

# Georgia Works Commission

Tuesday August 8, 2023  
Athens, Ga

Georgia Nursing Leadership  
Coalition: Nursing Workforce  
Taskforce

# Georgia Nursing Leadership Coalition (GNLC) – Unified Taskforce

- GNLC Unified Taskforce Objectives:
  - Jointly identify and analyze issues impacting nursing workforce challenges in Georgia, including licensing barriers/challenges.
  - Collaborate to prepare presentations and testimony for the GA WORKS Licensing Commission and other pertinent Senate/House study committees.
- Organizations represented include: GNLC, GNA, UAPRN, GANDD, GANE, AANP, representation from various nursing schools, hospitals leadership and other miscellaneous nursing associations
- In conjunction with the Georgia Board of Nursing Leadership to identify key barriers/challenges impacting the nursing licensure process and offer recommendations for consideration

# Nurses in Georgia by the Numbers

Despite the well known shortage in Georgia, and across the country, nursing remains one of the largest workforces in the state.

## **169,635 Active Licenses as of 8/3/2023\***

- ❖ LPN: 28,152
- ❖ RN: 141,483
  - APRN (NP, CNM, CRNA,CNS): 20,922

\*Facts and figures are accessible to the public and sourced via The Georgia Board Of Nursing



# Revenue Generated by Nurse Licensure and Renewals

## Existing BON Fee Structure\*

Application by exam	\$40	
Application by endorsement	\$75	
Application by reinstatement	\$90	
APRN authorization	\$90	
eNLC Conversion	\$50	
Nursing Education Program Development	\$1,000	
License renewal	\$65	
Late renewal	\$75	
Verification of License	\$35	
Transcript request	\$15	
Roster of licensees	\$100	
Repeat Exam (for each instance)	\$40	Processing Fees - Effective 3/15/2022
Wall certificates	\$50	Online processing fee: \$5.00 Mail-In processing fee: \$10.00

Licensure renewal, alone, of all 169,635 practitioners in Georgia over a 2-year period at \$70 per renewal amounts to an **\$11.87M** contribution to the State Budget. This figure does not account for any of the additional revenue from the other fees listed above.

- Example: The 20,922 APRNs in Georgia must renew practice authorizations every two years, in addition to the RN license renewal, for \$70 resulting in an additional **\$1.46M** in revenue.

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# Georgia Board of Nursing (BON)

The Georgia Board of Nursing consists of thirteen (13) members, appointed by the Governor, and is responsible for the regulation of LPNs, RNs and APRNs. Board members develop rules and regulations that set the standards for nursing practice and education, provide the minimum qualifications for licensure, and ensure that disciplinary process is implemented in a fashion that guarantees due process and public protection.



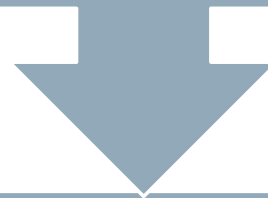
## Nursing Workforce Data Collection

- ❖ BON may now require the completion of a workforce survey during the licensure/re-licensure process (authorized by HB 1013, 2022 Legislative Session)
- ❖ BON is currently preparing a comprehensive workforce survey that **MUST** be completed by nurses during their re-licensure process
- ❖ Comprehensive collection and analysis of nursing workforce data collection is necessary to support evidence-based workforce planning and policy development



# Georgia Board of Nursing Staff

Day to day functions of the direct licensing process of the BON are facilitated by 8 staff members



Executive Director (1)

Licensing Supervisor (1)

Licensing Analyst (7)

# BON Staff Expectations and Licensure Timeline

- BON Licensure analysts are expected to process, on average, 15 new nursing licensure applications per day.
  - 105 per day x 260 work days per year = 27,300 processed applications annually
- The current timeline for new application approval is 15-20 business days barring any application deficiencies or need to submit further documentation.
- The license renewal process is automatic upon completion, barring any circumstances that require further staff/board information.

	Applications Received*	Licenses Issued*
FY2013	12,241	10,570
FY2014	13,403	10,888
FY2015	13,975	12,953
FY2016	14,439	13,148
FY2017	15,390	13,833
FY2018	22,687	20,319
FY2019	26,546	25,121
FY2020	24,667	23,021
FY2021	27,013	24,854
FY2022	27,124	26,331
FY2023	27,083	24,061

\*Facts and figures are accessible to the public and sourced via The Georgia Board Of Nursing



# Nursing Related Phone Calls

All nursing related inquiries, via phone, are handled by the Professional Licensing Boards Call Center.

- The Professional Licensing Boards Division of the Secretary of State’s Office provides administrative support to the 42 licensing boards housed with the office of Secretary of State.

