

**Louisiana State Board of Nursing
Practice Committee Meeting Minutes
January 23, 2007**

Call to Order

The meeting of the Louisiana State Board of Nursing Credentialing Committee was called to order by James Harper, Chair, at 9:30 a.m. on January 23, 2007 in the Anderson Room of the Cook Conference Center & Hotel, located at 3848 W. Lakeshore Dr., Baton Rouge, LA 70808.

Roll Call

Committee Members Present

James Harper, MSN, APRN, CFNP, Chair
Gerald Bryant, MSN, RN
Michelle Oswald, MSN, APRN, CRNA
Frankie Rosenthal, MSN, APRN, CNS

Non-voting Committee Member Present

Deborah Olds, BSN, RN LSBN President

Non-voting Board Members Excused

William LaCorte, M.D.
Alan Ostrowe, M.D.

Staff Present

Margaret Griener, MPH, APRN, PNP, Director, Credentialing & Practice
Barbara L. Morvant, MN, RN, Executive Director
Cynthia Morris, MSN, APRN, CNS, Assistant Executive Director
Sheri Morris, Esquire, Board Attorney
Brenda Kelt, Licensing Analyst

Guests

Joni Nickens, APRN, FNP, Louisiana Association of Nurse Practitioners (LANP)
Dena Vogel, Department of Health and Hospitals
Loida Kellgren, Department of Health and Hospitals, Office of Aging & Adult Services (OAAS)
Joe Ann Clark, Executive Director, Louisiana State Nursing Association (LSNA)
Marilyn Sullivan, RN, DSN, LNC, CPE, Louisiana State Nursing Association (LSNA)
Patricia Picard, RN, St. Charles Parish School Board
Sadye Holley, RN, LaSalle Parish School System
Concetta (Connie) Richard, RN, Tangipahoa Parish School System
Laura Bankston, RN, Tangipahoa Parish School System
Marilyn Hammett, RN, Recovery School District
Alida Wyler, RN, Jefferson Parish School System
Anna Cazes, RN, Baton Rouge Community College
Patricia Egers, RN, MS, Delgado Community College / Charity School of Nursing
Helen Denise Butler, APRN, FNP, Ageless Beauty Laser & Skin Clinic
John Hammons, Esquire, Nelson & Hammons
Lucie Agosta, APRN, CNS, ANP, FNP, Woman's Hospital
Cheri Johnson, RN, BSN, Woman's Hospital, Director of Obstetrical Services
Sandra Giambone, RN, Woman's Hospital
Patricia Johnson, RN, Woman's Hospital
Lori Denstel, RN, Woman's Hospital
Ethel Bernard Ambrose, RN, LSU WO Moss Regional Medical Center
Rebecca Williamson, RN, LSU WO Moss Regional Medical Center
Barbara Jane Alcock, RN, LSU WO Moss Regional Medical Center
Jeanne Abadie, Advocacy Center

Practice Committee Meeting Minutes

January 23, 2007

Page 2

- Reorder Agenda** James Harper, Committee Chair, reordered the agenda.
- Motion** by G. Bryant, seconded, that the chair be allowed to reorder the agenda.
- Vote** Bryant - yes, Oswald – yes, Rosenthal - yes. Motion carried.
- Review of Minutes** The Committee reviewed the minutes of the October 24, 2006 Practice Committee meeting.
- Motion** by F. Rosenthal, seconded, that the Committee approve the minutes of the October 24, 2006 Practice Committee.
- Vote** Bryant - yes, Oswald – yes, Rosenthal - yes. Motion carried.
- Old Business**
Agenda item 4.1 Agenda item 4.1: Spine Diagnostics Center of Baton Rouge, Inc. submitted a Petition for Declaratory Statement or Advisory Opinion on Nursing Practice regarding the term “ancillary services” in the statutes and allege that the Board has attempted to expand the scope of practice for CRNAs into the practice of medicine by allowing CRNAs to perform “pain management” procedures without a physician order and without the personal direction and immediate supervision of a physician.
- J. Harper advised the committee that this agenda item was removed upon request of the petitioner.
- Agenda item 4.2** Agenda item 4.2: DHH (Department of health and Hospitals) submitted a request for changes to the document previously approved by the board regarding the implementation of rules to allow medication administration by trained Direct Service Workers.
RE: House Bill 697, enrolled, regular session 2005
- D. Vogel with DHH advised that last year a proposal was submitted to LSBN regarding proposed regulations related to a Direct Service Worker (DSW) for an elderly person or a person with disabilities to be trained by a Registered Nurse (RN) to administer medications and perform noncomplex tasks.
- D. Vogel advised that the Notice of Intent (NOI) was delayed until publication of the Direct Service Worker Registry Rule, which is now promulgated.
- D. Vogel explained that DHH is proposing a change to add three provisions to the NOI from what was previously agreed by LSBN, and requested Ms. Jeanne Abadie with the Advocacy Center explain these additions.
- J. Abadie stated that there are some instances with disabled or elderly in our community that need direct service support, sometimes their services need to be delivered more quickly.
- J. Abadie explained that together with DHH, they are suggesting that there be a few situations where an exemption could be allowed. Further, that the exemption would normally be of a very short duration. The exemptions being proposed are:

