



Occupational Licensing Review

Board Questionnaire

Board Name State Medical Board of Ohio

Point of Contact Jonithon LaCross

Describe the board's primary purpose and its various goals and objectives

The State Medical Board of Ohio issues licenses and oversees the practice of allopathic physicians (MD), osteopathic physicians (DO), podiatric physicians (DPM), massage therapists (LMT), and cosmetic therapists (CT) under the authority of the Medical Practices Act, Chapter 4731, Ohio Revised Code (ORC). The Medical Board continues to regulate naprapaths and mechanotherapists licensed by the Board before March 1992.

The Medical Board also regulates Physician Assistants, ORC Chapter 4730, Dietitians, ORC Chapter 4759, Anesthesiologist Assistants, ORC Chapter 4760, Respiratory Care Professionals, ORC Chapter 4761, Acupuncture & Oriental Medicine, ORC Chapter 4762, ORC, Radiologist Assistants, ORC Chapter 4774, and Genetic Counselors, ORC Chapter 4778.

The Medical Board's regulatory responsibilities include investigating complaints against applicants and licensees and taking disciplinary action against those who violate the public health and safety standards set by the General Assembly and the Medical Board.

Agency Mission:

-To protect and enhance the health and safety of the public through effective medical regulation.

Agency Goals:

- Ensure persons practicing medicine meet sufficient standards of education, training, competence and ethics.
- Define and advocate for standards of safe medical practice.
- Prohibit persons from practicing medicine whose violations are so egregious as to forfeit the privilege or who otherwise lack the legal authority.
- Provide information about the licensees of the Medical Board, the Board's functions and operations, and the laws governing the practice of medicine.
- Achieve and maintain the highest possible levels of organizational efficacy.

Describe and identify the board's past and anticipated workload, number of staff required to complete workload, and total number of staff

The Board licenses and regulates over 86,000 medical professionals – a growth in volume of over 30% in the past 5 years, and over 45% in the past decade. During FY18, staffing levels included 84.5 positions, up from 82.5 in FY17 and FY16.

Total active licenses have increased steadily from FY14 to FY18. The board added 8,371 respiratory care and 4,275 dietetics licensees on January 21, 2018 by requirement of HB49.

Enforcement staff review the complaints referred to the section by the Board's Secretary and Supervising Member and prepare the cases for possible disciplinary action. Enforcement attorneys prepare citations, as well as Summary Suspensions, Immediate Suspensions and Automatic Suspensions. They also negotiate Consent Agreements and Voluntary Surrenders

The Medical Board employs 20 field investigators who are based throughout the state. The median number of days from the referral of a case to an investigator until the date that the initial report of investigation was submitted: 58.

Currently, two nurses are employed by the Board to manage the complaints in the Standards Review section. From July 1, 2017, to June 30, 2018, the Standards Review and Quality Intervention section reviewed 576 complaints. It closed 413 complaints following review without taking any further action. Additionally, 113 licensees were referred to remedial education and/or were cautioned regarding their practice. As part of the review process, 912 subpoenas were issued.

License Type	Total Active Licenses as of				
	6/30/16	6/30/17	6/30/16	6/30/16	6/30/14
Allopathic Physician – MD	42,265	41,533	40,685	40,222	39,108
Osteopathic Physician – DO	6,676	6,430	6,164	5,931	5,885
Podiatric Physician – DPM	956	977	959	964	969
Training Certificate – MD	4,569	3,969	3,594	4,341	4,441
Training Certificate – DO	1,409	1,162	1,071	1,147	1,145
Training Certificate – DPM	148	93	96	126	124
Telemedicine Licenses (MD-DO)	167	157	134	158	167
Acupuncturist – LAc	228	243	242	234	205
Anesthesiologist Assistant – AA	249	262	241	205	198
Cosmetic Therapist – CT	169	177	183	177	179
Dietitian – LD	4,275	NA	NA	NA	NA
Limited Permit Dietitian – LD	23	NA	NA	NA	NA
Genetic Counselor	288	265	221	171	130
Massage Therapist – MT	12,090	11,947	11,960	12,350	12,199
Mechanotherapy – DM	11	14	15	16	24
Nagrapath – NAP	1	1	1	1	1
Oriental Medicine Practitioner – LOM	47	41	32	24	17
Physician Assistant – PA	3,705	3,506	2,720	2,952	2,639
Radiologist Assistant – RA	16	15	14	12	9
Respiratory Care Professional – RCP	8,633	NA	NA	NA	NA
L1 Limited Permit – Respiratory Care	375	NA	NA	NA	NA
L2 Limited Permit – Respiratory Care	8	NA	NA	NA	NA
Total	86,327	70,638	67,922	69,072	67,260

