

**SFY 2017**

# **Ohio Board of Nursing Annual Report**



**July 1, 2016 - June 30, 2017**

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# Ohio Board of Nursing

[www.nursing.ohio.gov](http://www.nursing.ohio.gov)

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September 13, 2017

The Honorable John Kasich  
Governor, State of Ohio  
77 South High Street, 30<sup>th</sup> Floor  
Columbus, Ohio 43215

Dear Governor Kasich:

On behalf of the Ohio Board of Nursing, we are pleased to submit this Annual Report for state fiscal year 2017, in accordance with Section 4723.06 of the Revised Code.

This Annual Report highlights the work of the Board members and staff. The Board is responsible for regulating over 297,000 licenses and certificates and 180 pre-licensure nursing education programs.

In accordance with the provisions of Ohio Revised Code Chapter 4723., during fiscal year 2017, the Board issued licenses to qualified individuals; approved education and training programs; and disciplined and monitored the practice of licensees and certificate holders who violated the Nurse Practice Act or administrative rules regulating practice.

While the overwhelming majority of Ohio nurses practice with high standards, the actions or deficient practice of some have the potential to compromise patient safety and the public's confidence in the profession. The Board has an important role in impacting the safety of nursing care that touches virtually all Ohioans.

The report highlights the public protection role of the Board and the regulatory excellence that has been achieved by a lean and efficient Board with a common sense approach to meeting regulatory challenges while protecting the public.

Respectfully yours,

Patricia Sharpnack, DNP, RN  
President

Betsy Houchen, JD, MS, RN  
Executive Director

## Board Overview

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### Mission

The mission of the Ohio Board of Nursing is to actively safeguard the health of the public through the effective regulation of nursing care.

### Board Overview

The Board's top priorities are to efficiently license the nursing workforce and remove dangerous practitioners from practice in a timely manner to protect Ohio patients. Public protection is critical, as nursing touches virtually every citizen of Ohio. The Board regulates over 297,000 licenses and certificates, as compared to 233,000 in 2009.

### Nationally Recognized

The Board has a demonstrated track record of ensuring public protection; funding initiatives to combat the nursing shortage; implementing innovative programs for patient safety; and regulating the largest number of licensed professionals of any agency in the State of Ohio.

The Board is nationally recognized through the National Council of State Boards of Nursing (NCSBN) for its regulatory excellence and public protection work. The Board is a proud recipient of the NCSBN Regulatory Achievement Award, presented annually to the board that demonstrates significant contributions in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.

## Contributions to Statewide Initiatives

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### Ohio's Fight Against Prescription Drug Abuse

The Board continues to collaborate with the Administration, legislators, law enforcement, drug task forces, and other state boards and agencies in the continued fight against prescription drug abuse. The Board supported and contributed to the work of the Governor's Cabinet Opiate Action Team (GCOAT) and collaborated with the State of Ohio Board of Pharmacy to identify and investigate prescribers to determine abusive prescribing patterns and take disciplinary action as needed.

Board staff worked closely with the Governor's office and State Medical, Pharmacy and Dental boards to develop rule language that establishes requirements for treatment of acute pain with opioid analgesics. This has been a strong collaborative effort and represents another building block in the fight to combat the Ohio opioid crisis.

### Veterans, Service Members and Spouses

The Board collaborated with representatives of the Ohio National Guard, the Office of Workforce Transformation, the Ohio Department of Veteran Affairs, and NCSBN to address a pathway for medics to become licensed practical nurses (LPNs) in Ohio. Based on an analysis that identified the similarities in high-level military training and practical nursing education, the Board was able to secure an amendment in HB 49, the budget bill, to authorize LPN licensure for military personnel who complete Level 5 military training and the Community College of the Air Force education program.

### The Nursing Workforce

Data collection is a vital component of workforce planning and policymaking. The Board has been collecting comprehensive nursing workforce data each year since 2013. To support job growth and meet the growing health care workforce demand, the Board funds two programs through nursing license renewal fees.

- Nurse Education Grant Program (NEGP): Grants are awarded to Ohio pre-licensure and post-licensure nursing education programs for the purpose of increasing their student enrollment capacity.
- Nurse Education Assistance Loan Program (NEALP): Tuition assistance is provided for educating nursing students and future nursing faculty.

### Ohio Action Coalition/The IOM Future of Nursing Report

The Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health* set forth eight recommendations for nursing. The Ohio Action Coalition was established for the advancement of the IOM recommendations and to promote nursing collaboration throughout Ohio. Board President Patricia Sharpnack and Executive Director Betsy Houchen represent the Board on the Coalition Steering Committee. Director Houchen is a Co-Chair for the Data and Research Work Group and a member of the Sustainability & Partnership Committee.

### **Ohio 3.0 eLicense System Implementation**

The Ohio Department of Administrative Services, Office of Information Technology (DAS/OIT), and its vendor implemented the new State of Ohio eLicense 3.0 system in conjunction with the Nursing Board on June 27, 2016. During the 2016 rollout, licensees, Board staff, DAS/OIT and the vendor quickly identified issues that required both IT system fixes and timely individual assistance for those attempting to use the new system. Based on those experiences, changes and improvements were made to the system, and the Board successfully renewed nearly 49,000 LPN licenses in 2016. In 2017, about 215,000 RNs and APRNs licenses and certificates and 2,100 dialysis technician and community health worker certificates will be renewed using the Ohio eLicense system for the first time. The Board is committed to providing the best service possible for licensees and the public with the Ohio eLicense system playing a key role in achieving that goal.

### **HB 216: Comprehensive APRN Regulatory Changes and Licensure for APRNs**

Following passage of HB 216 in December 2016, the Board accepted the monumental challenge of implementing a transition from APRN certification to APRN licensure within the 2017 renewal cycle beginning July 1, 2017. The Board took immediate steps to incorporate comprehensive changes into its licensure processes and the Ohio eLicense system and provide information to APRNs. In January 2017 the Board issued a memorandum outlining the major provisions and implementation plan for HB 216. Information about the Committee on Prescriptive Governance (CPG) were posted on the Board website in February 2017, CPG members were appointed in April, and the first meeting was held May 15, 2017. Staff developed four informational documents: Summary of Major Provisions of HB 216; CNPs, CNSs, CNMs-Transition to Licensure; CRNAs-Transition to Licensure; and Advanced Pharmacology Licensure Requirements, all of which were posted on the Board website on March 3, 2017. Staff periodically provided additional information and FAQs to assist APRNs with the transition. Information and applications for the new Advisory Committee on Advanced Practice Registered Nursing and the APRN position for the Advisory Group on Dialysis were posted on the Board website in March 2017, and members were appointed in May 2017.

