Advanced Practice Registered Nurses (APRN’s) across Ohio have become aware of the debate concerning APRN care delivery and the process for determination of Scope of Practice. The recent October issue of the Momentum, the “Official Publication of the Ohio Board of Nursing”, has added to the controversy in their article titled “Certified Nurse Practitioner (CNPs) in Primary Care or Acute Care,” (OBN, 2016) p.16.

The Momentum article, which does not identify an author, goes on to state that only those with national certification as an ACNP are qualified to diagnose and manage complex and critically ill patients. The author asserts that APRNs with certifications as an Adult-Gerontology Primary Care, Pediatric Primary Care, and Family NP certified clinicians are not qualified to care for these patient groups. The author expresses the opinion that these clinicians are also not appropriate for hospitals, emergency rooms, and the urgent care settings. Furthermore, “it is not legally permissible for a CNP with National Certification in Adult-Gerontology Primary Care, Pediatric Primary Care, or Family Practice to engage in Acute Care practices, without obtaining formal graduate education AND subsequent national certification.” This statement is not supported by a legal citation.

This statement appears to be in contradiction of the Consensus Model for APRN Regulation, (APRN Consensus Work Group, et al 2008), which does not define practice by site but rather population focus. A hallmark of the Consensus model is the concern for patient safety, (NONPF, 2011) and to that end clinicians are charged to practice within their scope as defined by their Licensure, Accreditation, Certification, and Education (LACE). Unfortunately, while APRNs trained and certified in Primary Care designations may certainly be relegated to Primary Care populations, those with Family Practice Certification and Clinical Nurse Specialists do not have restriction on practice setting by virtue of their scope per the Consensus Model.

Family Practice APRNs are trained in the care of acute and chronic illnesses, health promotion, disease prevention, and anticipatory guidance in patients from birth to death. These patients present in clinics, medical offices, urgent care settings, emergency rooms, and hospitals. Patients with chronic primary health problems have surgical issues, acute illnesses, experience minor trauma, and women’s health concerns all of which can be treated competently by Family Practice APRNs regardless of setting. Clinical Nurse Specialists are licensed in disease specific management and coordination of care, which is most often needed in the acute setting.

All APRNs are trained to take a pertinent history, and perform a comprehensive physical examination which allows them to come to an evidence based, differential diagnosis. FNPs are no exception in this process. Patients with serious concerns seek care in the office setting, hospital setting, or an urgent care. If a patient presents with a potentially critical or life threatening illness or injury then these patients are evaluated and quickly turned over to a higher level of care. In an office continued on page 3

“Family Practice APRNs are trained in the care of acute and chronic illnesses, health promotion, disease prevention, and anticipatory guidance in patients from birth to death.”
Greetings to our Ohio Colleagues!

This newsletter is full of news about recent accomplishments, ongoing barriers, and future strategies to improve the practice environment for Ohio APRNs. You will learn about House Bill 216 successes and what we will be working toward in this next General Assembly.

We are constantly reminded that making change and the modernization of the Nurse Practice Act only happens incrementally in our great state. But I believe that if we are able to get “all hands on deck” to work towards these changes, we could make things happen in leaps and bounds. We need all of the more than 13,000 Ohio APRNs to come together, support each other’s roles in providing excellent care, and help make the changes that will improve access to care for Ohioans.

Imagine, 13,000 voices, minds, hearts, and souls all joined together. What a difference this could make. If you aren’t an OAAPN member – please consider joining us to effect change for your profession!

The initial goal of HB 216 was to achieve full practice authority for all Ohio APRNs. HB 216 was one of the most controversial bills for the last General Assembly. OAAPN knew at the onset that the original bill was a “dream bill” and the political process proved that to be true. Ohio APRNs made headway by eliminating some major barriers. The journey to Ohio full practice is a marathon not a sprint and OAAPN is still running.

The issue of full practice authority remains a top priority for the organization but it needs all Ohio APRNs to participate in the process. Recognize that Ohio is a very conservative state with medical organizations having some clout. Though this influence is being whittled away by healthcare change, it remains the primary barrier to full practice authority. A list of the provisions of the bill which will go into effect April 6, 2017 is available from a link from the homepage of OAAPN’s website (www.oaapn.org). All OAAPN members will continue to receive updates as we learn more.

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or urgent care setting, an emergency squad is called and the patient is monitored while awaiting transport to the hospital care venue and specialist care. Similarly, in the Hospital setting, if the condition of a patient deteriorates or becomes more complex, then a specialty consultation is made and care is transferred to a higher level of care. Teamwork such as this, is the hallmark of excellent interdisciplinary collaboration.

