

Louisiana State Board of Nursing
APRN Task Force Meeting Minutes
February 25, 2011

Call to Order

The meeting of the Louisiana State Board of Nursing Task Force to establish a position paper on the NCSBN Consensus Model for APRN regulation, and revision of Chapter 45 of L.A.C. 46:XLVII, was called to order by Dr. Lucie Agosta, Co-chair at 10:04 am in Salon A of the Louisiana State Board of Nursing, 17373 Perkins Road, Baton Rouge, Louisiana 70810.

Roll Call

Task Force Members Present

Co-chair: Lucie Agosta, PhD, APRN

AARP Louisiana representative:

- Denise Bottcher, Communications Director

CNS representative (Clinical Nurse Specialist):

- Florencetta Gibson, APRN, PhD

LA CANE private sector representative (Louisiana Council of Administrators of Nursing Education):

- Ann Cary, RN, PhD, Loyola University

LA CANE public sector representative:

- Sandra Brown, APRN, PhD, Southern University

LA CANE public sector representative:

- Valarie Waldmeier, APRN, PhD, McNeese University

LANA representative (Louisiana Association of Nurse Anesthetists):

- Rusty Smith, APRN, CRNA, MS

LANP representative (Louisiana Association of Nurse Practitioners):

- Sophia Thomas, APRN, FNP

LONE representative (Louisiana Organization of Nurse Executives):

- Deborah Ford, MSN, RN

LSNA representative (Louisiana State Nurses Association):

- Denise Danna, RN, DNS

Task Force Member Excused

Co-chair: Demetrius Porche, DNS, APRN, PhD

CNM representative (Certified Nurse Midwife):

- Gretchen Deeves, MSN, APRN

Non-voting Task Force Member Absent

Robert Bass, M.D., LSBN Ex-Officio Board member

Staff Present

Barbara L. Morvant, MN, RN, Executive Director

Cynthia York, RN, MSN, CGRN, Director of Credentialing and Practice

Blaine Sharp, APRN, FNP, APRN Credentialing Manager - Credentialing and Practice Dept.

Patricia Dufrene, MSN, RN, Director of Education/Exam Licensure

Patrick Cantin, IT Analyst

Brenda Kelt, Licensing Analyst, Recorder

Laura Guillory, Licensing Analyst, Back-up Recorder

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Guests Present

Sattaria S. Dilks, APRN, FNP, FPMHNP, APMHNP, APNA – LA Chapter

New Members

Co-chair (L. Agosta) introduced new members to APRN Task Force:

- Denise Bottcher, Communications Director – AARP Louisiana
- Rusty Smith, CRNA – President LANA
- Cindi York, Board staff – Director, Credentialing and Practice

Review of Minutes

The committee reviewed the minutes of the August 25, 2010 meeting. Correction requested on page 2 by F. Gibson on motion. Adjusted to show motion to approve minutes for June 11, 2010 meeting was issued by A. Cary.

Motion

by S. Thomas, seconded, that the Committee approve the minutes of the August 25, 2010 APRN Task Force minutes with correction.

Vote

Brown – yes, Cary – yes, Danna – yes, Ford – yes, Gibson – yes, Thomas – yes, Waldmeier – yes, Agosta - yes. Motion carried.

Old Business

Sharepoint site

Co-chair (L. Agosta) asked if committee members were experiencing any difficulties accessing documents on the Sharepoint site. Two members had problems with their password needing IT assistance. New committee members confirmed successful access to site and its documents.

Recurring Practice Issues

Discussion ensued regarding current rules not allowing an APRN to delegate medication administration to unlicensed personnel. Board staff is researching the topic and will prepare a draft for committee consideration.

LSBN White Paper

Three committee members (A. Cary, D. Danna and V. Waldmeier) agreed to work on first draft for committee review. Discussion ensued regarding the document contents and target audience anticipated in preparing the draft. Committee agreed that the White Paper would be a broad policy based document stating LSBN support of the NCSBN Consensus Document, similar to the AANP White Paper. Board staff suggested committee members take advantage of the forms and documents available through the 'APRN Toolkit' on the NCSBN website so that the language used in LSBN White Paper and documents is consistent with the NCSBN. LANA representative will forward copy of the AANP White Paper to members and Board staff will send copies of documents from the 'APRN Toolkit' if not available by public access at the NCSBN website.

Chapter 45 Revisions

NCSBN/LSBN Comparison Chart was viewed on overhead. Discussion ensued regarding whether it might be more efficient to start from scratch in rewriting Chapter 45 to incorporate changes toward the NCSBN Consensus Document, or if rule revision of individual sections would be sufficient. Several members felt rewriting the full Chapter would be the better option.

Co-chair (L.Agosta) requested that Board staff send pertinent documents (NCSBN/LSBN Comparison Chart and Chapter 45 working documents) be emailed to each committee member to review again and provide feedback as it would be easier for committee members to navigate and manage than the online Sharepoint copies. Several committee members agreed.

