Ohio Board of Nursing
Budget Testimony
Fiscal Years 2018-2019

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House Finance Health and Human Services Subcommittee

Ohio Board of Nursing
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"By virtue of its numbers and capacity, the nursing profession has the potential to effect wide-reaching changes in the health care system…Nurses thus are poised to help bridge the gap between coverage and access, to coordinate increasingly complex care for a wide range of patients, to fulfill their potential as primary care providers to the full extent of their education and training, and to enable the full economic value of their contributions across practice settings to be realized." Institute of Medicine (IOM) report, "The Future of Nursing: Leading Change, Advancing Health*."*

Budget Testimony

Chairman Romanchuk, Ranking Member Sykes, and members of the House Finance Health and Human Services Subcommittee, my name is Betsy Houchen and I am the Executive Director of the Ohio Board of Nursing (Board). Thank you for the opportunity to testify on behalf of the Board. By way of background, I have served as Executive Director since 2005, and I am a registered nurse and attorney.

The Board regulates over 285,000 licenses and certificates, as compared to 233,000 in 2009. The Board licenses and regulates registered nurses (RNs), licensed practical nurses (LPNs) and Advanced Practice Registered Nurses (APRNs), in addition to Dialysis Technicians (DTs), Community Health Workers (CHWs) and Medication Aides. The Board also regulates 231 education and training programs. Each fiscal year since 2009, newly licensed RNs and LPNs have increased the total nursing population in Ohio by an average of 15,000. As the numbers increase, complaint numbers have also risen from just over 5,500 in fiscal year 2009 to nearly 9,000 in fiscal year 2016. The Board is funded for 70 full-time staff and 5 intermittent/part-time staff.

Our public protection role is critical; nursing touches virtually every citizen of Ohio. Ohioans expect nurses to obtain an adequate level of educational preparation, follow established practice standards, and provide competent nursing care. They also expect the Board to address unsafe practitioners so vulnerable populations are protected. Board operations are designed to meet these public and professional expectations.

Self-Sufficient Funding

The Board receives no General Revenue funds. The Board of Nursing is totally funded by license fees paid by those regulated by the Board. The current fees have been in place since 2004.

Increasing Workload, Ohio eLicense 3.0 System, and Budget Request

Over the past decade, we have reported a steady and significant increase in the number of licensees, education programs, and complaints. These increases reflect the critical and increasing role of nurses in meeting the health care needs of Ohioans. Workload has also been impacted by the increased visibility of licensing boards and the proactive role of the Board in collaborating more than ever with law enforcement and regulatory agencies, and the increasing use of relevant prescriber information that is part of the OARRS drug reporting system.

Even with the increasing workload, the Board did not request additional personnel, but did request extended funding to pay an annual fee that will be charged by DAS to maintain the Ohio eLicense system, and funds to cover the costs of bank fees that are related to online applications.

The budget does not contain sufficient funding to pay the Ohio Department of Administrative Services (DAS) fees for the Ohio eLicense system or the bank fees. The Board is respectfully requesting additional authorization to fund the extended budget request based on the following:

- DAS estimates the fee will be $550,000 for them to maintain the Ohio eLicense system starting in FY19. This compares to $86,300 that will be paid by the Board in FY17 and FY18.

- With the conversion from paper checks to online payment, all application fees are processed electronically through the Ohio eLicense system, which creates a significant increase in bank transaction fees. The Board will potentially incur bank fees for over 200,000 renewals and at least 20,000 new license applications in FY18. The Board requested $230,000 for FY18 and $260,000 for FY19 for bank transaction fees.

Summary

The Board has a demonstrated track record of insuring an excellent level of public protection, funding initiatives to combat the nursing shortage, and effectively regulating an extremely large number of licensed professionals in the State of Ohio. The Board regularly seeks to reduce costs and enhance operational efficiencies through innovation and lean practices. These actions are documented in the attachment. The Board operates as a well-run, self-sufficient and publicly accountable business.

The Board requests that the legislature provide additional budgetary authorization to cover the costs of the Ohio eLicense system. Revenue generated by the Board's current licensure fees would provide the funding to meet this request.

We look forward to our continued work with the Administration and the General Assembly as the budget bill moves closer to passage. The Board asks for your support on behalf of our licensees and the public for whom they care.

This concludes my prepared remarks and I will be happy to answer any questions.

