4723-9-08 Safety standards for personally furnishing drugs and therapeutic devices.

(A) An advanced practice registered nurse with a current valid license issued by the board and designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may personally furnish to a patient a drug or therapeutic device, whether as a sample drug or a complete or partial supply, only if the following requirements are met:

(1) The drug or therapeutic device is not excluded by the formulary set forth in rule 4723-9-10 of the Administrative Code;

(2) If the drug furnished is a controlled substance, the requirements of section 4729.291 of the Revised Code are met, including limiting the amount of the controlled substance to a seventy-two hour supply, and, in any thirty-day period, not personally furnishing to or for patients, taken as a whole, an amount that exceeds two thousand five hundred dosage units;

(3) If the drug furnished is a dangerous drug, other than a sample drug, the nurse affixes labeling to the container as specified in rule 4729:5-19-02 of the Administrative Code;

(4) The nurse complies with rule 4723-9-12 of the Administrative Code regarding standards and procedures for review of OARRS reports;

(5) The nurse maintains a written record of all drugs and therapeutic devices personally furnished by the nurse as required by rule 4729:5-19-04 of the Administrative Code; and

(6) The nurse maintains current knowledge of and complies with all applicable state and federal laws or rules related to personally furnishing drugs and therapeutic devices.

(B) An advanced practice registered nurse with a current valid license issued by the board and designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may personally furnish to a patient a sample drug only if, in addition to the requirements set forth in paragraph (A) of this rule, the following requirements are met:

(1) The sample drug is furnished in compliance with section 3719.81 of the Revised Code, including but not but limited to the requirement that the sample be provided free of charge; and

(2) If the sample is a dangerous drug, the requirements of rule 4729:5-19-02 of the Administrative Code are met.

(C) Notwithstanding the requirements of this rule, an advanced practice registered nurse with a current valid license issued by the board and designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may personally furnish a supply of an overdose reversal drug ~~naloxone~~ according to section 4723.488 of the Revised Code.

(D) Notwithstanding the requirements of this rule, an advanced practice registered nurse with a current valid license issued by the board and designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may personally furnish a complete or partial supply of a drug to treat chlamydia, gonorrhea, or trichomoniasis as specified in section 4723.4810 of the Revised Code.

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, except as otherwise provided:

(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.

(B) Exclusionary formulary. An advanced practice registered nurse with a current valid license issued by the board and designated as 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 an advanced practice registered nurse designated as a certified nurse practitioner, clinical nurse specialist and certified nurse midwife shall not exceed the prescriptive authority of the collaborating physician or podiatrist.

(C) An advanced practice registered nurse with a current valid license issued by the board and designated as 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 license designation;

(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;

(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 (C)(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.

(D) Schedule II controlled substances. ~~Except as provided in paragraph (E) of this rule,~~ An ~~an~~ advanced practice registered nurse with a current valid license issued by the board and designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may prescribe a schedule II controlled substance only in accordance with section 4723.481 of the Revised Code. ~~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.

(E) Subject to the requirements set forth in paragraphs (F) and (J) of this rule, a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may prescribe a schedule II controlled substance, if not excluded by the exclusionary formulary set forth in paragraph (B) of this rule, 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.~~

~~(F) An advanced practice registered nurse with a current valid license issued by the board and designated as 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 (E) of this rule.~~

~~(G)~~(E) Acute pain. For the treatment of acute pain, an advanced practice registered nurse with a current valid license issued by the board and designated as 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 ~~(G)~~ (E)(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.

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

(1) To a patient in a hospice care;

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

(3) To a patient who has been diagnosed with a terminal condition, as defined as follows:

(a) 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:

(i) There can be no recovery; and

(ii) Death is likely to occur within a relatively short time if life-sustaining treatment is not administered; or

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

~~(I)~~(G) The requirements of paragraph ~~(G)~~ (E) 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.

~~(J)~~(H) Sub-acute and chronic pain. As specified in section 4723.481 of the Revised Code, for treatment of sub-acute and chronic pain, an advanced practice registered nurse with a current valid license issued by the board and designated as 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 an overdose reversal drug ~~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 ~~(J)~~ (H)(5) of this rule;

(c) The advanced practice registered nurse shall consider offering the patient a prescription for an overdose reversal drug ~~naloxone~~ if the dosage exceeds fifty MED as discussed in paragraph ~~(J)~~ (H)(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 ~~(J)~~ (H)(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 an overdose reversal drug ~~naloxone~~ if the dosage exceeds fifty MED as discussed in paragraph ~~(J)~~ (H)(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 an overdose reversal drug ~~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 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, or coursework in hematology leading to certification in oncology;

(b) The advanced practice registered nurse of 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, a board certified hospice and palliative care physician, or a board certified oncology or hematology 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 ~~(J)~~ (H)(6)(b) of this rule.

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

(a) To a patient in hospice care;

(b) To an patient who has terminal cancer or another terminal condition, as defined as follows:

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:

(i) There can be no recovery; and

(ii) Death is likely to occur within a relatively short time if life-sustaining treatment is not administered; or

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

~~(K)~~(I) As specified in section 4723.44 of the Revised Code, an advanced practice registered nurse designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall not prescribe any drug or device to perform or induce an abortion, as that term is defined in section 2919.11 of the Revised Code.

~~(L)~~(J) As specified in section 4723.488 of the Revised Code, notwithstanding the requirements of this rule, an advanced practice registered nurse with a current valid license issued by the board and designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may prescribe or personally furnish an overdose reversal drug ~~naloxone~~.

~~(M)~~(K) The requirements of paragraph (C)(9)(c) of this rule apply to prescriptions for products that contain gabapentin.

~~(N)~~(L) The advanced practice registered nurse may enter consult agreements with pharmacists in accordance with section 4729.39 of the Revised Code and rules 4723-8-12 and 4723-8-13 of the Administrative Code.

4723-9-11 **Course in Ohio law governing drugs and prescriptive authority.**

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

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

(2) Include content and instruction concerning the indications and contraindications for the use of opioids and benzodiazepines in drug therapies, and alternatives to opioid therapies in the management of acute and chronic pain, including the guidelines issued by the governor's ~~governor's recoveryOhio~~ RecoveryOhio initiative;

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

(4) Be at minimum two hours in length.

(B) Applicants must attest to completion of a course of instruction as described in paragraph (A).

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

(1) Name of the attendee;

(2) Title of the program;

(3) Date of the program;

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

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

4723-9-13 ~~Medication-assisted~~Office-based opioid treatment.

(A) Definitions; for purposes of this rule and interpretation of the formulary set forth in rule 4723-9-10 of the Administrative Code:

(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~~ medications for opioid use disorder treatment during which ~~maintenance medication dosage levels are adjusted until a patient attains stabilization~~ the patient is started on an FDA approved medication for substance use disorder treatment.

(6) "Maintenance phase" means the ongoing period of time when the patient's medication dose reaches a therapeutic level, allowing the patient to focus on other recovery activities.

~~(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) "Medications for Opioid Use Disorder" or "MOUD" refers to all medications approved by the FDA for the treatment of opioid use disorder.

~~(7)~~(8) "Office-based opioid treatment" or "OBOT" means ~~medication-assisted treatment of opioid dependence or addiction utilizing controlled substances~~ pharmacotherapy~~,~~ in a private office or public sector clinic that is not otherwise regulated, by practitioners who are authorized to prescribe outpatient supplies of medications approved by the FDA for the treatment of opioid use disorder ~~addiction or prevention of relapse~~. OBOT includes treatment with all controlled substance medications approved by the FDA for such treatment. OBOT does not include treatment utilizing non-controlled medications. 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.

(f) An emergency medical services agency as authorized under chapter 4729 of the Revised Code.

~~(8)~~(9) "OARRS" means the "Ohio Automated RX Reporting System" drug database established and maintained pursuant to section 4729.75 of the Revised Code.

(10) "Overdose reversal drug" has the same meaning as in Chapter 4729. of the Revised Code.

~~(9)~~(11) "Qualified behavioral healthcare provider" means the following healthcare providers ~~who is~~ practicing within the scope of professional licensure:

(a) A medical doctor or doctor of osteopathic medicine and surgery who is a board certified addiction medicine specialist ~~holds board certification in addiction medicine~~ or addiction psychiatrist ~~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, 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 this 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 board certified as an addiction psychiatrist, board certified addiction medicine specialist ~~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)~~(12) "SAMHSA" means the United States substance abuse and mental health services administration.

(13) "Stabilization phase" means the period of time following the induction phase, when medication doses are adjusted to target a reduction in substance use disorder symptoms.

(14) "Substance use disorder" indicates a problematic pattern of substance use leading to clinically significant impairment or distress as determined by application of the diagnostic criteria in the "Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition-Text Revision" or "DSM-5-TR."

~~(11)~~(14)
~~"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 use of medications.~~

(B) An advanced practice registered nurse with a current valid license issued by the board

and designated as a clinical nurse specialist, certified nurse midwife or certified nurse practitioner may provide ~~medication-assisted~~ treatment, including prescribing controlled substances in schedule III, IV or V, if the advanced practice registered nurse:

(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~~ use disorder 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, an advanced practice registered nurse with a current valid license issued by the board and designated as 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, an assessment of the patient to gather sufficient information and data to justify the use of this treatment intervention. The assessment shall include a thorough medical history, examination and laboratory testing. If any part of the assessment cannot be completed prior to the initiation of OBOT, the advanced practice registered nurse shall complete it as soon as possible following the initiation of treatment; ~~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 shall provide accurate, objective, and complete documentation of all patient encounters, including referrals, test results, and significant changes to the treatment plan.

~~(3)~~(4) 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 based upon discussion of all MOUDs and non-medication options with the patient;

(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~~ Documentation regarding psychosocial ~~treatment~~ interventions as discussed in paragraph (C)(5) of this rule;

(g) The treatment plan shall be revised if the patient does not show improvement with the original plan.

~~(4)~~(5) 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;~~ TIP 63 "Medications for Opioid Use Disorder" (2021) available from the SAMHSA website at: https://www.samhsa.gov/resource/epb/tip-63-medications-opioid-use-disorder;

(b) ~~"National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use,"~~ "ASAM National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update," ~~approved by the American society of addiction medicine in 2015, and~~ available from the website of the American society of addiction medicine at https://www.asam.org/quality-care/clinical-guidelines/national-practice-guideline. ~~https://www.asam.org/.~~

~~(5) Except if the advanced practice registered nurse is a qualified behavior healthcare provider, 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 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.~~

(6) The advanced practice registered nurse shall do the following with respect to psychosocial treatment for patients receiving OBOT:

(a) Assess for psychosocial treatment needs in addition to medication;

(b) Offer psychosocial interventions or referrals for psychosocial interventions to all patients, but OBOT should not be declined or discontinued if the patient is unable or unwilling to engage in psychosocial interventions;

(c) Ensure that psychosocial interventions are person-centered and tailored to the patient's insight, motivation, and stage of recovery;

(d) Focus the psychosocial interventions on retaining the patient in treatment, stabilizing the patient and assisting with progress in the patient's treatment and recovery;

(e) If the psychosocial interventions are not available or if the patient declines to participate, the advanced practice registered nurse shall continue to treat the patient with OBOT provided that the patient adheres to all other treatment requirements;

(f) Psychosocial treatment or intervention includes the following:

(i) Cognitive behavioral treatment;

(ii) Community reinforcement approach;

(iii) Contingency management and motivational incentives;

(iv) Motivational interviewing;

(v) Behavioral couples counseling;

(vi) Twelve-step facilitation; and

(vii) Other therapies based on the patient's individual needs;

(g) When necessary, the advanced practice registered nurse may make referrals for psychosocial treatment to qualified behavioral healthcare providers, community addiction services or community mental health services providers as defined in rule 4723-9-13(A) of the administrative code; and

(h) The advanced practice registered nurse may also refer patients for treatment with non-licensed paraprofessionals such as case managers and peer support specialists if the advanced practice registered nurse determines such intervention would benefit the patient.

