

4723-8-04

Standard care arrangement for a certified nurse-midwife, certified nurse practitioner, and clinical nurse specialist.

(A) Prior to engaging in practice, a standard care arrangement shall be entered into with each physician or podiatrist with whom the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist collaborates.

(1) The standard care arrangement shall be revised to reflect the addition or deletion of a physician or podiatrist with whom the nurse collaborates within that employment setting. Under these circumstances, a new standard care arrangement is not necessary.

(2) A new standard care arrangement shall be executed when the nurse is employed at a different setting and engages in practice with a different collaborating physician or podiatrist.

(B) A certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist engaged in the practice of the nurse's specialty, shall enter into a written standard care arrangement with one or more collaborating physicians or podiatrists whose practice is the same or similar to the nurse's practice. In accordance with division (D) of section 4723.431 of the Revised Code, a clinical nurse specialist ~~without a certificate to prescribe~~ whose nursing specialty is mental health or psychiatric mental health, ~~as determined by the board, must is not required to~~ enter into a standard care arrangement with a collaborating physician who practices in one of the following specialties:-

(1) A specialty that is the same or similar to the nurse's specialty;

(2) Pediatrics; or

(3) Primary care or family practice.

(C) The standard care arrangement shall include at least:

(1) The signatures of each nurse, and each collaborating physician, or the physician's designated representative, or each podiatrist with whom the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist primarily collaborates indicating review of and agreement to abide by the terms of the standard care arrangement. For purposes of this rule, a physician's designated representative means a physician who serves as the department or unit director or chair, within the same institution, organization or facility department or unit, and within the same practice specialty, that the nurse practices, and with respect to whom the physician has executed a legal authorization to enter collaborating agreements on the physician's behalf;

- (2) The date when the arrangement is initially executed;
- (3) The date of the most recent review of the arrangement;
- (4) The complete name, specialty and practice area, business address, and business phone number or number at which the individual can be reached at any time for:
 - (a) Each collaborating physician or podiatrist with whom the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist primarily collaborates and who is a party to the standard care arrangement; and
 - (b) Each certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist who is a party to the standard care arrangement;
- (5) A statement of services offered by the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist consistent with section 4723.43 of the Revised Code and this chapter, including. ~~For holders of a certificate to prescribe, there shall also be a description of the scope of prescriptive practice.~~
- (6) A plan for incorporation of new technology or procedures consistent with the applicable scope of practice as set forth in section 4723.43 of the Revised Code and this chapter;
- (7) Quality assurance provisions, including at least:
 - (a) Every two years, review and reapproval of the standard care arrangement. The standard care arrangement shall be reviewed at least every two years. Each nurse who is a party to the arrangement and at least one collaborating physician or podiatrist shall sign and date the biennial review of the standard care arrangement;
 - (b) Criteria for referral of a patient by the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist to a collaborating physician or podiatrist, including, for the certified nurse-midwife, a plan for referral of breech or face presentation or any other abnormal condition identified as such in the standard care arrangement;
 - (c) A process for the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist to obtain consultation from a physician or podiatrist; and
 - (d) ~~A procedure for regular review of referrals made by the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist to other~~

~~health care professionals, and the care outcomes for a representative sample of all patients seen by the nurse; and~~

- ~~(e)~~(d) A process for chart review in accordance with rule 4723-8-05 of the Administrative Code if the nurse's practice includes any direct patient care, education, or management;
- ~~(8)~~ A policy for care of infants up to age one and recommendations for collaborating physician visits for children from birth to age three, if the nurse is providing services to infants;
- ~~(9)~~(8) A plan for coverage of patients in instances of emergency or planned absences of either the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist, or the collaborating physician or podiatrist;
- ~~(10)~~(9) A process for resolution of disagreements regarding matters of patient management; and
- ~~(11)~~(10) An arrangement regarding reimbursement under the medical assistance program as set forth in Chapter 5162. of the Revised Code and in accordance with any rules adopted under division (B) of section 5164.02 of the Revised Code.
- ~~(12)~~(11) Regarding the prescribing component of the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner's practice ~~For nurses with a current valid certificate to prescribe~~, the following quality assurance provisions shall include at least:
- (a) Provisions to ensure timely direct, personal evaluation of the patient with a collaborating physician or the physician's designee when indicated;
 - (b) Additional prescribing parameters for ~~those~~ drugs or therapeutic devices established in the formulary, <http://www.nursing.ohio.gov/Practice-CTP.htm> (effective 2015), including:
 - (i) Provisions for use of drugs with non-food and drug administration (FDA) approved indications;
 - (ii) Provisions for use of drugs approved by the FDA and reviewed by the committee on prescriptive governance subsequent to the date of the standard care arrangement;
 - (iii) Provisions for use of drugs previously reviewed by the committee on prescriptive governance but approved by the FDA for new