Board staff explained that the APRN summit provided several resources the committee could utilize, but drafting of rule changes depends on local regulations and other factors that would need to be addressed by each Board of Nursing (BON). The NCSBN 'Model Rules' provides a generic outline, but does not provide all the language that would be needed to write rules.

Board staff stated that a first draft of Chapter 45 changes had been prepared in August 2010 but they needed input from the committee on several issues before a more comprehensive draft could be prepared. Staff requested guidance from the committee regarding where LSBN should stand on the following issues addressed in the NCSBN Consensus Document that conflict with current LSBN rules:

- Eliminating issuance of APRN permits
- Eliminating the need for collaborative practice agreements

Committee members agreed to provide Co-chairs and Board staff with input to assist in the writing of an updated Chapter 45 draft for the committee to review. Suggestion was made asking committee members to use a different color on any suggested changes written on any of the documents to help identify their feedback comments from the original document.

Board staff suggested that committee members share their concerns, knowledge and practice experience regarding potential challenges from the public or other healthcare agencies and organizations in developing rule changes. Committee members may be aware of potential complications in implementation of a rule change which might not be obvious, such as billing and/or insurance reimbursement practices and restrictions.

**Treating Patients with
Chronic Pain**

Discussion ensued regarding current exclusion in Chapter 45 rules disallowing APRNs from treating and/or prescribing for chronic pain and obesity. Board staff explained they receive numerous practice inquiries regarding this limitation in the scope of practice for APRNs, particularly in practice sites with elderly patient

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populations such as hospice care or nursing homes where chronic conditions such as arthritis are prevalent.

Board staff suggested the committee consider allowing the treatment and prescribing for chronic pain and obesity as part of the Chapter 45 rule changes, but provide some type of guideline to help limit potential abuse in the prescribing of controlled substances.

Committee members agreed that the current rule restriction could potentially result in an APRN providing sub-standard care, particularly in regards to treating chronic pain of the elderly. Discussion expanded regarding removing the restriction for treatment of obesity. Board staff stated that the Louisiana State Board of Medical Examiners (LSBME) has rules covering chronic pain and obesity that may be helpful to use as a guideline.

Board staff explained that rule making requires publishing a 'notice of intent' in the Louisiana Register and allowing 90 days for public comment. An opposing party may request a hearing by the Health and Welfare Committee and the Board would hold a public hearing. Although the parties supporting the rule change are also invited, sometime only opposition attends which makes supporting the rule change difficult.

Board Staff recommends that the committee consider sharing the finalized draft of any Chapter 45 rule changes with stakeholders prior to proceeding with formal rule making and publishing the notice of intent. This would provide the committee with valuable information regarding potential opposition to booster our support base for the formal rule making process.

Motion

by S. Thomas, seconded, that the Committee direct Board staff to write a draft document to be submitted to the Board by this Task Force delineating new guidelines for APRN treatment of chronic pain and obesity.

Vote

Bottcher – yes, Brown – yes, Cary – yes, Danna – yes, Ford – yes, Gibson – yes, Smith – yes, Thomas – yes, Waldmeier – yes, Agosta - yes. Motion carried.

New Business

APRN Summit

Co-chair (L.Agosta) and Board staff (B.Morvant and B.Sharp) attended the NCSBN APRN Summit held on January 12-13, 2011. LSBN is ahead of many states in the licensing of APRNs in accordance of the Consensus Document. Two areas addressed in the Consensus document that would result in LSBN rule changes if adopted would be ceasing to issue temporary permits to APRN graduate/applicants and dropping the need for physician collaboration for practice and prescriptive authority.

Environment Scan

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Co-chair (L.Agosta) showed example of Environmental Scan Chart. Committee agreed to defer form to next meeting.

Physician Assistants

Board staff researched topic and advised committee that a PA (physician assistants) can perform any procedure delegated to them by the physician. PA can be trained and certified for surgical procedures where an APRN needs to be certified as an RN First Assist for surgical duties in the OR.

Discussion ensued regarding the pros and cons of Board rules including procedure competency requirements. Some committee members suggested that including a detailed list of procedure based competencies in the new rules might be counter productive at the employer level where a nurse is credentialed in their licensed and certified APRN scope and hold the nurse accountable.

Board staff expressed concern for the smaller rural clinics that may not have the staff or resources to write/update comprehensive policies and procedures, provide skills training and/or sufficient credentialing staff to verify competencies, especially for infrequently performed procedures.

CRNA Prescriptive Authority

Discussed ensued the ability of CRNAs to order pre-op and post-op care, testing and medications.

