

**Louisiana State Board of Nursing
Credentialing Committee Meeting Minutes
October 23, 2007**

- Call to Order** The meeting of the Louisiana State Board of Nursing Credentialing Committee was called to order by Gail Poirrier, Chair, at 1:20 p.m. on October 23, 2007 in the Mississippi Queen Room of the Holiday Inn Select Hotel located at 4728 Constitution Avenue, Baton Rouge, LA 70808.
- Roll Call**
- Committee Members Present**
Gail Poirrier, DNS, RN, Chair
Nora Steele, DNS, APRN, C, PNP
James Harper, MSN, APRN, CFNP
- Committee Members Absent**
Gerald Bryant, MSN, RN
- Staff Present**
Margaret Griener, MPH, APRN, PNP, Director, Credentialing and Practice
Jennifer S. Germond, MSN, APRN, ANP
Brenda Kelt, Licensing Analyst
Laura Guillory, Licensing Analyst
- Guests** Joni Nickens, APRN, FNP, Louisiana Association of Nurse Practitioners (LANP)
Glenn Landry, APRN-NP Student
- Reorder Agenda** Gail Poirrier, Committee Chair, reordered the agenda.
- Motion** by N. Steele, seconded, that the chair be allowed to reorder the agenda.
- Vote** Harper - yes, Steele - yes Motion carried.
- Review of Minutes** The Committee reviewed the minutes of the July 24, 2007 Credentialing Committee meeting.
- Motion** by J. Harper, seconded, that the Committee approve the minutes of the July 24, 2007 Credentialing Committee.
- Vote** Steele - yes, Harper – yes. Motion carried.
- Old Business
Agenda item 4.1** Agenda item 4.1: Report of Prescription Monitoring Task Force Recommendations and Legislation.
- M. Griener reported that this is an ongoing committee that has not met yet due to contracting issues. This committee is trying to get the program started and also trying to hire the staff and she has not been notified of the next meeting.
- J. Nickens with LANP reported the next meeting will be in January 2008 and have also started to collect the extra fees.

J. Nickens with the LANP stated the raise of the fees would be \$25.

M. Griener stated the individual APRN and physicians who are participating in the program will be accessed a licensing fee that will be utilized to staff the prescription monitoring program. This program was not suppose to start until they got the program operational ; The Board of Pharmacy started collecting the fees prematurely but decided to continue to collect the fees. So now, it is an additional \$25 fee to get the LCDS license number.

M. Griener refreshed the procedure for approval of controlled substance application. Nurse is sent approval letter from LSBN, then the letter is used to get the LCDS (Louisiana Controlled and Dangerous Substance License). This license was formerly administered by DHH and now administered by the Pharmacy Board, since the 2006 legislation authorizing the prescriptive monitoring program. The reason to collect the fee is to set up the prescription monitoring program. After the LCDS license is given, then the nurse uses that to get the DEA number. Then the LSBN gets a copy of all the licenses and sends the nurse a final letter notifying them the LSBN got everything and makes sure the nurse has a DEA and has followed thru with the process.

G. Poirrier wanted to know how much longer of a delay is this in getting their license..

J. Nickens with LANP stated it takes approximately 4 months to complete the process from start to finish.

M. Griener stated there's really not anything LSBN can do regarding the speeding up of the applications. The nurse submits directly to the Board of Pharmacy or DEA office for their Louisiana CDS or federal DEA controlled substance licenses, but that LSBN staff have been trying to move our paperwork to process the prescriptive authority approvals issued by LSBN to the nurse more quickly. The APRN can not apply for their Louisiana CDS or DEA controlled substance license without the initial approval letter for controlled substances from LSBN first.

Agenda item 4.2

Agenda item 4.2: Update on promulgation of rule change for Chapter 45 regarding 500 clinical hour requirement for initial prescriptive authority.

M. Griener reported that LSBN implemented the change and has updated the forms that are going out to the schools and we have given prescriptive authority with the license for the few that have applied. LSBN has quite a few applications in December and May and it has been very helpful and no negative comments.

G. Poirrier confirmed the continuing education requirement for APRNs with prescriptive authority has not changed and still they must have a minimum of six (6) contact hours of pharmacology per calendar year.