Because the Board received a large number of emails from APRNs, an immediate email response from the Board acknowledged receipt and directed the person to pertinent information available online. To respond timely, the Board established a dedicated email address for HB 216 questions and assigned additional staff to respond. Staff worked with DAS for scheduled automated reminders through Ohio eLicense, and established a plan for Board communications to provide notifications, alerts, and reminders for RN renewal, registration, and the COA renewal/APRN license issuance process.

Board staff met regularly with DAS and their contractor, the entities responsible for building and operating the Ohio eLicense system used by professional licensing boards. On February 27, 2017 the Controlling Board authorized a fiscal appropriation for the Board to pay for additional IT modifications for the Ohio eLicense system needed to implement the HB 216 requirements. The Board sent a targeted email during the first week of March 2017 to alert and provide information about the advanced pharmacology education requirements to CNPs, CNSs, and CNMs who never obtained a CTP, CTP-E, or the required 45 hours of advanced pharmacology in the last five years, but who, under the new law, are required to obtain the advanced pharmacology no later than December 31, 2017 in order to hold an APRN license.

## Program Area Highlights and Statistics

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### Licensure and Certification

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**Strategic Initiative:** Assure licensees and certificate holders meet statutory and regulatory requirements to be licensed or certified to practice in Ohio and are appropriately credentialed to practice, while maintaining an efficient and effective system to license or certify applicants as quickly as possible to enter or remain in the workforce.

- Regulated 297,366 licenses and certificates
- Prioritized 1,389 license and certificate applications for service members, veterans, and spouses
- Issued 22,890 new licenses and certificates

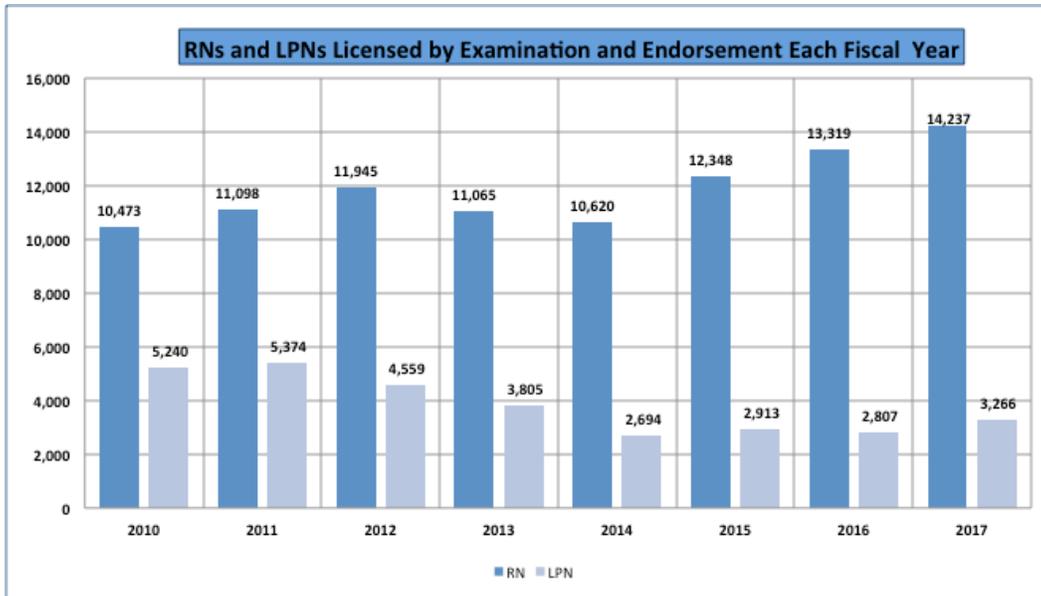


- Renewed 48,769 LPN licenses during the last renewal cycle
- Completed 100% online renewal and began processing other applications online
- Re-registered 2,991 applicants who failed and applied to re-take the examination

Active Licenses and Certificates as of June 30, 2017	
Registered Nurses (RNs)	213,927
Licensed Practical Nurses (LPNs)	52,823
Includes Certificates of Authority and new APRN Licenses <ul style="list-style-type: none"> <li>▪ Certified Registered Nurse Anesthetist – 3,183</li> <li>▪ Certified Nurse Midwife - 397</li> <li>▪ Certified Nurse Practitioner – 11,622</li> <li>▪ Clinical Nurse Specialist – 1,558</li> </ul>	16,760
Certificates To Prescribe (CTP)	11,236
Dialysis Technician – Ohio Certified (OCDTs)	1,519
Dialysis Technician Intern Certificates	367
Community Health Worker Certificates	516
Medication Aide Certificates	218
<b>Total</b>	<b>297,366</b>

Newly Issued Licenses/Certificates	
Registered Nurses (RNs)	14,237
Licensed Practical Nurses (LPNs)	3,266
Advanced Practice Registered Nurses (Certificates of Authority; APRN licenses)	2,039
Certificates To Prescribe (CTP)	2,584
Dialysis Technician – Ohio Certified (OCDTs)	153
Dialysis Technician Intern Certificates	313
Community Health Worker Certificates	244
Medication Aide Certificates	54
<b>Total</b>	<b>22,890</b>

Nurses Licensed By Examination or Endorsement				
Type	Licensed by Examination	Licensed by Endorsement	Temporary Permits Issued	Total
LPN	2,694	414	158	3,266
RN	8,843	4,094	1,300	14,237
<b>Total</b>	<b>11,537</b>	<b>4,508</b>	<b>1,458</b>	<b>17,503</b>