~~(8)~~(7) The advanced practice registered nurse who provides OBOT shall offer the patient a prescription for an overdose reversal drug, directly provide the patient with an overdose reversal drug, or direct the patient to an easily accessible source to obtain an overdose reversal drug, such as, http://www.naloxone.ohio.gov, a local health department, or other agency or facility that provides overdose reversal drugs. ~~a naloxone kit.~~

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

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

(c) The advanced practice registered nurse shall be exempt from this requirement 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 an overdose reversal drug ~~a kit~~ without a prescription.

~~(9)~~(8) 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~~ Treatment with a buprenorphine product must be in compliance with the FDA approved "Risk Evaluation and Mitigation Strategy" for buprenorphine products, which can be found on the 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 buprenorphine/naloxone combination products for use in OBOT.

(b) The advanced practice registered nurse may ~~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 buprenorphine mono-product to a buprenorphine/naloxone combination product;

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

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

~~(v)~~(iv) When the patient has a genuine ~~an~~ allergy to or intolerance of a buprenorphine/naloxone combination product~~, 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, gabapentin, or ~~and~~ tramadol, the advanced practice registered nurse shall only co-prescribe these substances when it is medically necessary, 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 whether acceptable alternative treatments are available and whether it is possible to lower the dose or discontinue ~~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 also consider these options and consider consultation with another healthcare provider ~~taper the other drug to discontinuation 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 the rationale for discontinuing, lowering, or continuing the medication given potential risks and benefits ~~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 maintenance ~~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~~ prescribe a dosage of buprenorphine that avoids intoxication or sedation, prevents withdrawal, and suppresses significant drug craving. For the first twelve

months of treatment, the advanced practice registered nurse shall prescribe no more than a one-month supply of the buprenorphine product unless utilizing a formulation with duration of action exceeding one month, such as injections or implants.

~~(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 risk ~~chances~~ of buprenorphine diversion by using the lowest effective dose, scheduling appropriate frequency of office visits, conducting random pill counts, ~~and~~ checking ~~checks of~~ OARRS, and utilizing drug testing, serum medication levels, and oral fluid testing to assess for patient adherence to prescribed buprenorphine treatment. ~~The advanced practice registered nurse shall also require urine drug screens, 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~~ sublingual 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~~ dosage ~~of buprenorphine~~ exceeding twenty-four milligrams of buprenorphine per day, unless the advanced practice registered nurse is licensed as a clinical nurse specialist or certified nurse practitioner who holds a 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 an advanced practice registered nurse who holds additional certification as a certified addictions advanced practice registered nurse issued by the addictions nursing certification board, or a consultation has been obtained from a physician who is a board certified addiction specialist or addiction psychiatrist recommending the higher dose. Dosage shall not exceed thirty-two milligrams of buprenorphine 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, as defined in this rule, who has the education and experience to provide substance ~~abuse~~ use disorder 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)~~(9) 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) Before initiating naltrexone, the advanced practice registered nurse shall take measures to ensure that the patient is opioid abstinent for an adequate period of time after completing opioid withdrawal to avoid precipitated withdrawal. The advanced practice registered nurse shall alert the patient of the risk of potentially lethal opioid overdose if they stop naltrexone and use opioids.~~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~~ administer 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, serum medication levels or oral fluid drug 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 or alcohol 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 difficulties ~~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.

4723-9-14 **Standards and procedures for withdrawal management for substance use disorder~~drug or alcohol addiction~~.**

(A) Definitions; for purposes of this rule and interpretation of the formulary set forth in rule 4723-9-10 of the Administrative Code:

(1) The definitions set forth in rule 4723-9-13 of the Administrative Code apply in addition to those definitions set forth in this paragraph;

(2) "Ambulatory withdrawal management ~~detoxification~~" means withdrawal management delivered in a medical office, public sector clinic, or urgent care facility by trained practitioners authorized to prescribe outpatient supplies of drugs approved by the FDA for the treatment of substance use disorder ~~addiction, prevention of relapse of drug addiction, or both~~. Ambulatory withdrawal management ~~detoxification~~ is the provision of medically supervised evaluation, treatment ~~withdrawal management~~, and referral services without extended onsite monitoring. For purposes of this rule, ambulatory withdrawal management ~~detoxification~~ does not include withdrawal management that occurs in the following settings:

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

(b) In-patient treatment in a hospital, as defined in section 3727.01 of the Revised Code;

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

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

(e) 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; or

(f) An emergency medical services agency as authorized under chapter 4729 of the Revised Code.

(3) "ASAM" means the American society of addiction medicine;

(4) "Withdrawal management" ~~or "detoxification"~~ is a set of medical interventions aimed at managing the acute physical symptoms of intoxication and withdrawal. ~~Detoxification denotes a clearing of toxins from the body of the~~

~~patient who is acutely intoxicated and/or dependent on a substance of abuse. Withdrawal management seeks to minimize the physical harm caused by the intoxication and withdrawal of a substance of abuse.~~ Withdrawal management occurs when the patient has a substance use disorder and either evidence of the characteristic withdrawal syndrome produced by withdrawal from that substance, or evidence that supports the expectation that such syndrome would develop without the provision of medical withdrawal management ~~detoxification~~ services. Withdrawal management alone does not constitute completed substance ~~abuse~~ use disorder treatment or rehabilitation.

(B) A clinical nurse specialist, certified nurse midwife or certified nurse practitioner who holds a current valid advanced practice registered nurse license may provide ambulatory withdrawal management ~~detoxification~~ consistent with this rule if the advanced practice registered nurse:

(1) Only provides withdrawal management in collaboration with a physician who provides withdrawal management as part of the physician's normal course of practice and with whom the advanced practice registered nurse has a current standard care arrangement;

(2) Complies with the medication withdrawal policies of the healthcare facilities in which the advanced practice registered nurse engages in withdrawal management practice; and

(3) Complies with all state and federal laws and rules applicable to prescribing.~~, including holding a DATA 2000 waiver to prescribe buprenorphine if buprenorphine is to be prescribed for withdrawal management in a medical office, public sector clinic, or urgent care facility.~~

(C) Prior to providing ambulatory withdrawal management ~~detoxification~~ for any substance use disorder the advanced practice registered nurse shall inform the patient that ambulatory withdrawal management ~~detoxification~~ alone is not complete treatment for a substance use disorder ~~abuse treatment~~. If the patient prefers continuing treatment for a substance use disorder ~~abuse treatment~~, the advanced practice registered nurse shall comply with the requirements of section 3719.064 of the Revised Code~~, by completing the following actions:~~.

~~(1) Both verbally and in writing give the patient information about all drugs approved by the FDA for use in medication-assisted treatment including withdrawal management. The information given shall be documented in the patient's record.~~

~~(2) If the patient agrees to enter opioid treatment and the advanced practice registered nurse determines that such treatment is clinically appropriate, the~~

~~advanced practice registered nurse shall refer the patient to an opioid treatment program licensed or certified by the Ohio department of mental health and addiction services to provide such treatment or to a physician, physician assistant, or advanced practice registered nurse who provides treatment using naltrexone, or who holds the DATA 2000 waiver to provide office-based treatment for opioid use disorder. The name of the program or provider to whom the patient was referred and the date of the referral shall be documented in the patient record.~~

(D) The advanced practice registered nurse shall provide accurate, objective, and complete documentation of all patient encounters, including referrals, test results, and significant changes to the treatment plan.

~~(D)~~(E) When providing withdrawal management for opioid use disorder an advanced practice registered nurse may be authorized to use a medical device that is approved by the FDA as an aid in the reduction of opioid withdrawal symptoms.

~~(E)~~(F) Ambulatory withdrawal management ~~detoxification~~ for opioid use disorder ~~addiction~~.

(1) An advanced practice registered nurse shall provide ambulatory withdrawal management ~~detoxification~~ only when all of the following conditions are met:

(a) The patient has adequate social, medical, and psychiatric stability to engage in and safely complete ambulatory withdrawal management ~~A positive and helpful support network is available to the patient~~; and

~~(b) The patient has a high likelihood of treatment adherence and retention in treatment; and~~

~~(c)~~(b) There is little risk of medication diversion.

(2) The advanced practice registered nurse shall provide ambulatory withdrawal management ~~detoxification~~ under a defined set of policies and procedures or medical protocols, with patient placement in outpatient or residential settings consistent with American society of addiction medicine's level of care criteria. Such services are designed to treat the patient's level of clinical severity, to achieve safe and comfortable withdrawal from a drug, and to effectively facilitate the patient's transition into treatment and recovery. In the event that ambulatory withdrawal management is unsafe or inappropriate for a patient, referral to a higher level of care, such as inpatient hospitalization shall be completed. ~~consistent with level of care I-D or II-D as set forth in "The ASAM Criteria, Third Edition," under which services are designed to treat the patient's level of clinical severity to achieve safe and comfortable~~

~~withdrawal from a mood-altering drug and effectively facilitate the patient's transition into treatment and recovery. "The ASAM Criteria, Third Edition,"~~ The ASAM criteria can be obtained from the website of ASAM at https://www.asam.org/, and may be reviewed at the board office, located at ~~17 S. High street, suite 660, Columbus, Ohio, 43215~~ 8995 East Main Street, Reynoldsburg, Ohio 43068 during normal business hours.

(3) Prior to providing ambulatory withdrawal management ~~detoxification~~, the advanced practice registered nurse shall perform an assessment of the patient to gather information and data to justify the use of this treatment intervention. The assessment shall include a thorough medical history and physical examination sufficient to assure safety in commencing ambulatory withdrawal management and shall include a review of the patient's prescription history in OARRS. The assessment must focus on signs and symptoms associated with opioid use disorder ~~addiction~~ and include assessment with a nationally recognized scale, such as one of the following:

(a) Objective opioid withdrawal scale ("OOWS");

(b) Clinical opioid withdrawal scale ("COWS");

(c) Subjective opioid withdrawal scale ("SOWS")~~;~~.

(4) If any part of the assessment cannot be completed prior to the initiation of the treatment, the advanced practice registered nurse shall complete it as soon as possible following the initiation of treatment.

~~(4) Prior to providing ambulatory detoxification, the advanced practice registered nurse shall conduct a biomedical and psychosocial evaluation of the patient, to include the following:~~

~~(a) A comprehensive medical and psychiatric history;~~

~~(b) A brief mental status exam;~~

~~(c) A 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 the patient's prescription information in OARRS;~~

~~(i) Testing for human immunodeficiency virus;~~

~~(j) Testing for hepatitis B;~~

~~(k) Testing for hepatitis C; and~~

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

~~(m) For other than 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. If any part of the assessment cannot be completed prior to the initiation of treatment, the advanced practice registered nurse shall document the reasons in the medical record.~~

~~(5) The advanced practice registered nurse shall request and document review of an OARRS report on the patient.~~

~~(6)~~(5) The advanced practice registered nurse shall inform the patient about the following before treatment for opioid withdrawal is initiated~~the patient is undergoing withdrawal from opioids~~:

(a) The withdrawal management ~~detoxification~~ process and importance of ~~potential~~ subsequent treatment for substance use disorder, including information about all medications ~~drugs~~ approved by the FDA for use in ~~medication-assisted~~ MOUD treatment;

(b) The risk of relapse and lethal overdose following completion of withdrawal ~~detoxification~~ without entry into continuation of ~~medication-assisted~~ MOUD treatment;

~~(c) The high risk of overdose and death when there is a relapse following detoxification; and~~

~~(d)~~(c) The safe storage and disposal of prescribed ~~the~~ medications.

