

**Ohio Board of Nursing  
Budget Testimony  
Fiscal Years 2020-2021**

April 30, 2019

Senate Finance Subcommittee on Health and Medicaid



**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 Hackett, Vice Chair Huffman, and members of the Senate Finance Subcommittee on Health and Medicaid, 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 290,000 licenses and certificates. 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 235 nursing education programs 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 remained over 7,000 annually since fiscal year 2012. The Board currently has 70 full-time employees to carry out its public protection mission.

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.

### **Budget Request Based on Increasing Workloads, Ohio eLicense Fees, Substance Use Disorder Alternative Program**

Over the past decade, the Board has 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.

#### Ohio eLicense Maintenance Fees

In FY17-18, the Board regulated over 290,000 licenses and certificates and issued 39,659 new licenses and certificates. The Board assures licensees meet statutory and regulatory requirements to be licensed to practice in Ohio and are appropriately credentialed to practice, while maintaining an efficient and effective system to license applicants as quickly as possible to enter or remain in the workforce.

To maintain an efficient and effective system to license applicants as quickly as possible requires participation in the Ohio eLicense system. The Board is dependent on a functional Ohio eLicense system that can handle the volume, comply with regulatory requirements, and be effectively used by licensees, nursing employers, nursing educators, and the public. The number of license records in the platform system is a primary factor in establishing each board's cost share. Because the Nursing Board has

by far the most licensees and records in the system, the Board pays the largest share of the cost.

#### Addressing the Opioid Epidemic

The Board continues to collaborate with the administration, legislators, law enforcement, drug task forces, and other state boards and agencies in an ongoing effort to combat prescription drug abuse and the opioid epidemic. The Board investigates prescribers and narcotics diversion, and it imposes disciplinary action when warranted to remove dangerous practitioners from the nursing workforce. Consistent with other healthcare prescriber licensing boards, the Board has promulgated administrative rules to limit prescribing opioids for acute, sub-acute, and chronic pain.

In addition, treatment and recovery are equally vital components for establishing a comprehensive statewide plan to address the opioid epidemic. Through its Alternative Program for Chemical Dependency/Substance Use Disorder, the Board provides a non-disciplinary alternative to discipline for licensees with substance use disorders. By offering needed options for monitoring and compliance, the Board helps ensure the licensee's ability to return to nursing practice as a safe practitioner. Funding the Board's compliance initiatives will positively impact public safety by ensuring nurses' ability to recover and safely return to Ohio's workforce with appropriate safeguards.

#### Summary

The Board operates as a well-run, self-sufficient and publicly accountable business. 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 requests that the legislature provide this requested funding authorization which is consistent with the increasing Board workload, mandated maintenance fees, and addressing the enforcement and treatment aspects of the opioid epidemic. Revenue generated by the Board's current licensure fees 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.

Thank you for consideration and continued support of public safety and the Board's regulatory concerns. This concludes my prepared remarks and I will be happy to answer any questions.

# APPENDIX - GENERAL INFORMATION

## Board Overview

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### 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

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### 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 APRNs prescribing opioid analgesics and benzodiazepines who did not review patient information in OARRS if treatment continued for over ninety days.

Earlier this month, the Board's new advanced pharmacology training and continuing education rules for APRN prescribers became effective. The Board amended Rule 4723-9-02, OAC, to address requirements for a 45-hour course of study in advanced pharmacology, required of all APRNs as part of core curriculum requirements needed to obtain Ohio licensure. The rule now includes reference to specific instruction on the most recent guidelines for pain management therapies and education, specifically those established by the GCOAT and the CDC. The Board added requirements for education on "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 include reference to specific prescribing rules and to indications and contraindications to the use of opioids and benzodiazepines for treatment.

