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To: OSBN Board Members
From: Christina Cowgill, MNA, CRNA, APRN
Date: November 19, 2015
Subject: 2015 APRN Rules Advisory Committee
Board Report and Update

Included in this report:

APRN-RAC 2016 Goals
Background of the APRN RAC
Purpose and membership on the APRN-RAC
2015 meeting schedule
Public announcements and availability of agenda and minutes
Report on 2015 activities of APRN-RAC

- Overview and APRN sub-committee concepts of agreement

Outcomes Report

- APRN sub-committee outcomes

APRN-RAC 2016 Recommendations:

- Update, agree upon and follow charter.
- Meet, as a whole, every other month, with special meetings as needed.
- Report to Board annually, per request, or when necessary.
- Review current APRN-RAC members and assess vacancies and/or areas of under-representation. Fill committee as needed.
- Provide greater outreach to APRN and various stakeholders who are not members.
- Explore technology options, as available, to suit the needs of stakeholder and remote access to meetings.
- Continue consensus building around scope of practice, as a whole, within statutory boundaries for the various types of APRNs.
- Examine concepts of concern to various stakeholder groups regarding existing OAR and proposed changes regarding education and licensing requirement for NPs.
- Propose updated language in Division 50, 52, 54, and 56 to reflect the work of this committee.

Background: OSBN convened an APRN Stakeholder Public and meetings were held on 5-29-14, 7-31-14, and 10-30-14. Attendee participation consisted of no fewer than 16 public members for each of the meetings. The outcomes of the 2014 meetings led to

rule-making for Oregon Administrative Rules (OAR) within Division 56: APRN Authority to Prescribe and Dispense.

Purpose and membership on APRN-RAC: During the November 2014 OSBN Board meeting it was suggested that the APRN Stakeholder group create a more formal APRN Rules Advisory Committee (APRN-RAC) with the intention going forward to review and summarize matters that directly concern Oregon APRNs and have a clear link to OARs. A Charter was formalized for the 2015 calendar year.

Membership includes fifty-three APRNs who were formally appointed to the committee by the OSBN Board on February 19, 2015. The APRN-RAC members were divided into 4 separate sub-committees to assess, discuss, and review issues related to APRN (a) scope of practice, (b) prescriptive authority, (c) educational program standards, and (d) licensing and renewal requirements. The numbers of APRNs assigned to each sub-committee are as follows: (a) scope of practice, 19, (b) prescriptive authority, 16, (c) education, 14, and (d) licensing and renewal, 14. Ten members served on more than one but none were assigned to more than two sub-committees. The activities of all sub-committees were limited to review and summaries of matters that directly concern Oregon APRNs and have a clear link to Oregon Administrative Rules (OARs).

2015 meeting schedule:

Jan 29 and October 1, 2015: entire group, all four sub-committees.

March 26 and July 30, 2015: prescriptive authority & scope of practice subcommittees.*

May 28 and Sept 24, 2015: Education & licensing subcommittees.*

* meetings held separately.

Public announcements and availability of agenda and minutes:

All meetings were posted on website with links to agenda and minutes per Public Meeting Rules.

Report on 2015 activities of APRN-RAC

Overview: There was considerable collaboration, thought-provoking conversations, and consensus building that occurred in all of the sub-committee on the area of focus. As stated in the meeting schedule, the APRN-RAC met twice during 2015 in a large group. The last meeting on October 1, 2015 allowed each sub-committee to put forward those consensus concepts that were broad enough to suit the needs within OAR of the three separate APRN types in Oregon; NP, CRNA, and CNS. The Concepts of Agreement summarize this work.

Report on 2015 activities of APRN-RAC

APRN Scope of Practice Sub-committee Concepts of Agreement

Nursing by APRN includes:

- Performing acts of advanced assessment and diagnosis,
- Prescribing, selecting, administering pharmacologic management as appropriate,
- Providing therapeutic measures and treatment regimens, and
- Obtaining consult for collaborative management, referral, or transfer the client care as appropriate.

