

- The Board estimates expenses related to prescription authority total about \$110,000 per year. There will also be \$25,000 in start up costs in FY 2000.
- The Board of Nursing (NUR) reported that the number of individuals certified as CNMs, CNPs, and CNSs is growing at a rate of approximately 40 per month. This would lead to a total of 320 new nurses eligible, with required training, to achieve prescriptive authority. Using the same percentage of 50 to 75 percent, LBO estimates that NUR revenues could increase by approximately \$8,000 to \$12,000 in the “off-year” of the biennial renewal cycle.
- Under the bill, the NUR is required to annually publish the formulary and any supplements to the formulary established by the Joint Formulary Committee (established in the bill) under ORC 4723.49. This will have added costs to the Board.
- The Joint Formulary Committee will contain nine (9) members that shall only receive compensation for actual and necessary expenses incurred in performance of their official duties. LBO estimates that total expenditures for the Committee would be no more than \$50,000 per year.

Local Fiscal Highlights

- No direct fiscal effect on political subdivisions.

Detailed Fiscal Analysis

Board of Nursing Certification Revenues

This bill establishes prescriptive authority for a category of licensed nurses known as the “Four C’s.” The Four C’s include clinical nurse specialists (CNS), certified nurse-midwives (CNM), certified nurse practitioners (CNP), and certified registered nurse anesthetists (CRNA). These individuals all must be licensed registered nurses (RN) before receiving certification in the respective specialty. The table below lists the number of individuals in the Four C’s as of June 16, 1999.

Category	Number
CRNA	1,672
CNS	1,521
CNP	1,684
CNM	241
TOTAL	5,118

The provisions of H.B. 241 do not apply to CRNAs, leaving 3,446 licensed individuals eligible for prescriptive authority. Under ORC 4723.43, CRNAs are not required to obtain a certificate to prescribe in order to provide the anesthesia care described in the bill.

The biennial renewal fee for prescriptive authority is \$50. LBO estimates that 50 to 75 percent of the potentially eligible nurses would seek prescriptive authority. Using this estimate, LBO assumes an increase in revenue of \$85,000 to \$130,000 every two years. In the off-year of the biennial cycle, LBO estimates revenues of \$12,000 to \$18,000. This figure was derived using the Nursing Board information that the number of new Four C’s is growing by approximately 40 per month (480 per year or 320 CNS, CNP, CNM). Taking 50 – 75 percent of the 320 licensees at \$50 per certificate yielded the estimate for the off-year revenue.

Prior to receiving a certificate to prescribe, an eligible nurse would need to successfully complete a course of study in advanced pharmacology, including a minimum of 30 contact hours of training in advanced pharmacology.

Once certificated by the Board, a nurse with prescriptive authority may only prescribe drugs and therapeutic devices contained in the formulary established by the Joint Formulary Committee. This 9 member committee includes representatives of the following groups:

- 1) CNM;
- 2) CNP;
- 3) CNS;
- 4) Member of the Board of Nursing that is a CNM, CNP, or CNS;
- 5) Representative of the Director of Human Services;

- 6) Three individuals licensed to practice medicine in Ohio, at least two of whom are individuals who collaborate with a CNM, CNP, or CNS; and
- 7) A pharmacist licensed by the Ohio Board of Pharmacy.

This panel will provide some added expenses for the Nursing Board, but since members are compensated only for actual and necessary expenses in performance of their duties, this cost should not exceed \$5,000 per year. The actual figure would depend upon the actual number of meetings the Committee held in a given year. Fewer meetings would decrease the cost for the Board.

The bill also requires that the collaborating physician, if not physically present at the location at which the nurse is prescribing drugs, must be no more than four hours, by automobile, from the nurse's location. At 65 miles per hour, this would require the physician to be no more than approximately 260 miles away, about the driving distance from Cleveland to Cincinnati.

Fine Revenue and the Role of APNs

Amended Substitute H.B. 478 of the 119th General Assembly, as amended by Am. Sub. S.B. 154 of the 121st General Assembly, established the issuance of Advanced Practice Nursing licenses in the University Pilot Programs. These individuals, in addition to their regular RN license, pay a \$50 biennial fee to enter the pilot program plus a \$50 biennial fee for prescriptive authority. As of June 1999, there were 113 APNs in the pilot programs.

The certificates of authority for APNs will expire on August 31, 1999. At that time, they will apply for another two-year renewal. Under H.B. 241, these individuals would be permitted to continue prescribing drugs under that license for the full two-year period. However, on August 31, 2001, these individuals would be required to follow the same procedures for prescriptive authority outlined in this bill for CNMs, CNPs, and CNSs.

According to the Board of Nursing, since the establishment of the APN program, there have been no individual nurses that have faced disciplinary actions related to misuse of prescriptive authority. LBO assumes that the overwhelming majority of nurses receiving this authority would act responsibly and in accordance with the laws and rules established by the Board and the Joint Formulary Committee. For this reason, LBO feels that the amount of fine revenue, and possible expenses relating to prosecution for violations, should be minimal.

□ *LBO staff: Jeffrey M. Rosa, Budget/Policy Analyst*

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