Governor Kasich and the Nursing, Pharmacy, Medical and Dental Boards announced on March 30, 2017 that the Boards would begin their respective rule-making processes toward a set of common-sense limits regarding opioid prescribing for acute pain. At this time, the Board of Nursing is proposing to adopt a new rule to limit initial opioid analgesic prescriptions for the treatment of acute pain to 5 days for minors and 7 days for adults. The new rule also includes a 30MED average daily dose limit over those periods. The rule provides for the possibility to exceed opiate dose limits for treating pain under specified circumstances and exceptions to the rule when treating certain conditions.

The Board initiated these rules to support Ohio's efforts against opioid abuse and diversion. The Board believes all 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 remains supportive of administrative and legislative efforts to make life and workforce issues easier for our military licensees and their spouses. The Board successfully provides temporary licenses consistent with legislative intent, in an expedited manner for military personnel and their spouses, and at no charge to any of our licensees. An applicant merely checks a box to receive the temporary license. The temporary license opportunity is a part of applying for a full license in Ohio for nursing. The system has been effective, eliciting positive feedback in response to our many efforts on behalf of the military applicants and their spouses. Included here you will find a link to the Board's Momentum newsletter from Fall of 2017 (<http://www.nursing.ohio.gov/PDFS/Mom/2017FallMom.pdf>, see cover story on page 16) detailing our most recent legislative amendment related to expediting military licensing. The Ohio Nursing Board has worked hard to help Ohio be seen as a military friendly state. In the Momentum article, Daniel Eakins, Military and Veteran Policy Director of the Ohio Department of Veterans Services, complimented the Board "saying that the Board is recognized as a flagship for its work with veterans, service members, and spouses."

The professional licensing boards have a public protection role that is accomplished by licensing our workforce. This is especially true in the healthcare professions and we believe our collaborative efforts in how we license military applicants and their spouses show our commitment and positive results. We as always desire to successfully carry out our legislative mandate on behalf of the State of Ohio. Our goal is to protect the public and improve our services whenever possible.

The Board further 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.

### **Cultural Competency**

Nursing is considered by many to be at the forefront of cultural competency educational efforts in pre-licensure programs, experiential learning opportunities, continuing education (CE), and relevant course work at the state and federal levels. The Board utilizes its Advisory Groups on Nursing Education and Continuing Education respectively to discuss additional ways to enhance further education and training. In addition, Board staff continue to work with the Ohio Nurses Association and their working group dedicated to cultural competency initiatives.

Certain CE course work is available at no cost to licensees and is approved under the Board's administrative rules. For example, the United States Department of Health and Human Services (HHS) through their Office of Minority Health, provides a free, online educational program accredited for nurses. The Board's website identifies links to additional cultural competency CE and information that licensees may access.

