4723-1-03 **Board records and documents.**

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

(A) The board shall maintain a record of all applicants for, and holders of, licenses and certificates issued by the board under Chapter 4723. of the Revised Code and any rules adopted under that chapter, in the format determined by the board.

(B) A change in name shall be submitted to the board on a "Name Change Form", dated 2016, available at http://www.nursing.ohio.gov/forms.htm , within thirty days of the change and shall be accompanied by a certified copy of one of the following documents:

(1) A marriage certificate or abstract;

(2) A dissolution or divorce decree;

(3) A court record indicating a change of name; or

(4) Documentation of a change in name consistent with the laws of the jurisdiction or foreign country where the name change occurred.

(C) A notification of a change in address shall be submitted in writing or electronically, by the licensee or certificate holder to the board within thirty days of the change.

(D) Documents submitted to the board may be returned at the discretion of the board.

(E) Wall certificates or other documents issued by the board as evidence of licensure, certification, or other authorization to practice shall not be falsified or altered.

(F) For purposes of Chapters 4723-1 to 4723-27 of the Administrative Code, when an applicant for licensure or certification, or renewal, reactivation or reinstatement of licensure or certification, submits a criminal records check completed by the bureau of criminal identification and investigation, the board shall consider the records check information to be valid for a period of one year from the date the information was received by the board. This provision shall not apply to criminal records checks required to be obtained according to the terms of board adjudication orders or consent agreements.

(G) Incorporated materials:

(1) "~~2016~~2019 Verification Form for Organizations Certifying Nurse Midwives (CNMs), Certified Nurse Practitioners (CNPs), Clinical Nurse Specialists

(CNSs), and Certified Registered Nurse Anesthetists (CRNAs)," dated 2019~~2016~~, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(2) "Advanced Practice Registered Nurse License Application," dated 2017, may be obtained at http://www.nursing.ohio.gov/forms.htm;~~

~~(3)~~(2) "Advanced Practice Registered Nurse License ~~Renewal~~ Application 2019," dated ~~2017~~2019, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(4)~~(3) "Advanced Practice Registered Nurse License Reactivation and Reinstatement Application," dated 2017, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(5)~~(4) "Alternative Program for ~~Chemical Dependency/~~Substance Use Disorder~~Disorders~~ Admission Application," dated 2019~~2018~~, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(6)~~(5) "Application for Initial Approval/Reapproval of a Testing Organization that Conducts an Examination of Dialysis Technicians," dated 2015, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(6) "Application to Perform Limited Intravenous Therapy in Ohio as a LPN and Certification of CE Course Completion," dated 2019, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(7) "Certified Registered Nurse Anesthetist Renewal Application," dated 2019, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(8) "Certified Nurse Midwife Renewal Application," dated 2019, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(9) "Certified Nurse Practitioner Renewal Application," dated 2019, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(10) "Clinical Nurse Specialist Renewal Application," dated 2019, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(11) "Community Health Worker Application," dated 2019, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(12) "Community Health Worker Reactivation and Reinstatement Application," dated 2019, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(13) "Community Health Worker Renewal Application," dated 2019, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(14) "Community Health Worker Training Program Approval Application," dated 2019, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(15) "Community Health Worker Training Program Re-Approval Application," dated 2019, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(7) "Certificate of Authority Renewal/APRN License Application," dated 2017, may be obtained at http://www.nursing.ohio.gov/forms.htm;~~

~~(8)~~(16) "Dialysis Technician Application," dated 2017, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(9)~~(17) "Education Program PN Annual Report Form," dated ~~2018~~2019, for licensed practical nursing education programs, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(10)~~(18) "Education Program RN Annual Report Form," dated ~~2018~~2019, for registered nursing education programs, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(11)~~(19) "Education Program PN Presurvey Visit Report Form," dated 2017, for licensed practical nursing education programs may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(12)~~(20) "Education Program RN Presurvey Visit Report Form," dated 2017, for registered nursing education programs, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(13) "LPN IV Therapy Application," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm;~~

~~(14)~~(21) "LPN Reactivation and Reinstatement Application," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(15)~~(22) "LPN Renewal Application," dated ~~2016~~2018, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(16)~~(23) "Medication Aide Application," dated 2017, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(17)~~(24) "Medication Aide Reactivation and Reinstatement Application," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(18)~~(25) "Medication Aide Renewal Application," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(19)~~(26) "Medication Aide Training Program Application," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(20)~~(27) "Medication Aide Training Program Re-Approval Application," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(21)~~(28) "Name Change Form," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(22)~~(29) "Nursing Licensure by Endorsement Application," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm

(30) "NEGP Annual Report Year 1," dated 2019, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(31) "NEGP Annual Report Year 2," dated 2019, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(32) "NEGP Quarterly Progress Report," dated 2019, may be obtained at http://www.nursing.ohio.gov/forms.htm;

(33) "NEGP RFP," dated 2019, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(23)~~(34) "Nursing Licensure by Examination Application," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(24)~~(35) "OBN Approver Application," dated 2017, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(25)~~(36) "PN New Program Proposal Application," dated 2017, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(26)~~(37) "RN New Education Program Proposal Application," dated 2017, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(27)~~(38) "RN Reactivation and Reinstatement Application," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(28)~~(39) "RN Renewal Application," dated ~~2017~~2019, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(29)~~(40) "Request for Replacement Wall Certificate Form," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(30)~~(41) "Volunteer's Certificate Application," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(31)~~(42) "Volunteer's Certificate Reactivation and Reinstatement Application," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm;

~~(32)~~(43) "Volunteer's Certificate Renewal Application," dated 2016, may be obtained at http://www.nursing.ohio.gov/forms.htm.

Effective:

Five Year Review (FYR) Dates: 10/11/2022

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Certification

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Date

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4723-5-04 **Procedure for board determination of a program's status.**

(A) The board shall grant full approval status to programs holding:

(1) Full approval, if a program demonstrates to the board that it continues to meet and maintain the requirements of this chapter;

(2) Conditional approval, at the first board meeting following completion of the survey process required by division (A)(5) of section 4723.06 of the Revised Code, provided the program demonstrates to the board that it meets and maintains the requirements of this chapter;

(3) Provisional approval, if the program demonstrates to the board that it meets and maintains the requirements of this chapter.

(B) The following procedures shall be followed by the board when a program does not meet and maintain the requirements of this chapter:

(1) For a program with conditional approval, the board shall propose to withdraw conditional approval pursuant to an adjudication under Chapter 119. of the Revised Code. The adjudication may result in the continuance of conditional approval, continuance of conditional approval based on compliance with the terms and conditions of a board order or consent agreement, or withdrawal of conditional approval;

(2) For a program with full approval, the board shall place the program on provisional approval in accordance with this chapter. When a program is placed on provisional approval, the board shall specify the requirements the program has not met and maintained and shall establish the time period during which the program will be on provisional approval. The board shall reconsider the program's approval status when the program demonstrates to the board that it meets and maintains the requirements of this chapter;

(3) If a program on provisional approval continues to fail to meet and maintain the requirements of this chapter at the end of the time period established for provisional approval, the board may propose to continue provisional approval for a period of time specified by the board or may propose to withdraw approval pursuant to an adjudication under Chapter 119. of the Revised Code. The adjudication may result in the continuance of provisional approval, withdrawal of approval, or granting of full approval;

~~(4) If a program on provisional approval in accordance with this chapter demonstrates that an additional requirement is not being met and maintained, the board shall propose to withdraw approval pursuant to an adjudication under Chapter 119. of~~

~~the Revised Code. The adjudication may result in the continuance of provisional approval, withdrawal of approval, or granting of full approval;~~

~~(5)~~(4) The board may enter into a consent agreement in lieu of conducting an adjudication under this rule that addresses the requirements of this chapter not met and maintained.

(C) The board shall provide to the administrator of the program written notice of the board's action.

(D) If a program with full approval status loses its approval, accreditation or certificate of registration from the Ohio board of regents, the Ohio department of education, the state board of career colleges and schools, or any national or regional post-secondary education accreditation entity, a representative of the board may conduct a survey visit and the board may place the program on provisional approval.

(E) If a program with full approval status fails to meet any of the following requirements, the board shall place the program on provisional approval status for a period of time:

(1) Failure to provide clinical or laboratory experience to students, as required by paragraph (F)(8) of rule 4723-5-13 of the Administrative Code for a registered nursing program, or paragraph (E)(12) of rule 4723-5-14 of the Administrative Code or paragraph (F) of rule 4723-5-14 of the Administrative Code for a practical nursing program;

(2) Failure to timely designate a qualified administrator or interim administrator according to paragraph (D) of rule 4723-5-09 of the Administrative Code;

(3) Providing or submitting false, misleading or deceptive information, documentation or statements to the board, in violation of rule 4723-5-25 of the Administrative Code; or

(4) Having pass rates on the licensure examination of less than ninety-five per cent of the national average for first-time candidates for the fourth consecutive year, as specified in paragraph (B)(4) of rule 4723-5-23 of the Administrative Code.

