



**Janet Napolitano**  
Governor

**Joey Ridenour**  
Executive Director

## Arizona State Board of Nursing

### ADVANCED PRACTICE COMMITTEE MINUTES May 6, 2008

#### **MEMBERS PRESENT:**

Theresa Crawley, CRNA, MSHSA, Co-Chair  
Denise G. Link, DNSc, WHCNP Co-Chair  
Jennifer Brodie, MS, CPNP  
Martha Carey-Lee, MS, FNP-C  
Nancy Cisar, MSN, CNS  
Elizabeth Gilbert, RNC, MS, FNP  
Carol Harrigan, MSN, NP  
Judy Hileman, Psych/MHNP, MS, FNP  
Anita Martinez, MS, CNM  
James Mitchell, MS, MBA, Psych/MHNP  
Claretta Munger, BSN, MSN, CPNP  
Sally Reel, PhD, FNP

#### **BOARD STAFF ATTENDING:**

Karen Grady, Education Program Administrator  
Pamela Randolph, Associate Director, Education  
Mary Rappoport, Nurse Practice Consultant  
Joey Ridenour, Executive Director  
Valerie Smith, Associate Director, Investigations  
Kim Zack, Assistant Attorney General  
Karen Gilliland, Board Staff

#### **MEMBERS ABSENT:**

Nancy Denke, MSN, FNP  
Debra Duarte-Anderson, MS, Psych/MHNP  
Jane E. Lacovara, RN-BC, MSN, CNS  
Agnes Oblas, MSN, ANP  
Marianne McCarthy, PhD, RN  
Mel Stradling, CRNA

#### **GUESTS:**

Carol Bafaloukos, WHNP, Planned Parenthood  
Janeen Dahn, FNP, University of Phoenix  
Angela Golden, NP, CNS  
Pam Lotke, MD, University of Arizona  
Cynthia K. Locke, PPAZ  
Lawrence J. Rosenfeld, Greenberg Traurig  
Deborah Sheasby, Center for Arizona Policy

#### **1. GREETING**

The Advanced Practice Committee was called to order by Theresa Crawley at 9:41 a.m. Crawley welcomed members and invited them to introduce themselves.

## **2. APPROVAL OF MINUTES**

Reel moved and Cisar seconded to approve the December 14, 2007 meeting minutes without correction. Motion carried unanimously. Reel moved and Hileman seconded to approve the April 25, 2008 meeting minutes without correction. Motion carried unanimously.

## **3. OLD BUSINESS**

### **A. NP Scope of Practice Related to First and Second Trimester Surgical Abortions**

Crawley opened this agenda item inviting members of the audience forward that wished to address the committee. Crawley asked that comments be limited to five minutes because of time restraints.

#### **Public Statements**

Dr. Pam Lotke, MD, OB/GYN, Clinical professor University of Arizona, addressed the committee stating that aspiration abortion was called surgical abortion after the approval of RU486 to distinguish between a medication abortion and an aspiration abortion. Dr. Lotke provided a detailed description of the aspiration abortion procedure, and stated that the procedure is considered extremely safe, noting that procedures resulting in death are statistically low. Dr. Lotke stated that with education and training nurse practitioners and physician assistants can perform a first-trimester aspiration abortion, and only patient known complications, difficult dilation, and pre-existing conditions may preclude nurse practitioners and physician assistants from performing the procedure. Dr. Lotke stated that there are differences in early second-trimester abortion and late second-trimester abortion. She maintained that the procedure is exactly the same up to 16 weeks requiring only more dilation. Beyond 17 weeks the procedure becomes more complicated and requires more patient preparation and has been associated with higher levels of complication rates. Dr. Lotke stated that procedures that require a physician would be those that a nurse practitioner or a physician assistant would deem outside of their comfort level. In response to committee questions regarding the number of nurse practitioners or physician assistants that she has trained in didactic and clinical settings, Dr. Lotke stated that she has worked with only one NP at the Tucson location where she currently performs procedures.

Angie Golden, NP, CNS, Associate Clinical Professor Northern Arizona University, asked the committee to look at the safety profile stating that she looked at the current advisory opinions of the State Board of Nursing and did a comparison. Golden cited the following advisory opinions stating that they are within the scope of practice for registered nurses and require nurses to acquire the appropriate educational training after their basic education: Intra Osseous Cannulation; Lumbar Puncture; Arterial Catheter Line Insertion; PICC Line Insertions; Sigmoidoscopy Flexible Screening; Bone Marrow Aspiration. Golden stated that acute care nurse practitioners are learning invasive procedures, and maintained that nurses are as safe as physicians. Golden stated that surgical procedures are taught at the NAU FNP program. Golden stated that evidence supports that nurse practitioners can be safe providers and requested the Board allow nurse practitioners to perform abortions. In response to committee questions with regard to educational preparation for surgical procedures, Golden stated that suturing, biopsy, I & D, and toenail removal was considered

surgical training in her AP program. Golden had advanced anatomy and physiology courses, but did not personally have experience in human dissection. Golden offered that she did have post graduate training in additional surgical procedures. Golden offered that her students do reproductive didactic education so that students can provide an individual patient with what their legal opportunities are in the state of Arizona. Students could go to the Rochester program or to Tucson and make arrangements post graduation for didactic and clinical supervision to perform this procedure.

