



State of Oregon
Kate Brown, Governor

Oregon State Board of Nursing
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Executive Director

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Oregon State Board of Nursing (OSBN)

Meeting Topic: APRN Rule Advisory Committee
Subcommittees: All
Meeting Date: October 1, 2015
Meeting Time: 1:00 pm to 5:00 pm

Location: OSBN Conference Room
Facilitator: Christy Cowgill
Recorded: Yes

RAC Members In Attendance: **Stephanie Barss, Ann Busch, Dawn Cogliser, Martha Driessnack, Larlene Dunsmuir, Emily Goerke, Kelly Goudreau, Carol Howe, Susan King, Joe Knaus, Duane Laurelton, Bruce Marks, Megan Osborn, Cynthia Perry, Meg Portwood, Tricia Schroffner, Ingrid Siegman, Joshua Squiers, Helen Turner**

Others in Attendance: Doug Bufkin, Sue Davidson, Michael Wray

RAC Members Absent: Romnee Auerbach, Eric Beechly, Robin Bell, Jennifer Bevacqua, Carl Brown, Suzanne Brown, Sandra Bunn, Mark Cohen, Kathy Cook, LuAnn Cook, Cathy Emeis, Penni Harmon, Andrea Johnson, Yena Kim, Gayle Larson, Susan Marie, Kathy Moon, Susan Neveu, Stephen, Patten, Jane Sawall, Margaret Scharf, James Sims, Jessica Slaughter, Christine Valdez, Cindi Warburton*

RAC Attendance Key: bold = **present** / *= excused absence

TOPIC	DISCUSSION	DECISION/ FOLLOW-UP
Welcome/ Materials/ Handouts	Christy Cowgill, OSBN Advanced Practice Policy Analyst, commenced the APRN Rule Advisory Committee (RAC) meeting for all members, including all subcommittee members. Documents provided included: Ground Rules, APRN RAC Charter, Summary of Subcommittee meetings, and the Rule Advisory Committee vs. Stakeholder Group handout were provided.	
APRN Education Regulatory Guidelines and Proposed Language	C Cowgill presented a five year summary of APRN cases that led to discipline over the past five years to provide an overview of the current trends. Cases resulting in discipline have not increased even though numbers of APRNs have increased significantly. <ul style="list-style-type: none"> Utilizing the data would help the group stay congruent with Board issues when proposing rule revisions. The most common discipline cases were related to prescribing and failure to meet standards of practice. C Cowgill explained she would continue to work to develop	

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	<p>pertinent points from the data to share with the group.</p> <p>The group reviewed the work of the sub-committees and discussed the concepts they wanted to share with the Board in November. The discussions included the following*: * Note: The concepts summarized below were not all inclusive.</p> <p><u>Education</u></p> <ul style="list-style-type: none"> • The removal of the experience hour requirement for NPs. • The proposed rules for the advanced practice educational programs in Oregon would defer to the standards and requirements for full accreditation by an approved accrediting body. <ul style="list-style-type: none"> ○ The Board would retain the authority to approve the programs, survey any program complaint, and require additional standards above and beyond those required by the accrediting body in circumstances of public safety. • The requirements for the non-Oregon based education programs accepting Oregon students would be minimized to requiring a student to be a licensed RN, enrolled in an accredited, nationally recognized nursing program and to practice with a licensed preceptor. <ul style="list-style-type: none"> ○ All advanced practice programs were accredited. ○ There'd been no discipline related to students of non-Oregon based programs in the past 18 months. ○ The proposed language was modeled after NCSBN's Consensus Model. ○ Disconcerting to not know how many students were taking didactic courses online from other states, but doing clinicals in Oregon. That information helped to provide the numbers of future licensees in Oregon. ○ OSBN regulated public safety - an Oregon <i>licensed</i> RN enrolled in an out-of-state program and completing clinicals under a <i>licensed</i> preceptor in Oregon was not harmful to the public. ○ APRNs precepting non-Oregon based program students needed to understand their responsibilities for the student, the patient's health and know the educational program's liability. ○ Senate Bill 218 passed and became effective September 1, 2015 increasing the fee requirements for an out-of-state program to obtain approval from the Oregon Office of Degree Authorization. This affected all programs outside the state, regardless of whether the student would only be completing clinicals. This change would probably further limit Oregonians' ability to get advanced education and cause a decrease in programs that would accept Oregon students. 	<p>Majority agreement, L. Dunsmuir wanted time to discuss with professional association group.</p>