Board Overview Fiscal Year 2016

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

Nationally Recognized

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

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

Contributions to Statewide Initiatives

Ohio's Fight Against Prescription Drug Abuse

The Board collaborated with the Administration, legislators, law enforcement, drug task forces, and other state boards and agencies in the continued fight against prescription drug abuse. The Board supported and contributed to the work of the Governor's Cabinet Opiate Action Team (GCOAT) and collaborated with the State of Ohio Board of Pharmacy to identify and investigate prescribers to determine abusive prescribing patterns and take disciplinary action as needed. Educational and investigatory actions were taken for prescribers prescribing opioid analgesics and benzodiazepines who did not review patient information in OARRS if treatment continued for over ninety days.

The Board is in the process of amending our advanced pharmacology training and continuing education rules as they apply to APRN prescribers. These rules should go into effect in April, after expected approval in March by JCARR. Nursing Board Rule 4723-9-02, OAC, addresses requirements for a 45-hour course of study in advanced pharmacology that is required of all APRNs as part of their core curriculum requirements needed to obtain Ohio licensure. This rule has been amended to include specific instruction on the most recent guidelines for pain management therapies and education, specifically those established by the GCOAT and the CDC. Additionally, the Board added language to direct education on abuse and diversion to include specific "standards and procedures for OARRS access and review

established in section 4729.75 of the Revised Code and rule 4723-9-12 of the Administrative Code." The Board also amended Rule 4723-9-11, OAC, that requires 2 hours of continuing education in Ohio law and rules that govern drugs and prescriptive authority. The Board amended this rule to specifically include instruction on certain applicable prescribing rules, and specific reference to indications and contraindications to opioids and benzodiazepines. The Board initiated these rules to support Ohio's efforts against opioid abuse and diversion. The Board believes these rules support the most effective, expedient and efficient use of our resources to further its mission "to actively safeguard the health of the public through the effective regulation of nursing care."

Veterans, Service Members and Spouses

The Board collaborated with representatives of the Ohio National Guard, the Office of Workforce Transformation, and the Military and Veteran Affairs Department to address a pathway for medics to become licensed practical nurses in Ohio. When it was determined that further analysis was needed, the Board requested that NCSBN conduct a Gap Analysis to identify the similarities and differences in military medic training and practical nursing education based on high-level military training courses. This Gap Analysis is expected to identify options that could accelerate education and nursing licensure of military personnel, while at the same time, protecting the public by assuring that education and training will prepare individuals for entry into nursing practice.

Human Trafficking

The Board continued the fight against human trafficking, encouraging nurses to be informed and understand human trafficking issues. The Board encouraged the use of the State Human Trafficking training video; recognized continuing education credit for the video and Human Trafficking coursework; maintained a permanent home for human trafficking materials on the Board website under the RN, LPN, and APRN practice pages; and disseminated information on the website, through eNews, Twitter and Facebook.

Patient Centered Medical Homes (PCMHs)

The Board was involved in supporting the curriculum work group in developing a patient-centered medical home curriculum for use in medical and nursing schools to educate physicians and nurses how to deliver care in the PCMH model. Following the conclusion of the practice transformation portion of the project, members of the Education Advisory Group, including the Board, agreed to continue to work on the scholarship and curriculum components of the project. This has now become the Workforce Learning Center of the Ohio Patient-Centered Primary Care Collaborative (OPCPCC). Patricia Sharpnack, Board member and Dean and Strawbridge Associate Professor at The Breen School of Nursing Ursuline College, is a member of the Office of Health Transformation led PCMH Model Design Team.

The Nursing Workforce

To support job growth and meet the growing health care workforce demand, the Board funds two programs through nursing license renewal fees.

- Nurse Education Grant Program (NEGP): Grants are awarded to Ohio pre-licensure and post-licensure nursing education programs for the purpose of increasing their student enrollment capacity.

- Nurse Education Assistance Loan Program (NEALP): Tuition assistance is provided for educating nursing students and future nursing faculty.

Workforce Data

Data collection is a vital component of workforce planning and policymaking. The Board has been collecting comprehensive nursing workforce data each year since 2013. All Data Reports and the raw data collected by the Board are made available to interested parties and the public through the Board website.