M. Griener stated that APRNs applying for initial prescriptive authority must have taken the three (3) hours of pharmacology and three (3) physiology/pathophysiology in a formal educational program approved by the board for preparation for advanced practice registered nurses. The APRN applicant does not have to do an additional 500 hours of clinical practice after being issued an APRN permit or license by LSBN provided that the applicant's nursing school can verify 500 clinical hours were completed as part of the nursing program. This would be indicated on the Verification of Advanced Practice Education (form AP2), completed by the nursing school and sent to LSBN with transcripts. The AP2 form is provided as one of the forms contained in the APRN application packet sent to the nurse. The reason the APRN packets are not available online is that a full criminal background check is required for licensure which necessitates the nurse supplying 2 FBI fingerprint cards and special authorization forms that must be mailed to the nurse anyway.

M. Griener added that there has not been any change of procedure or rules regarding an APRN applying for the addition of controlled substances to their prescriptive authority privileges. The nurse will still need to obtain 500 clinical hours in their specialty before requesting the controlled substances.

Agenda item 4.3

Review of nursing continuing education requirements for relicensure (annual licensure renewal).

M. Griener stated she has brought this subject up previously regarding reconsideration of the continuing education (CE) requirements for annual relicensure. For the nurses who renewed their license for 2007, the random continuing education audit performed this year resulted in the following:

- 1225 nurses selected at random for CE audit
- 16 consent orders for non-compliance have been issued. Of that total, 9 consent orders have been returned to date. The remaining 7 nurses have not returned their consent orders yet. If they fail to sign the CO, they will receive progressive discipline.

M. Griener reported that the Credentialing Committee was not in favor of changing the CE requirement and wanted additional information on what other states were doing regarding competency and continuing education requirement for license renewal.

M. Griener distributed a copy of the State Boards of Nursing Annual CE Survey - 2006 report/table printed in the Journal of Continuing Education in Nursing January/February 2007 edition for the committee to review.

M. Griener advised that some states require the nurse to take an RN refresher course for reinstatement after 4 or 5 years (North Dakota, South Dakota and Wisconsin).

M. Griener also wanted to point out some of the differences noted on the report. Some states even require the nurse to retake the NCLEX exam for reinstatement. For example California requires LPNs to take the PN NCLEX exam if lapsed for 4 years or more; and RNs must take the RN-NCLEX exam for reinstatement in California if lapsed for 8 years or more.

The RN refresher courses currently approved by LSBN include courses through LSUHSC School of Nursing (IGRO program); South Dakota State University; North Dakota Nurses Association; and one through Washington State University.

M. Griener reported that LSBN has had several nurses seeking reinstatement go through the South Dakota program and it seems to work well. A lot of the work is done by the nurse online and when they complete the theory/didactic, the nurse locates a preceptor in order to complete clinicals.

Previously M. Griener spoke with a woman who had not worked as an RN in more than 20 years who asked for information regarding an RN refresher course. She was provided with the information, took the South Dakota program and LSBN issued her a permit in order to complete clinicals. She was later licensed.

M. Griener stated that the report (State Boards of Nursing Annual CE Survey – 2006) also showed that the LSBN requirement regarding on the number of continuing education contact hours needed for annual RN licensure renewal is among the lowest, although there are some do not require any if the nurse keeps an active license.

G. Poirrier reported that the Education Committee had approved a new basic RN Refresher course for Charity School of Nursing, Delgado Community College. The education committee did not have a set time frame they would accept the criteria for the students coming in, but the program was being considered for the summer of 2008.

M. Griener suggested that the committee could issue a motion to have Education and Credentialing departments to study the issue further. Currently, LSBN reinstatement rules recommend that an RN complete an RN refresher course if he/she hasn't practiced for 5 years or more, but that it is not required. A nurse can, under current rules, apply for RN reinstatement by completing 60 continuing education contact hours which could be completed online within a very short period of time.

M. Griener pointed out that given that option of completing 60 CE contact hours or completing an RN Refresher course, most nurses would likely choose to simply do the CEs. But she asked the committee to consider whether that in the best interest for public in order to bring the nurse's competency skills and clinical practice up-to-date.

G. Poirrier agreed that simply completing 60 nursing contact hours does not really help the nurse to prepare them in returning to practice.

G. Poirrier wants to know if Board staff has any data on the individuals making inquiries about reinstatement regarding how many years they have stayed out of nursing.

M. Griener reported that we have not really studied it since the current rules for a nurse to reinstate in Louisiana are more lenient and not all nurses who apply for reinstatement in Louisiana are doing so in order to come and work in Louisiana .

M. Griener provided the following example: a nurse was licensed in 5 states previously, including Louisiana, but had not worked in 8 years. The nurse is now seeking endorsement licensure to work Kentucky, but she did not qualify for licensure because the nurse does not hold an active license anywhere. The current rule in Louisiana allows the nurse to apply for reinstatement of her Louisiana RN license by doing CEs alone, obtain a current active Louisiana RN license and then apply for endorsement in Kentucky. The nurse is not actually coming here to work in Louisiana, but using our more lenient rules to obtain an active RN license to apply for endorsement elsewhere.

