



To: Members of the Ohio House of Representatives

Da: March 16, 2026

Re: HB 508

On behalf of the above organizations, we write with serious concerns regarding House Bill 508, which would allow Advanced Practice Registered Nurses (APRNs) to practice without any collaboration with Ohio physicians.

As deliberations on HB 508 continue, and with a potential caucus discussion soon, we would like to clearly correct the record on several claims:

• **Physicians are charging APRNs to collaborate.**

We have heard accusations that APRNs are being charged by physicians in order to practice in Ohio. Our organizations have asked for data from proponents that supports this assertion and have received nothing on this issue. We have taken further steps to ask our physicians for examples of this and have been told it is not something that occurs. ***In most cases it is physicians and facilities directly employing APRNs and paying them a salary to provide care, not the other way around.*** Data supports that most APRNs work in these settings.

There are roughly 400 APRN owned clinics in Ohio. Under this arrangement APRNs contract with physicians who are available for patient care, conduct chart review and ensure appropriate medical care. This is the purpose of the collaboration, to ensure there is some physician oversight of the care provided by APRNs. We have consistently offered to have a conversation regarding the 400 owned APRN clinics and how those collaborations are structured.

The idea that the 28,000 APRNs in Ohio are being charged a fee to practice is patently false. We have offered for years to support prohibiting “charging for collaboration” in statute. If the issue truly exists, why have we not seen this done?

• **It is too challenging for APRNs to find a physician collaborator.**

Ohio is a top ten state for physicians, ranking at #7 in the country with 42,508 active physicians. Our current law sets a ratio of allowing up to five APRNs to collaborate with one physician at any

time, meaning Ohio APRNs have over 212,000 opportunities to find a physician to work with. It is not hard finding a collaborator.

- **HB 508 does not fragment care or cause patient safety risk.**
Physicians and APRNs are not interchangeable. Their skills, knowledge and abilities are not equivalent; rather, they are complementary. Complete elimination of physician oversight could have serious implications on health outcomes. The current model of physician-led, team-based care works by allowing a balance and cooperation amongst all involved in patient diagnosis and treatment. We believe that all patients, regardless of their ZIP code, deserve the highest quality care delivered under the team-based, physician led approach.
- **APRN independent practice will help with rural healthcare access.**
An APRN is already able to practice in a rural area and collaborate with a physician anywhere in the state under the SCA. Ohio does not require the collaborating physician to be within any certain distance of the APRN. Contrary to what proponents have claimed, we actually have more physicians practicing in rural areas than APRNs. Nothing in Ohio law currently restricts APRNs from practicing in rural areas. If they want to, they are able to.
- **The standard care arrangement (SCA) is “just a piece of paper.”**
The SCA is an important, yet customizable agreement established between the APRN and physician collaborator, allowing for both parties to determine the nature and function of their collaborative relationship. An APRN has extensive freedoms in the SCA, and a physician serves as a safety buffer, providing insight based on a vast difference in clinical training hours and breadth of education. This helps to keep patients safe and avoid some unnecessary health care costs that could be incurred by erroneous testing orders or misdiagnosis, for example.

We urge you not to support HB 508. This is an unnecessary proposal that would needlessly shift the nature of how healthcare teams work to provide care in our state and could negatively impact patient safety and healthcare costs.

Thank you for your consideration of our concerns and please contact us should you have any questions.