

Georgia Occupational Regulation Review Council
Meeting Minutes: July 7, 2021

Introduction

Anna Miller recapped the last meeting from June 16, 2021. The Council voted on HB 305, and the final report is now posted on the OPB website.

Anna started a motion to approve meeting minutes from June 16th GORRC Meeting.

Kelly Dudley makes the motion.

Mason Rainey seconds the motion.

The motion is approved.

HB 811

Bethany Sherrer said the Medical Association of Georgia (MAG) is generally supportive of the intent of HB 811. They would like to see the Board placed under the Composite Medical Board rather than the Professional Licensing Boards Division of the Office of the Secretary of State. They want some form of grandfather provision included, and want to ensure the language is actually accomplishing the patient protection intent of the bill.

Anna discussed the current education requirements of a minimum of 6 hours of training and education in Department of Community Health Rule (DCH) Rule 111-8-90-.04 as provided for by O.C.G.A. §31-13-5. One responsibility of the Council is to see if there is a way other than state regulation to accomplish the desired result. The current code section delegates authority to DCH to include education requirements in agency rules. The possibility of including some form of reporting-back requirement to make sure education requirements are actually being met was discussed. The change in education requirements could potentially be done without any new statute; it could simply be revised in Code or DCH rule.

Sen. Ben Watson is generally supportive of this approach. Making the education requirements a little more appropriate sounds correct.

This option was raised earlier with HB 811 author, Rep. Sharon Cooper, who generally approves. She said her intent is just making sure the training is updated and patients are protected.

Anna Miller clarified the Council does not rewrite legislation, rather it makes recommendations on current legislation.

Rep. Cooper asked how the applicant group feels about making sure the training is adequate and making sure we can prove the people are getting the training. Does that meet their goal?

James Reaves said if there are individuals practicing in Georgia who do not have the required education being proposed, is there a way to track those people without some type of force behind it? Would that be addressed with this new language?

Anna addressed the potential for a reporting requirement within DCH where individuals would attest they are meeting requirements in place.

Kate Iannuzzi (DNR) asked if this proposal is shifting more burden to DCH instead of the Composite Medical Board (CMB)? Would DCH have issue with taking on increased responsibility? Before the Council recommends this change, just want to make sure DCH is in agreement.

Anna said the Council will reach out to DCH before a vote is held on the recommendation.

Dawn Moore said once the rule is changed, the people who are currently not meeting the education requirement would be automatically non-compliant. The current language in the bill takes into account those individuals through licensure and the grandfathering provision; would the rule change allow that same option?

Anna said she believes the rule change could be drafted in a way that takes those individuals into account.

No other legislators or members of the public offered a comment.

Looking ahead, the Council will reach out to DCH and see how a potential rule change could happen, how to handle a grandfather situation, and how to set up a rule with a reporting mechanism or attestation.

Kelly Dudley (SAO) said this potential change could lead to an updated fiscal note.

HB430

Anna opened discussion by informing the Council there is a new fiscal note request for HB 430 as of this morning. This would encompass both the licensure and the Georgia Board of Nursing (GBON) reporting portions of the bill.

Bethany Sherrer (MAG) said their biggest question is what is actually being improved from current practice to this bill. How will this actually have a meaningful impact on patient safety? Several different areas of Code are already touched by the way licensure provisions are currently set up. Looking forward to things like compacts that are coming to Georgia, the APRN licensure compact is different than any other compacts that we have in Georgia, and they want to keep in mind how all of these are intertwined. The legislation mentions the term 'population focus;' how is this defined? Is it used in other areas of Code? Would this affect any APRNs currently practicing? Is it defined by the GBON? They don't want to do damage to the current workforce. Under current practice with the 'authorization to practice', how will moving to licensure affect oversight of APRNs in Georgia? MAG feels there should be some physician involvement of APRN oversight. APRNs are in a protocol agreement with physicians, and moving to a licensure may change this conversation. How could we involve physicians more? Are licensed APRNs receiving proper oversight for the work they are doing? Have to make sure oversight is in place, and they want to make sure there is continuity of oversight between APRNs and PAs. PAs are under the CMB; how should CMB be involved in these discussions?

Dr. Lisa Eichelberger recapped her presentation from the previous GORRC meeting. She said there are no changes to the requirement for licensure versus the current requirements for the 'authorization to practice.' There are no changes to any protocols, requirements for licensure, the way APRNs practice, etc. She referenced a prior assessment done about moving to APRN licensure which determined some

upfront costs but negligible ongoing costs. This bill is intended to replace the 'authorization to practice' with a separate license number for each of the four APRN roles.

Dr. Desiree Clement (co-director of Georgia CAPRN) discussed the distinction of the 'authorization to practice.' Dr. Clement is a RN, a certified nurse midwife, and a family nurse practitioner. To recertify in each of these roles, she has to meet national recertification standards, and then be given authorization to practice in each role. She must meet the requirements of each role (education, national certification, state level, etc.). In Georgia, when she goes to renew for each role, all three fall under one number; having a separate license number for each role helps for safety tracking purposes (investigations, data for CMB and GBON, working across county lines, etc.). This would also allow for easier retirement individual roles. The term 'population focus' means the chosen area in which an APRN would be certified in; they must work under what they are certified and trained to do.