indications subsequent to the date of the standard care arrangement;
~~and~~

(iv) Provisions for the use of schedule II controlled ~~substances~~substances;

(v) If the nurse is prescribing to minors, as defined in division (A) of section 3719.061 of the Revised Code, provisions for complying with section 3719.061 of the Revised Code when prescribing an opioid analgesic to a minor; and

(vi) Provisions for obtaining and reviewing OARRS reports, and engaging in physician consultation and patient care consistent with section 4723.487 of the Revised Code and rule 4723-9-12 of the Administrative Code.

(c) A procedure for the nurse and the collaborating physician, or a designated member of a quality assurance committee, composed of at least one physician, of the institution, organization, or agency where the nurse has practiced during the period covered by the review, to conduct a periodic review, at least semiannually, of:

(i) A representative sample of prescriptions written by the nurse;

(ii) A representative sample of schedule II prescriptions written by the nurse; and

(d) Provisions to ensure that the nurse is meeting all the requirements of rule 4723-9-12 of the Administrative Code related to review of a patient's OARRS report, consultation with the collaborating physician prior to prescribing based on the OARRS report and signs of drug abuse or diversion as set forth in rule 4723-9-12 of the Administrative Code, and documentation of receipt and assessment of OARRS report information in the patient's record.

~~(13)~~(12) Quality assurance standards consistent with rule 4723-8-05 of the Administrative Code.

(D) The most current copy of the standard care arrangement, and any legal authorization signed by a physician according to paragraph (C)(1) of this rule, shall be retained on file by the nurse's employer ~~and be available upon request at each site where practice of the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist occurs~~. Upon request of the board, the certified nurse-midwife, certified

nurse practitioner, or clinical nurse specialist shall immediately provide a copy of the standard care arrangement to the board.

- (E) Copies of previously effective standard care arrangements shall be retained by the nurse for three years and provided to the board upon request.
- (F) When a hospital negotiates a standard care arrangement in accordance with division ~~(E)~~(F) of section 4723.431 of the Revised Code and this chapter, the standard care arrangement shall be developed in accordance with paragraph (C) of this rule. Review and approval of the standard care arrangement shall be in accordance with the policies and procedures of the hospital governing body and the bylaws, policies, and procedures of the hospital medical staff.
- (G) A certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist shall notify the board of the identity of a collaborating physician or podiatrist not later than thirty days after engaging in practice.
- (H) A certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist shall notify the board of any change in the name and business address of a collaborating physician or podiatrist not later than thirty days after the change takes effect, except as provided in division (E) of section 4723.431 of the Revised Code.
- ~~(I) A clinical nurse specialist who does not hold a certificate to prescribe and whose nursing specialty is mental health or psychiatric mental health is exempt from the requirement of executing a standard care arrangement in accordance with division (D)(1) of section 4723.431 of the Revised Code. The clinical nurse specialist who does not hold a certificate to prescribe and whose nursing specialty is mental health or psychiatric mental health shall identify one or more physicians with whom the nurse collaborates in accordance with division (D)(1) of section 4723.431 of the Revised Code.~~
- ~~(J) A clinical nurse specialist who holds a certificate to prescribe and whose nursing specialty is mental health or psychiatric mental health shall enter into a standard care arrangement in accordance with division (D)(2) of section 4723.431 of the Revised Code.~~

Effective:

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

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 4723.07
Rule Amplifies: 4723.431
Prior Effective Dates: 04/01/1997, 02/01/2002, 02/01/2003, 02/01/2006,
02/01/2011, 11/05/2012, 02/01/2014, 02/01/2016