Ohio Legislative Service Commission

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Fiscal Note & Local Impact Statement

Bill: H.B. 216 of the 131st G.A. **Date**: January 20, 2015

Status: As Introduced **Sponsor**: Rep. Pelanda

Local Impact Statement Procedure Required: No

Contents: Revises the law governing advanced practice registered nurses

State Fiscal Highlights

- The bill establishes an advanced practice registered nurse (APRN) license issued by the Ohio Board of Nursing that includes designation in a nursing specialty as a certified registered nurse anesthetist (CRNA), clinical nurse specialist (CNS), certified nurse-midwife (CNM), or certified nurse practitioner (CNP). The Ohio State Board of Nursing anticipates administrative costs associated with the transition from certification to licensure and possible additional costs if changes to the Board's eLicense system are required.
- The bill eliminates the current requirement that a CNS, CNM, or CNP practice in collaboration with a physician or podiatrist. In the case of a CRNA, it eliminates the requirement that the CRNA practice under the supervision of a dentist, physician, or podiatrist. The bill further eliminates the requirement that a CNS, CNM, or CNP enter into a standard care arrangement with one or more collaborating physicians or podiatrists and practice in accordance with the arrangement. Current law does not require a CRNA to enter into a standard care arrangement. The Board anticipates additional administrative costs associated with these changes.
- The bill grants each APRN specialty, including the CRNA, the authority to prescribe or personally furnish most drugs and therapeutic devices as part of the APRN license. The Board anticipates some costs associated with the change because of the need to develop new administrative rules regarding APRN practice.
- The bill authorizes the Board to impose an application fee not to exceed $150 for an APRN license. The bill maintains the existing renewal fee limit of $65 for an RN license, but provides that this fee is not to be charged when an RN is renewing an APRN license. The bill specifies that the renewal of the APRN license will automatically renew the APRN's RN license. The Board anticipates the loss of approximately $880,000 in revenue for each biennial period.

Local Fiscal Highlights

- It is possible that local hospitals may experience some cost savings if APRNs are able to perform additional duties freeing physicians to attend to other patients.

Detailed Fiscal Analysis

The bill establishes an advanced practice registered nurse (APRN) license issued by the Ohio Board of Nursing that includes designation in a nursing specialty as a certified registered nurse anesthetist (CRNA), clinical nurse specialist (CNS), certified nurse-midwife (CNM), or certified nurse practitioner (CNP). This replaces existing law, which provides that a registered nurse (RN) who holds an RN license issued by the Board and has completed advanced education and training may obtain from the Board a certificate of authority that authorizes the nurse to practice in one of the four APRN specialties. The Ohio State Board of Nursing anticipates incurring administrative costs associated with the transition from certification to licensure in order to amend administrative rules and revise initial, renewal, reinstatement, reactivation application forms, letters, and website information. There may also be additional costs if changes to the Board's eLicense system are required.

Collaboration, supervision, and standard care arrangement

The bill eliminates the current requirement that a CNS, CNM, or CNP practice in collaboration with a physician or podiatrist. In the case of a CRNA, it eliminates the requirement that the CRNA practice under the supervision of a dentist, physician, or podiatrist.

The bill further eliminates the requirement that a CNS, CNM, or CNP enter into a standard care arrangement with one or more collaborating physicians or podiatrists and practice in accordance with the arrangement. Current law does not require a CRNA to enter into a standard care arrangement. Current law also requires that a copy of the standard care arrangement be retained on file at each site where the practice occurs and authorizes the Board to periodically review the arrangement for compliance with the law.

The Board anticipates incurring administrative costs associated with the changes because of the anticipated need to promulgate new administrative rules regarding APRN practices. It has not been necessary for the Board to address certain APRN practice regulations in the Board's administrative rules because by statute, APRNs cannot exceed the scope of practice of their collaborating physician. Without collaboration and supervision requirements or standard care arrangements, a significant number of new administrative rules may need to be promulgated by the Board.

Local hospitals may experience a minimal reduction in administrative costs if they no longer have to write standard care arrangements and file them with the Board.

Prescriptive authority

The bill grants each APRN specialty, including the CRNA, the authority to prescribe or personally furnish most drugs and therapeutic devices as part of the APRN license. The Board anticipates costs associated with the change because of the need to promulgate new administrative rules regarding APRN practice. It has not been necessary for the Board to address certain APRN practice regulations regarding prescriptive authority in the Board's administrative rules because APRNs cannot exceed the prescribing parameters of their collaborating physician and the Formulary. Without collaboration, standard care arrangements, and the Formulary, new administrative rules would need to be promulgated through the rule-making process and adopted by the Board.

