



***Nurses Legislative Day***

***February 18, 2005***

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Arizona State Board of Nursing**

- Update on Changes to Nurse Practice Act**
- ASBN Trends/Data**
- Nurse Involvement in Regulatory Process**

# Nursing's Beginning in Political Activism



- 1873 – Activism began to have legitimate authority over education & practice
- 1893 – Creation of the American Society of Superintendents of Training Schools (NLN)
- Problems:
  - \* Education was secondary to work expected
  - \* Financial advantage to hire student nurses versus graduate nurses

132 years later, House Bill 2465 introduced to fund faculty positions

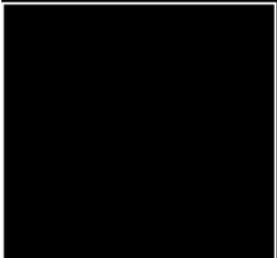
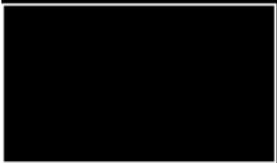
# History of Nursing Licensure

- **1903 – First Nursing Licensure in US – NC, NJ, NY, VI**
- **1921 – Arizona Legislature Enacted Nurse Practice Act**
- **1992 - Computer Testing Launched for NCLEX**
- **1997- Nurse Compact Licensure Model Adopted by NCSBN**
- **2000- Utah Passed Legislation for Nurse Licensure Compact (NLC)**
- **2002- Arizona Passes Legislation for NLC**
- **2005- 18 States Passed Legislation NLC with 13 more in pipeline**

# Arizona Nurses Association (AzNA)



- Formed for the definite and separate purpose of promoting legislation for state registration of nurses





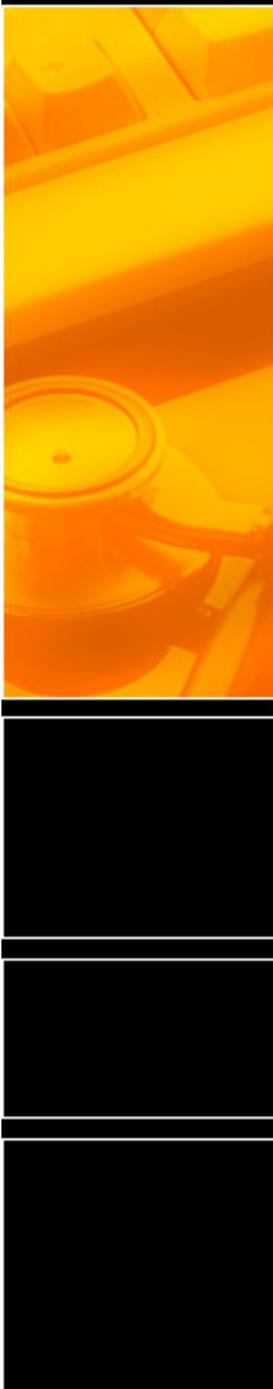
## Arizona Nurses Association



## Arizona State Board of Nursing



<b>Voluntary Professional Affiliation</b>	<b>Membership</b>	<b>Mandatory Licensing/Certification</b>
<b>RNs Exclusively</b>	<b>Composition</b>	<b>APRN's, RNs, LPNs, CNAs</b>
<b>Affiliation to Advance The Profession</b>	<b>Purpose</b>	<b>Regulation to Promote Protection of the Public</b>
<b>Code of Ethics: Identifies Highest Professional Standards</b>	<b>Guiding Principles</b>	<b>Nurse Practice Act: Defines Standards of Practice &amp; Unprofessional Conduct</b>



# Purpose of Regulating the Practice of Nursing Transcends Time

- Protect the Public from unsafe practitioners
- Hold practitioner accountable

# Arizona Data: February 2005

## RN/LPNs

		7/01 Arizona Only Addresses	2/05 Arizona Only Addresses	All Addresses	7/01 vs. 2/05 Arizona Only Addresses
RN	Active	40,760	46,521	57,552	+5,761 14%
RN	Inactive	5,216	6,540	15,756	+1,324 25%
LPN	Active		9,837	10,894	
LPN	Inactive		2,649	4,423	