### **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.

### **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 Steering Committee.

## Program Area Highlights and Statistics

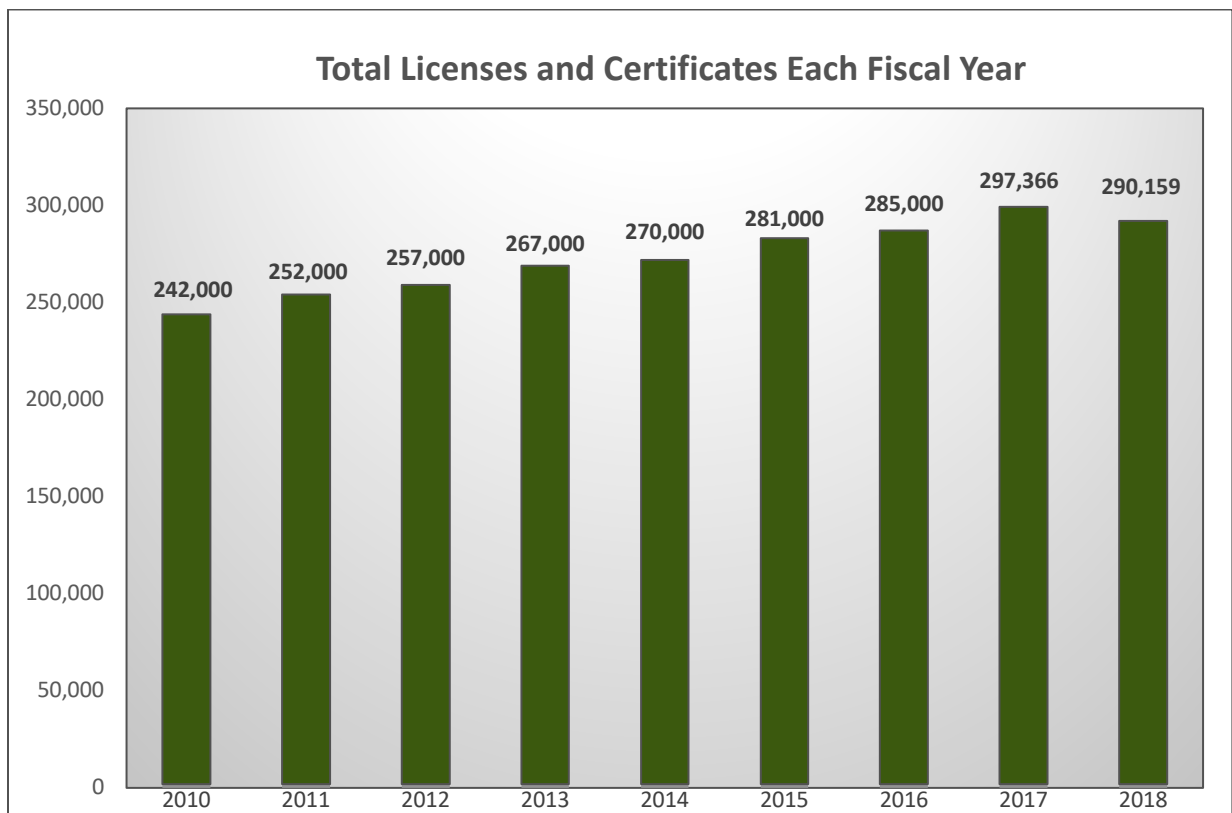
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### Licensure and Certification

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**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 290,159 licenses and certificates<sup>1</sup>
- Completed the COA renewal/APRN license issuance process with 14,829 (91%) APRNs completing the process to transition their certification status to licensure
- Prioritized 1,354 applications for service members, veterans, and spouses



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<sup>1</sup> HB 216 (132<sup>nd</sup> GA) eliminated Certificates of Authority (COA) and Certificates to Prescribe (CTP) as of December 31, 2017 and replaced both certificates with one license for APRNs that designates them as CRNAs, CNPs, CNSs, or CNMs and authorizes certain APRNs to prescribe.