M. Griener stated that she will have LSBN staff start to keep a count of the inquiries received by nurses who have been delinquent for 5 years or more. She added that when she speaks with these nurses personally, she discourages those who have been out for 25 years and sends a letter that states under statute they would have to attend the committee meetings to get a ruling on the reinstatement of their license because there is nothing in our rules that would prevent them receiving a license.

G. Poirrier stated when you look at some of the other states on the table provided (Idaho, Illinois and Arizona for example) they have no CE requirement for license renewal, but when you look at their requirements for re-entry (reinstatement) they do something rather drastic.

J. Harper suggested that there should be a recommendation coming from the Education Committee and then maybe at that point once a recommendation has been determined it can be brought back to the Credentialing Committee.

M. Griener agreed and stated that she can have staff go back over the reinstatements processed over the last year to obtain some statistics on how long the nurses were lapsed/delinquent before applying. She added that since hurricane Katrina we have had more people who initially let their licenses go inactive and stated they were not returning to work here, but have since contacted our office about reinstating their license. For those that have been lapsed or delinquent for 5 years or more and have not been working as a nurse in another state during that period, they are encouraged to go take the RN refresher course.

N. Steele asked where the 60 CE maximum contact hours requirement comes from.

J. Harper explained that it's the accumulation of 15 CE's per year for someone who does not have an active license for 4 years ($15 \times 4 = 60$).

N. Steele recommended that we counsel people to keep their license active every year and do the required 15 CEs if unemployed, rather than letting their license go inactive where they have to apply for reinstatement.

M. Griener reported that we have so many nurses (elderly) that do this and just want to keep their licenses active. Some are doing volunteer nursing work and of course they need an active license to practice even if they are not getting paid. This issue has been brought up during practice conference calls with the National Council State Boards of Nursing (NCSBN). Some states are looking into having a separate status for a volunteer nurse.

N. Steele requested to bring up something else in relation to CE requirements that are associated with CE requirements for competence. When you look at the number of credits that Louisiana requires, which are 5 per year for a nurse in active practice, makes an administrative headache. She was just at the National Council conference where continued competence was brought up as an issue and there are a number of different directions that are being taken nationally. Louisiana requires 5 CE hours and it is among the lowest in the country but there are others who do not require any and some that require as many as 10, 20 or more.

G. Poirrier stated that the current Louisiana requirement of CEs seems very low in comparison but had admitted that she voted last time not to change it.

N. Steele states that she is not requesting to change that rather that there be an appropriate number required for compliance in disciplinary matters. When we have nurses who are brought to our attention at the Board for practice issues and they are disciplined, it should be done by compliance. What we put on our disciplinary consent forms are CE contact hours needed, but not the type needed. Perhaps we should look at the type of continuing education the nurse needs to complete when disciplined in order to improve their knowledge base, not simply that they complete a specific number successfully.

J. Harper stated that when approximately 25 of the states noted on the table report that no continuing education is required for renewal, he does not see how our current requirement of only 5 hours for a nurse working full time truly measures their competency, but agreed that CEs issued for discipline could be more specific to their violation.

N. Steele stated that she is not suggesting that CE programs are not valuable, but that when she looks at the consent forms, she only sees the number of contact hours stipulated for the nurse to complete, not what their passing score requirement.

J. Harper states they will not make that mistake the first few weeks after discipline but they may make it twice over a later period, but that Ms. Nickens point is well taken – what does that do to change the outcome for the future in learning from his/her mistake.

G. Poirrier acknowledged that Ms. Griener and Dr. Steele were trying to point out that nationally there is an ongoing issue about the value of continuing education (CE), and that it would be ideal if there were some way for it to provide an upgrade in the knowledge base of the nurse in their specific area of practice. Hopefully, we will not have nurses required to retake the NCLEX to keep the license because doing so would result in a severe nursing shortage.

J. Harper commented that perhaps that is why the other 25 states in reviewing the value of continuing education for license renewal decided not to require any contact hours just to renew license, but only once the nurse lets their license become inactive or delinquent at which point they need to reinstate.

G. Poirrier stated that she feels some general CE requirements for annual renewal are good. It makes the nurse seek out nursing CE courses and read literature. If we changed the CE requirement for annual renewal to nothing, like some states, it's likely some nurses would not seek out a workshop, lecture or online CE course and not do anything at all.

