

**Louisiana State Board of Nursing**  
**APRN Task Force Meeting Minutes**  
**October 7, 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 10:00 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: Demetrius Porche, DNS, APRN, PhD

Co-chair: Lucie Agosta, PhD, APRN

CNM representative (Certified Nurse Midwife):

- Gretchen Deeves, MSN, APRN

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 representatives:

- Sandra Brown, APRN, PhD, Southern University

LA CANE public sector representative:

- Valarie Waldmeier, APRN, PhD, McNeese University

LANP representative (Louisiana Association of Nurse Practitioners):

- Lisa Bayhi, APRN, ACNP, FNP

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

- Fiona Winterbottom, MSN, APRN, CNS

APRN Task Force Consultant:

- Debra Berger, APRN, FNP

**Task Force Member Excused**

AARP Louisiana representative:

- Denise Bottcher, Communications Director

LSNA representative (Louisiana State Nurses Association):

- Denise Danna, RN, DNS

LANA representative (Louisiana Association of Nurse Anesthetists):

- Rusty Smith, CRNA, MS / Laura Bonanno, DNP, CRNA

LONE representative (Louisiana Organization of Nurse Executives):

- Deborah Ford, MSN, RN

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### Task Force Member Absent

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

### Staff Present

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

Patrick Cantin, IT Analyst

Brenda Kelt, Licensing Analyst, Recorder

Laura Guillory, Licensing Analyst, Back-up Recorder

### Staff Excused

Barbara L. Morvant, MN, RN, Executive Director

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

### Guests Present

Perry Russell, RN, APRN Student

- Review of Minutes** The committee reviewed and approved the minutes of the August 11, 2011 meeting.
- Motion** by A. Cary, seconded, that the Committee approve the minutes of the August 11, 2011 APRN Task Force minutes.
- Vote** Agosta – yes, Bayhi – yes, Brown – yes, Cary – yes, Deeves – yes, Gibson – yes, Porche – yes, Waldmeier – yes, Winterbottom - yes. Motion carried.

## Old Business

### Chapter 45 Revisions

#### 4.1.1 Delegation to Unlicensed Personnel

APRN Task Force Consultant presented draft for §4513.C.6 – Delegation of medication administration to medical assistants or unlicensed personnel in an office setting [by an Advanced Practice Registered Nurse].

Committee requested the addition of the word *'and'* to the end of §4513.C.6.a regarding ARMA certification and before §4513.C.6.b regarding training programs.

10:15 am Gretchen Deeves joined meeting.

Discussion ensued regarding the equivalency of the various training/education program options provided in §4513.C.6.b.i. (a) to (d) and requirements for an individual to be registered or certified by the American Registry of Medical Assistants (ARMA).

APRN Task Force Consultant was directed to contact the American Registry of Medical Assistants (ARMA) to obtain the following information for next meeting:

1. Confirm that ARMA issues a national Medical Assistant ‘*certification*’.
2. What value does an ARMA certification offer to public safety.
3. What are the training/educational program requirements to sit for the Medical Assistant examination.
4. What organization(s) administer the medical assistant examination accepted for registry/certification by ARMA, and what manner is it given.
5. What is the length of time for initial certification awarded by ARMA and what’s required for the MA in continuing education or practice to maintain or recertify.
6. If an individual has been working as a Medical Assistant in Louisiana and had not completed an accredited training program as outlined in the draft under §4513.C.6.b.i.(a) to (c), but trained in-house by employer, what would ARMA require for the individual to now sit for the Medical Assistant examination and receive certification.
7. Confirm ARMA accepts all four (4) training program options listed in §4513.C.6.b.i.(a) to (d), and clarify whether their organization would review/qualify an individual to sit for the certification exam if the candidate was from a non-accredited program as noted in §4513.C.6.b.i.(d) – “*A training program that meets or exceeds any of the prescribed accrediting programs...*”

Committee requested an addition to §4513.C.6.j (page 2 of draft) to include a ‘*post assessment*’ by the APRN.