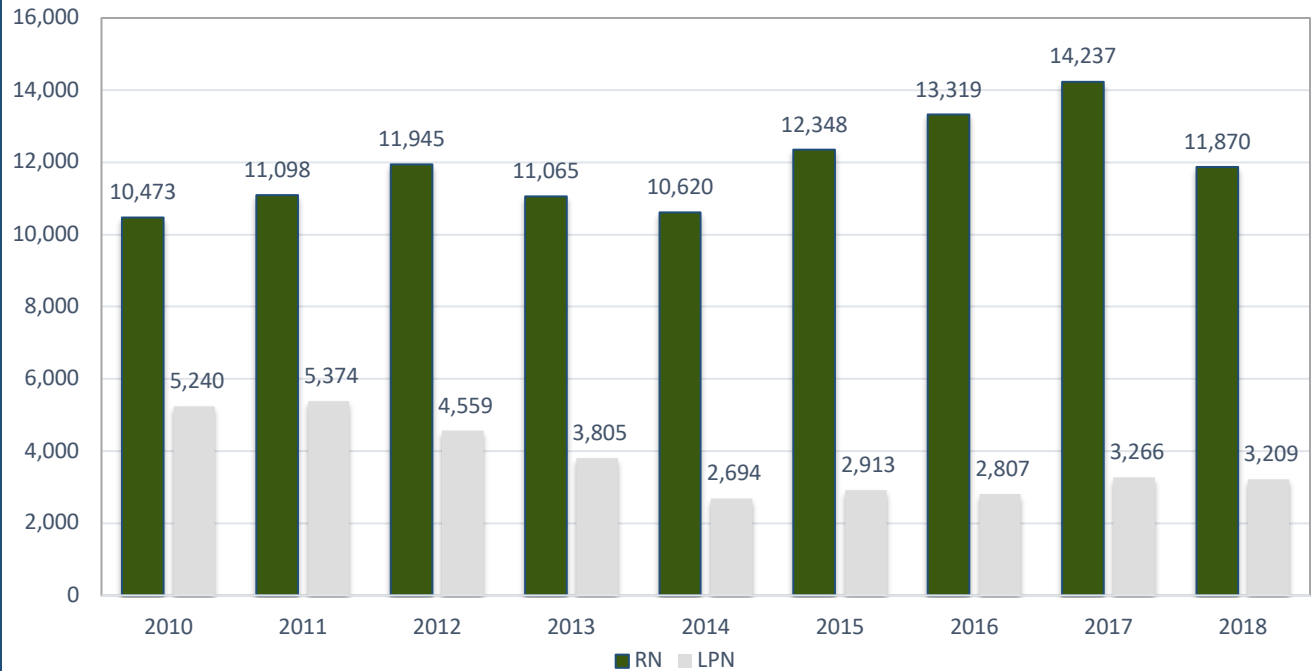
Active Licenses and Certificates as of June 30, 2018	
Registered Nurse (RN) Licenses	211,488
Licensed Practical Nurse (LPN) Licenses	56,200
Advanced Practice Registered Nurse (APRN) Licenses <ul style="list-style-type: none"> <li>▪ Certified Registered Nurse Anesthetist – 3,087</li> <li>▪ Certified Nurse Midwife - 402</li> <li>▪ Certified Nurse Practitioner – 12,817</li> <li>▪ Clinical Nurse Specialist – 1,130</li> </ul>	17,436
APRN Certificates through December 31, 2017 <ul style="list-style-type: none"> <li>▪ Certificates of Authority (COA) – 1,062</li> <li>▪ Certificates To Prescribe (CTP) – 931</li> </ul>	1,993
Ohio Certified Dialysis Technician Certificates	1,699
Dialysis Technician Intern Certificates	382
Community Health Worker Certificates	739
Medication Aide Certificates	222
<b>Total</b>	<b>290,159</b>

Newly Issued Licenses/Certificates	
RN Licenses	11,870
LPN Licenses	2,703
APRN Licenses <ul style="list-style-type: none"> <li>▪ Certified Registered Nurse Anesthetist – 192</li> <li>▪ Certified Nurse Midwife - 34</li> <li>▪ Certified Nurse Practitioner – 1,192</li> <li>▪ Clinical Nurse Specialist – 30</li> </ul>	1,448
Ohio Certified Dialysis Technician Certificates	159
Dialysis Technician Intern Certificates	341
Community Health Worker Certificates	221
Medication Aide Certificates	27
<b>Total</b>	<b>16,769</b>

Nurses Licensed By Examination or Reciprocity				
Type	Examination	Reciprocity	Temporary Permits	Total
RN	8,003	3,867	965	12,835
LPN	2,795	414	114	3,323
<b>Total</b>	<b>10,798</b>	<b>4,281</b>	<b>1,079</b>	<b>16,158</b>



### RNs and LPNs Licensed by Examination and Reciprocity Each Fiscal Year



### Certificates Issued Each Fiscal Year

#### Community Health Workers

	2010	2011	2012	2013	2014	2015	2016	2017	2018
New	23	13	33	13	41	111	215	244	221
Active	73	61	95	83	122	190	401	516	739

#### Dialysis Technicians and Dialysis Technicians Interns

	2010	2011	2012	2013	2014	2015	2016	2017	2018
New	378	368	396	324	394	429	439	466	500
Active	1,680	1,637	1,802	1,670	1,824	1,723	1,898	1,886	2,081

