



**MINUTES OF THE  
ADVANCED PRACTICE ADVISORY COMMITTEE**

**February 12th, 2008**

**DRAFT**

*(Final minutes will be available on the Board's website <http://www.nevadanursingboard.org> after ratification by the committee at its next regularly scheduled meeting).*

**CALL TO ORDER**

The meeting of the Nevada State Board of Nursing Advanced Practice Advisory Committee was called to order by Debra Scott, MSN, RN, APN, Executive Director, at 3:05 p.m., via videoconference at the Board of Nursing, 5011 Meadowood Mall Way, #300, Reno, Nevada, 89502, and the Board of Nursing, 2500 W. Sahara, #207, Las Vegas, Nevada, 89102.

**MEMBERS PRESENT**

Debra Scott, MSN, RN, APN, Executive Director, Chair  
Belen Gabato, MS, RN, Board Liaison  
Tricia Brown, MSN, RN, APN  
George Cox, MS, RN, CRNA  
Phyllis Suiter, MA, RN, APN  
Rhigel Jay Tan, MSN, RN, APN  
Susan VanBeuge, MSN, RN, APN

**MEMBERS ABSENT**

Amy Booth, MSN, RN, APN

**OTHERS PRESENT**

Alice Running, RN

Jeanette Belz, Nevada State Society of Anesthesiologists/Nevada Ophthalmological Society

**CALL TO ORDER:** The meeting was called to order at 3:05 p.m. by D. Scott, committee chair.

**PUBLIC COMMENTS:** A committee member asked questions about the regulation of advanced nursing degree programs. Another committee member asked for clarification about the LPN intravenous therapy regulations. Another committee member asked for information about RNs drawing up drugs for anesthesiologists to administer.

**A. APPROVAL OF MINUTES:** November 13, 2007: It was moved and seconded to approve the minutes of the November 13, 2007 meeting of the APN Advisory Committee as written.

**B. OLD BUSINESS:**

1. Report from the January 16-18, 2008 Board meeting: D. Scott gave an update on the regulations that went to hearing at the Board meeting, reporting that all but two of the regulations were approved by the Board as written. She introduced Belen Gabato, the APNAC liaison who was appointed at the meeting.
2. Discussion regarding *Changes in Healthcare Professions' Scope of Practice: Legislative Considerations*: The committee discussed this publication and the implications for scope of practice issues in the future. The committee members were impressed that regulatory boards from medicine, nursing, occupational therapy, pharmacy, physical therapy and social work had collaborated on the publication coming to a consensus that the purpose of regulation is (1) to ensure that the public is protected from unscrupulous, incompetent and unethical practitioners, (2) to offer some assurance to the public that the regulated individual is competent to provide certain services in a safe and effective manner, and (3) to provide a means by which individuals who fail to comply with the profession's standards can be disciplined, including the revocation of their licenses. The 1995 Pew Health Professionals Commission, Taskforce on Healthcare Workforce Regulation defined scope of practice as the "Definition of the rules, the regulations, and the boundaries within which a fully qualified practitioner with substantial and appropriate training, knowledge, and experience may practice in a field of medicine or surgery, or other specifically defined field. Such practice is also governed by requirements for continuing education and professional accountability." And lastly, that all involved agreed that the argument for scope of practice changes should have a foundational basis within four areas; (1) an established history of the practice scope within the profession, (2) education and training, (3) supporting evidence, and (4) appropriate regulatory environment.
3. Discussion regarding CRNA/APN audits: D. Scott presented the documents that the Board staff use to process the audits that are done on a monthly basis. It was suggested that the APN Practice Audit Checklist form be revised to better explain the documents that are being requested by Board staff. In addition, it was suggested that NAC 632.540 be referred to the Board for consideration of a change in concept and wording so that NAC 632.540 1 (c) would read:

Except as otherwise provided in subsection 3, documentation of 45 contact hours of continuing education related to practice as a nurse anesthetist, ~~15 hours of which must concern pharmacology in relation to the practice as an anesthetist.~~

D. Scott stated that she would take this suggestion to the Board at the March, 2008 meeting.

### **C. NEW BUSINESS**

1. Review, discussion, and action regarding the APN scope of practice for acupuncture: A. Running presented this request to the APNAC. She submitted five articles for review by the committee, which addressed the practice of acupuncture. Some committee members were not clear that the articles identified medical acupuncture as within the scope of practice of the advanced practitioner of nursing, although the articles were written by nurses. The committee directed A. Running to contact the author of one of the articles to identify his intent as to advanced nursing practice in regards to medical acupuncture. She will contact D. Scott with the further information. If it is clarified that the articles that she submitted identified medical acupuncture as being within the scope for an advanced

practitioner of nursing, then D. Scott will send her correspondence to state that she has met the requirements of regulation and policy for the committee to conclude that this practice is within the scope for an advanced practitioner of nursing. The committee gave direction to A. Running that she would be expected to successfully complete a course and be certified in this practice should she decide to add it to her scope of practice.

2. Discussion regarding Nevada State Board of Pharmacy Controlled Substance Prescriptions Fact Sheet - December 2007: The executive director of the Nevada Board of Pharmacy provided this fact sheet for distribution to all APNs in Nevada. The fact sheet has been posted to the NSBN's website and has been distributed to many APNs at this time. The committee stated their appreciation for the document and some stated that they are using the document at their practice sites as a reference.
3. Discussion regarding national certification requirements for APNs: The APNAC has previously discussed the possibility of proposing a change in Nevada's law which currently does not require national certification for APNs in most cases. Some of the committee members attended a recent American Academy of Nurse practitioners Region 9 leadership meeting in Phoenix, Arizona. One member stated that she became aware that Nevada was only one of six states that do not require national certification of advanced practitioners of nursing. The committee discussed the need to be sensitive to those who are practicing safely who would not qualify for national certification and suggested that there might be a way to "grandfather" those nurses. The members agreed that in seeking a high level of professionalism and competency, it would be wise to look further into this issue. D. Scott stated that she would check the statutes and regulations involved and report back to the committee at their next committee meeting.
4. Review, discussion and action regarding the practice question "Is it legal in Nevada for APNs or RNs to provide Expedited Partner Therapy?": D. Scott reported that when this issue was discussed at the Nurse Practice Advisory Committee Meeting last week, the NPAC decided to refer this issue back to Pam Graham for further information to be discussed at a later date. In so doing, the APNAC also asked that the issue be continued to a later date.
5. Suggestions for agenda items for next meeting: As indicated above, the two topics the members requested to be on the next meeting agenda were EPT and the question of requiring national certification for APNs in Nevada.

**ADJOURNMENT:** The meeting was adjourned at 4:58 p.m.