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

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

Program Area Highlights and Statistics

Licensure and Certification

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

- Regulated over 285,000 licenses and certificates

- Prioritized 1,006 license applications for service members, veterans, and spouses

- Issued 20,084 new licenses and certificates

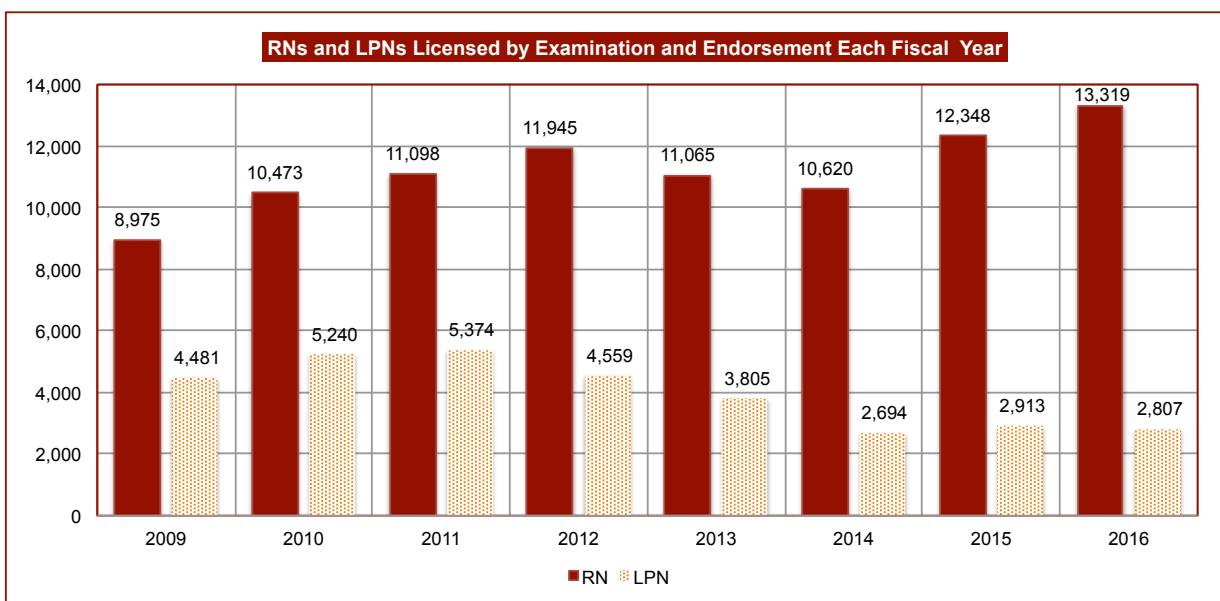Total Licenses and Certificates Each Fiscal Year
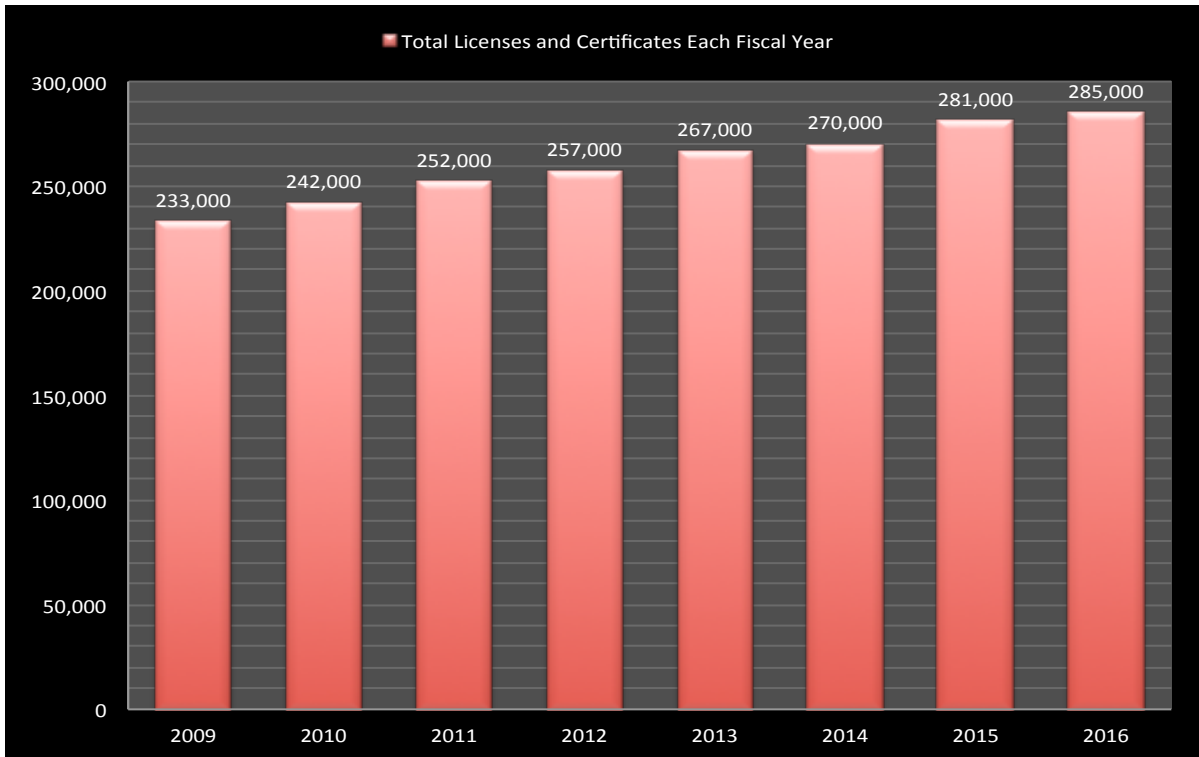
- Renewed 202,454 licenses/certificates during the last renewal cycle