There could be an increase in complaints related to CRNAs being permitted to prescribe. As a result, the Board anticipates there could be a need for additional investigators, especially APRN investigators, to handle complaints, investigations, and prepare cases for hearings. Currently, CRNAs' practice is limited to the peri-operative area, and the bill would allow CRNAs to prescribe without restriction or limitation.

Elimination of the certificate to prescribe

The bill eliminates the certificate to prescribe (CTP) along with the initial externship certificate (CTP-E) that requires supervision of the nurse's prescribing practices by one or more collaborating physicians or podiatrists. The Board anticipates possible moderate administrative cost savings due to the elimination of the CTP and CTP-E application.

Elimination of the Formulary

The bill eliminates the Formulary, as well as the requirement that CTP holders prescribe or personally furnish only those drugs or therapeutic devices listed in the Formulary. The bill also eliminates the Committee on Prescriptive Governance (CPG), which consists of four nurses, four physicians, and two pharmacists. The Board is prohibited from adopting any rule regarding APRN prescriptive authority that does not conform to a recommendation made by CPG. The Board anticipates minimal administrative cost savings associated with the change as staff will no longer need to maintain the Formulary.

Committee on Prescriptive Governance with an Advisory Committee on Advanced Practice Registered Nursing

The bill replaces CPG with an Advisory Committee on Advanced Practice Registered Nursing (ACAPRN), which would advise the Board on the practice and regulation of APRNs. The Committee would consist of the following members appointed by the Board:

(1) Four APRNs who are actively practicing in Ohio in clinical settings, at least two of whom are actively engaged in providing primary care;

(2) Four APRNs who each serve as faculty members of approved programs of nursing education that prepare students for licensure as APRNs;

(3) One member of the Board who is an APRN;

(4) One representative of an entity that employs ten or more APRNs who are actively practicing in Ohio.

Advanced pharmacology

The bill continues the requirement that an applicant provide to the Board evidence of successfully completing a course of study in advanced pharmacology but extends to five years (from three) the time after completion of the course of study by which an applicant must seek prescriptive authority. The bill also allows instruction in the course of study specific to schedule II controlled substances to be delivered through electronic means. The Board anticipates minimal administrative costs associated with the change.

License application and renewal

The bill authorizes the Board to impose an application fee not to exceed $150. The current application fee for a certificate of authority cannot exceed $100, while the application fee for a CTP cannot be more than $50. The bill maintains the existing renewal fee limit of $65 for an RN license, but provides that this fee is not to be charged when an RN is renewing an APRN license. The bill specifies that the renewal of the APRN license will automatically renew the APRN's RN license. The Board anticipates the loss of approximately $880,000 in revenue for each biennial period (RNs and APRNs renew in odd-numbered years) because APRNs will no longer pay the $65 fee to renew their RN license (13,500 currently licensed APRNs x $65 = $877,500).

Continuing education

The bill permits continuing education credits earned by an APRN to also count as continuing education credit for the renewal of an RN license. The Board anticipates no administrative costs associated with the change.

Board of Nursing

At present, the Board consists of 13 members, eight of whom must be RNs. The bill requires that at least two of the eight RN members be APRNs. Under existing law, only one of the eight RN members must be an APRN. The bill also mandates that the Board elect an RN as President and Vice-President. Current law does not specify which members the Board may elect to serve as President and Vice-President.

Existing law provides that seven members of the Board, including at least four RNs and one LPN constitute a quorum. Under the bill, at least one of the four RNs must also be an APRN to have a quorum.

Other changes

Insurance and maternity benefits

Current law requires that an individual or group health insuring corporation policy, individual or group policy of sickness and accident insurance, public employee benefit plan, or multiple welfare arrangement that provides maternity benefits, as well as Medicaid, provide coverage for certain care following a delivery, but only if the care is from a physician-directed source. The bill provides coverage of follow-up care directed by either a physician or APRN.

Cause of death certificate and do-not-resuscitate order

The bill permits an APRN to certify a cause of death or complete and sign a medical certificate of death. In the case of a do-not-resuscitate (DNR) order, existing law allows two types of APRNs, CNPs, and CNSs, to take any action that an attending physician may take. The bill extends this authority to the other two types of APRNs, CNMs and CRNAs. Local hospitals may experience minimal cost savings if APRNs are able to certify a cause of death or act autonomously in the case of a DNR order allowing physicians to attend to other patients or business.

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