

**Louisiana State Board of Nursing
Credentialing Committee Meeting Minutes
April 25, 2006**

- Call to Order** The meeting of the Louisiana State Board of Nursing Credentialing Committee was called to order by Frankie Rosenthal, Chair, at 1:00 p.m. on April 25, 2006 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**
Frankie Rosenthal, MSN, APRN, CNS, Chair
Nora Steele, DNS, APRN, C, PNP
Gail Poirrier, DNS, RN
Bonnie Johnson, MN, RN
- Committee Members Excused**
James Harper, MSN, APRN, CFNP
- Staff Present**
Barbara L. Morvant, MN, RN, Executive Director
Margaret Griener, MPH, APRN, PNP, Credentialing Manager
Brenda Kelt, Licensing Analyst
- Staff Excused**
Cynthia Morris, MSN, APRN, CNS, Assistant Executive Director
Charlann Kable, BSBA, Licensing Analyst (back-up recorder)
- Guests** Joni Nickens, APRN, FNP, Louisiana Association of Nurse Practitioners
Brenda S. Broussard, APRN, CNM, WHNP
Ruth A. Hall, APRN, PNP
Lizabeth G. Hattaway, APRN, FNP
Fabian T. Whitney, APRN, ACNP
Nita G. Marcum, APRN, ANP
Angela B. Neely, APRN, FNP
Velma M. Vaccarella, RN –retired
Shawntell S. Richard, RN
- Reorder Agenda** Frankie Rosenthal, Committee Chair, reordered the agenda.
- Motion** by N. Steele, seconded, that the chair be allowed to reorder the agenda.
- Vote** Poirrier - yes, Steele – yes, Johnson - yes. Motion carried.
- Review of Minutes** The Committee reviewed the minutes of the January 24, 2006 Credentialing Committee meeting.
- Motion** by N. Steele, seconded, that the Committee approve the minutes of the January 24, 2006 Credentialing Committee.
- Vote** Poirrier - yes, Steele – yes, Johnson - yes. Motion carried.

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Old Business

Agenda item 4.1: Report of Prescription Monitoring Task Force Recommendations and Legislation.

M. Griener reported that House Bill 153 by Representative Johns cleared the House Health and Welfare Committee Wednesday April 19, 2006. There may be some amendments to the Bill as written. Rep. Johns advised he would work with those people that had some concerns regarding release of information and other issues. Overall there is support for this legislation. Those issues would be worked out before it is sent to the Senate Committee.

New Business

Agenda item 5.1

Agenda item 5.1: Review of request from Louisiana Association of Nurse Practitioners to remove the 500 clinical hours requirement for APRN's to qualify for initial prescriptive authority.

M. Griener reported that LSBN received a letter from Ms. Joni Nickens with the LANP requesting this item be added to the agenda for discussion.

J. Nickens advised that although the last rule change allowed for the 500 clinical hours to be changed from 500 hours in 6 months to 500 hours in 1 year the LANP would like this revisited. Ms. Nickens advised that the LANP did not agree, and would like the 500 clinical hours rule taken out completely.

Ms. Nickens advised that the Pearson report from the American Journal for Nurse Practitioners shows Louisiana is one of only seven (7) states that require 500 clinical hours for prescriptive authority and that of the seven states, 500 was the most hours required. The report showed that the majority of states issued prescriptive authority with licensure, although some of the states have temporary licenses that last anywhere three (3) to six (6) months. Ms. Nickens stated that the 500 hours is a hindrance to many people such as new graduates, and many physicians willing to collaborate want the NP to be able to prescribe and start working. The rule is a hindrance for our professors or instructors because they are only able to work part-time, so getting 500 hours within one year is difficult.

M. Griener reported that the original rule was 500 clinical hours within six (6) months, which was expanded to one (1) year period. We did attempt to put in two (2) years, but there was some opposition to that time period. Historically, the reason why there was the suggestion to use the 500 clinical hours was because LSBN regulates Clinical Nurse Specialists not only the Nurse Practitioners (NP). The NP curriculum in Louisiana, the NP graduate has the 500 hours of clinical and medical management and it is also the case with the Certified Nurse Midwife (CNM). The Clinical Nurse Specialist (CNS)' clinical experience may not include the 500 hours of supervised medical management necessary for prescriptive authority.

M.Griener also reported that with the new rule change, the APRN can now clock the additional hours needed for controlled substances at the same time as the 500 practice clinical hours so that they can apply for controlled substances at the same time as initial prescriptive authority which is a change with the present version of the rules.

