Advanced Practice Registered Nurses: HB 216 Effective April 4, 2017

Community Health Workers & Dialysis Technicians
Important New Renewal Information

Down Syndrome Information
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When Laurie secured her first job after becoming a registered nurse, she had no idea she’d spend her entire career in one place. But now she’s been at Franciscan Health more than 25 years, because she can’t picture herself practicing anywhere else.

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The mission of the Ohio Board of Nursing is to actively safeguard the health of the public through the effective regulation of nursing care.

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I am proud to have been elected President of the Ohio Board of Nursing at the November 2016 meeting. I look forward to serving as President and working with Board members and staff in this new role. I’m pleased to congratulate the other elected officers, J. Jane McFee, LPN, Vice-President, and Sandra Ranck, RN, Supervising Member for Disciplinary Matters.

In addition to electing officers for 2017, the Board appointed Lauralee Krabill, RN, as the Board Nursing Education Liaison and Board Member Chairs for the Advisory Groups: J. Jane McFee, LPN, Advisory Group on Continuing Education; Maryam Lyon, RN, Advisory Group on Dialysis; and me as the Chair of the Advisory Group on Nursing Education. The Advisory Groups meet periodically throughout the year to provide recommendations to the Board regarding various programs and administrative rules.

The Annual Report for fiscal year 2016 is posted on the Board web site at www.nursing.ohio.gov and we encourage you to review the report. You will see in the Annual Report that the number of licenses and certificates increase each year. The Board now regulates over 285,000 licenses and certificates and the Board issued over 20,000 new licenses and certificates in fiscal year 2016. The Board also continues to have large numbers of disciplinary complaints. While the overwhelming majority of Ohio nurses practice with high standards, the actions or deficient practice of some licensees have the potential to compromise patient safety and the public’s confidence in the profession. The Board has an important role in impacting the safety of nursing care that touches virtually all Ohioans.

The Board is pleased that we continue to work with the administration, legislators, law enforcement, and other state boards and agencies in the continued fight against opioid and prescription drug abuse. The Board recognizes that Ohio’s initiatives to address drug abuse and addiction, and to better identify and implement treatment options for chronic and acute pain are making a significant impact. But more needs to be done. For APRNs, these efforts include renewed attention to the requirements for registration and use of the Ohio Automated Rx Reporting System (OARRS). For further information on the OARRS system please see: https://www.ohiopmp.gov/Portal/About.aspx.
The Board is aware that we are getting closer to the ability for individual Nurse Practitioners (NPs) to prescribe buprenorphine in all states, including Ohio. You will see from the federal HHS press release on November 16, 2016 (http://www.hhs.gov/about/news/2016/11/16/additional-steps-expand-opioid-treatment.html) that “NPs... who complete the required training and seek to prescribe buprenorphine for up to 30 patients will be able to apply to do so beginning in early 2017.” In Ohio, the Committee on Prescriptive Governance meets on January 23, 2017. We expect at that time that the CPG will address changes to the APRN prescribing formulary and any necessary rule provisions that may need to be considered. Following that meeting the Board will provide information reflecting those changes on the Board website at www.nursing.ohio.gov. I encourage you to periodically visit the SAMHSA website (http://www.samhsa.gov/medication-assisted-treatment) for updated information and to learn what is needed to meet federal requirements.

Other notable work as we begin 2017 includes the Board’s collaboration with representatives of the Ohio National Guard, the Office of Workforce Transformation, and the Military and Veteran Affairs Department to address a pathway for medics to become licensed practical nurses in Ohio. The Board requested that NCSBN conduct a Gap Analysis to identify the similarities and differences in military medic training and practical nursing education based on high-level military training courses. This Gap Analysis is expected to identify options that could accelerate education and nursing licensure of military personnel, while at the same time, protecting the public by assuring that education and training will prepare individuals for entry into the profession of nursing.

We encourage you to subscribe to eNews, Twitter and Facebook via the Board website (www.nursing.ohio.gov) for timely updates concerning the upcoming renewal, regulatory requirements, and other Board news as we begin another busy year.
In 2017, about 215,000 RNs and APRNs licenses and certificates and 2,100 dialysis technician and community health worker certificates will be eligible for renewal using the new 3.0 Ohio eLicense System for the first time. In 2016, the Ohio Department of Administrative Services, Office of Information Technology (DAS/OIT), and its vendor implemented the new Ohio eLicense in conjunction with the Nursing Board. During the 2016 rollout of the system, licensees, Board staff, DAS/OIT and the vendor quickly identified issues that required both IT system fixes and timely individual assistance for those attempting to use the new system. Based on those experiences in 2016, changes and necessary improvements were made to the system, and we are pleased that the Board successfully renewed nearly 50,500 LPN licenses.