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4723-5-10 **Qualifications of administrators, faculty, teaching assistants and preceptors for a registered nursing education program.**

(A) The minimum qualifications and academic preparation for administrator, faculty, teaching assistant and preceptor appointments for a registered nursing education program are as follows:

(1) For administrator of a program:

(a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of the Administrative Code;

(b) Experience for at least five years in the practice of nursing as a registered nurse, two of which have been as a faculty member in a registered nursing education program;

(c) A master's degree with a major in nursing;

(d) Current, valid licensure as a registered nurse in Ohio; and

(e) If the program is a baccalaureate or graduate program, an earned doctoral degree;

(2) For an associate administrator of a program:

(a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of the Administrative Code;

(b) Experience for at least five years in the practice of nursing as a registered nurse, two of which have been as a faculty member in a registered nursing education program;

(c) A master's degree with a major in nursing; and

(d) Current, valid licensure as a registered nurse in Ohio;

(3) For faculty teaching a nursing course:

(a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of the Administrative Code;

(b) Experience for at least two years in the practice of nursing as a registered nurse;

(c) A master's degree;

(i) If the individual does not possess a bachelor of science in nursing degree, the master's or other academic degree, including, but not limited to a Ph.D., shall be in nursing;

(ii) If the individual possesses a bachelor of science in nursing degree, the master's degree may be, but is not required to be, in nursing; and

(d) Current, valid licensure as a registered nurse in Ohio;

(4) For a teaching assistant as defined in paragraph (NN) of rule 4723-5-01 of the Administrative Code:

(a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of the Administrative Code;

(b) Experience for at least two years in the practice of nursing as a registered nurse;

(c) A baccalaureate degree in nursing or enrollment in a graduate level course in a program for registered nurses to obtain a master's or doctoral degree with a major in nursing; and

(d) Current, valid licensure as a registered nurse in Ohio;

(5) For a preceptor as defined in paragraph (CC) of rule 4723-5-01 of the Administrative Code:

(a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of the Administrative Code;

(b) Experience ~~for at least two years~~ in the practice of nursing as a registered nurse with demonstrated competence in the area of clinical practice in which the preceptor provides supervision to a nursing student;

(c) A baccalaureate degree in nursing is preferred; and

(d) Current, valid licensure as a registered nurse in the jurisdiction or foreign country where the supervision of a nursing student's clinical experience occurs.

(B) The requirements of this rule do not prohibit an individual appointed to a position prior to February 1, 2008 from continuing to serve in the position if the individual met the rule requirements for the position at the time of appointment.

(C) An individual who is a foreign educated nurse graduate, as defined in paragraph (D) of rule 4723-7-01 of the Administrative Code, shall be deemed to have met the academic preparation for an administrator, faculty, teaching assistant or preceptor for a registered nursing education program specified in paragraphs (A)(1)(a), (A)(2)(a), (A)(3)(a), (A)(4)(a), and (A)(5)(a) of this rule, if the individual has practiced nursing as a registered nurse in the state of Ohio, or in another jurisdiction of the national council of state boards of nursing, for at least two years.

Effective:

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Certification

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4723-5-11 **Qualifications of administrators, faculty, teaching assistants and preceptors for a practical nursing education program.**

(A) The minimum qualifications and academic preparation for administrator, faculty, teaching assistant and preceptor appointments for a practical nursing education program are as follows:

(1) For an administrator of a program:

(a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of the Administrative Code;

(b) At least five years of experience in the practice of nursing as a registered nurse, two of which have been as a faculty member of a registered or practical nursing education program;

(c) A master's degree;

(i) If the individual does not possess a bachelor of science in nursing degree, the master's or other academic degree, including, but not limited to a Ph.D., shall be in nursing.

(ii) If the individual possesses a bachelor of science in nursing degree, the master's degree may be, but is not required to be, in nursing; and

(d) Current, valid licensure as a registered nurse in Ohio;

(2) For an associate administrator of a program:

(a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of the Administrative Code;

(b) At least five years of experience in the practice of nursing as a registered nurse, including two years as a faculty member in a registered or practical nursing education program;

(c) A master's degree;

(i) If the individual does not possess a bachelor of science in nursing degree, the master's or other academic degree, including, but not limited to a Ph.D., shall be in nursing;

(ii) If the individual possesses a bachelor of science in nursing degree, the master's degree may be, but is not required to be, in nursing; and

(d) Current, valid licensure as a registered nurse in Ohio;

(3) For faculty teaching a nursing course:

(a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of the Administrative Code;

(b) Experience for at least two years in the practice of nursing as a registered nurse;

(c) A baccalaureate degree in nursing; and

(d) Current, valid licensure as a registered nurse in Ohio;

(4) For a teaching assistant as defined in paragraph (NN) of rule 4723-5-01 of the Administrative Code:

(a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of the Administrative Code;

(b) Experience for at least two years in the practice of nursing as a registered nurse; and

(c) Current, valid licensure as a registered nurse in Ohio;

(5) For a preceptor as defined in paragraph (CC) of rule 4723-5-01 of the Administrative Code:

(a) Completion of an approved registered or practical nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of the Administrative Code;

(b) Experience ~~for at least two years~~ in the practice of nursing as a registered nurse or as a licensed practical nurse with demonstrated competence in the area of clinical practice in which the preceptor provides supervision to a nursing student;

(c) Current, valid licensure as a registered nurse or as a licensed practical nurse in the jurisdiction or foreign country where the supervision of a nursing student's clinical experience occurs.

(B) The requirements of this rule do not prohibit an individual appointed to a position prior to February 1, 2008 from continuing to serve in the position if the individual met the rule requirements for the position at the time of appointment.

(C) An individual who is a foreign educated nurse graduate, as defined in paragraph (D) of rule 4723-7-01 of the Administrative Code, shall be deemed to have met the academic preparation for an administrator, faculty, teaching assistant or preceptor for a practical nursing education program specified in paragraphs (A)(1)(a), (A)(2)(a), (A)(3)(a), (A)(4)(a), and (A)(5)(a) of this rule, if the individual has practiced nursing as a registered nurse in the state of Ohio, or in another jurisdiction of the national council of state boards of nursing, for at least two years.

Effective:

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Certification

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4723-5-21 **Program records.**

The administrator of the program shall maintain records including the following::

(A) Records for currently enrolled nursing students that include:

(1) Admission or transfer records;

(2) Transcripts; and

(3) Clinical experience evaluation records for each clinical course that reflect the student's achievement of the specific behavioral and cognitive skills and outcomes to successfully complete the course and to engage in safe and effective nursing practice;

(4) Laboratory evaluation records for each course regarding nursing care of obstetrical patients, immediate newborns and pediatric patients, where high fidelity or mid or moderate fidelity simulation is used, that reflect the student's achievement of the specific behavioral and cognitive skills and outcomes to successfully complete the course, and to engage in safe and effective nursing practice;

(5) Laboratory experience evaluation records for each course containing laboratory hours, not referenced in paragraph (A)(4) of this rule, that reflect the student's achievement of the specific behavioral and cognitive skills and outcomes to successfully complete the course, and to engage in safe and effective nursing practice;

(B) Records for all graduates of the program that shall include complete transcripts indicating the credential granted and the date of completion of the program;

(C) Records for the program that shall include the minutes of all scheduled faculty meetings;

(D) Records for each faculty and teaching assistant currently being utilized in the program that include:

(1) Documentation of academic credentials, including copies of official academic transcripts;

(2) A record that includes the time periods, by month and year of employment in clinical practice, and in teaching, and the names and locations of all employers in the field of nursing and nursing education; and

(3) Verification of current, valid licensure as a registered nurse in Ohio at the time of appointment, if the record has not been reviewed during a previous survey visit by the board, and at each licensure renewal.

(E) Records for preceptors that include:

(1) Verification of current, valid licensure as a registered nurse, or, for a practical nursing education program, as a licensed practical nurse, in the jurisdiction or foreign country where the supervision of a nursing student's clinical experience occurs; and

(2) A record demonstrating competency in the area of clinical practice in which the preceptor provides supervision to a nursing student, including~~that includes~~ the names and locations of employers in the field of nursing, ~~and~~with time periods of employment~~, by month and year, demonstrating at least two years of nursing practice, and competency in the area of clinical practice in which the preceptor provides supervision to a nursing student~~.

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4723-6-01 **Definitions.**

As used in this chapter:

(A) "Agreement" means a voluntary, written contract between an individual and the board's alternative program for substance use disorder~~chemical dependency~~ in which the board abstains from taking disciplinary action against the individual for violation of Chapter 4723. of the Revised Code and the individual agrees to be monitored by the board according to the terms and conditions of the program specified in section 4723.35 of the Revised Code, this chapter, and any other terms and conditions determined necessary by the program to ensure that the individual is able to practice in accordance with acceptable standards of safe care.

(B) "Approved treatment program" means an alcoholism or drug treatment program which is either certified by a state agency or is accredited by the "Joint Commission".

~~(C) "Chemical dependency" means either of the following:~~

~~(1) The chronic and habitual use of alcoholic beverages to the extent that the user no longer can control the use of alcohol; or the user's health, safety, or welfare or that of others is endangered; or~~

~~(2) The use of a drug of abuse, to the extent that the user becomes physically or psychologically dependent on the drug; or the user's health, safety, or welfare or that of others is endangered.~~

~~For purposes of section 4723.35 of the Revised Code and Chapter 4723-6 of the Administrative Code, the term "chemical dependency" includes or may otherwise be referred to as a "substance use disorder" to the extent the disorder involves dependency and not abuse.~~

~~(D)~~(C) "Drug of abuse" has the same meaning as in section 3719.011 of the Revised Code, and includes any controlled substance as defined in section 3719.01 of the Revised Code, any harmful intoxicant as defined in section 2925.01 of the Revised Code, or any dangerous drug as defined in section 4729.01 of the Revised Code.

~~(E)~~(D) "Medication-assisted treatment" has the same meaning as in section 340.01 of the Revised Code.

~~(F)~~(E) "Person" includes, without limitation, a natural person, a corporation, whether nonprofit or for profit, a partnership, a limited liability company, an unincorporated society or association, or two or more persons having a joint or common interest.

~~(G)~~(F) "Practitioner" means a healthcare professional who is authorized by law to prescribe drugs, dangerous drugs, or drug therapy related devices in the course of the

professional's practice and is licensed under Chapter 4715., 4723., 4725., 4731., or 4730., of the Revised Code and authorized by law to write prescription's for drugs or dangerous drugs.

~~(H)~~(G) "Program" means the unit of the board responsible for administering the alternative program for ~~chemical dependency~~substance use disorder established by section 4723.35 of the Revised Code.

