

MINUTES OF THE MEETING
of the
NEBRASKA BOARD OF NURSING
Issues Forum
October 12, 2016

CALL TO ORDER

The meeting of the Nebraska Board of Nursing's Issues Forum was called to order by Tony LaRiche, Board Secretary, at 12:55 p.m., October 12, 2016, at the Gold's Building, Room 534, 1033 O Street, 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. A copy of the Open Meetings Act was available within the room.

ROLL CALL

The following board members were present to answer roll call:

- Janet Andrew, LPN
- Anne Dey, RN
- Louise LaFramboise, RN
- Anthony LaRiche, *Public Member, Secretary*
- Kristene Perrin, RN
- Dawn Straub, RN
- Karen Weidner, RN

The following Board member was not present during roll call: Kelley Hasensaur, APRN-NP, *Board Vice-President* (arrived at 2:00 p.m.)

The following Board members were absent: Maxine Guy, LPN, *Board President*, Patricia Motl, RN, and Rita Thalken, *Public Member*.

The following staff members from the Department were also present:

- Ann Oertwich, RN, *Executive Director*
- Sherri Joyner, *Health Licensing Coordinator*
- Jaci Reznicek, RN, *Nursing Education Consultant*
- Kathy Hoebelheinrich, RN, *Nursing Practice Consultant*
- Anna Harrison, *Compliance Monitor*
- Susan Aerni, *Investigator*
- Jessica Bowman, *Investigator*
- Sharon Fitts, *Investigator*
- Pat Lemke, *Investigator*
- Sherri Lovelace, *Investigator*
- Mendy Mahar-Clark, *Investigator*

A quorum was present, and the meeting convened.

ADOPTION OF THE AGENDA

MOTION: Andrew made the motion, seconded by Perrin to adopt the agenda for the October 12, 2016, Board of Nursing Issues Forum. .

Voting Yes: Andrew, Dey, LaFramboise, LaRiche, Perrin, Straub, and Weidner. **Voting No:** None.
Abstain: None. **Absent:** Guy, Hasenauer, Motl, and Thalken. **Motion carried.**

These minutes were approved by the
Board of Nursing on November 10, 2016.

NURSE LICENSURE COMPACT (NLC)

Jim Puente, Director of the Nurse Licensure Compact (NLC), delivered a presentation on the current Nurse Licensure Compact and the proposed Enhanced Nurse Licensure Compact. He was assisted by Heather Jemison, Senior Coordinator for the Nurse Licensure Compact, and Joey Ridenour, Executive Director of the Arizona Board of Nursing.

Puente used a driver's license analogy to help explain how the NLC works. Drivers are licensed in the state where they reside, but the driver's license carries a privilege to drive in other states. When people move out of state, they must apply for a license in their new state of residence. Similarly, in NLC states, a nurse holds one multistate license in her/his primary state of residence (PSOR), and that multistate license carries a privilege to practice nursing in other NLC states. Nurses must declare their PSOR on the application for licensure, and many NLC states also require a PSOR declaration during licensure renewal. Member states also have the option of requesting documentation in the form of either a driver's license or voter registration card to verify the nurse's PSOR. Puente noted that member states should not inactivate a license just because a nurse moves to another Compact state.

1:30 p.m. *Meeting went into recess.*

1:45 p.m. *Meeting reconvened.*

Puente described resources available on [www. Nursys.com](http://www.Nursys.com). One resource, e-Notify, will notify an employer when an employee's nurse license is about to expire or when disciplinary action is taken against the license. Puente noted that if all nurse employers in a state were enrolled in e-Notify, the state would be able to determine all the nurses working in that state. Puente said the National Council of State Boards of Nursing (NCSBN) can assist employers who wish to enroll in e-Notify.

Puente gave an overview of how the NLC affects the licensure complaint and discipline process. In cases where a nurse holds a license in her/his home state, and is working under the Compact privilege in another NLC state (the "remote" state), a complaint against the nurse can be filed in either the home state or the remote state. The two states will then need to determine which one will take the lead in the investigation. Puente said that it is preferable for the state where the violation occurred to take the lead because that state has better access to the witnesses and documents that are needed to conduct the investigation. A remote state cannot take disciplinary action against a nurse's home state license, but the remote state can discipline a nurse's privilege to practice in the remote state. Any action that can be taken against an in-state license (such as probation, censure, or revocation) can be taken against a privilege to practice.

NLC members states must cooperate when another member state requests documents related to an investigation. When a state starts a significant investigation on a nurse, an investigation alert flag should be placed on that nurse's licensure record in Nursys. The alert flag is only visible to other state boards of nursing. Ridenour said the alert flag should only be used for cases where there are concerns of an imminent threat to public safety.