#### 4.1.2

#### **Attestation Document by Louisiana Advanced Practice Registered Nurse - for Collaborative Practice and Prescriptive Authority**

APRN Task Force Consultant presented two (2) drafts of the Attestation Document. Additions will be made to the top of the form for the APRN to indicate their advanced practice role and population foci. Additional changes to §4515 – Prescriptive and Distributing Authority will be needed, including the addition of the Attestation Document.

10:30 am Fiona Winterbottom joined meeting.

Committee requested an overview on how APRNs obtain controlled substance privileges and licenses. Board staff explained that Louisiana Board of Pharmacy (LABP) currently requires APRNs applying for their state Controlled and Dangerous Substances license (State of Louisiana CDS license) to submit a copy of an approval letter issued to the nurse by the Louisiana State Board of Nursing. LABP personnel also verify the APRN’s license status through the LSBN website.

Once the APRN has obtained the State CDS license from LABP, he/she would then apply for their Federal CDS license issued by the Drug Enforcement Administration (DEA), a component of the U.S. Department of Justice.

After both CDS licenses have been awarded, the APRN submits a copy to the Louisiana State Board of Nursing to record this information in their licensure history and a final approval letter is mailed to the APRN by LSBN authorizing prescription privileges for the CS levels licensed by LABP and DEA. In the past, APRNs were also required to submit copies of renewed State and Federal CDS licenses to LSBN so Board staff could record new expiration dates. Now the APRN only needs to submit the first CDS license from LABP and DEA to LSBN for initial controlled substance approval, or in cases where the APRN has requested a modification to a higher controlled substance level.

Committee members preferred the Attestation Document draft marked as Option # 2 which included the following statement in Section II:

*I HEREBY STATE and ATTEST that, relative to my prescriptive authority privileges as an Advanced Practice Registered Nurse, I will at all times maintain compliance with all laws, and all rules and regulations, of the Louisiana State Board of Nursing, the Louisiana State Board of Pharmacy, and the Drug Enforcement Administration of the United States Department of Justice. I will maintain such compliance regarding my authority to prescribe legend drugs, and controlled schedules drugs.*

Board staff will need to develop an internal process for implementation of the Attestation Document as well as instructions and guidelines for the APRN on how to develop an appropriate collaborative practice agreement (CPA) that will successfully pass a LSBN audit for the APRN to maintain at their practice site.

Discussion ensued regarding nurses who hold active licensure in more than one advanced practice role and/or population foci whether they would need a separate Collaborative Practice Agreement (CPA) for each, or just indicate their multiple role/foci on the Attestation Document.

### **Scope of Practice**

Co-chair advised committee that the University of California, Davis campus (UC Davis) has developed a dual program for Family Nurse Practitioner (FNP) and Physician Assistant (PA). It's unclear whether graduates from this type of dual program may later experience difficulty qualifying to sit for their respective national certification exams in each role (FNP and PA) or in obtaining licensure since one for nursing is licensed by LSBN, and the physician assistant licensure is awarded by the Louisiana State Board of Medical Examiners (LSBME).

Individuals with dual educational program and licensure roles, particularly when crossing from nursing to medicine, raises concerns regarding which scope of practice the individual is operating under at a particular point in time. The convention has been that individuals are held accountable to the standards of practice of their higher educational degree, yet legally the individual can only practice within the specific role(s) as licensed by the applicable regulatory agency. If dually licensed, it poses confusion to the public regarding what 'hat' the practitioner is wearing and which skills and/or procedures are appropriate.

New Business

Chapter 45 Revisions

**5.1.1 Definition for Published Professional Standards**

Board staff presented the following draft for §4505 – Definition of Published Professional Standards as requested by the APRN Task Force:

*Published Professional Standards* - level of performance that APRNs, within their specific role and population foci, are required to achieve in their practice and represent the criteria against which the performance of all APRNs within the related role and population foci is measured as published by the relevant professional nursing organization.