Janeen Dahn, FNP, Campus College Chair for Nursing, University of Phoenix, stated that she personally teaches the foundation for further procedures. Dahn maintained that students are given the foundation to perform more procedures after additional training has been sought.

Carol Bafaloukos, WHNP, Area Chair for MSN and BSN program for University of Phoenix, Vice-President Medical Services Planned Parenthood, read statements from Francisco Garcia, MD, MPH, Associate Professor of Obstetrics/Gynecology Public Health, Director of University of Arizona Center for Excellence in Women's Health, and Candace Lew, MD who are in support of nurse practitioners providing aspiration abortions. Bafaloukos stated that performing aspiration abortion is a logical continuum of the nurse practitioner scope of practice, and to call aspiration abortion surgical is an overstatement. Bafaloukos stated that aspiration abortion uses none of the typical surgical equipment, and the procedure is more like an endometrial biopsy or inserting an IUD which are procedures within the scope of practice for a nurse practitioner. Bafaloukos states that she provides the foundation for her students to learn other procedures after graduation. Bafaloukos stated that there are no statistical differences between physicians and mid-level providers.

Lawrence Rosenfeld, Attorney at Law, representing Planned Parenthood, provided a written summary of the legal issues to the committee. Rosenfeld cited the advisory opinion that sets forth the scope of practice decision tree and suggested that since there is no legal impediment under Arizona law regarding the performance of aspiration abortions by a trained nurse practitioner, were it to be recommended to the Board that qualified nurse practitioners not be permitted to offer this service two things may set an unhealthy or dangerous precedent. First, the Board would be creating a list of procedures that are permitted and the Board would be faced with task of having to maintain that list on an ongoing basis which would not only be administratively burdensome but also be an approach inconsistent with the underlying rationale cited in the advisory opinion, and second, the consequence would be to curtail or deprive Arizona's populace of this lawful medical procedure by denying practitioners who are fully qualified to provide it. Rosenfeld concluded by stating that given the statistical data provided the public is not served when access to this service is unnecessarily diminished.

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Grady informed the committee that in reference to the information from Diana Taylor, UCSF, that she spoke with Diana Taylor with regard to abortion education at UCSF. Grady stated that per Taylor the program at UCSF does provide some didactic instruction relative to surgical abortions but does not provide clinical education in the procedure as it is illegal in California for non-physicians to provide elective surgical abortions. The program does provide clinical instruction in endometrial biopsy, IUD insertion, and uterine aspiration for abnormal bleeding and miscarriage/spontaneous abortion. According to Taylor a pilot study

is being conducted to evaluate the safety of elective abortions provided by NPs, CNMs, and PAs to physicians. The pilot study is operating under a waiver of California law, and participants are already licensed clinicians. The curriculum is under evaluation and is modular on-line didactic instruction, derived from a combination of curriculum from colposcopy courses and a resident training program in surgical abortions. The clinical component is 6 days in length with up to 40 procedures. Ten clinicians have been trained thus far. The study includes only low risk first trimester patients. Grady stated that training in complications consists of the didactic component and any complications that arise during the 6 days of clinical training.

### **Committee Comments**

Having heard the public presentations, Crawley asked committee members to share their perspective on the matter. Assistant Attorney General Kim Zack asked that committee members limit their comments to the medical aspect of the scope of practice.

Committee members stated that nursing education programs provide foundational knowledge that enables graduates to enter post-graduate education and training programs in various specialty areas. Members noted the various procedures within the scope of practice for registered nurses and the minor surgical procedures nurse practitioners perform as evidence in support of nurse practitioners' ability to safely perform first-trimester surgical abortions. Members did not agree that nursing education should necessarily be compared to physician's education as the foundational knowledge for physician specialty areas may require education and training that would prepare a physician for invasive surgical procedures. Members noted that it was a patient safety issue but maintained that if nurse practitioners are trained, the procedure can be performed and remain within the scope of practice of NPs which has grown and expanded over the years.

Carey-Lee asked for the Board and the Advanced Practice Committee to further discuss the issue of public safety and noted that it is difficult to find good statistics from neutral sources. Carey-Lee stated that with the Department of Health Services reporting approximately 10,000 abortions performed in Arizona during 2007, it did not seem to appear that there is a true shortage of providers. Carey-Lee stated that in the case of physician assistants being prohibited from performing first-trimester surgical abortions, there have been no further limitations on their scope of practice, and therefore does not mean that precluding nurse practitioners from performing surgical abortions would lead to further restrictions in their practice.