Board staff read the current Louisiana Revised Statutes 37:911 et seq. (Nurse Practice Act) as it relates to definitions of collaborative practice and prescriptive authority state in §913.(8) and (9):

- (8) *"Collaborative practice" means the joint management of the health care of a patient by an advanced practice registered nurse performing advanced practice registered nursing and one or more consulting physicians or dentists. Except as otherwise provided in R.S. 37:930, acts of medical diagnosis and prescription by an advanced practice registered nurse shall be in accordance with a collaborative practice agreement.*
- (9) *"Collaborative practice agreement" means a formal written statement addressing the parameters of the collaborative practice which are mutually agreed upon by the advanced practice registered nurse and one or more licensed physicians or dentists which shall include but not be limited to the following provisions:*
 - (a) *Availability of the collaborating physician or dentist for consultation or referral, or both.*
 - (b) *Methods of management of the collaborative practice which shall include clinical practice guidelines.*
 - (c) *Coverage of the health care needs of a patient during any absence of the advanced practice registered nurse, physician, or dentist.*

However Statute §930.F. of the Nurse Practice Act provides an exception for CRNA as follows:

F. Notwithstanding any laws to the contrary, a certified registered nurse anesthetist shall not be required to have a collaborative practice agreement or prescriptive authority to provide anesthesia care, including the administration of medications, anesthetics, and ancillary services necessary for the delivery of care within his scope of practice under the direction and supervision of a physician or dentist who is licensed to practice under the laws of the state of Louisiana.

Separately, Chapter 45 of LSBN Rules and Regulations (L.A.C. XLVII:45) §4513.D.11.c. states:

c. exclusion. Nothing herein shall require a CRNA to have prescriptive authority to provide anesthesia care, including the administration of drugs or medicine necessary for anesthesia care;

LANA/CRNA representative (R.Smith) explained that LSBN rules and statutes would be clearer regarding CRNA scope for pre-op and post-op care if it included the word ‘perioperative’.

Wikipedia provides the following definition of ‘perioperative’:

“Peri-op care is the care that is given before, during and after surgery. It takes places in hospitals, in surgical centers attached to hospitals, in freestanding surgical centers or health care providers' offices. This period is used to prepare the patient both physically and psychologically for the surgical procedure and after surgery. For emergent surgeries this period can be short and even oblivious to the patient; for elective surgeries "preops" can be quite lengthy. Information obtained during preoperative assessment is used as a basis for the care plan for the patient.”

Discussion ensued regarding what constitutes ‘ancillary services’ mentioned in §930 of the Nurse Practice Act.

Committee members suggested that Chapter 45 rule change could potentially expand CRNA practice to issue prescriptive authority with licensure without the need for collaboration and/or expand and better define ‘ancillary services’ so they include pre-op and post-op care.

Board staff recommends that the committee consider to adding more substance regarding scope of practice and standards, for the CRNAs and the other APRN roles when preparing draft changes of Chapter 45.

LANA/CRNA representative (R.Smith) expressed concern regarding a previous Board practice opinion issued in 2006 (Npop05.12). Following discussion, LANA representative agreed to submit a written request to the Board to revisit this previous opinion.

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Courses

Board staff researched subject and found no clear refresher course currently available nationwide for APRN scope. North Carolina Board of Nursing established a process of approving and tracking an APRN preceptor for nurses trying to sit for current APRN certification who haven't practiced in a while. Pennsylvania Board of Nursing is working with the local universities where the APRN looking to obtain reinstatement would go to the university and take a competency test to identify gaps in nursing knowledge. Courses would then be taken to fill the gaps so the individual could sit for certification and obtain re-licensure.

Committee members questioned whether the 'age' of when the APRN's had completed their original pharmacology courses was being taken into consideration in the preceptor/refresher training.

CDS – Controlled and Dangerous Substance Certificates/Permits

Co-chair (L.Agosta) requested feedback from committee members regarding a possible change in Board staff procedures to eliminate the need for an APRN to submit copies of renewals of their federal DEA and State CDS (controlled and dangerous substance) permit/licenses to Board staff. Discussion ensued.

Motion

by S. Thomas, seconded, that the Committee Board staff is directed regarding DEA & (L)CDS licensure, only initial certificates/licenses or changes in certificate/license need to be sent to LSBN. The APRN is directed to maintain the DEA & (L)CDS certificates/licenses according to the DEA & (L)CDS renewal process, the certificates/license do not have to be submitted to LSBN.

Vote

Bottcher – yes, Brown – yes, Cary – yes, Danna – yes, Ford – yes, Gibson – yes, Smith – yes, Thomas – yes, Waldmeier – yes, Agosta - yes. Motion carried.

APRN Role & Foci and Complementary/Holistic Practices

Discussion on these two topics was deferred to next meeting.

Next Meeting

The next Task Force meeting is scheduled for Friday, April 29, 2011 with a start time of 10:00 am. If unable to attend, committee members are asked to see if an alternate representative from their organization can come in their place and email co-chairs and Board staff with the name and contact information of the individual.

Adjournment

The meeting adjourned at 12:32 pm

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Submitted by:

Cynthia York, RN, MSN, CGRN
Director, Practice and Credentialing

Approved: 4/29/2011