~~(I)~~(H) "Random alcohol and drug screen" means a laboratory or breathalyzer test administered at an irregular interval not known in advance by the individual to be tested to detect the presence of alcohol, drugs of abuse, or other mood altering substances in the individual's body fluids, breath, hair, or nails.

(I) "Substance use disorder" for purposes of section 4723.35 of the Revised Code and Chapter 4723-6 of the Administrative Code means either of the following:

(1) The chronic and habitual use of alcoholic beverages to the extent that the user no longer can control the use of alcohol; or the user's health, safety, or welfare or that of others is endangered; or

(2) The use of a drug of abuse, to the extent that the user becomes physically or psychologically dependent on the drug; or the user's health, safety, or welfare or that of others is endangered.

To the extent that under prior law, the term "chemical dependency" was used, the term is to be construed to hold the same meaning as "substance use disorder" for purposes of the board's monitoring program established according to section 4723.35 of the Revised Code and Chapter 4723-6 of the Administrative Code.

(J) "Support group" means individuals who hold licenses or certificates issued under Chapter 4723. of the Revised Code who meet regularly to discuss practice issues related to recovery and to provide substance use disorder support for its members.

(K) "Treatment provider" means a licensed healthcare provider, with demonstrated expertise in substance use disorder, who provides alcoholism or drug treatment in an approved treatment program to an individual participating in the alternative program for ~~chemical~~ dependency.

(L) "Twelve-step meeting" means a meeting sponsored by a group such as alcoholics anonymous, narcotics anonymous, or a related organization which addresses substance use disorders and promotes sobriety and recovery through peer group support, self-help, and anonymity, and which is based on an abstinence model of recovery.

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4723-6-02 **Eligibility requirements for participation in the alternative program for substance use disorder~~chemical dependency~~.**

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

(A) An individual may participate in the program if the board supervising member for disciplinary matters determines that all of the following conditions are met:

(1) The individual holds a current, valid license to practice nursing as either a registered nurse or a licensed practical nurse in Ohio, or a current, valid certificate or intern certificate to practice as a dialysis technician or community health worker in Ohio;

(2) The individual requests and the board provides the individual an "Alternative Program for ~~Chemical Dependency/~~Substance Use Disorder~~Disorders~~ Admission Application," that includes an "Initial Voluntary Temporary License/Certificate Surrender" form. Within ten business days of the date the application was mailed by the board to the individual, the board must receive the individual's completed "Initial Voluntary Temporary License/Certificate Surrender" form;

(3) The individual submits a completed "Alternative Program for ~~Chemical Dependency/~~Substance Use Disorder~~Disorders~~ Admission Application" to the board within sixty days of the date the application was mailed by the board to the individual. The completed application shall be accompanied by all of the following:

(a) A substance use disorder assessment that:

(i) Includes a bio-psycho-social evaluation performed by a licensed healthcare provider with demonstrated expertise in the treatment of substance use disorders; and

(ii) Documents a diagnosis of substance use disorder and sets forth an organized plan for treatment.

(b) Signed waivers giving the program consent to receive and release information necessary for purposes of determining program eligibility. This includes, but is not limited to, information to and from employers, probation officers, law enforcement agencies, peer assistance programs, and any treatment providers or health care practitioners. No person with knowledge of any information disclosed by the program pursuant to

this paragraph shall divulge the information to any other person. The information contained in the completed application shall indicate to the board supervising member for disciplinary matters all of the following:

(i) The individual may be effectively treated for the substance use disorder;

(ii) The individual may be effectively monitored for compliance with program requirements; and

(iii) The individual is not subject to the prohibitions in paragraph (B) of this rule.

(B) An individual may not participate in the program if the board receives information indicating that the individual's compliance with the program may not be effectively monitored while participating in the program. This information includes, but is not limited to, the following:

(1) The individual is currently using or being prescribed a drug of abuse, as defined in paragraph (D) of rule 4723-6-01 of the Administrative Code, except if the drug is prescribed in the course of medication-assisted treatment in accordance state law;

(2) The individual has a medical and/or psychiatric condition, diagnosis, or disorder, other than a substance use disorder, in which the manifest symptoms are not adequately controlled;

(3) The individual has attempted or completed two or more substance use disorder treatment programs as of the date of the application, not including the individual's current substance use disorder treatment plan and related treatment currently submitted for purposes of program eligibility;

(4) The individual has substituted or tampered with a substance or drug of abuse;

(5) The board has taken action against the individual's license to practice nursing as either a registered nurse or a licensed practical nurse or certificate or intern certificate to practice as a dialysis technician or community health worker;

(6) A board regulating nurses, dialysis technicians or community health workers in another jurisdiction has taken action against the individual's license to practice nursing as either a registered nurse or a licensed practical nurse in that jurisdiction or certificate or intern certificate to practice as a dialysis technician or community health worker in that jurisdiction;

(7) The individual has completed the program or a similar program in another jurisdiction;

(8) The individual has been terminated from the program or from a similar program in another jurisdiction;

(9) The individual was admitted to, but did not complete or is no longer in good standing, a similar program in another jurisdiction;

(10) The individual has been convicted of, pled guilty to (other than a plea resulting in a finding of eligibility for intervention in lieu of conviction), had a judicial finding of eligibility for diversion for, or had a judicial finding of guilt resulting from a plea of no contest to any felony or an act in another jurisdiction that would constitute a felony in Ohio;

(11) The board determines that the public may not be adequately protected from unsafe practice if the individual enters the program; or

(12) The individual has failed or refused to cooperate with a board investigation.

Effective:

Five Year Review (FYR) Dates: 10/16/2023

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Certification

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Date

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4723-6-03 **Terms and conditions a participant must meet to successfully complete the substance use disorder monitoring ~~alternative~~ program~~for chemical dependency~~.**

(A) The participant shall enter into an agreement with the program and shall comply with all of the terms and conditions of the participant's agreement for the time period specified in the agreement.

(B) The agreement may include the following requirements:

(1) The participant:

(a) Enter substance use disorder treatment in an approved treatment program no later than thirty days from the execution of the agreement; and

(b) Comply with all requirements of the participant's substance use disorder treatment plan;

(2) The participant cause the treatment provider to submit documentation acceptable to the program of the participant's compliance with the participant's substance use disorder~~chemical dependency~~ treatment plan;

(3) The participant abstain from the use of alcohol, drugs of abuse, and controlled substances, except for the participant's time limited use of drugs of abuse and controlled substances prescribed for purposes of medication-assisted treatment in accordance with state law, or prescribed for other health purposes by a treating practitioner who has knowledge of the participant's substance use disorder and treatment plan;

(4) The participant cause all treating healthcare providers who authorize, prescribe or administer medication with respect to the participant, including but not limited to drugs of abuse, to submit documentation regarding the medication to the program, in the manner specified in the agreement;

(5) The participant, when using medications according to paragraphs (B)(3) and (B)(4) of this rule, cease working in any position that requires a nursing license or dialysis technician certificate or intern certificate, or as a certified community health worker.

(6) The participant inform any and all treating healthcare practitioners of the participant's substance use disorder and recovery status prior to receiving treatment and prescriptions;

(7) The participant cause any and all healthcare practitioners, substance use disorder treatment providers, and counselors to provide progress reports to the program at the intervals specified in the participant's agreement;

(8) The participant submit to random alcohol and drug screens when requested by the program, and that the participant comply with all requirements of random alcohol and drug screening as specified in the agreement;

(9) The participant attend support, peer group, or twelve-step group meetings as specified in the participant's agreement, and that the participant verify attendance at these meetings by signature of a group leader or meeting representative and submit such signatures to the program using the meeting form provided by the program;

(10) The participant comply with the employment restrictions, for positions that require a nursing license, or dialysis technician certificate or intern certificate, or community health worker certificate, specified in the agreement, which . may include, but are not limited to:

(a) Program approval of the employment;

(b) Work schedule restrictions;

(c) Work site supervision restrictions, such as work site monitors;

(d) Restrictions against administering and having access to alcohol or products containing alcohol, excluding topically applied alcohol-based products used for disinfection purposes, controlled substances, and drugs of abuse; and

(e) Practice setting or patient population restrictions;

(11) The participant sign waivers required by division (E) of section 4723.35 of the Revised Code, and that the participant also sign waivers permitting the program to receive or release information necessary to properly facilitate the monitoring of the participant's progress in their recovery from substance use disorder and their compliance with their program requirements. The information may be released to or received from persons, including, but not limited to, employers, probation officers, law enforcement agencies, peer assistance programs, substance use disorder treatment providers, healthcare practitioners, government agencies, or court officials. No person with knowledge of any information disclosed by the program pursuant to this paragraph shall divulge the information to any other person.

(12) The participant return to employment in a position that requires a nursing license or dialysis technician certificate or intern certificate, or as a community health worker, while under the terms of the agreement, and continue in that employment, or other employment requiring licensure or certification, for an aggregate period of at least one year of full-time employment, prior to being considered for release from the terms and conditions of the agreement;

(13) The participant be responsible for all costs to the participant resulting from the participant's program requirements. All costs incurred by the participant resulting from the participant's participation in the program are wholly between the participant and any person providing the services according to the program requirements. None of the costs incurred by the participant shall be charged to the program and the program assumes no liability for any costs incurred by the participant in paying all costs;

(14) The participant submit a written personal report to the program at the intervals specified by the agreement;

(15) The participant meet in person with a program representative at the intervals specified by the agreement; and

(16) The participant obey all federal, state, and local laws and rules including, but not limited to, all laws and rules regulating the practice of nursing or dialysis care in Ohio.

