
BOARD OF NURSING

APRN prescribing for outpatient behavioral health

- Authorizes certain advanced practice registered nurses (APRNs) to prescribe schedule II controlled substances at outpatient behavioral health practices where they would otherwise not be permitted to prescribe those drugs under continuing law, but only if the APRN is collaborating with a physician employed by the same practice.

Nurse education grant program

- Extends by ten years (to December 31, 2033) the expiration date for the Nurse Education Grant Program.

Doula certification (PARTIALLY VETOED)

- Requires the Board of Nursing to establish a registry of certified doulas.
- Establishes the Doula Advisory Board within the Nursing Board.
- Repeals these provisions on October 3, 2028 (PARTIALLY VETOED).

APRN prescribing for outpatient behavioral health

(R.C. 4723.481)

The act authorizes advanced practice registered nurses (APRNs) who are clinical nurse specialists, certified nurse-midwives, or certified nurse practitioners to prescribe schedule II controlled substances if the prescriptions are issued at the site of a behavioral health practice that does not otherwise qualify under continuing law as a site where APRNs may prescribe those drugs. The following limitations apply: (1) the behavioral health practice must be organized to provide outpatient services for treating mental health conditions, substance use disorders, or both, and (2) the APRN must be collaborating with a physician who is employed by the same practice.

Nurse education grant program

(R.C. 4723.063; Sections 610.110 and 610.111)

The act extends by ten years, to December 31, 2033, the expiration date for the Nurse Education Grant Program. The program, originally authorized in 2003 and administered by the Board of Nursing, provides grants to nurse education programs that partner with the following entities: other education programs, hospitals and other health care facilities, community health agencies, and patient centered medical homes. This is the second extension of the program's sunset. It was scheduled to sunset at the end of 2013 and then at the end of 2023.

Doula certification (PARTIALLY VETOED)

(R.C. 4723.89 and 4723.90; Section 105.40)

The act establishes a program in the Department of Medicaid (ODM) relating to the provision and coverage of doula services. It requires each doula participating in that program to hold a certificate issued by the Nursing Board.

Beginning on October 3, 2024, the act prohibits a person from using or assuming the title “certified doula,” unless the person holds a certificate issued by the Board. In the case of a violation, the act authorizes the Board to impose a fine after an adjudication held in accordance with the Administrative Procedure Act (R.C. Chapter 119). It also requires the Attorney General, on the Board’s request, to bring and prosecute a civil action to collect any fine imposed that remains unpaid.

Certificate issuance

The act requires the Board to adopt rules, in accordance with the Administrative Procedure Act, establishing standards and procedures for issuing certificates to doulas. The rules must include all of the following:

- Requirements for certification as a doula, including a requirement that a doula either be certified by a doula certification organization or, if not certified, have education and experience that the Board considers appropriate;
- Requirements for renewal of a certificate and continuing education;
- Requirements for training on racial bias, health disparities, and cultural competency as a condition of initial certification and renewal;
- Certificate application and renewal fees, as well as a waiver of fees for applicants with a family income not exceeding 200% of the federal poverty line;
- Requirements and standards of practice for certified doulas;
- The amount of a fine to be imposed for using or assuming the title “certified doula” without holding a Board-issued certificate;
- Any other standards and procedures the Board considers necessary to implement the act’s provisions.

Doula registry

The Board must develop and regularly update a registry of doulas holding Board-issued certificates. The Board must make the registry available to the public on its website.

Doula advisory board

The act creates a Doula Advisory Board within the Nursing Board.

Membership (PARTIALLY VETOED)

The Doula Advisory Board consists of at least 13 but not more than 15 members, all appointed by the Nursing Board. The Governor vetoed a provision that would have required the

Advisory Board to include at least one member representing the organization Birthing Beautiful Communities and another representing the organization Restoring Our Own through Transformation. The overall composition of the Advisory Board must be as follows:

- At least three members representing communities most impacted by negative maternal and fetal health outcomes;
- At least six members who are doulas with current, valid certification from a doula certification organization;
- At least one member who is a public health official, physician, nurse, or social worker;
- At least one member who is a consumer.

When appointing members to the Advisory Board, the Nursing Board must make a good faith effort to select members who represent counties with higher rates of infant and maternal mortality, in particular those counties with the largest disparities. The Nursing Board also must give priority to individuals with direct service experience providing care to infants and pregnant and postpartum women.

Terms of membership and vacancies

Of the initial appointments, half are to be appointed to one-year terms and half appointed to two-year terms. Thereafter, all terms are for two years. The act requires the Nursing Board to fill any vacancy as soon as practicable.

Chairperson, meetings, and reimbursements

By a majority vote of a quorum of its members, the Advisory Board must select, and may replace, a chairperson. It must meet at the call of the chairperson as often as is necessary for timely completion of its duties. If requested, a member must receive per diem compensation for fulfilling his or her duties as well as reimbursement of actual and necessary expenses incurred.

The Nursing Board is responsible for providing meeting space, staff services, and other technical assistance to the Advisory Board.

Duties

The act requires the Advisory Board to do all of the following:

- Provide general advice, guidance, and recommendations to the Nursing Board regarding doula certification and the adoption of rules;
- Provide general advice, guidance, and recommendations to ODM regarding its doula program;
- Make recommendations to the Medicaid Director regarding the adoption of rules governing its program.

Definitions (PARTIALLY VETOED)

Doula is defined as a trained, nonmedical professional who provides continuous physical, emotional, and informational support to a pregnant woman during the antepartum, intrapartum, or postpartum periods, regardless of whether the woman’s pregnancy results in a live birth.

Doula certification organization would have been defined as an organization that is recognized at an international, national, state, or local level for training and certifying doulas and includes any of the following: Birthing Beautiful Communities, Restoring Our Own through Transformation, The International Childbirth Education Association, DONA International, Birthworks International, Childbirth and Postpartum Professional Association, Childbirth International, Commonsense Childbirth Inc., and any other recognized organization the Nursing Board considers appropriate. The Governor vetoed language identifying specific doula certification organizations, giving the Nursing Board authority to select appropriate doula certification organizations.

Future operation of doula program

Section 105.40 of the act repeals the provisions regarding doula services on October 3, 2028, which is five years after they take effect. It appears the Governor intended to veto this time limit (“sunset”) by marking (“boxing”) language in the Revised Code sections that refers to the five-year time limit. Nevertheless, the Governor did not mark Section 105.40 itself, which actually executes the delayed repeals of the Revised Code sections. As a result, the effect of the doula provisions after five years is unclear. LSC could draft an amendment to resolve this ambiguity in future legislation.