 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 nurse's patient.

(8) If the patient is a family member, acceptable and prevailing standards of safe nursing care require that a nurse maintain detached professional judgment. The nurse shall not prescribe to a family member unless:

(a) The 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) For drugs that are a controlled substance:

(a) The nurse has obtained a United States drug enforcement administration registration, except if not required to do so as provided in rule 4729-17-13 of the Administrative Code, and indicates the number on the prescription;

(b) The prescription indicates the ICD-10-CM code of the primary disease or condition that the controlled substance is being used to treat;

(c) The prescription indicates the intended days' supply of the controlled substance prescription. The intended days' supply is calculated by
dividing the total quantity prescribed by the maximum intended number of tablets or doses per day;

(d) The patient is not a family member; and

(e) The nurse shall not self-prescribe a controlled substance.

(G) Except as provided in paragraph (H) 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.

(H) Subject to the requirements set forth in paragraphs (I) and (J) 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 formulary, located at http://www.nursing.ohio.gov/Practice-Prescribing.htm (effective 2017), if the 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.

(I) 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 (H) of this rule.

(1) 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 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 (I)(3)(a)(ii) 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, a 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.

(K) The requirements of paragraph (J) of this rule apply to treatment of acute pain, and do not apply when an opioid analgesic is prescribed:

(1) To an individual who is a hospice patient or in a hospice care program;

(2) To an individual who is receiving palliative care;

(3) To an individual who has been diagnosed with a terminal condition; or

(4) To an individual who has cancer or a condition associated with the individual's cancer or history of cancer.

(L) The requirements of paragraph (J) 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 rule 4729-17-01 of the Administrative Code.

(M) 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, located at http://www.nursing.ohio.gov/Practice.htm (effective 2017); and

(2) The collaborating physician has agreed in the standard care arrangement that the nurse may prescribe drugs approved by the FDA, that meet the criteria set forth in paragraphs (M)(1) and (M)(2) of this rule, that have not yet been reviewed and approved by the committee on prescriptive governance.

(N) 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.

(O) 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.
Replaces: 4723-9-09, 4723-9-10

Effective:

Five Year Review (FYR) Dates:

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 3719.062, 4723.07, 4723.50
Rule Amplifies: 4723.481, 4723.486, 4723.487, 4723.488, 4723.491, 4723.492
Course in Ohio law governing drugs and prescriptive authority.

(A) All applicants seeking an advanced practice registered nurse license who practiced or are practicing as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner in another jurisdiction or as an employee of the United States government, certificate to prescribe, in accordance with either division (C) of section 4723.482 of the Revised Code, or in accordance with division (D) of section 4723.482 of the Revised Code, are required to complete a course of instruction in the laws of this state that govern drugs and prescriptive authority. To meet this requirement, the course of instruction must:

(1) Include content and instruction on rules 4723-9-08, 4723-9-09, 4723-9-10, and 4723-9-12 of the Administrative Code, and other state, or federal laws that apply to the authority to prescribe schedule II controlled substances;

(2) Include content and instruction concerning the indications and contraindications for the use of opioids and benzodiazepines in drug therapies, and alternatives to opioid therapies in the management of acute and chronic pain, including the guidelines issued by the governor’s cabinet opiate action team (GCOAT);

(3) Be approved by the board, or by an OBN approver as defined in rule 4723-14-01 of the Administrative Code, or offered by an OBN approved provider unit, as defined in rule 4723-14-01 of the Administrative Code that is headquartered in the state of Ohio; and

(4) Be at minimum two hours in length.

(B) Applicants must submit documentation of successful completion to the board in the form of an original certificate, issued by the provider of the course of instruction that includes:

(1) Name of the attendee;

(2) Title of the program;

(3) Date of the program;

(4) Name and address of the provider and OBN approver number, if applicable; and

(5) Verification of completion of at least two hours of instruction, each of sixty minutes in duration.
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