Reel offered that the discussion should include specialty practice as all parties have been speaking broadly about nurse practitioners. Reel stated that nurses have been leaders and in the forefront of reproductive care, but it cannot be assumed that all nurse practitioner programs are created equal in terms of reproductive physiology and content taught, nor can it be assumed that licensure includes everything in scope of practice. Reel noted that there are differentiations in training, education, and standards of practice between the specialty areas.

Grady offered that in a draft position paper which referenced National Council and several other agencies' paper, *Changes in Healthcare Profession Scope of Practice Legislative Considerations* areas of concern that needed to be considered were outlined. Grady asked the committee to consider the fact that in all the data received the committee reviewed very

little evidence related to education and training. Grady asked the committee to consider the following: How is competence in the new technique assured? What competence measures are available and what is the validity of these measures? Are there training programs within the profession for obtaining the new skill or technique? Are standards and criteria established? Who develops the standards and how are these programs evaluated against the standards? Grady stated that these are questions the committee may want to consider in relation to the protection of the public. With regard to the regulatory environment, Grady noted that the Board must be able to determine the assessment mechanisms to determine if an individual is competent; whether standards of practice been developed; how education, training and assessment has been expanded to include the knowledge, skills, and judgment required for the new skill; and what are the measures to insure competency.

Golden stated that these questions were good but they would also relate to other procedures that NPs already perform. Link stated that one would not necessarily find standards for new procedures in NP programs. Cisar questioned whether this was “scope creep” and agreed that there should be criteria. Reel stated there should be standards of practice from the profession of nursing and felt there was no adequate measure of training and regulation for public safety. Martinez stated that neither the Board nor the ACNM has determined the exact standards for other procedures but requires documentation of competency. Mitchell stated the program should be expected to define the training standards not the Board.

**Motion:** Recommend that it is within scope of practice of an advanced practice registered nurse practitioner to do this procedure.

**Moved:** Mr. James Mitchell

**Second:** Ms. Anita Martinez

**Discussion:** Members discussed with appropriate preparation being within the scope of practice for advanced practice nurses. Randolph called attention to A.R.S. § 32-1601, number 15, registered nurse practitioner has expanded scope of practice within a specialty area.

**Amended Motion:** It is within the scope of practice of the specialty area of women’s health.

**Moved:** Mr. James Mitchell

**Seconded:** Ms. Anita Martinez

**Discussion:** Members discussed the amended motion stating “specialty area of women’s health” is limiting the type of nurse practitioner; adding within specialty area. population; delineating first vs. second trimester

Assistant Attorney General Zack posed the following question to the committee: Is a surgical abortion a diagnostic procedure, therapeutic procedure or an additional act that is recognized by the nursing profession as within the scope of NP practice? Is it recognized by the nursing profession as proper to be performed by a nurse practitioner? Committee response: 8 yes, 3 no

**Note: Mitchell rescinded the original and amended motions.**

**Motion 2:** It is within the scope of practice of a nurse practitioner to perform a first trimester aspiration abortion provided:

- the procedure is within the nurse practitioner specialty certification population;
- the nurse practitioner has the training and education in performing the procedure; and
- the nurse practitioner has documented evidence of competency in the procedure.

**Moved:** Dr. Denise Link

**Seconded:** Ms. Judy Hileman

**Discussion:** Members discussed training and education, formal education, accreditation, and referred to the language in the nurse practice act.

**Note: Link rescinded motion 2.**

**Motion 3:** It is within the scope of practice of a nurse practitioner to perform a first-trimester aspiration abortion provided:

- the procedure is within the nurse practitioner specialty certification population;
- the nurse practitioner has met the education requirements of A.A.C. R4-19-508(C); and
- there is documented evidence of competency in the procedure.

**Moved:** Dr. Denise Link

**Seconded:** Ms. Judy Hileman

**Discussion:** None.

**Vote:** Motion carried unanimously

**B. NP Program Preceptor/Clinical Placements**

This item was tabled and will be discussed at the next Advanced Practice Committee meeting.

**4. NEW BUSINESS**

**None**

**5. ITEMS FOR AGENDA FOR FUTURE MEETINGS**

Legislative updates will be included on the next meeting's agenda. Members will e-mail Grady regarding other topics to be included.

The next meeting will be announced at a later date.

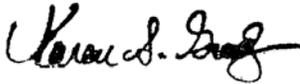
**6. CALL TO THE PUBLIC**

This matter was covered under Agenda Item 3A – NP Scope of Practice Related to First and Second Trimester Surgical Abortions.

**7. ADJOURNMENT**

There being no further business the meeting was adjourned at 12:17 p.m.

**MINUTES APPROVED BY:**



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Signature

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