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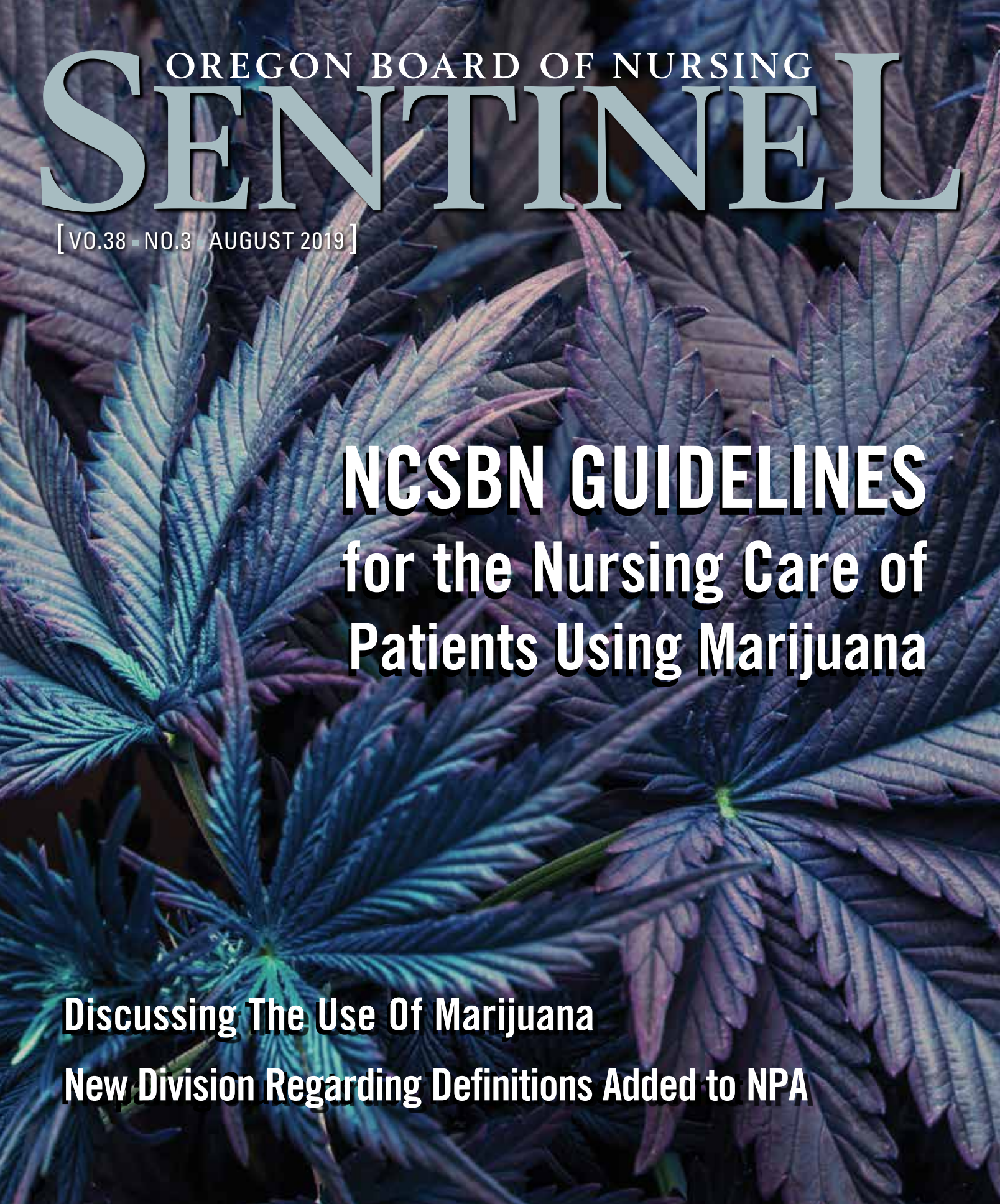

NCSBN GUIDELINES for the Nursing Care of Patients Using Marijuana

Discussing The Use Of Marijuana

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Phone: 971-673-0685
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2019 OSBN BOARD MEETING DATES

August 14, 2019	**4:30 p.m.**	Board Meeting via Teleconference *(Primarily Executive Session)*
September 10, 2019	**6:30 p.m.**	Board Meeting
September 11, 2019	**8:30 a.m.**	Board Meeting *(Primarily Executive Session)*
September 12, 2019	**8:30 a.m.**	Board Meeting
September 13, 2019	**8:30 a.m.**	Board Work Session
October 9, 2019	**4:30 p.m.**	Board Meeting via Teleconference *(Primarily Executive Session)*
November 12, 2019	**6:30 p.m.**	Board Meeting
November 13, 2019	**8:30 a.m.**	Board Meeting *(Primarily Executive Session)*
December 18, 2019	**4:30 p.m.**	Board Meeting via Teleconference *(Primarily Executive Session)*

All Board Meetings, except Executive Sessions, are open to the public. All meetings are located at the OSBN Office 17938 SW Upper Boones Ferry Rd, Portland.

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Foreword by OSBN RN/LPN Practice Policy Analyst ***Gretchen Koch, MSN, RN***

NCSBN GUIDELINES
for the Nursing Care of Patients Using Marijuana

Oregon has had a legal medical marijuana system since 1998 with recreational marijuana joining the ranks of legality on July 1, 2015. Oregon Health Authority's (OHA) January 2016 Marijuana Report presents data showing that the following groups of Oregonians report current marijuana use: 11% of adults, 9% of eighth-graders, and 19% of eleventh-graders. OHA cited that these data reflect national trends.

The bottom line is that people are using cannabis through Oregon's Medical Marijuana Program, through the provisions of legal recreational use, and beyond. Rough application of 2016 OHA data suggest that one in 10 of the population surveyed utilizes cannabis. As such, nurses need practical information to care for these patients.

The pursuit for practical information was taken up by members of the National Council of State Boards of Nursing (NCSBN) Medical Marijuana Nursing Guidelines Committee. The work product of the committee, titled "NCSBN National Nursing Guidelines for Medical Marijuana," was published in the July 2018 Supplement Issue of the Journal of Nursing Regulation (JNR). The published guidelines present a comprehensive review of the relevant statistics, current legislation, scientific literature, and clinical research on cannabis as a therapeutic agent and provide nurses with principles of safe and knowledgeable practice to promote patient safety when caring for the patient who uses medical marijuana (Russell, K., et al., 2018).

One section of these guidelines, Nursing Care of the Patient Using Medical Marijuana, is reprinted with permission from the Journal of Nursing Regulation. The JNR July 2018 supplement may be accessed in its entirety at

www.ncsbn.org/The_NCSBN_National_Nursing_Guidelines_for_Medical_Marijuana_JNR_July_2018.pdf

THE NCSBN NATIONAL NURSING GUIDELINES FOR MEDICAL MARIJUANA

Prior to 1936, cannabis was sold over the counter and used commonly for a variety of illnesses in the Unites States (Marijuana Policy Project, 2014). By 1936, every state had passed a law to restrict possession of cannabis, thus eliminating its availability as an over-the-counter drug. Then in 1970, the Comprehensive Drug Abuse Prevention and Control Act (1970) provided a classification of controlled substances; cannabis was included in the list of Schedule I Controlled Substances, thereby continuing the prohibition of the use of cannabis by prohibiting health care practitioners from prescribing cannabis.

Use of cannabis remained restricted until the first legalization of medical marijuana was approved by voters in California in 1996. Even after the voters' approval, the federal government opposed the proposition and threatened to revoke the prescription-writing abilities of doctors who recommended or prescribed marijuana. It was not until 2000 that a group of physicians challenged this policy and prevailed in court, and a decision was made to allow physicians to recommend—but not prescribe—medical marijuana (Marijuana Policy Project, 2014).

Since then, an increasing cultural acceptance of cannabis has prompted 31 jurisdictions (including the District of Columbia), Guam, Puerto Rico (National Conference of State Legislatures [NCSL], 2017), and all provinces/territories of Canada (Government of Canada, 2016) to pass legislation legalizing medical cannabis. In these laws, the jurisdiction has adopted exemptions legalizing the use of cannabis for medical purposes. An increasing proportion of jurisdictions have also decriminalized and legalized recreational cannabis use.

The use of either medical or recreational cannabis raises evolving public health, nursing practice, science, legal, education, ethical, and social issues. Of significance, there is a contradiction between the federal law classifying cannabis as a Schedule I Controlled Substance and various states legalizing its use medically, recreationally, or both. This federal classification has prevented open and unlimited research on cannabis. As a result, research on the efficacy of cannabis for treatment of certain medical conditions is limited and lacking. Specifically, the research has not definitively specified indications, dosage, route, safety, adverse effects, and long-term effects of cannabis.

Without evidence that is scientifically rigorous, statistically reportable, and based on patient populations, nurses will face increasing challenges concerning medical cannabis. To address the lack of guidelines for nurses when caring for individuals utilizing cannabis, the National Council of State

Boards of Nursing Board of Directors appointed members to the Medical Marijuana Nursing Guidelines Committee (see Appendix A). In order to create the requested guidelines and recommendations for education and care, a review of the relevant statistics, current legislation, scientific literature, and clinical research on cannabis as a therapeutic agent was required. The Committee also consulted known experts in the area of medical marijuana, its use, safety, and legislation. This report documents the results of this work and presents this important information in two parts. Part I presents the results of these reviews and consultations; Part II presents the specific Guidelines created by the Committee: nursing care of the patient using medical marijuana, medical marijuana education in pre-licensure nursing programs, medical marijuana education in APRN nursing programs, and APRNs certifying a medical marijuana qualifying condition.

NURSING CARE OF THE PATIENT USING MEDICAL MARIJUANA

Purpose of the Guidelines

Over 31 US jurisdictions (including the District of Columbia), Guam, and Puerto Rico passed legislation legalizing cannabis for medical use. Several other jurisdictions also have legalized cannabis for medical use.* Each medical marijuana program has unique characteristics. In the United States, cannabis is a Schedule I Controlled Substance. Therefore, medical cannabis is unlike most other therapeutics in that providers cannot prescribe cannabis, nor can pharmacies dispense cannabis. However, applicable jurisdiction statutes and rules provide for the manufacture, distribution, and use of cannabis for medical purposes. These guidelines provide nurses with principles of safe and knowledgeable practice to promote patient safety when caring for patients using medical marijuana.

*In Australia, cannabis for medical use is federally legal, with states allowed to implement as they see fit. Although Bermuda has not legislated use of marijuana, their Supreme Court ruled that citizens could apply for personal licenses to possess cannabis for medical use. Cannabis for medical use is federally legal in all provinces of Canada. In New Zealand, physicians may prescribe CBD and cannabis-based products.

DEFINITIONS

Cannabis. Any raw preparation of the leaves or flowers from the plant genus Cannabis. This report uses "cannabis" as a shorthand that also includes cannabinoids.