The Board is currently preparing for the start of renewal in July and providing you preliminary renewal information and instructions. The number of nurses renewing their licenses in 2017 will quadruple from the initial 2016 renewal. To help the process run more efficiently and cope with these numbers, I encourage you to read the related information in this issue of Momentum about renewal, name and address changes, and initial application submissions.

Please help us serve you better by avoiding the historically peak renewal times that occur just prior to the deadlines. The earlier you renew, the better chance you have to avoid issues with your license. With nearly 215,000 licenses and certificates being renewed this year, please be aware that staff response to questions may take longer.

We are proud to be the highest volume professional licensing board in Ohio and one of the largest in the nation. We are confident that our experiences with Ohio eLicense system issues will allow Board staff to serve the large number of licensees faster and more efficiently as we move forward.

Watch for more information and details in each issue of Momentum, on the Board website at www.nursing.ohio.gov, and sign-up on the website to receive social media alerts and updates.

Thank you, in advance, for your cooperation, patience, and assistance in making the 2017 renewal a success. The Board continues to be committed to provide the best customer service possible for licensees and the public.

We are proud to be the highest volume professional licensing board in Ohio and one of the largest in the nation. We are confident that our experiences with Ohio eLicense system issues will allow Board staff to serve the large number of licensees faster and more efficiently as we move forward.
The 131st Ohio General Assembly recently adopted legislation that modifies licensing criteria for advanced practice registered nurses (APRNs). Substitute House Bill 216, sponsored by Representative Dorothy Pelanda, establishes a new APRN license that will replace the current “Certificate of Authority” and “Certificate to Prescribe.” The APRN license will also authorize CNMs, CNPs, and CNSs to prescribe. In order to obtain the APRN license, CNPs, CNSs, and CNMs must have either a current CTP or CTP-E, or have completed a 45-hour course in advanced pharmacology within five years of the application date.

The bill creates a revised Formulary that will be exclusionary only (it will list those drugs or classifications that an APRN may not prescribe). The bill requires that the new Formulary be consistent with recommendations developed by the Committee on Prescriptive Governance (CPG). The CPG will work on adopting a new Formulary during the course of this year. The bill also creates an Advisory Committee on Advanced Practice Registered Nursing to advise the Board on issues involving practice and regulation of APRNs.

Watch the Board website for additional information and how to apply for the APRN Advisory Committee.
The Ohio eLicense 3.0 system impacts all applications for licensure and certification, including renewal.

- All applications for licensure and certification, including renewal, must be submitted through the online system. RN renewal begins in the summer of 2017.

- Licensees are required to “register” in order to access the new online application and renewal system.

- Apply early! Waiting until a few days before you are to begin a new job and realizing you do not have all the information needed to complete the application process will prevent you from obtaining a license and working as a nurse in Ohio.

- Incomplete applications cannot be accepted by the new system. If all required documents are not provided electronically, the application is incomplete. An incomplete application will not be processed.

- If you are required to provide documentation of citizenship, court documents, or other information required by the application, be prepared to upload the documents electronically through the online system. No hard-copies will be accepted.

- Fees must be paid online at the time of renewal. Use a Master Card, VISA or Discover credit or debit card. If you do not have this type of personal credit or debit card, you can obtain these pre-paid cards at local stores. If the fee is not paid when you submit your application, the application will be incomplete and will not be processed. All fees are non-refundable.

- Applicants may use a computer in the Board office if needed, on business weekdays between 8:00 am and 5:00 pm.

- Education Programs
  - Pre-licensure nursing education programs cannot pay for their graduates with one large payment for multiple applicants. Applicants must make payment individually with their application.
  - Education programs may continue to email Program Completion Letters to the Board at completion-letters@nursing.ohio.gov.

Watch for updates on the Board website (www.nursing.ohio.gov) and click on “Subscribe to eNews, Facebook, and Twitter” to sign up to receive licensure and other Board information.
How Do I Change My ADDRESS with the Board?

1. If you are a first time user, then register on the Board’s new portal:
   - Choose the Login / Create an Account option.
   - Choose the “I HAVE A LICENSE” button.
   - Log in to your account at https://elicense.ohio.gov and

2. Log into your account and click on the link “Manage” found in the License box.

3. Click on the link “Change Address.”

4. Press “Submit.” Your address change will be automatically applied to your license or certificate.
COMMUNITY HEALTH WORKERS (CHW) & DIALYSIS TECHNICIANS (DT)

Important NEW RENEWAL Information

Both CHW and DT renewal began on January 3, 2017. All renewals must be completed online. CHWs and DTs must register online first in order to complete their renewal. This renewal will be the first online renewal for CHWs and DTs, and will be completed in the new 3.0 Ohio eLicense system, a comprehensive professional regulatory license system used by a variety of state licensing boards.