The view that all FNPs are out of their Scope of Practice by virtue of working in an Acute Care setting is at best erroneous. Many patients who present to Emergency rooms present with complaints similar to those who arrive in primary care offices. Furthermore, many of these patients are pediatric or have women’s health concerns—both clearly not in the scope of ACNPs by virtue of their population. Family Nurse Practitioners have been providing comprehensive and safe care to patients since 1971, (AANP, 2017). Safety and effectiveness, as well as outcomes of care provided by Nurse Practitioners have been shown to be equal to that provided by physician partners, with patient satisfaction often reported as being higher, (Stanik-Hutt, et. al., 2013).

At issue for APRNs in Ohio is the attempted restriction of practice for FNPs to their full Scope of Practice. This opinion is held by a small but vocal faction of the APRN workforce which has created an adversarial atmosphere in hospital settings. APRNs, who have been practicing safely and efficiently in hospitals and emergency rooms, are being reported to the Ohio Board of Nursing anonymously, by colleagues offering vague and unsubstantiated accusations of practicing out of scope. This practice has caused unfounded concern by physicians and administration about practice safety and legality of non-ACNPs in the hospital setting. This territorial conflict has created confusion and some hospitals are questioning the utilization of APRNs altogether. Physician Assistants serve in similar function to APRNs in the acute care setting and do not have the issue with scope of practice.

We are jeopardizing our professional unity and standing in the acute environment by airing policy conflicts in the workplace. Defining APRN scope of practice has been accomplished through years of rigorous evidence based research and discussion by APRN leaders across the country. The recommendations presented in the Consensus model have provided a framework for self-determination of individual scope of practice, without establishing rigid guidelines. The vision has been to promote safe, quality care options in the United States, thereby improving access to care for millions of Americans.

It is time to come together as a professional community and cease the unwarranted internal conflict for proprietary reasons. It would serve the greater good to come together on global issues which move APRN practice forward for all colleagues. For example, Full Practice Authority and reimbursement equal to physicians for equal services. Professional practice does not just refer to performance of duties and skills, but a mindset which promotes collegiality within our profession.

This article, describes APRN Scope of Practice as a matching of the patient’s condition and level of care required—regardless of setting, along with the APRN’s “formal nursing graduate education and national certification”, (Momentum, 2016) pg. 16. This is consistent with the Consensus Model for APRN Regulation, (APRN Consensus Work Group, et al 2008).

REFERENCES


A newly formed CPG will meet on May 15, 2017 to decide on the format of the new exclusionary APRN prescriptive formulary. An exclusionary formulary means that all medications become “may prescribe,” with the exception of those listed on the formulary.

OAAPN has sent a letter to the CPG explaining why a simple, one-page exclusionary formulary is the most appropriate for APRNs, our collaborators and our patients.

We need YOU and your collaborator to voice your support and let the CPG know why a complicated exclusionary formulary is not necessary and serves only to impede patient care.

• Please email, call or write to the CPG
• A signed letter from you and your collaborator – must be received by CPG by April 15
• Even better – come to the CPG meeting and be present to voice/display your support!

Committee on Prescriptive Governance
May 15, 2017 at 10:00 am
Ohio Board of Nursing
17 S. High Street Suite 400, Columbus, Ohio
43215-7410
(614)566-3947 or e-mail: aprn@nursing.ohio.gov

Thank you and please contact us at info@oaapn.org if you have any questions. We are happy to assist!

Prescriptive Authority Update
Carol Cairns, Director, Prescriptive Authority

OAAPN Items For Sale! Visit www.oaapn.org

You can order OAAPN items online. We have a selection of OAAPN fleece and t-shirts to choose from. All proceeds benefit OAAPN’s political action committee. To check it out and order, please visit www.oaapn.org and select the “Buy OAAPN” button from the home page.
To be eligible for the new APRN license, an APRN must have a current national certification for their role (CRNA, CNS, CNM, CNP). The CE hours needed for the national certification can be used for the CE requirements for licensure if completed between 9/1/2015 and 12/31/2017.

The law that changes on 4/6/2017 will require APRNs to have two licenses: RN and APRN. The CE requirement for the RN license has not changed: 24 hours every two years (one of these hours must be a Category A CE on Ohio Nursing Law). Re-licensure for APRNs starts 7/1/2017.

Currently, APRNs must have a certificate of authority to practice in Ohio. For APRNs who prescribe, there is the extra requirement of having a CTP. Effective 4/6/2017, the COA and CTP will be combined and transitioned into the

APRN license. There is no increased cost to obtain the APRN license. APRNs fees for renewal: RN- $65 and APRN: $150.

