



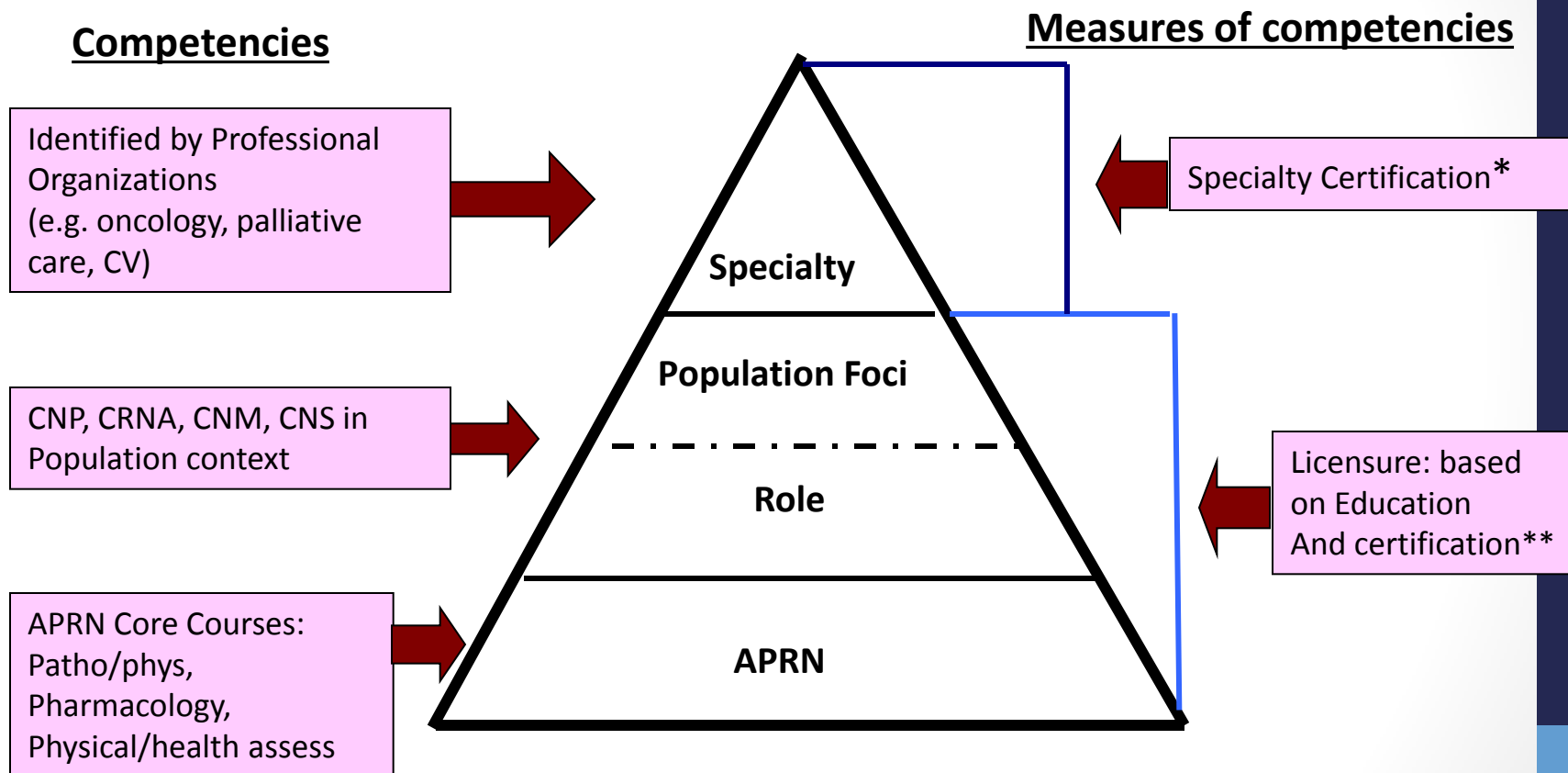
OCCNS OSBN Update

- Oregon State Board of Nursing
- Sarah Wickenhagen, DNP, FNP, APRN
- Advanced Practice Policy Analyst & Education Consultant
- October 28, 2014