The APRN is independently responsible and accountable for the competent client care and accountable to perform such care according to the standards of the APRN role and specialty.

The APRN must provide such functions common to the unique role and specialty for which the APRN is educationally and experientially prepared.

APRN Prescriptive Authority Sub-committee Concepts of Agreement

An APRN shall have authority to possess, compound, prescribe, administer, and dispense to clients controlled and non-controlled drugs within the scope of the APRN's practice and as allowable by state and federal law.

Such authority may be denied, suspended, or revoked by the board upon proof that the authority has been abused.

APRN Educational Program Standards Sub-committee Concepts of Agreement

Regarding Oregon-based APRN Educational Programs

The Board retains the authority to approve Oregon Based Nurse (CRNA, CNS, or NP) Education Programs.

Any institution or consortium of accredited institutions that has established or wishes to establish a (CRNA, CNS, or NP) educational program in Oregon must comply with all requirements for full accreditation by an approved accrediting body.

The OSBN may require additional standards above and beyond those required by the approved accrediting body.

The OSBN has the authority to survey any complaint involving an Oregon-based (CRNA, CNS, or NP) program, in addition to, but not necessarily in lieu of, the accrediting body, especially when those instances may impact public safety.

Complaints made to the OSBN regarding a program shall be communicated to the approved accrediting body.

Regarding Clinical Practicum in Oregon for Students (CRNA, CNS, or NP)
Enrolled in a Non-Oregon Based Graduate Program

A student enrolled in a Non-Oregon Based Graduate Program must meet the following criteria:

- Hold a current, unencumbered Registered Nurse license in Oregon;
- Practice with a preceptor who holds a current, unencumbered professional license in Oregon that meets educational standards and requirements recognized by the accrediting body; and
- Be enrolled in a program that is accredited by an approved accrediting body and recognized by a national nursing organization.

A licensed (CRNA, CNS, or NP) enrolled in a Non-Oregon Based Graduate Program for purposes of obtaining a different type of APRN license that requires a clinical practicum must meet the criteria in above.

APRN Licensing/Renewal Requirements Sub-committee Concepts of Agreement

Regarding Licensure (Certification)

An applicant for initial licensure (certification) as a (CRNA, CNS, or NP) shall:

- Submit to the Board the required fee(s) as specified in 851-0002-0030;
- Provide verification of unencumbered licensure or eligibility for unencumbered licensure as a Registered Nurse in Oregon;
- Submit a completed application for (CRNA, CNS, NP) licensure (certification); and
- Hold a current required certification or recertification from an approved certifying body.

(**CNS licensees are not required to hold national certification**)

A minimum of a Master's degree is required from an accredited (CRNA, CNS, or NP) educational program if education commenced on or after December 31, (1986 NPs), (2000 CRNA), and (2007 CNS).

Revocation, suspension, or any other encumbrance of a Registered Nurse license, or any special authority to practice (CRNA, CNS, or NP) care, in another state, territory of the United States, or any foreign jurisdiction may be grounds for denial of (CRNA, CNS, or NP) licensure (certification) in Oregon.

The Board has the authority to conduct a random audit of a (CRNA, CNS, or NP) applicant or (CRNA, CNS, or NP) licensee (certificate holder) to verify current certification, education or continuing education. Upon request of the Board, licensee shall submit documentation of compliance.

