

NEBRASKA BOARD OF ADVANCED PRACTICE REGISTERED NURSES

MINUTES OF THE MEETING HELD

April 20, 2018

CALL TO ORDER

The meeting of the Nebraska Board of Advanced Practice Registered Nurses was called to order by Barbara Foss, *Board President*, at 1:03 p.m. on April 20, 2018, at the Nebraska State Office Building, Licensure Unit Conference Room, 301 Centennial Mall South, Lincoln, Nebraska. Copies of the agenda were mailed in advance to the Board members, emailed to interested parties, posted outside the Licensure Unit within the Nebraska State Office Building, and posted on the Department of Health & Human Services website. Foss announced that a current copy of the Open Meetings Act was in the room.

ROLL CALL

The following board members answered roll call:

- Barbara Foss, APRN-NP, *President*
- Timothy Glidden, APRN-CRNA
- Stephen Jackson, *Public Member*
- Alice Kindschuh, APRN-CNS, *Vice-President*
- Michael Skoch, MD
- Jenda Stauffer, APRN-CNM

The following Board member arrived after roll call: Sheila Ellis, MD (arrived at 1:13 p.m.)

The following Board members were absent: Jenna Fiala, MD, and Michael Losee, *Public Member*.

The following staff members from the Department the Attorney General's Office were present during the meeting:

- Ann Oertwich, RN, *Executive Director*
- Sherri Joyner, *Health Licensing Coordinator*
- Kathy Hoebelheinrich, RN, *Nursing Practice Consultant*
- Jacci Reznicek, RN, *Nursing Education Consultant*
- Anna Harrison, RN, *Compliance Monitor*
- Dennis Scott, *Investigations Unit Program Manager*
- Patricia Lemke, *Investigator*
- Lisa Anderson, *Assistant Attorney General*

A quorum was present, and the meeting convened.

ADOPTION OF THE AGENDA

MOTION: Skoch made the motion, seconded by Kindschuh, to adopt the agenda for the April 20, 2018, APRN Board meeting.

Voting Yes: Foss, Glidden, Jackson, Kindschuh, Skoch, and Stauffer. Voting No: None. Abstain: None. Absent: Ellis, Fiala, and Losee. Motion carried.

APPROVAL OF THE MINUTES

MOTION: Kindschuh made the motion, seconded by Jackson, to approve the minutes of the February 2, 2018, Board meeting.

These minutes were approved by the
APRN Board on September 17, 2018.

Voting Yes: Foss, Glidden, Jackson, Kindschuh, Skoch, and Stauffer. Voting No: None. Abstain: None. Absent: Ellis, Fiala, and Losee. Motion carried.

MOTION: Skoch made the motion, seconded by Glidden, to approve the minutes of the March 2, 2018, conference call meeting.

Voting Yes: Foss, Glidden, Jackson, Kindschuh, Skoch, and Stauffer. Voting No: None. Abstain: None. Absent: Ellis, Fiala, and Losee. Motion carried.

CLOSED SESSION

MOTION: Skoch made the motion, seconded by Kindschuh, for the Board to go into closed session for the purpose of reviewing and discussing investigative reports, licensure applications, and other confidential information, and for the prevention of needless injury to the reputation of the individuals.

Voting Yes: Foss, Glidden, Jackson, Kindschuh, Skoch, and Stauffer. Voting No: None. Abstain: None. Absent: Ellis, Fiala, and Losee. Motion carried.

1:05 p.m. Meeting went into closed session.
 1:07 p.m. Kindschuh left the meeting.
 1:13 p.m. Ellis arrived at the meeting.
 1:17 p.m. Kindschuh returned to the meeting.
 1:45 p.m. Meeting returned to open session.

LICENSURE RECOMMENDATIONS

Jeremy R. Jensen - APRN-CRNA Application

MOTION: Glidden made the motion, seconded by Kindschuh, to recommend issuing an unrestricted APRN-CRNA license to Jeremy Jensen.

Voting Yes: Ellis, Foss, Glidden, Jackson, Kindschuh, Skoch, and Stauffer. Voting No: None. Abstain: None. Absent: Fiala and Losee. Motion carried.