~~(7)~~(6) The advanced practice registered nurse shall not establish standardized regimens ~~routines or schedules of increases or decreases~~ of medications for management of substance withdrawal symptomatology but shall formulate ~~a~~

an individualized treatment plan based on the needs of the specific patient.

~~(8)~~(7) For persons projected to be involved in withdrawal management for six months or less, the advanced practice registered nurse shall offer the patient counseling and follow the procedures described in paragraphs (C)~~(8)~~(5) and (C)~~(9)~~(6) of rule 4723-9-13 of the Administrative Code.

~~(9)~~(8) The advanced practice registered nurse shall require the patient to undergo urine and/or other toxicological screenings during withdrawal management in order to assess for ~~demonstrate the absence of~~ use of ~~alternative~~ licit and/or illicit drugs. The advanced practice registered nurse shall consider revising the treatment plan or referring a patient who has a positive ~~urine and/or~~ toxicological screening result to a higher level of care, with such consideration documented in the patient's medical record, and confer with the collaborating physician prior to prescribing a buprenorphine/naloxone combination product to the patient.

~~(10)~~(9) The advanced practice registered nurse shall comply with the following requirements for the use of medication:

(a) The advanced practice registered nurse may treat the patient's withdrawal symptoms by use of any of the following medications ~~drugs~~ as determined to be the most appropriate for the patient:

(i) A medication ~~drug~~, ~~excluding methadone,~~ that is specifically FDA approved for the alleviation of withdrawal symptoms. Methadone may only be utilized with strict adherence to the stipulations of 21 C.F.R. 1306.07(b);

(ii) An alpha-2 adrenergic agent along with other non-narcotic medications as recommended in "The ASAM National Practice Guideline For the Use of Medications in the Treatment of Addiction Involving Opioid Use," available at: https://www.asam.org, and available on the board's website at https://nursing.ohio.gov;

(iii) A combination of buprenorphine and low dose naloxone (buprenorphine/naloxone combination product)~~. However, buprenorphine without naloxone (buprenorphine mono-product) may be used if a buprenorphine/naloxone combination product is~~ unless contraindicated, in which case buprenorphine mono-product may be utilized. ~~with the contraindication documented in the patient record.~~

(b) The advanced practice registered nurse shall not use anesthetic agents to treat the patient's withdrawal symptoms. ~~use any of the following drugs to treat the patient's withdrawal symptoms:~~

~~(i) Methadone;~~

~~(ii) Anesthetic agents.~~

(c) The advanced practice registered nurse shall comply with the following:

(i) ~~Not initiate treatment with buprenorphine to manage withdrawal symptoms until between twelve and eighteen hours after the last dose of short-acting agonist such as heroin or oxycodone, and twenty-four hours after the last does of long-acting agonist such as methadone.~~ Treatment with a buprenorphine product must be in compliance with the FDA approved "Risk Evaluation and Mitigation Strategy" for buprenorphine products, which can be found on the FDA website at: https://www.accessdata.fda.gov/scripts/cder/rems/index.cfm.

(ii) Determine on an individualized basis the appropriate dosage of medication to ensure stabilization during withdrawal management.

(a) The dosage level shall be that which is effective in suppressing withdrawal symptoms and is well-tolerated by the patient.

(b) The dosage level shall be consistent with the ~~minimal~~ currently accepted standards of care.

(iii) In withdrawal management programs of thirty days or less duration, the advanced practice registered nurse shall not prescribe nor dispense more than one week of unsupervised or take-home medications for the patient.

~~(11)~~(10) The advanced practice registered nurse shall offer the patient a prescription for an overdose reversal drug, directly provide them with an overdose reversal drug, or direct the patient to an easily accessible source to obtain an overdose reversal drug, such as, http://www.naloxone.ohio.gov, a local health department or other agency or facility that provides overdose reveral drugs ~~a naloxone kit~~ and shall:

(a) Ensure that the patient, and if possible, those residing with the patient receives instruction on the overdose reversal drug's ~~kit's~~ use including, but not limited to, recognizing the signs and symptoms of opioid overdose and calling 911 in an overdose situation;

(b) Offer the patient a new prescription for an overdose reversal drug ~~naloxone~~ upon expiration or use of the old overdose reversal drug ~~kit~~;

(c) Be exempt from this requirement 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 an overdose reversal drug ~~a kit~~ without a prescription.

~~(12)~~(11) The advanced practice registered nurse shall take steps to reduce the risk ~~chances~~ of medication diversion by doing one or more of the following: ~~using~~ frequent ~~an appropriate frequency of~~ office visits, pill counts, urine drug screening, and frequent ~~weekly~~ checks of OARRS.

~~(F)~~(G) The advanced practice registered nurse who provides ambulatory withdrawal management ~~detoxification with medication management for withdrawal from~~ for benzodiazepines or other sedatives shall comply with paragraphs (B), (C), and (D) of this rule and "TIP 45, A Treatment Improvement Protocol for Detoxification and Substance Abuse Treatment" by SAMHSA, available from the SAMHSA website at: https://store.samhsa.gov/ (search for "TIP 45") and available on the board's website at: https://nursing.ohio.gov. In addition, ambulatory withdrawal management ~~detoxification~~ with medication ~~management~~ shall only be provided if:

(1) The patient has sufficient social, medical, and psychiatric stability ~~A positive and helpful support network is available to the patient~~;

(2) The patient's use of benzodiazepines was mainly in therapeutic ranges;

(3) The patient does not have polysubstance dependence;

(4) The patient exhibits no more than mild to moderate withdrawal symptoms;

(5) The patient has no comorbid medical condition or severe psychiatric disorder;

(6) The patient has no history of withdrawal seizures or withdrawal delirium;

(7) Prior to providing ambulatory withdrawal management ~~detoxification~~, the advanced practice registered nurse performs and documents an assessment of the patient that focuses on signs and symptoms associated with benzodiazepine or other sedative use disorder, including assessment with a nationally recognized scale, such as the "Clinical Institute Withdrawal Assessment for Benzodiazepines" ("CIWA-B");

(8) Prior to providing ambulatory withdrawal management ~~detoxification~~, the advanced practice registered nurse conducts and documents a biomedical and psychosocial evaluation of the patient to gather sufficient information and data to justify the use of this treatment intervention ~~meeting the requirements of paragraph (E)(4) of this rule~~.

(9) The advanced practice registered nurse instructs the patient ~~not to drive or operate dangerous machinery during treatment;~~ about the following before treatment for benzodiazepine withdrawal management is initiated:

(a) Not to drive or operate dangerous machinery during treatment;

(b) The withdrawal management process and importance of subsequent treatment for substance use disorder, including information about all medications approved by the FDA for use in substance use disorder treatment;

(c) The risk of relapse and lethal overdose following completion of withdrawal without entry into continuation of treatment for substance use disorder; and

(d) The safe storage and disposal of prescribed medications.

(10) The advanced practice registered nurse regularly assesses the patient during the course of ambulatory withdrawal management ~~detoxification~~ so that medication dosage can be adjusted if needed;

(a) The patient shall be required to undergo urine and/or other toxicological screening during withdrawal management in order to assess for the ~~demonstrate the absence of~~ use of ~~alternative~~ licit and/or illicit drugs;

(b) The advanced practice registered nurse shall document consideration of revising the treatment plan or referral of the patient who has a positive ~~urine and/or~~ toxicological screen to a higher level of care;

(c) The advanced practice registered nurse shall take steps to reduce the risk

~~chances~~ of diversion by ~~using~~ doing one or more of the following: frequent ~~an appropriate frequency of~~ office visits, pill counts, urine drug screening, and frequent ~~weekly~~ checks of OARRS.

~~(G)~~(H) An advanced practice registered nurse who provides ambulatory withdrawal management for ~~detoxification with medication management of~~ withdrawal from alcohol ~~addiction~~ shall comply with paragraphs (B), (C), and (D) of this rule and "Clinical Practice Guidelines on Alcohol Withdrawal Management" by the ASAM available from the ASAM website at the following link: https://www.asam.org/quality-care/clinical-guidelines/alcohol-withdrawal-management-guideline. ~~"TIP 45, A Treatment Improvement Protocol for Detoxification and Substance Abuse Treatment" by SAMHSA, available from the SAMHSA website at: https://store.samhsa.gov/ (search for "TIP 45") and available on the board's website at: https://nursing.ohio.gov.~~ In addition, ambulatory withdrawal management ~~detoxification~~ with medication ~~management~~ shall only be provided if:

(1) The patient has sufficient social, medical, and psychiatric stability to adhere to prescribed treatments and successfully complete withdrawal with minimal risk of complications ~~A positive and helpful support network is available to the patient~~;

(2) The patient is not at risk for serious withdrawal from substances other than alcohol ~~The patient does not have polysubstance dependence~~;

(3) The patient has no history of withdrawal seizures or withdrawal delirium ~~The patient exhibits no more than mild to moderate withdrawal symptoms~~;

~~(4) The patient has no comorbid medical condition or severe psychiatric disorder;~~

~~(5) The patient has no history of withdrawal seizures or withdrawal delirium;~~

~~(6)~~(4) ~~Prior to providing ambulatory detoxification, the~~ The advanced practice registered nurse performs and documents an assessment of the patient that focuses on signs and symptoms associated with alcohol use disorder, including assessment with a nationally recognized scale, such as the "Clinical Institute Withdrawal Assessment for Alcohol-revised" ("CIWA-Ar");

~~(7)~~(5) ~~Prior to providing ambulatory detoxification, the~~ The advanced practice registered nurse conducts and documents a biomedical and psychosocial evaluation to gather sufficient information and data to justify the use of this treatment intervention ~~of the patient meeting the requirements of paragraph (E)(4) of this rule~~;

~~(8)~~(6) The advanced practice registered nurse regularly assesses the patient during the ~~course of~~ ambulatory withdrawal management so the dosage can be adjusted if needed ~~detoxification~~. The advanced practice registered nurse shall:

~~(a) Adjust the dosage of medication as medically appropriate;~~

~~(b)~~(a) Require the patient to undergo ~~urine and/or other~~ toxicological screening in order to assess for the presence of alcohol metabolites, licit or~~demonstrate the absence of~~ illicit drugs;

~~(c)~~(b) Document the consideration of revising the treatment plan or referral of the patient who has a positive ~~urine and/or~~ toxicological screening test ~~screen~~ to a higher level of care;~~.~~

(c) Take steps to reduce the risk of diversion by doing one or more of the following: frequent office visits, pill counts, urine drug screening, and frequent checks of OARRS.

~~(9) If the patient agrees to enter alcohol treatment and the advanced practice registered nurse determines that such treatment is clinically appropriate, the advanced practice registered nurse shall refer the patient to an alcohol treatment program licensed or certified by the Ohio department of mental health and addiction services to provide such treatment or to a physician, physician assistant, or advanced practice registered nurse who provides treatment using any FDA approved forms of medication assisted treatment for alcohol use disorder. The name of the program, physician, physician assistant, or advanced practice registered nurse to whom the patient was referred, and the date of the referral, shall be documented in the patient record.~~

~~(10) The advanced practice registered nurse shall instruct the patient not to drive or operate dangerous machinery during treatment.~~

4723-19-01 Requirements for safe haven program.

(A) Safe haven program is a confidential, non-disciplinary program for treatment of impaired licensees, certificate holders, or applicants of the nursing board established pursuant to section 4723.35 of the Revised Code.

(B) Monitoring organization is an entity which conducts the safe haven program and performs monitoring services for impaired licensees, certificate holders, or applicants under a contract with the nursing board.

(C) Treatment provider is an entity approved by the monitoring organization to provide evaluation, treatment, and/or continuing care to impaired licensees, certificate holders, or applicants participating in the safe haven program.

(D) For purposes of this chapter, licensee, certificate holder, or applicant includes those licensees, certificate holders, or applicants whose license or certificate is subject to disciplinary action by the board or who is an applicant for a license or certificate that is subject to disciplinary action by the board.

