

House Bill 216: Advanced Practice Registered Nurses (APRNs)

House Bill 216 (Pelanda) was introduced to grant independent practice to advanced practice registered nurses (certified nurse practitioners, certified nurse midwives, clinical nurse specialists, certified registered nurse anesthetists).

Physician organizations opposed the bill as it jeopardized the team approach to health care which is the best and safest model for patient care. Following nine rewrites, four hearings and numerous interested party meetings, updates to APRN practice were agreed to; however a physician-led, coordinated team approach to patient care was maintained. The House of Representatives passed HB 216 in May 2016.

The following chart illustrates the major provisions that were introduced in HB 216 and how they changed before passing the House:

HB 216 provisions

HB 216 as passed by the Ohio House

Grant independent practice to all APRNs	CNPs, CNMs, & CNSs must continue to collaborate with a physician and maintain a standard care arrangement; psychiatric APRNs allowed to collaborate with pediatricians and primary care/family practice physicians
Grant independent practice to CRNAs	CRNAs must continue to be supervised by a physician
Expand scope of practice for APRNs to mirror physician scope	Scope of practice for all APRNs unchanged; CRNA scope of practice changes proposed in separate legislation (HB 548)
Delete inclusionary formulary for prescribing and use federal list of prohibited drugs	Implemented an exclusionary formulary set by a committee made up with equal number of APRNs and physicians; Ohio Nursing Board to break ties
Eliminate collaboration and the limit of no more than three APRNs to collaborate with a physician regarding prescribing	Maintained collaboration requirement and increased the limit to no more than five APRNs to collaborate with a physician regarding prescribing
If collaboration requirement maintained, permit a grace period for APRN to continue practice if either physician or nurse terminates relationship	Allowed 120 day grace period for APRN to continue practicing if physician terminates collaboration
Remove restrictions on where APRNs can prescribe schedule II drugs	Maintained current site restrictions - added residential care facilities to list of permissive sites
Eliminate requirement that APRNs complete externship in order to prescribe	Externship deleted as collaboration and standard care arrangement laws were maintained
Allow APRNs to sign death certificates	APRNs not permitted to sign death certificates



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