Cannabidiol (CBD). A major cannabinoid that indirectly antagonizes cannabinoid receptors, which may attenuate the psychoactive effects of tetrahydrocannabinol.

Cannabinoid. Any chemical compound that acts on cannabinoid receptors. These include endogenous and exogenous cannabinoids.

Cannabinol (CBN). A cannabinoid more commonly found in aged cannabis as a metabolite of other cannabinoids. It is nonpsychoactive.

Certify. The act of confirming that a patient has a qualifying condition. Many jurisdictions use alternative phrases such as "attest" or "authorize"; however, 13 of 29 jurisdictions use "certify" language in their statutes.

Clinical research. An activity that involves studies that experimentally assign randomized human participants to one or more drug interventions to evaluate the effects on health outcomes.

Designated caregiver. An individual who is selected by the Medical Marijuana Program qualifying patient and authorized by the Medical Marijuana Program to purchase and/or administer cannabis on the patient's behalf. Also sometimes referred to as an "alternate caregiver."

Dronabinol. The generic name for synthetic tetrahydrocannabinol. It is the active ingredient in the U.S. Food & Drug Administration–approved drug Marinol.

Endocannabinoid system. A system that consists of endocannabinoids, cannabinoid receptors, and the enzymes responsible for synthesis and degradation of endocannabinoids.

Marijuana. A cultivated cannabis plant, whether for recreational or medicinal use. The words "marijuana" and "cannabis" are often used interchangeably in various lay and scientific literature. These guidelines will primarily use the word "cannabis." When referring to a medical marijuana program, the guidelines will use the word "marijuana," as it is often used within program references.

Medical Marijuana Program (MMP). The official jurisdictional resource for the use of cannabis for medical purposes. Search the jurisdiction's website or Department of Health for "medical cannabis program" or "medical marijuana program."[1]

Nabilone. The generic name for a synthetic cannabinoid similar to tetrahydrocannabinol. It is the active ingredient in the U.S. Food & Drug Administration–approved drug Cesamet.

Schedule I Controlled Substance. Defined in the federal Controlled Substances Act[2] as those substances that have a high potential for abuse; no currently accepted medical use

in treatment in the United States; and a lack of accepted safety for use of the substance under medical supervision. Tetrahydrocannabinol (THC). One of many cannabinoids found in cannabis. THC is the primary substance responsible for most of the characteristic psychoactive effects of cannabis.[3]

RECOMMENDATIONS

Essential Knowledge

1. The nurse shall have a working knowledge of the current state of legalization of medical and recreational cannabis use.

- The Drug Enforcement Agency (DEA) classifies cannabis as a Schedule I Controlled Substance. This classification not only prohibits practitioners from prescribing cannabis, it also prohibits most research using cannabis.[4]
- The process for obtaining cannabis for federally funded research purposes is cumbersome. Currently, the only legal source of cannabis for research purposes is grown in limited quantities at the University of Mississippi.[5] The DEA sets an annual quota for cannabis grown for research purposes.[6]
- Over 31 jurisdictions (including the District of Columbia), Guam, and Puerto Rico passed legislation legalizing cannabis for medical purposes. In these laws, the jurisdiction has adopted exemptions legalizing the use of cannabis for medical purposes. Although the use of marijuana pursuant to authorized MMPs conflicts with federal law and regulations, at present there is no controlling case law holding that Congress intended to preempt the field of regulation of cannabis use under its supremacy powers.[7]
- An increasing proportion of jurisdictions have also decriminalized or legalized recreational cannabis use.[8]
- The federal government's position on prosecuting the use of cannabis that is legal under applicable jurisdiction law has been set out in U.S. Department of Justice position papers. In 2009, the U.S. Attorney General took a position that discourages federal prosecutors from prosecuting people who distribute or use cannabis for medical purposes in compliance with applicable jurisdiction law; further similar guidance was given in 2011, 2013, and 2014.[9] In January 2018, the U.S. Office of the Attorney General rescinded the previous nationwide guidance specific to marijuana enforcement. The 2018 memorandum[10] provides that federal prosecutors follow the well-established principles in deciding which cases to prosecute, namely, the prosecution is to weigh all relevant considerations, including priorities set by the attorneys general, seriousness of the crime, deterrent effect of criminal prosecution, and cumulative impact of particular crimes on the community.

2. The nurse shall have general knowledge of the principles of an MMP.

- MMPs are defined and described within the statute and rules of the specific jurisdiction. The relevant statute or rules are most easily located through the jurisdiction's Department of Health and MMP.[11] Laws and rules regarding MMPs are an evolving process. Always confirm use of the most recent versions.
- A health care provider does not prescribe cannabis.
- The MMP will specify the qualifying conditions and the certifying process as well as the type of health care provider who can certify a qualifying condition.[12]
- The MMP will specify whether an advanced practice registered nurse can certify a qualifying condition and whether a specific course or training is required in order to participate in certifying an MMP qualifying condition.[13]
- After the qualifying condition is certified, the patient registers with the MMP. Once registered, the patient can obtain cannabis from a jurisdiction-authorized cannabis dispensary.
- Procurement and administration of cannabis for medical purposes are limited to the patient and/or the patient's designated caregiver. The MMPs will specify whether designated caregivers are permissible as well as the applicable process for registration as a designated caregiver.[14]
- In some jurisdictions, the MMP allows an employee of a hospice provider or nursing, or medical facility, or a visiting nurse, personal care attendant, or home health aide to act as a designated caregiver for the administration of medical marijuana.[15]

3. The nurse shall have a general understanding of the endocannabinoid system, cannabinoid receptors, cannabinoids, and the interactions between them.

- The endocannabinoid system consists of endocannabinoids, cannabinoid receptors, and the enzymes responsible for synthesis and degradation of endocannabinoids.[16]
- Discovered in 1973, this system includes a series of cannabinoid receptors throughout the body embedded in cell membranes that, when stimulated by endocannabinoids, are thought to promote homeostasis.[17]
- Endocannabinoids are naturally occurring substances within the body, while phytocannabinoids (plant substances that stimulate cannabinoid receptors) are found in cannabis.[18]
- The most well-known of these cannabinoids is tetrahydrocannabinol (THC); however, cannabidiol (CBD) and cannabinol (CBN) are gaining interest in therapeutic use.[19]

4. The nurse shall have an understanding of cannabis pharmacology and the research associated with the

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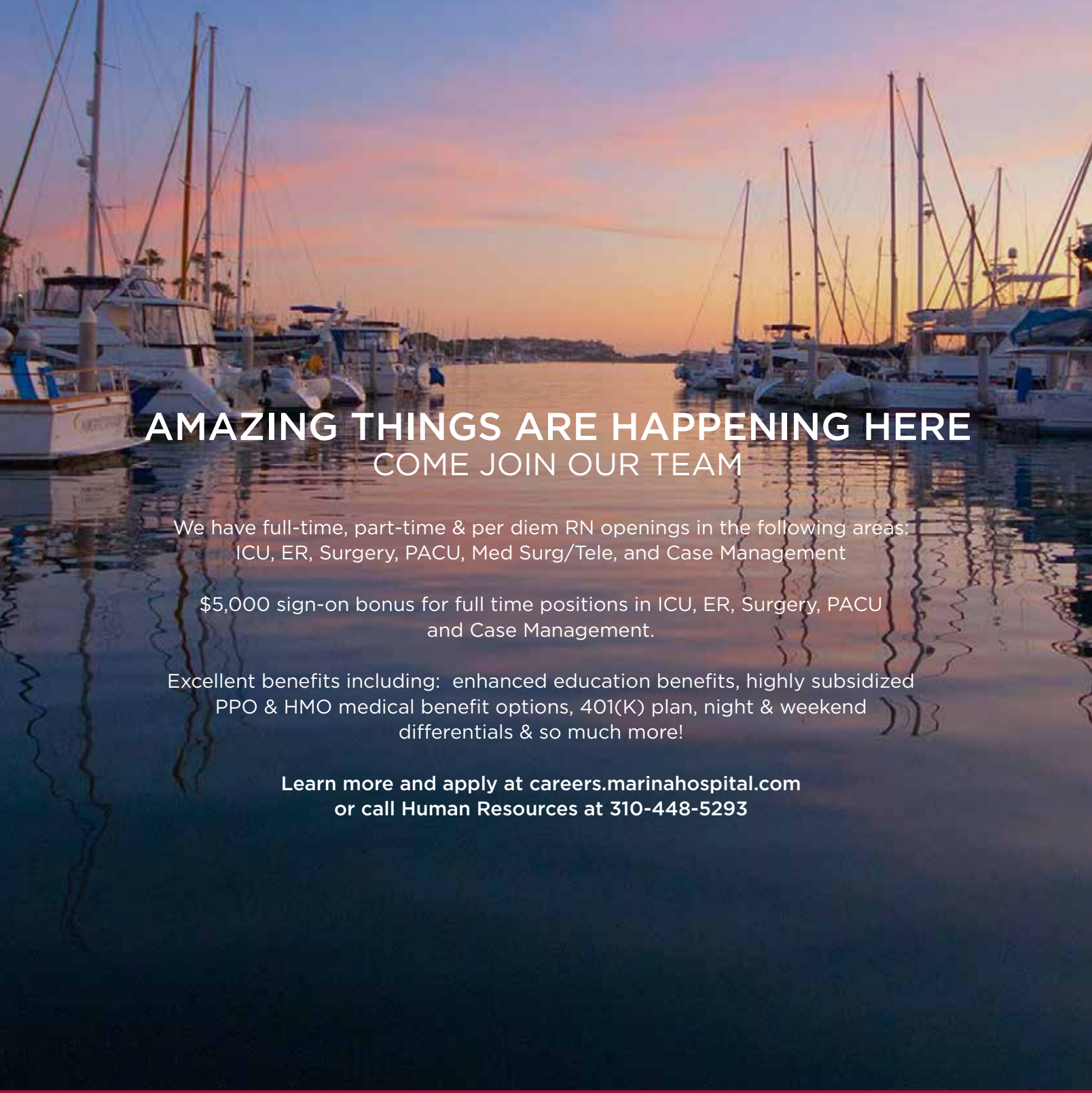

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medical use of cannabis.