	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023
<b>Average # of Nursing Calls/Day</b>	372	358	334	398	581	484	438	292	353	318
<b>Average Wait Time</b>	3:53	7:48	2:08	0:56	42:32	21:09	14:11	3:43	5:33	14:19
<b>Average Handling Time</b>	-	-	6:13	5:42	5:28	5:13	5:35	5:43	5:31	5:27
<b>Abandoned Calls Rate</b>	5%	6%	5%	3%	10%	12%	5%	2%	2%	4%
<b>Average # of Tickets to Board Staff/Day*</b>	32	29	28	36	54	40	46	30	42	42

- Average # of Tickets to Board Staff per Day – number of calls where the call agent did not have an answer for the caller and a ticket was created for Board staff to call back with an answer

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# Nurse Educator Position

Under general supervision, this position evaluates nursing education programs (**88 NURSING EDUCATION PROGRAMS IN GEORGIA**) and serves as a staff liaison to the Georgia Board of Nursing.

## **ESSENTIAL DUTIES and RESPONSIBILITIES:**

- Schedules, plans, and coordinates site visits to existing nursing education programs in Georgia:
  - Interviewing administrators, director, faculty, students and clinical personnel.
  - Reviewing program records and documents.
  - Evaluating the administration, curriculum, faculty, clinical partners, and program facilities.
  - Conducting an exit report to the Dean/Director and faculty of the program at the conclusion of the visit.
  - Preparing a written site visit report for program and Board of Nursing for consideration at regularly scheduled meetings.
- Monitors National Council Licensure Examination (NCLEX) reports from the testing service for all nursing education programs in Georgia leading to initial licensure. Accurately compiles data for Board review.
- Reviews annual reports from every nursing education program in Georgia and presents these reports to the Board of Nursing.

# Nurses with Disciplinary Orders

- The Georgia Nurses Peer Assistance Program (GN-PAP) is a collaborative effort with the Georgia Board of Nursing and the Georgia Nurses Association. Established in 1981, and staffed by volunteer nurses, GN-PAP assures safe practice and the maintenance of nursing standards, while simultaneously supporting the nurse in his/her successful completion of a treatment/rehabilitation program and maintenance of a sustainable recovery program.
- Georgia was the first state in the nation to acknowledge the need to treat, to support and to retain nurses with substance abuse disorder as members of the nursing profession.
- At present, there are 300-400 licensed registered nurses in Georgia that are on disciplinary orders and the majority of these are due to substance abuse.
- When a nurse is placed under discipline it become infinitely more difficult for he or she to find a job which, in turn, further contributes to the shortage of nurses in the workforce.

## Alternative To Discipline (ATD) vs Discipline Program's

- ATD programs receive 75% more new enrollees than discipline-based programs (Monroe et al., 2013)\*,
- Nurses in ATD programs have better long-term recovery rates, program retention rates, and healthcare outcomes,

- More than 80% of States have ATD program,

\*Monroe et al., 2013 <https://pubmed.ncbi.nlm.nih.gov/22960589/>

- SUD monitoring programs administered third party contractual agreement with BON.



## Recommendations

At a time when Georgia is struggling to respond to the demand for licensed registered nurses across all areas of practice, significant consideration should be given to an increase in the capacity and resources of the Georgia Board of Nursing to:

- Respond to the needs of the states, roughly,170,000 licensed practitioners,
- Facilitate the licensure and re-licensure process in a uniform and timely manner,
- Provide a comprehensive collection and analysis of nursing workforce data collected during the re-licensure process.
- Manage a disciplinary process for nurses that guarantees due process and public protection,
- Regulate and ensure the quality of all nursing education programs in the state.

# Recommendations

## 1. **An additional Licensing Analyst - \$44,000 Salary**

- To increase the ability of the BON to process applications for licensure in a manner that is uniform and timely.

## 2. **Nursing Designated Call Center Representatives - \$37,000 Salary**

- Given the daily volume of nursing related calls there is a need for representatives trained, specifically, to handle nursing calls only (many callers are receiving incorrect information from agents; therefore, the wrong applications, wrong documents, etc. are received which delays the licensing process)

## 3. **Part-time Workforce Data Analyst - \$45,000 Salary**

- HB1013 was passed into law in 2022 and requires the collection of workforce data during re-licensure. However, required data from licensed nurses will not be received until Spring, 2024 and it will take two years to collect a full data set.
- Overseeing the data workforce collection process for Georgia's largest licensing board requires a part-time staff person to effectively and efficiently manage this vital function.