J. Nickens proposed that LSBN design a rule change on education of the CNS.

M. Griener reported that LSBN would have to review the clinical activity of the CNS during their clinical program in order to determine if they are delivering direct care to meet the 500 hours or equivalent to what the NP obtained in the NP program. Another option is to consider breaking out the requirements for each category separately. M. Griener reported that Louisiana is one of few states that allow CNSs to obtain prescriptive authority; most only allow the Psychiatric CNS. But the ANCC has eliminated the Psychiatric CNS exam. The ANCC has combined the CNS within the Psychiatric NP exam and administer only one exam because the roles overlap. Most of the CNSs who graduate today have transcripts that read NP / CNS, and it is rare to see a pure CNS degree. The education roles were clearly differentiated at one time, but have blended and overlapped in recent years.

G. Poirrier reported that at the University of Louisiana at Lafayette, the NP program is 500 hours, but the CNS is different and based on the sphere of the practice for the CNS. She stated that all CNSs from their program would not be ready for prescriptive authority. However, ULL is starting a new program in the fall following the national guidelines so that those individuals can write for NP or CNS, and those individuals would be eligible for prescriptive authority. There are many changes coming educationally in advanced practice that would lead credence to this issue. She would not be averse to looking at doing something different for NP and CRNA, but not for all advance practice right now.

N. Steele proposed two questions: One - would be opposition from the Medical or Pharmacy community if we tried to adopt different rules. And Two – is there any research on the safety of prescriptive authority with the number of medication errors and is there any relation to the amount of education, type of license etc.

M. Griener reported that the last study the medical error rate for APRN's with prescriptive authority was lower than physicians, but LSBN does not have any recent data on this. Ms. Griener will research this for the next committee meeting.

Ms. Griener also pointed out that LSBN has extended the temporary permit for APRNs to 120 days. This longer time period allows the new grad to study longer for their exam, but it also provides the time needed for licensure documentation to be received by LSBN such as the graduate's certification confirmation from their certifying body which is usually the last item to arrive. Graduates working under a temporary permit cannot be approved for prescriptive privileges. Most graduates reach the 500 clinical hours of practice working under their 120 day APRN permit so that by the time they are ready to license, they often already have the 500 clinical hours needed to apply for prescriptive authority. With this requested change, they would get their prescriptive authority after licensure, and not when they complete school.

J. Nickens acknowledged Ms. Griener's point, but added that a change would still help the faculty members wishing to apply for prescriptive authority who have difficulty meeting the 500 clinical hours within one year.

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M. Griener reported that if a change were to be made to eliminate the 500 clinical hours for initial controlled substances, that this rule requirement should remain before a request for adding controlled substances.

F. Rosenthal commented that the 500 hours is also used as an orientation period and asked J. Nickens if she felt NP grads were ready for prescriptive authority without this additional time.

J. Nickens reported that she felt ready to prescribe in her educational program to prescribe upon graduation. She added that where she works at the Department of Corrections there is a standardized collaborative practice agreement and that for the first six months the collaborating physician reviews and works more with the nurse as a period of orientation.

B. Broussard reported that when she received her APRN licensure in Mississippi, she had received prescriptive authority, but it included a rule requiring 90 day supervision before she could work unsupervised.

J. Nickens requested the Board consider rule making to look into the differences between new graduates as opposed to endorsee, or faculty members seeking prescriptive authority.

B. Morvant suggested that the committee look at setting up a Task Force to look at the various options and what other states are doing on this issue.

M. Griener reported that some states have APRN advisory committees to look at issues such as this as they come up.

Motion # 1 For item 5.1

by G. Poirrer, seconded, that the Credentialing Committee request for the Board to establish a Task Force to study the 500 hours practice requirement in relation to prescriptive authority for advanced practice nurses.

Vote

Steele – yes, Johnson – yes, Poirrier - yes,. Motion carried.

Motion # 2 For item 5.1

by N. Steele, seconded, that the committee recommend to the Board that the composition of the Task Force include representatives to include NP, CNS, CRNA, and CNM with and without prescriptive authority in addition to LSBN Board member(s), APRN nursing faculty, and State Board member Dr. LaCorte.

Vote

Johnson – yes, Poirrier – yes, Steele – yes. Motion carried.

New Business Agenda item 5.2

Agenda item 5.2: National Council of State Boards of Nursing – Vision Paper: the Regulation of Advanced Practice Nursing.

M. Griener reported that the NCBN will probably not submit the draft of the Vision paper for final approval in August 2006 because it has caused a great deal of discussion across the country from nursing executives, schools of nursing, regulatory boards and nursing organizations. Ms. Griener reported that they have received feedback from many individuals, organizations and

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schools and haven't found one that supports the document as it is currently written.

J. Nickens reported that LANP liked some parts of it, and did not like other parts of the Vision paper.

B. Morvant asked if NCBN was asking for state feedback now.

M. Griener reported that they are looking for comments and that an APRN Advisory Committee if formed could look into this as well.

Motion by G. Poirrer, seconded, that the Committee go into Executive Session to review the individual credentials for the nurses requesting approval for Controlled Substances of full Schedule II and the credentials other APRN requests before the committee.