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4723-7-05 **Registered nurse licensure by endorsement.**

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

(A) A registered nurse applicant for licensure by endorsement shall satisfy the following:

(1) Have completed a registered nursing education program approved by a jurisdiction of the national council of state boards of nursing at the time the applicant completed the program;

(2) Submit a completed "Nursing Licensure by Endorsement Application," and the license application fee required by section 4723.08 of the Revised Code;

(3) As required by section 4723.09 of the Revised Code, submit to a criminal records check completed by the bureau of criminal identification and investigation the results of which indicate that the applicant for licensure by endorsement has not been convicted of, pleaded guilty to, or had a judicial finding of guilt for any violation set forth in section 4723.092 of the Revised Code;

(4) As required by section 4723.09 of the Revised Code, not be required to register under Chapter 2950. of the Revised Code or a substantially similar law of another state, the United States, or another country; and

(5) Have been originally licensed by examination to practice as a registered nurse and meet one of the following requirements:

(a) If originally licensed by examination prior to January 1, 1953, evidence of having passed an examination;

(b) If originally licensed by examination on or after January 1, 1953, but prior to July 1, 1982, achievement of a score of at least three hundred fifty on each subject tested in the "State Board Test Pool Examination";

(c) If originally licensed by examination on or after July 1, 1982, but prior to October 1, 1988, achievement of a score of at least one thousand six hundred on the NCLEX-RN; or

(d) If originally licensed by examination on or after October 1, 1988, achievement of a "pass" score on the NCLEX-RN;

(B) In addition to meeting the requirements in paragraph (A) of this rule, prior to licensure by endorsement as a registered nurse an applicant shall:

(1) Submit evidence of successful completion of a registered nursing education program according to paragraph (A)(1) of this rule;

(2) Have submitted directly from the jurisdiction of the applicant's original licensure by examination, or electronically from the national council of state boards of nursing, verification of licensure by examination as a registered nurse, as required by paragraph (A)(4) of this rule;

(3) Have submitted verification of current, valid licensure as a registered nurse directly from any jurisdiction of the national council of state boards of nursing, or electronically by the national council of state board of nursing;

(4) Submit to the board documentation of completion of two contact hours of continuing education that is directly related to Chapter 4723. of the Revised Code or rules adopted by the board, and that meets the requirements set forth in paragraph (C) of rule 4723-14-01 of the Administrative Code for category A education; and

(5) Submit any other documentation required by the board.

(C) The board may propose to deny licensure by endorsement pursuant to an adjudication conducted in accordance with Chapter 119. of the Revised Code.

(D) According to section 4723.09 of the Revised Code, the board may issue a nonrenewable temporary permit to practice nursing as a registered nurse to a registered nurse applicant for licensure by endorsement. A temporary permit expires at the earlier of one hundred eighty days after the permit is issued, or upon licensure by endorsement.

(E) An applicant for endorsement as a registered nurse who requests a temporary permit to practice nursing as a registered nurse in Ohio shall:

~~(1) Submit evidence of successful completion of a registered nursing education program according to paragraph (A)(1) of this rule;~~

~~(2)~~(1) Have submitted directly from the jurisdiction of the applicant's original licensure by examination, or electronically from the national council of state boards of nursing, verification of licensure by examination as a registered nurse according to paragraph (A)(5) of this rule;

~~(3)~~(2) Have submitted verification of current, valid licensure as a registered nurse directly from any jurisdiction of the national council of state boards of nursing, or electronically from the national council of state boards of nursing; and

~~(4)~~(3) Submit any other documentation required by the board.

(F) The board shall immediately terminate the applicant's temporary permit upon notification of a criminal records check completed by the bureau of criminal identification and investigation that indicates the individual has been convicted of, pleaded guilty to, or had a judicial finding of guilt for any violation set forth in section 4723.092 of the Revised Code, or upon information that the permit holder is required to register under Chapter 2950. of the Revised Code or a substantially similar law of another state, the United States, or another country.

(G) If an applicant for licensure by endorsement as a registered nurse fails to meet the requirements for licensure within one year from the date the application is received, or the application remains incomplete for one year, the application shall be considered void and the fee forfeited. The application shall state the circumstances under which forfeiture may occur.

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4723-7-06 **Practical nurse licensure by endorsement.**

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

(A) A practical nurse applicant for licensure by endorsement shall satisfy the following:

(1) Have completed:

(a) A practical nursing education program approved by a jurisdiction of the national council of state boards of nursing at the time the applicant completed the program;

(b) If the applicant has practiced and maintained current, valid licensure as a licensed practical nurse in another jurisdiction for a minimum continuous period of five years prior to the date of application, either:

(i) A registered nursing education program approved by a jurisdiction of the national council of state boards of nursing, at the time the applicant completed the program; or

(ii) A registered nursing education program not approved by a jurisdiction of the national council of state boards of nursing, for which the board has received from the program administrator or designee, or from the jurisdiction in which the applicant was originally licensed by examination as a licensed practical nurse, a copy of an official transcript or other documentation demonstrating that the applicant's educational preparation is substantially similar to that required for programs approved by the board;

(2) Submit a completed "Nursing Licensure by Endorsement Application," and the applicable license application fee required by section 4723.08 of the Revised Code;

(3) As required by section 4723.09 of the Revised Code, submit to a criminal records check completed by the bureau of criminal identification and investigation, the results of which indicate that the applicant for licensure by endorsement has not been convicted of, pleaded guilty to, or had a judicial finding of guilt for any violation set forth in section 4723.092 of the Revised Code;

(4) As required by section 4723.09 of the Revised Code, not be required to register under Chapter 2950. of the Revised Code or a substantially similar law of another state, the United States, or another country; and

(5) Have been originally licensed to practice as a licensed practical nurse based upon passing a practical nurse examination and meet one of the following requirements:

(a) If originally licensed by examination on or after July 1, 1956, but prior to July 1, 1982, achievement of a score of at least three hundred fifty on the "State Board Test Pool Examination";

(b) If originally licensed by examination on or after July 1, 1982, but prior to October 1, 1988, achievement of a score of at least three hundred fifty on the NCLEX-PN; or

(c) If originally licensed by examination on or after October 1, 1988, achievement of a "pass" score on the NCLEX-PN.

(B) In addition to meeting the requirements in paragraph (A) of this rule, prior to licensure by endorsement as a practical nurse an applicant shall:

(1) Submit evidence of successful completion of a practical nursing program according to paragraph (A)(1) of this rule;

(2) Have submitted directly from the jurisdiction of the applicant's original licensure by examination, or electronically from the national council of state boards of nursing, verification of licensure by examination as a practical nurse, as required by paragraph (A)(5) of this rule;

(3) Have submitted verification of current, valid licensure as a licensed practical nurse directly from any jurisdiction of the national council of state boards of nursing or electronically by the national council of state boards of nursing;

(4) Submit to the board documentation of completion of two contact hours of continuing education that is directly related to Chapter 4723. of the Revised Code or rules adopted by the board and that meets the requirements set forth in paragraph (C) of rule 4723-14-01 of the Administrative Code for category A education; and

(5) Submit any other documentation required by the board.

(C) Upon the request of a practical nurse applicant for licensure by endorsement who satisfies the requirements of paragraphs (A) and (B) of this rule, the board may issue a license indicating one or both of the following

(1) The applicant is authorized to administer medication according to division (F)(3) of section 4723.01 of the Revised Code if the applicant submits documentation

satisfactory to the board of having successfully completed a course or course content in basic pharmacology;

(2) The applicant is authorized to provide adult intravenous therapy according to Chapter 4723-17 of the Administrative Code if the applicant submits documentation satisfactory to the board of meeting the requirements of section 4723.18 of the Revised Code and Chapter 4723-17 of the Administrative Code;

(D) The board may propose to deny licensure by endorsement pursuant to an adjudication conducted in accordance with Chapter 119. of the Revised Code.

(E) According to section 4723.09 of the Revised Code, the board may issue a nonrenewable temporary permit to practice nursing as a licensed practical nurse to a practical nurse applicant for licensure by endorsement. A temporary permit expires at the earlier of one hundred eighty days after the permit is issued, or upon licensure by endorsement.

(F) An applicant for licensure by endorsement as a practical nurse who requests a temporary permit to practice nursing as a licensed practical nurse in Ohio shall:

~~(1) Submit evidence of successful completion of a nursing education program according to paragraph (A)(1) of this rule;~~

~~(2)~~(1) Have submitted directly from the jurisdiction of the applicant's original licensure by examination, or electronically from the national council of state boards of nursing, verification of licensure by examination as a licensed practical nurse, according to paragraph (A)(5) of this rule;

~~(3)~~(2) Have submitted verification of current, valid licensure as a licensed practical nurse directly from any jurisdiction of the national council of state boards of nursing, or electronically from the national council of state boards of nursing, and if the applicant qualifies for licensure by endorsement as a practical nurse by satisfying the requirements of paragraph (A)(1)(c) of this rule, documentation that the applicant has practiced and maintained current, valid licensure as a licensed practical nurse in another jurisdiction for a continuous period of five years prior to the date of application; and

~~(4)~~(3) Submit any other documentation required by the board.

(G) The board shall immediately terminate the applicant's temporary permit upon notification of a criminal records check completed by the bureau of criminal identification and investigation that indicates the individual has been convicted of, pleaded guilty to, or had a judicial finding of guilt for any violation set forth in section 4723.09 of the Revised Code, or upon information that the permit holder is required

to register under Chapter 2950. of the Revised Code or a substantially similar law of another state, the United States, or another country.

(H) If an applicant for licensure by endorsement as a licensed practical nurse fails to meet the requirements for licensure within one year from the date the application is received, or the application remains incomplete for one year, the application shall be considered void and the fee forfeited. The application shall state the circumstances under which forfeiture may occur.

