

Louisiana State Board of Nursing
Chapter 45 Subcommittee
Minutes
January 18, 2005

- Call to Order** The meeting of the Louisiana State Board of Nursing Chapter 45 Subcommittee was called to order by Karen Moody, Chair, at 10:10 a.m. on January 18, 2005, in the Board meeting room, 3510 N. Causeway Blvd., Ste 601, Metairie, LA.
- Roll Call**
- Committee Members Present**
Karen Moody, PhD, RNC, Louisiana State Board of Nursing, Member, Chair
Patsy Bourgeois, MSN, CNS, RN, Louisiana State Board of Nursing, Member
Trenton James, MD, Louisiana State Board of Medical Examiners, Member
Patsy McClanahan, MSN, RDMS, RNCNP, LSBN Member
Joni Nickens, APRN, FNP, Louisiana Association of Nurse Practitioners
Nora Steele, DNS, RN, C, PNP, Louisiana State Board of Nursing, Member
- Committee Members Excused**
Malcolm Broussard, RPh, Louisiana Board of Pharmacy, Executive Director
Marilyn Sullivan, RN, Louisiana State Nurses Association, Executive Director
- Staff Present**
Margaret Griener, MPH, APRN, Credentialing Manager
Barbara Morvant, MN, RN, Executive Director
Cynthia Morris, MSN, RN, Assistant Executive Director
Ellienne Tate, EdD, RN, Credentialing Director
Charlann Kable, BSBA, Licensing Analyst
- Guests** Lisa Bayhi, LANP
Tiffany Bould, NP
Gwen George, NP
Cathryn Wright, NP
- Minutes** The Committee reviewed the minutes from the August 11, 2004 Subcommittee.
- Motion** by P. Bourgeois, seconded that the Subcommittee approve the minutes of the August 11, 2004 LSBN Subcommittee meeting.
- Vote** Bourgeois – yes; James – yes; McClanahan – yes; Moody – yes; Nickens - yes; Steele – yes. Motion carried.
- Chapter 45 Review** Dr. Moody asked that comments be limited to 5 minutes. The Subcommittee will be reviewing five (5) key points that were not resolved in the previous meeting. B. Morvant addressed the Subcommittee advising that this is a critical time to move forward with these rules and that hopefully the final draft from this meeting could be approved and sent forward to the LSBN to begin the rulemaking process.
- Dr. Moody shared information received from the National Nurses Stakeholder meeting on Advanced Practice sponsored by ANA. They have created a model for licensure of APRNs. Many states only recognize APRN's and the ANA believes that recognition needs to be abolished and every state should move toward licensing APRNs.

**Section 4505.
APRN Definitions**

The Subcommittee reviewed several definitions of APRN. There was some concern that the definition may affect CNS's, particularly Community Health CNS's who do not participate in direct patient care. Another concern was that the requirement for Certification is also not included in the definition of APRN used by the National Council of State Board of Nursing (NCSBN).

Dr. James expressed the need to have a clear credentialing process and that the law needs to support this process. The definition needs to be very broad then let the Credentialing Committee handle the details. Ms. Morvant suggested that the Subcommittee keep the current definition of "APRN" from the Nurse Practice Act and "APRN specialty" from the rules and add a definition for "subspecialty".

Recommendations: Following the discussion, the Subcommittee put forth the following recommendations:

- 1) use the definition of "APRN" that is in the Nurse Practice Act and the definition of "APRN specialty" that is currently in the rules;
- 2) use the definition from NCSBN of "subspecialty"; and
- 3) move all definitions from other sections to Section 4505.

It was noted by staff that many APRN's are in fields they consider their specialty such as neurology and oncology. These are not specialties but subspecialties. There is a need to reconcile education with certification and with licensure. Dr. James noted that because of this, collaboration between the APRN and the collaborating physician needs to be strong.

**Section 4509.
Educational
Requirement**

Discussion including adding a statement on exceptions to faculty academic qualifications to include a future date when all nurse faculty shall be required to hold an APRN license and academic preparation in their respective specialty. Preceptors are currently required to be APRN licensed. The Subcommittee also discussed dual tracks and how many additional clinical hours should be required. Currently dual tracks are approved as long as there are 250 hours for each track.

Dr. James noted that educational requirements are a quality issue and that Boards should set the standards especially when important issues such as prescriptive authority are involved.

