Good morning. My name is Carrie Kuruc, and I am the Director of the Common Sense Initiative in the office of Governor Mike DeWine and Lt. Governor Jon Husted. I appreciate the opportunity to address the committee under R.C. 101.63.

CSI keeps a watchful eye for situations where Ohio’s laws and rules might not have caught up with the speed of business and advancing technology. Burdensome regulation isn’t always a result of overly prescriptive administrative rules. Often, the lack of flexibility that businesses experience can be the result of restrictions that originate in statute.

Our rule review process is business-focused, calling on agencies to engage with businesses and stakeholders during the drafting process, and again when the proposed rules are filed to help CSI identify unreasonable adverse impacts that a proposed rule might have on business and job creation.

R.C. 101.64 requires the CSI office to offer any information it has collected over the past six years about the occupational licensing boards the committee is reviewing. Since 2013, CSI has reviewed hundreds of rules from the State Medical Board.

CSI has reviewed rules on licensure and scope of practice for physicians and limited branches of medicine, anesthesiologist and radiologist assistants, physician assistants, genetic counselors, and podiatric physicians. The CSI review process sought comments on issues such as youth sports concussion standards, surgery standards, and criminal records checks, among others. Many of these public comment periods led to substantive changes in the Board’s proposed rules.

For example, forty public comments arose during the comment period for the office-based opioid treatment rules in 2014. CSI coordinated a meeting between Board staff and its stakeholders. The Board reconvened its advisory panel and eventually proposed additional changes to the rules.

In 2016, the Board’s telemedicine rules had a very active CSI public comment period that led to about a dozen changes in the proposed rules related to issues such as informed consent and the involvement of advanced practice registered nurses and physician assistants in telemedicine care. Comments came from organizations such as the Ohio Hospital Association, the Ohio State Medical Association, the State Board of Pharmacy, and the State Board of Nursing.
In 2018, comments that the rules regarding the “One-Bite” program for impaired practitioners were overly prescriptive and went beyond the program’s original structure led to rule changes. The Board, after meetings with CSI and stakeholders, revised the rules to implement stakeholder suggestions.

So far in 2019, CSI handled several filings from the State Medical Board that benefitted from the CSI review process. For example, rules related to Cosmetic Therapy Continuing Education and Massage Therapy Continuing Education sparked significant public comments and led the Board to reduce its proposed number of continuing education hours for both licenses to 12 from the originally required 25 for cosmetic therapists and 24 for massage therapists. In addition, the comments led the Board to expand the way in which licensees can obtain continuing education credit to include online classes. Those changes eased the adverse impact that the proposed rules had on licensees.

Statutory consolidation of the Board of Dietetics into the Medical Board in the 132nd General Assembly required changes to the rules for dietetics. To align the rules with the statutory changes to R.C. Chapter 4759, the Medical Board worked closely with the Dietetics Advisory Council and worked through substantial stakeholder comments. Those rules also came through CSI this year.

Over the years, the State Medical Board has embraced the CSI process and has taken the comments that it generates seriously. The Board has considered alternative regulations to ease compliance and adverse impacts on business when its statutory mandate permits. As a result, CSI’s stakeholder-driven review process has significantly influenced the Board’s regulations.