- Direct service workers performing medication administration or noncomplex tasks can be granted a 60 day grace period to complete the training on medication administration and noncomplex tasks under the following conditions:
 - Admittance of the person receiving home and community-based services to a new agency, or
 - The person was not previously receiving medication and is now prescribed medication.
- A licensed direct service agency may petition for an exemption to the training on medication administration and noncomplex tasks for a direct service worker. The petition will be reviewed by a small DHH committee, which may grant a temporary or a permanent exemption. The direct service agency may petition for an exemption on the following basis:
 - Lack of resources with no staff to train the direct service worker, or
 - The person receiving care needs only a limited use of medication.

D. Vogel stated that people must be authorized under these provisions or by some other provisional law, their legal state put the following change in the Notice of Intent to cover other personnel such as LPNs or CNAs.

- All direct service workers (DSWs) must maintain current registration in good standing on the Direct Service Worker registry (*in addition to the general training, competency, and provider requirements which govern direct service workers, these additional provisions must be adhered to in correlation with medication administration and the performance of noncomplex tasks. Only direct service workers who meet these additional requirements*) or are authorized in other provisions of state law and regulations (*shall be authorized to perform medication administration and noncomplex tasks*).

D. Vogel explained that the intent of these proposed changes wasn't to overturn or revoke the rights of particular people with specific training to provide medication where covered under other legislation.

B. Morvant expressed concern regarding the proposed exemptions, and requested clarification on what problem exists with the original rule where an exemption would need to be granted. For example, what happens with the proposed 60 day window for training? If we believe it's unsafe to have unlicensed people administering medications in the home unless trained, and the person has been properly assessed by a registered nurse, what happens in that 60 days. Likewise, allowing for application of a temporary or permanent exemption based on lack of resources could undermine the whole bill. B. Morvant stated that the original intent of the bill was to raise the bar.

D. Vogel explained that they were thinking primarily of rural portions of the state for the exemption in cases where the agency tried to recruit an RN, but haven't been able to fill the position. DHH would like to work on identifying and document where resource problems exist throughout the state.

B. Morvant suggested that there may be other options to administer medications, such as, the facility or agency in that rural part of the state will need to pay more to attract, or contract with, a licensed registered nurse. Further, there is a provision for a family member to provide medication to fill in the gap.

Practice Committee Meeting Minutes

January 23, 2007

Page 4

Deborah Olds, President LSBN and Sheri Morris, Board attorney joined the practice committee at 10:00 am.

J. Harper stated he is also concerned about the 60 day grace period, and requested clarification on what the definitions would be to qualify an agency for permanent exemption.

D. Vogel explained that they were thinking of situations where the medication being administered was of very low risk, like birth control pills for that particular exemption.

J. Harper advised that issuing a temporary or permanent exemption was basis for concern alone, but that he did not feel that we should be splitting hairs on what type of medications should qualify. If a medicine is a medication, it's a medicine, each with their own risk factor. A patient can have a reaction to a birth control pill, just as with a hypertension medication without proper training.

F. Rosenthal posed the question of whether the committee can make a change to something that is enacted by legislation.

J. Abadie stated that they felt the legislative bill allows for the committee to establish a rule that would enable the statute.

B. Morvant explained that Ms. Rosenthal was pointing out that the statute does not appear to authorize any exemptions.

G. Bryant requested clarification on whether the exemption was patient specific, or a patient that is direct service worker specific. He has worked with people in this area of care providers, and there can be a high employee turnover in this arena. So if it's employee specific (DSW specific), 60 days can turn into a second person with a 60 day window, and so on. A long time could pass without someone being trained.

