



Janet Napolitano
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing

ADVANCED PRACTICE COMMITTEE MINUTES December 14, 2007

MEMBERS PRESENT:

Theresa Crawley, CRNA, MSHSAr Co-Chair
Denise G. Link, DNSc, WHCNP Co-Chair
Martha Carey-Lee, MS, FNP-C
Nancy Cisar, MSN, CNS
Nancy Denke, MSN, FNP
Carol Harrigan, MSN, NP
Jane E. Lacovara, RN-BC, MSN, CNS
Marianne McCarthy, PhD, RN
Agnes Oblas, MSN, ANP
Linda Pierce, MA, MSN, GNP, WHCNP
Claretta Munger, BSN, MSN, CPNP
Sally Reel, PhD, FNP
Mel Stradling, CRNA

MEMBERS ABSENT:

Jennifer Brodie, MS, CPNP
Regina Deringer, MS, FNP
Debra Duarte-Anderson, MS, Psych/MHNP
Elizabeth Gilbert, RNC, MS, FNP
Judy Hileman, Psych/MHNP, MS, FNP
Anita Martinez, MS, CNM
James Mitchell, MS, MBA, NP, Psych/MHNP
Donald Pierce, MSN, FNP

BOARD STAFF ATTENDING:

Karen Grady, Education Consultant
Pamela Randolph, Associate Director, Education
Joey Ridenour, Executive Director

1. GREETING

The Advanced Practice Committee was called to order by Theresa Crawley at 9:43 a.m. Crawley welcomed Committee members and invited them to introduce themselves.

2. APPROVAL OF MINUTES

Lacovara moved and L. Pierce seconded to approve the April 13, 2007 Advanced Practice Committee meeting minutes with correction. Motion carried unanimously.

3. NEW BUSINESS

A. Member Terms

Grady addressed the members of the committee stating that typically, members are appointed to a two-year term and can then reapply for additional terms. A chart outlining the length of service for each member was distributed as advanced reading. Grady asked that if members' terms were expiring that they either reapply for an additional term or offer a recommendation for a replacement.

Randolph offered that most committee terms are two years; however, some members are requested to extend their terms based on expertise. Grady will notify the committee of changes in membership and expressed appreciation for their service.

B. Proposed NPA Statutory Changes

Randolph addressed the Committee stating that every five years the Board reviews the Nurse Practice Act statutes and rules. A review began in fall 2007 with the intent to submit statutory changes in the 2008 legislative session. As the review process progressed it became evident that the many substantive changes requested required more time for committees to review. The statutory changes will be under discussed over the next 8-9 months and a legislative bill will be presented in 2009 legislative session. Changes relative to advanced practice include legal recognition of title and training for CRNA; Board ability to conduct pilot studies; subpoena power; and adding two board members, one being an advanced practice nurse.

Lacovara will explore language that would include caring for patients and families, and CNS evidence based and clinical practice that would distinguish duties being above the basic duties of a RN.

Crawley asked that Committee members continue to review the proposed changes and report any suggested changes prior to the February 7, 2008 meeting of the Nurse Practice Act Steering Committee.

C. Review/Update Advisory Opinion: The Use of Controlled Substances for the Treatment of Chronic Pain

Grady stated that the speaker invited to address the committee, Lonna Gutierrez, was unable to attend the meeting. The draft document the committee received reflects update to the rules. The reference change will be included.

Link stated that it was important to update and review the advisory opinion as investigative cases relative to this matter are regularly reviewed by board members. Link requested the use of the term pharmacologic rather than medical, as it is more inclusive and less generic.

Members discussed the title of the advisory opinion; advisory opinions keeping up with current practice; the need for clarity with regard to ongoing assessment.

The following members will work as a subcommittee to review and update the advisory opinion: Ms. Martha Carey-Lee, Dr. Denise Link, and Dr. Marianne McCarthy. Ridenour suggested the Pharmacy Board and a neuro-psychologist, Dr. Jacobson, review the advisory opinion. Lonna Gutierrez will be invited to work with the subcommittee who will present the revised opinion at the April 2008 meeting.

