

Louisiana State Board of Nursing
APRN Task Force Meeting Minutes
August 11, 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. Demetrius Porche, Co-chair at 1:00 pm 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: Demetrius Porche, DNS, APRN, PhD

Co-chair: Lucie Agosta, PhD, APRN

CNM representative (Certified Nurse Midwife):

- Gretchen Deeves, MSN, APRN

AARP Louisiana representative:

- Denise Bottcher, Communications Director

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

- Ann Cary, RN, PhD, Loyola University

LA CANE public sector representatives:

- Sandra Brown, APRN, PhD, Southern University

LA CANE public sector representative:

- Valarie Waldmeier, APRN, PhD, McNeese University

LANA representative (Louisiana Association of Nurse Anesthetists):

- Laura Bonanno, DNP, CRNA

LANP representative (Louisiana Association of Nurse Practitioners):

- Sophia Thomas, APRN, FNP

LANP representative alternate (Louisiana Association of Nurse Practitioners):

- Debra Berger, 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

CNS representative (Clinical Nurse Specialist):

- Florencetta Gibson, APRN, PhD

LANA representative (Louisiana Association of Nurse Anesthetists):

- Rusty Smith, CRNA, MS

NACNS – President, Louisiana affiliate representative (National Association of Clinical Nurse Specialists):

- Fiona Winterbottom, MSN, APRN, CNS

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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 Practice and Credentialing

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

Guests Present

Sattaria S. Dilks, APRN, FNP, FPMHNP, APMHNP – McNeese and APNA

Clair Millet, APRN, CNS- Community Health / DHH - Office of Public Health (OPH)

Stacey Jones, LSBN staff

Reorder Agenda

Motion

by L. Agosta, seconded, that the Committee approve to reorder the agenda of the August 11, 2011 APRN Task Force meeting.

Vote

Agosta – yes, Berger – yes, Bonanno – yes, Bottcher – yes, Brown – yes, Cary – yes, Danna – yes, Deeves – yes, Ford – yes, Porche – yes, Thomas – yes, Waldmeier - yes. Motion carried.

New Business

Chapter 45 Revisions

5.1.7

Public/Community Health Clinical Nurse Specialists

ANCC has retired the original Public/Community Health CNS exam. Licensed Clinical Nurse Specialists (CNSs) that already hold this certification will be eligible to maintain/renew certification, but the exam is no longer available for new applicant/graduates. Committee discussed the current available exam/certification from ANCC - Advanced Public Health Nursing.

ANCC website application for this exam/certification indicates the following three (3) eligibility options for Advanced Public Health Nursing:

Option A: Applicant completed a graduate degree in public or community health nursing program.

Option B: Applicant completed a master's in public health (MPH) degree.

Option C: Applicant completed a graduate degree other than public/community health nursing, but had completed a minimum of 2,000 practice hours of advanced public/community health nursing within the last 3 years.

*** Note – Option C valid until 12/31/2015.*

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Credentials awarded for certification are:

APHN-BC: Candidate may apply if qualifying by Option A, B, or C above.

PHCNS-BC: Candidate may apply if qualifying by Option A above.

Committee reviewed the NCSBN Consensus Document ‘Introduction’ section which included the following:

Many nurses with advanced graduate nursing preparation practice in roles and specialties e.g., informatics, public health, education, or administration) that are essential to advance the health of the public but do not focus on direct care to individuals and, therefore, their practice does not require regulatory recognition beyond the Registered Nurse license granted by state boards of nursing. Like the four current APRN roles, practice in these other advanced specialty nursing roles requires specialized knowledge and skills acquired through graduate-level education. Although extremely important to the nursing profession and to the delivery of safe, high quality patient care, these other advanced, graduate nursing roles, which do not focus on direct patient care, are not roles for Advanced Practice Registered Nurses (APRN) and are not the subject or focus of the Regulatory Model presented in this paper.

Current LSBN Chapter 45 rules §4507.A.3. – Commensurate Requirements provide a method for an APRN to obtain licensure when certification is not available in their advanced practice role/population foci (i.e. Maternal/Child CNS), or when the certification exam had retired and the nurse had not maintained national certification in the role (i.e. Public/Community Health CNS). This section was not initially carried over in the new Chapter 45 draft.

Committee accepted testimony from Community Health CNS guest who requested the committee to consider providing a method of CNS licensure or recognition for advanced practice nurses working in Public/Community Health, but who had not obtained or maintained national certification.

Guest provided information regarding the ‘Quad Council’, an organization comprised of several nursing organizations addressing public health nursing issues. The Quad Council submitted a letter of support in May 2011 to the ANCC supporting the APHN (Advanced Public Health Nurse) examination. The council also requested ANCC to investigate establishing/re-establishing a ‘Generalist Public Health Nurse’ exam and certification. Committee determined that ‘Generalist’ certification would fall outside of Chapter 45 rules for APRNs.