Please be aware that staff response to questions received at the Board may take longer, depending on the number of people who have questions. The earlier you renew, the better chance you have to avoid issues with your certificate. Thank you for your cooperation and assistance in making this year’s renewal a success.

IMPORTANT THINGS TO KNOW

Renew Timely

- Renew ASAP. Incomplete applications will not be accepted by the online system. Waiting until a deadline and realizing you do not have all the information needed to complete the application may prevent you from renewing timely.
- If you wait to renew until close to the March 1st fee deadline and encounter any difficulties or cannot provide the required information, the application will be incomplete and your certificate will lapse on April 1, 2017 and then you must apply for reinstatement of your certificate. The reinstatement process takes additional time to process. Please take the necessary steps to avoid this happening to you. Renewing early is a great place to start.

Getting Started

- If you are eligible to renew your certificate this year, you received a postal mail reminder that includes a Security Code. The Board mailed letters with Security Codes during the month of December. If you did not receive a Security Code from the Board by mail or if you misplaced the one you received, you can still obtain the Security Code that you will need to renew with online. Click on the “Click Here to Register as a New User (I Have A License) and you can also obtain your security code.” The link is on the home page.
- You are required to “register” first before you can renew. You need your Security Code to register and then renew. Remember to put your Security Code in a safe place so you have it when you need it.

Must Pay by Credit or Debit Card

- Fees must be paid online at the time of renewal. Use a Master Card, VISA or Discover credit or debit card. If you do not have this type of personal credit or debit card, you can obtain these prepaid cards at local stores to use for renewal.
- If the fee is not paid when you submit your application, the application will
be incomplete and will not be processed until you submit all required fees. All fees are non-refundable.

Additional Documents May Be Required

- If you are asked to provide court or other documents as part of your application, please be prepared to upload the documents electronically through the online system. These documents are usually required of applicants who answer “yes” to one of the additional information questions on the renewal application.
- No hardcopies of court documents or other information required as part of your application will be accepted by U.S. mail.

- Incomplete renewal applications will not be accepted by the system. If all required documents are not provided electronically, the renewal application is incomplete.

Continuing Education (CE)

- You must meet the (CE) requirements by the end of the renewal period, March 31, 2017.

Renewal Is An Online Process

- Remember that all renewals must be completed online. You may use a computer in the Board office to renew online with staff assistance (if needed) on business weekdays between 8:00 am and 5:00 pm.
- If you hold an active CHW or DT certificate in Ohio, your current certificate is current and valid through March 31, 2017.
- On the Board website (www.nursing.ohio.gov), please click on “Subscribe to eNews, Facebook, and Twitter” located toward the top of the page to sign up to receive Board updates and alerts regarding renewal.

If you have questions, please contact the Board at chw@nursing.ohio.gov or dialysis@nursing.ohio.gov. The Board continues to be committed to provide the best public protection and customer service possible. Please be aware of the deadlines and review the information carefully prior to renewing.

Moving is the best medicine.

Keeping active and losing weight are just two of the ways that you can fight osteoarthritis pain. In fact, for every pound you lose, that’s four pounds less pressure on each knee. For information on managing pain, go to fightarthritispain.org.
REGISTERED NURSES (RNs)
RENEWAL ALERT
Important NEW Information

RN renewal opens on July 1, 2017. All renewals must be completed online and you must “register” online first in order to complete your renewal. The 2017 renewal will be the first RN renewal completed in the new 3.0 Ohio eLicense system, a comprehensive professional regulatory license system used by a variety of state licensing boards. The Ohio Department of Administrative Services and its vendor implemented a new system in 2016 based on updated technology.

There will be nearly 215,000 licenses and certificates eligible for renewal from July 1, 2017 through October 31, 2017. Please be aware that staff response to questions received at the Board may take longer, depending on the number of people who have questions. Let us help serve you better by avoiding historically peak renewal times that occur close to the deadlines. The earlier you renew, the better chance you have to avoid issues with your license. Thank you for your cooperation and assistance in making this year’s renewal a success.