## 4. **Part-Time Nurse Educator - \$45,000 Salary**

- The FY '24 included funds for one, full-time, Nurse Educator to perform the job of ensuring that the nursing education programs in Georgia are of quality and successfully train the future of the profession. However, acknowledging the total number of nursing programs(88) an additional part-time nurse educator is needed.
- In addition, In January of 2023 news broke of an ongoing FBI Investigation where fraudulent nursing programs were found to be selling fake transcripts to people that had not fulfilled the necessary requirements to practice nursing. This requires the review and evaluation of transcripts and education documents received from all licensed nurses and licensure applicants that attended potentially fraudulent programs.

## 5. **A Nursing Alternative to Discipline Program - \$750,000 estimated overall budget**

- If nurses are placed into an alternative to discipline program in lieu of disciplinary orders Georgia could keep these nurses working while ensuring the best interest of healthcare consumers within the state.

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# Pending and Forthcoming Legislation

## **HB520 – Mental Health Parity**

Passed the House in the 2023 Legislative Session. Currently in Senate HHS Committee for consideration in 2024 Legislative Session with sections that impact the BON Licensing Process:

- Expansion of data collection to provide information on workforce composition. States that state licensing boards (Including the BON) shall provide the following data to the Georgia Board of Health Care Workforce for its licensed health care professionals who are in active practice: age, race, gender, ethnicity, languages spoken, location of practice and license type.
- Allows for creation of an **Alternative Discipline Program** under the Board of Nursing to conduct a professional health program to provide monitoring and rehabilitation of impaired health care professionals.

## **SB164 -APRN Licensure Legislation**

Passed by both the House and Senate in 2023 and was vetoed by Governor Kemp at the request of the bill sponsor due to legal concerns with the implementing language included within it.

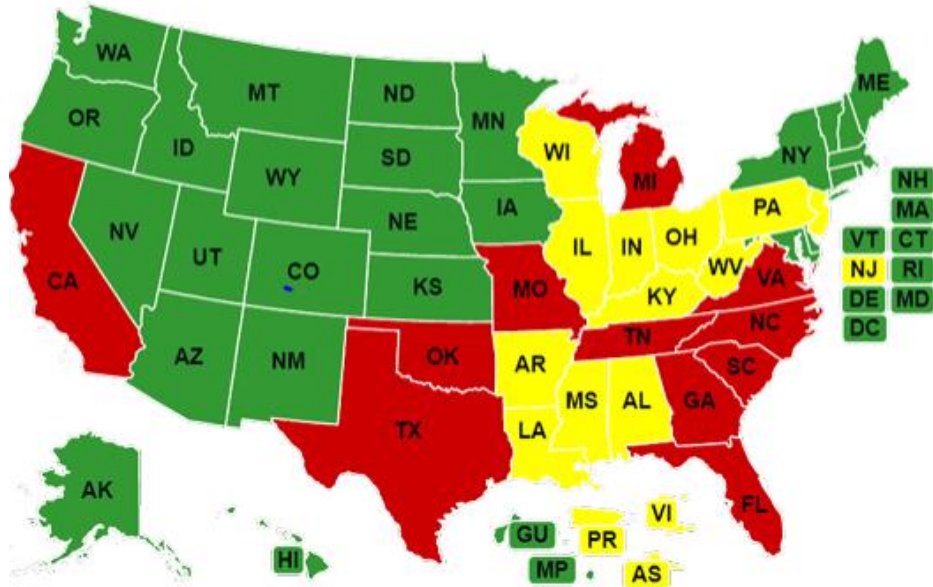




## APRN LICENSURE

- Currently in Georgia, when RNs complete a post-graduate education program in nursing at the masters and/or doctoral level & pass a national certification exam, they currently receive an **“authorization to practice”** from the Board of Nursing and not a separate **APRN License**.
- There are no additional requirements for APRN license v. an authorization to practice.
- Georgia is one of only 11 states that does not license APRNs
- *Issuing a license rather than an ‘authorization to practice’ is intended to bring uniformity to regulation across the country and provide more accurate data in the profession.”* - Georgia Occupational Regulation Review Council(GORRC)
- APRN licensure will not impact existing APRN protocol agreements with supervising physicians

# 2023 Nurse Practitioner State Practice Environment



AANP State Government Affairs

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**Full Practice:** State practice and licensure laws permit all NPs to evaluate patients; diagnose, order and interpret diagnostic tests; and initiate and manage treatments, including prescribing medications and controlled substances, under the exclusive licensure authority of the state board of nursing. This is the model recommended by the National Academy of Medicine, formerly called the Institute of Medicine, and the National Council of State Boards of Nursing.

**Reduced Practice:** State practice and licensure laws reduce the ability of NPs to engage in at least one element of NP practice. State law requires a career-long regulated collaborative agreement with another health provider in order for the NP to provide patient care, or it limits the setting of one or more elements of NP practice.