- Regulated 516 community health worker certificates as compared to 73 in fiscal year 2010
- 100% of the community health workers renewed online for the first time in early 2017

#### Community Health Worker Certificates

	2010	2011	2012	2013	2014	2015	2016	2017
New	23	13	33	13	41	111	215	244
Active	73	61	95	83	122	190	401	516

- Regulated 1,886 dialysis technician, “temporary” or “intern” certificates as compared to 1,680 in fiscal year 2010
- 100% of the dialysis technicians renewed online for the first time in early 2017

#### Dialysis Technician, Temporary, or Intern Certificates

	2010	2011	2012	2013	2014	2015	2016	2017
New	378	368	396	324	394	429	439	466
Active	1,680	1,637	1,802	1,670	1,824	1,723	1,898	1,886

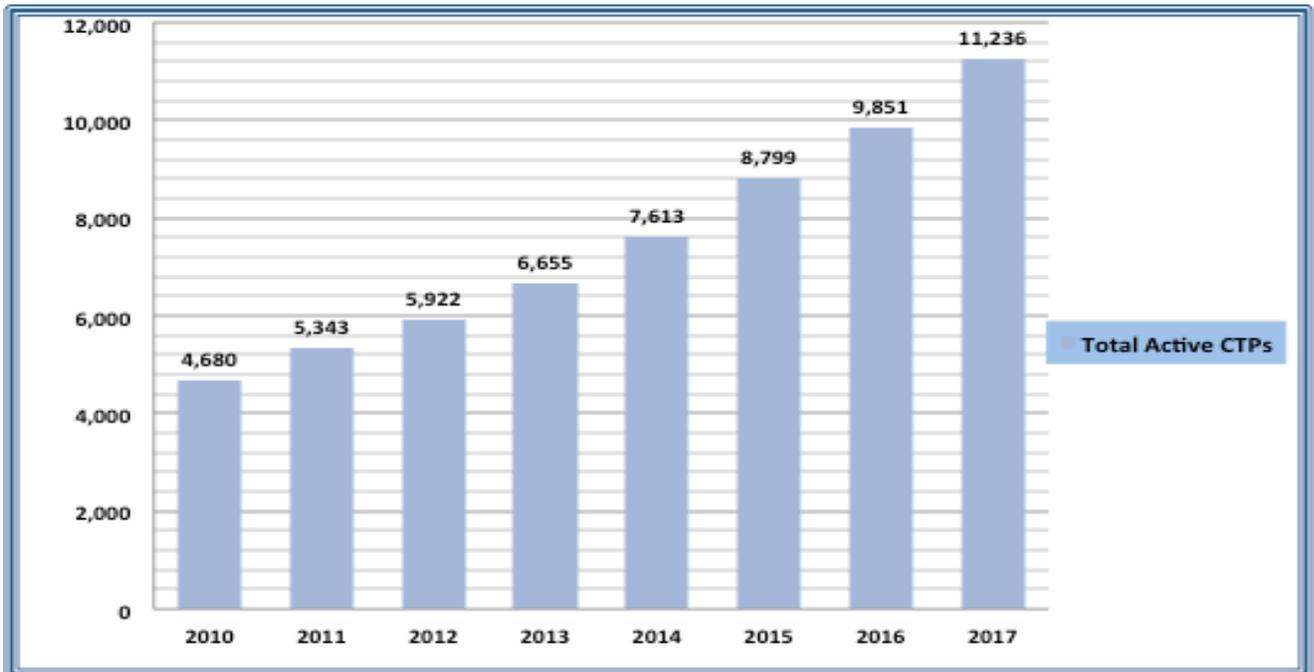
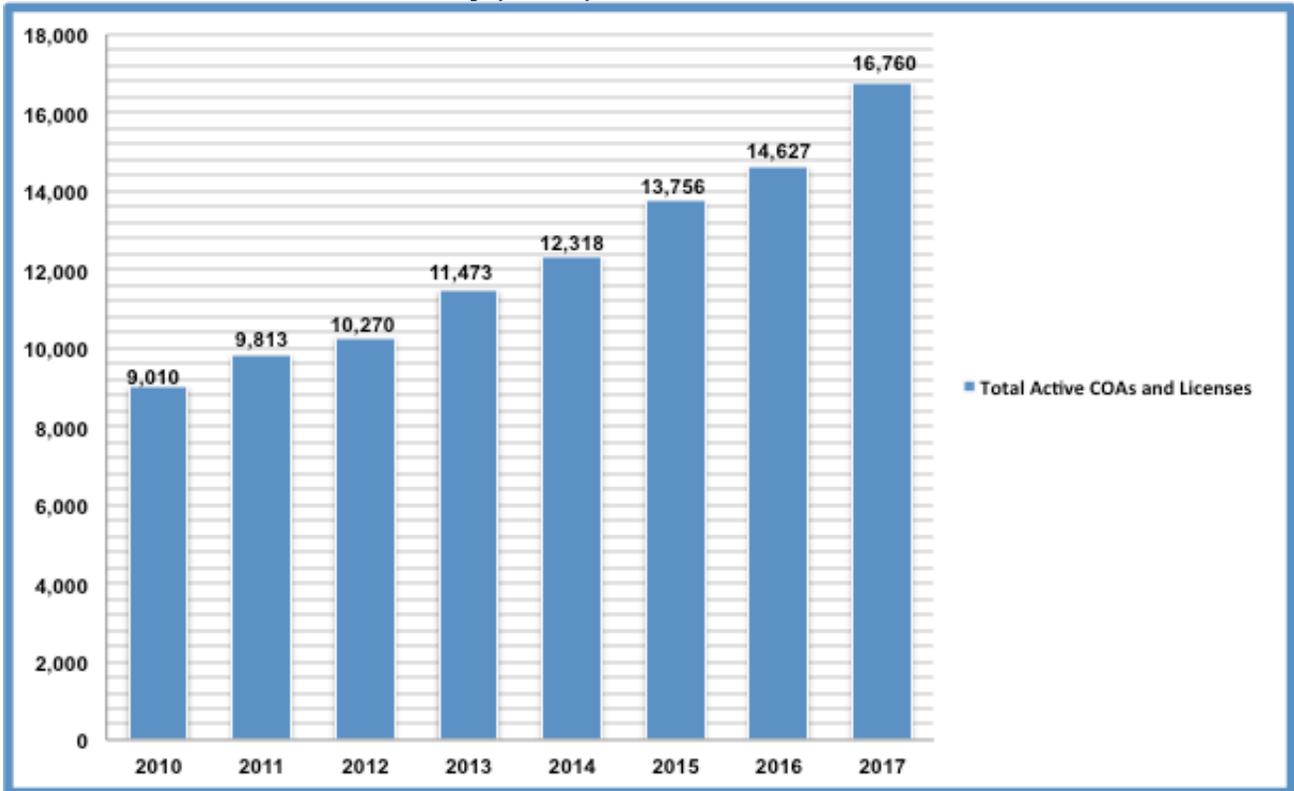
- Regulated 164 medication aide certificates as compared to 94 in fiscal year 2010