# AZ RN/LPN Exam Applicants



	1998	1999	2000	2001	2002	2003	2004
<b>RN applications processed</b>	1033	978	1024	959	1364	1234	1842 +883 92%
<b>LPN applications processed</b>	458	530	513	405	533	582	698 +293 72%
<b>Percent of RNs passing NCLEX</b>	90.51%	88.24%	85.35%	83%	85.7%	90.75%	89.87%
<b>Percent of LPNs passing NCLEX</b>	94.54%	93.21%	90.25%	90.3%	93.2%	94.2%	96.44%

# AZ RN/LPN Endorsement Applicants

	1998	1999	2000	2001	2002	2003	2004
<b>Endorsements processed</b>	3739	3369	3408	3210	3905	3377	4472 +1262 40%
<b>Temporary licenses issued</b>	2528	1779	2688	2232	2776	2725	3325 +1,093 50%
<b>Average number of days from application received until temporary license issued</b>	14	26	23	6	6	9	7 days
<b>Number of days for fingerprints to go to DPS and be returned from FBI</b>					50	18	14 days

# Foreign Educated Applicants



Country	First Time Testing		Passing		Percent Passing	
	2003	2004	2003	2004	2003	2004
Philippines	126	141	78	84	62%	60%
Canada	32	32	30	28	94%	88%
India	2	16	0	14	0%	88%
United Kingdom	1	6	1	4	100%	67%
Australia	1	2	1	0	100%	0%
Africa	3	0	1	--	33%	--
Columbia	2	1	0	0	0%	0%
Poland	2	1	2	1	100%	100%
Romania	0	2	--	1	--	50%
**Other countries	3	10	3	6	100%	60%
<b>TOTAL</b>	<b>172</b>	<b>211</b>	<b>116</b>	<b>138</b>	<b>67%</b>	<b>65%</b>

\*\*These countries had one to test in 2003/2004: Brazil, Chili, China, Finland, Indonesia, Islamic Republic of Iran, Kenya, Nigeria, Occupied Palestinian Territory, Peru, Taiwan, Trinidad

# Arizona Nursing Laws



**T/F \_\_\_ Title Protection for the term  
“Nurse” was added to Nurse  
Practice Act 2002**

**T/F \_\_\_ Title protection prevents the  
use of “Vet Nurse”**

**T/F \_\_\_ RN/ GN/ Professional Nurse/  
Registered Nurse are not  
equivalent titles**

# Increase Nurse Imposters 2003 to 2004



- 28 or more than Two Nurse Imposters have been identified each month in Arizona over the past 12 months
- 41 Nurse Imposters past two years
- 1991-2005: Approximately 80 Names on Website
- Two Imposters Arrested February 10, 2004 For Identity Theft – employed in dialysis units purchased 23 homes with estimated value in millions

# Three Imposters Convicted of Felonies



- Carla Moore worked in two healthcare facilities as an LPN; convicted Class 6 undesignated felony; served 3 months in jail; restitution of \$11,000
- Shannon Gail worked as an RN claiming to have a BSN & MSN; convicted Class 6 undesignated offense
- Nancy Volk license was revoked & continued to work; convicted of two felonies



# Four Red Flags Employers Need to Know

- Failure to provide the license; multiple reasons for not being able to provide the original license
  - Provides license copied & altered
  - Typeset varies in name, expiration date or license number
  - Expiration date inconsistent with Board issued date:  
6/30/\_\_\_
  - Unusual lines indicating potential cut & paste
- Demonstration of competencies inconsistent with licensure
- Inconsistent out of state licensure information



# Imposter & Theft of Identity Safeguards

- Require original license for verification & not a copy to look for potential alterations
- If a copy of the license is required for the personnel file, maintain the security; safeguard others do not have access
- Verify licensure within seconds on: [www.azboardofnursing.gov](http://www.azboardofnursing.gov) and click on Online Verification
- Verify multistate licenses the same as you would for any license; Nurse Licensure Compact Board numbers are available at [www.ncsbn.org](http://www.ncsbn.org)



# Definition of Professional Nursing Changed in 2002

- ARS 32-1601 defines the broad nature & scope of nursing practice for the RN.
- What is the definition of professional nursing?