#### Medication Aides

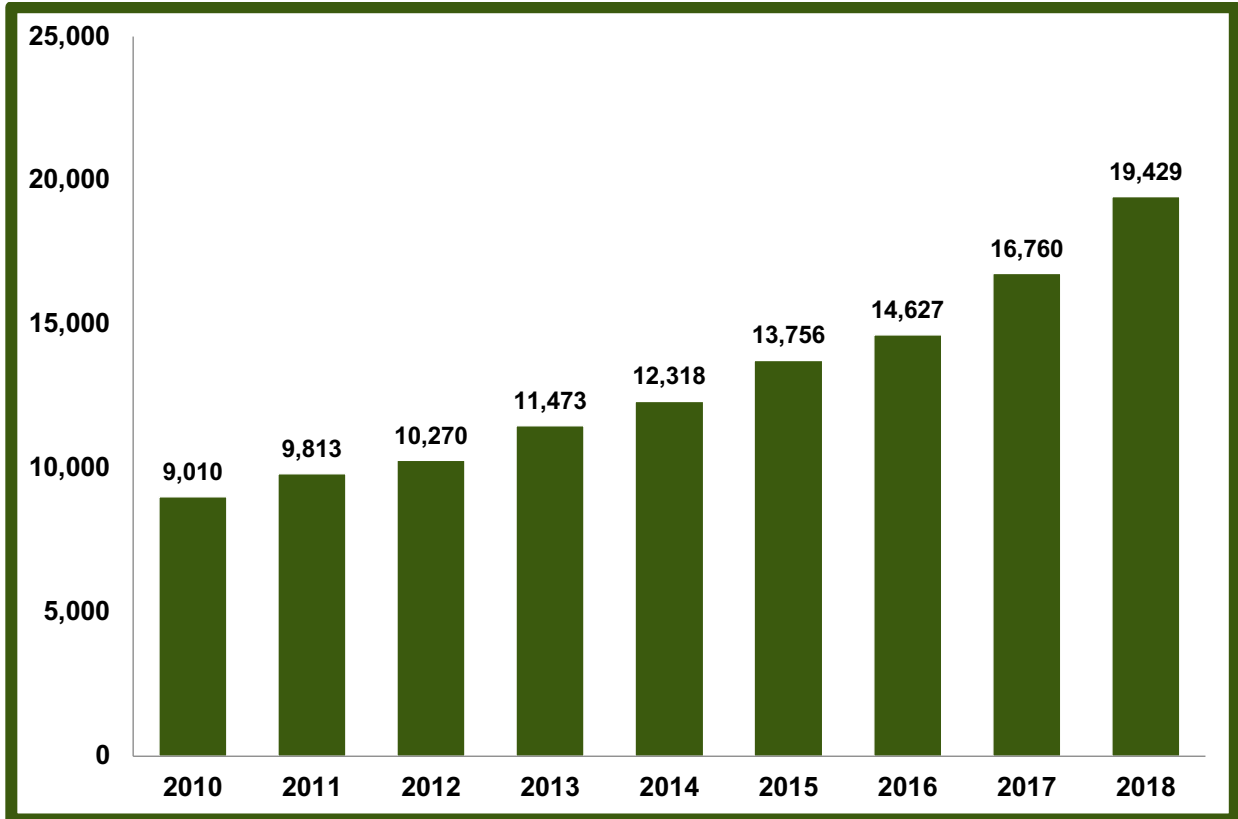
	2010	2011	2012	2013	2014	2015	2016	2017	2018
New	55	38	46	46	30	40	51	54	27
Active	94	133	112	163	192	184	164	164	222

## Advanced Practice Registered Nurses (APRNs)

HB 216 (132<sup>nd</sup> GA) required that APRNs practicing with the designations of CNPs, CNSs, CNMs or CRNAs be licensed in Ohio rather than certified. HB 216 eliminated the COA and the CTP. The new licenses include the authority to prescribe for CNPs, CNSs and CNMs. All Ohio APRNs were required to transition to APRN licensure by December 31, 2017.