#### Medication Aide Certificates

	2010	2011	2012	2013	2014	2015	2016	2017
New	55	38	46	46	30	40	51	54
Active	94	133	112	163	192	184	164	164

**Advanced Practice Registered Nurses (APRNs)  
Began Issuing New APRN Licenses April 7, 2017**

**APRN Certificates of Authority (COAs) and Licenses**



## Nursing Education and Approved Training Programs

**Strategic Initiative:** Approve pre-licensure education programs to assure the programs maintain academic and clinical standards for the preparation of entry-level nurses.

Competent and safe nursing practice begins with education programs that prepare individuals for nursing practice. The Board determines whether existing programs are maintaining educational requirements and reviews new programs to determine if they meet the requirements for approval.

- Continued approval of 180 nursing education programs
- Approved 5 new nursing education programs, one of which closed after approval

Number of Education Programs Each Fiscal Year								
Type	2010	2011	2012	2013	2014	2015	2016	2017
RN	86	94	102	106	108	109	113	110
PN	73	74	72	72	70	69	69	70
<b>Total</b>	<b>159</b>	<b>168</b>	<b>174</b>	<b>178</b>	<b>178</b>	<b>178</b>	<b>182</b>	<b>180</b>

- Sanctioned 23 nursing education programs for not meeting minimum educational requirements
  - Provisional approval – 19
  - Notice of Opportunity for Hearing resulting in Consent Agreements – 3
  - Adjudication Hearing resulting in a Board Order – 1
- Convened the Advisory Group on Nursing Education to provide recommendations regarding nursing education and the related administrative rules
- Appointed Board Member Lauralee Krabill as Board Nursing Education Liaison

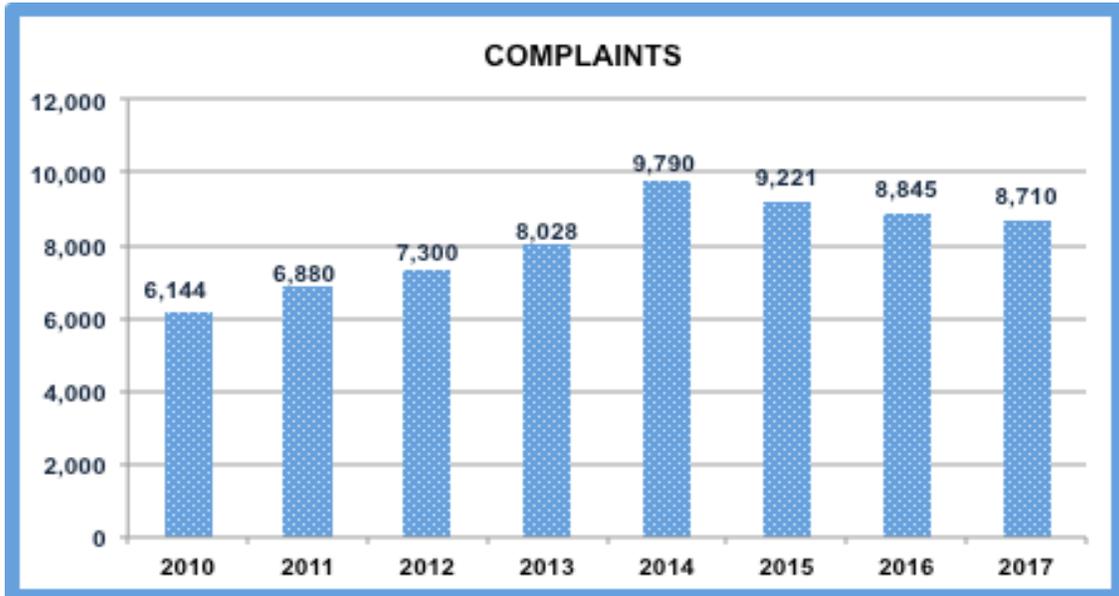
Training Programs Approved Each Fiscal Year						
	2012	2013	2014	2015	2016	2017
Dialysis Technician	24	29	25	24	21	23
Medication Aide	21	18	15	16	15	15
Community Health Worker	3	4	6	9	12	14
<b>Total</b>	<b>48</b>	<b>51</b>	<b>46</b>	<b>49</b>	<b>48</b>	<b>52</b>

## Compliance, Discipline and Monitoring

**Strategic Initiative:** Efficiently handle complaints, investigations, and adjudications to safeguard the health of the public and, in cases involving chemical dependency or practice issues, provide alternatives to discipline programs, if determined appropriate.