Dr. Eichelberger made the comparison to a general residential contractor's license. This would be equivalent to a RN, but they also may hold specialized licenses. They are not restricted from holding these specialized licenses (ex: plumber, electrician, HVAC, etc.).

Anna asked about the current practice of licensure and 'authorization to practice numbers.' There is no number associated with the 'authorization to practice.' Dr. Clement said an individual is currently licensed as a RN with one number but will be issued separate authorization cards. In the national database, these are all considered individual licenses in Georgia.

Gabe Sterling (Office of the Secretary of State) asked for if there would be a separate license number for each APRN role? Or is there a single APRN license, and just some form of designation for each role?

Dr. Clement said each role would be an individual license, although it is rare to be licensed in multiple roles.

Gabe said this will quadruple the fiscal note; regardless of if 1 or 1,000 people seek licensure in multiple roles, the associated software costs for building out the license will apply. He said that with multiple licenses and multiple license types, they have to touch multiple licenses. This may increase workload. With the current SOS system, for the workforce data reporting piece of the bill, they will have to chase individuals down who do not fully fill out the survey, which would increase ongoing costs. The SOS has not included additional requirements to the license renewal process, as would be the case with the workforce data survey, so the costs are currently unknown. It has been built out as optional, not mandatory. The fiscal note from SOS will be separated out for the different portions of the bill.

The Council has a copy of the current workforce data survey questions from Dr. Eichelberger. There is no identifying or financial data that would be shared. It is a survey used nationally by other state nursing boards. The data from the 2020 workforce surveys are in – response rate was down 20% from 2019. As of July 6, 2021, there are 170,158 total nurses in Georgia; within that total, there are 17,842 APRNs who have been granted authorization to practice by the GBON. Dr. Eichelberger said there is approximately \$11.2 million in state revenue every two years from RN and APRN renewals.

Kelly asked out of the approximately 170,000 nurses, how many actually responded to the survey?

Dr. Eichelberger said they renew half each (approximately 85,000), and for the 2020 survey they received around 40,000 – nearly 50% are responding.

Kelly asked if this is lower for 2020 due to the increased strain on healthcare workers during the COVID-19 pandemic?

Dr. Eichelberger said they received around 50,000 responses with the 2019 survey. She said this figure means they responded to some questions, not necessarily all questions. For example, there are some survey questions with a 5% response rate.

Kelly asked Gabe if he knew the average response rate for surveys distributed by the SOS. She said 50% sounds pretty good. She said she doesn't want to see a situation where there is a RN who doesn't respond because of lack of time or interest, and then they don't get a renewed license. No one gets a 100% response rate on surveys, and rarely is 50% reached.

Anna said she has never been involved with a survey where every person answered every question. If the survey is required, does that mean each survey field is required? Would there be a cost associated with that?

Gabe said the biggest fear is having to chase down people because they missed one question. He said there needs to be some commonsense standard under a rule of what would be considered 'substantively complete.'

Dr. Eichelberger said she spoke to Charles Rubin (President of System Automation) today; he said it is possible to make the form non-exitable.

Gabe said there would nonetheless be associated costs. The current system is binary; individuals either have to fill out everything all the time, or they can pick and choose. He said realistically the most important information is where they are, where they are working, and what their specialty is; the rest of the information is nice but not as crucial.

Dr. Eichelberger said right now the Georgia Board of Health Care Workforce does this for physicians and PAs. Their surveys are not mandatory (they appear mandatory but are not); for those that do not fill it out, this board is charged with contacting them. They are also the ones who do the nursing data analysis.

Gabe said if licensing is tied to it, they have to figure out logistically where this fits.

Dr. Eichelberger said it is tied to licensing for dental hygienists, but does not know how it works with the Georgia Board of Dentistry.

Anna clarified the discussion by saying the two options under the proposed legislation would be: 1) all survey questions are required to obtain licensure, or 2) the survey is required but all fields are optional.

Gabe said this is how it would ultimately play out. But they have to figure out what is considered 'substantively complete' for the survey, and who is doing the chasing for any incomplete information.

Dr. Eichelberger said they were told by the Office of the Attorney General under current law, the GBON does not have the legal authority to make it mandatory. That is why this provision is included in HB 430 – to grant the GBON authority to require this survey, should it wish to do so.

Gabe said the fiscal note will reflect the GBON opting to require the survey; it will be the highest estimate if all of the changes in the bill were to be implemented.

Anna closed the meeting by saying we need to complete this fiscal note to include in the HB 430 GORRC report. The Council will meet again on Wednesday, July 21st, 2021 at 3 p.m. She will follow up with DCH regarding HB 811.

Kelly raised a final thought about the HB 430 workforce survey: as an incentive, could taking the survey count toward the number of continuing education (Ce) credits a RN needs in a given year? Just any form of incentive that could potentially be less expensive than going through a required survey with the SOS.

Anna said the Council will hear HB 412 for the first time at the next meeting.

Meeting is adjourned.