



Arizona State Board of Nursing

ADVANCED PRACTICE COMMITTEE MEETING MINUTES September 26, 2012

AGENDA ITEM	TOPIC	DISCUSSION	ACTION	FOLLOW-UP
1	Greeting	<p>The meeting was called to order by Randy Quinn at 10:06 a.m. Quinn welcomed the audience and members of the committee. Introduced new member James Soler who replace Rodney Moffet.</p> <p>James Soler, CRNA introduced himself and described his work history</p>		
2.	Approval of Minutes		<p>Motion: To accept the June 2012 minutes without corrections.</p> <p>Moved: Busby</p> <p>Seconded: Quinn</p> <p>Discussion: None.</p> <p>Vote: Motion carried.</p>	
3.	Consensus Model	<p>Ridenour stated the goal is for the Board to submit rule changes by the January 2014 legislative session. Currently there are six states likely to join the APRN compact.</p> <p>Quinn outlined the concerns in the gap analysis for</p>	No action	

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		<p>keeping realistic expectations regarding the legislative process.</p> <p>Busby explained the legislative process and the importance of identifying support in the community by stating that it is important to lay the ground work. It is important to obtain input from other stake holders, identify friendly legislators, and identifying allies. Specifically, identify the House Chair’s most likely to be favorable to proposal. We should anticipate some opposition from the physician community. Although Arizona has a need for primary care providers, the introduction of a Bill may bring about some road blocks. We need to consider that the Bill may not get on the schedule the first time, and there may be amendments to Bill. We have a short time frame for a complicated process.</p> <p>Randolph discussed the Gap analysis for the Consensus model compared to the current statutes and rules:</p> <ol style="list-style-type: none"> 1) The Statutes currently define nurse practitioners as “RNP’s.” 2) The APRN title is not yet a protected title. 3) The Consensus model identifies the Certified Nurse Midwife (CNM) under a separate category from the Nurse Practitioner (NP) <p>AP Committee recommends following the Consensus Model. Changing the category for the CNM, does not broaden the scope of practice.</p> <p>Golden questioned what the CNM community thinks of the change the classification. Additionally,</p>		

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		<p>Golden questioned what states have opted to leave CNM under the umbrella of NP due to push back from other NP's?</p> <p>Bovee- CNM are now certified by American Midwifery Certification Board. (AMCB)</p> <p>Kennedy identified herself as a CNM and stated that the American College of Certified Nurse Midwives supported the Nurse Midwife moving under a separate category from NPs.</p> <p>Quinn recommended moving forward with making CNMs as a separate entity which is consistent with the Consensus Model.</p> <p>Randolph stated she has received emails addressed to the Board questioning why CNM are not separated out from the Consensus Model.</p> <p>Randolph stated the Consensus Model recommends that APRN programs require master's degree for AP certification. AZ currently grandfathers those working in the state. Quinn and other committee members recommend keeping it that way.</p> <p>Busby stated that more states have flexibility. Busby recommended that we would want states to keep flexibility.</p> <p>Randolph stated that the Consensus model does not allow for temporary NPP licensure. Arizona Nurse Practice Act permits the issuance of a temporary AP certification.</p> <p>Golden stated the electronics for certification</p>	<p>Motion: CNM role consistent with Consensus Model</p> <p>Moved: Busby</p> <p>Seconded: Hileman</p> <p>Discussion: None</p> <p>Vote: Motion carried</p>	

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		<p>testing is efficient and the idea of not allowing a temporary certificate or license due to the process of licensure was not an issue.</p> <p>Ridenour stated that the process for new licensure takes about 30 days due to FBI fingerprinting process.</p> <p>Reel clarified that the time taken for the process of passing certifying exam and the time spent waiting for background checks (safety issue) was a completely different issues. The background checks are required for the protection of the public</p> <p>Randolph explained the process for APRN licensure includes verification of education and fingerprints. Temporary certificates for APRN do not include prescribing and dispensing.</p> <p>Ridenour stated there were no issues that she was aware of concerning APRN using a temporary certificate in the past. Ridenour added that the issuance of a temporary permit to practice is a property right and cannot be retracted easily.</p> <p>Randolph added that if an applicant failed the certification exam the temporary immediately expires.</p> <p>Golden expressed concerns about the “climate never being right.” She stated that many states have gone from more unrestricted language despite poor climate for support. IOM is supportive of independent practice.</p> <p>Quinn agreed with Angie’s comments and stated</p>		

