



Final Analysis

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Legislative Service Commission

Am. Sub. S.B. 178

123rd General Assembly

(As Passed by the General Assembly)

Sens. Schafrath, Mumper, White, DiDonato, Drake, Hagan, Kearns, Wachtmann, Watts, Carnes

Reps. Aslanides, Terwilleger, Van Vyven, Olman, Hartnett, Ogg, Krupinski, Hollister, Winkler, O'Brien, Britton, Perry, Barrett, Gooding, J. Beatty, Verich, Redfern, Calvert, Amstutz, Metzger

Effective date: *

ACT SUMMARY

- Provides that a county or district home may be licensed as a residential care facility and, if licensed, is subject to the laws governing those facilities.
- Permits a licensed practical nurse to perform certain activities relating to administration of intravenous therapy.
- Makes other changes in the law governing intravenous therapy procedures performed by licensed practical nurses.

CONTENT AND OPERATION

**COUNTY OR DISTRICT HOMES
LICENSED AS RESIDENTIAL CARE FACILITIES**

Background

A county home is a facility owned and operated by a board of county commissioners to provide services in much the same manner as a privately owned

* *The Legislative Service Commission had not received formal notification of the effective date at the time this analysis was prepared.*

residential care facility or nursing home. A district home is a county home operated by two or more boards that have joined together to operate the home. The Ohio Attorney General has issued an opinion concluding that the licensing requirements and other laws applicable to privately operated nursing homes and rest homes (now, residential care facilities) are not applicable to county homes (OAG No. 74-008).

A residential care facility provides accommodations, with supervision and personal care services for at least three residents who are dependent on the services of others by reason of age or physical or mental impairment. Personal care services include assisting residents with activities of daily living, assisting residents with self administration of medication, and preparing certain special diets. Skilled nursing care may be provided in a residential care facility only in limited circumstances and for limited periods of time.

A nursing home may provide all the services a residential care facility is authorized to provide, but may also provide skilled nursing care. "Skilled nursing care" is defined in statute as "procedures . . . commonly employed in providing for the physical, mental, and emotional needs of the ill or incapacitated." (Revised Code 3721.01.) Skilled nursing care includes administration of medications; such health care procedures as irrigations, catheterizations, and application of dressings; and carrying out treatments prescribed by a physician.

Licensing county homes as residential care facilities

(secs. 3721.01 and 3721.07)

The act authorizes the superintendent or administrator of a county or district home to seek a residential care facility license for the home. The act provides that once licensed a county home or district home is subject to the laws applicable to private residential care facilities and to regulation by the Ohio Department of Health. In turn, the act expressly provides that a county or district home that has never been licensed as a residential care facility is not subject to those laws or regulations.

Inspection and license revocation

(secs. 3721.02, 3721.021, 3721.03, 3721.08, and 3721.09)

Under the act, a county or district home that seeks licensure or becomes licensed as a residential care facility must submit to inspection by the Director of Health and make inspection reports available to residents. A county or district home that has its license revoked for failure to comply with licensing requirements may not reapply for a new residential care facility license for one year following the date

of revocation. A court may issue an order enjoining a home from continuing to operate after the home's license as a residential care facility is revoked.

Prohibitions

(secs. 3721.051 and 3721.99)

The act prohibits a county home or district home licensed as a residential care facility from doing any of the following:

- (1) Violating any of the conditions or requirements necessary for licensing after the license is issued;
- (2) Continuing operation after its license is revoked;
- (3) Failing to be open for an inspection, or interfering with an inspection, by a state or local official performing inspection duties under the residential care facility and nursing home licensing statutes;
- (4) Violating any of the provisions of the residential care facility licensing statutes.

The penalty for continuing operation after license revocation is a fine of \$5,000 for a first offense and \$10,000 for each subsequent offense. The penalty for violating any of the act's other prohibitions is \$100 for a first offense and \$500 for each subsequent offense.

**INTRAVENOUS THERAPY PROCEDURES
PERFORMED BY LICENSED PRACTICAL NURSES**

Am. Sub. H.B. 87 of the 123rd General Assembly permits the Board of Nursing to authorize a licensed practical nurse (LPN) to administer to an adult intravenous therapy prescribed by certain other licensed health care practitioners if the LPN has a current, valid license to practice that includes authorization to administer medications and successfully completes a course in intravenous administration. The act modifies these provisions by specifically providing that LPNs may perform, without obtaining authority from the Board of Nursing, certain activities relating to the administration of intravenous therapy and by making other changes in the law governing performance of intravenous therapy procedures by LPNs.

Performance of activities relating to intravenous therapy

(secs. 4723.02 and 4723.171)



Under continuing law, an LPN is authorized to administer to an adult intravenous therapy prescribed by a physician, dentist, optometrist, podiatrist, or advanced practice nurse participating in the pilot program for medically underserved areas if the LPN is authorized by the Board of Nursing to perform intravenous therapy and does so in accordance with the law governing the performance of intravenous therapy.

The act specifies that an LPN may perform the following intravenous therapy procedures on any person without receiving authorization from the Board to perform intravenous therapy if the LPN acts at the direction of a registered nurse or a licensed physician, dentist, optometrist, or podiatrist who is on the premises or accessible by some form of telecommunication and the LPN can demonstrate the knowledge, skills, and ability to perform the procedure safely:

- (1) Verification of the type of peripheral intravenous solution being administered;
- (2) Examination of a peripheral infusion site and the extremity for possible infiltration;
- (3) Regulation of a peripheral intravenous infusion according to the prescribed flow rate;
- (4) Discontinuation of a peripheral intravenous device at the appropriate time;
- (5) Performance of routine dressing changes at the insertion site of a peripheral venous or arterial infusion, peripherally inserted central catheter infusion, or central venous pressure subclavian infusion.

Other changes to the law governing intravenous therapy procedures

(sec. 4723.48, renumbered as 4723.17 by Am. Sub. H.B. 241 of the 123rd General Assembly)

Under continuing law, an LPN is generally prohibited from performing certain intravenous therapy procedures. Exceptions apply to an LPN who is authorized by the Board of Nursing to perform intravenous therapy and successfully completes a course in intravenous administration. The act makes the following changes to these provisions.

Course in intravenous administration

Continuing law specifies that the course in intravenous administration must include a testing component that includes three venipunctures supervised by a

registered nurse or physician. The act specifies that the testing component must include successful performance of the three venipunctures.

Prohibition on adding medication to an intravenous solution

Continuing law prohibits an LPN from administering medication via the intravenous route, including adding medication to an intravenous solution or to an existing infusion. However, an LPN who is authorized by the Board of Nursing to perform intravenous therapy may initiate an intravenous infusion that contains one or more of certain solutions specified in statute. Under the act, an LPN authorized by the Board may also hang subsequent containers of the specified solutions that contain vitamins or electrolytes, if a registered nurse initiated the infusion of that same intravenous solution.

Prohibition on changing tubing on any intravenous line

Continuing law prohibits an LPN from changing tubing on any line (other than one that terminates in a peripheral vein), including an arterial line or central venous line. The act clarifies that an LPN authorized by the Board of Nursing may change tubing on an intravenous line that terminates in a peripheral vein.

HISTORY

ACTION	DATE	JOURNAL ENTRY
Introduced	08-17-99	p. 943
Reported, S. Health, Human Services & Aging	12-09-99	p. 1237
Passed Senate (33-0)	01-04-00	p. 1281
Reported, H. Health, Retirement & Aging	02-22-00	p. 1630
Passed House (93-0)	03-16-00	pp. 1677-1680
Senate concurred in House amendments (33-0)	03-22-00	p. 1501

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