- Maintained 100% online renewal

- Re-registered 3,761 applicants who failed and applied to re-take the examination

Active Licenses and Certificates as of June 30, 2016	
Registered Nurses (RNs)	200,320
Licensed Practical Nurses (LPNs)	57,836

Advanced Practice Registered Nurses (APRNs)
    Certified Registered Nurse Anesthetist - 2,988
    Certified Nurse Midwife - 378
    Certified Nurse Practitioner - 8,739
    Clinical Nurse Specialist - 1,651
	14,627

Certificates To Prescribe (CTP)	9,851
Dialysis Technician – Ohio Certified (OCDTs)	1,582
Dialysis Technician Intern Certificates	316
Community Health Worker Certificates	401
Medication Aide Certificates	164
Total	**285,097**

Newly Issued Licenses/Certificates in Fiscal Year 2016	
Registered Nurses (RNs)	13,319
Licensed Practical Nurses (LPNs)	2,807
Advanced Practice Registered Nurses (Certificates of Authority)	1,791
Certificates To Prescribe (CTP)	1,462
Dialysis Technician – Ohio Certified (OCDTs)	176
Dialysis Technician Intern Certificates	263
Community Health Worker Certificates	215
Medication Aide Certificates	51
Total	**20,084**

Nurses Licensed By Examination or Endorsement in Fiscal Year 2016				
Type	Licensed by Examination	Licensed by Endorsement	Temporary Permits Issued	Total
LPN	2,388	300	119	2,807
RN	8,003	3,943	1,373	13,319
Total	**10,391**	**4,243**	**1,492**	**16,126**

RNs and LPNs Licensed by Examination and Endorsement Each Fiscal Year

Year	RN	LPN
2009	8,975	4,481
2010	10,473	5,240
2011	11,098	5,374
2012	11,945	4,559
2013	11,065	3,805
2014	10,620	2,694
2015	12,348	2,913
2016	13,319	2,807

➢ Regulated 401 community health worker certificates as compared to 50 in fiscal year 2009

Community Health Worker Certificates

	2009	2010	2011	2012	2013	2014	2015	2016
New	13	23	13	33	13	41	111	215
Active	50	73	61	95	83	122	190	401

➢ Regulated 1,898 dialysis technician, "temporary" or "intern" certificates as compared to 1,587 in fiscal year 2009

Dialysis Technician, Temporary, or Intern Certificates

|	2009	2010	2011	2012	2013	2014	2015	2016
New	453	378	368	396	324	394	429	439
Active	1,587	1,680	1,637	1,802	1,670	1,824	1,723	1,898

➢ Regulated 164 medication aide certificates as compared to 66 in fiscal year 2009