	Ratio of Licenses to Staff (Utilization Ratio)	FTE Headcount	Licenses
2014	815	82.5	67,260
2015	837	82.5	69,072
2016	823	82.5	67,922
2017	856	82.5	70,638
2018	1022	84.5	86,327

	Number of Open Complaints
2014	3130
2015	1908
2016	1403
2017	1389
2018	1453

	Days to Close a Complaint
2014	329.2
2015	313.5
2016	145.1
2017	117.9
2018	100.9

Describe and identify the board's past and anticipated budgets and its sources of funding

Operating revenues and expenses

Fee Revenue collected by the Board is deposited into the State Medical Board Operating Fund (Fund 5C60). Fund 5C60 is the Board's operating account into which receipts are deposited and from which expenses are paid. Each licensing board or commission is generally expected to be self-sufficient, generating enough revenue to cover its expenses. The Board's annual revenues, expenditures, and transfers out from FY 2013 through FY 2018 are shown in Table 1. The net reflects the revenue minus both expenses and transfers out. The Board's revenue has exceeded expenses for four of the six fiscal years. The transfers out since FY 2016 have been for development of the eLicensing system. In FY 2016, the Board paid a one-time payment of about \$962,000 for eLicense enhancements.¹ Hence, the amount expended in that year is higher than previous years.

Table 1. Revenues and Expenditures, FY 2013-FY 2018

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018*
Revenue	\$8,235,756	\$9,271,941	\$8,796,521	\$9,768,381	\$9,772,230	\$11,045,850
Expenses	\$8,089,940	\$8,144,383	\$8,010,905	\$9,401,520	\$8,747,268	\$9,245,335
Transfers Out	\$117,700	\$0	\$124,177	\$517,166	\$1,488,258	\$1,114,680
Net	\$28,116	\$1,127,558	\$661,439	-\$150,305	-\$463,296	\$685,835

*Does not include any revenues in a holding account at the end of the fiscal year.

Medical Board operations are funded exclusively through licensing and other authorized fees. The agency receives no funding from the state's general revenue sources. The Board received a record high \$11,037,250 in revenue in FY18; 13% higher than its previous high in FY16 of \$9,768,451.

Approximately \$1.2 million came from renewals of Respiratory Care Professionals and Dietitians. These two professions renew at the same time (are not staggered) and this will happen again in FY20. Another significant portion of the increase included just over \$222,000 in fines received.

The Board finished the year well under its \$10,163,504 budget. Final numbers will not be available until November 2018, when the Board finishes spending from its FY18 encumbrances (purchase orders).

FY19 began July 1, 2018 with a budget of \$11,064,757.

By Expense Category	FY18
Payroll	\$ 7,797,920
Purchased Personal Services	\$ 251,079
Operating Expenses	\$ 938,514
Travel Reimbursements	\$ 42,985
Equipment	\$ 10,975
Refund/Transfers/Reimbursements	\$ 250
Total	\$ 9,041,723

By Division	FY18
(355) Board Members (& Advisory Councils)	\$ 139,592
(203) Strategic Services	\$ 1,177,150
(253) Compliance	\$ 188,968
(254) Enforcement	\$ 1,029,321
(100) Executive	\$ 434,936
(300) Hearing Unit	\$ 334,262
(252) Investigations	\$ 2,291,879
(120) Legal & Policy	\$ 875,773
(202) Licensure/Renewal	\$ 1,085,482
(255) Quality Intervention/Standards Review	\$ 334,803
(152) Operations (HR/Fiscal/Overhead)	\$ 1,149,556
Total	\$ 9,041,723

Identify the number of members of its governing board or other governing entity and their compensation, if any

Board Members

Job Title: Board/Commission Member 2

Name		Hours Paid	Pay Rate	Annual Total Earnings
BECHTEL, MARK A		240	\$ 19.70	\$4,728.00
EDGIN, RICHARD A		192	\$ 19.70	\$3,782.40
FACTORA, RONAN M	Term Ended 5/19/2019	200	\$ 19.70	\$3,940.00
GIACALONE, ROBERT P	Board President	472	\$ 20.40	\$9,396.40
GONIDAKIS, MICHAEL L		180	\$ 20.40	\$3,701.68
JOHNSON, SHERRY L		140	\$ 19.70	\$2,758.00
MONTGOMERY, BETTY D		204	\$ 19.70	\$4,018.80
ROTHERMEL, KIM G	Secretary	716	\$ 20.40	\$14,757.60
SAFERIN, BRUCE R	Supervising Member	932	\$ 20.40	\$18,980.32
SCHACHAT, ANDREW P	Term Ended 5/19/2019	244	\$ 19.70	\$4,806.80
SCHOTTENSTEIN, MICHAEL S		240	\$ 20.40	\$4,845.60
SOIN, AMOL*		156	\$ 20.40	\$3,143.20
HARISH, KAKARALA	Appointed 5/21/2019	0	\$ -	\$0.00
FEIBEL, JONATHAN	Appointed 5/21/2019	0	\$ -	\$0.00
STEINBERGH, ANITA M	Resigned 4/30/18	192	\$ 22.66	\$4,350.72
Board Members				\$83,209.52
Annual Total:				

*Additional - Soin, Amol PRX-MMAC 24 Hours Total: \$ 484.00

Is the preservation of the board necessary to protect the public's health, safety, or welfare? If so, is the authority of the board narrowly tailored to protect the public's health against present, recognizable, and significant harms to the public's health safety and welfare?