D. Vogel stated that the way this is written, it would be person/patient specific.

P. Griener asked who would be part of the small DHH committee mentioned in one of the exemptions.

D. Vogel stated it hasn't identified the members yet. They would appreciate LSBN's input. They anticipate it would include Health Standards, who by the statute is responsible monitoring this provision. It might also include a staff member from the OAAS (Office of Aging & Adult Services) who provides services for the elderly.

J. Clark expressed to the committee that she agrees with all of the concerns raised by the Board this morning on these exemptions. J. Clark pointed out that the people present are familiar with the reasons and issues behind these proposed exemptions. However, later on when others read these exemptions and interpret them, this is a message allowing an agency to come in and apply for a temporary or permanent exemption and get it. This provides agencies with a large loophole and undermines the purpose behind the original bill.

J. Nickens asked if it's not in the statute to allow for exemptions, can the committee legally make exemptions in rules & regulations.

S. Morris read part of the statute, page 2 of 6 (line 20), which states:

The Department of Health and Hospitals, in conjunction with the Louisiana State Board of Nursing, shall promulgate rules and regulations necessary to enable the implementation of this Part, and

Practice Committee Meeting Minutes

January 23, 2007

Page 5

other rules and regulations concerning direct service workers consistent with this Part.

S. Morris expressed her opinion that an exemption does not seem to be consistent with this Part. She suggested that DHH have their attorneys look at this part again.

B. Morvant offered for Sheri Morris and herself to meet with DHH attorneys regarding their concerns in order to complete the rule making process, but the LSBN supports Draft 5 which was previously approved.

D. Vogel will ask the DHH attorneys for legal opinion made and will contact Ms. Morvant for a meeting together with Board attorney Ms. Sheri Morris.

Motion

by F. Rosenthal, seconded, that LSBN defer rendering motion about request from DHH and advise staff to meet with representatives of DHH and bring a resolution to the Practice Committee.

Vote

Bryant - yes, Oswald – yes, Rosenthal - yes. Motion carried.

New Business

Agenda item 5.1

Agenda item 5.1: Whether it is appropriate for a child to receive medication in a topical/transdermal form in the school, and a definition of proper supervision. (LaSalle School System)(Tangipahoa School System)

S. Holley, explained that she had been in touch with Shirley Perkins with the Tangipahoa School System in a networking situation by email between RN school nurses regarding Ms. Perkins petition to LSBN for a declaratory statement regarding the Daytrana transdermal patches, prescribed for ADD. This is a new drug that has appeared frequently in the schools this past year. S. Holley explained that she had a student in the LaSalle school system after the Thanksgiving holiday that experienced problems keeping the patch on his body. The mother called Ms. Holley to advise her as she would start giving him the patch earlier in the day, and that it would have to be discontinued (removed) while he was in school. Since RN's are not allowed to give transdermal or topical medications at the school (other than diaper ointment), Ms. Holley prepared her own petition for clarification by LSBN on questions posed by this issue.

C. Richard stated that making inquires, the manufacturer of the patches does not recommend reapplying a patch that has fallen off, but to put on a new patch. She added that in this area with high humidity, the likelihood of the patches falling off could be an issue in the schools.

L. Bankston commented that kids like to share stickers and that they may equate the patch in the same light and put them on each other. The RN school nurse is concerned with this possibility and requesting guidance from LSBN on how to handle this situation legally.

G. Bryant questioned whether this is a nursing Practice issue, but this appears to be a School Board issue or an individual school issue on how you handle these children coming to school with these patches on already. If the school has a population of

Practice Committee Meeting Minutes

January 23, 2007

Page 6

children with these patches, it would be prudent for the school to establish policies for the teachers advising them not to reapply them, and having the parent called to put on another patch if one falls off. The school nurse can't be held accountable for one kid doing something to another (sharing patches) by nursing practice. That would be an administration and disciplinary issue for the school to resolve.

P. Griener advised that the school nurses write a policy and procedure on how to discontinue the use of these patches. If the removal of the patch is needed by the school nurse during the day, then the nurse would need to have a physician's order to do so specifying what time it is to be removed. Our current rules state that physician's orders are needed for all nursing functions performed. P. Griener advised that more and more medications are being changed to transdermal administration instead of oral because they are finding it a better way to distribute a long acting medication to children. The schools should be aware that this issue will continue to grow and policies covering it will need to be developed.

