



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 (the "Board") 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 Board continues to regulate naprapaths and mechanotherapists licensed by the Board before March 1992.

The 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 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 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 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 88,000 medical professionals – a growth in volume of over 30% in the past 5 years, and over 45% in the past decade. During FY19, the Board's ceiling for staffing was 84.5 positions, up from 82.5 in FY17 and FY16.

Total active licenses have increased steadily from FY14 to FY19. 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 Investigations Unit of the Board is composed of field investigators and supervisors who are based throughout the state. Investigation staff completed 1,146 investigations and issued 206 investigation subpoenas in FY2019.

Currently, two nurses are employed by the Board to manage the complaints in the Standards Review section. In FY19, the Standards Review section reviewed 622 complaints. It closed 459 complaints following review without taking any further action. Additionally, 123 licensees were referred to remedial education and/or were cautioned regarding their practice. As part of the review process, 873 subpoenas were issued.

Initial Licenses Issued

Type of License	FY19	FY18	FY17	FY16	FY15
Allopathic Physician (MD)	2,539	2,539	2,703	2,299	2,427
Osteopathic Physician (DO)	536	525	577	466	461
Podiatric Physician (DPM)	48	43	46	33	29
Acupuncturist	15	15	9	19	27
Anesthesiologist Assistant	29	17	25	24	23
Cosmetic Therapist	13	9	7	7	13
Genetic Counselor	92	58	62	55	43
Dietitian	289	282	NA	NA	NA
Limited Permit – Dietitian	33	30	NA	NA	NA
Massage Therapist	503	517	573	617	629
Oriental Medicine Practitioner	12	8	7	10	7
Physician Assistant	418	475	411	344	309
Radiologist Assistant	2	1	3	2	3
Respiratory Care Professional	424	382	NA	NA	NA
L1 Limited Permit – Respiratory Care	275	258	NA	NA	NA
L2 Limited Permit – Respiratory Care	0	0	NA	NA	NA
Total	5,228	5,159	4,420	3,876	3,971

Number of Renewals Processed by License Type

License Type	FY19	FY18	FY17
Physicians (MD, DO, DPM)	22,300	20,700	23,029
Training Certificates (MD, DO, DPM)	195	3,537	4,529
Acupuncturists & Oriental Medicine *	5	259	1
Anesthesiologist & Radiologist Assistants*	0	273	2
Dietitians*	90	3,970	NA
Limited Permit – Dietitian	0	3	NA
Genetic Counselors*	0	248	5
Massage Therapist/Cosmetic Therapist	5,599	6,374	6,715
Physician Assistants*	16	3,459	15
Respiratory Care Professionals*	97	7,694	NA
L1 and L2 limited permits – Respiratory Care	143	174	NA
Total	28,445	46,691	34,926

* Licenses expire in even-numbered years

FY19 Complaints Received by License Type

License	Complaints Received
Doctor of Medicine (MD)	3,399
Training Certificate, DO*	1,148*
Doctor of Osteopathic Medicine (DO)	705
Unspecified license type	392
Massage Therapist (MT)	250
Respiratory Care Professional (RCP)	125
Training Certificate, MD	123
Physician Assistant (PA)	100
Doctor of Podiatric Medicine (DPM)	65
Telemedicine (MD)	42
L1 Limited Permit – Respiratory Care	40
Licensed Dietitian	37
Limited Permit – Dietitian	11
Cosmetic Therapist (CT)	9
Acupuncturist (ACU)	8
Genetic Counselor (GC)	5
Telemedicine (DO)	5
Training Certificate (DPM)	5
Certificate of Conceded Emittance	4
Clinical Research Faculty Certificate	4
Special Activity Certificate	4
Anesthesiologist Assistant (AA)	3
Radiologist Assistant (RA)	1
Grand Totals (6,485 records)	6,485

A singular alleged incident resulted in an unusually high number of complaints for training certificate holders in FY19.

FY19 Initial License Processing Timelines

License Type	Number Issued	Average Days to Issue
MD/DO	2,707	28
Expedited MD/DO	368	25
DPM	48	48
Allied Professions	2,107	33

Physicians meeting the criteria in ORC 4731.299 may qualify for expedited licensure.

