

**Louisiana State Board of Nursing**  
**APRN Task Force Meeting Minutes**  
**August 25, 2010**

**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 10:05 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

LA CANE private sector representative:

- Ann Cary, RN, PhD, Loyola University

LA CANE public sector representatives (Louisiana Council of Administrators of Nursing Education):

- Valarie Waldmeier, APRN, PhD, McNeese University

LANP representative (Louisiana Association of Nurse Practitioners):

- Lisa Bayhi, APRN, ACNP, FNP

LONE representative (Louisiana Organization of Nurse Executives):

- Deborah Ford, MSN, RN

LSNA representative (Louisiana State Nurses Association):

- Denise Danna, RN, DNS

**Task Force Member Excused**

LANA representative (Louisiana Association of Nurse Anesthetists):

- Darlene Hardy, APRN, CRNA

LA CANE public sector representative:

- Sandra Brown, APRN, PhD, Southern University

CNS representative (Clinical Nurse Specialist):

- Florencetta Gibson, APRN, PhD

CNM representative (Certified Nurse Midwife):

- Gretchen Deeves, MSN, APRN

**Non-voting Task Force Member Absent**

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

**Staff Present**

Barbara L. Morvant, MN, RN, Executive Director

Ivon Blaine Sharp, APRN, FNP, APRN Compliance Officer -Credentialing & Practice Dept.

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

Patrick Cantin, IT Analyst

Brenda Kelt, Licensing Analyst, Recorder

Laura Guillory, Licensing Analyst, Back-up Recorder

**Guests Present**

None

## APRN Task Force Meeting Minutes

August 25, 2010

Page 2

**Review of Minutes** The committee reviewed and approved the minutes of the June 11, 2010 meeting.

**Motion** by A. Cary, seconded, that the Committee approve the minutes of the June 11, 2010 APRN Task Force minutes.

**Vote** Bayhi – yes, Cary – yes, Danna – yes, Waldmeier – yes, Porche – yes, Agosta – yes.  
Motion carried.

### Old Business

#### Research Assignments

#### Reports Presented/Reviewed on Sharepoint Site

**Oncology Nursing Certification Corporation (ONCC)** provided by LSNA representative (D. Danna)

Certified Nurse Specialists (CNS) masters programs would need to be reviewed to ensure they all include the three (3) P's:

- Advanced health/physical assessment;
- Pathophysiology;
- Pharmacology.

#### Recurring Practice Issues and Announcements

Executive Director (B. Morvant) announced that Director of Credentialing and Practice (M. Griener) retired on August 18, 2010.

Discussion ensued regarding possible re-defining of 'chronic pain' and the treatment of patients with conditions such as arthritis by Advanced Practice Registered Nurses (APRNs). If an APRN with approval for controlled substances does not treat a patient with a chronic condition (such as arthritis) they are providing substandard care, but if they do, they violate LAC 46:XLVII.4513.2.b.i.a which states:

#### **§4513.b. -**

- i. *an APRN granted authority to prescribe or distribute controlled substances shall not utilize such substances in connection with the treatment of:*
  - (a). *chronic or intractable pain, as defined in LAC 46:XLV.6515-6923;*

10:28 am Deborah Ford joined meeting

**New Business**

The following points were discussed for inclusion/changes to the Nurse Practice Act, Chapter 45 and the issuance of a White Paper:

1. **Temporary APRN permits.** NCSBN Consensus document recommends elimination of AP permits. Committee supports elimination for new graduates, but suggests that temporary permits for APRNs who hold an active licensure in another State and national certification in their role/foci be eligible to request a temporary permit when applying for endorsement licensure.
2. **Definition of Terms:**
  - APRN role;
  - Population foci;
  - Accepted national APRN certifications (and certifying organizations);
  - Type of degrees required for APRN licensure. Committee suggested use of ‘*Graduate*’ degree since some programs offer a BSN to Masters degree.

NCSBN Consensus paper recommends licensure being issued based on the applicant obtaining national certification in one of the APRN role/foci as defined by NCSBN. Educational preparation and program development of APRN programs would then need to meet or exceed standards of the national certifying bodies.

3. **Definition of the 3 P’s.** Discussion ensued regarding both clarification on clearly defining them and what differentiates the education in these areas as ‘Advanced’ Practice:
  - Advanced Health/Physical Assessment;
  - Advanced Pathophysiology;
  - Advanced Pharmacology.
4. **Define Scope of Practice.** Discussion ensued regarding:
  - Possible use of wording “*Working within scope as defined by educational preparation and national APRN certification*” and no longer requiring Board approval of individual collaborative practice agreements;
  - Employers/Institutions credentialing an individual in an APRN specialty (example: oncology) and use of wording such as “*Where institution does not have a written P&P and method of credentialing an APRN in a particular task or specialty, then the individual must apply for approval by the Louisiana State Board of Nursing*”.