### Board Complaints and Applicants for Initial Licensure

- Continuing a LeanOhio initiative, designated Board Licensure staff worked as Compliance Liaisons to process applications, prior to an application being complete, without the Compliance Unit opening cases. This resulted in increased efficiencies and reflects a lower number of complaints over the last three years.
- Elected Board Member Sandra Ranck as Supervising Member for Disciplinary Matters
- Targeted prescription drug abuse through collaboration with law enforcement, other state boards and agencies, and the use of OARRS data



Licensure Applicants Referred To Compliance For Review		
Type	Total Number	Referred to Compliance
Licensure by Examination	11,537	1,697
Licensure by Endorsement	4,508	577
<b>Total</b>	<b>16,045</b>	<b>2,274 (14%)</b>

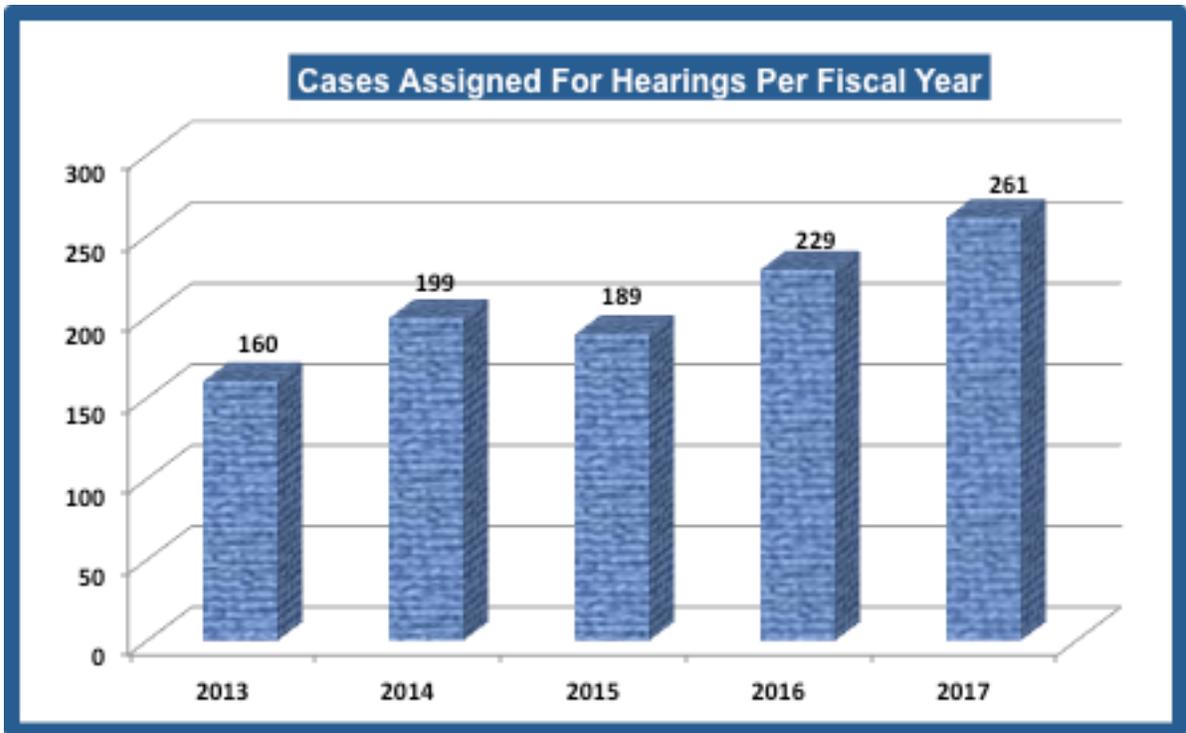
Complaints	
Type of Complaint	Number
Action Taken in Another State or Jurisdiction	718
Addendum to Board Actions	26
APRN Practice Issues	115
APRN Lapses (certification, licensure, CTP)	67
APRN Prescribing	340
Boundaries	40
COA/CTP Applicant	211
Community Health Worker Applicant	23
Confidentiality	67
Criminal	409
Default/Child Support	2
Dialysis Applicant	101
Drugs/Alcohol	891
Endorsement Applicant	577
Fraud (Theft)	140
Fraud (Medicare/Medicaid)	2
Imposter/Never Licensed	29
Invalid License (lapsed/inactive)	64
Medication Aide Applicant	12
Multiple Allegations	562
NCLEX Test Applicant	1,697
Non-compliance with Board Actions	432
Patient Abuse	72
Practice	1,048
Physical Impairment	0
Psychiatric Impairment	4
Renewal Applicant	854
Reinstatement Applicant	207
<b>Total</b>	<b>8,710</b>

## **Board Discipline, Alternative Programs, and Monitoring**

While the overwhelming majority of Ohio nurses practice with high standards, the actions or deficient practice of some have the potential to compromise patient safety and the public's confidence in the profession.

The Board provided the Alternative Program For Chemical Dependency (AP) and the Practice Intervention and Improvement Program (PIIP), confidential programs offered to licensees in lieu of disciplinary action.

<b>Board Actions</b>	
Board Order	432
Permanent Surrender	37
Default Order	22
Consent Agreement	680
Notice of Opportunity for a Hearing	430
Immediate Suspension	104
Temporary Suspension	2
Summary Suspension	3
Automatic Suspension	103
Suspension Without Stay	474
Stayed Suspension (Probation)	385
Permanent Revocation/Denial	127
Reprimand with requirements	203
Permanent Withdrawal of Application	0
Non-Permanent Withdrawal of Application	2
Voluntary Retirement	30
<b>Total</b>	<b>3,034</b>



### Monitoring Compliance

- Provided monitoring and oversight to assure licensees fulfilled the terms and conditions of their disciplinary agreements, Board Orders, or Participant Agreements for the Alternative Program for Chemical Dependency or the Practice Intervention and Improvement Program

Cases	Number
Active cases	1,401
Inactive cases <sup>1</sup>	3,254
Monitoring ceased – issued Automatic Suspension and Notice of Opportunity for Hearing	102
Monitoring ceased – released from the terms and conditions of their Board Order/Consent Agreement	141
<b>Total</b>	<b>4,898</b>

<sup>1</sup> Cases on inactive monitoring status generally involve suspended licenses or certificates. The case is assigned to “active” monitoring status upon an individual’s request for reinstatement and/or entry into a post-suspension consent agreement.

## Continuing Education

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**Strategic Initiative:** Assure that licensees and certificate holders maintain competency based on continuing education requirements set forth in the Nurse Practice Act and the administrative rules.