Complaint Metrics	FY19
New complaints received FY19	6,485
Closed complaints (includes disposition of complaints received prior to FY19)	5,612
Average number of processing days from receipt of complaint to closure	102

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

Fee revenue collected by the Board is deposited into the State Medical Board Operating 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 expenses.

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 \$10,113,151 in revenue in FY19.

The Board's spending authority is authorized by the legislature through the biennial budget process.

In January 2018 the Medical Board acquired the former Respiratory Care and Dietetics Boards' responsibilities and licensees. This resulted in increased revenue of over \$1 million during FY18. The bulk of these licensees will renew again during FY20.

By Revenue Category	FY19	FY18
(410000) Holding	\$ 70,772*	--
(422005) Renewal	\$ 6,724,850	\$ 7,676,185
(423528) Reactivation	\$ --	\$ 500
(426095) Reinstatement	\$ 499,780	\$ 394,300
(426096) Restoration	\$ 85,065	\$ 63,655
(426097) Certificate of License	\$ 1,683,638	\$ 1,577,779
(426098) Training Certificate	\$ 311,610	\$ 297,398
(426099) Training Cert Renewal	\$ 36,080	\$ 312,600
(426100) Pre-Ed Certificate	\$ --	\$ 14,035
(426106) Dup Certificates/Wallets	\$ 15,655	\$ 13,945
(426108) Special Activity	\$ 1,875	\$ 3,000
(426119) Telemedicine	\$ 12,505	\$ 6,700
(426110) Telemedicine Renewal	\$ 18,440	\$ 15,650
(426119) Reinstatement Penalty	\$ --	\$ 11,650
(426120) Restoration Penalty	\$ --	\$ 8,175
(426121) Cert of Verification	\$ 483,675	\$ 419,380
(450022) Fines	\$ 167,399	\$ 222,271
(452518) Public Records	\$ --	\$ 10
(452525) Reimbursement-Variou	\$ 1,707	\$ 17
Total	\$10,113,051	\$ 11,037,250

By License Type	FY19	FY18
MD -- Medicine	\$ 6,581,993	\$ 6,136,333
DO -- Osteopathic Medicine	\$ 1,146,868	\$ 1,120,700
DPM -- Podiatric Medicine	\$ 180,050	\$ 154,275
MDEXP -- MD Expedited	\$ 322,000	\$ 324,301
DOEXP -- DO Expedited	\$ 21,000	\$ 35,000
CCE -- Conceded Eminence	\$ 11,000	\$ 5,000
CRF -- Clinical Research Faculty	\$ 3,750	\$ 4,875
MT -- Massage Therapist	\$ 674,280	\$ 630,001
LICS -- Misc./Mechano./Limited Br.	\$ 499,430	\$ 433,388
PA -- Physician Assistant	\$ 226,353	\$ 933,951
AC -- Acupuncturist	\$ 2,550	\$ 23,925
AA -- Anesthesiologist Assistant	\$ 2,300	\$ 33,200
CT -- Cosmetic Therapist	\$ 11,275	\$ 12,925
GC -- Genetic Counselor	\$ 17,050	\$ 49,050
DT -- Licensed Dietitian	\$ 199,580	\$ 611,275
Limited Permit -- Dietitian	\$ 2,795	\$ 1,820
OM -- Oriental Medicine	\$ 1,000	\$ 5,000
RA -- Radiology Assistant	\$ 400	\$ 3,225
RCP -- Respiratory Care Professional	\$ 128,362	\$ 510,427
L1 -- Limited Permit Respiratory Care	\$ 8,071	\$ 8,383
L2 -- Limited Permit Respiratory Care	\$ 465	
Interest/Penalties	\$ --	\$ 169
PUBL -- Public Records (copies)	\$ --	\$ 10
STAFF/OTHER Reimbursements	\$ 1,707	\$ 17
Holding Account	\$ 70,772	--
Total	\$10,113,051	\$ 11,037,250

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

FISCAL YEAR 2019 (and the first few months of FY20)