Puente provided background on why the NLC is now pursuing a new compact. He said that between 2009 and 2014, no new states joined the Compact. Some states were reluctant to join the Compact because not every state in the Compact requires a Criminal Background Check for nurse licensure applicants. Trends such as telehealth have increased the need for interstate nursing. States that currently belong in the Compact wanted to ensure the long-term viability of the Compact. NCSBN members held a series of meetings in 2013-2014 to consider changes in the NLC. The proposed changes became so comprehensive that it was decided to pursue a new compact, i.e. the Enhanced Nurse Licensure Compact, rather than try to revise the current Compact.

In order to join the Enhanced NLC, a state must pass legislation to enact the Enhanced NLC model language into law. The model language includes a provision to repeal a state's membership in the current Compact once the Enhanced NLC becomes effective, eliminating the need to introduce two sets



of legislations. Puente said the NCSBN has funding available to assist states who wish to join the Enhanced NLC. The funds can be used to assist with advocacy for passing Enhanced NLC legislation and for assisting with implementation of the Enhanced NLC provisions. If a state wishes to apply for funds, Puente said the state board's Executive Director can email the request to him.

Puente outlined some of the benefits of belonging to the NLC. According to Puente, the Compact facilitates telehealth nursing and can thus, increase patient access to care. States that belong to the Compact have more access to nurses who can work in their states during times of emergencies, such as natural disasters. Belonging to the Compact, also gives the state board of nursing access to complaint information and investigations on nurses from other member states.

3:15 p.m. Meeting went into recess

3:30 p.m. Meeting reconvened.

Puente provided an overview of the key new provisions in the Enhanced Nurse Licensure Compact. Under the Enhanced Compact, in order to qualify for a multistate license, nurses will need to meet Uniform Licensure Requirements in addition to the home state's licensure requirements. The uniform licensure requirements will include 1) passing an NCLEX exam, 2) having no active discipline on a license, 3) submitting to a criminal background check, 4) having no state or federal felony convictions, and 5) having a valid Social Security number. Ridenour explained that "active discipline" is an action that is still in process, such as probation or an unpaid fine. A censure would not be considered active discipline. For states that currently belong to the Compact, any nurses licensed prior to the effective date of the Enhanced Nurse Licensure Compact would be grandfathered in. For example, if Nebraska joins the Enhanced Compact, nurses who were licensed in Nebraska prior to the effective date of the Enhanced Compact would retain their multistate licenses even if they do not meet all of the Compact's Uniform Licensing Requirements. States in the Enhanced Compact would be able to issue single-state licenses to nurses who do not meet the Uniform Licensing Requirements

The Enhanced Compact will go into effect when either 26 states pass legislation to join the Enhanced Compact or on December 31, 2018, whichever comes sooner. So far, ten states have passed Enhanced Compact legislation. Puente expects 23 states to introduce legislation in 2017. If any states currently in the NLC do not join the Enhanced Compact prior to its effective date, then the two compacts will exist simultaneously. If that situation does happen, Enhanced Compact states will recognize multistate licenses from states in the "old" Compact for six months.

The Enhanced Compact will establish an interstate commission. Rules for the Compact will be adopted directly by the interstate commission and will be legally binding in all party states.

4:15 p.m. Meeting went into recess. Oertwich, Puente, Jemison, Ridenour, Harrison, Aerni, Bowman, Fitts, Lemke, Lovelace, and Mahar-Clark left the meeting.

4:25 p.m. Meeting reconvened.

DIALYSIS TECHNICIAN CREDENTIALING REVIEW

Board members discussed a request from the Board of Health for clarification of which procedures, if any, performed by Dialysis Technicians, would be considered to be complex procedures.

Members expressed concerns that administration of heparin could be considered a non-complex task and thus, a task that could be delegated to unlicensed technicians. Dey said that if techs in a dialysis unit are administering prepackaged heparin, she might be willing to consider it a non-complex task, but asked how they could verify that dialysis techs always use prepackaged heparin. LaFramboise noted that nursing students in her program cannot administer heparin because administration of heparin requires two RNs. Perrin said she was concerned with allowing techs to do tasks that an RN cannot perform. Hoebelheinrich



said that administration of heparin in a dialysis suite is different than administration of heparin in a hospital setting.

Members reviewed a list that had be prepared by Reznicek of dialysis unit tasks. The tasks were taken from a national curriculum for dialysis technicians, and Reznicek noted that it was not necessarily a complete list. If the Board thought it was appropriate, additional tasks could be added. Hasenauer noted that it was difficult for the Board to assess the list because members had little experience working in dialysis settings. Members were not comfortable with providing the Board of Health with a list of which tasks were non-complex and which were complex. Straub noted that there were situations where she would consider taking vital signs to be a complex task.

A member of the public, Wendy Schrag of Fresenius Medical Care, spoke at the meeting. She said that techs have been providing care in dialysis units in Nebraska for over twenty years, and she cannot find any incidents where patients were harmed by the use of technicians. She also noted that Nebraska appears to be the only state that uses “complex” and “non-complex” terminology.

CONCLUSION AND ADJOURNMENT

There being no further business, the meeting adjourned at 5:37 p.m.

Respectfully submitted,



Sherri Joyner
Health Licensing Coordinator