- Approved 10 Ohio Board of Nursing (OBN) Approvers of Continuing Education who assure providers of continuing education met the requirements set forth in the administrative rules
- Conducted audits to monitor compliance with continuing education requirements

## Regulatory Clarity and a Common Sense Approach

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**Strategic Initiative:** Address pertinent nursing regulatory issues and requirements for licensees and certificate holders and provide greater clarity about the requirements to those regulated by the Board and to the general public.

### Nursing Practice

- Responded to an average of 297 questions per month to provide guidance regarding the application of the Nurse Practice Act and administrative rules
- Published practice articles in each *Momentum*, wrote Frequently Asked Questions, and developed and updated Interpretive Guidelines to provide practice guidance
- Convened the Advisory Group on Dialysis to advise the Board about the regulation of dialysis technicians
- Convened the reconstituted Committee on Prescriptive Governance (CPG) regarding the APRN Formulary
- Convened the new Advisory Committee on Advanced Practice Registered Nursing
- Submitted nursing practice breakdown data to a national patient safety database

### Legislation

- The Board monitors proposed legislation that impacts the practice of nursing and Board operations. Bills of the 131<sup>st</sup> Ohio General Assembly related to the Board that became effective in fiscal year 2017 include:

### **Sub. HB 216: Advanced Practice Registered Nurses**

- Sub. HB 216 was signed into law by the Governor on January 4, 2017 and became effective on April 6, 2017. HB 216 eliminates the certificate of authority (COA) and the Certificate to Prescribe (CTP) and replaces them with an APRN license that designates APRNs as CRNAs, CNPs, CNSs, or CNMs. The bill makes additional changes to Chapter 4723., Ohio Revised Code (ORC), the Nurse Practice Act, and other related ORC Sections. A summary of the bill is included in Appendix C.

### **SB 319: Opioid-MBR**

- Sub. SB 319 was signed into law by the Governor on January 4, 2017 and became effective on April 6, 2017. The bill revises certain laws regarding the regulation of drugs, the practice of pharmacy, and the provision of addiction services. The bill requires the State Board of Pharmacy to regulate facilities, clinics, or other locations where office-based opioid treatment is provided to more than 30 patients, or that meet criteria specified in rules, through a licensing process that is similar to the Pharmacy Board's licensure of pain management clinics. The Nursing Board presented written testimony in support of the bill in the Senate.

### **SB 332: Commission on Infant Mortality-Recommendations**

- Sub. SB 332 was signed into law by the Governor on January 4, 2017 and becomes effective on April 6, 2017. The bill provides for the implementation of certain recommendations made by the Commission on Infant Mortality. The bill requires the Director of Health, with participation from the Medical Board and Nursing Board, to collaborate with Ohio medical, nursing, and physician assistant schools or programs to develop and implement appropriate curricula in those schools and programs. The bill also requires the Board and other health professional regulatory boards to consider problems of race and gender-based disparities in health care treatment decisions. The bill requires the Board to maintain a list of continuing education courses and experiential learning opportunities addressing cultural competency in health care treatment.

### **HB 483: Department of Developmental Disabilities--MBR**

- Am. Sub. HB 483 became law on October 12, 2016. The bill modifies the authority of MR/DD personnel to perform certain health care services for individuals with mental retardation and developmental disabilities. Depending on the health care service and the individual being served, nursing delegation may be required. DODD is required to develop courses and rules for MR/DD personnel that provide training for performing those health care services. The changes impacting nursing and unlicensed health care practice are limited to the DODD population served through the DODD Medicaid waivers or Medicaid program. These changes are consistent with the Nurse Practice Act and administrative rules governing delegation and standards of practice.

## Administrative Rules

- The Board timely completed its five-year review of applicable administrative rules as required by Section 119.032, ORC. These rules became effective on April 1, 2017 and included the following Ohio Administrative Code (OAC) Chapters:
  - 4723-5, Nursing Education Programs; 4723-7, Examination and Licensure; 4723-13, Delegation of Nursing Tasks; 4723-27, Medication Administration by Certified Medication Aides.

Individual rules not slated for five-year review were also amended to comply with recent legislative changes or for technical or non-substantive reasons. Since 2005, as part of rule review, the Board conducts a “plain English” review of its rules and amends or rescinds rule language that is obsolete, ineffective, contradictory or redundant, in accordance with Executive Order 2011-01K, “Establishing the Common Sense Initiative.” Individual rules became effective on April 1, 2017 within the following OAC Chapters:

- 4723-1, Board Organization and Records; 4723-2, Licensing for Active Duty Military and Veterans; 4723-5, Nursing Education Programs; 4723-7, Examination and Licensure; 4723-8 Advanced Practice Nurse Certification and Practice; Chapter 4723-9 Prescriptive Authority; 4723-14, Continuing Nursing Education.

## Communication and Collaboration

- Published *Momentum*, a magazine issued quarterly at no cost to taxpayers or the Board, to provide regulatory information
- Used the website, eNews (3,524 listserv subscribers), Twitter (2,365 followers), and Facebook (12,354 “likes”) to deliver Board updates
- Re-designed the Board website and added a “search” function for ease of use and location of materials
- Provided over 1,591 records to the public in response to public records requests, with over 95% provided in three to five business days
- Maintained the Ohio Center for Nursing website, in conjunction with the Ohio Network for Nursing Workforce
- Provided two Nursing Education Program Administrator Workshops
- Presented regulatory updates at meetings of the Ohio Council of Associate Degree Nursing Education Administrators, the Ohio Council of Deans and Directors of Baccalaureate and Higher Degree Nursing Programs, and the Ohio Organization of Practical Nurse Educators

**APPENDIX A - Board Member Roster  
(Members for All or Part of Fiscal Year 2017)**

Name/Position	City	End of Term
Patricia Sharpnack, DNP, RN, President, Chair, Advisory Group on Nursing Education	Chardon	2017
J. Jane McFee, LPN, Vice President Chair, Advisory Group on Continuing Education	Perrysburg	2017
Sandra Ranck, RN Supervising Member	Ashtabula	2018
Janet Arwood, LPN	Hilliard	2017
Brenda Boggs, LPN	Germantown	2019
Matthew Carle, JD, Consumer Member	Blacklick	2019
Barbara Douglas, RN, APRN-CRNA	Chardon	2020
Nancy Fellows, RN	Willoughby Hills	2020
Erin Keels, RN, APRN-CNP	Columbus	2018
Lisa Klenke, RN	Coldwater	2019
Lauralee Krabill, RN Board Nursing Education Liaison	Sandusky	2017
Maryam Lyon, RN Chair, Advisory Group on Dialysis	Sidney	2017
Joanna Ridgeway, LPN	Hilliard	2018
Judith A. Church, RN	Miamisburg	Served part of FY 2017
John Schmidt, RN	Cleveland	Served part of FY 2017
Sheryl Warner, JD, Consumer Member	Canal Winchester	Served part of FY 2017