The Board successfully completed the transition of both COAs and CTPs to one APRN license as part of the COA renewal/APRN License Issuance Process that ended December 31, 2017.

### APRN Licenses for Fiscal Year 2018 and COAs Through December 31, 2017



## Nursing Education and Approved Training Programs

**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 practice. The Board reviewed nursing education programs and various types of training programs to assure the programs maintain academic and clinical standards for the preparation of entry-level nurses and other health care workers.

- Continued approval of 184 nursing education programs.
- Approved 9 new nursing education programs.

Number of Education Programs Each Fiscal Year									
Type	2010	2011	2012	2013	2014	2015	2016	2017	2018
RN	86	94	102	106	108	109	113	110	110
PN	73	74	72	72	70	69	69	70	74
<b>Total</b>	<b>159</b>	<b>168</b>	<b>174</b>	<b>178</b>	<b>178</b>	<b>178</b>	<b>182</b>	<b>180</b>	<b>184</b>

- Determined that certain pre-licensure nursing programs were not meeting and/or maintaining regulatory requirements and issued sanctions: nine programs were placed on provisional approval status and one program was issued a Notice of Opportunity for Hearing that resulted in a settlement agreement.
- Convened the Advisory Group on Nursing Education to provide recommendations regarding nursing education and the related administrative rules.
- Provided two Nursing Education Workshops for Program Administrators and faculty.

Training Programs Approved Each Fiscal Year							
	2012	2013	2014	2015	2016	2017	2018
Dialysis Technician	24	29	25	24	21	23	22
Medication Aide	21	18	15	16	15	15	14
Community Health Worker	3	4	6	9	12	14	15
<b>Total</b>	<b>48</b>	<b>51</b>	<b>46</b>	<b>49</b>	<b>48</b>	<b>52</b>	<b>51</b>

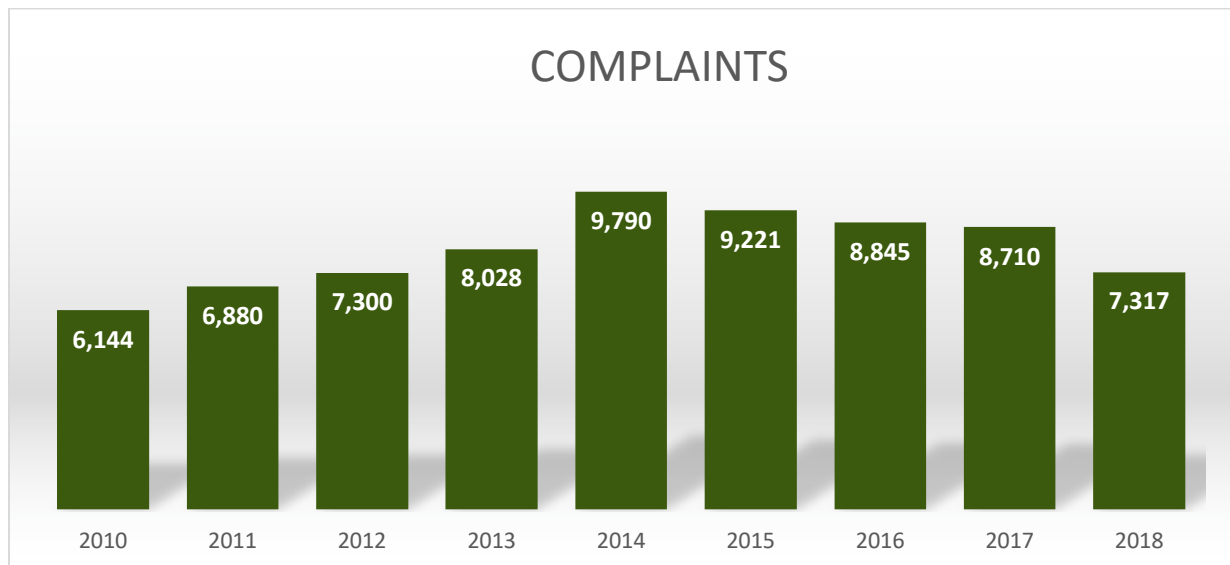
## Compliance, Discipline and Monitoring