APRN CONSENSUS MODEL

Nicole Livanos and Maureen Cahill from the National Council of State Boards of Nursing (NCSBN) gave a presentation via webinar on APRN Consensus Model. The model was developed as a response to the high degree of variations among states in APRN titles, educational requirements, and scopes of practice. The model promotes the adoption of seven regulatory elements in all states:

1. Use of the title Advanced Practice Registered Nurse (APRN);
2. Recognition of four APRN roles – Certified Registered Nurse Anesthetist (CRNA), Certified Nurse Midwife (CNM), Clinical Nurse Specialist (CNS), and Certified Nurse Practitioner (CNP);
3. Requirement that APRNs have a graduate degree or post-graduate certificate;
4. Requirement that APRNs maintain national certification;
5. The APRN license is issued separately from the RN license;
6. APRNs are able to practice independently; and
7. APRNs have independent prescriptive authority.

A state is considered to be in full alignment with the Consensus Model if its regulations incorporate all seven elements. In the early 2000s, only six states were in full alignment. Today, sixteen states are fully aligned. Nebraska is considered to be in alignment with the first five elements of the model. Nebraska is

not considered to be aligned with the sixth element because Certified Nurse Midwives are required to have collaborative agreements. Nebraska is not aligned with the seventh element because Certified Nurse Midwives cannot prescribe independently and Certified Nurse Specialists have no prescriptive authority.

Livanos noted that Nebraska has four separate statutes for each APRN role, while the Consensus Model is based on the idea of one model and one act for all roles.

PRESCRIPTION DRUG OVERDOSE PREVENTION PROGRAMS

Amy Reynoldson, Coordinator for the Department's Prescription Drug Overdose Prevention Program, presented on three major components of the program: the Prescription Drug Monitoring Program (PDMP), pain management guidelines, and naloxone education.

Reynoldson presented an infographic on how prescribers, dispensers, or their designees can register for Nebraska's PDMP. All dispensed prescription drugs must be reported to the PDMP. Prescribers can also query the system to view patient data, but these queries are voluntary.

A guidance document on pain management was approved by the Chief Medical Officer in October 2017. The group that helped develop the guidelines meets every six months. Reynoldson reported that they are interested in finding an APRN representative to serve on the group.

The results of a survey conducted by Reynoldson's group show that many health care workers in Nebraska are unaware of the statutory changes made in 2015 that expanded access to naloxone. The group plans to distribute a video to all Nebraska prescribers and dispensers about naloxone access. They are also planning a consumer awareness campaign on the purpose of naloxone and how to access and use it.

NCSBN MEETINGS

Stauffer and Hoebelheinrich reported on their attendance at the National Council of State Boards of Nursing (NCSBN) Mid-Year Meeting. Stauffer noted that simulations, such as with mannequins or virtual reality, are being increasingly incorporated into nursing education. She also reported that the legalization of marijuana use in some states has raised questions regarding employer drug testing, especially considering that tests for marijuana cannot be used to determine impairment.

Hoebelheinrich also reported on her attendance at the NCSBN APRN Roundtable. One of the topics covered was diagnosis, with failure to diagnose being a leading cause of malpractice cases against APRNs. Hoebelheinrich noted the importance of doing root cause analysis for failure to diagnose cases and also the importance of engaging RNs, who generally have more patient contact, in the diagnosis process.

2018 LEGISLATIVE SESSION

Oertwich reported that the bill to adopt the APRN Compact did not get out of committee. She said that the Board of Nursing is looking at nursing identity and may work with APRN groups in Nebraska to work on future attempts to adopt the APRN Compact and the APRN Consensus Model

LB299, the Occupational Reform Act, is expected to be approved. The bill creates a board that will oversee all other occupational licensing boards with the aim of addressing overregulation. Oertwich noted that there are still many questions on how the bill will be implemented. Anderson noted that the bill allows people with criminal convictions to petition boards before they complete license requirements in order to determine if they are disqualified from licensure.

COMMUNICATION

Hoebelheinrich reported that the Join Board Dermatologic Workgroup has been temporarily put on hold while staff are concentrating on work with regulations. One issue she would like to see addressed is how to determine a nurse's competency to perform various dermatologic or cosmetic procedures.

Oertwich reported that the freeze on developing regulations has been lifted. The Department is developing a process for prioritizing revisions to existing regulations. Oertwich did not expect that APRN regulations will be given high priority.

Holly Chandler, a graduate student who is completing a preceptorship with Oertwich, described the projects she is working on, including creating a jurisprudence continuing education module and refining the APRN-related questions on the nurse licensure renewal survey. Hoebelheinrich said that revised questions will enable collection of better data on APRN practice settings.

Oertwich announced that the NCSBN Annual Conference will be held in August. She encouraged members to think about attending the conference.

CONCLUSION AND ADJOURNMENT

There being no further business, the meeting adjourned at 3:13 p.m.

Respectfully submitted,



Sherri Joyner
Health Licensing Coordinator