Medication Aide Certificates

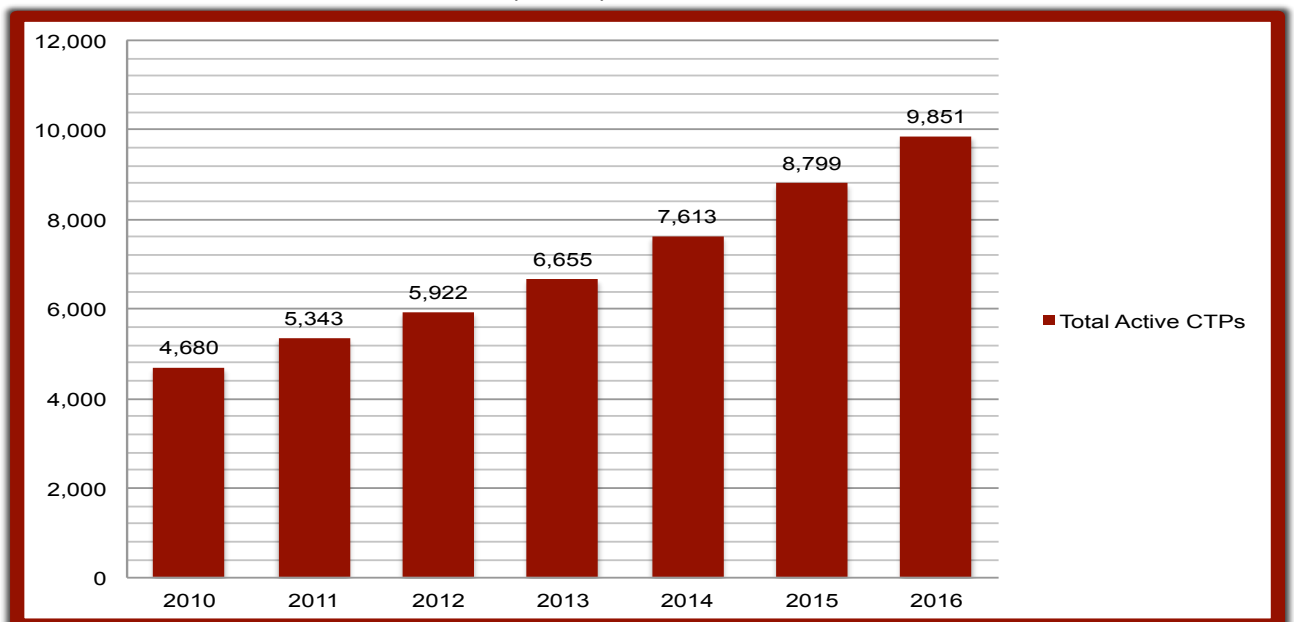|	2009	2010	2011	2012	2013	2014	2015	2016
New	22	55	38	46	46	30	40	51
Active	66	94	133	112	163	192	184	164

Advanced Practice Registered Nurses (APRNs) Comparisons

Certificates of Authority (COAs) for APRNs
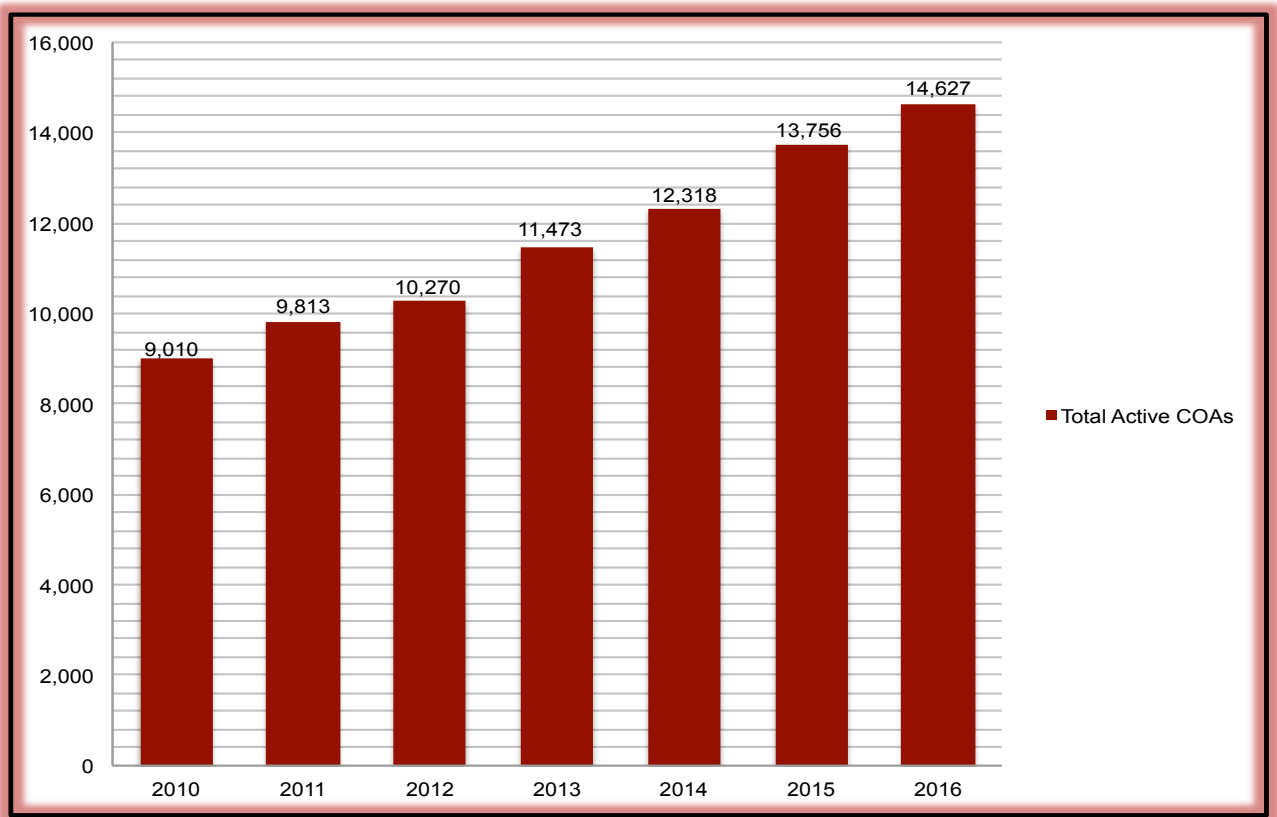
APRN Certificates to Prescribe (CTPs)