IMPORTANT THINGS TO KNOW

Renew Timely
- Renew ASAP. Incomplete applications will not be accepted by the online system. Waiting until a deadline and realizing you do not have all the information needed to complete the application may prevent you from renewing timely.
- If you wait to renew until close to the September 15th fee deadline and encounter any difficulties or cannot provide all the information, the application will be incomplete and you will then pay a late fee on or after September 16, 2017. The late processing fee is the $65 renewal fee plus an additional $50 fee. The total late renewal fee is $115.
- If you wait to renew until close to the October 31st deadline and encounter any difficulties or cannot provide all the information, the application will be incomplete and your license will lapse on November 1, 2017. You cannot work as a nurse as long as your license is lapsed. You must then apply for reinstatement of your license. The reinstatement process takes additional time to process. Please take the necessary steps to avoid this happening to you. Renewing early is a great place to start.

Getting Started
- If you are eligible to renew your license this year, you will receive a postal mail reminder that includes a Security Code. If you do not receive a Security Code from the Board by mail or if
you misplaced the one you receive, you can still obtain the Security Code that you will need to renew with online. If you have the same e-mail address you used for the last RN renewal in 2015, you can obtain your Security Code by following the instructions on the front page of the Board’s website at www.nursing.ohio.gov. If you do NOT have the same email address as used in the 2015 renewal, please e-mail renewal@nursing.ohio.gov and in the subject line for that e-mail type in “need Security Code.”

- Licensees are required to “register” in order to use the new online system. You must have the Security Code to start the renewal process. Remember to put your Security Code mailed to you by the Board in a safe place so you can have it when you need it.
- If, in addition to your RN license, you also hold an LPN license and renewed it in 2016 you do not need to re-register in the new system. Use the login you created last year when you renewed your LPN license.

**Must Pay by Credit or Debit Card**
- Fees must be paid online at the time of renewal. Use a Master Card, VISA or Discover credit or debit card. If you do not have this type of personal credit or debit card, you can obtain these prepaid cards at local stores to use for renewal.
- If the fee is not paid when you submit your application, the application will be incomplete and will not be processed until you submit all required fees. All fees are non-refundable.

**Additional Documents May Be Required**
- If you are asked to provide court or other documents as part of your application, please be prepared to upload the documents electronically through the online system. These documents are usually required of applicants who answer “yes” to one of the additional information questions on the renewal application.
- No hardcopies of court documents or other information required as part of your application will be accepted by U.S. mail.
- Incomplete renewal applications cannot be accepted by the system. If all required documents are not provided electronically, the renewal application is incomplete and will not be processed.

**Continuing Education Renewal Requirements**
- Whether you renew your license timely by September 15, 2017 or in the late period by the October 31, 2017 deadline, you must meet the continuing education (CE) requirements by October 31, 2017 in order to be in compliance with your CE obligations to maintain licensure.
- Please be aware that if you were part of the last CE audit for RNs and have not yet submitted the information required and received verification of compliance from the Board, you are not eligible to renew. You must complete all outstanding audit requirements from this period before being able to renew. Contact ce@nursing.ohio.gov if you have questions.

**Renewal Is An Online Process**
- Remember that all renewals must be completed online. Licensees may use a computer in the Board office to renew online with staff assistance (if needed) on business weekdays between 8:00 am and 5:00 pm.
- If you hold an active RN license in Ohio, your current license is now legally valid through October 31, 2017.
- On the Board website (www.nursing.ohio.gov), you may click on “Subscribe to eNews, Facebook, and Twitter” located toward the top of the page to sign up to receive Board updates and alerts regarding renewal.

If you have questions, please contact the Board at renewal@nursing.ohio.gov. The Board continues to be committed to provide the best public protection and customer service possible. Please be aware of the deadlines and review the information carefully prior to renewing.
Administration of Cosmetic/Aesthetic Medications, and RN and LPN Limitations on USE OF LIGHT-BASED MEDICAL DEVICES

This article addresses questions regarding cosmetic-related health care, specifically the *Light-Based Medical Devices* and the use of light-based medical devices by nurses.

**Light-Based Medical Devices**
The Interpretive Guideline (IG), *The Licensed Nurse's Role in The Care of Patients Receiving Intramuscular, Subdermal, or Subcutaneously Injected Medications for Cosmetic/Aesthetic Treatment*, located on the Board website, www.nursing.ohio.gov, under the “Practice RN and LPN” link, provides guidance to RNs and LPNs in their application of current law and rules. As discussed in greater detail in the IG, the scope of practice for RNs and LPNs may include the administration of cosmetic/aesthetic injectable medications to patients under certain circumstances.

- A RN or LPN may not independently perform an evaluation of a patient to determine the patient’s need for the cosmetic medication, nor prescribe the medication or independently determine dosage or treatment area. Rather, an authorized health care provider with prescriptive authority who is acting in the course of their professional practice must provide a patient-specific order for the administration of the medication and the parameters of the administration.