# Definition of Professional Nursing



- Diagnosing & treating human response to actual or potential health problems
- Assisting individuals to maintain or attain optimal health by implementing a strategy of care to accomplish defined goals & evaluate the responses to care & treatment
- Assessing the health status
- Establishing a nursing diagnosis
- Establishing goals to meet health care needs
- Prescribing nursing interventions to implement a strategy of care
- Delegating nursing interventions to others qualified to do so
- Providing for safe & effective nursing care directly or indirectly
- Evaluating the response to interventions
- Teaching nursing knowledge & skills
- Managing & supervising the practice of nursing
- Consulting & coordinating with others
- Performing additional acts recognized by the profession



# What Had Not Changed: ASBN Board Members

- **How many board members are there on the Board?**
- **Qualifications of Board Members: state resident; graduate of approved program, licensed in state, five years experience/ active practice three years preceding the appointment**
- **How many RN's were appointed to the Board in 1921 & how many are there today?**



# Definition of Advanced Practice Nurses Changed 2002

- Assess clients, synthesize & analyze data at an advanced level
- Manage the physical & psychosocial status of clients
- Select, Implement & Evaluate Treatment
- Make Independent Decisions in Solving Complex Client Care Problems
- Recognize limits of knowledge & experience – planning for care beyond expertise
  
- T/F \_\_\_ NP's must have a collaborating physician
  
- T/F \_\_\_ NP's may have admitting privileges

# Changes in AP Certification & Practice



- T/F \_\_\_ Effective July 2005, National Certification is required for initial certification for Nurse Practitioners to assure the public the nurse is competent. Certification is granted on completion of a specialized educational program , passing a standardized exam & completing the application process.
- T/F \_\_\_ Effective September 2004, NP's may complete & sign a medical certification of death if the NP has completed the educational online requirements prescribed by the Board.

# Nurse Practice Act /Rule Changes



- *T/F \_\_\_\_\_ Effective July 1, 2004, Licensure Renewal now requires the nurse to have practiced nursing for 960 hours in the past five years.*
- *T/F \_\_\_\_\_ Licensure renewal changed to every four years by a specific date (June 30<sup>th</sup>) has not reduced the approximate 400 nurses disciplined per year for working on an expired license.*

# RN/LP VIOLATIONS 2000-2004



Category	Total	2000	2001	2002	2003	2004
Drug Related	1179	128	213	281	285	272
Unprofessional Conduct	1088	112	209	233	283	251
Violating Board Order	279	52	43	60	62	62
Misconduct	175	16	29	35	42	53
Criminal Conviction	170	28	42	21	26	53
Criminal Conduct	128	8	36	36	37	11
Fraud Deceit	79	7	18	18	18	18
Action in Another Jurisdiction	75	2	24	21	13	15
Sexual Misconduct	33	1	3	7	6	16
Practicing without License	19		4	4	4	7

# RN LP DISCIPLINARY ACTIONS 2000-2004



Discipline	Total	2000	2001	2002	2003	2004
Revocation/Non-voluntary	745	141	184	157	149	114
Decree of Censure	653	54	117	171	172	139
Probation	536	45	90	93	170	138
Voluntary Surrender	457	54	67	105	99	132
License Denied	314	35	56	75	60	88
Suspension	211	10	38	42	65	56

# CNA ACTUAL VIOLATIONS 2000-2004

CATEGORY	Total	2000	2001	2002	2003	2004
Criminal Conviction	1904	205	415	500	496	288
Drug Related	763	90	212	207	146	108
Failure to cooperate	366		4	48	183	131
Fraud Deceit	470	82	119	84	101	84
Misconduct	673	67	126	182	157	141
Sexual Misconduct	77	7	31	17	14	8
Unprofessional Conduct	395	23	90	72	125	85
Violating Board Order	137		20	28	43	46