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4723-8-08 **Advanced practice registered nurse license renewal; notification of national recertification.**

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

(A) To renew a current valid license to practice as an advanced practice registered nurse, a licensee shall:

(1) Submit a~~an~~ ~~"Advanced Practice Registered Nurse License Renewal Application,"~~"Certified Nurse Anesthetist Renewal Application," "Certified Nurse Midwife Renewal Application," "Certified Nurse Practitioner Renewal Application," and/or "Certified Nurse Specialist Renewal Application," that includes:

(a) Except as provided in paragraph (A)(2) of this rule, documentation satisfactory to the board that the licensee has maintained certification in the nursing specialty with a national certifying organization as required by division (B) of section 4723.42 of the Revised Code;

(b) Documentation satisfactory to the board of completion of continuing education required by division (C)(2) of section 4723.24 of the Revised Code and rule 4723-8-10 of the Administrative Code;

(c) A list of the names and business addresses of the holder's current collaborating physicians and podiatrists, if the nurse is a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner; and

(d) The renewal fee set forth in division (A)(8) of section 4723.08 of the Revised Code. If a completed renewal application is not renewed on-line by September fifteenth of odd numbered years, in order to renew the applicant shall pay a late processing fee of fifty dollars in accordance with division (A)(10) of section 4723.08 of the Revised Code. The late processing fee is in addition to the renewal fee specified in division (A)(8) of section 4723.08 of the Revised Code, and is in addition to any late processing fee imposed with respect to renewal of the applicant's registered nurse license; and

(2) 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, is not required to provide documentation of having maintained certification in the holder's specialty, but shall submit documentation satisfactory to the board of

completion of continuing education in compliance with paragraph (E) of rule 4723-8-10 of the Administrative Code.

(B) A renewed advanced practice registered nurse license is subject to renewal in odd-numbered years.~~shall be current until the next scheduled renewal period for registered nurse licensure.~~ When an advanced practice registered nurse license is first issued by the board on or after July first of an odd numbered year, that license shall be current through the thirty-first of October of ~~that~~ the next odd-numbered year.~~; however, for the first renewal of licenses issued on or after July first, the board shall waive the renewal fee authorized by division (A)(8) of section 4723.08 of the Revised Code.~~

(C) The board shall provide access to an on-line application to each holder of a current valid advanced practice registered nurse license for renewal of the license, except when the board is aware that an individual is ineligible for renewal for any reason, including those reasons specified in section 4723.24 of the Revised Code. Failure of the licensee to receive an application for renewal from the board does not excuse the licensee from the requirements of Chapter 4723. of the Revised Code and this chapter.

(D) Within thirty days of recertification by the applicable national certifying organization, an advanced practice registered nurse shall request that the national certifying organization provide, directly to the board, satisfactory documentation of recertification to the board. This requirement does not apply to 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.

(E) An advanced practice registered nurse who fails to maintain certification or recertification by the applicable national certifying organization approved by the Board according to section 4723.46 of the Revised Code, may be subject to disciplinary action in accordance with section 4723.28 of the Revised Code. This requirement does not apply to 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.

(F) 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 fails to complete the continuing nursing education required by division (B) of section 4723.42 of the Revised Code and rule 4723-8-10 of the Administrative Code, may be subject to disciplinary action in accordance with section 4723.28 of the Revised Code.

(G) A holder of a current valid advanced practice registered nurse license who does not intend to practice as a certified nurse-midwife, certified nurse practitioner, certified

registered nurse anesthetist, or clinical nurse specialist in Ohio may request that the license be placed on inactive status at any time, by submitting a written statement to the board or electronic request asking that the certificate be placed on inactive status.

(H) While on inactive status a nurse shall not represent or imply to the public that the nurse is authorized to practice as a certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist or use the titles or designations established by section 4723.03 of the Revised Code and rule 4723-8-03 of the Administrative Code.

(I) An inactive or lapsed advanced practice registered nurse license may be reactivated or reinstated by:

(1) Submitting an "Advanced Practice Registered Nurse Reactivation and Reinstatement Application"; and

(2) Payment of the applicable fees set forth in section 4723.08 of the Revised Code.

(J) An advanced practice registered nurse who is a service member or veteran, as defined in rule 4723-2-01 of the Administrative Code, or who is the spouse or surviving spouse of a service member or veteran, may be eligible for a waiver of the late application fee and the reinstatement fee according to rule 4723-2-03 of the Administrative Code.

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4723-9-10 **Formulary; standards of prescribing for advanced practice registered nurses designated as clinical nurse specialists, certified nurse-midwives, or certified nurse practitioners.**

(A) Definitions; for purposes of this rule and interpretation of the formulary set forth in paragraph (B) of this rule~~,~~ ~~located at http://www.nursing.ohio.gov/Practice-Prescribing.htm (effective 2017)~~:

(1) "Acute pain" means pain that normally fades with healing, is related to tissue damage, significantly alters a patient's typical function, and is expected to be time-limited and not more than six weeks in duration.

(2) "Chronic pain" means pain that has persisted after reasonable medical efforts have been made to relieve it and continues either episodically or continuously for twelve or more weeks following initial onset of pain. It may be the result of an underlying medical disease or condition, injury, medical treatment, inflammation, or unknown cause. "Chronic pain" does not include pain associated with a terminal condition or with a progressive disease that, in the normal course of progression, may reasonably be expected to result in a terminal condition.

(3) "Extended-release or long-acting opioid analgesic" means an opioid analgesic that:

(a) Has United States food and drug administration approved labeling indicating that it is an extended-release or controlled release formulation;

(b) Is administered via a transdermal route; or

(c) Contains methadone.

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

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

(6) "ICD-10-CM medical diagnosis code" means the disease code in the most current international classification of diseases, clinical modifications published by the United States department of health and human services.

(7) "Opioid analgesic" has the same meaning as in section 3719.01 of the Revised Code, and means a controlled substance that has analgesic pharmacological activity at the opioid receptors of the central nervous system, including but not limited to the following drugs and their varying salt forms or chemical congeners: buprenorphine, butorphanol, codeine (including acetaminophen and other combination products), dihydrocodeine, fentanyl, hydrocodone (including acetaminophen combination products), hydromorphone, meperidine, methadone, morphine sulfate, oxycodone (including acetaminophen, aspirin, and other combination products), oxymorphone, tapentadol, and tramadol.

(8) "Medication therapy management" has the same meaning as in rules adopted by agency 4729 of the Administrative Code.

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

(10) "Morphine equivalent daily dose (MED)" means a conversion of various opioid analgesics to a morphine equivalent dose by the use of accepted conversion tables provided by the state board of pharmacy at: https://www.ohiopmp.gov/MED_Calculator.aspx (effective 2017).

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

(12) "Sub-acute pain" means pain that has persisted after reasonable medical efforts have been made to relieve it and continues either episodically or continuously for more than six weeks but less than twelve weeks following initial onset of pain. It may be the result of an underlying medical disease or condition, injury, medical or surgical treatment, inflammation, or unknown cause.

(13) "Terminal condition" ~~has the same meaning as in section 2133.01 of the Revised Code~~ means an irreversible, incurable, and untreatable condition caused by disease, illness, or injury from which, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by a physician who has examined the patient, both of the following apply:~~.~~

(a) There can be no recovery;

(b) Death is likely to occur within a relatively short time if life-sustaining treatment is not administered.

(B) ~~The committee on prescriptive governance shall establish a recommended exclusionary formulary, located at http://www.nursing.ohio.gov/Practice-Prescribing.htm (effective 2017), that may specify the exclusion of therapeutic~~

~~devices, individual drugs or subtypes of individual drugs.~~Exclusionary Formulary. A certified nurse practitioner, clinical nurse specialist or certified nurse midwife shall not prescribe or furnish any drug or device in violation of federal or Ohio law, or rules adopted by the board, including this rule. The prescriptive authority of a certified nurse practitioner, clinical nurse specialist and certified nurse midwife shall not exceed the prescriptive authority of the collaborating physician or podiatrist.

~~(C) The recommended exclusionary formulary shall not permit the prescribing or furnishing of any drug or device prohibited by federal or state law, or rules adopted by the board, including this rule.~~

~~(D) The formulary established by the committee on prescriptive governance shall be available on the Ohio board of nursing web site, located at http://www.nursing.ohio.gov/Practice-Prescribing.htm (effective 2017).~~

~~(E)~~(C) The committee on prescriptive governance shall review the exclusionary formulary~~, located at http://www.nursing.ohio.gov/Practice-Prescribing.htm (effective 2017), for additions or deletions~~ at least twice a year, and submit the recommended exclusionary formulary to the board. After reviewing a formulary submitted by the committee, the board may either adopt the formulary as a rule or ask the committee to reconsider and resubmit the formulary. The board shall not adopt any rule that does not conform to a formulary developed by the committee.

~~(F)~~(D) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may prescribe any drug or therapeutic device in any form or route of administration if:

(1) The ability to prescribe the drug or therapeutic device is within the scope of practice in the advanced practice registered nurse's specialty area;

(2) The prescription is consistent with the terms of a standard care arrangement entered into with a collaborating physician;

(3) The prescription would not exceed the prescriptive authority of the collaborating physician, including restrictions imposed on the physician's practice by action of the United States drug enforcement administration or the state medical board, or by the state medical board rules, including but not limited to rule 4731-11-09 of the Administrative Code;

(4) The individual drug or subtype or therapeutic device is not one excluded by the exclusionary formulary set forth in paragraph (B) of this rule~~, located at http://www.nursing.ohio.gov/Practice-Prescribing.htm (effective 2017)~~;

(5) The prescription meets the requirements of state and federal law, including but not limited to this rule, and all prescription issuance rules adopted by agency 4729 of the Administrative Code;

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

(a) Obtaining a relevant history of the patient;

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

(c) Rendering a diagnosis;

(d) Prescribing medication;

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

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

(7) Notwithstanding paragraph ~~(F)~~(D)(6) of this rule, a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may prescribe or personally furnish a drug according to section 4723.4810 of the Revised Code to not more than a total of two individuals who are sexual partners of the advanced practice registered nurse's patient.

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

(a) The advanced practice registered nurse is able to exercise detached professional judgment in reaching diagnostic or therapeutic decisions;

(b) The prescription is documented in the patient's record.

