Proponent Testimony SHB 177

Margaret Clark Graham, PhD, APRN-CNP, FAANP, FNAP, FAAN,

Mr. Chairman and Distinguished Members of the Committee,

Thank you for the opportunity to testify as a proponent for HB 177.

My name is Margaret Clark Graham and I am a certified family and pediatric nurse practitioner. I have been a nurse practitioner for 42 years. For twenty-six of those years, I have worked as an NP and NP educator. I am a faculty member at The Ohio State University College of Nursing where I also serve as Vice Dean.

Today, I am testifying as a citizen and a member of OAAPN and not on behalf of the University . The purpose of my testimony is to speak with you regarding programs of education for Advanced Practice Nurses.

The Traditional Master’s program is for registered nurses who have a Bachelor’s degree in Nursing. The Bachelor’s degree in Nursing at Ohio State University is 121 semester hours. At the completion of the Bachelor’s degree, the students take the NCLEX exam and become Registered Nurses. After completion of their BS, many of the graduates enter the APRN program. They work as RNs prior to and throughout their APRN education. The graduate APRN programs range from 65 – 73 semester hours, depending on specialty.

It is important to consider that an MS degree at OSU is required to be 30 hours. But, due to the national requirements for APRN education and practice, APRN students are required to have almost double the number of hours required for an MS degree.

A second way to become an APRN is by entering the nursing profession as a graduate student. Our Graduate Entry program is designed for students who have undergraduate degrees in other disciplines. They are required to complete their science prerequisites prior to entering the graduate entry program. After admission to the College of Nursing, these students have five semesters of full time study and then are eligible to take the NCLEX exam to become Registered Nurses. After successful completion of the NCLEX exam, the APRN Graduate Entry student’s plan of study is similar to the traditional master’s and they may choose from midwifery, clinical nurse specialist or one of the many NP specialties. Some of the NP specialties require the graduate entry students to step out of school and work for a year as an RN before completing their coursework as Nurse Practitioners.

I am now going to spend a few minutes addressing online education.

In 2010, the College of Nursing at Ohio State received an $888,000 grant from the Health Resources Service Administration to develop online Family and Psychiatric Nurse Practitioner programs. The purpose of this funding was to increase access to advanced practice education for Bachelor’s prepared RNs who live and work in rural and underserved areas. By educating nurses in rural and underserved areas, access to primary care and behavioral health for citizens of these areas is increased. Our online programs are designed so that students who live in remote areas can attend class online. It was a bit surprising to us that many people who live in close proximity to the University elected to attend the online program, however, many choose this option.

Our online students attend class virtually using an online platform. The platform we currently use at the University is Zoom which is a web conferencing solution used to host synchronous meetings, classes and presentations. Zoom provides faculty and students a high quality video experience and virtual meeting spaces to allow for collaboration. Zoom users can choose to record sessions, collaborate on projects, and share or annotate on one another’s screens, all with one easy-to-use platform.

The students attend class online using cameras so I can see my students, and they can see me. When I use teaching tools like videos or PowerPoints, I am able to share my screen with the students. We use evidence-based, case-based approach to teaching and in the online environment, we are able to put our students in small group breakout rooms so they can participate in case-based discussions and practice critical clinical decision-making.

For written exams, initially, we used many of our county extension partners across the state to help proctor our exams. Now, there are online proctoring programs and at Ohio State we use Proctorio for exam proctoring. Proctorio, a remote proctoring solution that is integrated with the University’s learning management system to promote academic integrity for online assessments. The tool allows the instructor to record audio and video of the student’s testing environment during the exam. A photo ID of the student can also be submitted before the exam to verify the identity of the exam taker.

Our online students do in-person clinicals. We work closely with the preceptors in the student’s home area. This has resulted in the opportunity for many of our online graduates to complete clinicals in their home areas, and this has led to opportunities for employment in the student’s home area which is one of the goals of the initial HRSA grant - - to put our programs online.

Our online students return to campus for clinical exams using standardized patients.