Topics of Discussion

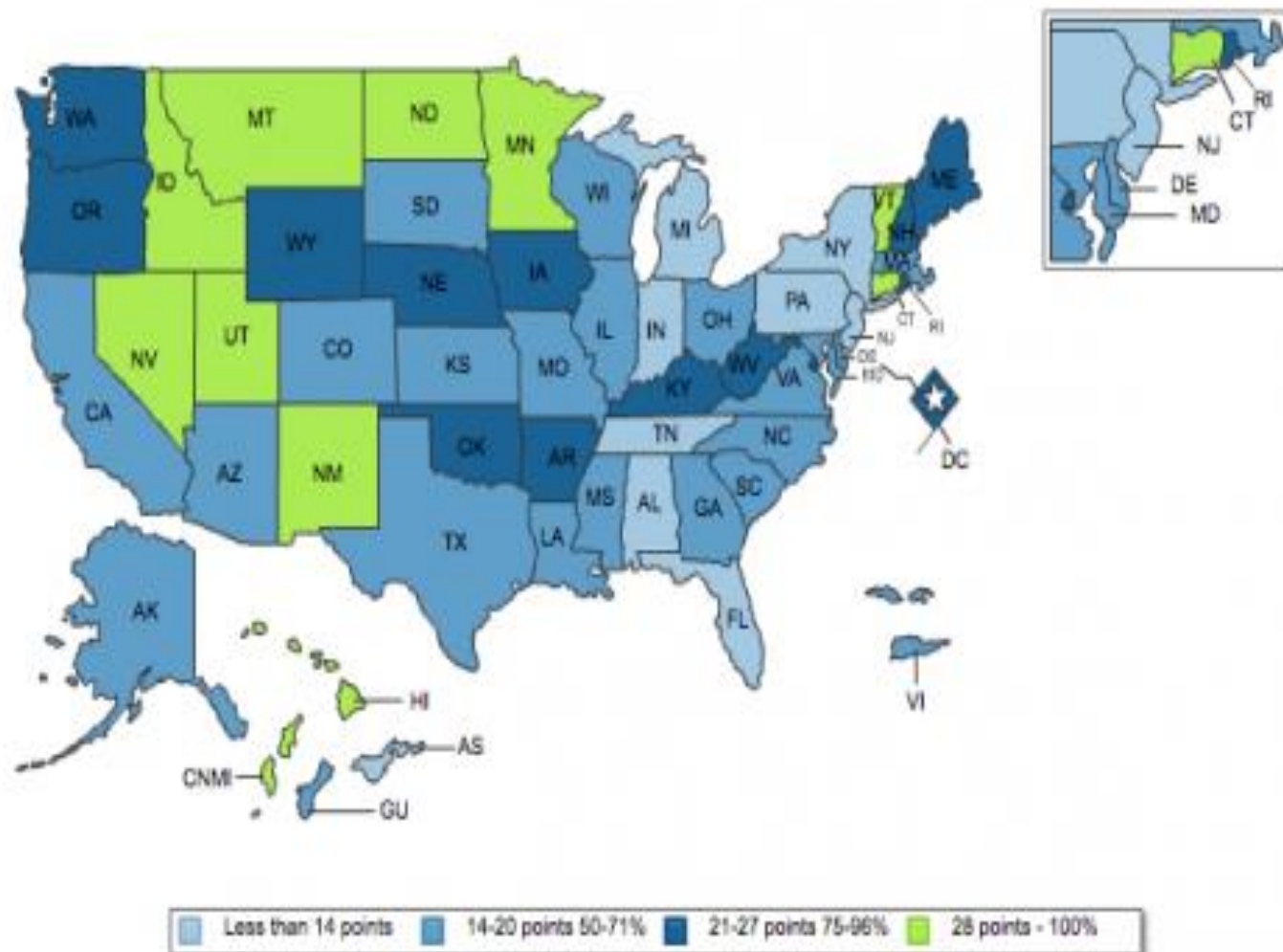
- APRN Consensus Model Implementation Update
- Nurse Practice Act:
 - Division 56
 - Division 54
- BON Policies
- NACNS Survey
- CNS Certification Exams
- Center for Advancing Provider Practices (CAP 2)
- Frequently Asked Questions
- Contact Information

Relationship Between Educational Competencies, Licensure and Certification



Consensus Model Implementation Status

This map is an overview of each state's consensus model implementation status.



Oregon Implementation Status

APRN Title	Roles -CNP -CNS -CNM -CRNA	Licensed	Education	Certification	Independent Practice	Independent Prescribing
0	4	4	4	4	4	4
No Term	CNM viewed as CNP					-CNP -CNS -CRNA 10 days only

2015 Oregon Regular Session

- DRAFT SUMMARY
 - Prohibits individual from using title “Advanced Practice Registered Nurse” or abbreviation “APRN” unless individual is clinical nurse specialist, nurse practitioner or certified registered nurse anesthetist.
- A BILL FOR AN ACT Relating to the practice of nursing.
- Be It Enacted by the People of the State of Oregon:
 - SECTION 1. Section 2 of this 2015 Act is added to and made a part of ORS 678.010 to 678.410.
 - SECTION 2. An individual may not use the title “Advanced Practice Registered Nurse” or the abbreviation “APRN” unless the individual is:
 - (1) A clinical nurse specialist;
 - (2) A nurse practitioner; or
 - (3) A certified registered nurse anesthetist as defined in ORS 678.245.