As with any order to administer a medication, consistent with standards of practice established in Chapter 4723-4, Ohio Administrative Code (OAC), the nurse is required to timely implement the order unless the nurse believes or has reason to believe the order is inaccurate, invalid, not properly authorized, harmful or potentially harmful to the patient or contraindicated by other documented information. If any of these contraindications are present, the nurse is required to obtain clarification from the authorized provider, and to take any action necessary to ensure the safety and well-being of the patient.

When providing nursing care, inclusive of the administration of any medication, the nurse must always take into account the effect of the medication, clinical circumstances, the nurse’s ability to ensure a safe environment for the patient, and the availability of support necessary to intervene should any complication occur.

- As noted in the IG, locations such as beauty salons, non-medical spas, shopping malls, and private residences may not meet the requirements of a supportive clinical environment that contains appropriate monitoring capabilities, infection control standards, and the availability of the necessary health care personnel and equipment to address complications.

Similarly, a RN’s or LPN’s authorization to administer non-injected medications such as a prescribed chemical peel is limited to those procedures that are part of an authorized medical regimen determined by a physician or other authorized provider. A RN or LPN may not independently determine a patient’s need for the chemical peel, its strength or length of application.

APRNs who are practicing consistent with their scope, standards of practice and the Formulary, may incorporate various cosmetic/aesthetic medications and procedures into their practice, including injectable medications and chemical peels. The APRN may find *The Decision-Making Guide for Determining Individual APRN Scope of Practice*, available at www.nursing.ohio.gov, under the “Practice APRN” link, helpful in determining whether performance of any specific cosmetic-related procedure or medication regimen is within their scope of practice.
**Light-Based Medical Devices**

Regarding light-based medical devices, the Nurse Practice Act prohibits licensed nurses from engaging in the practice of medicine, surgery or any of its branches. Section 4723.151(A), Ohio Revised Code (ORC). Rules enforced by the State Medical Board state that, “The application of light-based medical devices to the human body is the practice of medicine and surgery, osteopathic medicine and surgery and pediatric medicine and surgery.” Rule 4731-18-02(B), OAC.

Medical Board law and rules authorize a physician to delegate the use of light-based medical devices, in a few very limited circumstances:

- A physician may authorize RNs and LPNs to utilize a light-based medical device only for the purpose of hair removal, if the physician is providing on-site supervision.
- A physician may authorize “appropriate persons” to use light phototherapy for the treatment of hyperbilirubinemia in neonates, and fluorescent lamp phototherapy for the treatment of psoriasis and similar skin conditions.

In these instances, the RN or LPN would be implementing the physician’s order for the light-based medical device for these limited purposes.

Ohio law specifically exempts APRNs from the general prohibition against practicing medicine or surgery, to the extent the APRN practices in accordance with his or her individual scope of practice. Section 4723.151 (B), ORC. The scopes and standards of practice for APRNs are located in Section 4723.43, ORC, and Chapter 4723-8, OAC, and do not prohibit an APRN from the use of light-based medical devices if the APRN is practicing within the APRN’s scope of practice and population foci as determined by the APRN’s national certification, and within the practice parameters and statement of services established in the standard care arrangement. The rules addressing standard care arrangements contained in Chapter 4723-8, OAC, require a plan for the incorporation of new technology or procedures consistent with the applicable scope of APRN practice to be included in the standard care arrangement. The Board previously published a detailed discussion of light-based medical devices in the Winter 2008 issue of The Momentum, “The Use of Light-Based Medical Devices.” Information in that article remains current today and is available on the Board website under “Publications.”

Although national or regional sales and educational representatives for medical device companies may state that a specific product may be used in Ohio and is within an Ohio licensed nurse’s scope, ultimately each nurse, whether an APRN, RN or LPN, is individually responsible and accountable to adhere to the nurse’s scope of practice and to engage in practice consistent with the Nurse Practice Act and rules.

The definition of RN practice is established in Section 4723.01(B), ORC, and LPN practice is defined in Section 4723.01(F), ORC. The Nurse Practice Act and the administrative rules are available for review on the Board website at www.nursing.ohio.gov under the “Law and Rules” link. Please send questions to practice@nursing.ohio.gov.