What has changed is the additional CE requirement for the APRN license: 24 hours every two years with 12 of those hours being pharm credits. The APRN-CRNA stills needs the additional 24 hours but not the 12 hours in pharmacology. So, an APRN who renews the licenses will need to have 48 hours of CE every two years with 12 of those hours being designated as pharmacology.

As a side note, in Ohio, the APRN has a comparatively light load when it comes to CE requirements as physicians and physician assistants must complete 100 hours every two years and paramedics must complete 90.

Summary:
- The new APRN Medicaid rules governing APRN services, 5160-4-04, are effective January 1, 2017. The newly revised rules are concisely stated in a one page document. If you are unable to locate a specific service or procedure not addressed in the one page rule document, 5160-4-04, the rules governing reimbursement for that procedure may be found under physician services, 5160-4, and the reimbursement rules, if noted under physician services, would also apply to APRNs.
- The new rules governing reimbursement for teaching practitioner services, 5160-4-05, (provided to medical residents), now include the services of APRN teaching practitioners, (provided to medical residents), are effective as of 4/1/2016. APRNs may be reimbursed for teaching practitioner services with this change.
- As of this date, there are no limitations to reimbursement for APRN Medicaid services with the exception of a 85% reimbursement rate in a hospital site of service, inpatient or outpatient. Ohio Medicaid reimburses APRNs at 100% reimbursement rate in any site that is not a hospital site of service.
- Rules governing reimbursement for Assistant-at-surgery 5160-4-22 (1)(c);(2)(b);(B)(d): APRNs may provide assistant-at-surgery services receiving 25% of 85% of the surgeon’s fee in a hospital site of service and 25% of 100% in a non-hospital or non-facility site of service. Physicians are reimbursed at 25% of the surgeon’s fee for assistant-at-surgery services also. (Unless a specific exception is noted, all other rules in agency 5160 of the Administrative Code that pertain to services rendered by a physician apply also to services rendered by an APRN – this includes assistant-at-surgery services).
- Rules governing Medicaid Telehealth Services: OAAPN has worked directly with Ohio Medicaid to include APRNs as reimbursed providers of Medicaid Telehealth services. APRNs will be recognized as Medicaid Telehealth providers at the originating telehealth site of service and at the receiving telehealth site of service. The Medicaid Telehealth rules are expected to be effective around April of 2017. OAAPN members will be notified as soon as OAAPN confirms the Medicaid Telehealth rule changes.
- Rules governing the application of fluoride varnish by non-dentist providers, 5120-4-33. OAAPN requested that APRNs be included as reimbursable providers, as are physicians, for the application of fluoride varnish. This was approved and it is effective 1/1/2016.
- Rules governing Acupuncture services: Ohio Medicaid has put forth preclearance rules. These have not yet been reviewed and OAAPN will be comment on these. OAAPN members will be notified as soon as OAAPN confirms the acupuncture rule changes.

Please notify OAAPN, at info@oaapn.org, if you are having any problems with reimbursement from Medicare, Ohio’s Medicaid Managed Care Organizations, Ohio Medicaid or Ohio’s Commercial Payers.
From the beginning of most of our careers, we have been trained to be advocates. In fact the American Nursing Association includes advocacy in the definition of nursing. Florence Nightingale led the early advocacy movements in the nursing profession. She believed that nursing should organize and control itself. Through her vision and advocacy, the birth of modern day nursing was born. Fast forward from 1860 to 2017, the nursing profession would most likely be unrecognizable to Nightingale. Could she have ever imagined the APRN role? As a visionary what would she imagine the next step for APRNs in Ohio? Hopefully it would be Full Practice Authority.

OAAPN has been led by and represented APRNS who are visionaries in the same style as Nightingale by organizing and shaping practice. Since OAAPNs inception in the 1980s, the organization recognized the need to have our voices heard at the legislative level. The organization was responsible for Ohio APRNs gaining prescriptive authority in 2000, passage of the first Schedule II law in 2009, and the removal of many of the initial barriers to prescribing in 2012. Now in 2017, OAAPN continues to break barriers to APRN practice with the passage of H.B. 216. OAAPN has earned the title of the premier APRN professional organization in the state of Ohio.

Visionary is not a title for only a few APRNs but a title for all of us. Once we became the leaders in the nursing profession, we were all tasked to be involved in shaping healthcare policy and advocacy. At the very minimum of that involvement is having a membership to your professional organization. Never underestimate the power of your individual membership. The strength of our numbers gives OAAPN a meaningful voice in state legislation and with major stakeholders that can impact APRN practice.

If you are not a member or need to renew your membership, please visit www.OAAPN.org today!
New Board Member Highlights

Joscelyn Greaves  
Northeast Region Co-Director  
Works at: Gastroenterology Specialist, Inc

What led to your career as an APRN?
My years as a nurse and wanting more independence in caring for my patients. I saw there is a need to provide holistic care to the patient and family and include education about their disease process. I feel the better they understand, the more likely they are to adhere to treatment.