Nursing Education

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

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

- ➢ Continued approval of 182 nursing education programs

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

Number of Education Programs Each Fiscal Year								
Type	2009	2010	2011	2012	2013	2014	2015	2016
RN	79	86	94	102	106	108	109	113
PN	66	73	74	72	72	70	69	69
Total	**145**	**159**	**168**	**174**	**178**	**178**	**178**	**182**

- ➢ Sanctioned 20 nursing education programs for not meeting minimum educational requirements

    - o Provisional approval – 16
    - o Provisional or Conditional approval with Consent (settlement) Agreements – 1
    - o Notice of Opportunity for Hearing with a pending Adjudication Hearing – 1
    - o Notice of Opportunity for Hearing resulting in Consent Agreements – 2

- ➢ Convened the Advisory Group on Nursing Education to provide recommendations regarding nursing education and the administrative rules

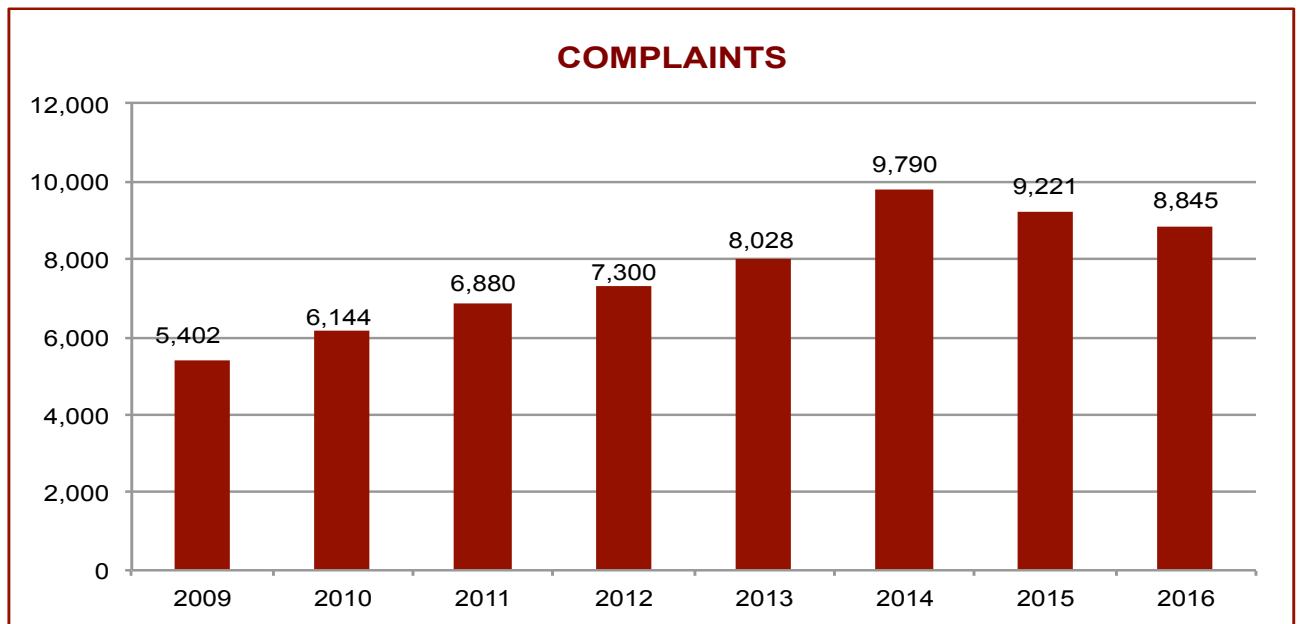- ➢ Appointed Board Member Patricia Sharpnack as Board Nursing Education Liaison