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

### Board Complaints and Applicants for Initial Licensure

- The Compliance Unit processed and investigated complaints regarding criminal activity, substance use abuse, theft of drugs, sub-standard practice, patient abuse and neglect, and other violations of the Nurse Practice Act and administrative rules.
- Board Member Sandra Ranck was elected to serve as the Supervising Member for Disciplinary Matters.
- Prescription drug abuse was targeted through collaboration with law enforcement, other state boards and agencies, and the use of OARRS data.



License Applicants Referred to Compliance For Review		
Type	Total Number	Referred to Compliance
Licensure by Examination	10,798	1,330
Licensure by Reciprocity	4,281	490
<b>Total</b>	<b>15,079</b>	<b>1,820</b>

<b>Complaints</b>	
<b>Type of Complaint</b>	<b>Number</b>
Action Taken in Another State or Jurisdiction	920
Addendum to Board Actions	28
APRN Practice Issues	107
APRN Lapses (certification, licensure, CTP)	16
APRN Prescribing	31
Boundaries	60
COA/CTP Applicant	101
Community Health Worker Applicant	25
Confidentiality	36
Criminal	371
Default/Child Support	2
Dialysis Applicant	109
Drugs/Alcohol	787
Endorsement Applicant	490
Fraud (Theft)	159
Fraud (Medicare/Medicaid)	23
Imposter/Never Licensed	37
Invalid License (lapsed/inactive)	38
Medication Aide Applicant	13
Multiple Allegations	508
NCLEX Test Applicant	1,330
Non-compliance with Board Actions	430
Patient Abuse	69
Practice	708
Physical Impairment	0
Psychiatric Impairment	8
Renewal Applicant	664
Reinstatement Applicant	247
<b>Total</b>	<b>7,317</b>

### **Board Discipline, Alternative Programs, and Monitoring**

While the overwhelming majority of Ohio's nurses practice consistent 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.

The Board provided the Alternative Program for Chemical Dependency/Substance Use Disorders and the Practice Intervention and Improvement Program, confidential programs offered to licensees in lieu of disciplinary action.

<b>Board Actions</b>	
Board Order	362
Permanent Surrender	41
Default Order	37
Consent Agreement	597
Notice of Opportunity for a Hearing	328
Immediate Suspension	95
Temporary Suspension	0
Summary Suspension	7
Automatic Suspension	134
Suspension Without Stay	455
Stayed Suspension (Probation)	342
Permanent Revocation/Denial	80
Reprimand with requirements	187
Permanent Withdrawal of Application	1
Non-Permanent Withdrawal of Application	4
Voluntary Retirement	26

## Monitoring Compliance

The Board 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/Substance Use Disorders and the Practice Intervention and Improvement Program.

Cases	Number
Active cases	1,482
Inactive cases <sup>2</sup>	3,461
Monitoring ceased – issued Automatic Suspension and Notice of Opportunity for Hearing	131
Monitoring ceased – released from the terms and conditions of their Board Order/Consent Agreement	173
Completion of Reprimand requirements	132

## **Regulatory Clarity and a Common-Sense Approach**

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**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.

### **Communication and Collaboration**

- Use multiple venues, such as *Momentum*, a quarterly news magazine, electronic (internet-based) news updates, Board website, Twitter, and Facebook to inform the public and interested parties about the Board’s disciplinary actions, proposals for rule making, practice guidance, new regulatory requirements, statewide initiatives, and Board activities and processes.
- Provided over 1,232 records to the public in response to public records requests, with over 98% provided in three business days.
- Update the Board website and maintained the Ohio Center for Nursing website, in conjunction with the Ohio Network for Nursing Workforce. Provide the public, nursing providers and employers comprehensive Ohio nursing workforce data summary reports and online access to raw data from additional information workforce questions at time of biennial licensure renewal.