(E) Licensees, certificate holders, or applicants of the board who may be impaired or potentially impaired in the ability to practice in accordance with acceptable and prevailing standards of care and who want to participate in the safe haven program shall complete the following requirements:

(1) The licensee, certificate holder, or applicant shall register with the monitoring organization under contract with the board and obtain a list of the approved treatment providers;

(2) If the licensee, certificate holder, or applicant reports directly to an approved treatment provider, the licensee, certificate holder, or applicant shall register with the monitoring organization upon referral from the approved treatment provider;

(3) The treatment provider shall conduct an evaluation in accordance with the recommendation of the monitoring organization;

(4) The treatment provider shall provide the information regarding the diagnosis and the treatment plan to the monitoring organization for confirmation of eligibility;

(5) If the licensee, certificate holder, or applicant is determined to be impaired and not to be eligible for the safe haven program, the monitoring organization shall report this information to the board.

(F) Once a licensee, certificate holder, or applicant is determined to be eligible for the safe haven program, the licensee, certificate holder, or applicant shall report to an approved treatment provider for treatment within the timeframe recommended by the monitoring organization. The treatment provider shall develop an individualized

treatment plan that may include a combination of inpatient, residential, partial hospitalization intensive outpatient treatment, outpatient, continuing care, or other therapy or treatment.

(1) The licensee or certificate holder shall be required to immediately refrain from practice if it is recommended by the treatment provider or the monitoring organization. The licensee or certificate holder shall refrain from practice until the licensee or certificate holder is determined to be able to practice according to acceptable and prevailing standards by the treatment provider and the medical director of the monitoring organization, or his or her designee.

(2) The monitoring organization shall notify the board of any licensee or certificate holder who returns to work prior to obtaining the release from the treatment provider and the monitoring organization medical director, or his or her designee.

(3) The monitoring organization shall notify the board of any licensee, certificate holder, or applicant who does not successfully complete the prescribed treatment.

(G) If continuing care is recommended, the monitoring organization shall confirm that the licensee, certificate holder, or applicant completes continuing care sessions in accordance with the recommendation until released by the continuing care provider and the monitoring organization medical director, or his or her designee.

(H) In order to continue participation in the safe haven program, after successful completion of any recommended treatment, the licensee, certificate holder, or applicant shall enter into an agreement with the monitoring organization. An individual who chooses not to continue in the safe haven program shall be referred to the board for further investigation or disciplinary action. The agreement may include the following provisions:

(1) Random toxicology testing, if applicable;

(2) Attendance at drug and alcohol support meetings (e.g. alcoholics anonymous or narcotics anonymous) or other support group, as directed by the monitoring organization, if applicable;

(3) Treatment and therapy plan;

(4) Continuing care participation;

(5) Case management;

(6) Duration of monitoring. Relapses and other failure to comply with terms of the agreement may result in a longer period of monitoring;

(7) Releases for information or records related to the licensee, certificate holder, or applicant's impairment, including but not limited to family, peers, health care personnel, employers, and treatment providers;

(8) Grounds for dismissal from participation in the safe haven program for failure to comply with program requirements;

(9) Any required fees associated with participation in the safe haven program, including but not limited to fees for toxicology testing;

(10) The licensee, certificate holder, or applicant shall be released from monitoring by the medical director of the monitoring organization, or his or her designee, upon successful completion of monitoring.

(I) The board shall develop guidelines in collaboration with the monitoring organization for the reporting of non-compliance with conditions of the safe haven program. Non-compliance shall be reported to the board by the monitoring organization.

4723-19-02 **Monitoring organization for safe haven program.**

(A) The board shall enter into a contract with a monitoring organization to monitor licensees, certificate holders, and applicants participating in the safe haven program.

(1) The monitoring organization shall provide licensees, certificate holders, and applicants with a list of treatment providers approved to provide evaluations and treatment for the safe haven program.

(2) The monitoring organization shall, along with the treatment provider, review and determine whether a licensee, certificate holder, or applicant is able to practice according to acceptable and prevailing standards of care.

(3) The monitoring organization shall, along with the continuing care provider, review and determine whether a licensee, certificate holder, or applicant is eligible for release from continuing care, if applicable.

(4) At the request of the board, the medical director of the monitoring organization, or his or her designee, shall provide testimony in any disciplinary proceeding involving a licensee, certificate holder, or applicant reported to the board by the monitoring organization.

(B) The agreements between the monitoring organization and licensee, certificate holder, or applicant shall establish the monitoring terms including the minimum duration and the events which could lead to a longer duration.

(C) The medical director of the monitoring organization, or his or her designee, shall review each licensee, certificate holder, or applicant and make a determination as to whether the licensee, certificate holder, or applicant is released from monitoring.

(D) The monitoring organization shall, within seventy-two hours, report to the board any of the following:

(1) Any licensee, certificate holder, or applicant referred to the safe haven program who was found to be impaired and ineligible to participate in the program;

(2) Any licensee, certificate holder, or applicant who fails to attend an evaluation recommended by the monitoring organization;

(3) Any licensee, certificate holder, or applicant found to be impaired who fails to enter or complete treatment as recommended by the treatment provider and the monitoring organization;

(4) Any licensee, certificate holder, or applicant found to be impaired who fails to enter or complete continuing care as recommended by the treatment provider and the monitoring organization;

(5) Any licensee, certificate holder, or applicant found to be impaired who fails to enter into a monitoring agreement as recommended by the monitoring organization;

(6) Any licensee, certificate holder, or applicant who fails to comply with a monitoring agreement and that failure results in an imminent risk of harm to the public or the licensee, certificate holder, or applicant;

(7) Any licensee, certificate holder, or applicant who presents an imminent danger to the public or themselves as a result of their impairment; and

(8) Any licensee, certificate holder, or applicant whose impairment has not been substantially alleviated by participation in the program.

(E) The monitoring organization shall provide annual and quarterly reports to the board regarding the safe haven program.

(F) The monitoring organization, in coordination with the board, shall provide education to the licensees, certificate holders, applicants, and treatment providers regarding eligibility criteria and the board's statutes, rules, and policies regarding the safe haven program.

4723-19-03 **Treatment providers in the safe haven program.**

(A) The monitoring organization shall review individuals and entities providing evaluations and treatment to licensees, certificate holders, and applicants who are impaired or potentially impaired.

(1) As part of the review the monitoring organization shall determine whether the individual or entity has the capability to evaluate impaired or potentially impaired licensees, certificate holders, or applicants for conditions which impair the ability to practice in accordance with acceptable and prevailing standards of care, including mental or physical illness, including substance use disorder.

(2) As part of the review the monitoring organization shall determine whether the individual or entity has the capability to provide treatment to impaired licensees, certificate holders, or applicants, which may include inpatient, residential, extended residential, medical detoxification, partial hospitalization or intensive outpatient treatment, outpatient, continuing care, or other therapy or treatment.

(B) The monitoring organization shall prepare a list of approved evaluators and treatment providers and make that available to licensees, certificate holders, or applicants referred to the monitoring organization.

(C) The monitoring organization shall provide training to evaluators and treatment providers regarding the eligibility and the board's statutes, rules, and policies regarding the safe haven program on an annual basis.

(D) The monitoring organization shall periodically review the operations and outcomes of the evaluators and treatment providers to determine that standard of care is met. If the monitoring organization determines that any evaluators or treatment providers no longer meet the standard of care, the monitoring organization may remove the evaluator or treatment provider from the list provided to impaired or potentially impaired licensees, certificate holders, or applicants.

(E) The treatment provider shall perform an evaluation appropriate to the licensee, certificate holder, or applicant's condition to determine the degree of impairment of the licensee, certificate holder, or applicant and shall develop an individualized treatment plan. The individualized treatment plan may include a combination of in-patient, residential, partial hospitalization, intensive outpatient treatment, outpatient, continuing care, or other appropriate therapy or treatment appropriate to the licensee, certificate holder, or applicant's condition.

(F) The treatment provider may recommend that the licensee or certificate holder immediately refrain from practice upon determination of impairment. Clearance from the treatment provider and monitoring organization are required for return to practice. Failure of the licensee or certificate holder to follow the recommendation

shall be reported to the board by the monitoring organization.

(G) The treatment provider shall notify the monitoring organization of the determination of impairment and the treatment plan.

(H) The treatment plan shall include education regarding the nursing board's statutes, rules, and policies with respect to impairment.

(I) The treatment plan shall include education and group therapy to assist the patient to transition back to work.

(J) The treatment provider shall complete and maintain records for each licensee, certificate holder, or applicant seen for evaluation or treatment under the safe haven program.

4723-27-01 **Definitions.**

As used in this chapter:

(A) "Active certificate" means the certificate held by an individual who has fulfilled all the requirements of the board for initial certification or for certification renewal.

(B) "Approved drug" means a drug approved by the federal food and drug administration (FDA).

~~(C) "As-needed medication" means any medication that is not scheduled to be administered at a routine time, but is given in response to a resident's complaint or expression of discomfort or other indication of a specified condition.~~

~~(D)~~(C) "Board" means the Ohio board of nursing.

~~(E)~~(D) "~~Board-approved examination~~Examination" means the written examination and clinical skills examination offered by a testing organization or a medication aide training program approved by the board.

~~(F)~~(E) "Certificate" means the certificate issued to a medication aide by the board in accordance with section 4723.651 of the Revised Code.

~~(G)~~(F) "Certified medication aide" means a person who holds a current, valid certificate as a medication aide issued by the board of nursing under section 4723.651 of the Revised Code.

~~(H)~~(G) "Contact hour" means sixty minutes of continuing education, ~~as provided in paragraph (F) of rule 4723-14-01 of the Administrative Code~~ which may be determined by rounding to the next quarter hour.

~~(I) "Curriculum" means the standard minimum curriculum to be used in a board-approved training program for medication aides in accordance with rule 4723-27-08 of the Administrative Code.~~

~~(J) "Delegation" means the transfer of responsibility for the administration of prescription medication from a registered nurse, or a licensed practical nurse acting at the direction of a registered nurse, to a certified medication aide.~~

~~(K)~~(H) "Didactic" means the component of an educational program that includes lecture, verbal instruction, or other means of exchanging theoretical information between instructor and students, typically in a classroom setting.

~~(L)~~(I) "Direction" means communicating a plan of care to a licensed practical nurse.

Direction by a registered nurse is not meant to imply the registered nurse is supervising the licensed practical nurse in an employment context.

~~(M)~~(J) "Gastrostomy tube" means a percutaneously inserted catheter that terminates in the stomach.

~~(N)~~(K) "Inactive certificate" means the status of the certificate of an individual who has ~~made a request in writing~~ requested that the board place the certificate on inactive status. An individual with an inactive certificate does not hold a current, valid certificate.

~~(O)~~(L) "Jejunostomy tube" means a percutaneously inserted catheter that terminates in the jejunum.

~~(P)~~(M) "Laboratory experience" means a component of classroom instruction consisting of a simulated clinical experience, in which the student is provided the opportunity to practice skills in the administration of medication while observed by a nurse.

~~(Q)~~(N) "Lapsed certificate" means a certified medication aide has failed to fulfill all requirements of certificate renewal and has not requested that the board place the certificate on inactive status.

~~(R)~~(O) "Licensed practical nurse" or "L.P.N." means an individual who holds a current, valid license issued under Chapter 4723. of the Revised Code that authorizes the practice of nursing as a licensed practical nurse.

~~(S)~~(P) "Medication" means a drug as defined in division (E) of section 4729.01 of the Revised Code.

~~(T)~~(Q) "Medication aide training program" means the formal program of study approved by the board and required for certification as a certified medication aide in accordance with sections 4723.61 to 4723.69 of the Revised Code and this chapter.