What's in a name?

- LACE/Consensus Model recommend in 2008:
 - APRN, CNS
 - APRN, CNM
 - APRN, CNP
 - APRN, CRNA
 - Licensure and Signature
- **Not a current licensure requirement**
- Future?????



Rule Making Process

- 1st Reading
 - Draft language or “track changes” and discussion of topics by board staff and board members
 - Opportunity for public comment
 - Vote to proceed to rule making or further revision



Rule Making Process



- Hearing
 - Rule making
 - Previously discussed draft language with corrections and additions suggested by board members/stakeholders
 - Opportunity for public testimony
 - Vote to make part of the NPA or further revision
 - State Attorney General's office
 - Updates published on website

**Oregon**

John A. Kitzhaber, MD, Governor

Board of Nursing
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TO: All Interested Parties
FROM: Ruby R. Jason
Executive Director
DATE: August 2014
SUBJECT: ADMINISTRATIVE RULEMAKING HEARING REGARDING
THE ADOPTION OF THE AMENDMENTS TO OAR 851-050-0005
(NURSE PRACTITIONERS)

On Thursday, September 25, 2014, 9:00 a.m., the Oregon State Board of Nursing will hold a hearing regarding the adoption of the proposed amendments to Oregon Administrative Rules 851-050-0005 (Nurse Practitioners). This hearing will be held in the conference room of the Oregon State Board of Nursing, 17938 S.W. Upper Boones Ferry Road, Portland, Oregon.

Attached is a copy of the Notice of Proposed Rulemaking for this hearing. The Board is authorized by ORS 678.150 to establish and amend such rules.

If you are unable to attend the hearing, you may submit your comments to me in writing by September 24, 2014, and I will see that they are incorporated into the testimony received at the hearing and considered by the Board at their September 25, 2014, meeting.

The Board looks forward to receiving your input.

Secretary of State
NOTICE OF PROPOSED RULEMAKING HEARING
A Statement of Need and Fiscal Impact accompanies this form.

Board of Nursing

Agency and Division

Administrative Rules Unit

Peggy Lightfoot, Executive Assistant

17938 SW Upper Boones Ferry Rd, Portland, OR 97224

Rules Coordinator

Address

RULE CAPTION

To address the specific role and population foci of Adult and Pediatric NPs in Oregon

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

September 25, 2014

9:00 a.m.

17938 SW Upper Boones Ferry Rd, Portland, OR 97224

Hearing Date

Time

Location

Auxiliary aids for persons with disabilities are available upon advance request.

RULEMAKING ACTION

Secure approval of new rule numbers (Adopted or Renumbered rules) with the Administrative Rules Unit prior to adoption.

ADOPT:

AMEND: OAR 851-050-0005

REPEAL:**RENUMBER:****AMEND & RENUMBER:**

Stat. Auth.: ORS 678.380 and 678.395

Other Auth.:

Stats. Implemented: ORS 678.380

RULE SUMMARY

The purpose of the proposed revisions to OAR 851-050-0050 is to address the specific role and population foci of Pediatric Nurse Practitioners (NPs) in Oregon and clarify language related to the qualifications and training of Adult Registered Nurses (APRNs). The proposed revisions will also clarify that licensees holding the following title scheduled for national exam certification retirement in December 2014, will remain protected as long as they meet licensure and national certification requirements:

- Adult Nurse Practitioner
- Acute Care Nurse Practitioner
- Gerontological Nurse Practitioner

During the temporary rule making process stakeholder feedback was received requesting change to the title and abbreviation of Pediatric Nurse Practitioner to better reflect their national organization's use of the title and abbreviation.

The agency requests public comment on whether other options should be considered for achieving the rule's substance while reducing the negative economic impact of the rule on business.

September 25, 2014 -- 5:00 p.m.