Due to government restrictions on research involving cannabis, the surge of legislation has outpaced research, leaving nurses with few resources when caring for patients who use medical cannabis. Therefore, information regarding medicinal use of cannabis must be derived from moderate- to high-quality evidence using randomized placebo-controlled studies. These particular studies are the most likely to elucidate causality in treatments and are the only trusted source of evidence for cannabis as a clinical intervention. Research on cannabis is an evolving body of work. As with any scientific literature, it is important to rely on the most recent high-quality evidence.

a. Current scientific evidence exists for the use of cannabis for the following qualifying conditions:

- moderate- to high-quality evidence exists for cachexia
- chemotherapy-induced nausea and vomiting
- pain (resulting from cancer or rheumatoid arthritis)
- chronic pain (resulting from fibromyalgia),
- neuropathies (resulting from HIV/AIDS, Multiple Sclerosis [MS], or diabetes)
- spasticity (from MS or spinal cord injury).[20]

b. Adverse effects of cannabis use are influenced by the patient's condition and current medications

- The patient's propensity for the following may be exacerbated by cannabis: increased heart rate, increased appetite, sleepiness, dizziness, decreased blood pressure, dry mouth/dry eyes, decreased urination, hallucination, paranoia, anxiety, impaired attention, memory, and psychomotor performance.[21]
- Cannabis may exacerbate symptoms associated with asthma, bronchitis, and emphysema; cardiac disease; and alcohol or other drug dependence.[22]
- Cognitive impairment by cannabis may be dose- and age-dependent.[23]
- It is highly likely that cannabis will exacerbate symptoms of poor balance and posture in patients with dyskinetic disorders. Similarly, cannabis may worsen mental faculties in conditions that cause cognitive deficits. Patients who suffer from diseases with neurologic symptomology may show greater cognitive impairment.[24]
- Some participants report fatigue, suicidal ideation, nausea, asthenia, and vertigo as adverse effects of cannabis.[25]
- Cannabinoid receptors are effectively absent in the brainstem cardiorespiratory centers. This is believed to preclude the possibility of a fatal overdose from cannabinoid intake.[26]
- Cannabis can be a drug of abuse. Cannabis use disorder is defined as a problematic pattern of cannabis use leading to clinically significant impairment or distress; the clinical indications are included in the DSM-5.[27]
- Cannabis withdrawal syndrome has been identified as a syndrome seen in some patients whose cannabis use has been heavy and prolonged (i.e., usually daily or almost daily use over a period of at least a few months). The withdrawal syndrome has varying symptomatology, including insomnia, loss of appetite, physical symptoms, and restlessness initially, then irritability/ anger, vivid and unpleasant dreams after a week.[28]

c. Variable effects of cannabis are dependent on type of product and route of administration

- Since medical cannabis is not an FDA drug, there is no recommended dosage. Instead medical cannabis is titrated by the patient, with the principle of "start low, go slow."
- Continual patient assessment of perceived efficacy and adverse effects is recommended. Useful strategies include tracking dose, symptoms, relief, and adverse effects in a journal for review with the authorizing practitioner.
- FDA-approved synthetic THC drugs (dronabinol and nabilone) are administered orally or by an oromucosal route with a specific dosage.

d. Risks to particular groups of patients

- Adolescence. Many studies show a correlation between cannabis use and poor grades, high dropout rates, lower income, lower percentage of college degree completion, greater need for economic assistance, unemployment, and use of other drugs. Although these trends are related to recreational rather than medicinal cannabis use, the trends cannot be ignored

but should be balanced with the benefits of cannabis for medical use.[29]

- Fertility. Two preclinical studies indicate that interference with endogenous cannabinoids might increase chances of failed embryo implantation[30] and cannabinoids are capable of dysregulating hormones, which in turn can affect spermatogenesis.[31]
- Neonates. Presently there are no reliable data for neurodevelopmental outcomes with early exposure to cannabis in neonatal life, or through either breastfeeding or secondhand inhalation.[32,33,34]
- Cannabis can be a drug of abuse and precautions should be taken to minimize the risk of misuse and abuse.
- Cannabis use may exacerbate existing psychoses in those with a risk of suicide or history of suicide attempt, schizophrenia, bipolar disorder, or other psychotic conditions.[35]

5. The nurse shall be aware of the facility or agency policies regarding administration of medical marijuana.

Always check with the facility and local Department of Health or MMP for more information on the facility policy when caring for a patient using cannabis medically.[36]

Clinical Encounter Considerations

1. As part of the clinical encounter for a patient using cannabis for medical use, the nurse shall conduct an assessment related to the following signs and symptoms of cannabis adverse effects.
    - Increased heart rate, increased appetite, sleepiness, dizziness, decreased blood pressure, dry mouth/dry eyes, decreased urination, hallucination, paranoia, anxiety, impaired attention, memory, psychomotor performance[37] as well as, symptoms associated with asthma, bronchitis, and emphysema[38] or exacerbation of poor balance and posture in patients with dyskinetic disorders.[39]
    - Less frequently: fatigue, suicidal ideation, nausea, asthenia, and vertigo.
    - Hyperemesis syndrome caused by overconsumption of edible cannabis product that can cause higher than normal blood concentrations of cannabinoids.[40]
    - Variable effects of cannabis are dependent on type of product and route of administration
    - As medical cannabis dosage is titrated by the patient, with the principle of "start low, go slow," continual patient assessment of perceived efficacy and adverse effects is recommended.
    - Useful strategies include tracking dose, symptoms, relief, and adverse effects in a journal.
2. The nurse shall communicate the findings of the clinical encounter to other health care providers and note such communication in documentation. Clear, complete, and accurate documentation in a health record ensures that all those involved in a patient's care have access to information upon which to plan and evaluate their interventions.
3. The nurse shall be able to identify the safety considerations for patient use of cannabis.
    - Administration of cannabis for medical use can only be carried out by the certified patient or designated caregivers registered to care for the patient.
    - Cannabis storage considerations include:
        - keeping cannabis out of the reach of children, minors, and nonregistered individuals
        - storing all cannabis products in a locked area
        - keeping cannabis in the original child-resistant packaging
        - storing raw cannabis in a cool, dry, place
        - following labeling guidelines for storage and expiration dates.
    - Disposal of unused cannabis products should be completed according to the DEA's Disposal Act.[41] Generally, one can locate a collection receptacle via the DEA Registration Call Center (800-882-9539).

Medical Marijuana Administration Considerations

1. A nurse shall not administer cannabis to a patient unless specifically authorized by jurisdiction law.[42]
2. Instances in which the nurse may administer cannabis or synthetic THC to a patient.
    - Administration of FDA-approved synthetic

THC drugs (dronabinol and nabilone) as per facility formulary and policy

- As a registered MMP-designated caregiver
  - The majority of jurisdictions allow a designated caregiver to assist a patient with the medical use of cannabis.
  - These caregivers must meet specific qualifications and be registered with the MMP and must not practice outside of the limits of the caregiving statute.[43]
  - Some jurisdictions allow an employee of a hospice provider or nursing or medical facility, or a visiting nurse, to assist in the administration of medical marijuana.
  - Check the most current MMP statute or rules.[44]
  - Check facility policy regarding medical marijuana administration.

Ethical Consideration

In addition to ethical responsibilities under the nurse's jurisdictional law, the nurse shall approach the patient without judgment regarding the patient's choice of treatment or preferences in managing pain and other distressing symptoms. *Awareness of one's own beliefs and attitudes about any therapeutic intervention is vital, as nurses are expected to provide patient care without personal judgment of patients.*

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By OSBN Executive Assistant, ***Peggy Lightfoot***

MAKING A DIFFERENCE IN OUR STATE

"The smallest act of kindness is worth more than the grandest of intention." – Oscar Wilde

"As you grow older, you will discover that you have two hands – one for helping yourself, the other for helping others" – Audrey Hepburn

"It's easy to make a buck. It's a lot tougher to make a difference." – Tom Brokaw

"We make a living by what we get, but we make a life by what we give" – Winston Churchill

"If you want to touch the past, touch a rock. If you want to touch the present, touch a flower. If you want to touch the future, touch a life." – Author Unknown

Employees everywhere, regardless of their employer, are part of a wider community, and many want to give back to the places they live or the causes they believe in. The staff of the Oregon State Board of Nursing is no different. OSBN employees are proud to work and live in the communities we serve. We are committed to what we do, and uphold a strong culture of giving back. From helping the homeless, feeding the hungry, and donating to victims of natural disasters, there is no shortage of ways we can all make a difference to help our neighbors in need.

In February of each year, the OSBN participates in the Governor's State Employees Food Drive, the largest food drive benefiting the Oregon Food Bank Network. Monetary and food contributions donated by OSBN in February of 2019 resulted in 4,559 meals for those in need.

In the fall, along with other state employees, the OSBN participates in the Employees' Charitable Fund Drive to fund hundreds of nonprofits around the state, making positive change for Oregon families, health, housing, equity and human rights, arts and culture, environment, and pets and animals.

Holiday giving is another tradition at OSBN. During the month of December, employees choose a charity (or charities) to help those in need. Over the past few years, employees have donated hundreds of dollars to organizations such as the Portland Rescue Mission, Raphael House, Pacific Northwest Search and Rescue, Adopt-a-Family, Toys for Tots, Eagle Creek Restoration, and the Salvation Army Angel Tree Program.

The OSBN also supports other community programs such as sponsoring Red Cross Blood drives and hosting flu shot clinics. To date, the OSBN has held eight blood drives and collected 128 units from employees of OSBN, neighboring businesses, and the public. Flu shots are given annually in coordination with GetAFluShot.com, and the OSBN site is a PEBB (Public Employees' Benefit Board) sponsored worksite clinic for other state employees in the area. Watch our website (www.oregon.gov/OSBN) for upcoming scheduled blood drives and flu shot clinics.

CNA/CMA ADVISORY GROUP SEEKING MEMBERS

The Oregon State Board of Nursing is seeking four members for its CNA/CMA Advisory Group. Specifically, the four members should be a long-term care CNA, a long-term care employer or educator of nursing assistants, and two acute care employers or educators of nursing assistants.

The group reviews a variety of issues pertinent to CNAs and CMAs and summarizes findings that may be presented to the Board for consideration. Topics include adequacy of faculty and clinical placement sites, authorized duties, curriculum content, and examination pass rate trends. The advisory group also provides input on areas for possible revision in Oregon Administrative Rule. Please visit the OSBN website (www.oregon.gov/osbn) for more information and link to the participant application.

By OSBN Executive Director ***Ruby Jason, MSN, RN, NEA-BC***

DIVISION 6-
CLARIFICATION OF TERMS USED IN THE PRACTICE ACT

The Nurse Practice Act (NPA) is written to address all nurses and certified nursing assistants in every practice setting and any role. Consequently, the language of the NPA is frequently seen as vague and confusing. Yet the NPA itself states that every licensee or certificate holder shall know and abide by its rules and requirements. The Oregon State Board of Nursing (OSBN) receives frequent inquiries to define terms such as "Comprehensive Assessment," "Focused Assessment," "Direct Supervision," etc. In order to clarify these and other terms used throughout the practice act, in September of 2017 the Board directed staff to review the NPA to assure that all terms have a common language definition, that the definition was as concise as legally possible and still applicable to every role and setting.

Staff reviewed all currently listed definitions in all 16 divisions of the NPA resulting in a list of 272 definitions with several terms made up of the same words but with different meanings. This may be due to the divisions of the NPA having been developed at different times with input from different stakeholder groups. It became clear that in order to maintain clarity and consistency, the Board needed to determine the definition of each term as used in the NPA, and the definitions needed to be consistent. Due to the specificity of definitions, and as allowed by Oregon law, the Board determined that no stakeholder group was needed in the development of the new Division 6.