G. Bryant added that transdermal patches are topical medications. The issue is not whether school nurses can administer the patch that is clearly not allowed by Board rules.

J. Harper advised that no motion will be issued by the committee on this issue, but recommended that they have school policies written to establish the proper procedure for the disposal of patches.

Committee took a short break at 10:40 am
Ms. Morvant was excused from the meeting.
Committee resumed at 10:50 am

Agenda item 5.2

Agenda item 5.2: Whether it is within the scope of practice for APRNs to utilize non-ablative class IV lasers, IPL (intense pulse light), and chemical peels (micropeels) without the direct supervision (on-site) of the collaborating physician.

H.D. Butler explained that she owns the Ageless Beauty Laser & Skin Clinic in Shreveport Louisiana and that her petition is requesting clarification of her scope of practice as a Family Nurse Practitioner includes the use of non-ablative class IV lasers, IPL and chemical peels without direct supervision of her collaborating physician. Ms. Butler brought Mr. John Hammons, her attorney advising her on this issue, with her to the committee.

J. Hammons, advised the committee that his legal representation is broader than Ms. Butler, and in a somewhat related scope, he represents a physician who has been charged by the Louisiana Board of Medical Examiners for disciplinary purposes on issues related to this. J. Hammons stated that it appears that there is a direct conflict between the Nurse Practice Act and position that this Board has taken as to the scope of practice for APRNs, as opposed to a physician. J. Hammons stated that the complaint filed by the Louisiana Board of Medical Examiners will be having a meeting January 31, 2007 for charges against his client (a physician) of unauthorized practice of medicine. J. Hammons stated that the practice issue in question is in

regards to the physician being a collaborating physician for an APRN doing these types of procedures. J. Hammons explained that in the letter sent to his client (a physician) by the medical board regarding the charges against him states:

“unless you are physically present and have personally examined each patient, you would not be in compliance with the Board’s directive and would be engaged in an activity which would allow an unlicensed person to practice medicine, which constitutes a violation of the medical practice act.”

J. Hammons continued with an excerpt from the letter that stated:

“as the Board considers the use of medical lasers and IPLs as the practice of surgery, these particulars can not be delegated to a mid-level provider.”

J. Hammons expressed his opinion that this conflicts with the LSBN rules regarding the use of medical use of devices and appliances by licensed APRNs. J. Hammons stated that the medical board does not seem to distinguish between the different types of lasers or laser treatments, ablative or non-ablative. The medical board statement of position from 2001 does appear to permit the delegation of the use of lasers with what is referred to as direct and immediate personal supervision. However, he has been advised by the medical board that they intend to charge him criminally with violations permitting the unauthorized practice of medicine for each patient who has been treated with a laser. J. Hammons expressed his concern that the next step would be that the APRN would then be found of practicing outside the scope of practice, and asked LSBN to be aware of this situation.

P. Griener asked Mr. Hammons as to the source of the letter being discussed.

J. Hammons advised it was written by Dr. Celia Mouton, and advised he has a meeting with Dr. Mouton regarding the charges against his client on January 31, 2007. J. Hammons advised that the letter is not directly pertaining to Ms. Butler’s petition, but addresses the same issues being raised.

P. Griener explained that there was an opinion rendered by LSBN at the July 25, 2006 Practice Committee on a petition request made by an RN and the following Motion/opinion was rendered:

That it is within the scope of practice for the RN to perform class IV laser procedures under the direct supervision of a qualified physician with the following provisos:

- the procedures are non-ablative,
- the MD/authorized prescriber possesses the specific knowledge, experience and expertise in laser therapy technology,
- the MD/authorized prescriber assesses the patient prior to each procedure, gives specific orders and is physically present on the premises and immediately available at all times,
- the procedure be performed in a medical facility or medical office,
- the RN has the knowledge, skills and ability to safely and competently perform the procedure,

Practice Committee Meeting Minutes

January 23, 2007

Page 8

- the education and training of the RN to perform the procedure be documented, and
- the patient is informed that the RN will perform the procedure.

P. Griener explained that the opinion rendered was specific to include direct supervision and in a medical facility or office setting, not a spa setting. There is currently no opinion regarding APRN's and laser procedures. The two boards have communicated regarding delegation, and the medical board is aware of the opinion for RNs which is not in conflict.