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Law Office of LaTonia Denise Wright, LPA
The Board receives a number of inquiries about whether an Ohio-licensed nurse may accompany a group of school students in their travels to another state, to provide nursing care to that group during its trip. Nursing practice occurs where the patient is located. To determine the law and rules governing nursing practice in any other, non-Ohio, jurisdiction, the Ohio-licensed nurse should consult with the agency or board that governs nursing practice in that jurisdiction (Florida, Illinois, Washington, D.C., etc.). The Ohio Nurse Practice Act applies only to nursing practice that occurs within the borders of Ohio.

Similarly, nurses licensed in other states, but not licensed in Ohio, contact the Board to determine whether they may accompany and provide nursing care to their school students who are traveling into Ohio. Section 4723.32, Ohio Revised Code (ORC), states that an individual may be exempt from Ohio nursing licensure requirements under limited circumstances if certain conditions are met. These exemptions include, but are not limited to, a nurse licensed in another state who comes to Ohio with their patient for a limited period of time, and non-nurses who are acting during an emergency situation.

Related to school student or similar group trips, Section 4723.32(G), ORC, authorizes an individual, who currently holds an unencumbered license to practice nursing in another jurisdiction, to engage in the practice of nursing in Ohio as an employee of an individual, agency, or corporation located in another jurisdiction in a position with employment responsibilities that include transporting patients into, out of, or through Ohio, as long as each trip in Ohio does not exceed 72 hours. In doing so, the individual cannot represent herself as being licensed to practice nursing in Ohio. In addition, Section 4723.32(D), ORC, allows non-nurses to act in an emergency, for example administering medications to treat emergent conditions (e.g., administering an EPI-pen for anaphylaxis, or Diastat for a seizure).

Therefore a nurse licensed in another jurisdiction who meets the unencumbered license requirement, may accompany his/her patients [school students] in their travels through or to Ohio, and may meet the nursing care needs of those specific patients. While in Ohio, the nurse may not identify him/herself as being licensed in Ohio and may not provide nursing care to others beyond the traveling school students, except in emergency situations. The exemption in Section 4723.32(G), OAC, is specific to the nurse licensed in another jurisdiction, and does not authorize the nurse to delegate his/her nursing practice responsibilities to an unlicensed school employee who accompanies the school students to Ohio. Should only an unlicensed school employee accompany the school students, the employee would be limited to acting during an emergency, consistent with Section 4723.32(D), ORC, as discussed above.

The Nurse Practice Act, including the full text of Section 4723.32, ORC, and the administrative rules governing nursing practice in Ohio are available on the Board’s website: www.nursing.ohio.gov. Click on the “Law and Rule” link. Also available are the School Nurse Decision Making Model, under “Practice RN and LPN,” and the article, “Volunteer Nursing,” in the Spring 2016 Momentum, under “Publications.” The Board does not require or provide any medication or other forms or templates for use by nurses/parents/sponsors of group trips into or out of Ohio.
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The 130th Ohio General Assembly passed House Bill 552, sponsored by Representative Peter Stautberg. The Bill was signed by Governor John Kasich on December 19, 2014. The law, Section 3701.69, ORC, required the Ohio Department of Health (ODH) to develop a Down syndrome information sheet and make it available on the ODH website. The information sheet is given to the parents of patients who have a test result indicating Down syndrome, or a prenatal or postnatal diagnosis of Down syndrome, a genetic condition that is usually caused by an extra copy of the twenty-first chromosome. Physicians, certified nurse-midwives, genetic counselors, hospitals, and licensed maternity units, newborn care nurseries, maternity homes and freestanding birthing centers are required to use the information sheet.

As stated in the information sheet, “advances in medical care and research over the years have given people with Down syndrome better overall health” and because of these “advances in health care, education, and public attitudes, the outlook for people with Down syndrome has improved significantly during the past few decades.” The Down syndrome fact sheet has a wealth of information on this genetic condition and includes links to where to get more support, local/state/national organizations, professional genetics organizations and national disability organizations. The information is important for parents and all health care professionals and caregivers.

The nursing profession can play a key role in informing and supporting new parents. We encourage you to learn more. A copy of the Down syndrome information sheet follows this Momentum article. You may also obtain a copy of it at http://www.odh.ohio.gov/odhprograms/cmh/ds/syndrome/Down%20Syndrome.aspx. ODH will periodically review and update the information sheet.

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**DOWN SYNDROME INFORMATION**

A PART-TIME DOCTORAL PROGRAM

DESIGNED TO WORK AROUND YOUR SCHEDULE AND NEEDS

msj.edu/dnp
Down Syndrome Fact Sheet
for New and Expectant Parents

House Bill 552 was signed into law in 2014 requiring that physicians, certified nurse-midwives, and genetic counselors provide a fact sheet on Down syndrome from the Ohio Department of Health to patients with a test result indicating Down syndrome, or a prenatal or postnatal diagnosis of Down syndrome.