OSBN staff found that there were terms that had the same meaning within the practice act as in common language. To reduce the number of definitions, the Board approved the use of Merriam-Webster Online Dictionary as the source of definitions for words used in the NPA, but that do not have a meaning specific only to the NPA. Board staff then began the process of reviewing currently used terms and determining if those terms were used differently in the NPA than in common language; those terms were removed from the NPA.

Staff also reviewed terms that had specific meaning in the NPA. These terms were validated through literature review, NPAs from other states, currently used definitions, and group discussions between the licensing, investigations, and policy analyst departments within the OSBN. In the end, 128 specific definitions remained in the NPA and they were approved at the June 2019 Board meeting. These definitions became effective on August 1, 2019.

Here are examples of definitions found in the new Division 6:

- **"Assessment"** means the first step in the nursing process. In this phase, subjective and objective data is gathered about the patient, client, family, or community that the nurse is working with. Objective data, or data that can be collected through examination, is measurable. This may include vital signs or observable behaviors. The Registered Nurse (RN) analyzes and evaluates the data to develop the plan of care. Data may be collected by other healthcare providers; however, the RN is accountable for validating the information in order to develop the plan of care. This definition is also applicable to the term "comprehensive nursing assessment."
- **"Clinical Direction"** means the communication between the registered nurse (RN) or licensed independent practitioner (LIP) to the licensed practical nurse (LPN) for the implementation of the nursing plan of care or provider treatment plan. The LPN communicates any concerns or issues regarding the plan implementation. The RN or LIP must review the LPN communication to determine if the plan requires revision. Any revisions are communicated to the LPN for implementation. While Clinical Direction does not specifically require supervision of tasks or interventions directed by the plan of care or treatment plan, the LPN may not implement these interventions unless part of the education program preparing the LPN for licensure or competency has been validated.
- **"Competency"** means demonstrating specified levels of knowledge, technical skill, ability, ethical principle, and clinical reasoning that are relevant to the practice role, practice setting, prevailing standards, and client safety. All licensees and certificate holders of the Board are expected to have demonstrated competencies prior to accepting an assignment or, for advanced practice nurses, prior to performing an intervention beyond their education program and national certification. For the purposes of these rules, this definition is also applicable with the terms "competence" and "competencies."
- **"Focused Assessment,"** for the purposes of these rules, means recognizing the patient's priority condition at the time of the intervention. The nurse gathers and records assessment data and demonstrates attentiveness by observing, monitoring, and reporting signs and symptoms, and changes in the patient's condition in an ongoing manner. For the licensed practical nurse (LPN) this is reported to the registered nurse (RN) or the licensed independent practitioner (LIP).

The definitions found in Division 6 are part of the practice act and will be used to evaluate the practice of a licensee or certificate holder should the Board investigate a practice concern.

COMING SOON
NEW ONLINE LICENSING SYSTEM

To provide the best online experience possible while renewing your license or applying for a new one, the Oregon State Board of Nursing is redesigning its website licensing system. The new system is expected to launch this Fall.

All initial and renewal licensing applications will be available in the new system, which will comply with all current state design and accessibility standards. This includes being usable by all mobile devices. "Whether you're looking for a nurse practitioner application or want to renew your CNA certificate, you'll be able to complete and pay for it online," says OSBN Licensing manager Tracy Gerhardt. The system has offered all renewals, and some endorsement and exam applications online for years, however all other applications have been only available on paper. "Moving all major applications online will make the licensing process more convenient and easier for our licensees."

HELPFUL TIPS

Nursing licenses and nursing assistant certificates expire every two years, on the licensee's birthday. If born in an even year, licensees will need to renew their license or certificate next year. If they were born in an odd year, they need to renew their license *this* year or in 2021. Licensees may check their license status and expiration date using the Board's License Verification system: http://osbn.oregon.gov/OSBNVerification/Default.aspx.

Licensees whose email addresses are on file with the Board office receive courtesy reminders before their license expiration date; the board sends out email reminders at 90, 60, and 15 days prior to an expiration date. However, it is ultimately the *licensee's* responsibility to renew their license. "Renew on time," Gerhardt advises. "Don't risk possible civil penalties by practicing without a license."

Applicants can monitor their application as it moves through the licensing process with our Application Status Wizard (https://app2.osbn.oregon.gov/OSBNAppStatus/Search.aspx). As OSBN Licensing technicians perform each task, items will be checked off on the wizard. "It's the best way to keep track of your application. The staff who answer our phones are the same people who process applications. The more calls we receive from people asking where their license is, the longer it takes to process applications," Gerhardt explains. "We understand that applicants for new licenses—especially new nursing graduates—are anxious to receive their licenses. So, please keep a close eye on the wizard! It will tell you just as much as we could over the phone, and helps us keep the licensing stream on track."

By OSBN Executive Director ***Ruby Jason, MSN, RN, NEA-BC***

DISCUSSING THE USE OF MARIJUANA,

INCLUDING MARIJUANA-DERIVED CBD PRODUCTS FOR THE ALLEVIATION OF MEDICAL SYMPTOMS WITH YOUR PATIENT

The Nurse Practice Act (NPA) is silent on the ability of the advanced practice registered nurse (APRNs) or the registered nurse (RN) to discuss, counsel, or recommend the use of marijuana or cannabidiol (CBD) products derived from the cannabis plant. The Oregon marijuana laws applicable to healthcare providers are found in Oregon Revised Statute (ORS) 475B.785 to 475B.807 and Oregon Administrative Rules (OAR) 333-008-001 to 333-008-3010. This article is provided as information to our licensees, as the Oregon State Board of Nursing (OSBN) has no legal authority to amend or change these laws through the NPA. These laws can only be changed through legislative action or by rule amendment by the Oregon Health Authority. The Board expects all OSBN licensees to abide by all existing state and federal laws and rules; the Board would consider anyone failing to do so as practicing out of scope. The following information is not applicable to hemp or hemp derived products.

Since the legalization of recreational marijuana, the OSBN has received numerous inquiries about the ability for APRNs (and, to a lesser extent, RNs) to discuss with patients the use of marijuana or CBD oil for the alleviation of symptoms related to a medical condition. There is an assumption among some practitioners that since recreational marijuana is now legal, the prohibitions regarding medical marijuana do not apply, and therefore discussions regarding the medical benefit of marijuana or marijuana derived CBD products can be part of the nurse/patient relationship.

ORS 475B.015 (28) defines marijuana used to mitigate symptoms or effects of a debilitating medical condition as "medical purpose" marijuana use. ORS 333-008-0010 defines a debilitating medical condition as: cancer, glaucoma, a degenerative or pervasive neurological condition, or HIV status, AIDS status, or a side effect related to the treatment of those medical conditions. Also defined as a debilitating medical condition is a medical condition or treatment for a medical condition that produces for a specific patient one or more of the following:

- cachexia,
- severe pain,
- severe nausea,
- seizures (including but not limited to those caused by epilepsy),
- persistent muscle spasms,
- Post-Traumatic Stress Disorder, or
- any other disorder or side effect related to the treatment of a medical condition adopted by the Oregon Health Authority by rule or by petition.

These rules would identify the use of marijuana for the alleviation of symptoms related to a medical condition as using marijuana for a medical purpose, not recreational.

CBD products derived from the cannabis plant and used for the alleviation of symptoms related to a medical condition are also considered "medical cannabinoid products," and are governed by the laws and rules regarding medical marijuana. The concern about CBD is that it is primarily marketed as a supplement and not a medication. As the Federal Food and Drug Administration (FDA) does not regulate supplements, this, therefore, is a very grey area of the law and APRNs are cautioned against thinking that CBD derived from marijuana does not fall into the same category as THC containing marijuana products.

Oregon medical marijuana laws also specifically state that only a physician may discuss the use of marijuana for medical purposes. ORS 333-008-0010 (56) (c) states that the nurse practitioner must utilize a physician (either a primary care physician or a specialist) as a consultant; the physician consultant would have the legal accountability to determine if the patient's disease or symptoms could be helped through the use of medical marijuana. Physicians also are authorized by law to recommend the use of marijuana for medical purposes. The law prohibits nurse practitioners from independently recommending the use of marijuana for a medical condition or the alleviation of symptoms associated with a medical condition.

Recreational use of marijuana is defined as an individual who uses marijuana by their own personal choice, in their homes or on private property. Statute and rules also differ in the growing and composition of marijuana used for medical purposes and recreational marijuana.

The Oregon statute and rules regarding APRNs' legal ability to discuss marijuana usage with their patients comes down to the following:

Provider/patient relationship + medical symptoms + recommendation to use marijuana or marijuana derived products for alleviation of those symptoms = medical marijuana (not recreational marijuana) and is not within the scope of practice of any OSBN licensee.

So what should a licensee say to a patient when the question comes up in the context of a nurse/patient relationship? The best course of action is to advise the patient to do his/her own research and review the information on the OHA medical marijuana website: https://www.oregon.gov/ohaPH/DISEASESCONDITIONS/CHRONICDISEASE/MEDICALMARIJUANAPROGRAM/Pages/index.aspx

By OSBN RN/LPN Practice Policy Analyst ***Gretchen Koch, MSN, RN,***
and OSBN Compliance Specialist ***Nikki Blomquist, MA, CADCIII***

YOU ASK – WE ANSWER

Q: Does having an Oregon Medical Marijuana Program (OMMP) registry card prevent me from getting licensed as a nurse in Oregon?

A: No, it does not. Applicants are not asked to disclose their ownership of a medical marijuana card during the application process for licensure.

Q: Can I use my Oregon Medical Marijuana Program registry card to obtain medical marijuana while I am on Board-issued probation or participating in the Health Professionals' Services Program?

A: No. Both probation and the Health Professional Services Program (HPSP) are abstinence-based programs. While some participants may have prescription medications, medical marijuana is *not* a prescription and cannot be monitored.

Q: My medical provider just told me that the use of medical marijuana may mitigate the symptoms of my severe nausea. If I apply for and receive a registry identification card through Oregon's Medical Marijuana Program, can I keep my nursing license?

A: Yes, you may keep your license. However, it is your responsibility to *not* engage in nursing practice when you are unable to do so with professional skill and safety – regardless of the reason. Any of the following potential effects of marijuana use would render a licensee *unable to practice with professional skill and safety*:

- short term memory problems;
- impaired thinking/delayed decision making;
- loss of balance and coordination;
- decreased concentration;
- changes in sensory perception/ distortions in time;
- decreased alertness;
- impaired ability to perform complex tasks;
- decreased reaction time;
- impaired ability to track.

Remember, it is your responsibility as a licensee of the Board to self-regulate your actions to keep patients safe.

Q: Can a Nurse Practitioner sign the "Attending Physician Statement"?

A: Not in Oregon. Oregon's Medical Marijuana rules require the attending physician statement form to be signed by an attending physician. The term *attending physician* is defined in the Oregon Medical Marijuana Program rules and means a *Doctor of Medicine or Doctor of Osteopathy, licensed under ORS chapter 677*.