J. Nickens stated that it's LANP's position to allow NPs to utilize class IV lasers with collaboration with physicians for non-ablative procedures.

D. Olds asked Ms. Butler who was her collaborating physician and his background. H.D. Butler advised it is Dr. Clint Butler who is a family practitioner. She confirmed that he has training on the procedures performed at her clinic.

F. Rosenthal questioned Ms. Butler regarding one of the articles she submitted as documentation supporting her petition request. The website article entitled "Laser skin resurfacing", under the heading "who performs the procedure and where is it performed", the article states:

"The procedure is performed by an experienced laser surgeon or a dermatologist surgeon with special training in the use of laser. It is performed in a special suite adapted to laser use, often located in the surgeon's office"

H.D. Butler advised that she included that article because of the information they provided regarding morbidity rates. She explained that since these types of procedures were started by cosmetic surgeons and dermatologists, all of the articles she could find that were written were drafted by medical practitioners.

Committee took a break at 11:30 pm

Ms. Morvant rejoined the meeting.

Committee resumed at 11:50 pm

J. Nickens if LSBN has already issued the opinion that it is within the scope of practice for an RN to perform these procedures with the direct supervision of a physician, than would it not be alright for an APRN to perform these procedures under that same RN opinion while further discussions continue on the issue.

J. Harper confirmed that yes, so long as the APRN is following all of the requirements specified in that opinion, including direct supervision and physical assessment of each patient prior to treatment, etc. Her license as a registered nurse allows her to perform under that opinion.

J. Hammons asked for clarification regarding what is the mechanism that defines the scope of practice and what an APRN can or can not do.

Practice Committee Meeting Minutes

January 23, 2007

Page 9

J. Harper and P. Griener advised it's the Nurse Practice Act and the LSBN rules and regulations.

Motion

by G. Bryant, seconded, that the Practice Committee defer until Board staff can discuss with the Louisiana State Board of Medical Examiners (LSBME), and other appropriate organizations, and complete a more comprehensive review of the practice.

Vote

Bryant - yes, Oswald – yes, Rosenthal - yes. Motion carried.

Agenda item 5.3

Agenda item 5.3: Whether it is within the scope of practice for an RN to insert the flexible endoscopes into an orifice; gastroscopes in the mouth and esophagus, the colonoscope or sigmoidoscope into the rectum. (LSU/HCSO W.O. Moss Regional Medical Center in Lake Charles)

Ms. Morvant was excused for the remainder of the meeting.

E.B. Ambrose explained that they are in support of the previously issued opinion by LSBN in 1985 regarding RNs advancing or manipulating scopes after insertion. Recently, they have a new group of physicians on the medical staff (LSU WO Moss Regional Medical Center) it was one of the physician group's practice to allow the RN to insert the scopes into the orifices.

E.B. Ambrose reports that they have been directed by the chief of the hospital that we comply with the physician's order to insert scopes into the orifices. We are not in support of this practice.

M. Oswald asked if there is a hospital policy on this.

B.J. Alcock advised that they have a policy on RN manipulating scopes after insertion, but there is no policy regarding RN's doing the actual insertion.

M. Oswald asked for clarification on what the physician is doing during the procedure.

B.J. Alcock advised that the physician is working the controls once the procedure commences.

E.B. Ambrose added that it was just the policy of this group of physicians who came in from Sulphur, to ask their RN's to handle the insertion of the scopes for them. The rest of the physicians with this group comply with the RNs advising them that they do not do this. However there is one physician in this group who refuses to comply with the policy on this request.

J. Nickens stated that LANP believes that the insertion of endoscopes are a surgical procedure that should be restricted to an APRN, not an RN.

J. Harper asked to make a statement for record. The purpose of the Practice committee, and the State Board of Nursing, is to protect the public. It is a concern that issues coming to the Practice Committee is worried about doing something a physician doesn't want to do, or taking away responsibilities away from RN and/or APRNs because of financial constraints. However, on keeping on track of this petition, as a safety issue, he agrees that it is not within the guidelines for an RN to insert scopes.

Practice Committee Meeting Minutes

January 23, 2007

Page 10

Motion by F. Rosenthal, seconded, that the Practice Committee recommends to the Board that it is not within the scope of practice for an RN to insert the flexible endoscopes into an orifice; gastroscope in the mouth and esophagus, the colonoscope or sigmoidoscope into the rectum.