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		<p>the time is more positive now than ever before.</p> <p>Randolph suggested adding a new rule to protect AP title. Changes were made including faculty, curriculum and board oversight of APRN programs.</p> <p>Golden stated there is some concern among other boards about lack of Board oversight. Golden added that Credentialing and Board concerns are different for APRN programs.</p> <p>Randolph agreed stating that credentialing agencies do not respond to complaints the same manner as Board's do. Randolph described the Board's role in AZ for oversight for nursing curriculum. Randolph stated that the consensus model will change processes at the Board from certification to licensure for APRNS</p> <p>Quinn- Publically thanked Randolph on her hard work, time, and effort. Very taxing. "Thank you for the hard work you have done and also for the work we handed you today." The work she has done she has not necessarily received pay. Good Job Pam! ☺</p>		
4.	Addressing "An Incremental Regulatory Approach to Implementing the APRN Consensus Model"	Information only.	No action	

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5.	Sunrise Review Application	<p>Sunrise application is due Sept 2013.</p> <p>Busby emphasized timeliness as a concern because the effort to educate and garner the favor of legislators now, may be wasted if representatives change office by the time the proposal is submitted to legislation.</p> <p>Randolph stated the proposal needs to go to Board for approval in July 2013.</p> <p>Busby stated she will check with Greg (lobbyist) regarding concerns to vet this project.</p> <p>Randolph stated that in order to produce a quality product, she anticipates she will need to spend between 40 and 60 hours working on this document. The most time will be involving literature reviews and research time.</p> <p>Busby added that the work required to research CNS prescribing possibilities is more intensive due to the lack of available data. Busby suggested placing priority of work in order of: Independent practice CRNA, CNM, and then CNS.</p> <p>Klass raised concerns regarding bringing two or three solid proposals and one less substantial proposal. She questioned if this would affect the possibility of passing the solid proposals.</p> <p>Quinn agreed with the identified goal of moving forward with all four proposals. Quinn stated he does not want to separate them now but may.</p> <p>Randolph emphasized that in order for the</p>	No action	<p>Sunrise to Board for approval July 2013.</p> <p>Busby to check with Greg (lobbyist) regarding concerns to vet project.</p> <p>Application needs to be written by May 2013.</p> <p>Alliance with</p>

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		<p>application to be ready by June 2013, it needs to be ready to go by May 2012.</p> <p>Livingston suggested adding two AP meetings between now and then.</p> <p>Quinn suggested building an alliance of stake holders as soon as possible to hear the concerns of the proposed application. Quinn suggested we make a list of arguments from organizations that are for and against the change in rules. Those who have an interest of organizations are as listed below:</p> <ul style="list-style-type: none"> • ANA • AZ action coalition signed on as supportive • AZHA • AARP • Southern Arizona NP Group • AZNP Council • Northern Arizona NP Group • AZNA • Chamber of Commerce • AZONE • AANP Region 9 Health and Human Service Director Herb Shultz, has offered to give us names of organizations. • Retail clinics • ACCCHS administration association – Busby will check- ACA • Long term care facilities: <p><i>[National Long-Term Care Network (NLTCN)</i> <i>National Citizens Coalition for Nursing Home Reform (NCCNHR)</i> <i>National Association of Directors of Nursing Administration in Long Term Care</i></p>		<p>stakeholders – who will contact?</p>

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		<p><i>National Association of Boards of Examiners of Long Term Care Administrators</i> <i>National Association for the Support of Long Term Care (NASL)</i> <i>National Alliance for Caregiving (NAC)</i> <i>American Association for Long Term Care Nursing (AALTCN)</i> <i>National Association of Long Term Hospitals (NALTH)</i> <i>National Center for Assisted Living (NCAL)]</i></p> <p>Anticipated opposition</p> <ul style="list-style-type: none"> • AMA • Anesthesiologists • Banner <p>Bovee added that Banner will not allow nurse midwives in their system. Busby stated she will talk to ARMA</p>		<p>Busby to speak with ARMA</p>
6.	Addressing “Dealing with Expired Meds”	<p>Klass stated that the World Health Organization WHO and FDA discouraged the donating of expired medication - even during a time of crisis. They stated that the cost of disposing of donated expired meds exceeded the benefit. Klass referenced an article that reported 90% of expired medications are still good 15 years after the expiration date. However, the article went on to say that it is not ethically appropriate to give to another patient.</p> <p>Quinn proposed to hold off on an advisory opinion at this time due to the priority of work in front of the committee but will bring back the topic at a future date if needed.</p> <p>Golden suggested using AZNPC to distribute</p>		<p>Golden – AZNPC website to post articles regarding topic of expired medications.</p>

