



## Ohio Administrative Code

### Rule 4723-8-04 Standard care arrangement for a certified nurse-midwife, certified nurse practitioner, and clinical nurse specialist.

Effective: March 26, 2026

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- (A) Prior to engaging in practice, a standard care arrangement shall be entered into with each physician or podiatrist with whom the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist collaborates.
- (1) The standard care arrangement shall be revised to reflect the addition or deletion of a physician or podiatrist with whom the nurse collaborates within that employment setting. Under these circumstances, a new standard care arrangement is not necessary.
  - (2) A new standard care arrangement shall be executed when the nurse is:
    - (a) Employed at a different or additional organization or practice; and
    - (b) Engages in practice with a collaborating physician or podiatrist outside of the primary employing organization.
- (B) Except as provided in paragraph (C) of this rule, a certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist engaged in the practice of the nurse's specialty, shall enter into a written standard care arrangement with one or more collaborating physicians or podiatrists whose practice is the same or similar to the nurse's practice.
- (C) In accordance with division (A)(2)(c) of section 4723.431 of the Revised Code, a clinical nurse specialist certified as a psychiatric-mental health CNS by the American nurses credentialing center or a certified nurse practitioner who is certified as a psychiatric-mental health NP by either the American nurses credentialing center or by the American association of nurse practitioners certification board, may enter into a standard care arrangement with a physician, but not a podiatrist, if the collaborating physician is practicing in one of the following specialties:
- (1) Psychiatry;
  - (2) Pediatrics;
  - (3) Primary care of family practice.
- (D) The standard care arrangement shall include at least:
- (1) The signatures of each nurse, and each collaborating physician, or the physician's designated representative, or each podiatrist with whom the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist primarily collaborates indicating review of and agreement to abide by the terms of the standard care arrangement. For purposes of this rule, a physician's designated representative means a physician who serves as the department or unit director



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or chair, within the same institution, organization or facility department or unit, and within the same practice specialty, that the nurse practices, and with respect to whom the physician has executed a legal authorization to enter collaborating agreements on the physician's behalf;

- (2) The date when the arrangement is initially executed;
- (3) The date of the most recent review of the arrangement;
- (4) The complete name, specialty and practice area, business address, and business phone number or number at which the individual can be reached at any time for:
  - (a) Each collaborating physician or podiatrist with whom the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist primarily collaborates and who is a party to the standard care arrangement, unless a physician's designated representative has entered the standard care arrangement on the physician's behalf; and
  - (b) Each certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist who is a party to the standard care arrangement;
- (5) A statement of services offered by the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist consistent with section 4723.43 of the Revised Code and this chapter, including a description of the scope of prescriptive practice and authorization to enter consult agreements for patients, if applicable;
- (6) A plan for incorporation of new technology or procedures consistent with the applicable scope of practice as set forth in section 4723.43 of the Revised Code and this chapter;
- (7) Quality assurance provisions, including at least:
  - (a) When modification is made to the body of the standard care arrangement, reapproval of the standard care arrangement is required;
  - (b) Criteria for referral of a patient by the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist to a collaborating physician or podiatrist, including, for the certified nurse-midwife, a plan for referral of breech or face presentation or any other abnormal condition identified as such in the standard care arrangement;



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- (c) A process for the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist to obtain consultation from a physician or podiatrist; and
    - (d) A process for chart review in accordance with rule 4723-8-05 of the Administrative Code if the nurse's practice includes any direct patient care;
  - (8) A plan for coverage of patients in instances of emergency or planned absences of either the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist, or the collaborating physician or podiatrist;
  - (9) A process for resolution of disagreements regarding matters of patient management; and
  - (10) Regarding the prescribing component of the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner's practice, the following quality assurance provisions shall include at least:
    - (a) Provisions to ensure timely direct, personal evaluation of the patient with a collaborating physician or the physician's designee when indicated;
    - (b) Prescribing parameters for drugs or therapeutic devices when indicated;
    - (c) Provisions for the use of schedule II controlled substances;
    - (d) If the nurse is prescribing to minors, as defined in division (A) of section 3719.061 of the Revised Code, provisions for complying with section 3719.061 of the Revised Code when prescribing an opioid analgesic to a minor; and
    - (e) Provisions for obtaining and reviewing OARRS reports, and engaging in physician consultation and patient care consistent with section 4723.487 of the Revised Code and rule 4723-9-12 of the Administrative Code.
  - (11) Quality assurance standards consistent with rule 4723-8-05 of the Administrative Code.
- (E) The most current copy of the standard care arrangement, and any legal authorization signed by a physician according to paragraph (D)(1) of this rule, shall be retained on file by the nurse's employer. Upon request of the board, the certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist shall immediately provide a copy of the standard care arrangement to the board.



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- (F) Copies of previously effective standard care arrangements shall be retained by the nurse for three years and provided to the board upon request.
- (G) When a hospital negotiates a standard care arrangement in accordance with division (E) of section 4723.431 of the Revised Code and this chapter, the standard care arrangement shall be developed in accordance with paragraph (D) of this rule. Review and approval of the standard care arrangement shall be in accordance with the policies and procedures of the hospital governing body and the bylaws, policies, and procedures of the hospital medical staff.
- (H) A certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist shall notify the board of the identity of a collaborating physician or podiatrist not later than thirty days after engaging in practice.
- (I) A certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist shall notify the board of any change in the name and business address of a collaborating physician or podiatrist not later than thirty days after the change takes effect, except as provided in division (D) of section 4723.431 of the Revised Code.