Q: Can my employer terminate my employment if I test positive on a drug test?

A: This question is not answered by the Nurse Practice Act. Each employer has its own workplace and employment policies. If an employer has a zero-tolerance policy, then it would most likely terminate the employment of a licensee who tests positive for a banned substance.

When a licensee's employment termination is due to impairment behavior or due to an inability to practice nursing safely, both the employer and the licensee are responsible to report the termination to the Board of Nursing. For the licensee, this means self-reporting, and it's not an option—it's the law.

Q: How does the Board handle a complaint related to a positive drug test for marijuana?

A: Once such a complaint is received, Board staff will determine if the nature of the complaint presents as a potential violation of the practice act. Most often, the potential violation will be "*practicing nursing when physical or mental ability to practice is impaired by use of a prescription or non-prescription medication, alcohol, or a mind-altering substance*." When it is determined there may be a potential violation of the practice act, the complaint will be referred to an investigator. The investigator will collect evidence/fact patterns related to impaired nursing practice and substance abuse. During this process, the Board may order the licensee or certificate holder to complete a substance use disorder evaluation. The investigator compiles the fact patterns of the

case into a report that is presented to the nine-member Governor-appointed Board.

Q: Can I administer medical marijuana to my patient?

A: Marijuana is an FDA Schedule 1 controlled substance, and there is no legal authority for the Oregon licensed nurse to administer Schedule 1 controlled substances to a patient. The nurse who administers marijuana to a patient is in violation of federal law and engaging in conduct derogatory to the practice of nursing.

Q: Has the United States Food & Drug Administration (FDA) approved any medical products containing cannabis or cannabis-derived compounds such as cannabidiol (CBD)?

A: According to *FDA Regulation of Cannabis and Cannabis-Derived Products: Questions and Answers* (FDA, 4/2/2019), the agency has not approved a marketing application for cannabis for the treatment of any disease or condition. The FDA has, however, approved one cannabis-derived and three cannabis-related drug products. These four approved drug products are only available with a prescription from a licensed healthcare provider.

- Epidiolex. Epidiolex contains a purified form of the drug substance cannabidiol for the treatment of seizures associated with Lennox-Gastaut syndrome or with Dravet syndrome in patients two years of age and older.
- Marinol and Syndros. These two drug products are approved for therapeutic uses, including the treatment of anorexia associated with weight loss in AIDS patients. Both drug products contain the active ingredient dronabinol, which is a synthetic delta-9-tetrahydrocannabinol (THC), the psychoactive component of cannabis.
- Cesamet. This FDA-approved synthetically derived drug product contains the active ingredient nabilone which has a chemical structure similar to THC.

By OSBN Communications Manager ***Barbara Holtry***

2019 LEGISLATIVE SESSION UPDATE

Sine die was declared on June 30, ending the 2019 Legislative Session. Some bills never made it out of committee before the final gavels fell, but many did. The following is a brief description of several successful bills that affect nurses, the Oregon State Board of Nursing, or health care practitioners in general:

- HB 2011—Requires specific healthcare professionals to complete cultural competency continuing education.
- HB 2230—Limits the amount of overtime nursing staff who work in correctional facilities may be required to work. (*Without Governor's signature at press time.*)
- HB 3030 & SB 688—Allows licensing boards to issue nonrenewable temporary authorizations to the spouses of US armed forces members stationed in Oregon and who holds a license in another state. (*SB 688 was without Governor's signature at press time.*)
- SB 64— Changes several sections of the Nurse Practice Act (found in ORS chapter 678) to reflect that the Oregon State Board of Nursing (OSBN) licenses nurse practitioners and clinical nurse specialists, rather than certifies them. The change will help differentiate between state licensure and national certification for advanced practice nurses. The bill also changes several sections of ORS 678 to reflect that the Board *approves* nursing education programs, rather than *accredits* them. The term "accredited" is reserved for those organizations approved by the state to accredit institutions of higher education. The Board is authorized only to measure a school's nursing education program's ability to meet the standards developed in Board rule, not to certify the quality of the school itself.
- SB 66— Removes barriers to LPN licensure by allowing applicants who have graduated from the US Air Force Licensed Vocational Nurse program (and are so designated on the DD214 form) to take the NCLEX-PN exam. The change will also apply to endorsement applicants who were licensed in other states based on recognition of military education.
- SB 67— Since ambulatory surgical centers are defined elsewhere in statute, the bill removes it as a definition from the Nurse Practice Act. It also changes the term 'conscious sedation' to 'moderate sedation' and 'anesthesia' to 'general anesthesia.' The language changes were developed in collaboration with the Oregon Health Authority, the OSBN, and various stakeholders.
- SB 127—The intent of this bill to remedy the discrepancy between the legal license type "nurse midwife nurse practitioner" used in the Nurse Practice Act, and the broadly accepted and used moniker "certified nurse midwife." The bill changes the term "nurse midwife nurse practitioner" used in statute to "nurse practitioners who specialize in nurse midwifery."
- SB 128—Allows the Board of Medical Imaging to issue a permit to supervise fluoroscopy to qualified advanced practice registered nurses.
- SB 136—Removes the 10-day supply limitation on prescriptions for certain controlled substances issued by CRNAs.
- SB 688—Directs licensing boards to annually report to the legislature information about temporary authorizations to practice for spouses or domestic partners of members of the US armed forces who are stationed in Oregon. (*Without Governor's signature at press time.*)
- SB 5523—This bill appropriates the Board of Nursing's budget

for the 2019-21 biennium. Although the Board is an Other Funded agency (funded through licensing fees and not the state's General Fund), it needs Legislative approval on how to spend its funds.

For those bills still awaiting signature, Governor Kate Brown has 30 days following adjournment to either sign or veto them, or they become law without being signed.

Most bills go into effect on January 1, 2020. OSBN staff will work on those bills requiring rule changes for initial approval by the Board during the September 12, 2019, meeting, with final adoption anticipated at the November 13 meeting. To learn more about the above bills, visit the Oregon State Legislature's website (www.leg.state.or.us/bills_laws) or contact your district legislators.

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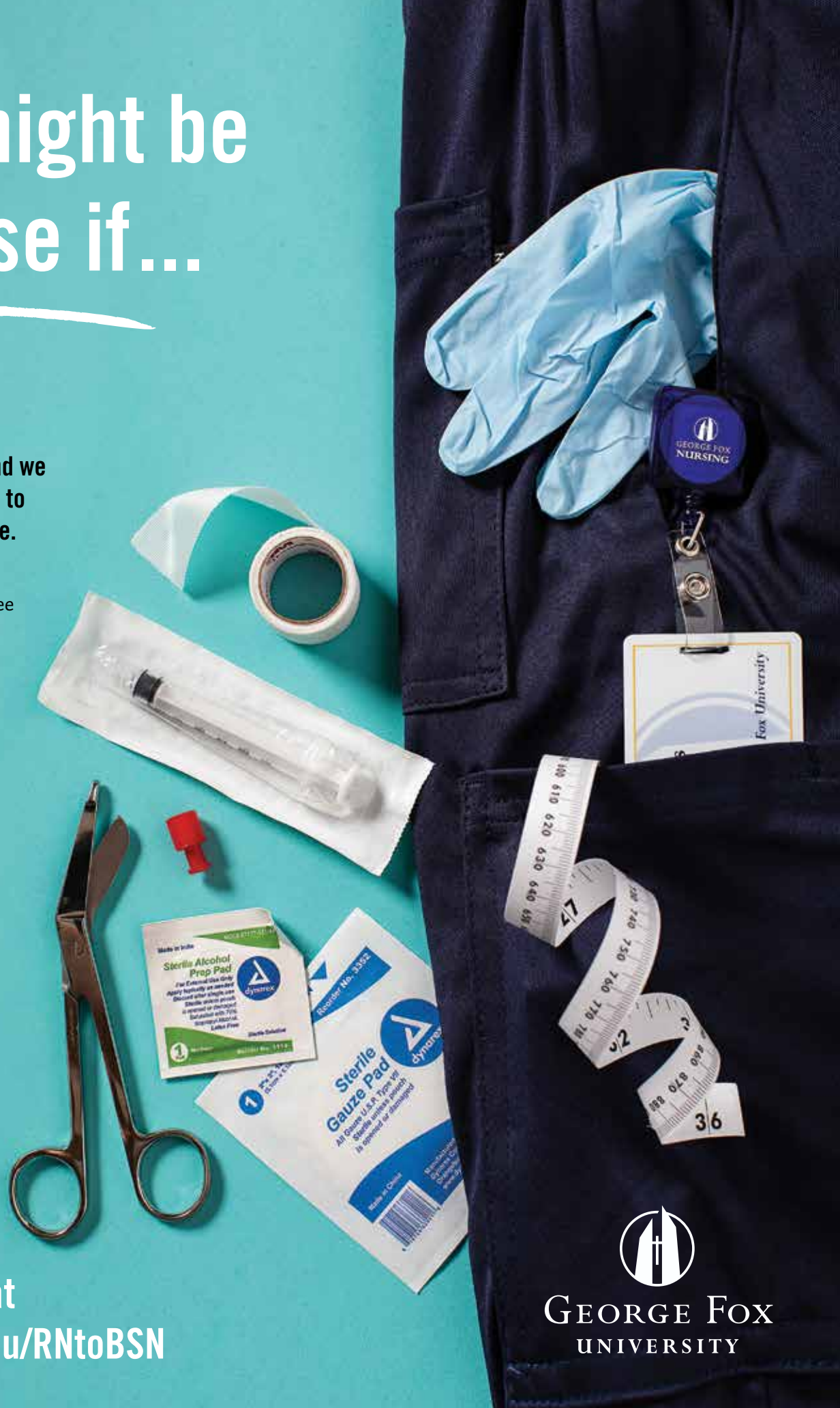

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DISCIPLINARY **ACTIONS**

Actions taken in April, May, and June 2019. Public documents for all disciplinary actions listed below are available on the OSBN website at www.oregon.gov/OSBN (click on 'Look Up a Nurse or Nursing Assistant').