~~(U) "Medication error" means a failure to follow the prescriber's instructions when administering a prescription medication, including:~~

~~(1) Administration of an outdated medication;~~

~~(2) Administration of the wrong medication;~~

~~(3) Administration of the wrong dose of a medication;~~

~~(4) Failure to administer the medication as ordered;~~

~~(5) Administration of the medication by the wrong route;~~

~~(6) Administration of the medication to the wrong resident;~~

~~(7) Failure to prepare, store, or administer a medication in accordance with instructions of the manufacturer or the pharmacist;~~

~~(8) Administration of medication without nurse delegation or not in accordance with nurse delegation;~~

~~(9) Administration of medication using the wrong technique or method.~~

~~(V)~~(R) "Nasogastric tube" means a tube that is passed through the nose and down through the nasopharynx and esophagus into the stomach.

~~(W)~~(S) "Nurse" means a registered nurse or a licensed practical nurse.

~~(X)~~(T) "Nursing home" means a home as defined by division (A)(6) of section 3721.01 of the Revised Code.

~~(Y)~~(U) "Nursing home administrator" means the individual, licensed under Chapter 4751. of the Revised Code, who is responsible for planning, organizing, directing, and managing the operation of a nursing home.

~~(Z)~~(V) "Oral gastric tube" means a tube that is passed through the mouth and down through the nasopharynx and esophagus into the stomach.

~~(AA)~~(W) "Oral medication" means any medication that is prescribed to be taken by mouth.

~~(BB)~~(X) "Pediatric" means a resident under eighteen years of age.

~~(CC)~~(Y) "Pharmacist" means an individual licensed under Chapter 4729. of the Revised Code to practice pharmacy.

~~(DD)~~(Z) "Physician" means an individual licensed under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatry.

~~(EE)~~(AA) "Professional boundaries" means the limits of the professional relationship that allow for a safe therapeutic relationship between the resident and the certified medication aide.

~~(FF)~~(BB) "Prescriber" has the same meaning as in division (I) of section 4729.01 of the Revised Code.

~~(GG)~~(CC) "Prescription" means a written, electronic, or oral order, issued by a licensed health professional authorized to prescribe drugs, for any drug, including an over the counter drug to be used by a particular resident. Prescription medication means a medication that may be dispensed only pursuant to a prescription.

~~(HH)~~(DD) "Rectal medication" means any medication that is prescribed to be administered by rectal insertion.

~~(II)~~(EE) "Registered nurse" or "R.N." means an individual who holds a current, valid license issued under Chapter 4723. of the Revised Code that authorizes the practice of nursing as a registered nurse.

~~(JJ)~~(FF) "Representative of the board" means an employee or member of the board, or another individual designated by the board to act on its behalf.

~~(KK)~~(GG) "Resident" means an individual who lives in, and receives services from, a nursing home or residential care facility.

~~(LL)~~(HH) "Residential care facility" means a home as defined by division (A)(7) of section 3721.01 of the Revised Code.

~~(MM)~~(II) "Residential care facility administrator" means the person responsible for the daily operation of a residential care facility.

~~(NN)~~(JJ) "~~Site visit~~Survey" means an announced or unannounced ~~visit to~~ survey of a medication aide training program by a representative of the board to determine whether the program meets or maintains the minimum standards required by the board.

~~(OO)~~(KK) "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.

~~(PP)~~(LL) "Successful completion of a medication aide training program" means that a student has satisfactorily completed a board approved training program as set forth in rule 4723-27-08 of the Administrative Code, and has passed a ~~board approved~~ examination.

~~(QQ)~~(MM) "Supervised clinical practice" means a task or activity planned to provide ~~medication aide~~ students with the opportunity to administer prescription medications in a nursing home or residential care facility setting in which the student is supervised by a nurse as part of a medication aide training program approved by the board under section 4723.66 of the Revised Code and this chapter.

~~(RR)~~(NN) "Telecommunication" means the process of transmitting or receiving information over a distance by any electronic or electromagnetic medium. Information may take the form of voice, video, or data.

~~(SS)~~(OO) "Topical medication" means any prescribed medication that is applied to intact skin.

~~(TT)~~(PP) "Vaginal medication" means any medication that is prescribed to be administered by vaginal insertion.

4723-27-02 **Standards of safe medication administration by a certified medication aide.**

(A) A certified medication aide shall administer prescription medications only ~~at the delegation of~~ with the supervision of a nurse according to section 4723.67 of the Revised Code, ~~Chapter 4723-13 of the Administrative Code,~~ and this chapter, to residents of nursing homes and residential care facilities.

(B) Except as provided in paragraphs (C) and (D) of this rule, a certified medication aide ~~to whom the task of medication administration is delegated,~~ may administer the following types of prescription medications:

(1) Oral medications;

(2) Topical medications;

(3) Medications administered as nasal spray, or as drops, or ointment to a resident's eye, ear, or nose;

(4) Rectal and vaginal medications; or

(5) Inhalants delivered by inhalers, nebulizers, or aerosols, that allow for a single dose of a fixed, pre-measured amount of medication.

(C) A certified medication aide shall not administer medications in the following categories:

~~(1) Medications containing a schedule II controlled substance, as defined in section 3719.01 of the Revised Code;~~

~~(2)~~(1) Medications, including inhalants delivered by inhalers, nebulizers, or aerosols, requiring dosage calculations;

~~(3)~~(2) Medications that are not approved drugs;

~~(4)~~(3) Medications being administered as part of clinical research; or

~~(5)~~(4) Oxygen.

(D) A certified medication aide shall not administer medications by any of the following methods:

(1) Injection, except for insulin as provided in paragraph (E);

(2) Intravenous therapy procedures;

(3) Splitting pills for purposes of changing the dose being given; or

(4) Through jejunostomy, gastrostomy, nasogastric, or oral gastric tubes.

(E) A medication aide may administer insulin to a resident by injection, but only if both of the following are satisfied:

(1) The medication aide satisfies training and competency requirements established by the aide's employer.

(2) The insulin is injected using an insulin pen device that contains a dosage indicator.

~~(E)~~(F) In addition to the prohibitions in paragraphs (C) and (D) of this rule, a certified medication aide shall not:

(1) Receive, transcribe or alter a medication order;

~~(2) Administer the initial dose of a medication ordered for a resident;~~

~~(3)~~(2) Administer medications to a person other than a resident of a nursing home or residential care facility as provided in paragraph (A) of this rule;

~~(4)~~(3) Administer any medication without the task having been supervised ~~delegated~~ by a nurse; or

~~(5)~~(4) Administer medications to pediatric residents~~; or~~.

~~(6) Access schedule II controlled substances.~~

~~(F)~~(G) A certified medication aide shall maintain knowledge of the duties, responsibilities, and accountabilities of a certified medication aide and shall act in accordance with the laws pertaining to the administration of medication by a certified medication aide as set forth in Chapter 4723. of the Revised Code and the rules adopted under that chapter.

~~(G)~~(H) A certified medication aide shall display the title "certified medication aide" or

"CMA" at all times when administering medications to residents of a nursing home or residential care facility.

~~(H)~~(I) A certified medication aide shall demonstrate competence and accountability in the task of medication administration, including appropriate recognition, referral, and consultation with the ~~delegating~~ supervising nurse.

~~(I)~~(J) Immediately after administering a medication, a certified medication aide shall accurately document in the resident's record, the following information:

(1) The name of the medication and the dosage administered;

(2) The route of administration;

(3) The date and time of administration;

(4) The name of the certified medication aide administering the medication; and

(5) Refusal by a resident to comply with medication administration.

~~(J)~~(K) A certified medication aide shall implement measures to promote a safe environment for nursing home or residential care facility residents.

~~(K)~~(L) A certified medication aide shall take measures to ensure the safety of the resident including but not limited to:

(1) Reporting to a nurse in a timely manner all of the following:

~~(a) The potential need of a resident for the administration of an as-needed medication, as evidenced by an expression of discomfort from the resident or other indication;~~

~~(b)~~(a) Refusal by a resident to comply with medication administration;

~~(c)~~(b) Any deviation from the ~~delegated~~ medication administration record;

~~(d)~~(c) Any unanticipated reaction by the resident to the medication administration; or

~~(e)~~(d) Anything about the condition of a resident that should cause concern to

the certified medication aide.

(2) Preparing and storing medications in accordance with instructions of the manufacturer or the pharmacist;

(3) Removing medications only from a dispensed and properly labeled container that includes all of the following:

(a) Medication name;

(b) Medication dose;

(c) Name of the resident to whom the medication is dispensed, unless:

(i) The medication is a contingency drug stored and supplied in accordance with Chapter 4729-17 of the Administrative Code and is supplied to the certified medication aide by the delegating nurse; or

(ii) Medication that is available over the counter and bears the original manufacturer's label and has been purchased and prescribed for the resident;

(d) Expiration date of the medication;

(4) Verifying the identity of the resident to whom the medication is to be administered;

(5) Witnessing the resident swallowing an oral medication that is to be ingested, or otherwise taking a medication in accordance with its prescribed route;

(6) Immediately documenting and reporting deviations from the medication administration record ~~errors~~ to a supervising nurse;

(7) Utilizing only the medication delivery process currently in use in the nursing home or residential care facility; and

~~(8) Administering medications in accordance with standards set forth in the medication aide training curriculum established according to division (B)(6) of section 4723.69 of the Revised Code and this chapter.~~

~~(L)~~(M) A certified medication aide shall not accept a resident care assignment that would interrupt or conflict with the administration of medications or the performance of other tasks and activities that are directly related to the administration of medications. A certified medication aide may perform other resident care activities during such times that the certified medication aide is not engaged in, or scheduled to be engaged in, the administration of medications.

~~(M)~~(N) A certified medication aide shall maintain the confidentiality of resident information obtained in the course of the certified medication aide's duties and responsibilities, shall access resident information only for purposes of resident care or for otherwise fulfilling the aide's assigned job responsibilities, and shall not disseminate resident information for purposes other than resident care or for otherwise fulfilling the aide's assigned job responsibilities through social media, texting, emailing, or any other form of communication.

~~(N)~~(O) A certified medication aide to whom the administration of medication has been assigned ~~delegated~~ shall not assign ~~delegate~~ the task of medication administration to any other person.

~~(O)~~(P) A certified medication aide shall not falsify any resident record or any other document prepared or utilized in the course of, or in conjunction with, the administration of medications.

~~(P)~~(Q) A certified medication aide shall delineate, establish, and maintain professional boundaries with each resident.

~~(Q)~~(R) At all times when a certified medication aide is administering medications to residents in a nursing home or residential care facility the certified medication aide shall:

(1) Take reasonable measures to assure the privacy of the resident; and

(2) Treat each resident with courtesy, respect, and with full recognition of dignity and individuality.

~~(R)~~(S) A certified medication aide shall not:

(1) Engage in behavior that causes or may cause physical, verbal, mental, or emotional abuse to a resident; or

(2) Engage in behavior toward a resident that may reasonably be interpreted as

physical, verbal, mental, or emotional abuse.

~~(S)~~(T) A certified medication aide shall not misappropriate a resident's property or:

(1) Engage in behavior to seek or obtain personal gain at the expense of a resident or that may reasonably be interpreted as behavior to seek or obtain personal gain at the expense of a resident; or

(2) Engage in behavior that constitutes inappropriate involvement in the personal relationships of a resident or that may reasonably be interpreted as inappropriate involvement in the personal relationships of a resident.

For purposes of this paragraph, the resident is always presumed incapable of giving free, full, or informed consent to the behaviors by the certified medication aide set forth in this paragraph.

~~(T)~~(U) A certified medication aide shall not:

(1) Engage in sexual conduct with a resident or conduct that may reasonably be interpreted as sexual; or

(2) Engage in any verbal behavior that is seductive or sexually demeaning to a resident, or that may reasonably be interpreted as seductive, or sexually demeaning to a resident.