Discussion ensued regarding differences in educational content and curriculum focus and between CNS advanced practice clinical nursing programs and CNS Public/Community Health programs, including whether the programs included the 3 P’s outlined in the consensus document for APRN licensure.

One option discussed was to require CNS's who currently hold a certification in Public/Community Health to maintain it for annual APRN license renewal. New applicants with a graduate degree in community or public health nursing could qualify for APRN licensure by taking and passing the CNS APHN (Advanced Public Health Nurse) certification exam available through ANCC. If the exam is later retired, the APRN could then qualify by meeting the '*Commensurate Requirements*' which will be added back into the revised Chapter 45 draft.

Committee discussed the importance of all CNS's working in direct patient care needing to qualify for prescriptive authority privileges which would include having completed the traditional advanced 3 P's (physiology/pathophysiology, physical health assessment and pharmacology) within their educational program.

Committee agreed with the NCSBN consensus document that APRNs with national certification would need to follow the practice requirements in their advanced role/population foci as outlined by their certifying body in order to qualify for recertification, it would not be determined by the Board.

For APRNs renewing their APRN license utilizing '*Commensurate Requirements*' (or 'grandfathered') - Board staff would review the individual's eligibility based on practice within their advanced nursing role/population foci.

Committee members reviewed the ANCC CNS guidelines regarding qualifying types of preceptor practice accepted for recertification. Committee agreed that APRNs licensed under '*Commensurate Requirements*' would need to meet the same standards of advanced nursing practice as would otherwise be accepted by the national APRN certifying organization(s).

5.1.8 Other Advanced Nursing Degrees

Committee discussed whether advanced nursing degrees such as Nurse Educator and Nursing Administration should be considered for APRN licensure in the revised Chapter 45.

Committee decided to follow the consensus document regulatory model which places this types of degree in the area of 'specialty' in which the nurse could obtain national certification, but would not be licensed as an APRN role.

5.1.1 / 5.1.4 NCSBN Survey - APRN Delegation to Medical Assistants (MAs)

Board staff distributed survey results for review. NCSBN report included responses from thirty-three (33) State Boards of Nursing responses. LSBN had provided a response, but was not included in the report.

Of the States included in the report, only a handful allowed delegation by the APRN to a medical assistant (MA), and those that did either:

- Included rules providing for the specific situation and limitations where the APRN could delegate to a MA; and/or
- Require the MA to be certified; and/or
- The State is currently investigating MAs certification.

Louisiana does not have a statutory requirement for medical assistants to hold certification at this time. LSBN would not have legislative authority to require or monitor MA certification. Medical assistants are considered unlicensed personnel, and current Louisiana nursing statutes (Nurse Practice Act) stipulate that an APRN can not delegate medication administration to unlicensed personnel.

Committee reviewed the draft prepared by Board staff for §4513.C.6 – Delegation by an APRN to Medical Assistants in an office or outpatient setting, and agreed to place it in the revised Chapter 45 for further discussion and review.

5.1.2

Definition for ‘Prescription Monitoring Program (PMP)’

Committee agreed to accept the following definition for §4505 – Definitions, with the elimination of the word “*electronic*”:

A system for the monitoring of controlled substances and other drugs of concern dispensed in the State or dispensed to an address within the State as established in R.S. 40:1044.

5.1.3

APRN License Renewal - §4507.D

Committee agreed to accept the following addition for Chapter 45 draft to the section §4507.D.1.c - Renewal of Licenses by Certification or Commensurate Requirements:

- c. *If the APRN has prescriptive authority privileges, verification by mean of an online affidavit of having met the Board’s annual continuing educational requirements of obtaining six (6) contact hours of continuing education in pharmacotherapeutics relative to the APRN’s role and/or population foci.*

Committee requested the following modification to section §4507.D.2.c - Renewal of Licenses for APRNs without national certification in their AP role:

- c. *a minimum of thirty (30) continuing education (C.E.) contact hours relevant to the APRN’s role and population foci, as approved by the Board each year. CME (Continuing Medical Education Units) ~~may~~ can be approved by the Board to meet this requirement.*

5.1.5 Data Report RE: Grandfathered APRNs

Board staff distributed report which provided a breakdown of actively licensed APRNs without national certification in their advanced role and population foci (formerly referred to as ‘AP specialty’) who were licensed in 1996 under the grandfathered rule.