OVERVIEW OF DOWN SYNDROME
Down syndrome is a genetic condition that is usually caused by an extra copy of the twenty-first chromosome. Most people have two copies of each chromosome, for a total of 46. People with Down syndrome have 3 copies of the 21st chromosome, making a total of 47. Down syndrome is also called Trisomy 21. According to current data, about 250,000 people in the United States have Down syndrome. Studies show that about one in 830 babies are born with Down syndrome, and the chance of having a baby with the genetic condition increases with the age of the expectant mother. Down syndrome does not typically run in families and is not caused by anything either parent did or did not do. Some people have “Translocation Down syndrome” or “Mosaic Down syndrome,” which are rare genetic variations of Down syndrome. If you have questions about the types of Down syndrome, ask your doctor or genetic counselor for more information.

Advances in medical care and research over the years have given people with Down syndrome better overall health. The traits, medical conditions, and abilities of people with Down syndrome vary widely and cannot be predicted before they are born. They generally have mild to moderate cognitive delays, low muscle tone, and higher chances for a variety of other health issues during their lifespan. Because of advances in health care, education, and public attitudes, the outlook for people with Down syndrome has improved significantly during the past few decades.

UNDERSTANDING SCREENING AND TESTING
The availability, types of prenatal screening and testing change rapidly. Currently, there are several screening and diagnostic testing options that are available. One option is to use either hormone levels in the blood and/or ultrasound markers to find out whether or not a pregnancy is at a higher chance of Down syndrome. This can be done in either the first- or second-trimester and these screenings adjust for the mother’s age-related risk of having a child with Down syndrome. For more information about prenatal screening and testing, please go to www.lettercase.org/prenataltesting.

One method of screening for Down syndrome and some other chromosome conditions is “non-invasive” prenatal screening, which uses cell-free fetal DNA. These are pieces of DNA from the pregnancy that are found in the mother’s bloodstream. By taking a sample of the mother’s blood, this test looks at the amount of DNA from the mother and the baby’s placenta for
chromosomes 13, 18 and 21 to see if there is the right amount. The results of this test can show if the baby is at a higher risk for trisomy 13, trisomy 18, or Down syndrome. Some labs also look at the amount of X and Y chromosomes and can detect extra or missing copies of these chromosomes.

Ultrasound can also provide information about whether a baby may have a higher chance of having Down syndrome. A detailed ultrasound at a high-risk hospital at 18 to 20 weeks of pregnancy looks closely at the baby to see if there any signs that can be seen more often in babies with Down syndrome. Half of babies who have Down syndrome will show one of these signs.\(^3\) **All of these tests are screening only. They do not pick up all cases of Down syndrome and cannot tell for sure whether a baby has Down syndrome.** If one of these screening tests shows a chance for Down syndrome, diagnostic testing should be offered to find out if the baby has Down syndrome if the parents want a more definitive answer.

Prenatal diagnosis is available through either a chorionic villus sampling (CVS) or amniocentesis. The CVS is done at approximately 10 to 12 weeks gestation and involves sampling a tiny piece of the placenta and performing chromosomes studies. The amniocentesis is done at approximately 16 to 18 weeks gestation and involves taking a sample of the amniotic fluid surrounding a baby. Chromosome studies are performed on the cells floating in the fluid. **These are the most accurate indicators of Down syndrome.** However, both of these tests have risks for complication that could potentially lead to miscarriage. The risk with the CVS is approximately 1/100 (1 percent) and the risk with the amniocentesis is less than 1/300 (less than 0.3 percent).

**UNDERSTANDING DOWN SYNDROME**\(^4\)

- Children with Down syndrome are more similar to other children than they are different.
- Individuals with Down syndrome have a variable range of intellectual disability from mild to moderate (not typically severe).
- Babies with Down syndrome usually have developmental delays and benefit from early intervention, including physical, occupational, and speech therapy, to help them meet their milestones.
- 80 percent of babies with this condition have hypotonia or low muscle tone at birth. This usually improves with time, and physical therapy can help.
- 50 percent of babies with Down syndrome will have one or more health issues: 40 to 60 percent of babies with Down syndrome have a heart condition and 12 percent have a gastrointestinal condition that can be treated with surgery. Referrals to specialists are appropriate for identified complications.
- Babies with Down syndrome also have higher chances for feeding and digestive issues, hearing loss, vision impairment, and respiratory infections. Most of these conditions can be treated with good health care.
Currently, the average life expectancy for people with Down syndrome is about 60 years.\(^5\)

Raising a child with Down syndrome may involve more time and commitment than raising one without.