For purposes of this paragraph, the resident is always presumed incapable of giving free, full, or informed consent to sexual activity with a certified medication aide.

~~(U)~~(V) A certified medication aide shall not make any false, misleading or deceptive statements, or submit or cause to be submitted any false, misleading, or deceptive information, or documentation to:

(1) The board or any representative of the board;

(2) Current employers;

(3) Prospective employers for positions requiring certification as a medication aide;

(4) Facilities in which, or organizations for whom, the medication aide is working a temporary or agency assignment;

(5) Other members of the client's health care team; or

(6) Law enforcement personnel.

~~(V)~~(W) For purposes of paragraphs (~~P~~Q), (~~Q~~R), (~~R~~S), (~~S~~T), and (~~T~~U) of this rule, a certified medication aide shall not use social media, texting, emailing, or other forms of communication with, or about, a resident, for non-health care purposes or for purposes other than fulfilling the aide's assigned job responsibilities.

4723-27-03 **~~Delegation~~ Supervision of medication administration to certified medication aides.**

(A) A registered nurse or a licensed practical nurse acting at the direction of a registered nurse, who provides nursing care to residents in nursing homes or residential care facilities, may ~~delegate~~ supervise the task of medication administration to by a certified medication aide according to section 4723.67 of the Revised Code~~, Chapter 4723-13 of the Administrative Code~~, and this chapter.

(B) A registered nurse may ~~delegate~~ supervise the administration of medications to a certified medication aide only if the registered nurse holds a current, valid license issued under Chapter 4723. of the Revised Code that is not subject to restrictions relating to the administration of medications imposed under section 4723.28 of the Revised Code, or imposed by agreement entered under section 4723.282 or 4723.35 of the Revised Code.

(C) A licensed practical nurse, acting at the direction of a registered nurse, may ~~delegate~~ supervise the administration of medications ~~to~~ by a certified medication aide only if ~~all of the following apply:~~the licensed practical nurse holds a current, valid license issued under Chapter 4723. of the Revised Code that is not subject to restrictions relating to the administration of medications imposed under section 4723.28 of the Revised Code, or imposed by agreement entered under to section 4723.282 or 4723.35 of the Revised Code.

~~(1) The registered nurse at whose direction the licensed practical nurse is delegating the administration of medications is authorized to delegate the administration of medications to a certified medication aide according to paragraph (B) of this rule;~~

~~(2) The licensed practical nurse is authorized to administer medications according to division (F)(3) of section 4723.01 of the Revised Code; and~~

~~(3) The licensed practical nurse holds a current, valid license issued under Chapter 4723. of the Revised Code that is not subject to restrictions relating to the administration of medications imposed under section 4723.28 of the Revised Code, or imposed by agreement entered under to section 4723.282 or 4723.35 of the Revised Code.~~

~~(D) A nurse who delegates to a certified medication aide responsibility for the administration of prescription medications to residents in nursing homes or residential care facilities shall not withdraw the delegation on an arbitrary basis or for any purpose not related to resident safety.~~

~~(E)~~(D) ~~Prior to delegating~~When supervising the task of medication administration to a certified medication aide, a nurse shall evaluate the following:

(1) The resident and the medication needs of the resident, including:

(a) The resident's mental and physical stability;

(b) The medication to be administered;

(c) The timeframe during which the medication is to be administered;

(d) The route or method by which the medication is to be administered; and

(2) The ability of the certified medication aide to safely administer the medication being ~~delegated~~administered.

~~(F)~~(E) When ~~delegating~~ supervising the task of medication administration to a certified medication aide, the nurse shall communicate the following:

(1) The residents to whom the certified medication aide shall administer medications;

(2) The medications the certified medication aide shall administer;

(3) The timeframes during which the medications are to be administered; and

(4) Any special instructions concerning the administration of medications to specific residents.

~~(G) A nurse who is on site may delegate the administration of as-needed medications to a certified medication aide if:~~

~~(1) A registered nurse has completed a nursing assessment of the resident to whom the as-needed medication is to be administered;~~

~~(2) A nursing regimen based on the nursing assessment is established that contains interventions including the administration of the as-needed medication according to the medication order;~~

~~(3) The nurse determines the resident's need for the medication based on information collected from sources that include but are not limited to:~~

~~(a) Direct observation of the resident;~~

~~(b) The nursing regimen established for the resident;~~

~~(c) The resident's record; and~~

~~(4) The nurse determines the as-needed medication may be safely administered by the certified medication aide.~~

~~(H) If a nurse is not on site, the nurse may delegate the administration of as-needed medications to a certified medication aide if:~~

~~(1) A registered nurse has completed a nursing assessment of the resident to whom the as-needed medication is to be administered;~~

~~(2) A nursing regimen based on the nursing assessment is established that contains interventions including the administration of the as-needed medication according to the medication order;~~

~~(3) A nurse is immediately available by telecommunication and determines the resident's need for the medication based on but not limited to the following:~~

~~(a) Current knowledge of the resident's health status and the resident's nursing regimen;~~

~~(b) The resident's record; and~~

~~(c) Data conveyed by the certified medication aide who is directly engaged in the administration of medications to the resident.~~

~~(4) The as-needed medication is available for over the counter purchase; and~~

~~(5) The nurse determines the as-needed medication may be safely administered by the certified medication aide.~~

~~(I)~~(F) In a nursing home or residential care facility that utilizes certified medication aides, a nurse remains responsible for all of the following:

(1) Reviewing the medication delivery process to assure there have been no errors in stocking or preparing the medications;

(2) Accepting, transcribing, and reviewing resident medication orders;

(3) Monitoring residents to whom medications are administered for side effects or changes in health status; and

(4) Reviewing documentation completed by a certified medication aide, including the medication administration record.

~~(J)~~(G) A nurse shall supervise the certified medication aides as follows:

(1) In a nursing home, a nurse shall provide on-site supervision of a certified medication aide.

(2) In a residential care facility, supervision of a certified medication aide shall be provided by a nurse who is either on-site or is immediately and continuously available through some form of telecommunication.

~~(K) A nurse may not delegate the administration of prescription medications in the following categories, by the following routes, or under the following circumstances, to a certified medication aide:~~

~~(1) Medications containing a schedule II controlled substance, as defined in section 3719.01 of the Revised Code;~~

~~(2) Medications, including inhalants delivered by inhalers, nebulizers, or aerosols, requiring dosage calculations;~~

~~(3) Medications that are not approved drugs;~~

~~(4) Medications being administered as part of clinical research;~~

~~(5) Administration of medications via injection;~~

~~(6) Administration of medications via intravenous therapy procedures;~~

~~(7) Administration of medications via splitting pills for purposes of changing the dose being given;~~

~~(8) Administration of medications through jejunostomy, gastrostomy, nasogastric, or oral gastric tubes;~~

~~(9) Administration of medications to pediatric residents;~~

~~(10) Administration of the initial dose of any medication ordered for a resident;~~

~~(11) Administration of oxygen.~~

~~(L) A registered nurse or a licensed practical nurse acting at the direction of a registered nurse, who delegates the administration of medications to a certified medication aide according to section 4723.67 of the Revised Code and this chapter, shall not be~~

~~liable in damages to any person or government entity in a civil action for injury, death, or loss to person or property that allegedly arises from an action or omission of the certified medication aide in the administration of the medications.~~

4723-27-04 **Medication aide certification.**

[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 be issued a medication aide certificate the following requirements must be met:

(1) The applicant must be at least eighteen years of age;

(2) The applicant must have a high school diploma or a high school equivalence diploma as described in section 5107.40 of the Revised Code;

~~(3) If the applicant is to function as a certified medication aide in a nursing home, the applicant must be a nurse aide who satisfies the requirements of division (A)(1), (A)(2), (A)(3), (A)(4), (A)(5), (A)(6), or (A)(8) of section 3721.32 of the Revised Code;~~

~~(4) If the applicant is to function as a certified medication aide in a residential care facility the applicant must be either:~~

~~(a) A nurse aide who satisfies the requirements of division (A)(1), (A)(2), (A)(3), (A)(4), (A)(5), (A)(6), or (A)(8) of section 3721.32 of the Revised Code; or~~

~~(b) The applicant must have at least one year of direct care experience in a residential care facility;~~

~~(5)~~(3) The applicant must submit a completed "Certified Medication Aide Application";

~~(6) The board must receive the results of a criminal records check conducted according to section 4723.091 of the Revised Code;~~

~~(7)~~(4) The board must receive written verification that the applicant has successfully completed an approved medication aide training program, and documentation indicating applicant passed ~~a board approved~~ an examination~~. The minimum passing grade on the written component of a board-approved examination shall be eighty per cent. A student must successfully complete each of the skills evaluation tasks included in the clinical component of a board-approved examination in order to pass~~; and

~~(8)~~(5) The applicant shall submit to the board the fee ~~for a medication aide certificate required by paragraph (A)(1) of rule 4723-27-10 of the Administrative Code~~of fifty dollars.

~~(B) The holder of a medication aide certificate who is not a state tested nurse aide but who qualifies for a medication aide certificate under paragraph (A)(4)(b) of this rule, may only function as a certified medication aide in residential care facilities.~~

~~(1) If the certificate holder has, following certification, satisfied the requirements of division (A)(1), (A)(2), (A)(3), (A)(4), (A)(5), (A)(6), or (A)(8) of section 3721.32 of the Revised Code, the holder may submit documentation to the board and a written request that the holder's certification be amended to allow the holder to function as a medication aide in nursing home facilities or residential care facilities.~~

~~(2) If the board determines that the certificate holder has submitted valid documentation, the board shall amend website verification to reflect the amended status of the certificate holder.~~

~~(C)~~(B) Medication aide certificates shall be renewed biennially according to rule 4723-27-05 of the Administrative Code, and shall be valid from May first of even numbered years until April thirtieth of the following even numbered year.

~~(D)~~(C) If a medication aide certificate is issued by the board on or after February first of an even numbered year, the certificate shall be valid, unless the certificate is made inactive or if disciplinary action has rendered it invalid, through April thirtieth of the next even numbered year.

~~(E)~~(D) An individual who holds a current, valid medication aide certificate issued by the board under section 4723.651 of the Revised Code and this chapter, may use the title ~~"medication aide certified"~~"certified medication aide" or "CMA." ~~and the initials "MA-C."~~

~~(F)~~(E) If an applicant fails to meet the requirements for certification within one year of receipt of their application, the application is void and the fee forfeited. The application form shall state the circumstances under which this forfeiture may occur.

4723-27-05 **Renewal of a medication aide certificate.**

[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) Medication aide certificates shall be renewed biennially on or before April thirtieth of even numbered years.

(1) The board shall provide access to an on-line "Medication Aide Renewal Application," or an application by mail, upon request, to every holder of a current, valid certificate, except when the board is aware that the individual may be ineligible for certificate renewal ~~for any reason, including those reasons set forth in section 4723.092 of the Revised Code~~.

(2) To renew a medication aide certificate, a holder of a current, valid certificate shall ~~complete the continuing education requirements set forth in rule 4723-27-06 of the Administrative Code and~~ submit:

(a) A completed "Certified Medication Aide Renewal Application"; ~~and~~

(b) The renewal fee ~~required by rule 4723-27-10 of the Administrative Code.~~of fifty dollars; and

(c) Documentation that the applicant successfully completed eight contact hours of continuing education that included at least the following:

(i) One hour directly related to this chapter and any rules adopted under it;

(ii) One hour directly related to establishing and maintaining professional boundaries;

(iii) Six hours related to medications or the administration of prescription medications.

(B) A certified medication aide with a current, valid certificate who does not intend to practice as a medication aide in Ohio may request that the certificate be placed on inactive status at any time by submitting to the board a written statement or electronic request asking that the certificate be placed on inactive status.