# CNA DISCIPLINARY ACTION 2000-2004

DESCRIPTION	Total	2000	2001	2002	2003	2004
Certificate Denied	2125	251	419	511	640	304
Revocation/ Non-voluntary	884	6	96	227	322	233
Civil Penalty	769	24	149	177	214	205
Revoked	603	151	270	182		
Suspension	164	11	30	28	48	47
Voluntary Surrender	138	12	45	25	18	38
Stayed Suspension	89			3	38	48
Revocation/ Court Ordered	41	9	7	16	3	6
Revocation/Voluntary	29	5	21	3		



# Trends Impacting the Evolving Role of ASBN & Future Changes

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- **International NCLEX Testing – cycle time for licensing is same as domestic nurses**
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- **Acts & Persons Not Affected by the NPA – may include student nurses**
- **Administration of Medications by Unlicensed Persons; Pilot Study Medication Technicians**
- **Evolving Scope of Practice & Delegation Competencies related to Nursing Shortage**
- **Prescriptive Authority & APRN Compact**
- **Nurse Licensure Compact – 18 States to date**



# Delegation Transcends Time Over Last 112 Years

- *“Let whoever is in charge keep this simple question in her head: Not how can I always do the right thing myself but – how can I provide for the right always to be done”*

Florence Nightingale



# Delegation



- Nursing tasks may be delegated, *nursing assessment, evaluation & judgment must not be delegated*
- Nurse is involved & accountable for appropriateness of delegated task
- “The hardest aspect of delegation is clarifying the role of the registered nurse”.



# What Changes Need to Be Made to the NPA To Better Protect the Public & Hold Nurses Accountable?

- Include Nursing Assistants Representation on the Board?
- Expand Delegation Authority of Nurse?
- Expand Board Authority Regarding Licensing Facilities?
- Recommendations?



# Policy & Politics

## Myths & Pitfalls

- A Legislator who understands the Bill making process is more successful than one who is an expert on the substance of the Bill
- Numerous players in the executive branch, legislator, constituents & special interest groups & the many complex steps of the passage of legislation makes it far easier to defeat a Bill than to pass one (Of approximately 4,000 Bills introduced, 500-600 will be enacted)

# Myths & Pitfalls Continued



- Once a Bill is introduced, the sponsor can claim they did something about an issue without working on the Bill - blaming others is no action is taken
- Referrals of a Bill to more than one committee can either have positive effect for opportunities for greater public discussion or purposely slow down the process to kill the Bill
- The Chairs of the Committees control the work of the committee and negotiate with their members what Bills will be ignored

## And more



- A Hearing Room with an unsupportive nursing audience may kill the Bill.



## Nine Ways to Influence Legislative & Regulatory Processes

- Become informed about public policy issues currently under consideration
- Become acquainted with public/elected officials that represent you in your district. Communicate regularly to share your expertise on health/nursing issues.
- Call, write, fax, email message to your legislator, stating briefly the position you wish them to take. Always mention you are a RN & you live in the legislators district.

# Influencing Legislative Processes



- Request legislation be introduced or a regulatory change made. Offer your expertise in developing the legislation or is modifying existing rules
- Become active in your professional association and work to activate grassroots members who are prepared to contact elected officials
- Attend a public hearing on the bill to show support for an issue and testify yourself
- Volunteer to work on campaigns of candidates who are knowledgeable and support of nursing's perspective on issues

## More ways to influence public policy..



- Seek appointment to government task force or ASBN or Board and have an opportunity to make public policy changes
- Seek election to public office or employment in an administrative or executive agency (Approximately 7,300 legislators are elected in all states – approximately 70 are Nurses)

# Website Data:

[www.azboardofnursing.gov](http://www.azboardofnursing.gov)

- Top Downloads last 3 months
- RN/LPN Endorsement Application 15,928
- RN/LPN Exam Application 8,682
- Nurse Practice Act/Rules 5,409
- Nurse Practice Act/ Statutes 3,978

- 2004 Data
- 215,093 Visitors
- 12,834,493 Page Hits
- 466,708 verifications

# Summary



- Questions and Answers

- Thank you!