

Nevada State Board of **NURSING**

MINUTES OF THE ADVANCED PRACTICE ADVISORY COMMITTEE MEETING December 11, 2012

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, FRE, Executive Director, Chair, at 3:00 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, FRE, Executive Director, Chair
Cheryl Broussard, MSN, FNP-BC
Richard Talusan, MSN, FNP-BC, NEA-BC (via teleconference)
John Phoenix, MSN, RN, APN, FNP-C
Mary Betita, MD, MSN, RN, APN, FNP-BC
Alona Dalsung-Angosta, Phd, APN, FNP, NP-C
Josh Hamilton, DNP, RN-C, FNP-C, MHNP-BC, CNE (via teleconference)
Gregory L. Peistrup, MSN, RN, APN, FNP-C, CFRN, CEN, EMS-RN
Matthew Khan, DNP, FNP-BC, APN
Joy Reineck, CNM, MS

MEMBERS ABSENT

Arthur C. Savignac, CRNA, MHS

OTHERS PRESENT

Doreen Begley, MS, RN, Board Member
Fred Olmstead, General Counsel
Patty Shutt, LPN, Site Operations Supervisor
Susan VanBeuge, DNP, APN, FNP-BC
Jeanette Belz, NV Psychiatric Assn., NV Academy of Ophthalmology
Amber Joiner, NSMA
Cheryl Blomstrom, NNA
Sara Rogers, NAPNA

CALL TO ORDER: The meeting was called to order at 3:00 p.m. by D. Scott, committee chair.

PUBLIC COMMENTS: Sara Rogers, NAPNA Advisory Committee, reported that her association is working closely with a consulting firm and specific legislators to develop their BDR to submit a bill during the 2013 Legislative Session. P. Shutt clarified the requirements for a collaborative agreement letter that must be part of the APN's application or submitted when the APN has a change in collaborating physician.

A. APPROVAL OF MINUTES: It was moved and seconded to approve the minutes of the August 21, 2012 meeting as written.

B. OLD BUSINESS

1. Report from the November 2012 Board meeting: D. Scott and R. Colosimo reported the highlights from the November, 2012 Board meeting including an update on Medication Aide-Certifieds (MA-Cs) and the Board's approval of the Sexual Assault Nurse Examiner Practice Decision.
2. Review, discussion and action regarding subcommittee's report concerning APN continuing education requirements: J. Hamilton presented this agenda item. He thanked C. Broussard and M. Betita for serving on the APNAC Taskforce related to APN renewal requirements. The committee had previously discussed the possibility of addressing the redundancy and overlap of renewal requirements for APNs and the requirements that must be met for ongoing national certification. The Taskforce based their recommendations on AANC/AANP certification requirements. The proposal would require that, on renewal, Nevada APNs would affirm or show documentation of ongoing national certification and attest to active engagement/practice in the advanced practice role during the previous two years. In the case of an APN who was "grandfathered" and not required to be nationally certified as a requirement for renewal, the APN would be required to attest to and submit documentation on request showing that equivalent professional development activities had been accomplished during the renewal period. The committee discussed the variance in national certification requirements depending on the national certifying body, but felt that some equivalent parameters could be established. D. Scott explained that changing renewal requirements would necessitate a change to the Administrative Code (regulations) and that the Taskforce's proposal would be forwarded to the Board's attorney for review. No new regulations will be enacted until next fall so Board staff will begin the process so that regulations may be processed in 2013.
3. Review, discussion and action regarding APN audit requirements: R. Colosimo presented this agenda item. She and Susan VanBeuge worked on this project since the last APNAC meeting. They suggested that several changes be made to the existing APN Practice Audit Checklist. Among the proposed changes were: omitting the requirement that the APN outline the quality assurance process that is used, omitting the requirement to submit a copy of the APN's protocols, and adding a copy of the current regulations that outline the requirements for APN practice in Nevada. The committee was pleased with the proposed revisions and voted unanimously to adopt the new audit form. Board staff was instructed to begin using the new form. The committee thanked Drs. Colosimo and VanBeuge for their work on this project.

C. NEW BUSINESS

1. Orientation of new committee members: There were no new committee members to orient, although several of the members stated that they had not received the orientation materials. D. Scott stated that she would ensure that they received the materials within the next week via email.
2. Legislative update: D. Scott reviewed the initiatives that are on the horizon for the upcoming Legislative Session beginning February 4, 2013.
3. Review and discussion regarding the APN's role in relation to medical assistants: D. Scott presented this agenda item. She reported that she had met with the Pharmacy Board to discuss how APNs may utilize medical assistants (MAs) since the change in regulation now allows nurses to delegate to unlicensed personnel. The major points that were gleaned from the discussion included that no one, including physicians, are allowed to delegate dispensing privileges. D. Scott reminded the committee members that individuals must apply for and pass a test to secure dispensing privileges. APNs may

supervise MAs, but the physician maintains the responsibility to delegate medication administration to the MA. MAs may take orders for administration of medication from APNs and any other legally authorized provider. Pursuant to NAC 632.222, APNs may delegate any nursing task to MAs, other than medication administration. The committee had questions about what the physician's responsibility regarding the MA's practice. D. Scott suggested that the committee members review the file of proposed regulations that the Board of Medical Examiners will be submitting to the Legislative Commission at its upcoming meeting. These proposed regulations were initially written in 2009, but have not yet been approved by the Commission and have not yet been codified. The MA works under the direct supervision of the physician and the physician must be present when the MA is practicing. There are exceptions to this rule, including, when the MA is working in a rural setting which is clearly defined in the proposed regulations.

4. Review and discussion regarding the VHA Policies for Nursing Practice: D. Scott presented this agenda item. She provided a draft copy of the Veteran's Administration Policies for Nursing Practice that was released in 2012 in support of the APRN Consensus Model. The VA policies establish that Federal law has supremacy over State law and thus provides, with the exception of controlled substance prescribing, that the APRN practices as an independent practitioner. Since Nevada APNs have the authority to prescribe controlled substances based on their certificate of recognition as an APN in Nevada and they work under a collaborative agreement to do so, they may prescribe controlled substances in the VA system as long as they do so under protocols. The collaborating physician need not be a Nevada licensed physician, but must have an active medical license in another US jurisdiction. The committee members surmised that the independent practice environment in the VA system would support research opportunities for measuring outcomes for patients who are treated by independent APNs.
5. Review, discussion and action regarding the scope of practice of a Women's Health Care Advanced Practice Nurse relating to pediatric exams: D. Scott presented this agenda item. The Board received a letter from Karen Collis, WHCNP-C, an employee of the Department of Health and Human Services, Health Division. She asked if it is within the scope of practice for a Women's Health Advanced Practice Nurse who is educated on pediatric exam and developmental assessment to do well-child exams in conjunction with immunizations, lead screening, etc. Board staff inquired of three consulting experts in the field who opined that well-child exams are not within the scope of practice for a WHCNP-C, even if the practitioner received education and training in pediatric exam and developmental assessment. The WHCNP-C would be required to complete, at minimum, a certificate program as a pediatric nurse practitioner to safely, competently, and have the authority to administer well-child exams. D. Scott will write a letter to Ms. Collis to summarize the findings of the experts which were supported by the committee members.

D. RECOMMENDATIONS FOR AGENDA ITEMS FOR NEXT MEETING: The committee members gave no recommendations for agenda items for the next APNAC meeting.

PUBLIC COMMENT: There was no further public comment.

ADJOURNMENT: The meeting was adjourned at 4:30 p.m.