(9) Controlled substances. For drugs that are a controlled substance:

(a) The advanced practice registered nurse has obtained a United States drug enforcement administration registration, except if not required to do so as provided in rules adopted by agency 4729 of the Administrative Code, and indicates the number on the prescription;

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

to treat. The code shall, at minimum, include the first four alphanumeric characters of the ICD-10 CM medical diagnosis code, sometimes referred to as the category and etiology (ex. M165);

(c) The prescription indicates the days' supply of the controlled substance prescription.

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

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

~~(G)~~(E) Schedule II controlled substances. Except as provided in paragraph ~~(H)~~(F) 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)~~(F) Subject to the requirements set forth in paragraphs ~~(I)~~(G), ~~(J)~~(L), and ~~(M)~~(K) of this rule, a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may prescribe a schedule II controlled substance, if not excluded by the exclusionary formulary set forth in paragraph (B) of this rule, ~~located at http://www.nursing.ohio.gov/Practice-Prescribing.htm (effective 2017)~~, if the advanced practice registered nurse issues the prescription to the patient from any of the following locations:

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

(2) An entity owned or controlled, in whole or in part, by a hospital or by an entity that owns or controls, in whole or in part, one or more hospitals;

(3) A health care facility operated by the department of mental health or the department of developmental disabilities;

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

(5) A county home or district home operated under Chapter 5155. of the Revised Code that is certified under the medicare or medicaid program;

(6) A hospice care program;

(7) A community mental health agency, as defined in section 5122.01 of the Revised Code;

(8) An ambulatory surgical facility, as defined in section 3702.30 of the Revised Code;

(9) A freestanding birthing center, as defined in section 3702.141 of the Revised Code;

(10) A federally qualified health center, as defined in section 3701.047 of the Revised Code;

(11) A federally qualified health center look-alike, as defined in section 3701.047 of the Revised Code;

(12) A health care office or facility operated by the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code;

(13) A site where a medical practice is operated, but only if the practice is comprised of one or more physicians who also are owners of the practice; the practice is organized to provide direct patient care; and the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner providing services at the site has a standard care arrangement and collaborates with at least one of the physician owners who practices primarily at that site; or

(14) A residential care facility, as defined in section 3721.01 of the Revised Code.

~~(I)~~(G) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall not issue to a patient a prescription for a schedule II controlled substance from a convenience care clinic even if the clinic is owned or operated by an entity specified in paragraph ~~(H)~~(F) of this rule.

~~(J)~~(H) Acute pain. For the treatment of acute pain, a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall comply with the following:

(1) Extended-release or long-acting opioid analgesics shall not be prescribed for the treatment of acute pain;

(2) Before prescribing an opioid analgesic, the advanced practice registered nurse shall first consider non-opioid treatment options. If opioid analgesic medications are required as determined by history and physical examination, the prescription should be for the minimum quantity and potency needed to treat the expected duration of pain, with a presumption that a three-day supply or less is frequently sufficient;

(3) In all circumstances where opioid analgesics are prescribed for acute pain:

(a) Except as provided in paragraph ~~(J)~~(H)(3)(a)(iii) of this rule, the duration of the first opioid analgesic prescription for the treatment of an episode of acute pain shall be:

(i) For adults, not more than a seven-day supply with no refills;

(ii) For minors, not more than a five-day supply with no refills. As set forth in section 4723.481 of the Revised Code, the advanced practice registered nurse shall comply with section 3719.061 of the Revised Code, including but not limited to obtaining the parent or guardian's written consent prior to prescribing an opioid analgesic to a minor;

(iii) The seven-day limit for adults and five-day limit for minors may be exceeded for pain that is expected to persist for longer than seven days based on the pathology causing the pain. In this circumstance, the reason that the limits are being exceeded and the reason that a non-opioid analgesic medication was not appropriate to treat the patient's condition shall be documented in the patient's medical record; and

(iv) If a patient is intolerant of or allergic to an opioid medication initially prescribed, a prescription for a different opioid medication may be issued at any time during the initial seven-day or five-day dosing period, and the new prescription shall be subject to the requirements of this rule. The patient's intolerance or allergy shall be documented in the patient's medical record, and the patient advised to safely dispose of the unused medication;

(b) The patient, or a minor's parent or guardian, shall be advised of the benefits and risks of the opioid analgesic, including the potential for addiction, and the advice shall be documented in the patient's medical record; and

(c) The total morphine equivalent dose (MED) of a prescription for opioid analgesics for treatment of acute pain shall not exceed an average of thirty MED per day, except when:

(i) The circumstances set forth in paragraph (A)(3)(c) of rule 4731-11-13 of the Administrative Code exist; and

(ii) The patient's treating physician has entered a standard care arrangement with the advanced practice registered nurse that states the understanding of the physician as to when the advanced practice registered nurse may exceed the thirty MED average, and when the advanced practice registered nurse must consult with the physician prior to exceeding the thirty MED average. The standard care arrangement in this circumstance must comply with rule 4731-11-13 of the Administrative Code, and the advanced practice registered nurse must document in the patient's record the reason for exceeding the thirty MED average and the reason it is the lowest dose consistent with the patient's medical condition.

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

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

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

(3) To a patient~~an individual~~ who has been diagnosed with a terminal condition, as that term is defined in paragraph (A) of this rule; or

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

~~(L)~~(J) The requirements of paragraph ~~(J)~~(H) of this rule do not apply to:

(1) Prescriptions for opioid analgesics for the treatment of opioid addiction utilizing a controlled substance that is approved by the FDA for opioid detoxification or maintenance treatment; or

(2) Inpatient prescriptions as defined in rules adopted by agency 4729 of the Administrative Code.

~~(M)~~(K) Sub-acute and chronic pain. As specified in section 4723.481 of the Revised Code, for treatment of sub-acute and chronic pain, a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall prescribe in a manner not exceeding

the prescriptive authority of the collaborating physician or podiatrist. Prescribing parameters specifically include, but are not limited to, the following requirements set forth in rule 4731-11-14 of the Administrative Code:

(1) Prior to treating, or continuing to treat sub-acute or chronic pain with an opioid analgesic, the advanced practice registered nurse shall first consider and document non-medication options. If opioid analgesic medications are required as determined by a history and physical examination, the advanced practice registered nurse shall prescribe the minimum quantity and potency needed to treat the expected duration of pain and improve the patient's ability to function;

(2) Before prescribing an opioid analgesic for sub-acute or chronic pain, the advanced practice registered nurse shall complete or update and document in the patient record assessment activities to assure the appropriateness and safety of the medication, as required by rule 4731-11-14 of the Administrative Code, including but not limited to:

(a) Completing an OARRS check in compliance with rule 4723-9-12 of the Administrative Code;

(b) Offering the patient a prescription for naloxone if the following circumstances exist:

(i) The patient has a prior history of opioid overdose;

(ii) The patient is co-prescribed a benzodiazepine, sedative hypnotic drug, carisprodal, tramadol, or gabapentin;

(iii) The patient has a concurrent substance use disorder; or

(iv) The dosage exceeds eighty MED as discussed in paragraph ~~(M)~~(K)(5) of this rule;

(c) The advanced practice registered nurse shall consider offering the patient a prescription for naloxone if the dosage exceeds fifty MED as discussed in paragraph ~~(M)~~(K)(4) of this rule.

(3) During the course of treatment with an opioid analgesic at doses below the average of fifty MED per day, the advanced practice registered nurse shall provide periodic follow-up assessment and documentation of the patient's functional status, the patient's progress toward treatment objectives, indicators of possible addiction, drug abuse or diversion, and any adverse drug effects.

(4) Fifty MED. Prior to increasing the opioid dosage to a daily average of fifty MED or greater, the advanced practice registered nurse shall complete and document in the patient record the activities and information set forth in rule 4731-11-14 of the Administrative Code, including but not limited to the following:

(a) Review and update the assessment completed in paragraph ~~(M)~~(K)(2) of this rule if needed. The advanced practice registered nurse may rely on an appropriate assessment completed within a reasonable time if the advanced practice registered nurse is satisfied that he or she may rely on that information for purposes of meeting the requirements of Chapter 4723-8 and Chapter 4723-9 of the Administrative Code;

(b) Except when the patient was prescribed an average daily dosage that exceeded fifty MED before the effective date of this rule, document consideration of:

(i) Consultation with a specialist in the area of the body affected by the pain;

(ii) Consultation with a pain management specialist;

(iii) Obtaining a medication therapy management review by a pharmacist;

(iv) Consultation with a specialist in addiction medicine or addiction psychiatry, if aberrant behaviors indicating medication misuse or substance use disorder are noted;

(c) The advanced practice registered nurse shall consider offering the patient a prescription for naloxone if the dosage exceeds fifty MED as discussed in paragraph ~~(M)~~(K)(4) of this rule;

(d) During the course of treatment with an opioid analgesic at doses at or above the average of fifty MED per day, the advanced practice registered nurse shall complete and document in the patient record all of the information and activities required by rule 4731-11-14 of the Administrative Code not less than every three months.

(5) Eighty MED. Prior to increasing the opioid dosage to a daily average of eighty MED or greater, the advanced practice registered nurse shall complete and document in the patient record the activities and information set forth in rule 4731-11-14 of the Administrative Code, including but not limited to the following:

(a) A written pain management agreement shall be entered with the patient that outlines the advanced practice registered nurse's and patient's responsibilities during treatment, which requires the patient or patient guardian's agreement to all of the provisions set forth in rule 4731-11-14 of the Administrative Code;

(b) The advanced practice registered nurse shall offer the patient a prescription for naloxone;

(c) Except when the patient was prescribed an average daily dosage that exceeded eighty MED before the effective date of this rule, the advanced practice registered nurse shall obtain at least one of the following based upon the patient's clinical presentation:

(i) Consultation with a specialist in the area of the body affected by the pain;

(ii) Consultation with a pain management specialist;

(iii) A medication therapy management review by a pharmacist; or

(iv) Consultation with a specialist in addiction medicine or addiction psychiatry, if aberrant behaviors indicating medication misuse or substance use disorder are noted.