Regarding Renewal, Reactivation, or Re-entry

An applicant for renewal or reactivation of the (CRNA, CNS, or NP) license (certificate) shall:

Submit to the Board the following:

- Required fee(s) as specified in 851-002-0030;
- Completed renewal or reactivation application;
- Detailed explanation and supporting documentation for each affirmative answer to questions on the license renewal or reactivation application regarding the applicant's background;
- Evidence of required national certification or recertification from an approved certifying body (**CNSs are not required to maintain national certification**); and
- Hold an active Oregon Registered Nurse license

An applicant for (CRNA, CNS, or NP) re-entry limited license must:

- Hold an active unencumbered Oregon Registered Nurse license;
- Complete a limited (CRNA, CNS, or NP) license (certificate) application for re-entry; and
- Acceptance into a (CRNA, CNS, or NP) re-entry plan or program approved by the Board.
 - Completion of the (CRNA, CNS, or NP) re-entry plan or program requirements is required within 12 calendar months; or
 - Explanation of need for a one-time only 12 month extension of the OSBN limited (CRNA, CNS, or NP) license (certification).

The Board has the authority to conduct a random audit of a (CRNA, CNS, or NP) applicant or (CRNA, CNS, or NP) licensee (certificate holder) to verify current certification, education or continuing education. Upon request of the Board, licensee shall submit documentation of compliance.

Outcomes:

2015 APRN scope of practice

- The concepts of agreement for scope of practice are an area that there is consensus among all APRN-RAC members.
- There is a general appreciation for the various practice roles of APRNs and the need for specific OAR language to interpret both the statute and practice nuances that accompany each role.
- Going forward, further discussions will have to take place to decide if OAR would be best suited to contain separate divisions or collapse into one division to regulate APRN practice in Oregon.

2015 APRN prescriptive authority sub-committee

- Revision of APRN Prescriptive Authority Handbook. This handbook serves as a guideline for Best Practice and attestation regarding understanding of the law/rules. This attestation is required for all APRNs with prescriptive authority. The Handbook

was updated in July 2015 as a collaborative effort of the Board of Pharmacy and the APRN-RAC prescriptive authority sub-committee.

- Revision of Dispensing Authority and removal of the dispensing exam from Division 56. Pursuant to the related statute, OSBN has worked in collaboration with the Board of Pharmacy before proposing rule changes. At April 2015 Board meeting, proposed Division 56 language updates were discussed. Next step is rule-making.
- The concepts of agreement for prescriptive authority are an area that there is consensus among all APRN-RAC members.

During the Oct 1 meeting all the sub-committees met together and agreed upon some concepts. The points of agreements are outlined in the Concepts of Agreement. It is noted that, despite perceived concept consensus within the sub-committee, there may indeed exist two areas of concern, particularly pertaining to Division 50: Nurse Practitioners. These two areas of concern are mentioned below in educational program standards and licensing/renewal requirements.

2015 APRN educational program standards sub-committee outcomes

- The concepts of agreement for educational program standards are consistent with current proposed rule updates for Division 52. There was consensus that the CRNA stakeholders proceed with OAR language as scheduled without any concern from the APRN-RAC.
- There is concern regarding the potential elimination of routine Board approval of NP programs by a minority of the APRN-RAC members.
- The majority of APRN-RAC agreed that OAR should be written to trust the Board approved national accrediting bodies. There was agreement that concerns regarding quality over Oregon NP programs were a concern in the past and not a current concern.

2015 APRN licensing and renewal requirements sub-committee outcomes

- The concepts of agreement for licensing and renewal standards are consistent with current proposed rule updates for Division 52. There was consensus that the CRNA stakeholders proceed with OAR language as scheduled without any concern from the APRN-RAC.
- There is concern regarding the potential elimination the 384 practice hour requirement prior to initial NP licensure by a minority of the APRN-RAC members.
- The majority of APRN-RAC members agreed that OAR should reflect the completion of a graduate-level accredited program that leads to certification as an NP meet the rigor to gain initial licensure and maintain public safety.

Continued conversation at a special meeting of the APRN-RAC will take place on December 3, 2015 to further address these two areas of concern.

Respectfully submitted by Christy Cowgill, MNA, CRNA, APRN
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A draft of this report was reviewed by all members of the APRN-RAC and all edits & suggestions were incorporated into this final version prior to submission to Board.