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<sup>2</sup> 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.

- Presented regulatory updates at stakeholder meetings such as the Ohio Council of Associate Degree Nursing Education Administrators, the Ohio Council of Deans and Directors of Baccalaureate and Higher Degree Nursing Programs, and the Ohio Organization of Practical Nurse Educators.
- Continuing collaboration with the National Council of State Boards of Nursing (NCSBN): participated in conference calls/meetings for Discipline, Education, Practice, Executive Officers, Policy; attended meetings and conferences; were members of NCSBN Committees such as the Institute of Regulatory Excellence, NCLEX Examination Committee, Marijuana Regulatory Guidelines Committee, and Active Supervision Committee; attended NCSBN Board of Nursing Investigator Training; participated in the Reentry into Nursing Licensure Focus Group; became one of 10 states participating in the Discipline Efficiency Project. Board President Patricia Sharpnack completed a NCSBN sponsored Health Policy and Media Engagement program, The George Washington University, School of Nursing.
- Respond to an average of over 300 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.
- Convene multiple advisory groups, ad hoc committees, and standing committees on nursing, including the Advisory Committee on Advanced Practice Nursing, Advisory Group on Nursing Education, Advisory Group on Continuing Education and the Advisory Group on Dialysis.
- Convene the Committee on Prescriptive Governance (CPG) regarding APRN prescriptive authority and the APRN Exclusionary Formulary.
- Annually Submit nursing practice breakdown data to a national patient safety database.

## Legislation

- The Board monitored proposed legislation that could impact the practice of nursing and Board operations. Bills of the 132<sup>nd</sup> Ohio General Assembly related to the Board that were initiated by contact with the legislature and that became effective in fiscal year 2018 include:
  - Am Sub HB 49: Budget  
Most Sections of Am Sub HB 49 became effective September 29, 2017. The Act authorized the provision of nursing care at a free camp accredited by the SeriousFun Children's Network for individuals with chronic diseases, upon meeting specified conditions; authorized LPN applicants who successfully complete an education program approved by the US Air Force to be licensed; specified that beginning January 21, 2018, the Nursing Board's Executive Director is no longer required to be an Ohio licensed RN with at least five years



of practice experience as a RN; and authorized APRNs to provide medication-assisted treatment for substance use disorders.

- Am Sub HB 111: APRN-Mental Health  
Am Sub HB 111 was signed by the Governor on June 29, 2018. Certain Sections pertaining to APRN licensure became effective immediately, with the majority of the bill becoming law on September 2, 2018. The bill authorized APRNs to have a person involuntarily transported to a hospital for a mental health examination; modified APRN standard care arrangement requirements; clarified APRN license application requirements; and authorized certain APRNs to be licensed based on prior certification.

### **Administrative Rules**

- The Board amended Rule 4723-9-10, Ohio Administrative Code (OAC), effective August 31, 2017. The rule amendments generally limit initial opioid analgesic prescriptions for the treatment of acute pain to five days for minors and seven days for adults. The rule also includes a 30MED average daily dose limit over those periods.
- The Board timely completed its five-year review of applicable administrative rules as required by Section 119.032, ORC. These rules became effective on January 1, 2018 and included the following: Chapters 4723-1, Board Organization and Records; 4723-3 Definitions; and 4723-14, Continuing Education.
- Individual rules not slated for five-year review were amended to comply with recent legislative changes or for technical or non-substantive reasons. Individual rules became effective on January 1, 2018 within Chapters related to Licensing for Active Duty Military and Veterans; Examination and Licensure; Advanced Practice Registered Nurse Certification and Practice; Prescriptive Authority; and Dialysis Technicians.