Ohio Legislative Service Commission

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Fiscal Note & Local Impact Statement

Bill: H.B. 216 of the 131st G.A. (L_131_0929-9) **Date**: May 24, 2016

Status: In House Health and Aging **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 makes some modifications involving prescriptive authority, limited practice without collaboration, and continuing education requirements for APRNs that could result in additional administrative costs.
- The bill requires the Board of Nursing to establish an exclusionary drug formulary. The Board may realize an increase in costs to develop this formulary.
- The bill modifies the membership of the existing Committee on Prescriptive Governance from ten members to seven members. Thus, there might be a minimal decrease in reimbursements for necessary and actual expenses of board members.
- The bill creates the Advisory Committee on Advanced Practice Registered Nursing. There might be a minimal increase in reimbursements for necessary and actual expenses of board members.

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

Advanced practice registered nurse licensure

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 requires that the collaborating physician or podiatrist be continuously available to the APRN either in person or by electronic communication. Currently, the physician or podiatrist must be continuously available either in person or by radio, telephone, or other form of telecommunication.

The bill specifies that in the event that a collaborating physician or podiatrist terminates the collaboration between the physician or podiatrist and an APRN before a standard of care arrangement expires, all of the following apply: (1) the nurse must notify the Board immediately, and (2) the nurse may continue to practice under the existing standard care arrangement without the collaborating physician or podiatrist for not more than 120 days after notifying the Board. The Board could have an increase in administrative costs if a collaboration is terminated since the Board would receive notification and perhaps have follow-up conversations with the APRN.

The bill also prohibits a physician or podiatrist from collaborating at the same time with more than five APRNs in the prescribing component of their practices (currently, the limit is three).

Prescriptive authority

The bill grants each APRN specialty, other than a CRNA, the authority to prescribe or personally furnish most drugs and therapeutic devices as part of the APRN license. The Board could realize an increase in costs if any new administrative rules regarding APRN practice are required or if there are any additional administrative duties, such as additional complaint investigations related to this provision.

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.

Formulary changes

The bill requires the Board to establish a drug formulary that is exclusionary and specify only those types of drugs or devices that an APRN is not authorized to prescribe or furnish. Currently, the Board must establish a drug formulary that specifies the drugs or devices that an APRN is authorized to prescribe. In the case of schedule II controlled substances, the bill retains current law that allows a nurse to prescribe only under certain conditions or from specified locations, but does add residential care facilities to the list of specified locations.

The bill changes the membership of the Committee on Prescriptive Governance (CPG) to consist of three nurses, three physicians, and one pharmacist instead of four nurses, four physicians, and two pharmacists. The bill requires all seven members to be present in order for the CPG to conduct official business. The bill specifies that the pharmacist member is a nonvoting member. The CPG is required to develop and submit to the Board at least once per year a recommended exclusionary formulary for the Board's approval. The Board is required to adopt rules consistent with the recommended exclusionary formulary submitted by the Committee. The Board could experience an increase in administrative costs to adopt rules developing an exclusionary formulary. There might be a minimal decrease in reimbursements for necessary and actual expenses due to the reduction in Board members.

Advisory Committee on Advanced Practice Registered Nursing

The bill establishes the 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 one of whom are actively engaged in providing primary care, at least one of whom is actively engaged in practice as a CRNA, and at least one of whom is actively engaged in practice as a certified nurse-midwife;
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.

The bill authorizes the ACAPRN to make recommendations to the CPG. There might be a minimal increase in reimbursements for necessary and actual expenses for ACAPRN board members.

Advanced pharmacology

The bill continues the requirement that an applicant, other than a CRNA applicant, provide to the Board evidence of successfully completing a course of study in advanced pharmacology. However, the bill specifies that the course of study is to be completed no longer than five years (this time period is currently three years) before the application is filed. 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 renewal fee for an APRN is not to exceed $135 under the bill, while the current renewal fee for a certificate of authority cannot be more than $85 and the renewal for a certificate to prescribe cannot exceed $50. The bill specifies that an APRN license and an RN license ($65 current renewal fee) must be renewed separately. There should be no fiscal impact associated with this provision since an APRN will pay $150 for the initial application fee and $135 for a renewal fee, which is the same as current costs for both an initial and renewal certificate of authority and certificate to prescribe. APRNs will also continue to pay the $65 renewal RN license fee.