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	<ul style="list-style-type: none"> ○ Recommendations to have a pamphlet on mandatory reporting in response to the concern that an issue with a student wouldn't get reported to the Board. <p><u>Initial License, Renewal, Reactivation, Re-entry</u></p> <ul style="list-style-type: none"> ● To obtain an <i>initial</i> license (certification) for an NP, CRNA, CNS, an applicant would be required to hold an active unencumbered RN license in Oregon, hold a minimum of a master's degree from an accredited educational program if the education commenced on or after December 31, 1986 (NPs) and 2000 (CRNA). ● The Board would have the authority to conduct a random audit of applicants and licensees to verify current certification, education or continuing education. ● To obtain a <i>renewal or reactivation</i> license (certification), the applicant would be required to hold an active unencumbered RN license in Oregon and provide evidence of current national certification from an approved accrediting body. (CNSs would not be required to maintain national certification.) If an applicant was on Board probation, they would have to be following the terms of their probation and hold an active license. ● To obtain a <i>re-entry</i> limited license, an applicant would be required to hold an active unencumbered RN license; submit documentation of acceptance into a Board approved re-entry program; and complete the program within 12 calendar months or submit an explanation for a one time only extension. <p><u>Scope of Practice</u></p> <ul style="list-style-type: none"> ● An APRN (NP, CRNA, CNS) shall: <ul style="list-style-type: none"> (a) Be accountable to the Board and public to provided quality care, and (b) Perform within the established practice standards of the appropriate APRN role and specialty. ● Important to maintain current language in OAR: "...independently responsible and accountable for quality of care". ● Group agreed to the proposed language as an umbrella for all advance practice roles, but wanted the rules to then branch off for each specific license (certification): NP, CRNA, and CNS. C Cowgill agreed to utilize the current scope language from each division and draft an updated concept to send to the group for their input. <p><u>Prescriptive Authority</u></p> <p>C Cowgill announced that the prescriptive authority booklet was updated and the Pharmacy Board removed the testing requirement.</p> <ul style="list-style-type: none"> ● An APRN (NP, CRNA, CNS) shall have plenary authority to possess, compound, prescribe, 	<p>C.Cowgill to discuss unencumbered license status w AAG.</p>

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	administer, and dispense to clients controlled and non-controlled drugs within the scope of the APRN's practice.	C Cowgill to send power point with changes to group.
RAC Timeline	<p>The group approved the proposed concepts and agreed to go forward with the plan to submit a summary to the Board for the November 19, 2015.</p> <p>C Cowgill agreed to send a draft summary to the group for their input prior to submitting a final report for the November Board meeting. The goal was for the Board to provide the APRN Rule Advisory Committee direction based on the summary report.</p> <p>Regarding committee members who missed three successive meetings "without reasonable cause" per the APRN RAC Charter, C Cowgill would send a status report to the Board in mid-October.</p>	<p>C Cowgill to send a draft summary to APRN RAC members prior to sending a final report to the Board.</p> <p>C Cowgill to send report to Board on committee member status.</p>
Next Meeting	The group asked that the meetings continue to meet on Thursdays in 2016. The next meeting would be in January, but the date was yet to be determined.	C Cowgill to send out meeting dates as soon as possible.
Adjournment	The meeting adjourned at approximately 5:12 pm.	N/A

Minutes completed by Ginger Simmons, Policy Analyst Administrative Assistant, Sarah Wickenhagen, Advanced Practice Policy Analyst and Christy Cowgill, Advanced Practice Policy Analyst.