



**Janet Napolitano**  
Governor

**Joey Ridenour**  
Executive Director

## Arizona State Board of Nursing

### NURSE PRACTICE ACT STEERING COMMITTEE MINUTES

**FEBRUARY 7, 2008**

**MEMBERS PRESENT:**

Adda Alexander, RN  
Joyce Benjamin, RN  
Kathryn L. Busby, JD  
Theresa Crawley, RN CRNA  
Mary Griffith, RN  
Gregory Harris, JD  
Kathy A. Scott, RN  
Mary Wojnakowski, RN CRNA

**MEMBERS ABSENT:**

Brandon Coakley, Williams & Associates  
Rory Hays, JD  
Anne McNamara, PhD RN  
Mardy Taylor, RN  
Kim Zack, Assistant Attorney General

**GUESTS PRESENT:**

**BOARD STAFF ATTENDING:**

Joey Ridenour, Executive Director  
Pam Randolph, Associate Director, Education  
Valerie Smith, Associate Director, Investigations (telephonic)  
Amy Foster, Assistant Attorney General  
Nina Zimmerman, Assistant Attorney General

#### **I. CALL TO ORDER & WELCOME/INTRODUCTION TO NEW MEMBERS**

Ridenour called the meeting to order at 3:00 p.m. Ridenour introduced new committee members Amy Foster, Assistant Attorney General, and Adda Alexander, RN, Executive Vice President and Chief Operating Officer of the Arizona Hospital Association.

#### **II. REVIEW/APPROVE MINUTES OF DECEMBER 13, 2007**

Busby moved and Griffith seconded to approve the Nurse Practice Act Steering Committee meeting minutes for December 13, 2007 without correction. The motion carried unanimously.

#### **III. REVIEW MEMBERSHIP APPROVED BY BOARD JANUARY 2008**

Ridenour requested the committee review the list of committee members submitted to the Board for approval at the January 2008 Board meeting. Committee members accepted the approved membership list with the addition of Assistant Attorney General, Amy Foster.

**IV. SUBCOMMITTEE MEMBERS APPOINTED TO REVIEW POLICIES RELATED TO SUBPOENAS**

Ridenour stated that this matter was addressed at the December 13, 2007 meeting at which time a sub-committee was formed to review policies related to subpoenas. The sub-committee has not met, as sub-committee members were waiting for Board approval. Ms. Kathryn Busby agreed to take leadership of the sub-committee. A report will be prepared for May 2008 Board meeting.

**V. REVIEW OF 2008 LEGISLATIVE BILLS RELATED TO NURSING REGULATION/PRACTICE; CONSOLIDATION OF 90/10 BOARDS; PRIVATE POST SECONDARY & BOARD OF NURSING JURISDICTION NURSING PROGRAMS**

Ridenour addressed the committee stating that this item is on the agenda as an update on legislative bills brought to the attention of the Board that may impact nursing regulation.

**Senate Bill 1431: nursing programs jurisdiction**

Randolph offered that Senate Bill 1431 is the result of a complaint filed with the Ombudsman by a private nursing assistant training program. Historically, privately run nursing assistant training programs, usually operated and owned by nurse entrepreneurs, were regulated only by the Arizona State Board of Nursing (AZBN). The Board has not received complaints against these programs, nor have there been any complaints of fraud to date.

In 2008 the Private Post Secondary Board (PPSB) legislatively deleted the exemption of privately operated nursing assistant training programs and established jurisdiction. This legislation was brought to the attention of AZBN when privately run nursing assistant training programs began to call to register complaints regarding compliance with requirements from two regulatory agencies. AZBN does not charge a fee for oversight; however, PPSB charges \$800, and programs must have a CPA statement, a bond of \$15,000, must undergo additional inspections, and must have the curriculum reviewed and approved despite having curriculum review and approval by AZBN. After a review, the Ombudsman substantiated the complaint. A meeting with the two agencies was held to explore the possibility of PPSB reducing fees and covering the area of fraud and fiscal responsibility. PPSB stated that fees could not be reduced. AZBN continued to be concerned about the overregulation. The Ombudsman's proposed Bill contains language that limits Board authority over nursing programs. Meetings have been held with Senator Paula Aboud, who assured that the Bill will act as a placeholder, and that the language that limits Board authority and increases regulation will be removed and new language will be proposed that will specifically state that programs that offer only a CNA program are exempt from PPSB oversight. This matter will be assigned to both the Health and the Rules Committee.

**Senate Bill 1329: AHCCCS; self-directed care services**

Ridenour stated that the language in this Bill remained the way it was described by Alan Schafer, Arizona Health Care Cost Containment System (AHCCCS), with an evaluation

period and then a report to the House, Senate and Board of Nursing. Griffith stated that members of AzNA expressed concern with the Bill. Ridenour stated the importance of RN oversight and noted that the structure of the Bill ensures that issues will be addressed. Ridenour stated that it is important to the Board that individuals impacted by the Bill are able to utilize their resources in the way in which they desire without risk of their well being.