The preservation of the board is essential to protect the public's health, safety, and welfare. The Medical Board defines the standards of care for safe medical practice. These standards ensure that licensees are qualified to provide medical care in this state, and are the basis for discipline when those standards are violated. When the Board receives complaints against its licensees, it investigates those alleged violations and takes disciplinary action - when necessary - to deny, revoke, or restrict a licensee's right to practice medicine in Ohio.

Could the public be protected or served in an alternate or less restrictive manner?

A strong licensure and regulatory system is vital to protecting patient safety and quality medical care. Without the board's licensure and regulatory authority there would be zero oversight for physicians and practitioners in Ohio; there are no licensure standards for clinics, hospitals, or other health care offices.

Does the board serve a specific private interest?

No, the board does not serve a specific private interest.

Are the board's rules consistent with the legislative mandate expressed in the statutes that created and empowered the board?

Yes, the board's rules are consistent with the legislative mandate expressed in the statutes that create empower the board.

4731.05 Administrative rules.

(A) The state medical board shall adopt rules in accordance with Chapter 119. of the Revised Code to carry out the purposes of this chapter. All adjudicative proceedings of the state medical board shall be conducted in accordance with Chapter 119. of the Revised Code.

(B) The state medical board shall appoint an executive director who shall be in the unclassified service of the state. The board may appoint other employees of the board as are necessary and shall prescribe their titles and duties.

(C) The state medical board shall develop requirements for and provide appropriate initial and continuing training for investigators employed by the board to carry out its duties under Chapter 4731. of the Revised Code. The training and continuing education may include enrollment in courses operated or approved by the Ohio peace officer training commission that the board considers appropriate under conditions set forth in section 109.79 of the Revised Code.

(D)

(1) The state medical board shall adopt internal management rules pursuant to section 111.15 of the Revised Code. The rules shall set forth criteria for assessing the board's accomplishments, activities, and performance data, including metrics detailing the board's revenues and reimbursements; budget distribution; investigation and licensing activity, including processing time frames; and enforcement data, including processing time frames. The board shall include the assessment in the annual report required by section 149.01 of the Revised Code.

(2) The state medical board shall cause the internal management rules and annual report described in division (D)(1) of this section to be publicly accessible on the state medical board's web site.

If applicable, please identify any licenses or functions of the board that could be eliminated or consolidated

The board regularly reviews its licenses and certificates to assess necessity and functionality. The board included elimination of telemedicine certificates, convert existing certificates into standard physician licenses, and limited certificates in HB166.

Describe the extent to which the board's jurisdiction and programs overlap or duplicate those of other boards, the extent to which the board coordinates with those other boards, and the extent to which the board's programs could be consolidated with the programs of other state departments or boards.

Multiple rules, statutes, and jurisdictions intertwine with other boards and agencies. Through the regulation for the safe practice of medicine many of the board's programs coincide with the Ohio Board of Pharmacy, Ohio Board of Nursing, Ohio Mental Health and Addiction Services, Ohio Department of Health, and other health practitioner boards services.

The Board has continued in the fight against prescription drug misuse by partnering with health care boards and state agencies to share information and collaborate on ways to better educate prescribers on the safe use of opioids. Specific initiatives have included rules packages, legislation, educational learning modules, monthly newsletters, fact sheets with examples of best practices, and templates such as chronic pain management contracts which providers can quickly download from the website and complete with their patients.

The board communicates regularly with the health care boards to share information, provide comment, and address matters of importance to provide quality services and appropriate regulation.

How many other states regulate the occupation or occupations under the board's jurisdiction? Is a license required to engage in that occupation or those occupations in other states? Are the initial licensing and license renewal requirements for the occupation or occupations substantially equivalent in every state? How does the amount of regulation exercised by the board compare to the regulation of the occupation or occupations, if any, in other states?

All states regulate the occupations under the boards jurisdiction. However, not all states require a license to practice the occupation. Ohio and the 49 other states require regulation and licensure of MD, DO, DPM, and physician assistants.