When did you become an OAAPN member? Why?
Three to four years ago. I felt this was a great way to support the vision of APRN at the state level.

What is your best advice for APRN students and recent college grads looking for their first job?
Keep an open mind and its ok to interview at several places just to see what it out there and the opportunities available. You will learn a lot on the job but please ask questions when you do not understand things and surround your self with great positive mentors.

Deborah Matosky MS, APRN, FNP-BC  
Southwest Ohio Regional Co-Director  
Works at: Miami Valley Hospital

What led to your career as an APRN?
I was looking to expand my practice capabilities and help direct patient care.

When did you become an OAAPN member? Why?
I became a member initially in 2003 to offer support to this forward thinking group of professionals who are dedicated to the expansion of Advance Practice Nursing in Ohio.

What is your best advice for APRN students and recent college grads looking for their first job?
Take your time and investigate practices that you are considering. Be confident in your skill and know your scope of practice. Most importantly, develop a group of APRN resources that you can reach out to when you need advice.

Kelly Shank  
Northwest Region Co-Director  
Works at: ProHealth Partners, Inc. and Great Lakes Hospice

What led to your career as an APRN?
My mom was a nurse so I always knew I would be a nurse. In high school I met an NP and knew that was what I was meant to do.

Why did you become an OAAPN member?
I think it is important to be involved in your local organizations. It is important to give back to the people that supported me as a student and new NP. I like to keep up on the newest developments in medications, legislature and changes that affect my practice. OAAPN makes it easy to do. Also, it is sometimes easy to feel isolated as an NP. OAAPN provides opportunities to meet and network with other APRNs.

What is your best advice for APRN students and recent college grads looking for their first job?
Remember that your first job is not likely going to be your last. It is okay to recognize that it may not be a good fit for you. Find a mentor that you can ask questions about your specific job, but also general practice questions.

Bethany Parsell, APRN, FNP-C  
Central Region Co-Director  
Works at: Mercy Health Tiffin

What led to your career as an APRN?
I graduated from Marion Technical College with my Associate Degree in Nursing in 2010. I immediately got a job at the hospital in my home town, Wyandot Memorial Hospital, in the ER. About six months into my nursing career a critical care internship came available at a bigger hospital in Lima, Ohio. I remained contingent at Wyandot and completed this internship at Lima. Upon completion of the internship I obtained a position in the open heart unit, CVICU. I loved the intensity of this unit, and I learned something new every day. Unfortunately, Lima is an hour drive away from where I live, and when my first child was born, this distance became too far for me. It is amazing how quickly priorities change when children are in the picture. I then returned to the hospital in my home town, and worked as a float nurse. I did this while completing my Bachelor of Science in Nursing from The Ohio State University! Becoming a Family Nurse Practitioner had always been a goal of mine since starting nursing school, so I started graduate school at Kaplan University. In January 2015 I completed my MSN and Family Nurse Practitioner post graduate degree.

When did you become an OAAPN member? Why?
I joined in spring of 2016. I believe that part of being a great APRN is being actively involved in our state organization. It is important to be engaged with other advanced practice nurses in improving not only our profession, but improving patient care along the way. Serving as a board member has allowed me to be a part of something bigger than myself. This has been an opportunity for me to grow as a leader, nurse practitioner, educator and political activist. It is empowering to be part of an organization that values the unique role of each advance practice nurse and each member of OAAPN. We all come from very different backgrounds, life experiences, career paths etc...but if we celebrate our differences, lift each other up, and link arms we can truly make a difference for ALL Ohio APRNs and improve healthcare for our patients.

What is your best advice for APRN students and recent college grads looking for their first job?
Do not be afraid to reach for an opportunity, even if it scares you. Build a strong network of APRNs that will build you up, support you, and guide you - because the first few years of an being an APRN can be challenging. Support your fellow APRNs, regardless of the type of APRN they are. Be a member of your state and national organization; this is the only way to remain current on all practice changing updates. Always look things up. Never stop learning. Learn to not be so hard on yourself. Never be afraid to ask for help.

Kim Brazee, ANCP  
Northeast Region Co-Director  
Works at: University Hospital Cleveland Medical Center

What led to your career as an APRN?
My desire to expand my practice and continue to grow professionally while increasing my level of experience to better care for patients. I have been an OAAPN member since 2010.

What is your best advice for APRN students and recent college grads looking for their first job?
Be very active in professional organizations as the healthcare arena is ever changing and understanding your practice is essential to succeeding.
Watch for registration information in August.