Last Day for Public Comment (Last day to submit written comments to the Rules Coordinator)

Signature

Peggy Lightfoot
Printed name

August

Note: Hearing Notices must be submitted by the 15th day of the month to be published in the next month's Oregon

Division 56- Proposed Changes

- Hearing November 20, 2014
 - APRN Language
 - Inclusion of CRNA to Prescriptive Authority
 - CE requirement to:
 - Maintenance of national certification
 - Or
 - 45 structured CE with 15 CE dedicated to Pharmacology
- Controlled substances
 - Patients on meds > 3 months will require
 - Written agreements
 - Specific assessments and monitoring
 - PDMP review
 - Documentation of morphine dose equivalency
 - Exceptions for hospice, end of life, and long term care patients

Division 54

- http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_851/851_054.html
- Last updated in 2013
- Updates and next steps?????

Board Policy

- Controlled Substances Policy
 - Approved as modified on September 25, 2014



NACNS Survey

- NACNS designed and has launched the 2014 CNS Census, an online survey to capture information about people who identify themselves as or who were educated as Clinical Nurse Specialists (CNSs).
- NACNS is encouraging all nurses who meet those criteria to complete the survey before December 31 of this year at
 - <https://www.surveymonkey.com/s/CF56ZXM>
- The NACNS survey will provide information on how nurses with CNS education and experience are contributing to the health care system. Results of the CNS Census will be published in the *Clinical Nurse Specialist: The International Journal for Advanced Nursing*.

Approved APRN Licensure Certification CNS Exams

AACN American Association of Critical-Care Nurses	ANCC American Nurses Credentialing Center
Adult-Gerontology	Adult-Gerontology
Neonatal	Pediatric (Retires 12/31/15*)
Pediatric	Gerontological (Retires 7/31/14*)
CCNS - Critical Care (Retires 12/31/14*)	Adult Health, Adult Psych-Mental Health, Child/Adolescent Psych- Mental Health (New applicant deadline 12/31/14; last day to test 12/31/15.*)

Green = Exam focus population **aligns** with APRN Consensus Model

Purple = Exam population is **Pre-alignment**

APRNs certified using "Pre-alignment" exams shall maintain practice aligning with that exam; they may maintain certification for licensure by endorsement/renewal. All certification programs offer a renewal option for exams that retired or that will retire.*

Center for Advancing Provider Practices (CAP2)

- August 2013, Metropolitan Chicago Healthcare Council (MCHC) and Chicago-based University Health System Consortium (UHC) partnered to create CAP2, an interactive database that collects and reports organizational assessments on the use and deployment of APRNs and PAs. CAP2 provides resources for evolving provider teams to support the design and development of effective, efficient health care delivery systems.
- CAP2 is the only national database designed exclusively to empower health care providers with knowledge and data to optimally integrate APRNs and PAs within their health care delivery teams.
 - <https://www.cap2.net/>
- CAP2's vision is to:
 - Offer health care providers across the U.S. data and tools to successfully integrate APRNs and PAs into care provider teams in all settings
 - Provide an interactive, intuitive way to access data and develop comparative reports to successfully integrate APRNs and PAs into health care organizations
 - Be the operational resource for optimizing the use and roles of APRNs and PAs

Frequently Asked Questions (FAQs)

- APRN Stakeholder Group
 - How do I get involved?
 - Contact Ginger Simmons
 - ginger.simmons@state.or.us
 - 971-673-0674
 - Meeting Dates
 - October 30, 2014
 - January 29, 2015
 - March 26, 2015
 - May 28, 2015
 - July 30, 2015
 - September 24, 2015
 - All times at 2-4 pm
- Topics of Discussion
 - OCT Meeting
 - “Cutting and Pasting” in charting
 - Dispensing exam
 - Is it needed?
 - Scope Decision Tree for APRN practice
 - LGBT friendly language for “scope and population parameters”

FAQs

- Can I write for Methadone or Suboxone for opioid withdrawal?
 - It is **federally mandated** that only physicians can write for these medications for this specific purpose.
 - Division 56-Conduct Derogatory
 - Prescribing, dispensing, or distributing drugs which are specifically restricted under federal law;
- Can I prescribe to myself, friends and family?
 - Division 56-Conduct Derogatory
 - Failure to properly assess and document client assessment when prescribing, dispensing, administering, or distributing drugs;

FAQs

- What is best practice when I follow a colleague who writes for large quantities of opioids and I'm covering for them?
 - Suggestions.....
 - Indicate in your charting that you are the covering provider
 - If the patient has a history of this current dose and has done well or has no current identified worrisome symptoms....
 - Rx one month
- Can I work under a MD as a RN to care for patients who are not in my particular APRN specialty scope?
 - Remember....
 - You are utilizing your license (RN and NP) regardless of direction from a colleague and are responsible for your knowledge and scope

Questions??

- sarah.wickenhagen@state.or.us
- osbn.practicequestion@state.or.us