**Restricted Practice:** State practice and licensure laws restrict the ability of NPs to engage in at least one element of NP practice. State law requires career-long supervision, delegation or team management by another health provider in order for the NP to provide patient

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## APRN Process to Practice

- Graduate, with APRN specialty, from an accredited MSN or DNP program.
- Successfully pass a national certification exam in designated specialty.
- Apply for a new APRN “Authorization to practice” by the BON.
- After being hired, decide which law to practice under.
  - APRNs who **WILL** write prescriptions, submit a nurse collaborative agreement to the Georgia Composite Medical Board (GCMB) under O.C.G.A. 43-34-25.
  - APRNs who **WILL NOT** write prescriptions, submit a non-prescriptive protocol agreement to in institution where the APRN will be employed under O.C.G.A 43-34-23.

# FAQ's Regarding Nurse Practitioners and Protocol Agreements

## Who needs to submit a Nurse Protocol Agreement to the Georgia Medical Board?

- If an APRN has been delegated prescriptive authority (the APRN writes prescriptions), then a nurse protocol agreement must be submitted to the Georgia Medical Board.
- There are two (2) different laws in the state of Georgia that pertain to nurse protocol agreements. OCGA 43-34-23 is the GA law regarding nurse protocol agreements without prescriptive authority for the APRN's. OCGA 43-34-25 is the GA law regarding nurse protocol agreements with prescriptive authority for the APRN's.
- APRN's who do not write prescriptions and have not submitted nurse protocol agreements to be reviewed by the GA Medical Board, but only call in prescriptions under the physician's name, are practicing under OCGA 43-34-23.
- APRN's who write prescriptions and have submitted nurse protocol agreements for review to the GA Medical Board are practicing under OCGA 43-34-25.

## Do I need to file a protocol agreement with the Medical Board if I am NOT going to write prescriptions?

- No. A nurse protocol agreement is required to be submitted to the Medical Board ONLY if the APRN is authorized to write prescriptions.

## Does my physician need to co-sign my prescriptions?

- No. With prescriptive authority, an APRN writes and signs his/her own prescriptions. No co- signatures are required.

# FAQ's Regarding Nurse Practitioners and Protocol Agreements, Cont'd.

## When is a nurse protocol agreement in effect? When can I begin signing prescriptions?

- The nurse protocol agreement is in effect immediately when both the delegating physician and the APRN have signed and dated the agreement. The APRN may begin seeing patients and signing prescriptions under the provisions of the agreement.

## When should the nurse protocol agreement be submitted to the Medical Board?

- **Within 30 days** of being signed by the delegating physician and the APRN.
  - Please NOTE – that until the Board has reviewed the protocol agreement and has determined it is compliant with law, AND the APRN has applied for and has been issued a DEA number, prescriptions for Schedule III – V medications cannot be written. Prior to a DEA number being issued to the APRN, prescriptions for only NON-SCHEDULED medications can be written. Prescriptions for Schedule I – II medications cannot be written by an APRN. These can only be written by physicians.

## Can a physician in a specialty practice delegate prescriptive authority to an APRN?

- By law, a delegating physician and an APRN must have comparable specialties in order to enter into a protocol agreement together. There are two (2) ways for a specialty practice physician to delegate prescriptive authority to an APRN. 1) The nurse protocol agreement can specify that the APRN will only perform the Primary Care portion of the practice while **undergoing training for the specialty and that the training documentation will be submitted to the Board upon completion.** **OR** 2) Documentation can be submitted that provides that **the APRN has the qualifications /training /experience that would make the APRN's specialty comparable to that of the delegating physician.**

# APRN Collaborative Agreement Review Process Recommendations

- In anticipation of creation of a separate license for APRNs, additional BON staffing and resources should be allocated to support the process of licensing of approximately 20,000 APRNs in Georgia,
- Establish an APRN Code Revision Taskforce or Legislative Study committee to perform a comprehensive review of Georgia's two APRN code sections in order to examine the challenges and offer recommendations to improve APRN clinical practice and regulatory processes that allow APRNs to practice.
- Establishment of a task force working in conjunction with the Composite Medical Board to resolve missing / unauthorized protocol agreements > 6-8 months past due
- Expedition of the creation and implementation of an online collaborative agreement application portal
- Composite Medical Board provide webinar to educate and improve the correct completion rate of the protocol agreements by APRN
- Identify any additional internal process efficiencies that will increase turn-around times for protocol agreement approvals
- Allocate 0.5 FTE for a GABON Staff member to work with the CMB in tracking the 18,000 + APRNs who have a Collaborative Practice agreement on file at the CMB.



# THANK YOU

## **Georgia Nursing Leadership Coalition: Nursing Workforce Task Force**

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