At this time the board does not retain a comprehensive list of out-of-state licensing requirements for licensure types. The boards licensure requirements and standards derive solely from authority granted by the Ohio Revised Code.

The board continually works with professional associations, practitioners, hospitals, and the state legislature to amend statutory code to create substantially equivalent licensure and regulatory standards.

The State Medical Board of Ohio is considered the gold star standard for licensure from the Federation of State Medical Boards. We as a board balance rigorous but fair licensure requirements to ensure the safe practice of medicine and make patient safety a top priority in Ohio.

Would significant changes in the board's rules prevent an individual licensed in Ohio from practicing, or allow an individual licensed in Ohio to practice, the same occupation in another jurisdiction without obtaining an occupational license for that occupation in that other jurisdiction?

Significant changes in the board's rules would not prevent an individual licensed in Ohio from practicing, or allow an individual licensed in Ohio to practice, the same occupation in another jurisdiction without obtaining an occupational license for that occupation in that other jurisdiction.

Does the board recognize national uniform licensure requirements for one or more occupations under the board's jurisdiction?

The board does not recognize national uniform licensure requirements for one or more occupations under the board's jurisdiction, as there are no national uniform licensure requirements for such occupations and each state has different requirements. Further, most license eligibility requirements are set by statute. However, for the board's primary license types, the requirements for licensure are similar throughout the country in terms of education, training, examinations, and/or certifications required.

Could private contractors be used, in an effective and efficient manner, either to assist the board in the performance of its duties or to perform these duties instead of the board?

Yes, there are opportunities throughout the board to utilize contractors to assist in duties:

E-license- creation of software and management of the program

Communications - development of visual and educational material such as videos and brochures

Continuing medical education audits - provide services for licensees to regularly upload and track continuing education requirements. The contractor could also provide routine audits of continuing education completion

Has the operation of the board inhibited economic growth, reduced efficiency, or increased the cost of government?

The board operation has increased economic growth, increased efficiency, and lowered the cost of government. Staff continues to engage in continuous improvement efforts that redefine work processes, aligning with the eLicense system capabilities, identifying and resolving system issues as they arise, and identifying system enhancements to improve the user experience. All renewals are now processed and paid via credit card online through the eLicense system except naprapath, mechanotherapist, and restricted cosmetic therapist applications.

Licensure Application Forms Streamlined: During FY18, the Board approved revisions to the Ohio physician licensure and allied health application forms which eliminated material no longer applicable with the conversion to online application forms. Certificates of recommendation, employer recommendations, photographs, and notarized affidavits were eliminated from the application forms.

The following recent changes to the board are examples of the board increasing efficiency and lowering the cost of government:

Physician Licensure Application Fee Reduced: HB49, the State of Ohio Biennial Budget Bill, included a provision that cut the initial license application fee for MD, DO and DPM from \$335 to \$305 effective 9/29/2017.

Training Certificate Valid for Three Years: Until 9/27/2017, training certificates issued to those participating in Ohio medical residency or fellowship training programs had to renew the training certificate annually. Provisions in HB49 changed the length of time a training certificate is valid from one year to three years which syncs the training certificate up to the duration of most residency training programs. For those in extended training programs, training certificates may be renewed one time for an additional three years.

Physician assistant license application fee:
Reduced the fee that must be paid to the State Medical Board when applying for an initial license to practice as a physician assistant to \$400 from \$500.

Procedures for license issuance:
Eliminated a requirement under which an affirmative vote of at least six members of the Board is necessary to determine whether various license types may be issued by the Board to an applicant. This change allows for faster issuance of initial licenses that meet licensure standards.

Describe the authority of the board regarding fees, inspections, enforcement, and penalties.

The boards authority regarding fees, inspections, enforcement, and penalties are set by the Ohio Revised Code.

Describe the extent to which the board has permitted qualified applicants to serve the public.

Through the licensure process the Medical Board ensures that those practicing medicine and the other professions regulated by the board meet sufficient standards of education, training, competency and ethics, ensuring qualified applicants serve the public.

The Board also has the seven-member Physician Assistant Policy Committee (PAPC), appointed by the President of the State Medical Board, including three physicians, three physician assistants, one consumer representative, and, when the Committee is developing or revising policy and procedures for physician assistant prescriptive authority, one pharmacist. The Committee is designed to review education and licensing requirements for physician assistants. Committee members are appointed to two-year terms and may serve no more than three consecutive terms. .

As part of acquiring responsibility for dietetics and respiratory care licensure, the Board was required to create the Dietetics Advisory Council and the Respiratory Care Advisory Council. The Dietetics Advisory Council consists of no more than seven individuals knowledgeable in the area of dietetics. One member must be an educator with a doctoral degree and another is a public member. The Respiratory Care Advisory Council also consists of no more than seven individuals knowledgeable in the area of respiratory care. One member must be a physician who is also a member of the State Medical Board, one must be a physician with experience in pulmonary disease, and one must be a public

Describe the extent to which the board has permitted individuals to practice elements of the occupation without a license.