Training Programs Approved Each Fiscal Year					
	2012	2013	2014	2015	2016
Dialysis Technician	24	29	25	24	21
Medication Aide	21	18	15	16	15
Community Health Worker	3	4	6	9	12
Total	**48**	**51**	**46**	**49**	**48**

Compliance, Discipline and Monitoring

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

Complaints and Applicants for Initial Licensure

➢ Received 8,845 complaints

➢ Employed 12 investigators for complaint investigation and contracted with an APRN consultant

➢ Elected Board Member Judith Church as Board Supervising Members for Disciplinary Matters

➢ Targeted prescription drug abuse through collaboration with law enforcement and other state agencies and the use of OARRS data

COMPLAINTS

Year	Complaints
2009	5,402
2010	6,144
2011	6,880
2012	7,300
2013	8,028
2014	9,790
2015	9,221
2016	8,845

Licensure Applicants Referred To Compliance For Review		
Type	**Total Number**	**Referred to Compliance**
Licensure by Examination	10,391	1,784
Licensure by Endorsement	4,243	473
Total	**14,634**	**2,257 (15%)**

| Complaints	
Type of Complaint	Number
Action Taken in Another State or Jurisdiction	876
Addendum to Board Actions	74
APRN Practice Issues	116
APRN Lapses (certification, licensure, CTP)	99
APRN Prescribing	98
Boundaries	25
COA/CTP Applicant	149
Community Health Worker Applicant	35
Confidentiality	24
Criminal	391
Default/Child Support	3
Dialysis Applicant	65
Drugs/Alcohol	783
Endorsement Applicant	473
Fraud (Theft)	74
Fraud (Medicare/Medicaid)	9
Imposter/Never Licensed	35
Invalid License (lapsed/inactive)	121
Medication Aide Applicant	6
Multiple Allegations	448
NCLEX Test Applicant	1,784
Non-compliance with Board Actions	500
Nursing Student	3
Patient Abuse	90
Practice	1,123
Physical Impairment	2
Psychiatric Impairment	5
Renewal Applicant	1,214
Reinstatement Applicant	220
Total	**8,845**

Board Disciplinary Actions
The Board is authorized to revoke and suspend licenses and certificates; impose probationary requirements, reprimands, fines, or practice restrictions; and deny initial or renewal licenses or certificates. The Board issued 384 Board Orders and 665 Consent Agreements that imposed reprimands, suspension of practice (Suspension without Stay), or practice with Probation (Stayed Suspension) for violations of the Nurse Practice Act and/or administrative rules.

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

Board Actions	
Type of Action Taken	**Number**
Board Order	384
Permanent Surrender	42
Default Order	48
Consent Agreement	665
Notice of Opportunity for a Hearing	443
Immediate Suspension	115
Temporary Suspension	7
Summary Suspension	6
Automatic Suspension	114
Suspension Without Stay	528
Stayed Suspension (Probation)	305
Permanent Revocation/Denial	102
Reprimand with requirements	214
Permanent Withdrawal of Application	0
Non-Permanent Withdrawal of Application	2
Voluntary Retirement	16
Total	**2,991**

➤ A total of 229 cases were assigned for Chapter 119., ORC, Adjudication Hearings