**APPENDIX B - Fiscal Report**

<b>FY 2017 Appropriations</b>	
Operational Budget (4K90)	\$8,278,848
Special Issues (5P80)	\$2,000
Nurse Education Grant (5AC0)	\$1,523,506
<b>Total Appropriations</b>	<b>\$9,804,354</b>

<b>FY 2016 Revenue</b>	
Income from Fees	\$5,786,295
<b>Total Revenue</b>	<b>\$5,786,295</b>

<b>FY 2017 Expenditures</b>	
<b>Payroll &amp; Personal Services</b>	
Payroll	\$6,640,423
Personal Services	\$217,855
<b>Subtotal</b>	<b>\$6,858,278</b>

<b>Maintenance</b>	
<b>Subtotal</b>	<b>\$1,146,376</b>

<b>Equipment</b>	
<b>Subtotal</b>	<b>\$42,952</b>

<b>Refunds</b>	
<b>Subtotal</b>	<b>\$325</b>

<b>Operational Costs Grand Total</b>	<b>\$8,047,931</b>
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<b>Special Issues Fund</b>	
<b>Total</b>	<b>\$500</b>

<b>NEGP Fund</b>	
Actual Disbursed	\$1,493,506
Administrative Expenses	\$3,939
<b>Total</b>	<b>\$1,497,445</b>

**Major APRN Provisions in HB 216**

1) COA Replaced by a License

Sections 4723.01 and 4723.41, ORC

- The bill establishes an APRN license rather than a COA, that authorizes a registered nurse with advanced education and training to practice as one or more of four types of APRNs: CRNA, CNS, CNM, or CNP.

2) Collaboration, Supervision for CRNAs, Standard Care Arrangement (SCA)

Sections 4723.43 and 4723.431, ORC

The bill preserves current law, requiring that a CNS (with the caveat mentioned below), CNM, or CNP enter into a SCA with one or more collaborating physicians or podiatrists and practice in accordance with the SCA. The requirements for the SCA remain the same, except as follows:

- The bill eliminates the requirement that a SCA contain (1) a procedure for regular review of referrals by the nurse to other health care professionals and the care outcomes for a random sample of all patients seen by the nurse; and (2) a policy for care of infants up to age one and recommendations for collaborating physician visits for children from birth to age three, if the nurse regularly provides services to infants.
- The bill now requires a CNS whose nursing specialty is mental health or psychiatric mental health to enter a SCA. Previously, this was not required for non-prescribing CNSs in this specialty area. For the CNS whose specialty is mental health or psychiatric mental health, the collaborating physician must practice in one of the following specialties: 1) a specialty that is the same as or similar to the nurse's nursing specialty; 2) pediatrics, or 3) primary care or family practice.
- The bill requires the collaborating physician or podiatrist to provide written or electronic notice of termination of the collaborating relationship, and requires the APRN to subsequently notify the Board of the termination.
- The bill requires that the nurse's employer retain the SCA on file. Existing law requires a copy of the SCA to be retained on file at each site where the nurse practices.

For CRNAs, the bill maintains the existing requirement that a CRNA practice with a supervising dentist, physician, or podiatrist, and that supervision requires that a CRNA practice in the immediate presence of a dentist, physician, or podiatrist when administering anesthesia. Existing law does not require a CRNA to enter into a SCA.

3) Prescribing (CNP, CNS, CNM)

Sections 4723.431, 4723.481 and 4723.482, ORC

The bill specifies:

- That the CTP be eliminated, along with the initial externship certificate (CTP-E) that requires supervision of the APRN's prescribing practices.
- That the license grants each type of APRN, other than a CRNA, authority to prescribe

or personally furnish most drugs and therapeutic devices.

- The elimination of the conditions governing an APRN furnishing a sample drug or therapeutic device, unless the drug or device is listed on the exclusionary formulary.
- That the applicant may apply for the license up to five years after completion of 45-hours of advanced pharmacology (previously it was three years).
- That the collaborating physician or podiatrist may collaborate with up to five nurses in the prescribing component of their practices (previously it was no more than three).

4) Formulary (CNP, CNS, CNM)  
Sections 4723.492, 4723.50, ORC

The bill specifies:

- That the formulary is to be "exclusionary," including only those drugs or devices that the APRN is not authorized to prescribe or furnish.
- That the CPG develop a recommended exclusionary formulary and submit it to the Board at least twice each year for Board approval. The Board has authority to adopt rules consistent with the recommended exclusionary formulary submitted by the Committee.

5) Controlled Substances (CNP, CNS, CNM)  
Sections 3719.06 and 4723.481, ORC

Current law allows an APRN to prescribe a schedule II controlled substance only under certain conditions or from specified locations. These conditions include all of the following: (1) the patient has a terminal condition, (2) the collaborating physician initially prescribed the substance for the patient, and (3) the prescription is for an amount that does not exceed that necessary for the patient's use in a single, 24-hour period.

The bill specifies:

- That any physician, rather than only the APRN's collaborating physician, can issue the patient's initial prescription.
- That the APRN may prescribe an amount for the patient's use in a single, 72-hour period, rather than a 24-hour period.

Under existing law, the locations from which an APRN may prescribe a schedule II controlled substance include hospitals, nursing homes, hospice care programs, ambulatory surgical facilities, and freestanding birthing centers. An APRN may not (1) personally furnish a schedule II controlled substance or (2) prescribe a schedule II controlled substance from a convenience care clinic.