## **CONSOLIDATION OF BOARDS**

HB 2552: board of barbering and cosmetology

Ridenour stated that this Bill has been assigned to a committee. Harris stated that the Governor has been meeting with boards and associations. A modern Health Care Bill expected from the Governor's office has not yet come forward.

Senate Bill 1402: nursing care board; DHS; transfer

Ridenour offered that Senate and House members are still confused about the roles of the Nursing Care Administrator Board and the Board of Nursing. The Nursing Care Administrator Board would be regulated by the Department of Health Services

Senate Bill 1171: technical registration board repeal; ROC

Ridenour requested that the committee review this particular Bill as it serves as an example of board consolidation between the two Boards.

House Bill 2741: nursing board; respiratory therapists

Ridenour inquired as to whether or not the Arizona Nurses Association (AzNA) received any responses from the legislature on House Bill 2741 at the recent Lobby Day. Benjamin stated House Bill 2741 was not discussed; however several different Bills were reviewed.

AzNA is currently monitoring approximately 75-80 Bills. House Bill 2041, introduced by the California Nurses Association (CNA) on safe staffing; which seeks to mandate staffing ratios. Benjamin stated AzNA's position does not necessarily oppose ratios, but feels that ratios should not be set by legislators. Benjamin noted the lack of support for mandating ratios.

House Bill 2673 school nurses is also being monitored by AzNA. This Bill received a lot of support as it seeks to have a registered nurse in every school. House Bill 2673 will address questions of licensed practical nurses performing duties that may be within scope but not under the supervision of a registered nurse. A special school board meeting would be held for those school districts that want to opt out of compliance to notify the department of education what the reasons are.

Health care budget issues were also discussed on Lobby Day regarding the 10% lump sum reduction at AHCCCS. AzNA is most concerned with the potential 2 million dollar cut to the Arizona State University Department of Biomedical Informatics which includes the College of Nursing and Health Care Innovations. AzNA will continue to monitor a Bill on Patient Care Presumption, which involves withholding food & fluids, and looking at advance directives. Language that said if nurse is not in agreement with the plan the

nurse is to transfer the care of the patient was taken out. This Bill would not recognize advance directives, and as a result may impact hospice care.

## **VI. REVIEW & DISCUSS HOUSE BILL 2268: osteopathic board; omnibus**

Ridenour requested committee members review the language used in House Bill 2268 with regard to Board delegated duties. Ridenour reported that the Arizona State Board of Nursing receives up to 135 complaints each month and has been stable for the past 6-7 years, and that approximately 300 cases go before the Board each meeting. In an effort to process cases in a more expeditious manner, Ridenour suggested the Board of Nursing adopt similar measures to those of the Medical Board. Ridenour noted that the intent is to bring closure to cases that based on board history have not been high risk/high harm. Adopting this practice would decrease the cycle time of a case, as matters would not have to wait to be placed on the agenda for the next board meeting. Ridenour noted that this is not meant to minimize role of board, but rather meant to facilitate the processes.

Busby stated that the concept of dismissal based on criteria, and criteria based on factors that have proven to be of no harm to the public and the board has not taken prior action on makes sense in terms of efficiency for use of Board time, which would allow the Board to then focus on matters that have the highest significance to public safety. However, Harris cautioned that the medical board has had members of the public attend public sessions to complain about dismissals, and recommended Nursing Board staff dialogue with the Medical Board regarding public sessions and triggers that result in reopening cases. Harris questioned whether or not there is a way to get the same results from the existing triage process and case disposition process without having to adopt this policy. Committee members discussed the implications of using the medical board's language.

Ridenour maintained that AZBN would not use all of the language adopted by the Medical Board, but would adopt the concept. Ridenour noted that almost 40% of all cases end up with non-disciplinary action and that exploring this concept assists in trying to find the best way to close non-disciplinary cases. Ridenour also stated that the cycle time for cases remains between 7 and 9 months. The case cycle will not take less than 6 or 7 months without changing the process. Evidence will be provided to support a change in the process.

**Motion:** Explore and draft language to delegate similar powers as the Medical Board and Osteopathic Board.

**Moved:** Ms. Kathryn Busby

**Seconded:** Ms. Theresa Crawley

**Discussion:** Committee members inquired as to whether or not Boards utilizing this concept have received complaints from the public regarding decisions and the executive director's level of power or authority. AZBN, as part of the Core Report for National Council, will be gathering feedback on the

complaint process and will be capturing data on complaints that may be shared with committee members. Other agency directors may have information about appropriate use of executive director authority to make decisions in this area.