**Oversight of Nursing Education to ensure Quality**

It is very important to remember that Advanced Practice Nursing has over a 50-year history with outstanding outcomes for improving population health and well-being and there are many checks and balances in place to help ensure quality education. There is a process to accredit universities. And, there are specific national oversight bodies for nursing education accreditation. Education programs for RNs undergo a national accreditation process with specific criteria to ensure quality programs. In addition to the national accreditation process, in Ohio, all RN programs are overseen by the Ohio Board of Nursing, which requires onsite review by an education specialist from the Board of Nursing.

At the graduate level, programs are offered from accredited Universities. Our CNS and NP programs are accredited by the Commission on Collegiate Nursing Education (CCNE) and our Midwifery program is accredited by the Accreditation Commission for Midwifery Education (ACME). This includes onsite review of all the programs to ensure quality.

At the completion of their graduate program, APRNs sit for a national certification exam. In Ohio, all APRNs must have national certification to be recognized as an APRN. In order to sit for certification exams, the certifying bodies review the students’ specific program. For example, the certifying body for Family Nurse Practitioners will ensure the student has met the number of clinical hours in pediatrics as well as adult and family.

There are several important things that I hope your Committee will consider in your deliberation on HB 177.

1. Educating nurses is different than the educational process of other health care professionals, including physicians, dentists, and pharmacists. Nursing is the only one of the health care sciences that requires two licensures. First, the APN is licensed as an RN and then as an APRN.

This means the APRN has many hours of clinical experience not only in their APRN but in their RN education. In many cases, APRNS have worked for years as an RN prior to becoming an APRN.

1. The education of nurses and APRNs should not be compared to the education of physicians and other health care professionals. Just as the education of physicians should not be compared to the education of nurses. They are very different and both provide quality graduates who deliver high quality safe care.
2. RN and APRN education is highly regulated. We have been educating APRNs in this country for over 50 years. There are national and state guidelines in place that must be followed by nursing education programs, and this has provided excellent quality assurance for accredited nursing programs.
3. Online education of nurses is also highly regulated. There are guidelines specific for online programs to ensure rigor and excellence. I am happy to say at OSU, our online master’s programs are now ranked #2 in online programs in the country by U.S. News and World Report.
4. There is no evidence that a Standard Care Arrangement helps to provide quality or safety. APRNs in twenty-eight states, the District of Columbia and two U.S. territories have no mandatory requirement for an APRN contract with a physician. There is no data that indicates these states have worse health outcomes. In fact, eight of these states rank in the top ten healthiest states.

The Standard Care Arrangement is a barrier to practice for Ohio APRNs. And, there is no evidence that indicates the need for this barrier. Findings from a research based report published in 2018 by the American Enterprise Institute that reviewed the practice of nurse practitioners indicated that people living in states with laws that reduce or restrict NPs’ scope-of-practice had significantly less access to primary care nurse practitioners. This finding indicates that such state regulations have played a role in impeding access to primary care; as a result, population health outcomes have suffered. The author of the same report analyzed different classifications of state-level scope-of-practice restrictions and found no evidence that Medicare beneficiaries living in states that imposed restrictions received better-quality care.

Citizens of Ohio are in need of health care that can be provided by APRNs. Today, nearly 1.5 million Ohioans across 159 Health Professional Shortage Areas in the state lack access to primary care services. Just 55% of patient demand is met by our current provider workforce, leaving 45% without access to care. Ohio Ranks 40th in the 2018 America’s Health Rankings by the United Health Foundation and 35th in the nation on measures of health care access and quality reported by U.S. News &World Report’s 2018 Best State Rankings.

At Ohio State’s College of Nursing, we are very proud of our Nurse Practitioner-led Federally Qualified Health Center that provides care for people across the age span including maternity care for people in the near east side. Removal of the Standard Care Arrangement barrier will help us provide more care in that area and will allow for more centers like ours to be developed across the state.

I urge your Committee to place the health and well-being of the people of Ohio first and remove barriers to practice for every member of the health care team who has barriers in practicing at the top of their scope. For APRNs, this barrier is the Standard Care Arrangement.

I am happy to take any questions that you have.