D. NP Scope of Practice Related to First and Second Trimester Surgical Abortions

The Assistant Attorneys General assigned to the Board of Nursing were scheduled to meet on the topic and present their opinion to the Advanced Practice Committee, but were unable to do so due to a scheduling conflict. A summary of feedback received from other states on the topic was provided at the start of the meeting. Grady also provided members with a description of endometrial biopsy as some of the advanced reading material compared endometrial biopsy to surgical abortions.

Committee members were “alarmed” at the rates of complications of surgical abortions. Members noted that complications were significant, and that the procedure may be too risky. Members suggested the procedure not be performed unless the practitioner is highly trained, noting that endometrial biopsy and pregnancy/abortion are not comparable. Members agreed that surgical abortion was not a minor surgical procedure.

Members stated that the description of nurse practitioner is too broad and expressed concern with the level of preparation in specialty, and that some specialties such as CNM would have more relevant preparation than for example an FNP. Members also felt it was unclear where training would occur, how many NPs were involved, and what the scope would be to ensure public safety. Grady shared that the University of Rochester has a two week abortion education program that includes two four-hour training workshops for didactic, and clinical supervision in performing 27-28 surgical abortions. In addition to training residents they train both PAs and NPs.

Members discussed the need for evidence of how many abortions must be performed to establish competency; determination of the level of scope; determination of baseline level of competency; practitioners having requisite backgrounds in fetal complications; risk of surgical complications; skills to conduct patient selection; management of outcomes; and how to determine the minimum qualifications for safety. Members noted a lack of evidence of need for NPs to become involved in these services in this state. Other members questioned whether a lack of qualified providers should be a reason for expansion of scope; i.e., NPs do not perform dentistry when there are not enough dentists; the question should be whether the individual is qualified.

Members had reviewed all the studies and evidence provided and discussed that there was not enough information to establish a foundation for competence and safety for a decision at this time. It was discussed that first and second trimester abortions were two different things and second trimester was not under consideration. It was further noted that if the Board sanctions a particular procedure it will be expected to sanction other procedures; committee members did not want

the Board to begin making “lists” of procedures. The issue was noted to be broader than just one particular procedure.

Committee members discussed that scope of practice should be based on appropriate theory and supervised practice, and noted that it must begin at school, in curriculum. Members agreed that surgery was not a foundational part of NP curricula and discussed the need to think about what paradigm shift may be occurring that is increasing the complexities of practice and how to address this broadly for the future. Members questioned whether a two-week course in surgical abortion would be adequate preparation after completing programs that do not have a foundation in surgical procedures.

The committee questioned what other procedures, if any, are serving as baselines or guidelines in determining surgical scope, and the difference between major vs. minor surgical procedures. It was discussed that many NPs do acquire additional skills after graduation and that some are performing what could be considered minor surgical procedures, such as biopsies, within scope and that care needed to be taken to not unduly restrict practice in this area. Members discussed that the terms “therapeutic” “surgical” and “procedure” were not all one and the same, and that different procedures may be quite minor or quite invasive. Members discussed that surgery will have to be defined in the Nurse Practice Act. Members agreed that patient safety was paramount.

Members discussed that lobbyists and advocates have been pushing the procedure forward as medical schools are dropping it. Members felt that there were political overtones and discussed the necessity in having the Assistant Attorneys General share their opinion.

E. Expedited Partner Therapy

The Department of Health Services proposed amendments to the allopathic and osteopathic statutes for expedited partner therapy was included in the advanced reading material for the committee. Grady stated that the committee should decide if they were in agreement and the relevant regulations in the NPA would be reviewed and updated. Members expressed support for the changes.

Randolph offered that expedited rulemaking can be done with a substantive policy statement in the meantime.

The CDC recommendation is that both the patient and partner be treated. Questions regarding how to write the prescriptions will be deferred to the Pharmacy Board.

It was the consensus of committee to support the proposal.

4. ITEMS FOR AGENDA FOR FUTURE MEETINGS

Future topics will include:

- Pain management advisory opinion

- AAG opinion on NP scope of practice related to first and second trimester surgical abortions
- Pharmacy Board's position on expedited partner therapy

The next meeting will be held on April 25, 2008, 9:30 a.m.

5. CALL TO THE PUBLIC

There was no call to the public.

6. ADJOURNMENT

There being no further business the meeting was adjourned at 11:13 p.m.

MINUTES APPROVED BY:



Signature

kgb