Vote Steele – yes, Johnson – yes, Poirrier - yes. Motion carried.

Executive Session The Committee went into Executive Session at 2:00 p.m. to start review of agenda items 5.3.

Motion by G. Poirrier, seconded, that the Committee end the Executive Session.

Vote Poirrier - yes, Steele – yes, Johnson - yes. Motion carried.

The Committee came out of Executive Session at 2:20pm

Agenda item 5.3(i)

Motion by N. Steele, seconded, that full Schedule II to APRN Lizabeth Gibbs Hattaway, FNP is approved.

Vote Poirrier - yes, Steele – yes, Johnson - yes. Motion carried.

The Committee returned to Executive Session at 2:32pm.

The Committee came out of Executive Session at 3:15pm

Agenda item 5.3(ii)

Motion by B. Johnson, seconded, to defer the request for full Schedule II to APRN Nita Guillot Marcum, ANP, until she received formal education and certification for her practice environment as a Women's Health Care Practitioner, WHNP.

Vote Poirrier - yes, Steele – yes, Johnson - yes. Motion carried.

The Committee returned to Executive Session at 3:40pm

The Committee came out of Executive Session at 3:55pm

Agenda item 5.3(iii)

Motion by G. Poirrier, seconded, that full Schedule II for APRN Angela Billeaud Neely, FNP, is approved.

Vote Poirrier - yes, Steele – yes, Johnson - yes. Motion carried.

The Committee returned to Executive Session at 4:00pm.

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The Committee came out of Executive Session at 4:10pm

Agenda item 5.3(iv)

Motion

by N. Steele, seconded, approval for full Schedule II to APRN Joni Ferguson Nickens, FNP.

Vote

Poirrier - yes, Steele – yes, Johnson - yes. Motion carried.

The Committee returned to Executive Session at 4:15pm

The Committee came out of Executive Session at 4:20pm

Agenda item 5.3(vi)

Motion

by G. Poirrier, seconded, approval for full Schedule II to APRN Fabian Thibodeaux Whitney, ACNP.

Vote

Poirrier - yes, Steele – yes, Johnson - yes. Motion carried.

The Committee returned to Executive Session at 4:25pm

The Committee came out of Executive Session at 4:30pm

Agenda item 5.3(v)

Motion

by N. Steele, seconded, approval for full Schedule II to APRN Andre Marie Gervais Gros, FNP.

Vote

Poirrier - yes, Steele – yes, Johnson - yes. Motion carried.

The Committee returned to Executive Session at 4:38pm. Gail Poirrier recused herself from review of Brenda Shantz Broussard due to the fact that Ms.Broussard is on the faculty at ULL where Dr. Porrier is Dean.

The Committee came out of Executive Session at 4:50pm

Agenda item 5.4

Motion

by N. Steele, seconded, approval of individual Brenda Shantz Broussard, CNM, WHNP, for initial prescriptive authority pending completion of application process.

Vote

Steele – yes, Johnson - yes. Motion carried.

The Committee returned to Executive Session at 5:10pm

The Committee came out of Executive Session at 5:20pm

Agenda item 5.5

Motion

by G. Poirrier, and seconded, F. Rosenthal opposed, approved Ruth Weir Hall, PNP, for initial prescriptive authority based on appropriate educational background, continuation of educational hours, and continuous prescriptive authority in five (5) other states.

Vote

Poirrier - yes, Steele – yes, Johnson – yes, Rosenthal – no. Motion carried.

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The Committee resumed discussion on additional points of Old Business.

Review of Federal Jurisdiction of Federal Facilities

M. Griener reported that she is in touch the VA personnel weekly, but this is still ongoing.

Credentialing Committee to continue approval of Schedule II

N. Steele suggested that M. Griener put a “no” on the internal checklist used for prescriptive authority review if the nurse applicant does not meet that particular rule requirement for the committee.

G. Poirrier proposed that there are four reasons why an APRN could not be approved for Schedule II narcotics: APRN does not have correct educational background; the APRN has the correct educational background but is practicing in the wrong practice arena; the APRN is practicing outside of their scope of practice and education in their practice setting; or working outside of their scope of practice of their licensed specialty.

F. Rosenthal suggested that the committee continue to review the requests for Schedule II so that clear criteria can be developed to determine under which cases a nurse would not be given approval.

Model Collaborative Practice Agreement

G. Poirrier requested an update from M. Griener regarding a standardized Collaborative Practice Agreement (CPA).

M. Griener advised that a draft will be prepared for the next meeting.

Motion

by N. Steele, seconded, that the Committee adjourn.

Vote

Poirrier - yes, Steele – yes, Johnson - yes. Motion carried.

Adjournment

The Committee adjourned at 5:45 pm.

Submitted by:

Margaret Griener, Credentialing Manager