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# OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research  
and Drafting

Legislative Budget  
Office

**S.B. 28**  
**135<sup>th</sup> General Assembly**

## **Fiscal Note & Local Impact Statement**

[Click here for S.B. 28's Bill Analysis](#)

**Version:** As Reported by House Health Provider Services

**Primary Sponsor:** Sen. Roegner

**Local Impact Statement Procedure Required:** No

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### **Highlights**

- The State Medical Board of Ohio will experience costs to participate in the Physician Assistant Licensure Compact. These include costs to process Compact privileges, to investigate any complaints about privilege holders, and to provide required information. However, participating states can charge a fee to issue Compact privileges. The total costs, as well as the amount of revenues received, will depend on the number of physician assistants seeking a Compact privilege.
- The Board of Nursing could experience an increase in administrative and rule promulgation costs, as well as an increase in fee revenue resulting from provisions related to medication aides in the bill.
- The State Veterinary Medical Licensing Board could realize an increase in administrative costs to process limited licenses to practice, as well as a gain in fee revenue collected from applicants for licensure.

### **Detailed Analysis**

#### **Physician Assistant Licensure Compact**

The bill enters Ohio as a party to the Physician Assistant Licensure Compact. This will require Ohio to extend the privilege to practice to physician assistants licensed in other Compact states. State licensing boards that participate retain jurisdiction to impose adverse action against a physician assistant that has a Compact privilege in the state that issued the privilege. Adverse actions can be administrative, civil, equitable, or criminal actions permitted by the state's laws. As a result, the Board could realize costs to process these Compact privileges. The Board may receive complaints regarding out-of-state practitioners with a privilege, which may result in costs for investigations and disciplinary action. If there are any criminal actions taken, there could be

court costs. Additionally, the Board will be required to submit specified information to the Compact Commission on all physician assistants to whom the Compact is applicable. There will be administrative costs to submit this information, to promulgate any rules, and possibly to update information technology or the Board's website. However, participating states may impose Compact privilege fees, which may help offset some costs. Costs, and the amount of revenue received, will depend on the number of physician assistants seeking privileges.

The Compact Commission is permitted to impose annual assessments on participating states. Additionally, the Board will be required to select one delegate to serve on the Compact Commission. These provisions could also result in costs to the State Medical Board of Ohio.

The bill could result in other indirect impacts to the state and political subdivisions. Physician assistants that practice in Ohio with a privilege could provide additional services to Ohioans and provide increased access to services. If this occurs, there could be additional reimbursements from state and local programs that reimburse for these services. However, if the utilization of services led to an avoidance of more expensive treatments, there could be a reduction in costs to state or local programs or health plans.

The Compact becomes effective when seven states enact it into law.

## **Medication aide**

The bill revises the law governing the practice and certification of medication aides in several ways. First, the bill makes changes to the medication aide certification process by eliminating the requirement that an applicant for a medication aide certificate who will practice in a residential care facility either be a nurse aide or have one year of direct care experience in such a facility. However, the bill specifies that a medication aide certificate issued to an individual who will practice in a residential care facility is valid for use only in such a facility. The bill also requires the Board of Nursing to issue an updated certificate to practice in either a residential care facility or an intermediate care facility for individuals with intellectual disabilities after the individual has one year of direct care experience in a residential care facility. This may increase the number of individuals eligible for a medication aide certificate and, therefore, may increase the number of applicants for certification. If this happens, the Board of Nursing will experience an increase in administrative costs related to the application process. However, these costs would be offset by an increase in application fee revenue.

Additionally, the bill specifies which drugs or prescriptions a medication aide practicing in a residential care facility is authorized to administer, requires the Board of Nursing to provide each certificate holder access to a renewal application, and makes various changes to continuing education provisions for medication aides. The bill also requires the Board, when adopting rules governing the approval of, and participation in, medication aide training programs to do the following: when establishing or specifying standards for the supervised clinical practice components of the training programs, when that training is provided in a residential care facility and the facility has been notified of certain real and present dangers by the Department of Health, the Board must prohibit the facility from commencing any further supervised clinical practice components until a plan of correction is approved or the facility resolves the danger. This could result in rule promulgation and possible administrative costs. Lastly, the bill eliminates a provision that specifies that the renewal certification fees for medication aides be established in rule and instead sets fee amounts as follows: \$50 if applying before March 1 of an

even-numbered year or \$100 if applying after March 1 but before May 1 of an even-numbered year. These are the amounts currently established in rule, so there should be no impact associated with this provision.

### **Limited license to practice veterinary medicine**

The bill reverses a provision of S.B. 131 of the 134<sup>th</sup> General Assembly that restricted a limited license to practice veterinary medicine to nonresidents only, thereby allowing any individual to obtain the license. This might increase the number of applications for licensure. If there is an increase, the Veterinary Medical Licensing Board would realize administrative costs to process these licenses. However, these costs would be offset by fee revenues collected from applicants. Any impact should be minimal as the number of limited licenses for residents issued each year was fairly small.