(6) One hundred twenty MED. The advanced practice registered nurse shall not prescribe a dosage that exceeds an average of one hundred twenty MED per day. This prohibition shall not apply under the following circumstances:

(a) The advanced practice registered nurse holds national certification ~~in pain management or hospice and palliative care~~ by a national certifying organization approved according to section 4723.46 of the Revised Code in: ~~;~~

(i) Pain management;

(ii) Hospice and palliative care;

(iii) Oncology; or

(iv) Hematology;

(b) The advanced practice registered nurse has received a written recommendation for a dosage exceeding an average of one hundred

twenty MED per day from a board certified pain medicine physician, or board certified hospice and palliative care physician, who based the recommendation on a face-to-face visit and examination of the patient. The advanced practice registered nurse shall maintain the written recommendation in the patient's record; or

(c) The patient was receiving an average daily dose of one hundred twenty MED or more prior to the effective date of this rule. However, prior to escalating the patient's dose, the advanced practice registered nurse shall receive a written recommendation as set forth in paragraph ~~(M)~~(K)(6)(b) of this rule.

(7) The requirements of paragraph ~~(M)~~(K) of this rule do not apply when an opioid analgesic is prescribed:

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

(b) To an patient ~~individual~~ who has terminal cancer or another terminal condition, as that term is defined in paragraph (A) of this rule; or

(c) As an inpatient prescription as defined in rules adopted by agency 4729 of the Administrative Code.

~~(N)~~(L) Drugs approved by the FDA but not yet reviewed and approved by the committee on prescriptive governance may be prescribed, unless later disapproved by the committee on prescriptive governance, if:

(1) The drug type or subtype is not excluded on the formulary set forth in paragraph (B) of this rule~~; located at http://www.nursing.ohio.gov/Practice.htm (effective 2017)~~; and

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

~~(O)~~(M) 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.

~~(P)~~(N) 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.

~~(O)~~(O) The requirements of paragraph ~~(F)~~(D)(9)(c) of this rule apply to prescriptions for products that contain gabapentin.

Effective:

Five Year Review (FYR) Dates: 10/15/2020

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Certification

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Date

Promulgated Under:	119.03
Statutory Authority:	ORC 4723.50, 4723.07, 3719.062
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4723-9-13 **Medication-assisted treatment.**

(A) Definitions; for purposes of this rule and interpretation of the formulary set forth in rule 4723-9-10 of the Administrative Code~~, located at http://www.nursing.ohio.gov/Practice-Prescribing.htm (effective May 17, 2017)~~:

(1) "Community addiction services provider" has the same meaning as in section 5119.01 of the Revised Code.

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

(3) "Controlled substance," "schedule III," "schedule IV," and "schedule V" have the same meanings as in section 3719.01 of the Revised Code.

(4) "FDA" means the United States food and drug administration.

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

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

(7) "Office-based opioid treatment" or "OBOT" means medication-assisted treatment of opioid dependence or addiction utilizing controlled substances, in a private office or public sector clinic that is not otherwise regulated, by practitioners who are authorized to prescribe outpatient supplies of medications~~drugs~~ approved by the FDA for the treatment of opioid addiction or prevention of relapse. OBOT includes treatment with all controlled substance ~~drugs~~medications approved by the FDA for such treatment. OBOT does not include treatment that occurs in the following settings:

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

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

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

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

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

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

(9) "Qualified behavioral healthcare provider" means the following who is practicing within the scope of professional licensure:

(a) A medical doctor or doctor of osteopathic medicine and surgery who holds board certification in addiction medicine or addiction psychiatry, or a psychiatrist, licensed under Chapter 4731. of the Revised Code;

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

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

(d) An advanced practice registered nurse licensed as a clinical nurse specialist or certified nurse practitioner licensed by the board, who holds national certification in psychiatric mental health, or clinical nurse specialist who was not required to obtain national certification according to section 4723.41 of the Revised Code, and whose specialty is psychiatric mental health; or

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

(f) An advanced practice registered nurse licensed by the board who holds additional certification as a certified addictions registered nurse-advanced practice issued by the addictions nursing certification board.

Nothing in paragraph (A)(9) of this rule shall be construed to prohibit an advanced practice registered nurse who collaborates with a physician licensed under Chapter 4731. of the Revised Code and certified as an addiction psychiatrist, addictionologist, or psychiatrist, from providing services within the normal course of practice and expertise of the collaborating physician, including addiction services, other mental health services, and prescriptive services in compliance with Ohio and federal law and rules.

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

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

(B) A clinical nurse specialist, certified nurse midwife or certified nurse practitioner who holds a current valid advanced practice registered nurse license may provide medication-assisted treatment, including prescribing controlled substances in schedule III, IV or V, if the clinical nurse specialist, certified nurse midwife or certified nurse practitioner:

(1) Complies with section 3719.064 of the Revised Code, and all federal and state laws and regulations governing the prescribing of the medication, including but not limited to incorporating into the advanced practice registered nurse's practice knowledge of Chapter 4729. of the Revised Code, and Chapter 4731. of the Revised Code and rules adopted under that Chapter that govern the practice of the advanced practice registered nurse's collaborating physician;

(2) Completes at least eight hours of continuing nursing education in each renewal period related to substance abuse and addiction. Courses completed in compliance with this requirement shall be accepted toward meeting the continuing education requirements for biennial renewal of the advanced practice registered nurse license; and

(3) Only provides medication-assisted treatment if the treatment is within the collaborating physician's normal course of practice and expertise.

(C) In addition to the requirements for medication-assisted treatment set forth in paragraph (B) of this rule, a clinical nurse specialist or certified nurse practitioner may provide OBOT under the following circumstances:

(1) The standard care arrangement statement of services offered includes OBOT;

(2) The advanced practice registered nurse performs, or confirms the completion of, and documents a patient assessment that includes all of the following:

(a) A comprehensive medical and psychiatric history;

(b) A brief mental status history;

(c) Substance abuse history;

(d) Family history and psychosocial supports;

(e) Appropriate physical examination;

(f) Urine drug screen or oral fluid drug testing;

(g) Pregnancy test for women of childbearing age and ability;

(h) Review of patient's prescription information in OARRS;

(i) Testing for human immunodeficiency virus;

(j) Testing for hepatitis B;

(k) Testing for hepatitis C;

(l) Consideration of screening for tuberculosis and sexually-transmitted diseases in patients with known risk factors.

(m) For other than the toxicology tests for drugs and alcohol, appropriate history, substance abuse history, and pregnancy test, the advanced practice registered nurse may satisfy the assessment requirements by reviewing records from a physical examination and laboratory testing of the patient that was conducted within a reasonable period of time prior to the visit.

(n) If any part of the assessment cannot be completed prior to the initiation of OBOT, the advanced practice registered nurse shall document the reasons in the medical record.

(3) The advanced practice registered nurse establishes and documents a treatment plan that includes all of the following:

(a) The advanced practice registered nurse's rationale for selection of the specific drug to be used in the medication-assisted treatment;

(b) Patient education;

(c) The patient's written, informed consent;

(d) Random urine-drug screens or oral fluid drug testing;

(e) A signed treatment agreement with the patient that outlines the responsibilities of the patient and the advanced practice registered nurse;

(f) A plan for psychosocial treatment as discussed in paragraph (C)(5) of this rule;

(4) The advanced practice registered nurse shall provide OBOT in accordance with an acceptable treatment protocol for assessment, induction, stabilization, maintenance and tapering. Acceptable protocols are any of the following:

(a) SAMSHA treatment improvement protocol publications for medication-assisted treatment available from the SAMSHA website at: https://store.samhsa.gov~~/list/series?name=TIP-Series-Treatment-Improvement-Protocols-TIPS-&pageNumber=1~~;

(b) "National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use," approved by the American society of addiction medicine in ~~2013~~2015, and available from the website of the American society of addiction medicine at https://www.asam.org/.~~Ohio department of mental health and addiction services at: https://asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf~~.

(5) Except if the advanced practice registered nurse is a qualified behavior healthcare provider, the~~The~~ advanced practice registered nurse shall refer and work jointly with a qualified behavioral healthcare provider, community mental health services provider, or community addiction services provider to determine the optimal type and intensity of psychosocial treatment for the patient and document the treatment plan in the patient record.

(a) The treatment shall at minimum include a psychosocial needs assessment, supportive counseling, links to existing family supports, and referral to community services;

(b) The treatment shall include at least one of the following interventions:

(i) Cognitive behavioral treatment;

(ii) Community reinforcement approach;

(iii) Contingency management/motivational incentives; or

(iv) Behavioral couples counseling;

(c) The treatment plan shall include a structure for renegotiation of the treatment plan if the patient does not adhere to the original plan.

(6) When clinically appropriate ~~or~~and if the patient refuses treatment from a qualified behavioral healthcare provider, community mental health services provider, or community addiction services provider, the advanced practice registered nurse shall ensure that the OBOT treatment plan requires the patient to participate in a twelve step program or appropriate self-help recovery program. If the patient is required to participate in a twelve step program or self-help recovery program, the advanced practice registered nurse shall require the patient to provide documentation of on-going participation in the program.

(7) If the advanced practice registered nurse refers the patient to a qualified behavioral health service provider, community addiction services provider, or community mental health services provider, the advanced practice registered nurse shall document the referral and the advanced practice registered nurse's meaningful interactions with the provider in the patient record.

(8) The advanced practice registered nurse shall offer the patient a prescription for a naloxone kit.

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

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

~~(b)~~(c) The advanced practice registered nurse shall be exempt from this requirement ~~set forth in paragraph (C)(8)(a) of this rule does not apply~~ if the patient refuses the prescription. If the patient refuses the prescription the advanced practice registered nurse shall provide the patient with information on where to obtain a kit without a prescription.

