

**Kansas State Board of Nursing
Landon State Office Building, Room 106
APRN Committee Minutes
June 12, 2012**

Time: 1:30 p.m. – 2:30 p.m.

Committee Members: Jane Symmonds, RN, MS NP-C, APRN, Chair
Serena Stutzman, MSN, RN, APRN-BC, Vice Chair
Ronda Eagleson, MN, RN, FNP, BC
Donna Nyght, CRNA, DNP
Doris Kimbrell, RN, MSN, APRN-CNS

Absent: Terrah Stroda, CNM, MSN, APRN – Notified Board in Advance
Mary Carol Pomatto, RN, APRN, EdD, Notified Board in Advance

Staff: William Anderson, JD, RN, Program Specialist
Sheila Rice, Administrative Specialist

Call to order: The APRN Committee meeting was called to order in room 106 of the Landon State Office Building at 1:38 p.m. by J. Conroy, Chair.

Add/Rev. Agenda: Change Jane’s name from Conroy to Symmonds.
Under new business add – (f) Columbia University, RNA program;
(g) UTMB, NNA program; and APRN Round table update from Chicago meeting.
Table until September meeting:
Controlled Substance;
National Specialty Certification Review;
Authorization of Collaborative Practice;
Statute and Regulation Review; and
APRN Task Force (proposed legislation).

Minutes: The minutes for the March 2012 meeting were reviewed. It was moved to approve the March 2012 minutes as written.
Motion #1 Stutzman/Nyght – UYVV

Unfinished Business:
CNE Guidelines: Changes to May 31st telephone conference call minutes:
Change Jane’s name from Conroy to Symmonds;
Should read “in their role or relevant to their role or category 1 CME (AMA/ANCC); and
Add a “d” to advance clinical so it reads advanced clinical.
Motion #2 Nyght/Egleson UYVV

Guideline language – take the language (definition) from the telephone conference minutes to the board defining APRN CNE for approval as well as having the language (definition) on the board’s website.

Language/Definition of APRN CNE:

CNE for advance practice nurses is formal training that includes any of the following:

Providing new knowledge and skills to assist with advanced clinical decision making;

Designed to maintain or enhance knowledge, skills and/or professional attitudes of APRN practice;

Support innovation and creativity in APRN practice; and/or Address new and advance standards of APRN practice.

Motion #3 Stutzman/Eagleson UYVV

Controlled Substance: Discussion regarding the board’s role regarding control substance and DEA numbers and the need for the licensee to update the board regarding the licensee’s responsible physician.

Committee questioned if it would be possible to place an article in the newsletter and on website requesting APRNs with DEA numbers to update their DEA/Responsible Physician information with the board, with a file by deadline without penalty to the licensee.

Bill to check with Adrian regarding a link from the online renewal so licensees can update their information regarding their DEA registration; and changing form to include a question requesting updated DEA information. Bill is to report back to committee at the September 2012 meeting under old business, subject tabled until September 2012.

New Business:

APRN Program Approvals: It was moved to approve the following out of state schools and their below noted programs as meeting the board’s criteria:

1. Wolford – RNA
2. Minneapolis VA – School of Anesthesia – RNA
3. Albany Medical College - RNA
4. University of Tennessee – RNA
5. Hampton University – FNP
6. Columbia University – RNA
7. University of Texas Medical Branch (UTMB) Galveston – NNP

Motion #4 Stutzman/Nyght UYVV

National Specialty Certification Review:

Tabled until September 2012 meeting.

Authorization for Collaborative Practice:

Needs updated with new regulation language, KAR 60-11-101 (b). Statutorily a review is to be conducted annually and licensees are to maintain a hard/electronic copy at principal place of practice. Prescription drugs need protocol for each classification for which the licensee can prescribe.

Tabled until September 2012 meeting.

Bill reported he has been contacted by an individual wanting a sample protocol to use as a template. The committee advised Bill they would have to wait until this topic was reviewed in detail at the September 2012 meeting. Currently there are too many variables in the protocol formats. Marilyn (public/Task Force) advised there is a template available on KSNA's website and Bill stated he had seen one there as well, the committee directed both Marilyn and Bill to get copies of the protocol template from the KSNA's website and forward it to the committee members for review prior to the September 2012 meeting.

APRN Task Force:

Marilyn, speaker for Task Force, thanked the committee for allowing her time to speak with her. Marilyn provided the committee with a copy of the proposed legislation regarding APRN statutes.

The Task Force goal is to get the full blessing or approval of the board and what is the best avenue to do so. The committee advised that the Task Force advised the Task Force have copies of the final draft available for the September 2012 board meeting (to KSBN by August to be mailed out in the September Board packet), need to get a sponsor, submit a request to be placed on the agenda (open forum) of the September 2012 meeting, and give a presentation of final draft as well as what other states are doing, their goals and have talking points prepared.

The Task Force would like to know what the board's level of understanding is of what APRN practice is.

The Task Force encourages the Board to adopt the consensus model from NCSBN; committee advised could be a constitutional violation to adopt the consensus model.

APRN Round Table in Chicago:

Jane reported regarding information from the round table, Federal Trade Commission (FTC) might be a good place for the Task Force to look for assistance. There was a Kara Coxslow who is an anti-trust lawyer for the FTC, they looked at a variety of products, quality and cost to inform the public on differences and cost effectiveness. They educate policy makers and the public about the set up of a competitive market and they look at cost, quality and access and are advocates of advanced practice. They looked at the scope of practice as well as looking at empirical evidence of on the job training versus in school training and came out with proof that APRNs provide care very safely.

Who gets paid? The doctor versus the APRN and they can't make private insurance companies pay the APRN. They all collaborate. They prefer post graduates versus the use of advanced practice (APRN).

By 2015 all states will require national certification and more CNS exams will be conducted by 2014. Graduate level is the level to practice.

Exam development – core exam for advanced practice is going to be hard. Also, certification is not same as licensure examination. There is a remediation for licensees if they get a low score on the exam.

Continued competency is the board of nursing's responsibility to assure competence of all APRN, many states require national certification, continuing education, perform evaluations, peer evaluations, patient surveys, diagnostic assessments, portfolios and self reflection. Those who do portfolios and self reflection have a higher level of competency. A multiple method might be the best for evaluating competency.

RNAs going will be on a eight (8) year cycle, will need to do CNE credits, professional activity units, four self study modules (on the four competencies - pharmacology, pathophysiology, anesthesia technology, human physiology, and airway management); also take exam every eight (8) years. Licensees get four (4) chances to pass the exam or the individual will not be allowed to become certified to practice anymore. Licensees will be grandfathered in if licensed prior to January 1, 2024; individuals will only have to take the diagnostic portion of the exam.

Agenda for June 2012
Committee Meeting:

Old Business: Controlled Substance Verification Form; APRN Task Force (proposed legislation) and Authorization Collaborative Practice.

New Business: National Specialty Certification and Regulation Review

Adjourn: It was moved to adjourn at 2:50.

Jane Symmonds, RN, MS NP-C, APRN, Chair

Date