Recommendations: The Subcommittee put forth the following recommendations;

- 1) dual or combined tracks require more than 500 supervised clinical hours of indirect nurse/client care. If staff is unable to determine adequate content and clinical experiences in both roles, the application should be referred to the Credentialing Committee for review;
- 2) under G.2., add "i", "Exceptions to the academic qualifications for nurse faculty shall be justified and approved under board-established guidelines until December 31, 2010 at which time all nurse faculty shall be required to hold an APRN license and academic preparation in their respective Advanced Practice Specialty."

Section 4513. Authorized Practice The Subcommittee discussed “joint management” under this section. Dr. James noted that some minimum standards are needed so that the LSBME will know what standards to hold their physicians to in joint management agreements with APRNs. The minimum standards for joint management should be in the rules. P. Griener reminded the Subcommittee that Act 1094 removed the term, “under physician direction” so the entire section that addressed this was initially removed from the previous draft of the rules. P. McClanahan stated that the collaborative practice agreement should address any concerns between the physician and the APRN as long as the minimum requirements are set forth in the rules. B. Morvant suggested that some minimum standards for joint management should be put back into the rules for clarification.

Note: Nora Steele was excused from the meeting at 1:10 p.m.

Recommendations: The Subcommittee put forth the following recommendations:

- 1) include minimum standards for “joint management”;
- 2) put back the restrictions to prescribing controlled substances that was removed in previous draft (chronic and intractable pain, obesity, etc.);
- 3) staff will reword the section which delineates a plan for documenting evidence of collaboration.

P. Griener noted that the APRN to physician ratio was removed from the rules because it was impossible to keep track of, especially in large group practices with multiple physicians and APRNs. Dr. James stated that the LSBME’s proposed rules for Physician Assistants will include a 2:1 ratio with a maximum of 4:1 in some settings.

Schedule II – Controlled Substances Dr. James informed the Subcommittee that physicians do not have the legal right to delegate authority to prescribe Schedule II narcotics to anyone. If APRNs are granted the authority to prescribe Schedule II narcotics; they will not be able to get a collaborating physician. The legislature only allows for certain Schedule II drugs to be delegated so unless the law is changed; it would not be possible for the Board to authorize APRNs to prescribe all Schedule II drugs.

C. Morris noted that the Pharmacy Board would prefer that either APRNs could prescribe all Schedule II’s or none since it is difficult for pharmacist to determine which APRNs have been granted that authority. J. Nickens advised the Subcommittee that the Pharmacy Board is currently working on a prescription monitoring plan that may help alleviate this problem. B. Morvant expressed concern that the statement related to controlled substances being approved on an individual basis was removed from the rules.

Recommendations: The Subcommittee put forth the following recommendation:

- 1) put back the statement related to approval of controlled substances, Schedule III, IV and V, on an individual basis. Authority to prescribe controlled substances should be approved on a case by case basis depending on the type of practice and documentation must be included in the CPA;

- 2) remove authority to prescribe all Schedule II narcotics.

The subcommittee discussed APRNs prescribing for chronic pain and obesity. Dr. James advised the subcommittee that physicians cannot delegate the treatment of chronic pain and obesity. If the Board authorizing APRN's to treat chronic pain and obesity in their rules, physicians will not be able to sign any collaborative agreement that address chronic pain.

P. McClanahan suggested that the proposed section allowing APRN's to treat chronic pain and obesity be removed for now until there can be further dialog between the LSBN and the LSBME. Dr. James stated that the LSBME would not allow physicians to collaborate on chronic pain.

Recommendations: The Subcommittee put forth the following recommendations;

- 1) create a task force to look into APRNs treating chronic pain and obesity;
- 2) remove the proposed section relating to the treatment of chronic pain and obesity. Table discussion for a later date and arrange for further dialog with the LSBME.

Motion by P. Bourgeois, seconded, that the Subcommittee accept the proposed recommendations and that staff be directed to prepare a proposed draft of Chapter 45 to forward to the Board for rule-making.

Vote Bourgeois – yes; James – yes; McClanahan – yes; Moody – yes; Nickens - yes; Motion carried.

Staff will prepare a draft for rulemaking to go to a Special Call Board meeting on January 25, 2005.

Chairperson Karen Moody thanked all members of the subcommittee and the guests for their participation.

Adjournment The Committee adjourned at 2:10 p.m.

Submitted by: _____
Margaret Griener, Credentialing Manager