Committee members accepted the definition as proposed for inclusion into revised draft of Chapter 45.

**5.1.2 Evidence of Recertification**

Board staff presented the following draft for §4507.D.5 – Renewal of Licenses by Certification or Commensurate Requirements as requested by the APRN Task Force:

5. Failure to provide evidence of current national certification, prior to the expiration of existing certification on file with the Board, shall result in advanced practice registered nurse license inactivation and practice as an advanced practice registered nurse will no longer be legal. Any person practicing as an advanced practice registered nurse during the time one's license is inactive, will be subject to disciplinary action and will not be reinstated until the disciplinary action is resolved.

Board staff advised that currently there are only two (2) of the national advanced practice certifying organizations that provide access by a Board of Nursing (BON) to look up an APRN's current certification/re-certification status online:

- NBCRNA/AANA for Certified Registered Nurse Anesthetists (CRNA)
- NCC for Neonatal Nurse Practitioners (NNP) and Woman's Health Care Nurse Practitioners (WHNP).

The remaining six (6) national advanced certifying organizations (AANP, AACN, AMCB, ANCC, ONCC and PNCB) will send proof of re-certification directly to a Board of Nursing on behalf of the APRN, but only if requested on the re-certification application submitted to them by the nurse. Some organizations charge a fee for this service, others do not - unless the nurse holds multiple state licenses and additional verifications are requested.

CNS representative stated she had been advised by peers that on occasion, an application for re-certification can be slow in processing by a national advanced practice certifying body and suggested that certified APRNs need to apply for their re-certification at the earliest date allowable by the organization to ensure their certification does not lapse.

Board staff will develop of system to send reminder notices to certified APRNs six (6) months prior to the expiration date of their current certification in an effort to be proactive and supplement notifications sent by their national advanced certifying organization(s).

LANP representative offered assistance to Board staff in contacting the national advanced practice certifying organizations to request they develop an online verification system for Boards of Nursing to check re-certification status of APRNs. LANP will also provide a notice to their members that they should apply for re-certification at the earliest possible date allowed by their national certifying organization.

Committee members accepted the addition of §4507.D.5 as proposed for inclusion into revised draft of Chapter 45.

### 5.1.3

#### Modification suggestions by CNM representative to Chapter 45

CNM representative shared a draft of the Chapter 45 revisions with legal council of the American College of Midwives and the following suggestions were offered for committee consideration:

1. Indicate ‘*one or more*’ population foci where applicable to conform to APRN consensus document. Earlier discussion by committee regarding nurses holding multiple graduate degrees, change may include multiple advanced roles as well, for example in §4503.A:
  - A. Advanced practice registered nurse (APRN) means a licensed registered nurse who has completed an accredited graduate-level education program preparing the individual in an APRN role, is certified by a nationally recognized certifying body in ~~an~~ **one or more** advanced practice nurse role and population foci and who meets the criteria for an advanced practice registered nurse as established by the board.
2. Change “*gynecological periods*” in §4503.B.1 to primary care for women across lifespan and their male partners for treatment of STIs:
  1. *Certified Nurse Midwife (CNM)*—an advanced practice registered nurse educated in the disciplines of nursing and midwifery and certified according to a nationally recognized certifying body as approved by the board and who is authorized to manage the nurse midwifery care of newborns and women in the antepartum, intrapartum, postpartum, ~~and/or gynecological periods~~ **as well as primary care for women across their lifespan and treatment of their male partners for sexually transmitted infections (STI).**
3. Add “*or nursing-related*” to sections of Chapter 45 where applicable to conform to APRN consensus document, such as in:

§4505 – Definitions -  
*Accrediting Agency* - an organization which establishes and maintains standards for professional nursing **or nursing-related programs** and recognizes those programs that meet these standards.