(9) If the advanced practice registered nurse provides OBOT using buprenorphine products, the following additional requirements must be met:

(a) The provision shall comply with the FDA approved "Risk Evaluation and Mitigation Strategy" for buprenorphine products, which can be found on FDA website at the following address: https://www.accessdata.fda.gov/scripts/cder/rems/index.cfm. With the exception of those conditions listed in paragraph (C)(9)(b) of this rule, the advanced practice registered nurse who treats an opioid use disorder with a buprenorphine product shall only prescribe ~~a combination product of~~ buprenorphine/naloxone combination products ~~and naloxone~~ for use in OBOT.

(b) The advanced practice registered nurse shall prescribe buprenorphine without naloxone (buprenorphine mono-product) only in the following situations, and shall fully document the evidence for the decision to use buprenorphine mono-product in the patient's record:

(i) When the patient is pregnant or breast-feeding;

(ii) When converting the patient from ~~methadone or a~~ buprenorphine mono-product to a buprenorphine/naloxone combination product ~~containing naloxone for a period not to exceed seven days~~;

(iii) In formulations other than tablet or film form for indications approved by the FDA;

(iv) For withdrawal management when a ~~combination product of~~ buprenorphine/naloxone combination product ~~and naloxone~~ is contraindicated, with the contraindication documented in the patient record; or

(v) When the patient has an allergy to or intolerance of a ~~combination product of~~ buprenorphine/naloxone combination product ~~and naloxone~~, after explaining to the patient the difference between an allergic reaction and symptoms of opioid withdrawal precipitated by buprenorphine or naloxone, and with documentation included in the patient record.

(c) Due to a higher risk of fatal overdose when buprenorphine is prescribed with other opioids, benzodiazepines, sedative hypnotics, carisoprodol, and tramadol, the advanced practice registered nurse shall only co-prescribe these substances when it is medically necessary~~there are extenuating circumstances~~, and only if:

(i) The advanced practice registered nurse verifies the diagnosis for which the patient is receiving the other drug and coordinates care with the prescriber for the other drug, including ~~discussing with the prescriber~~ whether it is possible to taper the drug to discontinuation. If the advanced practice registered nurse prescribing buprenorphine is the prescriber of the other drug, the advanced practice registered nurse shall taper the other drug to discontinuation~~, if possible~~if it is safe to do so. The advanced practice registered nurse shall educate the patient about the serious risks of the combined use; and

(ii) The advanced practice registered nurse documents progress in achieving the tapering plan in the patient record.

(d) During the induction phase, the advanced practice registered nurse shall not prescribe a dosage that exceeds the recommendation in the FDA approved labeling, except for medically indicated circumstances as documented in the patient record. The advanced practice registered nurse shall see the patient at least once per week during this phase.

(e) During the stabilization phase, when using any oral formulation of buprenorphine, the advanced practice registered nurse shall increase the daily dosage of buprenorphine in safe and effective increments to achieve the lowest dose that avoids intoxication, withdrawal, or significant drug craving.

(i) During the first ninety days of treatment, the advanced practice registered nurse shall prescribe no more than a two-week supply of the buprenorphine product containing naloxone.

(ii) Starting with the ninety-first day of treatment and until the completion of twelve months of treatment, the advanced practice registered nurse shall prescribe no more than a thirty-day supply of the buprenorphine product containing naloxone.

(f) The advanced practice registered nurse shall take steps to reduce the chances of buprenorphine diversion by using the lowest effective dose, appropriate frequency of office visits, pill counts, and checks of OARRS. The advanced practice registered nurse shall also require urine drug screens, ~~or~~ serum medication levels, or oral fluid testing at least twice per quarter for the first year of treatment and at least once per quarter thereafter.

(g) When using any oral formulation of buprenorphine, the advanced practice registered nurse shall document in the patient record the rationale for prescribed doses exceeding sixteen milligrams of buprenorphine per day. The advanced practice registered nurse shall not prescribe a dose of buprenorphine exceeding twenty-four milligrams per day.

(h) The advanced practice registered nurse shall incorporate relapse prevention strategies into counseling or assure that they are addressed by a qualified behavioral healthcare provider who has the education and experience to provide substance abuse counseling.

(i) The advanced practice registered nurse may treat a patient using the administration of extended-release, injectable, or implanted buprenorphine under the following circumstances:

(i) The advanced practice registered nurse strictly complies with any required risk evaluation and mitigation strategy program for the drug;

(ii) The advanced practice registered nurse shall prescribe an extended-release buprenorphine product strictly in accordance with the FDA's approved labeling for the drug's use;

(iii) The advanced practice registered nurse documents in the patient record the rationale for the use of the extended-release product; and

(iv) The advanced practice registered nurse who orders or prescribes extended-release, injectable, or implanted buprenorphine product shall administer the drug, or require it to be administered by another Ohio licensed health care provider acting in accordance with the scope of their professional license.

(10) If the clinical nurse specialist or certified nurse practitioner is using naltrexone to treat opioid use disorder, the advanced practice registered nurse shall comply with the following additional requirements:

(a) Prior to treating a patient with naltrexone, the advanced practice registered nurse shall inform the patient about the risk of opioid overdose if the patient ceases naltrexone and then uses opioids. The advanced practice registered nurse shall take measures to ensure that the patient is adequately detoxified from opioids and is no longer physically dependent prior to treatment with naltrexone;

(b) The advanced practice registered nurse shall use oral naltrexone only for treatment of patients who can be closely supervised and who are highly motivated;

(i) The dosage regime shall strictly comply with the FDA approved labeling for naltrexone hydrochloride tablets;

(ii) The patient shall be encouraged to have a support person assist with the administration of the medication and supervise the medication. Examples of a support person are a family member, close friend, or employer;

(c) The advanced practice registered nurse shall require urine drug screens, ~~or~~ serum medication levels or oral fluid testing at least every three months for the first year of treatment and at least every six months thereafter;

(d) The advanced practice registered nurse shall incorporate relapse prevention strategies into counseling or assure that they are addressed by a qualified behavioral healthcare or mental health services provider who has eduction and experience to provide substance abuse counseling.

(e) The advanced practice registered nurse may treat a patient with extended-release naltrexone for opioid dependence or for co-occurring opioid and alcohol use disorders.

(i) The advanced practice registered nurse should consider treatment with extended-release naltrexone for patients who have issues with treatment adherence;

(ii) The injection dosage shall strictly comply with FDA labeling for extended-release naltrexone; and

(iii) The advanced practice registered nurse shall incorporate relapse prevention strategies into counseling or assure that they are addressed by a qualified behavioral healthcare provider or mental health services provider who has the education and experience to provide substance abuse counseling.

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Certification

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Date

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Prior Effective Dates:	02/01/2019

4723-20-01 **Definitions pertaining to prevention of disease transmission and infection control.**

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

(A) "Aseptic technique" means practices used to reduce or eliminate microorganisms.

(B) "Exposure-prone activity" means an activity in which there is a risk of disease transmission by virtue of any of the following:

(1) Direct contact with a disease source that includes:

(a) Airborne transmission or droplet;

(b) Eating or drinking contaminated food or water;

(c) Being bitten by an insect or other disease carrying agent;

(2) Invasive procedure;

(3) Any other direct contact with disease source, including bodily contact; or

(4) Contact with contaminated environmental surfaces.

(C) "Hand washing" as that term is used in division (K)(1) of section 4723.07 of the Revised Code is a component of hand hygiene achieved by washing and rinsing hands with non-antimicrobial soap or antimicrobial soap and water, or by using alcohol-based waterless hand sanitizers or other antimicrobial agents.

(D) "Invasive procedure" means any procedure involving manual or instrumental contact with, or entry into, any blood, body fluid, cavity, internal organ, subcutaneous tissue, mucous membrane or percutaneous wound of the human body. If percutaneous injury occurs to a licensee or certificate holder during an exposure-prone activity, the licensee's or certificate holder's blood is likely to contact the patient's body cavity, subcutaneous tissues, or mucous membranes.

(E) "Respiratory hygiene" is an element of standard precautions that requires the licensee or certificate holder to engage in source control practices to control the spread of respiratory infection, including but not limited to:

(1) Covering coughs or sneezes, promptly disposing of used tissues, and performing hand hygiene;

(2) Source control measures, including but not limited to using masks on a coughing patient when tolerated and appropriate; or

(3) Spatial separation of patients and other persons with respiratory infections in common waiting areas when possible.

(F) "Universal and standard precautions" are infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered, and include but are not limited to the following:

(1) Practices used to mitigate exposure to disease-causing agents when exposure-prone activity occurs;

(2) Hand hygiene;

(3) Disinfection and sterilization of equipment;

(4) Appropriate handling and disposal of needles and other sharp instruments; and

(5) Appropriate use of personal protective equipment, including wearing and disposal of gloves and other protective barriers or devices.

4723-20-03 **Hand hygiene.**

During the delivery of healthcare, licensees and certificate holders shall follow acceptable and prevailing standard precautions for hand hygiene, including but not limited to the following:

(A) Appropriate handwashing prior to performing or participating in an exposure-prone activity and after performing or participating in an exposure-prone activity;

(B) Washing the hands and other skin surfaces immediately and thoroughly when hands have had contact with mucous membranes, blood or body fluids, secretions or excretions, or after touching contaminated items; and

(C) Washing the hands immediately after the gloves are removed; and

(D) For the purposes of this chapter, hand washing may include the use of alcohol-based waterless hand sanitizers or other antimicrobial agents. If contact with spores, such as C. difficile or bacillus anthracis, has likely occurred, the physical action of washing and rinsing hands with antimicrobial soap and water is the recommended standard precaution.

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4723-20-07 **Failure to use universal and standard precautions.**

During the delivery of healthcare, a licensee or certificate holder who fails to follow universal and standard precautions when engaging in exposure-prone activity, as set forth in rules 4723-20-01 to 4723-20-06 of the Administrative Code, may be subject to disciplinary action according to section 4723.28 of the Revised Code.

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