The board does not permit individuals to practice elements of the occupation without a license or certificate.

Assess the cost-effectiveness of the board in terms of number of employees, services rendered, and administrative costs incurred, both past and present.

The Board's operations are funded by a single appropriation item within Fund 5C60 – item 883609, Operating Expenses. Medical Board operations are funded exclusively through licensing and other authorized fees. The agency receives no funding from the state's general revenue sources. The Board received a record high \$11,037,250 in revenue in FY18; 13% higher than its previous high in FY16 of \$9,768,451.

As a regulatory agency, personal services is the largest expense category of the Board. 81.0% of the recommended funding for the biennium is for personal services and 14.4% is for supplies and maintenance. The remaining 4.5% is for other expenses, primarily purchased personal services and equipment.

Our process improvements have driven more than a 6% increase in completed investigations despite a 15% vacancy rate in that department, and the Board has held steady on the number of new physician licenses issued each of the past two years, but now processes them 34% faster. We are confident that we can continue to meet and exceed the expectations of our customers at current staffing levels of 84.5 positions. Temporary positions are used as needed to address any gaps in workflow.

By Expense Category	FY17
Payroll	\$ 7,185,899
Purchased Personal Services	\$ 313,626
Operating Expenses	\$ 919,651
Travel Reimbursements	\$ 56,525
Equipment	\$ 22,724
Refund/Transfers/Reimbursements	\$ 25,220
Total	\$ 8,523,545

By Division	FY17
(355) Board Members (& PAPC)	\$ 118,125
(203) Strategic Services	\$ 1,093,177
(253) Compliance	\$ 176,261
(254) Enforcement	\$ 960,409
(100) Executive	\$ 352,316
(300) Hearing Unit	\$ 406,375
(252) Investigations	\$ 2,119,601
(120) Legal & Policy	\$ 734,140
(202) Licensure/Renewal	\$ 1,178,113
(255) Quality Intervention	\$ 311,504
(152) Operations (HR/Fiscal/Overhead)	\$ 1,127,524
Total	\$ 8,523,545

By Expense Category	FY18
Payroll	\$ 7,797,920
Purchased Personal Services	\$ 251,079
Operating Expenses	\$ 938,514
Travel Reimbursements	\$ 42,985
Equipment	\$ 10,975
Refund/Transfers/Reimbursements	\$ 250
Total	\$ 9,041,723

By Division	FY18
(355) Board Members (& Advisory Councils)	\$ 139,592
(203) Strategic Services	\$ 1,177,150
(253) Compliance	\$ 188,968
(254) Enforcement	\$ 1,029,321
(100) Executive	\$ 434,936
(300) Hearing Unit	\$ 334,262
(252) Investigations	\$ 2,291,879
(120) Legal & Policy	\$ 875,773
(202) Licensure/Renewal	\$ 1,085,482
(255) Quality Intervention/Standards Review	\$ 334,803
(152) Operations (HR/Fiscal/Overhead)	\$ 1,149,556
Total	\$ 9,041,723

The State Medical Board of Ohio continues to be financially solvent, with a cash balance of \$ 4,869,161 as of June 30, 2018. During FY18, the Department of Administrative Services transferred \$1,114,680 from the Board's cash balance for the Medical Board's share for development of the eLicense project.

Operating fund cash balance: \$ 4,869,161

Has the board's operation been impeded or enhanced by existing statutes and procedures and by budgetary, resource, and personnel practices?

The Board has continually worked with professional associations, practitioners, and the Ohio General Assembly to find ways to create efficiency through statutes and rules.

The board's operation has been enhanced through statutory change in multiple ways. The board has improved the licensure application process to allow for faster more stream lined processes. The Board was also the first board in Ohio to statutorily decrease fees and maintain a healthy budget.

Licensure Application Forms Streamlined: During FY18, the Board approved revisions to the Ohio physician licensure and allied health application forms which eliminated material no longer applicable with the conversion to online application forms. Certificates of recommendation, employer recommendations, photographs, and notarized affidavits were eliminated from the application forms.

Physician Licensure Application Fee Reduced: HB49, the State of Ohio Biennial Budget Bill, included a provision that cut the initial license application fee for MD, DO and DPM from \$335 to \$305 effective 9/29/2017.

Training Certificate Valid for Three Years: Until 9/27/2017, training certificates issued to those participating in Ohio medical residency or fellowship training programs had to renew the training certificate annually. Provisions in HB49 changed the length of time a training certificate is valid from one year to three years which syncs the training certificate up to the duration of most residency training programs. For those in extended training programs, training certificates may be renewed one time for an additional three years.