Vote Bryant - yes, Oswalt – yes, Rosenthal - yes. Motion carried.

Agenda item 5.4 Agenda item 5.4: Whether it is within the scope of practice for a qualified RN to perform a medical screening exam (MSE) to rule out Labor per the Emergency Medical Treatment and Labor Act (EMTALA) (Woman’s Hospital in Baton Rouge)

L. Densel, RN, stated that Woman’s Hospital believes that a qualified RN should be allowed to perform the medical screening exam (MSE) to rule out labor for numerous reasons. The RN will always have access to a physician as well as a Nurse Practitioner, and we would expect the RN to consult with that person before seeing, transferring, or discharging the patient. The RNs at Woman’s Hospital have been trained in fetal monitoring and do vaginal exams and have protocols written to cover this.

C. Johnson explained that they are not suggesting that RNs be allowed to perform all medical screenings exams, but just those needed to “rule out labor”. On October 1, 2006 the Center for Medicare and Medicaid Services (CMS) made a change in the wording that physicians, APRNs or “qualified medical personnel” may perform MSE to rule out labor. Woman’s Hospital would like RNS to be considered qualified medical personnel.

D. Olds stated that this is within the role of the APRN and we consider the request a change of scope for an RN, it wouldn’t be just for Woman’s Hospital, but for all facilities statewide.

C. Johnson acknowledged this, but explained that the RN is not making the determination on her own, but relaying his/her observation to the physician who makes the decision regarding discharge.

J. Nickens suggested that the petitioner reword the request to replace medical screen exam with “vaginal exam to rule out labor”. However LANP does feel that doing the whole medical screening exam is not within the scope of practice of an RN, but APRN.

P. Griener explained that EMTALA defines medical screening exams, and the previous opinion rendered related just to the emergency room. The 2002 opinion was that it had to be an APRN to perform the MSE for the purpose of determining if an emergency medical condition exists. The issue addressed at that time was that an RN could not make the determination because medical diagnosis is an advanced practice function. So the issue today on this petition would be to determine if the” assessment of labor” was an advanced practice function or not.

J. Harper stated medical diagnosis in most cases is a process of exclusion, and ruling out labor is in essence a medical diagnosis.

P. Griener explained that there had been an earlier opinion issued May 27, 1996 by LSBN that states:

Practice Committee Meeting Minutes

January 23, 2007

Page 11

- It is within the scope of practice for a qualified obstetrical nurse to perform a nursing assessment, including a vaginal examination, and discharge the patient home provided that:
 - The registered nurse telephones the attending physician and reports the assessment and physical examination findings;
 - Obtains a telephone order from the attending physician to discharge the patient home, whether or not the physician has seen the patient; and
 - The said nurse demonstrates current competency in obstetrical nursing and that the nurse's knowledge, skills, and abilities is documented in the record.

P. Griener explained that this earlier opinion was before EMTALA, it was COBRA at that time. The EMTALA legislation established a rule requiring the medical screening exam (MSE). The issue now is that the petitioner wants the Board to qualify RNs as the "qualified medical personnel" under EMTALA requirement for MSE.

C. Johnson explained that typically, labor and delivery nurses stay labor and delivery nurses and are specially trained.

G. Bryant stated that when women are showing up in labor, it's the RN who is checking the patient and calling the physician.

P. Griener explained there are some states where the Nurse Practice Act where the APRN has exclusive medical diagnosis and treatment language. Louisiana has this language in the Nurse Practice Act specifically address that the APRN is the only one who can make a medical diagnosis after doing an examination. P. Griener pointed out that the petition was received on January 12, 2007 and had to be set for this Practice Committee agenda, but did not provide sufficient time for Board staff to gather comparative information on what other states are doing regarding this issue to present to the committee for review of the issue.

S. Morris advised that she had concerns, because of the language in our Nurse Practice Act regarding diagnosis, if we were to say that a MSE could be performed by an RN, whether or not we would be embarking on an active diagnosis. The wording in the petition is not clear that the physician would still have to make the diagnosis to discharge the patient.

Motion by G. Bryant, seconded, to defer the request until Board staff research the practice.

Vote Bryant - yes, Oswalt – yes, Rosenthal - yes. Motion carried.

Adjournment The Committee adjourned at 12:50 pm.



Submitted by:

 Margaret Griener, Director - Credentialing and Practice

Approved 4/25/2007