Board Members				
Job Title: Board/Commission Member 2				
Name		Hours	Pay Rate	Earnings Amt
BECHTEL, MARK A		231	\$19.70	\$4,550.70
EDGIN, RICHARD A	Vice President	188	\$19.70	\$3,703.60
FACTORA, RONAN M	Term Expired 5/9/19	88	\$19.70	\$1,733.60
FEIBEL, JONATHAN B		124	\$19.70	\$2,442.80
GIACALONE, ROBERT P		388	\$20.40	\$7,915.20
GONIDAKIS, MICHAEL L		208	\$20.40	\$4,243.20
JOHNSON, SHERRY L		328	\$19.70	\$6,461.60
KAKARALA, HARISH		116	\$19.70	\$2,285.20
MONTGOMERY, BETTY D		280	\$19.70	\$5,516.00
Rothermel, Kim G	Secretary	996	\$20.40	\$20,318.40
SAFERIN, BRUCE R	Supervising Member	947	\$20.40	\$19,318.80
SCHACHAT, ANDREW P	Term Expired 5/9/19	144	\$19.70	\$2,836.80
SCHOTTENSTEIN, MICHAEL S	Board President	264	\$20.40	\$5,385.60
SOIN, AMOL		76	\$20.40	\$1,550.40
Board Members Annual Total:				\$88,261.90
<i>*Additional - Soin, Amol PRX-MMAC 16 Hours Total: \$ 326.40</i>				

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 Board defines the standards of care for safe medical practice. These standards ensure 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 alleged violations and takes disciplinary action - when necessary -to deny, revoke, or restrict a licensee's right to practice medicine in Ohio. The Board's statutory authority, as well as constitutional protections for all licensees, ensure the Board's actions are narrowly tailored to address the situation at hand.

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 no oversight for the Board's current licensees. 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 Board's statutory authority set forth below.

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 individual 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 regularly communicates with the other health care Boards to share information, provide comment, and address matters of importance to provide quality services and appropriate regulation.

As an example, the Board continues its work fighting over-prescribing 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, task force participation, 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's members serve a very valuable role, as leaders in the healthcare community, answering questions for Board staff and helping navigate issues for the Board's licensees that overlap with the authority of other Boards (e.g., the prescribing practices of Advanced Practice Registered Nurses).

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 Board's jurisdiction. However, not all states require a license to practice the occupation.

Ohio, along with all other states, requires regulation and licensure of MD, DO, DPM, and physician assistants. An analysis by the Board revealed disparity in how other states address licensing and education requirements for the allied professionals.

While Ohio's licensure requirements and standards derive solely from authority granted in statute, the Board regularly reviews its licensure standards to ensure that competency standards and the licensure process are appropriate.

The Board continually works with professional associations, practitioners, hospitals, and the state legislature to amend the Ohio Revised Code for appropriate licensure and regulatory standards.

Ohio has, traditionally, been considered the gold star standard for licensure from the Federation of State Medical Boards. The Board balances rigorous but fair licensure requirements to ensure the safe practice of medicine.

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?

Ohio's licensure standards are derived from the Board's statutory sections. Most of the Board's rules focus on scope of practice. Accordingly, changes to the Board's rules would not impact licensure, per se.

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

While Ohio compares with some states with licensure and education requirements for the Board's licensees, there are not uniform licensure standards for the license types of the Board.

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?

The Board utilizes or can utilize contractors to assist in a variety of 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

Expert witnesses-contracted to opine as to standards of care in Board discipline matters

Hearing Examiners-conduct hearing for Board discipline matters.

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

The Board has not inhibited economic growth, reduced efficiency or increased the cost of government.

In fact, Board staff continues to engage in continuous improvement efforts that redefine work processes by 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.

Further, 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 Board when applying for an initial license to practice as a physician assistant from \$500 to \$400

Procedures for license issuance:

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

Massage Therapy Licensure: The Board recently approved and will seek a legislative change to allow the Board to waive the education requirement for a massage therapist who has held a license in another state for 2 years; currently the requirement is 5 years. This is the standard for all other Board license types.