(C) If a medication aide certificate is not renewed by April thirtieth of each even numbered year and the certificate holder fails by that time to request that the certificate be placed on inactive status, the certificate shall lapse.

(D) If a medication aide certificate is inactive or lapsed for two years or less, the board may reactivate or reinstate the certificate if the individual completes the ~~continuing education requirements~~contact hours set forth in ~~rule 4723-27-06 of the Administrative Code~~paragraph (A) and submits to the board within two years from the date the certificate was made inactive or lapsed the following:

(1) A completed "Certified Medication Aide Reactivation and Reinstatement Application"; and

(2) ~~The applicable fee set forth in paragraph (A) of rule 4723-27-10 of the Administrative Code~~The fee of one-hundred dollars.

(E) If a medication aide certificate is inactive or lapsed for more than two years, it shall not be reactivated or reinstated unless the applicant submits to the board all of the following:

(1) A completed "Certified Medication Aide Reactivation and Reinstatement Application";

(2) ~~The applicable fee set forth in paragraph (A) of rule 4723-27-10 of the Administrative Code~~The fee of one-hundred dollars; and

(3) Written verification from an approved medication aide training program that the applicant has, within six months prior to submission of the application, successfully completed the medication aide training program.

(F) A certificate holder who has placed a medication aide certificate on inactive status is not required to pay a renewal fee unless the holder seeks to reactivate the certificate. If the certificate holder placed a certificate on inactive status on or after March first of the year in which the certificate was to be renewed, and then notifies the board on or before April thirtieth of the same renewal year of the intent to reactivate, the certificate holder must still pay the late processing fee required by paragraph (A)(3) of rule 4723-27-10 of the Administrative Code.

(G) During the time that an individual's certification as a medication aide is either inactive or lapsed, the holder may not administer medications as a certified medication aide.

(H) An individual who administers medications as a certified medication aide or represents to the public that the individual holds a current valid medication aide certificate, who has failed to renew a medication aide certificate issued under this

chapter, or while the certificate is under suspension, inactive or lapsed, may be subject to disciplinary action under rule 4723-27-09 of the Administrative Code.

(I) A medication aide certificate holder 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.

4723-27-06 **~~Continuing education requirements~~.**

~~(A) Except in the case of the first renewal of a medication aide certificate, during each certification period, a certified medication aide must obtain fifteen approved contact hours of continuing education that includes the following:~~

~~(1) One hour of continuing education must be directly related to Chapter 4723. of the Revised Code and the rules adopted under that chapter. To qualify, this continuing education must be approved by an OBN approver as defined in paragraph (K) of rule 4723-14-01 of the Administrative Code, or an OBN approved provider unit as defined in paragraph (B) of rule 4723-14-01 of the Administrative Code;~~

~~(2) One hour of continuing education must be directly related to establishing and maintaining professional boundaries; and~~

~~(3) At least ten hours of continuing education must be related to medications or medication administration consistent with the function of the certified medication aide.~~

~~(B) A certified medication aide shall verify completion of the continuing education required by this rule on the application for certificate renewal provided by the board, and at the discretion of the board, may be required to show proof of completion of the approved continuing education. Failure to so verify or provide such proof shall result in ineligibility to renew, reactivate, or reinstate a medication aide certificate until the continuing education requirements are met.~~

~~(C) A certified medication aide who earns in excess of the number of contact hours of continuing education for a single certification period shall not apply the excess hours to satisfy future continuing education requirements.~~

~~(D) The calculation of contact hours based on credit hours earned in an academic institution shall be made in accordance with paragraph (B) of rule 4723-14-04 of the Administrative Code.~~

~~(E) Educational activities that satisfy the requirements of this rule are the same as set forth in rule 4723-14-05 of the Administrative Code.~~

~~(F) The board may conduct a retrospective audit of any holder of a medication aide certificate to determine compliance with this rule. The audit shall be conducted according to rule 4723-14-07 of the Administrative Code. A certified medication aide shall retain proof of completion of approved continuing education for a period of six years.~~

~~(G) A certified medication aide who is ineligible to renew, reactivate, or reinstate a medication aide certificate due to failure to comply with the continuing education requirements, shall be required to verify completion of up to thirty contact hours of continuing education that meets the requirements of this rule, before being issued a~~

~~current certificate by the board. The continuing education shall be obtained within the forty-eight months immediately preceding the renewal, reactivation, or reinstatement of the certificate.~~

~~(H) A medication aide certificate holder who is engaged in active military duty may be eligible for an extension of time to complete continuing education as provided in rule 4723-2-04 of the Administrative Code.~~

4723-27-07 **Medication aide training programs.**

[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 applicant seeking approval from the board to provide a medication aide training program shall submit a "Medication Aide Training Program Application."

(1) Applications shall be accompanied by the fee ~~required by paragraph (A)(8) of rule 4723-27-10 of the Administrative Code~~of fifty dollars.

(2) No applicant shall admit a student until the medication aide training program has been approved by the board.

(B) The application for approval of a medication aide training program shall contain the following information:

(1) The objectives and outcomes of the medication aide program;

(2) The program's organizational chart;

(3) The name and credentials of the program's registered nurse administrator;

(4) The name and credentials of all individuals serving as instructors in the program;

(5) A program curriculum that includes the number of hours to be spent on each topic area.

(C) To be approved by the board, a medication aide training program shall meet and maintain the following requirements:

(1) The medication aide training program shall include ~~a minimum of one hundred twenty~~thirty clock hours of instruction ~~consisting of the following:~~in medication administration that includes both classroom and at least sixteen clock hours of supervised clinical practice.

~~(a) Not less than eighty clock hours of didactic and laboratory instruction relating to medication administration and meeting the minimum curriculum requirements specified in rule 4723-27-08 of the Administrative Code; and~~

~~(b) Not less than forty clock hours of supervised clinical practice as set forth in rule 4723-27-08 of the Administrative Code.~~

(2) The program shall include a mechanism for evaluating whether an individual's reading, writing, and mathematical skills are sufficient for the individual to be able to administer prescription medications safely.

~~(2) The medication aide training program shall employ or contract with one or more nurses who collectively shall satisfy all of the following requirements:~~

~~(a) A registered nurse who has held a current, valid Ohio license to practice registered nursing for a minimum of two years, to serve as the program administrator;~~

~~(b) A nurse who has had, within the past five years, at least one year of experience in providing nursing services as a registered nurse or licensed practical nurse in a nursing home or a residential care facility;~~

~~(c) A nurse with education or experience in adult instruction which may include completion of an approved train the trainer course or experience;~~

~~(d) A nurse who shall serve as supervisor of the clinical component; and~~

~~(e) A registered nurse who shall teach the didactic and laboratory component of the training program.~~

(3) The registered nurse program administrator shall direct and supervise all aspects of the training program and ensure that the program meets and maintains the requirements set forth in this rule~~, and rule 4723-27-08 of the Administrative Code~~.

(4) The program shall disclose to all applicants at the time of admission the program's refund policy, the cost of the ~~board-approved~~ medication aide examination, the qualifications for certification as a medication aide, as set forth in section 4723.651 of the Revised Code, and that in order to be certified as a medication aide, an applicant will be tested to determine whether the applicant's reading, writing, and mathematical skills are sufficient to administer prescription medications safely.

(5) The supervised clinical practice component shall be provided in nursing homes that the Ohio department of health has found to be free from ~~deficiencies~~ real and present danger related to the administration of medications ~~in the two most recent annual surveys~~, or in residential care facilities that the Ohio

department of health has found to be free from ~~deficiencies~~real and present danger, related to the administration of medications and the provision of skilled nursing care, ~~in the two most recent annual surveys.~~unless:

(a) The nursing home or residential care facility has an approved plan of correction as it relates to the real and present danger,

(b) The nursing home or residential care facility has resolved the real and present danger, or

(c) The supervised clinical practice component commenced prior to the Ohio department of health notifying the nursing home or residential care facility of real and present danger.

(6) A medication aide training program shall provide written certification~~, on a form specified by the board, to a board approved examination service provider of a student's eligibility to take a board approved examination, according to rule 4723-27-08 of the Administrative Code~~to the board ;~~.~~

(a) that an applicant has completed the program and;

(b) that the applicant successfully passed an examination demonstrating their ability to administer prescription medication safely, unless the applicant utilized a testing organization separate from the program authorized by the board.

(7) A medication aide training program shall maintain records including results of ~~a board approved~~ examination for each student for a period of six years following the date the student enrolled in the program.

~~(8) A medication aide training program shall engage in program evaluation that includes, but is not limited to, obtaining feedback from students, instructors, and employers of individuals who have successfully completed the medication aide training program.~~

~~(9)~~(8) A medication aide training program shall ensure an orderly transition between program administrators including providing written notification to the board within thirty days of the transition.

~~(10)~~(9) A medication aide training program shall close a program, if necessary, in an orderly manner including providing thirty days advance written notice to the board, current students, and program applicants of the following:

(a) Tentative date of the closing;

(b) The location where the program's student and other records will be retained; and

(c) The name, address, and other contact information of the custodian of all program records after the program is closed;

~~(11) A medication aide training program shall establish written policies and procedures to meet the requirements of this rule and other policies deemed necessary for the training program. Such policies and procedures shall be available for review by the board upon request.~~

~~(12)~~(10) For individuals with experience in the armed forces of the United States, or in the national guard or in a reserve component, the program shall have a process in place to:

(a) Review the individual's military education and skills training;

(b) Determine whether any of the military education or skills training is substantially equivalent to the curriculum established in Chapter 4723-27 of the Administrative Code;

(c) Award credit to the individual for any substantially equivalent military education or skills training.

(D) Approval of a medication aide training program shall be effective for a period of two years from the date of approval ~~if the requirements set forth in this rule and rule 4723-27-08 of the Administrative Code are met and maintained throughout the two-year period~~.

(E) No later than ninety days prior to expiration of a medication aide training program approval period, a program seeking reapproval shall submit a "Medication Aide Training Program Re-Approval Application" ~~that includes but is not limited to the following:~~and a program reapproval fee of fifty dollars.

~~(1) Verification that the program meets and has maintained the requirements set forth in this rule and rule 4723-27-08 of the Administrative Code; and~~

~~(2) Payment of a program reapproval fee as specified in paragraph (A)(9) of rule 4723-27-10 of the Administrative Code.~~

(F) The board may conduct ~~site visits~~surveys of a medication aide training program or program applicant. ~~The board has all of the powers and duties conferred by sections~~

~~4723.28 and 4723.29 of the Revised Code with respect to evaluation of a medication aide training program or applicant.~~

(G) The board shall review completed applications for approval or reapproval of a medication aide training program during a regularly scheduled board meeting.

(H) The board may deny, suspend or revoke approval or reapproval of a medication aide training program or applicant, in accordance with Chapter 119. of the Revised Code, based upon the following:

(1) Failure to meet or maintain the requirements set forth in ~~this rule and rule 4723-27-08 of the Administrative Code;~~section 4723.66, Ohio Revised Code; or

(2) Submitting false, misleading or deceptive statements, information or documentation to the board or its designees.

(I) If the board fails to act on a reapproval application prior to the expiration of the program's current two-year approval period, the board shall consider the program's current approval period effective until the board takes action with respect to the reapproval application.

4723-27-08 **Standard ~~minimum~~ curriculum for medication aide programs.**

(A) The ~~approved~~ curriculum for a training program for certified medication aides shall be the standard ~~minimum~~ curriculum set forth in paragraph (C) of this rule, and shall include all of the following:

(1) Program objectives and outcomes, course objectives or outcomes, teaching strategies, and core competencies or other evaluation methods that are:

(a) Consistent with the law and rules applicable to certified medication aides, as set forth in Chapter 4723. of the Revised Code and this chapter;

(b) Internally consistent;

(c) Implemented as written; and

(d) Made available to students in medication aide training programs;

(2) A curriculum plan showing the sequence of courses, laboratory experiences, and the number of clock hours allotted to instruction and laboratory experience related to medication administration;

~~(3) A curriculum content that is a minimum of eighty clock hours of didactic classroom, including laboratory experience, allocated as specified in paragraph (C) of this rule, and an additional forty clock hours of supervised clinical practice;~~

~~(4)~~(3) ~~For purposes of paragraph (A)(3) of this rule:~~Students must complete the didactic and laboratory component prior to participating in the supervised clinical component of the certified medication aide training program.