Name	License Number	Discipline	Effective Date	Violations
Fe L. Anderson	200941467RN	Reprimand	4-10-19	Performing acts beyond her authorized scope and failing to conform to the essential standards of acceptable nursing practice.
Concepcion P. Armstrong	201608916CNA	Suspension	6-12-19	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Cheri R. Atkinson	200740681RN	Civil Penalty	5-17-19	$550 civil penalty. Practicing nursing in Oregon with an expired Oregon license.
Maureen A. Bartels	201600176RN	Reprimand	4-10-19	Performing acts beyond her authorized scope, failing to take action to preserve client safety, and failing to conform to the essential standards of acceptable nursing conduct.
Lori E. Beyerlein	089006742RN	Civil Penalty	5-22-19	$250 civil penalty. Practicing nursing in Oregon with an expired Oregon license.
Vadra M. Bezner	201904616CNA	Probation	6-12-19	24-month probation. Conviction of a crime that bears demonstrable relationship to CNA duties and impairment.
Alexis N. Bloom	201500259CNA	Reprimand	4-10-19	Jeopardizing the safety of a person under her care, and failing to take action to preserve client safety.
Norman C. Bloom	098006642RN	Probation	4-10-19	24-month probation. Using intoxicants to the extent injurious to himself or others, and practicing nursing while impaired.
Todd A. Boone	201393498CNA	Probation	6-12-19	24-month probation. Use of intoxicants to the extent injurious to himself or others.
Jered W. Brannan	201230287LPN	Voluntary Surrender	6-12-19	Willful misrepresentation in applying for a license renewal.
Scott T. Brownlee	201904618RN	Probation	6-12-19	24-month probation. Use of intoxicants to the extent injurious to himself or others.
Theresa L. Bunker	096006685RN/ 096006685N1	Probation	6-12-19	12-month probation. Failing to respect the dignity and rights of clients, and engaging in other unacceptable behavior towards or in the presence of a client.
Eric L. Burke	200242017RN	Suspension	4-10-19	Minimum 14-day suspension. Failing to cooperate with theBoard during an investigation.
Denise M. Cadle	000017580CNA/ 200820048CMA	Suspension	4-10-19	Minimum 14-day suspension. Failing to cooperate with theBoard during an investigation.
Candace M. Cain	200710684CNA	Suspension	5-8-19	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Minerva Camacho-Gijon	201608155CNA	Reprimand	5-8-19	Failing neglecting a person and failing to conform to the essential standards of acceptable nursing practice.
Maci D. Camp	201394271CNA	Voluntary Surrender	5-8-19	Leaving a nursing assistant assignment without properly notifying supervisory personnel, and failing to provide theBoard with requested documents.
Kelly S. Carey	201602397LPN	Probation	4-10-19	24-month probation. Using intoxicant to an extent injurious to herself or others, and possessing unauthorized
Jasmine N. Carlisle	201504685RN	Suspension/Probation	4-10-19	12-month suspension, followed by 24 months probation. Violating the client's rights of privacy and confidentiality, and for conviction of a crime that bears a demonstrable relationship to nursing.
Verity A. Caruso	201500622CRNA	Reprimand	6-12-19	Failing to take action to preserve client safety, failing to communicate information regarding client status to members of the healthcare team, and failing to conform to the essential standards of acceptable nursing practice.
Kristi Caylor	200341209RN	Reprimand	4-10-19	Reprimand with conditions. Failing to communicate information regarding client status to members of the healthcare team, and failing to conform to the essential standards of acceptable nursing practice.
Jodi L. Chittenden	201606151RN	Voluntary Surrender	4-10-19	Practicing nursing while impaired, and using intoxicants to the extent injurious to herself or others.
Marvin L. Coakley	200430431LPN	Suspension/Probation	4-10-19	90-day suspension, followed by 12 months probation. Unauthorized removal of client information from the workplace, and violating the client's rights of privacy and confidentiality.
Christopher M. Corrigan	098003214LPN	Civil Penalty	6-28-19	$2,500 civil penalty. Practicing nursing in Oregon with an expired Oregon license.
Michael F. Cottrell	201902795RN	Probation	4-10-19	24-month probation. Previous discipline in Illinois.
Pepito J. Decena	201901069RN	Suspension	6-12-19	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Erica M. Divine	201230646LPN	Reprimand	6-12-19	Leaving a nursing assignment without confirming that nursing assignment responsibilities will be met.
Kimberlee A. Dixon	082012285RN	Voluntary Surrender	6-12-19	Demonstrated incidents of dishonesty and failing to conform to the essential standards of acceptable nursing practice.
Julia L. Dodge	CNA Applicant	Voluntary Withdrawal	4-10-19	Using intoxicants to the extent injurious to herself or others.
Noah G. Dominguez	201805479CNA	Revocation	5-8-19	Using his role as a CNA for personal gain, engaging in profane language in the presence of clients, and failing to answer questions truthfully.
Shelby R. Doss	201706629CNA	Reprimand	4-10-19	Leaving an assignment without properly notifying supervisory personnel, and violating a client's rights of privacy and confidentiality.
Lisa A. Dumdi	093000345RN	Voluntary Surrender	4-10-19	A physical condition that makes her unable to practice nursing safely.
Traci L. Elliott	000043149CNA	Revocation	5-8-19	Unauthorized removal of money from a client, failing to maintain professional boundaries, and failing to cooperate with the Board during the course of an investigation.
Lauren A. Ellis	201904631CNA	Probation	6-12-19	24-month probation. Use of intoxicants to the extent injurious to herself or others.
Robert Espinosa	000003872CNA	Suspension	6-12-19	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.

Name	License Number	Discipline	Effective Date	Violations
Bobbie M. Felton	200942261RN	Probation	6-12-19	12-month probation. Failure to accurately document nursing interventions and practice in a timely manner, and use of intoxicants to the extent injurious to herself or others.
Jill C. Flanders	201700229LPN	Suspension/Probation	6-12-19	Seven-day suspension, followed by 12-month probation. Failing to report suspected incidents of abuse, incomplete and untimely documentation, failing to answer questions truthfully, and failing to conform to the essential standards of acceptable nursing practice.
Jordan L. Florer	201902877CNA	Probation	4-10-19	24-month probation. Use of intoxicants to the extent injurious to herself or others.
Lawrence T. Francis	CNA Applicant	Application Denied	6-12-19	Misrepresentation during the application process for certification and failing to cooperate with the Board during the course of an investigation.
Virginia R. Freeman	095003141RN	Voluntary Surrender	4-10-19	Using intoxicants to the extent injurious to herself or others.
Wesley C. Force	201407747CNA	Reprimand	5-8-19	Violating a person's rights of privacy and confidentiality.
Gary L. Fuller	090003311RN	Reprimand	6-12-19	Assigning persons to perform functions for which they are not prepared to perform and beyond their authorized duties, and failing to conform to the essential standards of acceptable nursing practice.
Amy G. Garrett	CNA Applicant	Application Denied	6-12-19	Failing to answer questions truthfully and demonstrated incidents of dishonesty.
Daniel M. Gifford	CNA Applicant	Voluntary Withdrawal	4-10-19	Conviction that bears a demonstrable relationship to CNA duties.
Jason R. Gilliland	201602606RN	Probation	6-12-19	24-month probation. Use of intoxicants to the extent injurious to himself or others.
Shelley L. Gjesdal	201230238LPN	Voluntary Surrender	4-10-19	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Kristy L. Hacker	097000327RN	Reprimand	5-8-19	Violating a client's rights to privacy and confidentiality, and failing to conform to the essential standards of acceptable nursing practice.
Kurt W. Hagardorn	200542338RN	Probation	4-10-19	24-month probation. Previous revocation of his license.
Mary L. Hagood	200240641RN/ 200250023NP	Reprimand	5-8-19	Failing to administer medications in a manner consistent with state and federal law, implementing standards of practice that jeopardize patient safety, and failing to conform to the essential standards of acceptable nursing practice.
Jason A. Haugen	000036414CNA/ 200020112CMA	Voluntary Surrender	4-10-19	Obtaining unauthorized medications, the unauthorized removal of drugs from the workplace, and failing to fully cooperate with the Board during an investigation.
Bradley W. Hilliard-Lythgoe	201800005RN/ 201800006NP-PP	Reprimand	4-10-19	Failing to accurately document nursing interventions and practice.
Theresa M. Hines	200850166NP	Voluntary Surrender	6-12-19	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Patrick K. House	201702155LPN	Suspension	6-12-19	300-day suspension (retroactively). Conviction of a crime that bears a demonstrable relationship to nursing, and demonstrated incidents of reckless behavior.
Linzee I. Hutchinson	201902878CNA	Probation	4-10-19	24-month probation. A physical condition that makes her unable to perform CNA duties safely, and use of intoxicants to the extent injurious to herself or others.
Chamelon Jackson	LPN Applicant	Application Denied	4-10-19	Willful misrepresentation in applying for a license, and failing to cooperate fully with the Board during an investigation.
Monique Jefferson	201111529CNA	Voluntary Surrender	6-12-19	Abusing a person, failure to report her felony conviction within 10 days, and failing to answer questions truthfully.
Richard D. Jordan	201408454RN	Reprimand	5-8-19	Violating privacy rights, failing to take action to preserve client safety, and failing to conform to the essential standards of acceptable nursing practice.
Kerry Kingsley-Smith	200441951RN	Voluntary Surrender	5-8-19	Violating the terms and conditions of a Board Order.
Eugene P. Kuntz	201501462CNA	Suspension	5-8-19	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Danyelle H. Landry	200641652RN	Probation	6-12-19	24-month probation. Obtaining unauthorized medications, and use of intoxicants to the extent injurious to herself or others.
Jennifer R. Lavassaur	201705259RN	Reprimand	6-12-19	Failing to respect the dignity and rights of clients.
Riki R. Lavender-Curtaz	201501457RN	Revocation	5-8-19	Unauthorized removal of drugs from the workplace, falsifying client records, and practicing nursing while impaired.
Jessica A. Lopez	201609987LPN/ 200911604CNA	Suspension	4-10-19	30-day suspension. Failing to maintain professional boundaries with a client.
Machala S. Loving	201707234CNA	Reprimand	6-12-19	Failing to implement the plan of care developed by the RN.
Shawna Macari	201010548CNA	Suspension	4-10-19	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Kimberly A. Martin	200210461CNA	Reprimand	4-10-19	Failing to respect a client's dignity and rights, and failing to conform to the essential standards of acceptable CNA performance.
Thomas L. Martin	201400886RN	Voluntary Surrender	6-12-19	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Stevon L. McBride	CNA Applicant	Voluntary Withdrawal	6-12-19	Misrepresentation during application for certification and impairment.
James T. McCarty	201604969RN	Reprimand	4-10-19	Failing to respect a client's dignity and rights.
Joan C. McCuen	201243038RN/ 201350096NP	Voluntary Surrender	4-10-19	Practicing nursing while impaired, and using medications to an extent that impairs her ability to practice nursing.
Bobbie M. McKinney	CNA Applicants	Voluntary Withdrawal	4-10-19	Failing to answer questions truthfully and completely.
Anne M. Meeks	200940236RN	Voluntary Surrender	6-12-19	Violating the terms and conditions of a Board Order.