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

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

Enforcement and subsequent penalties vary by circumstance.

License application fees and renewals are as follows:

License Type	Active licenses as of 6/30/19	Application fee \$	Renewal fee \$
Allopathic Physician – MD	42,007	305	305
Osteopathic Physician – DO	6,826	305	305
Podiatric Physician – DPM	981	305	305
Training Certificate – MD	5,812	130	100
Training Certificate – DO	2,046	130	100
Training Certificate – DPM	186	130	100
*Telemedicine Licenses (MD-DO)	163	n/a	n/a
Acupuncturist – LAc	247	100	100
Anesthesiologist Assistant – AA	278	100	100
Cosmetic Therapist – CT	176	150	100
Dietitian – LD	4,353	225	180
Limited Permit Dietitian – LD	11	65	65
Genetic Counselor	377	200	150
Massage Therapist – MT	11,638	150	100
Mechanotherapist – DM	9		
Naprapath – NAP	1		
Oriental Medicine Practitioner– LOM	59	100	100
Physician Assistant – PA	4,149	400	200
Radiologist Assistant – RA	18	200	200
Respiratory Care Professional – RCP	8,391	75	75
L1 Limited Permit – Respiratory Care	307	20	10
L2 Limited Permit – Respiratory Care	4	n/a	35
Total	88,039		

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

The Board's licensure process ensures the Board's licensees meet sufficient standards of education, training, competency, and ethics.

In addition to the Board's licensees serving the public, the Board works with three committees/councils to advise the Board on its activities relative to the three professions.

Specifically, the seven-member Physician Assistant Policy Committee (PAPC), appointed by the President of the State Medical Board, includes 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 also created 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 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 .

The Board is currently working with the profession of Massage Therapy to create a Massage Therapy Advisory Council that will have similar advisory roles and requirements as the PA, Dietetics, and Respiratory Care councils.

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. Board operations are funded exclusively through licensing and other authorized fees. The agency receives no funding from the state's general revenue sources.

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

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. The Board's investigation, enforcement and compliance activities are a constant work in progress for efficiency. Utilizing the salesforce platform, managers of the various Board divisions are putting practices in place to manage the workflow of complaints daily, as opposed to a quarterly review of complaint activity.

Expenses by category and division:

By Expense Category	FY19	FY18
Payroll	\$ 7,787,845	\$ 7,797,920
Operating Expenses	\$ 1,501,255	\$ 938,514
Purchased Personal Services	\$ 425,389	\$ 251,079
Travel Reimbursements	\$ 52,415	\$ 42,985
Equipment	\$ 21,531	\$ 10,975
Refund/Transfers/Reimbursements	\$ –	\$ 250
Total	\$ 9,788,436	\$ 9,041,723

By Division	FY19	FY18
(252) Investigations	\$ 2,117,965	\$ 2,291,879
(152) Operations (HR/Fiscal/Overhead)	\$ 1,577,265	\$ 1,149,556
(202) Licensure/Renewal	\$ 1,280,176	\$ 1,085,482
(254) Enforcement	\$ 1,228,646	\$ 1,029,321
(203) Strategic Services	\$ 1,122,516	\$ 1,177,150
(120) Legal & Policy	\$ 950,531	\$ 875,773
(100) Executive	\$ 424,357	\$ 434,936
(255) Quality Intervention/Standards Review	\$ 392,271	\$ 334,803
(300) Hearing Unit	\$ 345,717	\$ 334,262
(253) Compliance	\$ 199,166	\$ 188,968
(355) Board Members (& Advisory Councils)	\$ 149,826	\$ 139,592
Total	\$ 9,788,435	\$ 9,041,723

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.

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, syncing 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.

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 to an applicant. This allowed for faster licensure issuance.

Reduced initial Physician Assistant licensure fees from \$500 to \$400.

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.

The Board is currently engaged in a review of its statutory scheme relative to the handling of complaints against licensees. The Board would like to ensure a balance of transparency into the Board's processes with the consequences that can arise for our licensees if unfounded complaints are made public. Additionally, the Board wants to ensure that sexual misconduct complaints are handled as efficiently as possible, with the appropriate consequences for licensees. After more Board discussion and interested party meetings, the Board may present potential statutory changes to the General Assembly for both interests.