Report showed some advanced practice nurses were licensed in an AP role/population foci where there was no national certification exam at that time, nor is there one available now. Example: Oncology CNS. Committee agreed to continue to allow these individuals to maintain/renew their advanced licensure provided they meet the ‘*Commensurate Requirements*’ of advanced continuing education and practice in their AP role/population foci as provided in the revised Chapter 45 draft, section §4507.D.2.

Report showed some advanced practice nurses had continued to renew claiming ‘grandfather’ status, but certification is now available in their AP role/population foci. Discussion ensued regarding what would be required of these individuals to qualify to sit for the national certification exam in their role/population foci.

Committee requested Board staff to research the following:

- Contact the AP certifying body(s) to determine what would be required from an advanced practice licensed nurse with an initial diploma/certificate degree to qualify to sit for their AP certification exam.
- Research licensure files to determine quantity of APRNs this may affect.
- How many of these nurses are actively practicing in their APRN role and population foci in a direct patient care setting.

Discussion ensued regarding providing a time limit, of five (5) to ten (10) years, whereby APRNs without certification would have to obtain such (where available in their licensed role and population foci) in order to continue to renew and practice in their advanced practice role. Board staff were requested to add this to the draft of Chapter 45 in section §4507.D.3 for further review.

Distributed report also provided information on:

- APRNs who had obtained certification in their AP role/population foci, but had let it lapse.
- Nurses issued APRN licensure in 1996 under the grandfathered rule who self-disclosed on their 2011 license renewal they are not working as an APRN.

Board staff will be contacting these individuals to discuss renewal eligibility requirements.

Committee will revisit once additional information is gathered from the certifying organizations.

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Review of Minutes The committee reviewed and approved the minutes of the July 27, 2011 meeting.

Motion by S. Thomas, seconded, that the Committee approve the minutes of the July 27, 2011 APRN Task Force minutes.

Vote Agosta – yes, Berger – yes, Bonanno – yes, Bottcher – yes, Brown – yes, Cary – yes, Danna – yes, Deeves – yes, Ford – yes, Porche – yes, Thomas – yes, Waldmeier - yes. Motion carried.

Old Business

Chapter 45 Revisions

4.1.1 CRNA Scope of Practice / Anesthesia Care

LANA representative advised AANA personnel not available until the end of the month to schedule conference call between AANA, committee co-chairs and LANA representative(s). Task Force when the conference call can be scheduled.

Items pending for CRNA scope of practice include:

- §4505 – Concise definition for ‘Anesthesia Care’
- §4505 – Concise definition for either/both ‘Ancillary Services’ (per Nurse Practice Act) and/or ‘Clinical Support Functions’ (used by AANA)
- §4515.A.1.vi – ‘Requirements for Prescriptive Authority’ determination if additional wording is needed for CRNA scope. Committee requested LANA representative(s) prepare a draft of suggested text/wording for this section.

4.1.2 Collaborative Practice Agreement (CPA) template & prescriptive authority

Review of ‘Attestation by Louisiana Nurse Practitioner’ draft:

Draft submitted for review by committee provides a document that:

- Signed by the Nurse Practitioner attesting that the NP has a written collaborative practice agreement (CPA) in place with a physician, or dentist, holding an active unencumbered/unrestricted medical license in the State of Louisiana;
- Copy of the written CPA will be kept on site at the practice site;
- Copy of CPA will be updated and kept current by the NP at all times;
- CPA will be immediately available to the Board or Board staff, without prior notice, for examination.

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Review of current CPA template provided at LSBN website:

Committee requested deletion on page 2, item # 5 – **Radiology Requests.**

Committee requested change on page 3, item # 7 – **Hospital Admissions and Privileges** to read:

If admitting to hospitals, the APRN will collaborate with the physician in continuing to provide care for the patients admitted by the APRN. The APRN and the collaborating physician will maintain privileges at the designated hospitals if they are approved by the credentialing Board at that facility.

Committee requested deletion on page 3, item # 9 – **Patient Care Coverage.**

Board staff advised that some collaborating practice agreements (CPAs) submitted by APRNs do not clearly indicate the nurse is practicing within their licensed advanced practice role and population foci.

Committee requested Board staff to prepare a ‘Guideline’ format on what information needs to be included in a written Collaborative Practice Agreement, as an alternative to a ‘fill-in-the-blank’ type template form currently available.

Next Meeting

The next Task Force meeting was rescheduled for Friday morning, October 7, 2011 with a start time of 10:00 am and anticipated end time of 1:00 pm. If a Task Force member is unavailable, committee members are requested to see if an alternate representative from their organization can attend on their behalf and advise Co-chairs and Board staff of the alternates name and contact information.

Adjournment

The meeting adjourned at 3:30 pm



Submitted by:

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

Approved: 10/07/2011