~~(a) During the didactic and laboratory component, students and instructors must be present in the same location, and the instruction must be provided in person rather than exclusively by means of video, audio, computer, multimedia, or electronic communications;~~

~~(b) Students must satisfactorily complete the didactic and laboratory component prior to participating in the supervised clinical component of the certified medication aide training program.~~

~~(B) A medication aide training program and board approved medication aide examination shall be structured in the following manner:~~

~~(1) A class of students shall complete the program in no fewer than twenty business~~

~~days and no more than ninety business days;~~

~~(2) Within sixty days of satisfactorily completing the required classroom and supervised clinical practice components, the student shall take a board approved examination;~~

~~(3) The examination shall evaluate whether the student's reading, mathematical skills, and knowledge of the standard minimum curriculum are sufficient to administer prescription medications safely;~~

~~(4) A student who fails the examination may take the examination a second time within the six-month period immediately following notification of the examination results to the student and the training program;~~

~~(5) A student who fails the examination a second time must enroll or re-enroll, and satisfactorily complete, a board approved training program in order to be eligible to take the examination again.~~

~~(C)~~(B) The standard ~~minimum~~ curriculum for certified medication aides shall include courses, content, and expected outcomes, relative to the defined role of the certified medication aide, in the following areas ~~with the minimum number of course hours specified~~:

(1) The standards of safe medication administration by a certified medication aide, Rule 4723-27-02, Ohio Administrative Code:

~~(1)~~(2) Communication and interpersonal skills~~, four hours~~;

~~(2)~~(3) Resident rights related to medication administration, including the right of a resident to refuse medications~~, one hour~~;

~~(3)~~(4) The six rights of medication administration~~, three hours~~, including:

(a) The right person;

(b) The right drug;

(c) The right dose;

(d) The right time;

(e) The right route; and

(f) The right documentation.

~~(4)~~(5) Drug terminology, storage and disposal~~, four hours~~, including:

(a) Medical terminology, symbols, accepted abbreviations;

(b) Dosage measurement;

(c) Reference resources;

(d) Principles of safe medication storage and disposal;

~~(5) Fundamentals of the following body systems, twenty hours, including:~~

~~(a) Gastrointestinal;~~

~~(b) Musculoskeletal;~~

~~(c) Nervous and sensory;~~

~~(d) Urinary/renal;~~

~~(e) Cardiovascular;~~

~~(f) Respiratory;~~

~~(g) Endocrine;~~

~~(h) Male and female reproductive; and~~

~~(i) Integumentary and mucous membranes;~~

(6) Basic pharmacology, drug classifications and medications affecting body systems, ~~twelve hours,~~ including:

(a) Purposes of various medications;

(b) Schedule II, III, IV, and V controlled substances;

(7) Safe administration of medications~~, twenty hours~~, including:

(a) Oral medications;

(b) Topical medications;

(c) Eye, ear, and nose medications;

(d) Vaginal medications;

(e) Rectal medications;

(f) Oral inhalants;

(g) Transdermal medications;

(h) Proper resident positioning;

(i) Measurement of apical pulse and blood pressure in association with routine medication administration;

(8) Principles of standard precautions including those set forth in Chapter 4723-20 of the Administrative Code~~, two hours~~;

(9) Documentation of medications in residents' clinical records~~, including as-needed medications, two hours~~;

~~(10) Circumstances in which a certified medication aide should report to, or consult with, a nurse concerning a resident or residents to whom medications are administered, four hours, including:~~

~~(a) The potential need of a resident for the administration of an as-needed medication, as evidenced by a resident's expression of discomfort or other indication;~~

~~(b) A resident exercising the right to refuse medication administration;~~

~~(c) Any deviation from the delegation of medication administration instructions;~~

~~(d) Any observation about the condition of a resident that should cause concern to a certified medication aide.~~

~~(11) Medication errors, four hours, including:~~

~~(a) Error prevention through promotion of safe medication administration~~

~~practices;~~

~~(b) Timeliness and manner of reporting medication errors;~~

~~(12) The role of the certified medication aide as set forth in Chapter 4723. of the Revised Code and this chapter, four hours, including:~~

~~(a) The fact that administration of medication is a nursing function that may only be performed by a certified medication aide when it has been delegated by a nurse in accordance with the provisions of this chapter;~~

~~(b) The settings in which medications may be administered by certified medication aides;~~

~~(c) The types of medications that may be administered by certified medication aides as well as those that a certified medication aide may not administer; and~~

~~(d) The activities associated with the administration of medications that are prohibited for a certified medication aide.~~

~~(D)~~(C) The supervised clinical practice component of an approved medication aide training program shall be sufficient to assure that students are prepared to administer medications as a certified medication aide in a safe and effective manner, and shall satisfy the following:

(1) The supervised clinical practice component shall consist of not less than ~~forty clock~~ sixteen hours~~, including experience in tasks related to~~in the administration of medication, and shall be conducted under the direction and supervision of a nurse.

(2) The supervised clinical practice component shall take place in a nursing home or residential care facility with which the training program has a written agreement to provide nurse supervision of the student in accordance with this rule;

(3) While engaged in medication administration, a student shall be under the one-on-one direction and supervision of a nurse.

(4) During the supervised clinical practice, the nurse supervising the medication aide student shall inform the registered nurse program administrator of the student's progress in the supervised clinical practice.

~~(E) The training program shall assure that a medication skills checklist is maintained for each student to record performance during the supervised clinical practice and shall~~

include the following:

(1) Each skill necessary to safely administer medications in accordance with this chapter;

(2) The date each skill is successfully demonstrated, or an indication that the student did not have an opportunity to perform the skill in a supervised clinical setting;

(3) The name and signature of the nurse who supervised the student's successful performance of the skill.

(F) The training program shall provide a copy of the medication skills checklist, certified by the program to be true and accurate, to each student upon completion of the medication aide training program.

(G) If a student did not have an opportunity to perform a skill listed on the medication skills checklist during the supervised clinical component of the training program the student shall comply with all of the following:

(1) Upon employment as a certified medication aide, provide the employer with a certified copy of the medication skills checklist;

(2) Refrain from performing any unchecked medication skill as a certified medication aide without direct nurse supervision until a nurse has observed satisfactory performance of the skill; and

(3) Obtain the signature of the nurse who observed satisfactory performance of the skill by the certified medication aide on the date indicated on the medication skills checklist.

4723-27-10 **Fees.**

~~(A) The board may impose fees in accordance with division (B)(1) of section 4723.69 of the Revised Code, including the following:~~

~~(1) For applications to obtain a medication aide certificate, fifty dollars;~~

~~(2) For biennial renewal of a medication aide certificate submitted on or before March first of even numbered years, fifty dollars;~~

~~(3) For biennial renewal of a medication aide certificate submitted after March first and before May first of even numbered years, one hundred dollars;~~

~~(4) Except as provided in section 5903.10 of the Revised Code, for reinstatement of a lapsed medication aide certificate, one hundred dollars;~~

~~(5) For reactivation of an inactive medication aide certificate, fifty dollars;~~

~~(6) For verification of a medication aide certificate to another jurisdiction, fifteen dollars;~~

~~(7) For providing a replacement copy of a medication aide certificate suitable for framing, twenty-five dollars;~~

~~(8) For applications for approval to operate a medication aide training program, one thousand dollars;~~

~~(9) For applications for re-approval of a medication aide training program, five hundred dollars; or~~

~~(10) For processing a check returned to the board by a financial institution for insufficient funds, twenty-five dollars.~~

~~(B)~~(A) All payments of fees shall be in the form required by the board.

~~(C)~~(B) Except for duplicate payments, all fees are nonrefundable.

~~(D)~~(C) An applicant whose initial payment is returned to the board before the renewal deadline may reissue payment to the board without jeopardizing the status of the applicant's certificate.

4723-27-11 **Medication aide certification by endorsement.**

(A) An applicant for medication aide certification by endorsement shall satisfy the following:

(1) Submit a completed "Certified Medication Aide by Endorsement Application" and the certification application fee ~~required by section 4723.69 of the Revised Code~~of fifty dollars;

~~(2) Submit to a criminal records check completed by the bureau of criminal identification and investigation;~~

~~(3)~~(2) The applicant has not surrendered or had revoked a license, out-of-state occupational license, or government certification because of negligence or intentional misconduct related to the applicant's practice as a medication aide;

~~(4)~~(3) The applicant has not been convicted of, found guilty pursuant to a judicial finding of, or plead guilty to a criminal offense for which a licensing authority may deny an application for a license or government certification or that would otherwise disqualify the applicant for the license or government certification under the applicable law of this state governing the profession, occupation, or occupational activity for which the applicant is applying;

~~(5)~~(4) Submit any other documentation required by the board.

(B) Pursuant to section 4796.03 of the Revised Code, the board shall issue a medication aide certificate in accordance with Chapter 4796. of the Revised Code to an applicant if the applicant holds a substantially similar out-of-state occupational license to engage in practice as a medication aide, or, holds a government certification to engage in practice as a medication aide from one of the uniformed services or from a state that does not issue a license for practice as a medication aide, if the applicant:

(1) Has held the license or government certification for at least one of the last five years immediately preceding the date the application is submitted to the board;

(2) Has been actively engaged in practice as a medication aide for at least one of the five years immediately preceding the date the application is submitted to the board;

(3) Is in good standing in all jurisdictions in which the applicant holds the license or government certification; and

(4) Was required to satisfy minimum education, training, or experience requirements or pass an examination to receive the license or government certification.

The applicant shall have verification of licensure or government certification to practice as a medication aide submitted directly to the board from the issuing state or uniformed services. The applicant shall also have verification of having been actively engaged in practice as a medication aide for at least one of the past five years submitted directly to the board by the employer or employer designee for whom the applicant practiced as a medication aide.

(C) Pursuant to section 4796.04 of the Revised Code, the board shall issue a medication aide certificate in accordance with Chapter 4796. of the Revised Code to an applicant who has held a private certification as a medication aide in a state that does not issue an occupational license or government certification to practice as a medication aide, if the applicant:

(1) Has held a private certification for at least two years immediately preceding the date the application is submitted;

(2) Has been actively engaged in practice as a medication aide in a state that does not issue an occupational license or government certification to practice as a medication aide, for at least two of the five years immediately preceding date the application is submitted; and

(3) Is in good standing with the private organization that issued the private certification.

The applicant shall have verification of private certification as a medication aide submitted directly to the board by the private organization that issued the certification. The applicant shall also have verification of having been actively engaged in practice as a medication aide for at least two of the past five years, submitted directly to the board by the employer or employer designee for whom the applicant practiced as a medication aide.

(D) Pursuant to section 4796.05 of the Revised Code, the board shall issue a medication aide certificate in accordance with Chapter 4796. of the Revised Code to an applicant who, for at least three of the five years immediately preceding the date the application is submitted to the board, has been actively engaged in practice as a medication aide, in either:

(1) A state that does not issue an occupational license or government certificate to

practice as a medication aide, or

(2) Service of the uniformed services.

The applicant shall have verification of having been actively engaged in practice as a medication aide for at least three of the past five years submitted directly to the board by the employer or employer designee of the uniformed services for whom the applicant practiced as a medication aide.

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

(F) If an applicant for certification by endorsement as a medication aide fails to meet the requirements for certification 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 with forfeiture may occur.