Cases Assigned For Hearings Per Fiscal Year

Year	Cases
2013	160
2014	199
2015	189
2016	229
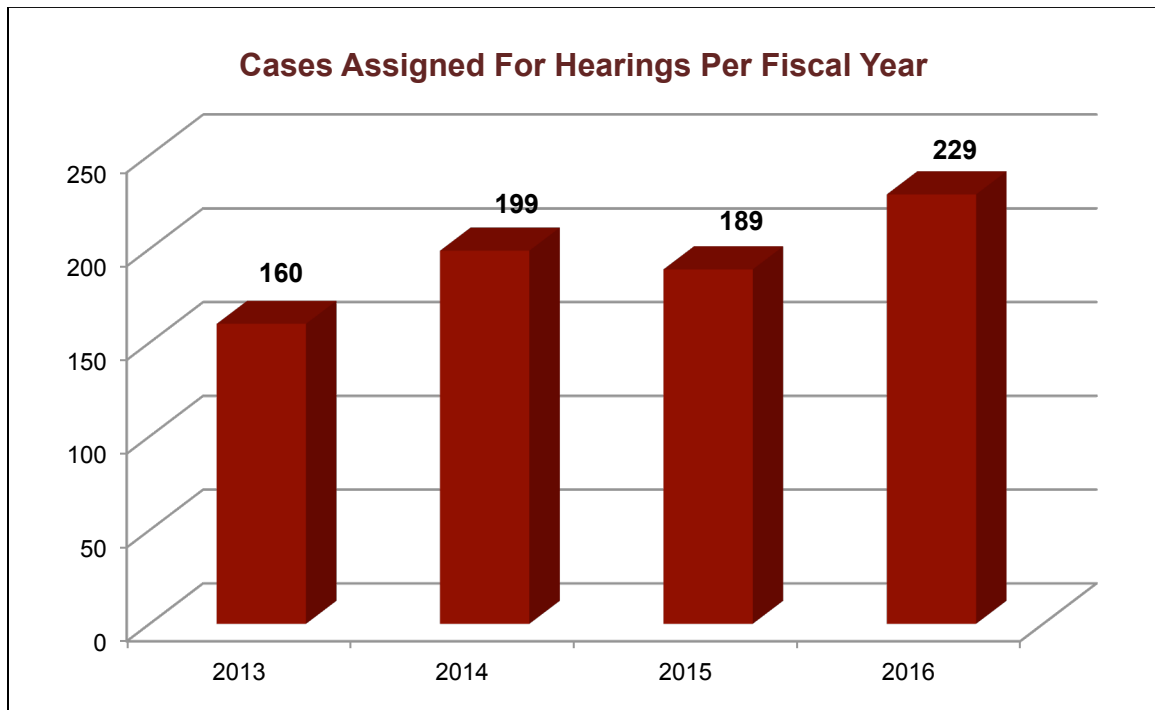
Monitoring Compliance

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

Cases	Number
Active cases	1,319
Inactive cases[1]	2,914
Monitoring ceased – issued Automatic Suspension and Notice of Opportunity for Hearing	113
Monitoring ceased – released from the terms and conditions of their Board Order/Consent Agreement	116
Total	**4,462**

[1] Cases on inactive monitoring status generally involve suspended licenses or certificates. The case is assigned to "active" monitoring status upon an individual's request for reinstatement and/or entry into a post-suspension consent agreement.

Alternative Program For Chemical Dependency (AP)

➢ Provided AP, a confidential program offered to licensees in lieu of disciplinary action to 31 participants

Practice Intervention and Improvement Program (PIIP)

➢ Provided PIIP, a confidential alternative to discipline program for licensees with a practice deficiency that can be addressed through remedial nursing education, to 26 participants

Continuing Education

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

➢ Approved 10 Ohio Board of Nursing (OBN) Approvers of Continuing Education who assure providers of continuing education met the requirements set forth in the administrative rules

➢ Conducted audits to monitor compliance with continuing education requirements

Regulatory Clarity and a Common Sense Approach

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

Nursing Practice

➢ Responded to an average of 309 questions per month to provide guidance regarding the application of the Nurse Practice Act and administrative rules

➢ Published practice articles in each *Momentum,* wrote Frequently Asked Questions, and developed and updated Interpretive Guidelines to provide practice guidance

➢ Convened the Advisory Group on Dialysis to advise the Board about the regulation of dialysis technicians

➢ Convened the Committee on Prescriptive Governance (CPG) regarding APRN prescriptive authority and the APRN Formulary

➢ Submitted nursing practice breakdown data to a national patient safety database