Name	License Number	Discipline	Effective Date	Violations
Chaunte M. L. Meyers	201403846CNA	Application Denied	4-10-19	Failing to cooperate with the Board during the course of an investigation.
Gale M. Miller	200311540CNA	Revocation	5-8-19	Performing CNA duties while impaired, using intoxicants to the extent injurious to herself or others, and failing to cooperate with the Board during an investigation.
Thomas E. Mulcahy	201505672LPN	Probation	6-12-19	24-month probation. Use of intoxicants to the extent injurious to himself or others.
Michael D. O'Hearn	201011969CNA	Revocation	5-8-19	Failing to maintain professional boundaries, unauthorized removal of money from a client, and failing to cooperate with the Board during the course of an investigation.
Enrique Ochoa-Flores	CNA Applicant	Voluntary Withdrawal	5-8-19	Failing to provide evidence of physical and mental health for licensure.
Diane L. Panian	083039818RN	Suspension/Probation	6-12-19	Three-month suspension, followed by 12-month probation. Failing to respect the dignity and rights of clients, and demonstrated incidents of reckless behavior.
Kerry L. Patterson	201042207RN	Voluntary Surrender	5-8-19	Violating the terms and conditions of a Board Order.
Mark G. Petitmermet	201241724RN	Reprimand	5-8-19	Failing to communicate information regarding client status to members of the healthcare team, and failing to conform to the essential standards of acceptable nursing practice.
Janis M. Petrie	200440305RN 201070011CNS 200450014NP	Voluntary Surrender	6-12-19	Failing to release a client's health record within 60 days from receipt of written notice for release, failing to communication client status information to other authorized individuals, and failing to conform to the essential standards of acceptable nursing practice.
Patricia A. Pierce	000035860CNA	Voluntary Surrender	5-8-19	Engaging in unacceptable behavior towards clients.
Christine E. Rivera	200841405RN	Probation	6-12-19	24-month probation. Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Kristi L. Rumely	089003276RN	Reprimand	4-10-19	Falsifying data in a client record, and failing to conform to the essential standards of acceptable nursing practice.
Joanne M. Rutland	099000440RN/ 200150043NP/ 201400760DP	Voluntary Surrender	6-12-19	Physical condition that prevents her from practicing safely.
Sara J. Sahlfeld	200141074RN	Probation	4-10-19	24-month probation. Impaired function.
Teresa E. Saling	201140801RN	Reprimand	4-10-19	Reprimand with conditions. Failing to document client care information, and failing to take action to preserve client safety.
Tiffany A. Sanders	201605901CNA	Voluntary Surrender	6-12-19	Failing to maintain professional boundaries, and using her role as a CNA for personal gain.
Juli Schurmann	200950045NP	Reprimand	4-10-19	Failing to administer medications in a manner consistent with state and federal law, and failing to conform to the essential standards of acceptable nursing practice.
Madeline A. Simmons	200750103NP	Probation	4-10-19	24-month probation. Failing to maintain professional boundaries with a client, inaccurate and incomplete record-keeping, and failing to conform to the essential standards of acceptable nursing practice.
Mark A. Smith	092005128RN	Reprimand	6-12-19	Untimely and incomplete documentation, and failing to conform to the essential standards of acceptable nursing practice.
Kathy M. Stratton	000038691CNA	Voluntary Surrender	5-8-19	Using her CNA position to exploit a client's family for personal gain, failing to maintain professional boundaries, and failing to answer questions truthfully.
Ashleigh M. Taylor	201310730CNA	Voluntary Surrender	4-10-19	Falsifying data, failing to document accurately, and failing to take action to preserve client safety.
Brenda Tesch	201705672RN	Civil Penalty	6-5-19	$350 civil penalty. Practicing nursing in Oregon with an expired Oregon license.
Brenda J. Torres	200941914RN	Suspension	6-12-19	30-day suspension. Failing to failing to clinically supervise a UAP to whom a nursing procedure had been delegated, neglecting a client, and failing to conform to the essential standards of acceptable nursing practice.
Michael P. Tremko	201502375NP-PP	Probation	4-10-19	12-month probation. Failing to accurately document nursing interventions, and failing to conform to the essential standards of acceptable nursing practice.
Vincent T. V. Vo	201506683CNA	Voluntary Surrender	4-10-19	Abusing a person, engaging in other unacceptable behavior, and failing to conform to the essential standards of acceptable CNA performance.
Lorena Waldrip	200643190RN	Probation	4-10-19	24-month probation. Failing to conform to the essential standards of acceptable nursing practice, and the unauthorized removal of drugs from the workplace.
Serena L. Watson	200940087RN	Revocation	5-8-19	Practicing nursing while impaired, client neglect, using intoxicants to the extent injurious to herself or others, and failing to cooperate with the Board during the course of an investigation.
Ashley M. Webber	201803842RN	Revocation	5-8-19	Obtaining unauthorized drugs from the workplace, misrepresentation during the licensure process, and failing to answer questions truthfully.
Cora J. Weberg	201241089RN	Voluntary Surrender	5-8-19	Demonstrated incidents of reckless behavior, failing to administer medication in a manner consistent with state and federal law, and failing to conform to the essential standards of acceptable nursing practice.
Sarah M. Webber	201701655RN	Suspension	6-12-19	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Crystal D. Whited	201243520RN	Suspension	6-12-19	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Jeanette M. Winslow	201504734CNA	Reprimand	4-10-19	Reprimand with conditions. Neglecting a person, falsifying data, and failing to implement the plan of care.
Sarah A. Wright	201243585RN	Civil Penalty	6-5-19	$1,325 civil penalty. Practicing nursing in Oregon with an expired Oregon license.
Marisia A. Ybarra	201601737LPN	Probation	6-12-19	24-month probation. Performing acts beyond her authorized scope, and use of intoxicants to the extent injurious to herself or others.

2019 OSBN BOARD MEMBERS

MICHELLE CHAU, LPN

Term: 1/1/19 – 12/31/21

Ms. Chau is a Panel Manager for the Multnomah County Health Department in Portland, Ore. She completed her practical nursing program at Mt. Hood Community College in Gresham, Ore., and has a BS degree in Advanced Chemistry, Biology, and General Science from Oregon State University in Corvallis, Ore. She has 10 years of nursing experience, and serves in the Licensed Practical Nurse position on the Board.

KATHLEEN CHINN, RN, FNP

PRESIDENT-ELECT

Terms: 1/1/16 – 12/31/18, 1/1/19 – 12/31/21

Ms. Chinn is a Family Nurse Practitioner with the PeaceHealth Senior Health and Wellness Center in Eugene, Ore. She received her Associate Degree in Nursing from Lane Community College in Eugene, Ore., and her Bachelor of Science in Nursing and Master's degrees from Oregon Health Sciences University in Portland, Ore. She resides in Eugene, Ore.

ANNETTE COLE, RN

Term: 1/1/18 – 12/31/20

Ms. Cole is the Vice President of Patient Care Services and Chief Nursing Officer at Sky Lakes Medical Center in Klamath Falls and has 30 years of nursing experience. She received her Bachelors of Science in Nursing degree from the Oregon Institute of Technology in Klamath Falls, Ore., and her Masters of Science in Nursing and Health Care Administration degree from the University of Phoenix. Ms. Cole serves in the Nurse Administrator position on the Board. She resides in Klamath Falls.

ADRIENNE ENGHOUSE, RN

Terms: 1/1/16 – 12/31/17, 1/1/18 – 12/31/20

Ms. Enghouse is a Staff Nurse at Kaiser Sunnyside Medical Center in Clackamas, Ore. She serves in one of two direct-care RN positions on the Board. She received her Associate Degree in Nursing from Mount Hood Community College in Gresham, Ore., and resides in Portland, Ore.

SHERYL OAKES CADDY, JD, MSN, RN, CNE

Term: 1/1/18 – 12/31/20

Ms. Oakes-Caddy is the Dean of Nursing at Mt. Hood Community College in Gresham, Ore. She has more than 30 years of clinical nursing practice. She received her Associate of Science in Nursing from Linn-Benton Community College in Albany, Ore., her Bachelor of Science in Nursing from Oregon Health Sciences University in Portland, Ore., her Master of Science in Nursing from Walden University, Baltimore, Md., and her Doctor of Jurisprudence from Willamette University School of Law in Salem, Ore. Ms. Oakes Caddy serves in the Nurse Educator position on the Board and resides in Lebanon, Ore.

BOBBIE TURNIPSEED, RN

BOARD PRESIDENT

Terms: 1/1/16 – 12/31/17, 1/1/18 – 12/31/20

Ms. Turnipseed is a staff nurse at St. Alphonsus Medical Center in Ontario and has more than 30 years of nursing experience. She received her Associate Degree in Nursing from Boise State University in Boise, Idaho. Ms. Turnipseed is one of two direct-patient care RNs on the Board. She resides in Ontario, Ore.

WILLIAM YOUNGREN, CNA

BOARD SECRETARY

Terms: 6/1/16 – 12/31/18, 1/1/19 – 12/31/21

Mr. Youngren is a Unit Clerk at Legacy Emanuel Medical Center in Portland and has been a nursing assistant since 2012. He received his Bachelor's Degree in English from Portland State University and his nursing assistant training from Portland Community College. Mr. Youngren resides in Portland, Ore.

Public Members Needed: The Oregon State Board of Nursing is seeking two public board members for terms that begin immediately. To apply, visit the Governor's Boards and Commissions webpage (https://www.oregon.gov/gov/admin/Pages/How_To_Apply.aspx). For more information on the specific duties of an OSBN board member, visit the board's About Us webpage, or contact OSBN Communications Manager Barbara Holtry at barbara.holtry@state.or.us.

By OSBN Communications Manager ***Barbara Holtry***

MEET THE TEAM

The Oregon State Board of Nursing is much more than just, "that place where you get your license renewed every two years." To achieve our mission of public protection, our team is hard at work approving educational and training programs, providing outreach presentations to employers and licensees, answering scope-of-practice questions, investigating possible violations of the Nurse Practice Act, maintaining our online systems, and, yes, issuing licenses. In each issue of the Sentinel, we'll introduce you to two of the team members who make everything work.

PEGGY BURNS

Born in California, OSBN Case Coordinator Peggy Burns moved to Portland with her family right after she graduated high school. "I was a Southern California girl, but Portland is home," she says. She decided to plunge right into the working world, spending most of her time in the insurance industry.

When she had her three children, she decided to open an at-home business to allow her to stay with them. "It was the practical thing to do, but after six years, I was ready for something else." That something else turned out to be a return to the insurance field. She worked for Combined Insurance for 20 years, starting as an entry-level assistant, and then working every job offered in Administration. "Insurance is like a black hole; once you're in it, you get sucked in deeper and deeper. By the time I left, I was running Administration in the West," she says, meaning the Western Zone that included 15 states and 350 employees. "I traveled a lot and lots of responsibility. It was great, but eventually I just needed a change."

Burns joined the OSBN Investigations department in July 2018, as an Administrative Assistant 1, and was promoted to Case Coordinator six months later. Having worked extensively with rules, ethics, and compliance investigations during her insurance years, she looked forward to the challenge of working at the Board. "Being at the Board allows me to use my experience in a way that really matters to people. We do something important here."

She works closely with the 13 OSBN investigators to help them gather information by issuing subpoenas for records and documents. "We issue about 60 subpoenas a week," she says. "When the information comes in, I ensure it's reviewed and attached to the correct case file for the investigators to use." She also enters information in the National Council of State Boards of Nursing TERCAP (Taxonomy of Error, Root Cause Analysis, and Practice-Responsibility) system to identify causes of nursing practice breakdown.