The bill specifies:

- Residential care facilities as additional locations from which an APRN may issue a prescription for a schedule II controlled substance.

6) Fees for Initial and Renewal Applications  
Sections 4723.24 and 4723.08, ORC

The bill specifies:

- That the Board issue or deny the license after receiving a complete application within 30 days, rather than 60 days.
- That the initial APRN application fee is \$150 (current COA fee is \$100; CTP fee is \$50).
- That the renewal fee is \$135 (current COA fee is \$85; CTP renewal is \$50). Although the bill authorizes the Board to charge \$50 for processing a late application, the Board will not charge a late processing fee for the COA renewal/APRN licensure issuance in 2017.

7) Continuing Education (CE)  
Section 4723.24 ORC

The bill maintains that a CNS, CNM, or CNP must complete 12 hours in each renewal period of CE in advanced pharmacology. In addition, it maintains that certain CE credits earned by an APRN to maintain certification by a national certifying organization may count as credit for the renewal of both a RN and APRN license.

The bill specifies:

- Starting in 2019, to renew an APRN license, APRNs must complete 24 hours of CE in each renewal period, and for a CNP, CNS, or CNM, those 24 hours must include 12 hours of CE in advanced pharmacology. The 24 hours of CE required to renew an APRN license are in addition to the 24 hours of CE required to renew the RN license.

8) Inactive status  
Section 4723.47, ORC

Current law provides that if the RN license is inactive, the nurse's COA is automatically classified as inactive while the RN license remains inactive. This provision remains in the current bill with respect to the APRN license.

9) License Suspension, Revocation, or Failure to Renew  
Section 4723.47, ORC

Current law provides that if the APRN's RN license lapses for failure to renew, the nurse's COA lapses until the RN license is reinstated. This provision remains in the current bill as to the APRN license.

If either license is revoked or suspended, the other license is automatically revoked or suspended. This is similar to current law that provides that if a RN license is revoked or suspended, the COA is automatically suspended.

10) Termination of Physician Collaboration  
Sections 4723.431(E) and 4731.27, ORC

The bill specifies:

- A CNS, CNM, or CNP may practice without a collaborating physician or podiatrist for

not more than 120 days if the physician or podiatrist terminates the collaboration before the standard care arrangement expires. The 120-day period runs from the date the nurse submits the notice to the Board. The nurse must notify the Board of the termination “as soon as practicable” by submitting a copy of the notice of termination.

11) Unauthorized Practice as an APRN  
Sections 4723.03 and 4723.44, ORC

As in current law, these provisions prohibit engaging in APRN practice without being licensed, or an individual representing or using any title or initial implying they are an APRN.

12) Board of Nursing Members  
Section 4723.02, ORC

The Board consists of 13 members, eight of whom must be RNs. Under existing law, one of the RN members must be an APRN.

- The bill requires that at least two of the eight RN members hold current, valid APRN licenses.

13) Advisory Committee on Advanced Practice Registered Nursing  
Section 4723.493, ORC

The bill establishes an Advisory Committee that is responsible for advising the Board on the practice and regulation of APRNs, and that may make recommendations to the CPG.

The bill specifies:

- That the Board appoint the members of the Advisory Committee as follows:
  - Four APRNs who are actively practicing in Ohio in clinical settings, at least one of whom is actively engaged in providing primary care, at least one of whom is actively engaged in practice as a CRNA, and at least one of whom is actively engaged in practice as a CNM.
  - Two APRNs who each serve as faculty members of approved programs of nursing education that prepare students for licensure as APRNs.
  - One member of the Board who is an APRN.
  - One representative of an entity that employs ten or more APRNs who are actively practicing in Ohio.
  - The Board may appoint members in addition to the eight members required on the Advisory Committee's recommendation.
- That schools of advanced practice registered nursing and organizations representing APRNs practicing in Ohio may submit recommendations to the Board regarding membership.
- Initial appointments must be made not later than 60 days after the bill's effective date. Certain initial appointments are for one year, while others are for two years.
- Thereafter, each member is to serve a two-year term. Members may be reappointed for one additional term.
- Five Committee members constitute a quorum.

14) Committee on Prescriptive Governance (CPG)  
Sections 4723.49, 4723.492, 4729.50, ORC

Under current law, the CPG consists of four nurses, four physicians, and two pharmacists.

The bill specifies:

- The Nursing Board is to appoint the members who are nurses, the Medical Board is to appoint the members who are physicians, and the Pharmacy Board is to appoint the member who is a pharmacist.
- Membership is three APRNs, three physicians, and one pharmacist.
  - Two APRNs, one nominated by an Ohio advanced practice registered nurse specialty association and one nominated by the Ohio Association of Advanced Practice Registered Nurses.
  - A member of the Board who is an APRN.
  - Two physicians actively engaged in practice with a CNS, CNM, CNP, one nominated by the Ohio State Medical Association and one nominated by the Ohio Academy of Family Physicians.
  - A member of the State Medical Board who is a physician and represents the public.
  - A pharmacist actively engaged in practice in Ohio as a clinical pharmacist; the clinical pharmacist is a nonvoting member.
- Initial appointments must be made not later than 60 days after the effective date.
  - APRNs, one for term of one year and two for terms of two years.
  - Physicians, one for a term of one year and two for terms of two years.
  - Pharmacy's appointment for a term of two years.
  - Thereafter terms are for two years.
- At least four voting members must be present to conduct business.
- The Board has the deciding vote in a tie that must be cast following a Board meeting.
- The Committee is to meet at least twice per year.
- The CPG must develop a recommended exclusionary formulary of drugs and therapeutic devices that a CNS, CNM, or CNP cannot prescribe or furnish. The CPG must submit the exclusionary formulary to the Board at least twice each year for the Board's approval. The Board may ask the Committee to reconsider and resubmit the recommended formulary. The Board has authority to adopt rules consistent with the recommended exclusionary formulary submitted by the Committee.

15) Advisory Group on Dialysis  
Section 4723.71, ORC

Current law requires the Board to appoint a physician who specializes in nephrology to serve as a member. The bill specifies that the Board may appoint either a physician or an APRN recommended by the Board who specializes in nephrology.