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		information. AZNPC has a new website that is able to house articles addressing the topic of expired medications. Golden clarifies that the website would only house information and not provide a legal opinion.		
7.	Treatment of Acute Pain	<p>Golden addressed the issue of under treating acute pain in the ER.</p> <p>Quinn recommended not going through the process of an advisory opinion at this time due to other priorities of the committee at this time. Quinn suggested we could bring this back at a future date if needed.</p>		
8.	Draft Article 5: Advanced Practice Registered Nursing	Randolph reviewed changes to Article 5 and made modifications based on member feedback.	<p>Motion: Accept Article 5 as written by Randolph</p> <p>Moved: Reel</p> <p>Seconded: Busby</p> <p>Discussion: None</p> <p>Vote: Motion carried</p>	Randolph to move Article 5 forward.
9.	Advanced Practice Committee 2013 Calendar	<p>Committee voted to accepted recommended dates and time for the 2013 advanced practice committee meetings:</p> <p>Wednesday, March 6, 2013 1pm Wednesday, June 5, 2013 1pm Wednesday, September 4, 2013 1pm Wednesday, December 4, 2013 1pm</p> <p>Dahn stated that we will be accepting resumes for consideration for committee appointments. Please refer anyone interested for serving on the advance practice committee to Janeen. Those interested in serving a second term should also contact Janeen.</p>		Those interested in committee appointments send resume to Janeen Dahn

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10.	Advisory Opinion, "Suture Medicated Closure Devices"	<p>Randolph reported a request from Judy Bontrager asking the committee to identify the purpose and procedure of the Suture Medicated Closure Device.</p> <p>Quinn stated that the AO only covers RN and LPN. And questions why RN's are using the closure device if not equipped to address the unforeseen complications or consequences. He stated he would be open to consider this pending additional information on how they work, and what provisions are in place for consequences.</p> <p>Kennedy voiced concerns that hospitals will not allow nurses to take out staples if this Advisory Opinion is removed.</p> <p>Quinn suggested this go back to scope of practice committee to keep the AO as is. The AP committee is not informed enough to make changes at this time.</p>	No action	Need more information regarding device and procedure.
11.	Items for Agenda for Future Meetings	None	No action	
12.	Call to the Public	No audience members presented themselves.	No action	
13	Adjournment		<p>Motion: Adjourn 1242</p> <p>Moved: Busby</p> <p>Seconded: Quinn</p> <p>Discussion: None</p> <p>Vote: Motion carried</p>	

June 14, 2012 Advanced Practice Committee Meeting Attendance

Members Present	Members Absent	Board Staff	Guests	
Randy C. Quinn, MSN, CRNA Board Member, Chair Janice L. Bovée, MSN, CNM, RNFA Kathryn Busby, JD, Co-chair Victoria Ann Ainsworth, DNP, FNP-C (Telephonic) Susan K. Bohnenkamp, RN, MS, CCM, APRN-BC (Telephonic) Marci Farquhar-Snow, MN CCRN CMC CNS ACNP-BC Susan Faye Livingston, FNP, MSN, CDE Angela Golden, DNP, FNP, CNS (Telephonic) Debra Goulding, DNP, FNP-BC, CNN-NP Judy Hileman, MSN, Psych/MHNP, FNP Lynn Kennedy, DNP, CNM Kathleen E. Klas, RN, FA, MS, CPNP-AC/PC LeeAnn Ranieri, DNP, FNP-BC Sally Reel, PhD, FNP Ted Rigney, PhD, ANP, ACNP-BC, FAANP Linda Vincent, CCRN, ACNP-BC Kathy Watson, MS, CPNP, RN Joan RalphWebber, MSN, CNS James Solar, CRNA	Carol E. Feingold, MS, PMHNP, APRN-BC Nancy Denke, FNP-BC, FAEN, ACNP Carol Bafaloukos, MSN/WHNP	Joey Ridenour, RN, MN, FAAN Janeen Dahn, Advanced Practice Consultant Kristi Hunter, MSN, FNP-C, Advanced Practice/RN/LPN Investigator Pamela Randolph, Associate Director Education and Evidence-based Regulation Cory Davitt, Information Technology Department	Janelle Gonzales, Student Nurse	
			Jill Arzouman	NP student