MD-DO-DPM Continuing Medical Education (CME) Cycle Changed: Physicians are required to complete a specific number of CMEs for renewal. Previously, those CMEs had to be completed three months prior to the actual license renewal date. As of 9/29/2017, legislative changes in HB49 aligned the CME cycle with the expiration date of the physician's license.

Currently in HB166:

Procedures for license issuance:

Eliminates a requirement under which an affirmative vote of at least six members of the Board is necessary to determine whether various license types may be issued by the Board to an applicant to allow for faster licensure issuance.

Physician assistant license application fee:

Reduces to \$400 (from \$500) the fee that must be paid to the State Medical Board when applying for an initial license to practice as a physician assistant

Has the board recommended statutory changes to the general assembly that would benefit the public as opposed to the persons regulated by the board, if any, and have those recommendations and other policies been adopted and implemented?

The Board has made multiple statutory recommendations to support the continued growth in the number of licensed medical professionals in the state of Ohio. Every person who lives and works in this state benefits from access to a large pool of qualified medical professionals. The board has made multiple statutory changes to the process by which physicians seek licensure; schedule of renewals for licenses; safely expanded eligibility for licenses and certificates for qualified practitioners; extended time frames for certain certificates to practice before renewal; removed the six vote requirement by the board to allow for faster initial licensure times; lowered fees for initial licenses and other certificates; allowed for the maintenance of electronically generated license certification rather than paper copies; and telecommunication of committee hearings to allow greater public participation.

These efforts have borne fruit: the Board has held steady on the number of new physician licenses issued each of the past two years, but now processes them 34% faster. When you consider that the average physician sees 5,000 patients and brings in about \$1.6 million in billing revenue each year, the Medical Board's efforts are significantly improving patient access, and driving economic growth. By our estimates, the efficiencies and growth realized in the past two years have resulted in more than 750,000 additional patient visits, \$166 million in employer revenue, and nearly \$800,000 in extra state income tax revenue.

Has the board required any persons it regulates to report to it the impact of board rules and decisions on the public as they affect service costs and service delivery?

The board has no set requirement for any persons it regulates to report to it the impact of board rules and decisions on the public as they affect costs and service delivery. However, the board is continually working to lower costs to our licensees through effect service and allow for continually input on board procedure. The board accepts comments from interested parties at all times and regularly changes rules, statute, and procedure to allow for better regulation and ability to practice.

Are persons regulated by the board, if any, required to assess problems in their business operations that affect the public?

Persons regulated by the board are not required to assess problems in their business operations that affect the public.

Has the board encouraged public participation in its rule-making and decision-making?

The board follows all statutory requirements for the rule making process and it maintains a robust comment and discussion period during the rule and decision making process. The board openly communicates all draft rules and decisions, allowing interested parties the ability to comment and partake in decision making process. Generally multiple comment periods will occur prior to a board decision and the submission of a rule to CSI and JCARR; allowing opportunities to vet a rule or decision before implementation.

Assess the efficiency with which formal public complaints filed with the board have been processed to completion.

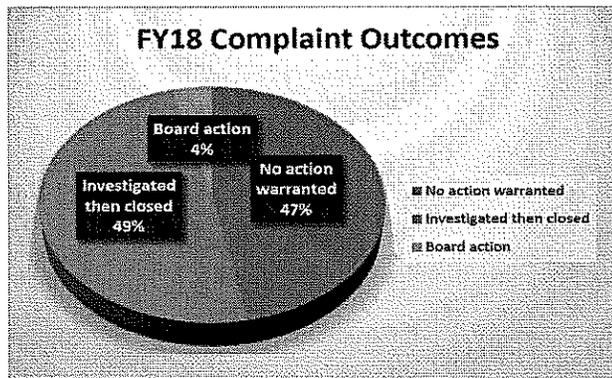
Complaints inform the Board of potential problems with a licensee’s practice. Complaints are received from a variety of sources, including the public, agency staff, state and national regulatory agencies, physicians, self-reports from licensees, hospitals, and others such as law enforcement and the media.

Types of complaints received include patient care concerns, inappropriate prescribing issues, discrepancies in licensure application information, criminal activity, impairment due to chemical dependency, ethical violations, office practice management concerns, and other issues.

Two Medical Board members, the Secretary and the Supervising Member, oversee the agency’s investigative and enforcement activities. Complaints are reviewed to determine if the Board has jurisdiction over the subject of the complaint, and if so, if the allegations violate a section of Ohio law or a rule enforced by the Medical Board. The complaints received, and investigations conducted by the Board are confidential per ORC 4731.22(F).