Continuing education

The bill requires that 24 hours of continuing education be completed for each license during a biennial renewal period. The bill permits certain continuing education credits earned by an APRN in order to maintain certification by a national certifying organization to also count as continuing education credit for the renewal of an RN license. The Board may realize a minimal increase in administrative costs as a result.

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.

Do-not-resuscitate order

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 act autonomously in the case of a DNR order allowing physicians to attend to other patients or business.

Synopsis of Fiscal Changes

The synopsis highlights only those changes with fiscal impacts. These provisions are discussed below.

APRN and RN renewals

The As Introduced version of the bill established an application fee for the APRN license and a renewal fee (this license replaces the existing certificate of authority and certificate to prescribe). However, the bill provided that the $65 for the renewal fee for an RN license was not to be charged when an RN is renewing an APRN license. The renewal of an APRN license automatically renewed the RN license. As a result, the Board anticipated the loss of revenue of approximately $880,000 in revenue for each biennial licensing period. The substitute bill (L_131_0929-9) maintains the initial application fee and the renewal fee for an APRN license, but specifies that an APRN license and an RN license must be renewed separately. As a result, there should be no fiscal impact associated with this provision since an APRN will pay $150 for the initial application fee and a $135 renewal fee, which is the same as the current costs for a certificate of authority and certificate to prescribe. APRNs will also continue to pay the $65 renewal RN license fee.

Collaboration, supervision, and standard care arrangement

The As Introduced version of the bill eliminated the requirement that a CNS, CNM, or CNP practice in collaboration with a physician or podiatrist. In the case of a CRNA, it eliminated the requirement that the CRNA practice under the supervision of a dentist, physician, or podiatrist. The bill also eliminated the requirement that a CNS, CNM, or CNP enter into a standard care arrangement with one or more collaborating physicians or podiatrists. The Board anticipated incurring administrative costs associated with these changes to promulgate new rules (possibly a significant amount

of new rules). Local public hospitals may have realized a decrease in costs as a result of the elimination of the standard care arrangement. The substitute bill removes these provisions and continues these current law requirements. Thus, these fiscal impacts will no longer be incurred or realized. The substitute bill does specify what occurs in the event that a collaborating physician or podiatrist terminates the collaboration between the physician or podiatrist and an APRN before a standard of care arrangement expires. The Board could have a minimal increase in administrative costs to receive and process this notification and perhaps have follow-up conversations with the APRN.

Prescriptive authority

The As Introduced version of the bill granted each APRN specialty, including a CRNA, the authority to prescribe or personally furnish most drugs and therapeutic devices as part of the APRN license. The Board anticipated an increase in administrative costs to promulgate new rules. In addition, the Board specified that there may be an increase in complaints related to CRNAs being permitted to prescribe, which might have led to the need for additional investigators. The substitute bill grants each APRN specialty, other than a CRNA, this ability. Thus, costs associated with the CRNAs being permitted to prescribe will not be realized.

Formulary

The As Introduced version of the bill eliminated the formulary, as well as the requirement that certificate to prescribe holders prescribe or furnish only those drugs or therapeutic devices listed in the formulary. The Board anticipated minimal administrative cost savings since the formulary would no longer need to be maintained. The substitute bill requires the Board to establish a drug formulary that is exclusionary and specify only those types of drugs or devices that an APRN is not authorized to prescribe or furnish. The Board could experience an increase in administrative costs to develop an exclusionary formulary.

Committee on Prescriptive Governance and Advisory Committee on Advanced Practice Registered Nursing

The As Introduced version of the bill replaced the Committee on Prescriptive Governance with the Advisory Committee on Advanced Practice Registered Nursing. The substitute bill maintains the Committee on Prescriptive Governance, but modifies its membership from ten to seven members, which could result in minimal decreases in reimbursements for actual and necessary expenses. The bill also establishes the Advisory Committee on Advanced Practice Registered Nursing. There could be minimal increases for travel and other necessary reimbursements.

Cause of death certificate

The As Introduced version of the bill permitted an APRN to certify a cause of death or complete and sign a medical certificate of death. Thus, local hospitals might have experienced minimal cost savings if APRNs were able to certify a cause of death allowing physicians to attend to other patients or business. The substitute bill removes this provision.

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