- NCSBN Consensus paper mentions ‘peer review’ but did not provide blueprint for implementation.

**5. Pharmacology/Pharmacotherapeutics Requirements:**

- Recertification and licensure;
- Licensure eligibility if out-of-practice for several years.

Discussion ensued regarding ensuring that APRNs have sufficient advanced pharmacology/pharmacotherapeutics coursework at a university or graduate education level if the Board agrees to go to the NCSBN plan of independent scope of practice without Board approved collaboration.

**6. Grandfathering.**

**7. Commensurate Requirements.**

**8. Quality Assurance, Documentation and Audit. .**

**9. Out-of-State Faculty.**

**10. Criteria for the Establishment of New APRN Educational Programs.**

Clarification needed on requirements and coursework needed in an APRN program that would then qualify the individual to sit for the exam for the national certification in a particular role/foci.

**11. Nonclinical Direct Care Roles:**

- Community Health Nurse (CHN)
- Public Health Nurse;
- Nurse Administrator;
- Nurse Educator.

**12. Electronic Health Records (EHR) for Prescriptions.**

**13. Process to Expand Scope of Practice.**

**14. Medical Diagnosis Definition.** Suggested use of ‘*Differentially Diagnosed*’ as more appropriate description for APRN patient assessment.

**15. Chronic Pain Treatment.**

**16. Prescriptive Authority for CRNAs.** Discussion ensued regarding when a CRNA would be required to have approval for prescriptive authority. How would the Board differentiate that from other APRN roles if the Board follows the NCSBN Consensus recommendation and drops the need for collaboration.

Committee requested Board staff to collect research on the following:

1. Gather information on Physicians and Physician Assistants (PAs) from the Louisiana State Board of Medical Examiners (LSBME) and other states (Federation of State Medical Boards) on:
  - a. Educational requirements for licensure and credentialing;
  - b. Scope of Practice (how it differs from APRN roles);
  - c. Rules and limitations of pain management.
2. Check with the Council on Accreditation of Anesthesia Programs on how they are addressing CRNA prescriptive authority in pre-op and post-operative care units.
3. APRN refresher/review courses. Provide information and curriculum for any Advanced Practice courses located and specifically check whether they include a refresher in the three (3) P's.
4. Obtain feedback and recommendations from NCSBN on:
  - a. Implementation of a '*peer review*' process and how it would work;
  - b. Institutional credentialing of APRNs;
  - c. RN to DNP track issues. Recommendations by the NCSBN on how they foresee handling an individual who enrolls in a DNP program, finishing up to the NP level but then fails to confer the DNP degree.
  - d. How BONs would license by endorsement, or apply for reinstatement, if the APRNs has not worked in their scope in a while;
  - e. How to handle APRNs currently licensed under a '*grandfathered*' rule where the nurse never obtained national certification in their APRN role/foci.
  - f. Request suggestion for alternative credentialing title/name to be utilized by grandfathered CNSs who were missing the three P's in their educational preparation and never obtained national certification.
5. Staff to provide committee with a report of APRNs (by AP role & foci) that don't hold national certification. Include if possible information on whether the individuals hold another licensed APRN role by certification that might indicate they switched scope of practice. Example: APRN originally licensed as grandfathered CNS, but now certified and licensed as NP.
6. Research integrative/complementary/holistic medicine and practices.

## APRN Task Force Meeting Minutes

August 25, 2010

Page 6

7. Obtain information on grandfathered CNSs holding a current APRN license that never obtained national certification:
  - a. Did their CNS education include the 3 P's;
  - b. Is the individual currently working within their CNS scope of practice. If yes, is it a direct clinical practice setting or faculty/teaching. If faculty, what courses is the individual teaching.
8. Survey other State BONs for information on:
  - a. Grandfather rules for licensure in their State. Possible question to include: *"If a licensed APRN fails to renew (or goes inactive) and later applies for reinstatement, is national certification required or does your Board have a commensurate requirement to qualify for reinstatement? Please provide rule if the latter"*.
  - b. Obtain copies of 'Scope of Practice' trees for APRNs.
  - c. Identify which States currently have rules restricting the treatment of chronic conditions (such as arthritis) by APRNs.

### Next Meeting

The next Task Force meeting scheduled for Friday, November 19, 2010 will need to be rescheduled. A new date will be advised to committee members by email. Committee members are asked to confirm attendance by email as soon as possible once the new date is provided. If unable to attend, committee members are asked to see if an alternate representative from their organization can come in their place and email Board staff with the name and contact information of the individual for pre-meeting contact if needed.

### Adjournment

The meeting adjourned at 12:00 pm



### Submitted by:

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

Corrected and approved: 2/25/2011