The Medical Board employs 20 field investigators who are based throughout the state. The Investigation Manual was revised and launched 6/28/2018, outlining updated procedures including outsourcing the subpoena service and licensee drug screening. In July 2017 investigators began harnessing the features of eLicense backoffice to create and submit their Reports of Investigation and daily reports; reports were previously submitted through SharePoint. The median number of days from the referral of a case to an investigator until the date that the initial report of investigation was submitted: 58.

Complaint Metrics	FY18
New complaints received	5,553
Closed complaints (includes disposition of complaints received prior to FY18)	5,783
Median number of processing days from receipt of complaint to closure	207



Closed Complaints

No action warranted
2,700 complaints closed as the issue involved profession not regulated by Board or no further review needed

Investigated then closed
2,822 complaints were closed after investigation as information obtained about allegation did not support Board action

Board action
261 complaints resulted in disciplinary action by the Medical Board

Has the purpose for which the board was created been fulfilled? Has it changed? Does it still exist?

The purpose for which the State Medical Board of Ohio under 4731.20, the powers and duties conferred by this chapter on the state medical board, including all of the board's officers, for purposes of regulating the practices of medicine and surgery, osteopathic medicine and surgery, and podiatric medicine and surgery, shall apply in the same manner, with any modifications the board considers necessary, for purposes of regulating the practices of limited branches of medicine, including the power of the board to take disciplinary actions under section 4731.22 of the Revised Code, are a continually duty to regulate the practice of medicine and protect the public.

The State Medical Board of Ohio issues licenses and oversees the practice of allopathic physicians (MD), osteopathic physicians (DO), podiatric physicians (DPM), massage therapists (LMT), and cosmetic therapists (CT) under the authority of the Medical Practices Act, Chapter 4731, Ohio Revised Code (ORC). The Medical Board continues to regulate naprapaths and mechanotherapists licensed by the Board before March 1992.

The Medical Board also regulates Physician Assistants, ORC Chapter 4730, Dietitians, ORC Chapter 4759, Anesthesiologist Assistants, ORC Chapter 4760, Respiratory Care Professionals, ORC Chapter 4761, Acupuncture & Oriental Medicine, ORC Chapter 4762, ORC, Radiologist Assistants, ORC Chapter 4774, and Genetic Counselors, ORC Chapter 4778.

The Medical Board's regulatory responsibilities include investigating complaints against applicants and licensees and taking disciplinary action against those who violate the public health and safety standards set by the General Assembly and the Medical Board.

The Board follows and ensures the following goals are met:

- Ensure persons practicing medicine meet sufficient standards of education, training, competence and ethics.
- Define and advocate for standards of safe medical practice.
- Prohibit persons from practicing medicine whose violations are so egregious as to forfeit the privilege or who otherwise lack the legal authority.
- Provide information about the licensees of the Medical Board, the Board's functions and operations, and the laws governing the practice of medicine.
- Achieve and maintain the highest possible levels of organizational efficacy.

Does federal law require that the board be renewed in some form?

No, federal law does not require the board to be renewed in some form.

Assess the administrative hearing process of a board if the board has an administrative hearing process, and whether or not the hearing process is consistent with due process rights.

The Medical Board's Attorney Hearing Examiners conduct the administrative hearings of practitioners who requested a hearing regarding a citation issued by the Medical Board. Following the conclusion of the administrative hearing, the Hearing Examiner prepares a Report & Recommendation that includes the basis for the hearing, the findings of fact, conclusions of law and a proposed disciplinary sanction for consideration by the Board members. During FY18, 29 administrative hearings were held.

In some situations, after having been notified of the citations issued by the Board, the practitioner does not request an administrative hearing. If that occurs, the Board can either act based upon the information in the citation, which often occurs in less complex cases, or it can request a Hearing Examiner review the Board's evidence to support the charges and prepare a Proposed Findings and Proposed Order, which includes a proposed disciplinary sanction for consideration by the Board members. It is similar in format to a Report and Recommendation, but there is no hearing and there is no evidence presented by the respondent, who waived his or her right to a hearing by failing to submit a hearing request. During FY18, the Hearing Examiners prepared 17 Proposed Findings and Proposed Orders.

The Attorney Hearing Examiners also preside at public rules hearings regarding administrative rules promulgated by the agency. They prepare a report of the hearing for consideration by the Board members. Four public rules hearings were held in FY18.

All Medical Board hearings are consistent with due process rights and adhere to ORC 4730.26.

Is the requirement for the occupational license or licenses under the board's jurisdiction consistent with the policies expressed in section 4798.02 of the Revised Code? Does the license serve a meaningful, defined public interest? Does it provide the least restrictive form of regulation that adequately protects the public interest?