Although she appreciates the OSBN's mission of public protection, Burns says the best part of working here is the people. "I knew right away—from the very first interview—that I could work here and like it. The people are great. And, after years of traveling, I like being able to go home every night!"

In her spare time, Burns enjoys hiking, kayaking, and biking. She and her husband have five children and five grandchildren, most of whom live locally. "We live midway between our daughters with the grandkids," she says. "Strategic positioning is key when there are that many!"

PHIL YOUNG

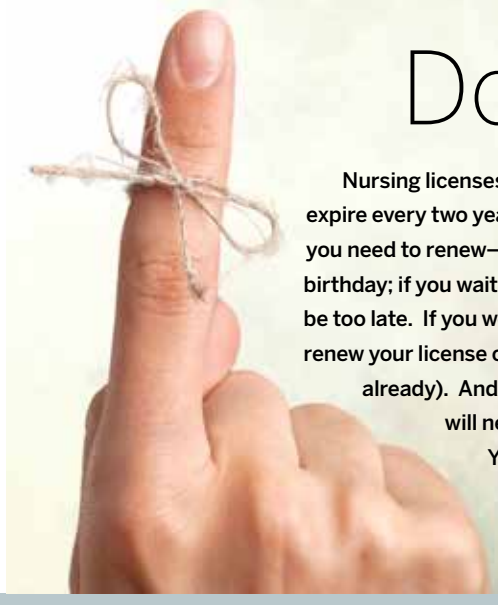
OSBN Network Administrator Phil Young has always lived in the metro area. Born in Portland, he grew up in Vancouver, Wash. He attended Clark College for a couple years, before switching to Washington State University in Pullman, Wash., to major in Physics. "I wasn't really sure what I was going to do with a Physics degree, but I had a fun Physics teacher at Clark. Seemed like a good idea at the time."

A college friend suggested computer classes, so he became certified through New Horizons and never looked back. He worked for a computer reseller in Tigard for 14 years, during which time his company was bought and sold a few times. Seeking stability, he served as the Information Services manager and network administrator at Tualatin Hills Parks and Recreation for 10 years.

Young joined the OSBN in July 2018 after the previous network admin retired after more than 20 years. "When you replace someone who's been in a position for so long, there's always a lot of systemic change involved," he explains. Young oversees the operation of the network and associated hardware, as well as internal user support. He also serves as the agency security officer and is responsible for ensuring the OSBN complies for all federal criminal justice security regulations.

He says the staff is best part about working at the Board. "The people here are really nice," he says. "It's a small agency. A nice size with a well-defined scope." Although he enjoys his job, he says computers are merely a means to an end. "I really just like helping people."

He and his wife have been married 23 years, and have two boys, aged 13 and 15, who they adopted as babies from Korea. Together, they enjoy car camping and vegetable gardening. "We have a bigger plot this year with radishes and cucumbers…all kinds of stuff. We have a small backyard, so we took a tree out to get more space." His three brothers left town and settled all over the country, so they have an annual Young Family reunion at a lake resort in northern Michigan. "It's located kind of central to all of us," he explains. "It's a wonderful way to relax, and gives my parents a chance to have all the grandkids in one spot for a week."



Don't Forget to Renew!

Nursing licenses and nursing assistant certificates expire every two years, on your birthday. This means you need to renew—at the latest—the day before your birthday; if you wait until your birthday to renew, it will be too late. If you were born in an odd year, you need to renew your license or certificate this year (if you haven't already). And if you were born in an even year, you will need to renew your license next year. You may check your license status and expiration date using the Board's License Verification system: http://osbn.oregon.gov/OSBNVerification/Default.aspx.

If your current email address is on file with the Board office, you should receive a courtesy reminder before your license expiration date; the board sends out email reminders at 90, 60, and 15 days prior to an expiration date. However, it is ultimately the licensee's responsibility to renew her/his license.

Don't risk possible civil penalties by practicing without a license—renew on time.

By OSBN Licensing Manager ***Tracy Gerhardt*** and Training & Assessment Policy Analyst ***Debra K. Buck, MS, RN***

CHANGES TO CERTIFICATION STANDARDS COMING AUGUST 1

As part of a continuing effort to make the Nurse Practice Act easier to navigate and understand, the Oregon State Board of Nursing (OSBN) adopted updated rules for Division 62 during the June 2019 Board Meeting. The new rules (Oregon Administrative Rule 851-062) make the requirements and processes for CNA certification more understandable and streamlined for everyone. The changes went into effect August 1 and apply to all applications received on or after August 1, 2019.

The following is a list of some of the changes:

Previous: Nursing assistants who perform CNA 1 authorized duties as an employee of a licensed nursing facility in the State of Oregon must obtain CNA 1 certification no later than four months after the date of hire.
New: An individual who has never been certified in Oregon and is seeking CNA 1 certification may perform the authorized duties of a nursing assistant at a licensed nursing facility for up to 120 days from the date of hire if the individual has successfully completed a Board-approved nursing assistant level one training program.

Previous: A New CNA by Exam applicant may test up to two years after completing their training program.
New: A New CNA by Exam applicant may *apply* for the Board-approved CNA competency exam up to a year after date of program completion. The applicant must pass both the knowledge and skill parts of the exam within a year of *application*.

Previous: Applicants for the Board-approved CNA competency exam have a maximum of three opportunities to pass both the knowledge and skill parts of the exam before having to retrain and reapply.
New: There is no longer a limit to the amount of attempts an applicant has to pass the exam within a year of application.

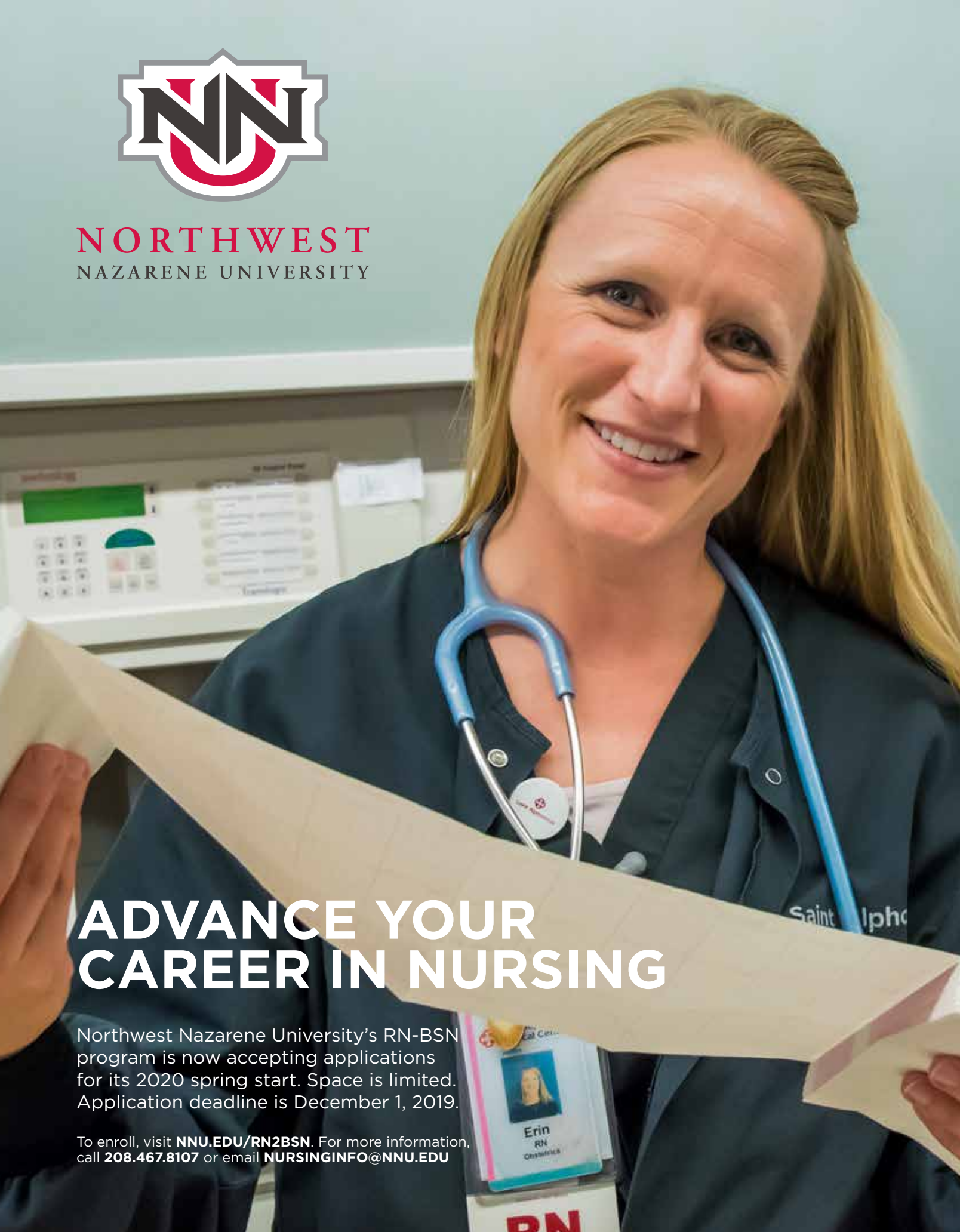
Previous: The only military training that qualifies an applicant for CNA by exam are combat medic 68W or naval corpsman military medic. Military applicants must submit a DD-214 to the Board.
New: Adds aeronautical medic training to acceptable education for application. Requires a Joint Services transcript to be submitted to the Board in addition to a DD-214.

Previous: Military trained applicants must have active service within 5 years of application.
New: Military trained applicants must have active service within *two* years of application.

Previous: Student nurses seeking CNA certification using equivalent education are not required to pass the Board-approved CNA competency exam. The application fee is $60.
New: Student nurses seeking certification using equivalent education must successfully complete the Board-approved CNA competency exam within a year of application. The fee for application by exam is $106.

Previous: A CNA 1 can enter CNA 2 training as soon as they obtain their Oregon CNA 1.
New: To qualify for CNA 2 training, an individual must have 75 clinical hours from the nursing assistant level one training program, or 75 work hours as a CNA 1, or a combination of clinical hours and work hours that adds up to 75 hours. CNA 2 training program faculty will need to maintain documentation to verify that this eligibility requirement is met on all students.

Tutorials, applications, and more may be found at the OSBN website at https://www.oregon.gov/osbn
The complete rules for Division 62 are available on the Secretary of State's website at https://sos.oregon.gov/archives/Pages/oregon_administrative_rules.aspx.



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Northwest Nazarene University's RN-BSN program is now accepting applications for its 2020 spring start. Space is limited. Application deadline is December 1, 2019.

To enroll, visit **NNU.EDU/RN2BSN**. For more information, call **208.467.8107** or email **NURSINGINFO@NNU.EDU**

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