Breastfeeding is encouraged because breast milk helps protect the baby from some illness. Some babies with Down syndrome may have a weak and uncoordinated suck, so feeding can be harder and requires patience. Advice from a lactation expert may be helpful.

Immunizations and regular health care are extremely important.

Children with Down syndrome have higher chances of being obese; promoting weight management with an active and healthy lifestyle is important.

**GETTING MORE SUPPORT**

Patients can learn more from genetic counselors who can offer information about the genetics of Down syndrome, and local resources, such as local support organizations and connections to other families, recurrence chances for future pregnancies, testing options and results, the accuracy and limitations of different prenatal screens and tests, and reproductive options. This link will take you to the genetics centers in Ohio:


Families can learn more about early intervention by contacting their county’s *Help Me Grow* site at 1-800-755-GROW (4769) or visiting the *Help Me Grow* website at [http://www.helpmegrow.ohio.gov/](http://www.helpmegrow.ohio.gov/).

As a result of improved public attitudes and acceptance, many people with Down syndrome are thriving as active and valued members of the community. This includes children who are involved in social and school programs with their peers and many adults who are employed and live independently or with some support. Research shows that the majority of adults with Down syndrome report that they are happy with their lives.\(^5\)

**LOCAL/STATE/NATIONAL ORGANIZATIONS**

- Down Syndrome Association of Central Ohio - [www.dsaco.net/](http://www.dsaco.net/)
- Down Syndrome Association of Greater Toledo - [www.dsagt.org/](http://www.dsagt.org/)
- Miami Valley Down Syndrome Association (Dayton) - [www.mvdsa.org](http://www.mvdsa.org)
- Down Syndrome of the Valley (DSA) - [www.dsav.org](http://www.dsav.org)
- National Down Syndrome Adoption Network - [www.ndsan.org/](http://www.ndsan.org/)
- The Up Side of Down of Northeast Ohio - [www.theupsideofdowns.org/](http://www.theupsideofdowns.org/)
• Kids Health - http://kidshealth.org/
• National Center for Prenatal and Postnatal Down Syndrome Resources — http://Downsyndromediagnosis.org A website with a resource directory for new and expectant parents learning about Down syndrome.

• National Down Syndrome Society — http://www.ndss.org
• National Down Syndrome Congress — http://ndsscenter.org
• International Mosaic Down Syndrome Association — http://imdsa.org/
• Down Syndrome Education USA — www.dseusa.org

PROFESSIONAL GENETICS ORGANIZATIONS
National Society of Genetic Counselors — http://nsgc.org
American College of Genetics and Genomics — http://acmg.net

NATIONAL DISABILITY ORGANIZATIONS
ARC — http://thearc.org
Association of University Centers on Disability — http://aucd.org
March of Dimes — www.marchofdimes.org
Special Olympics International — http://specialolympics.org

*Some information used in this fact sheet was provided by the National Society of Genetic Counselors (NSGC)

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How Do I Change My NAME with the Board?

1. If you are a first time user, then register on the Board’s new portal:
   - Choose the Login / Create an Account option.
   - Choose the “I HAVE A LICENSE” button.

2. Log in to your account and click on the link “Manage” found in the License box.

3. Click on the link “Change Name.”

4. Upload one of the certified court records listed below:
   - Marriage Certificate/Abstract
   - Divorce Decree
   - Court Record indicating change of name
   - Documentation from another state/country consistent with the laws of that jurisdiction

5. Press “Submit.” Requests received online are processed in 2-3 business days.

SAVE THE DATE: Friday, June 16, 2017

Board of Nursing Workshop for Pre-License Nursing Education Program Administrators and Designated Faculty

NEW LOCATION: Department of Transportation’s Central Auditorium
1980 West Broad Street, Columbus, OH 43223

- (On-site free parking, increased seating capacity, accessible cafeteria) -

Administrators will be notified when spring registration is open
(Continuing Education (CE) is not provided for this Workshop)

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The following includes lists of Board disciplinary actions taken at public meetings regarding licensed nurses or certificate holders. You can review the type of action taken by checking the individual's credential at the Ohio eLicense Center at: http://www.nursing.ohio.gov/Verification.htm#VERInfo, or by clicking on License and Certificate Verification on the Board of Nursing's website (www.nursing.ohio.gov). You may also request a copy of a public disciplinary record by completing the electronic form on the Board’s website at: http://www.nursing.ohio.gov/iw-DisciplineRecReq.htm or by clicking on License Records Requests on the Board’s website.

### November 2016 Monitoring Actions

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