M. Griener reported that the 16 nurses that have been sent consent orders for non-compliance of the CE audit are getting a reprimand that is reported to the national database as discipline. Some of these people are very upset because they realize this will stay on their license record forever, simply for not completing the 5, 10, or 15 contact hours.

J. Nickens commented that only 16 nurses being disciplined out of a total of over 1200 selected for the audit is not a large number.

J. Harper stated that the Louisiana Association of Nurse Anesthetist (LANA/CRNA) has posted on their website information about national certifying body who manages CRNA accreditation. Every time they go to a course and receive a certificate they send that to LANA/CRNA to post their accumulation. If our website would have links to all the various certifying bodies and sources for contact hours, it could help the nurse and staff by putting the responsibility on each individual nurse.

M. Griener advised that the responsibility is already on the nurse to supply proof of completion of accredited contact hours and/or certification by a national specialty organization recognized by LSBN if they are selected by the annual random CE audit. The problem arises when the nurse fails to maintain their copies of this proof by losing the certificates. Giving the nurse a warning letter for the 1st CE audit non-compliance offense would get their attention without causing distress on the part of the nurse for official discipline, and would eliminate the extra documentation needed by LSBN to staff to process the official discipline and resulting monitoring.

M. Griener stated that the 2008 license renewal season has already started and Board staff have mailed out about 5000 licenses so far.

M. Griener reported that LSBN has received written notice from the Louisiana state Office of Student Financial Assistance (OSFA) that there are 37 nurses who are currently in default of the student loans. Per Board rules and state and federal law, those nurses who are in default are not permitted to renew their licenses without making some type of arrangement of funds with the OSFA office.

M. Griener stated that all 37 nurses have been sent letters advising them to contact the OSFA office to make arrangements regarding their loan. Their computer record has been adjusted to prevent them from renewing. Once the nurse has made arrangements with OSFA, their state office sends LSBN written advisement by fax that the nurse can be released to renew their license. LSBN then adjusts the nurse's computer record to allow them to now go online to renew their license.

Motion

Agenda item 4.3 (Renewals) Recommend to the Board to direct staff to initiate rule making and change for the 1st offense for CE non-compliance of annual renewal to be an informal reprimand.

Vote Steele - yes, Harper – yes. Motion carried.

Agenda item 4.4 Review of rules for reinstatement of RN licensure and discussion regarding rule change.

G. Poirrier noted that this agenda item was already covered during the discussion of agenda item 4.3 since much of the supporting literature and documents provided by LSBN staff addressed both issues.

Motion

Agenda item 4.4 (Reinstatements) by N. Steele, seconded, direct Board staff to gather the following information about reinstatement statistics to present to the next Credentialing Committee:

- Total number of reinstatement nursing licenses issued in 2006 for applicants who had not worked in nursing for 5 years or more.
- Of that total number, how many completed only the 60 contact hours, and how many completed an RN Refresher course.
- Provide a count of the number of inquiries received from nurses asking about reinstatement of their Louisiana license who have been inactive or delinquent for 5 years or more that have not been practicing/working in nursing elsewhere.

Further, the committee directs Ms. Morvant, Ms. Griener and Dr. Vallette to meet and review the current rules regarding continuing education requirements for reinstatement and make recommendations at the next Credentialing Committee.

Vote Harper - yes, Steele - yes Motion carried.

New Business

Agenda Item 5.1 Review of certification by the Pediatric Nursing Certification Board (PNCB) for the APRN role of Certified Pediatric Nurse Practitioner – Acute Care (CPNP-AC) and approval for the Louisiana State Board of Nursing to recognize and license nurse applicants applying for this specialty.

M. Griener stated that our APRN department recently received a request for licensure by an APRN applicant who went through the acute care PNP program and we are officially licensing, but if you look at the form it does allow the person to have completed a primary care program then do clinical hours but our rules do not allow for that. We do accept if they have completed a masters program that prepares them for the acute care NP role and successfully complete the exam, then we would license them and that PNP-AC is not on the approved list. It says PNP but at the bottom we would need to add acute care.

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Motion by N. Steele, seconded, the Credentialing Committee recommends to the Board approval of the certification by the Pediatric Nursing Certification Board (PNCB) for the APRN role of Certified Pediatric Nurse Practitioner – Acute Care (CPNP-AC) and for the Louisiana State Board of Nursing to recognize and license nurse applicants applying for the specialty.

Vote Steele - yes, Harper – yes. Motion carried.

Adjournment The Committee adjourned at 2:05 pm.



Submitted by:

Margaret Griener, Director - Credentialing and Practice

Approved 1/22/2008