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 such set requirements. However, the Board is continually working to lower costs to our licensees through effect service and allow for continued input on Board procedure. The Board always accepts comments from interested parties and makes adjustments, accordingly.

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. The Board also 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. Generally multiple comment periods will occur prior to a Board decision and the submission of a rule to CSI and JCARR.

As part of increased engagement activities, the Board will further develop relationships with its licensees and professional associations to obtain real-time input into Board activities.

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

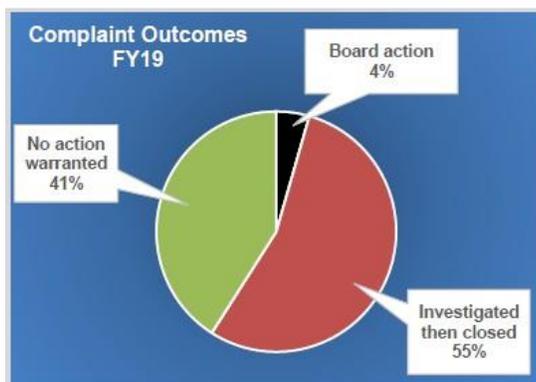
Complaints inform the Board of potential problems with a licensee’s practice. Complaints are received from a variety of sources, including the public, agency staff, state and national regulatory agencies, physicians, self-reports from licensees, hospitals, and others such as law enforcement and the media.

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 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 Board. The complaints received, and investigations conducted by the Board are confidential per ORC 4731.22(F).

The Board’s focus for Fiscal Year 21 will be for each division to work within the e-licensing platform to manage the daily complaint activity. Recently, enhancements were put into place to better track where complaints are in the Board’s process, as well as the activity to date on a complaint. The Board wants to ensure that we aren’t rushing an investigation but that we are acting with urgency for the right information. Following the investigation, the Board needs to focus on the urgency of both the enforcement, assuming enforcement activity is necessary, as well as the hearing process.

Complaint Metrics	FY19
New complaints received FY19	6,485
Closed complaints (includes disposition of complaints received prior to FY19)	5,612
Average number of processing days from receipt of complaint to closure	102



Closed Complaints

No action warranted

2,298 complaints closed as the issue involved profession not regulated by Board or no further review needed

Investigated then closed

3,064 complaints were closed after investigation as information obtained about allegation did not support Board action

Board action

250 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 the Board continues.

The Board 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 Board continues to regulate naprapaths and mechanotherapists licensed by the Board before March 1992.

The 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 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 Board.

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 Board's Hearing Examiners conduct the administrative hearings of practitioners who request a hearing regarding a citation issued by the 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 FY19, 47 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 FY19, the Hearing Examiners prepared 13 Proposed Findings and Proposed Orders

The 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. 10 public rules hearings were held in FY19.

All 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.

Licenses provided by the Board serve a meaningful purpose by providing public protection. The Board's process ensures 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.

The Board continually reviews the regulatory process to achieve the least form of regulation that adequately protects public interest. The Board also regularly reviews the regulatory process to 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 Board regulates professions for which significant public harm can occur if practitioners are not competent, licensing is particularly important.

Licensing requires an individual, who wishes to practice in a field regulated by the Board, to demonstrate all statutory requirements for competency, including the required education, training, and certifications, are met. Additionally, the licensing process provides the Board the opportunity to assess moral character through the use of background checks. The Board also investigates 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 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. Accordingly, for some applicants, the application review process can be lengthier than it might be for other licensed professions.

For all applicants, 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. \$20 of every physician license fee 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 Board ensures that those practicing medicine and the other professions regulated by the Board 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. Anytime that individuals are receiving licenses faster, consumers have more choice.

Consumer choice is not affected 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 licensees is dependent on the market price, insurance coverage, and facility-based fees-all things the Board does not license or regulate.

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 the 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 constantly review its regulatory processes to balance minimal regulation with both public safety and effective, efficient operations.

Additional Notes