The board maintains consistent policies expressed in section 4798.02 of the Revised Code. The boards regulatory and licensure practices intended to protect consumers against fraud, the appropriate state action shall be to strengthen powers under deceptive trade practices acts, protect consumers against unsanitary facilities and general health, safety, or welfare concerns, the appropriate state action shall be to require periodic inspections, protect consumers against potential damages by transient providers, and protect consumers against asymmetrical information between the seller and buyer, the appropriate state action shall be to offer voluntary certification, unless suitable, privately offered voluntary certification for the relevant occupation is available.

Licenses provided by the board serve a meaningful purpose by providing public protection through ensuring persons practicing medicine meet sufficient standards of education, training, competence and ethics. The board defines and advocates for standards of safe medical practice and prohibits persons from practicing medicine whose violations are so egregious as to forfeit privilege or who otherwise lack the legal authority.

The board continually reviews the regulatory process to achieve the least form of regulation that adequately protects public interest and achieve and maintain the highest possible levels of organizational efficiency.

Assess the extent to which licensing ensures that practitioners have occupational skill sets or competencies that are substantially related to protecting consumers from present, significant, and substantiated harms that threaten public health, safety, or welfare, and the impact that those criteria have on applicants for a license, particularly those with moderate or low incomes, seeking to enter the occupation or profession.

Because the medical board undoubtedly regulates professions for which significant public harm can occur if practitioners are not competent, licensing is particularly important. Licensing requires an individual wishing to practice in a regulated field to demonstrate that the individual meets all statutory requirements for licensure including the required education, training, certifications, etc. Additionally, the licensing process provides the board the opportunity to assess moral character through the use of background checks, and investigate an individual's practice history through access to national databases. Further, licensing assists in preventing fraud in the marketplace by individuals who may otherwise hold themselves out as a practitioner when they do not possess the competencies or skill sets required to engage in a particular profession. Lastly, licensing instills confidence in the public that the medical practitioners licensed in this state can practice competently and safely.

The primary impact on applicants for a license is that the standards to enter medical professions are more demanding than they are for other licensed professions. The board is also very aggressive with investigating "red flags" that may appear on a license application because such investigation can lead to the discovery of more serious issues that can call into question whether an individual should be granted a license. So, for some applicants, the application review process can be more lengthy than it might be for other licensed professions.

For those with moderate or low incomes, the board has been reducing fees for licensure by continually looking to improve efficiency and reduce unneeded costs. Within the past two years the board has reduced the initial license application fee for MD, DO and DPM from \$335 to \$305 and the initial application fee for physician assistants from \$500 to \$400.

The board also participates in the Ohio Department of Health Physician Loan Repayment Program. Physician licensure biennial renewal fees are \$305 and \$285 of the fee supports Medical Board operations. The remaining \$20 is deposited in the state treasury for the Ohio Physician Loan Repayment Fund as required in ORC 4731.281(A), to support the OPLRP managed by the Ohio Department of Health. The OPLRP is designed to increase access to primary care for underserved communities and populations. In exchange for loan repayment assistance, physicians commit to practice for a minimum of two years at an eligible site in a Health Professional Shortage Area (HPSA) or Health Resource Shortage Area, accept Medicare and Medicaid, and see patients regardless of ability to pay.

Assess the extent to which the requirement for the occupational license stimulates or restricts competition, affects consumer choice, and affects the cost of services.

The requirement for occupational licensure with the State Medical Board ensure that those practicing medicine and the other professions regulated by the agency meet sufficient standards of education, training, competency and ethics. The Board has held steady on the number of new physician licenses issued each of the past two years, but now processes them 34% faster. When you consider that the average physician sees 5,000 patients and brings in about \$1.6 million in billing revenue each year, the Medical Board's efforts are significantly improving patient access, and driving economic growth. By our estimates, the efficiencies and growth realized in the past two years have resulted in more than 750,000 additional patient visits, \$166 million in employer revenue, and nearly \$800,000 in extra state income tax revenue.

Consumer choice is not effected by the requirement of licensure other than keeping unqualified practitioners out of the market. A licensee of the board has met the sufficient standards set forth by statute and rule, and the consumer may choose whichever practitioner that holds a license to provide care.

The costs of services for the requirement of licensure is dependent on the market price, insurance coverage, and facility based fees; all things the board does not license or regulate.

The board was the first state board to lower fees. The board cut the initial license application fee for MD, DO and DPM from \$335 to \$305 and the intitial application fee for physician assistants from \$500 to \$400.

Are changes needed in the enabling laws of the board in order for it to comply with the criteria suggested by the considerations listed in this questionnaire?

No changes are needed in enabling laws of the board in order for it to comply with the criteria suggested by the considerations listed in the questionnaire. The board will continue to review the regulatory process to achieve the least form of regulation that adequately protects public interest and achieve and maintains the highest possible levels of organizational efficiency.

Additional Notes