§4507.A.1.b – Licensure as Advanced Practice Registered Nurse:

b. verification of completion of a graduate degree or a post master's concentration in the respective advanced practice nursing role and population foci accredited by a nursing **or nursing-related** accrediting body that is recognized by...

4. Add to §4505 – Definitions for *National nursing accrediting body* those for CRNA and CNM, as:

*National nursing accrediting body* - means National League for Nursing Accreditation Commission (NLNAC), ~~or~~ the Commission for Collegiate Nursing Education (CCNE), **the American College of Nurse-Midwives (ACNM) / Accreditation Commission for Midwifery Education (ACME), or the American Association of Nurse Anesthetists (AANA) / Council on Accreditation of Nurse Anesthesia Educational Programs (COA).**

Discussion ensued regarding §4515 – Prescriptive and Distributing Authority. The Task Force agreed to have Board staff modify this section to award prescriptive authority for legend drugs with initial APRN licensure, provided the APRN had the appropriate 3 Ps as outlined in the consensus document in their graduate program, and only require additional clinical practice in order for the APRN to request the addition of controlled substances.

Further, that the clinical practice requirement for requesting controlled substances be worded appropriately for all four (4) advanced practice roles. Clinical practice for CNM and CRNA roles are not specified by their certifying bodies in 'hours', but rather by number of cases for CRNAs, and by prescribed number of births and office visits for CNMs.

**5.1.4**

**Commensurate APRNs – Types of Degree**

Committee reviewed updated report which provided the degree type of each commensurate APRN holding an active Louisiana licensure without national certification in their advanced practice role and population foci. APRNs licensed in multiple advanced practice role/foci were included. For those individuals, the report indicates the education for each role/foci and whether awarded based on certification or commensurate requirements. The majority of the nurses on the commensurate list are licensed as Clinical Nurse Specialists.

11:00 am Lucie Agosta excused from meeting.

Committee requested the APRN Task Force Consultant to obtain data from each of the national advanced practice certifying organizations regarding what coursework the commensurate APRNs on this list would need to go back to school and obtain to qualify to sit for their certification examination in the respective advance role and population foci, if certification is now available.

NACNS representative expressed concern regarding the definition in §4503 – Titles / Clinical Nurse Specialist. The current draft specifies 'direct nursing care to a select population' as part of the definition, but feel that the definition provided for Nurse Practitioner may be closer to what is needed for CNS role.

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Board staff will confer with the NACNS representative to prepare a revised CNS definition for committee consideration.

APRN Task Force Consultant advised that the American Nurses Credentialing Center (ANCC) allows faculty APRNs to utilize direct clinical supervision toward their professional [practice] requirement toward re-certification, but it must be for APRN students, not RNs. If the aim of the Task Force is to parallel standards for commensurate and certified APRN to meet consensus document guidelines and ensure public safety, then faculty who do not teach APRN students in a clinical setting would not qualify to maintain their APRN license unless the individual also maintained a clinical practice for their advanced role and population foci.

### 4.1

#### Review of Updated Draft of Chapter 45

Board staff distributed a copy of the latest revised draft for Chapter 45 which included the additions and deletions requested by the Task Force during prior meetings.

Co-chair requested that *Guidance of an Approved Preceptor* under §4505 – Definitions be removed and transferred to Chapter 35 along with the other educational items.

Discussion ensued regarding developing wording to include *Peer Review* within §4516 – Continued Competence of Advanced Practice Registered Nurses and what form it may take. Board staff will research guidelines from the Medical Board and Boards of Nursing.

#### Other Business

Co-chairs attended the LANP conference held in New Orleans on September 16, 2011 and presented the topic *Transforming Advanced Practice* which provided an overview of the NCSBN National Consensus Document and on-going work by the LSBN APRN Task Force. Copies of the PowerPoint presentation will be shared with Board staff and Task Force members.

#### Next Meeting

The date of the next Task Force meeting is scheduled for December 2, 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 11:30 am

#### Submitted by:



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

Approved: 12/02/2011