**Vote:** Motion carried

## **VII. REVIEW LEGISLATION TO BE INTRODUCED BY OREGON BOARD OF NURSING**

Randolph addressed the committee stating that in preparing the proposed rules, language for definitions from other Boards were looked at. Randolph referenced other Boards for clarifying definitions and consistency particularly in the distinction between RN and LPN. The current rulemaking incorporates some of the standards appearing in the Oregon proposed regulations; however the distinction between RN and LPN is addressed more thoroughly in AZBN rules. NCSBN model rules were reviewed as well. There has been positive feedback particularly in the area of scope. The rulemaking draft is available on the AZBN website.

Committee members found no problem with proposed rules as they stand. It was the consensus of the committee to not incorporate the Oregon Model with the draft.

## **VIII. UPDATE ON 2007 LEGISLATION REQUIRING PROOF OF CITIZENSHIP FOR LICENSEES/CERTIFICATE HOLDERS**

Ridenour stated that a Bill enacted last year, now requires proof of citizenship or lawful presence for all initial and renewing of licenses and certificates. There are approximately 13,000 licensees that will renew during May and June. Board staff has been working with employers, and intend to conduct meetings at the Board office in February and March to help people understand the requirements and how they can submit documentation. Board staff is in the process of changing the licensing database to keep the online renewal process in tact. Ridenour noted that licenses will be expired at the time the proof of citizenship documentation expires (i.e. passport, green card)

## **IX. REVIEW DRAFT 3: DISCUSSION OF BARRIERS/CHANGES NEEDED TO NURSE PRACTICE ACT & POTENTIAL EVIDENCE TO SUPPORT REVISIONS**

Ridenour invited committee members to suggest any other ideas or changes to be incorporated in Draft 3.

Randolph stated that Jane Lacovarra, CNS, requested revised language to the definition of Clinical Nurse Specialist. Randolph offered to look at the National Association of Clinical Nurse Specialist Competencies and try to revise the definitions so that they may be consistent with the competencies, and propose language to be reviewed at the next

meeting. Randolph also noted that Clinical Nurse Specialists would like prescribing and dispensing privileges, which would be a sunrise legislative issue. Ridenour stated that if the Clinical Nurse Specialists come forward with rationale or evidence to support such privileges it would have to be addressed in a separate Bill. Committee members noted that Clinical Nurse Specialists would also have to demonstrate education.

Randolph reminded the committee of the decision to use Nurse Practitioner instead of Registered Nurse Practitioner, and stated that the title Registered Nurse Practitioner is in many other Bills. Changes made by Rory Hays last year made use of the title Registered Nurse Practitioner. Randolph would like to go back to using Registered Nurse Practitioner to prevent all other Bills and statutes from being pulled and changed to remain consistent.

**Motion:** Motion that we include new language on Clinical Nurse Specialist and that we change to Registered Nurse Practitioner as the terminology.

**Moved:** Ms. Kathryn Busby

**Seconded:** Ms. Theresa Crawley

**Discussion:** None.

**Vote:** Motion carried

Committee members requested clarity on §32-1636 Use of Title of Abbreviation for Registered Nurse Licensed Nurse, Advance Practice Nurse under section C regarding protection of the title 'nurse anesthetist'. Randolph stated that common colloquialisms that people typically use to identify themselves as part of the profession are included under title protection so that others cannot use the titles. Wojnakowski stated to include the title 'anesthetist' as all potential titles to identify the provider should be included. It was the consensus of the committee that all three terms remain in the draft.

## **X. REVIEW OF TIMELINE & FUTURE TOPICS FOR COMMITTEE CONSIDERATION & DEBRIEFING**

Harris recommended the committee look at other Omnibus Bills in addition to the Osteopathic Omnibus Bill that may be useful.

Griffith expressed concern that items were left out of the draft last year because of the legislative timeline, and would like to be certain that no items removed at that time should be put back in.

Committee members were asked to consider the Board going to a six year licensure renewal cycle in consideration of licensees now being required to produce documentation each time licenses are renewed. Most Boards renew every two years. Ridenour will ascertain whether or not any other Boards in the state are using a six-year cycle to conclude what the potential benefits of six-year cycle may be. A five-year renewal cycle may be consistent with the five-year practice requirement. Members also discussed

whether or not look at legislative ceilings in this Bill. Ridenour recommended legislative ceilings be addressed in a separate Bill.

Suggestions and changes will be incorporated into the draft, returned to the committee for review and placed on the next agenda for discussion.

**XI. CALL TO THE PUBLIC**

There were no members of the public in attendance.

**XII. FUTURE TOPICS – DEBRIEFING**

Next meeting: Thursday, April 3, 2008, 3:00 p.m.

**XIII. ADJOURNMENT**

There being no further business, Ridenour adjourned the meeting at 4:30 p.m.

Minutes Approved by: Joey Ridenour RN MN FAAN 02/07/08  
Joey Ridenour, RN MN FAAN Date  
Executive Director

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