

JOINT COMMITTEE for ADVANCED PRACTICE NURSING
Alabama Board of Nursing and Alabama Board of Medical Examiners
770 Washington Ave
Montgomery, Alabama

Fiscal Year 2015
February 17, 2015
Regular Meeting

1. CALL TO ORDER

Beverly Flowers Jordan, MD, called the meeting to order at 5:30 pm on February 17, 2015.

The following Committee members were present at the meeting:

Grace Grau, MSN, CRNP
Melissa Hatter, MSN, RN, CNM
Carol Stewart, MSN, CRNP
Beverly Flowers Jordan, MD
John S. Meigs Jr., MD
Timothy Stewart, MD

The following Committee member arrived late to the meeting at 6:00 pm:

Timothy Stewart, MD

The following Committee member left the meeting early at 6:50 pm:

Carol Stewart, MSN, CRNP

Staff members attending the meeting included:

The Alabama Board of Nursing:

Peggy Benson, Deputy Director
Charlene Cotton, Advanced Practice Consultant
Kristine Jordan, Administrative Assistant

The Alabama Board of Medical Examiners:

Pat Ward, Collaborative Practice Consultant
Amy Wybenga, Collaborative Practice Consultant
Carla Kruger, Paralegal

2. DECLARATION OF QUORUM

A quorum was declared with three nurse members and two physician members present.

3. STATEMENT OF COMPLIANCE WITH OPEN MEETINGS ACT

Notice of the meeting was posted on the Secretary of State's website in compliance with the Alabama Open Meetings Act.

4. ADOPTION OF AGENDA

On February 17, Ms. Carol Stewart moved that the Joint Committee adopt the Agenda, as distributed. Ms. Grau seconded. Motion carried without objection.

5. REVIEW OF MINUTES

On February 17, Ms. Stewart moved that the Joint Committee adopt the minutes of October 14, 2014 as distributed. Ms. Hatter seconded. Motion carried without objection.

6. OLD BUSINESS

A. Collaborative Practice Regulations

Ms. Cotton gave an overview that the Joint Committee has been discussing these rule revisions for about a year now. The Board of Medical Examiners proposed changes to the specific section of collaborative practice regulations, Chapter 540-X-8, and forwarded the proposals to the Joint Committee and the Board of Nursing. ABN took the ABME proposals and developed proposals for the ABN regulations Chapter 610-X-5 as well. In addition, ABN revisited the proposal for rules pertaining to off-label prescribing, which had been presented to the Joint Committee in February 2014. Ms. Ward stated that the Credentials Committee reviewed the proposal for Prescriptions and Medication Orders, and it will be presented to the ABME tomorrow for approval.

1. Definitions.

Ms. Cotton asked the Joint Committee to evaluate the definition for Quality Assurance and consider whether changes might help practitioners understand the requirements. Ms. Wybenga indicated many NPs and Physicians think the physician's signature on the chart is enough for the 10% quality assurance requirement. Dr. Meigs stated the expectation that a meaningful quality assurance /monitoring plan is more useful than signing off 10% of patient charts. It is about evaluating what you are doing and finding ways to improve your medical practice.

After general discussion, the Joint Committee members agreed with the proposed draft for 610-X-5-.01 Definition (13) Quality Assurance with recommended changes to the definition as follows:

'Document evaluation of the clinical practice of the CRNP, or CNM against defined quality outcome measures, using a selected real and meaningful sample of patient records which will identify areas needing improvement, set performance goals and assess progress towards meeting established goals, with a summary of findings, conclusions and if indicated recommendations for change. The physician's signature on the patient record does not constitute quality improvement monitoring'

On February 17, Ms. Hatter moved approval of the proposed changes for 540-X-8-.01 and 610-X-5-.01 Definition, (13) Quality Assurance to read, "Documented evaluation of the clinical practice of the CRNP or CNM against defined quality outcome measures, using a selected real and meaningful sample of patient records which will identify areas needing improvement, set performance goals and assess progress towards meeting established goals, with a summary of findings, conclusions and if indicated recommendations for change. The physician's signature on the patient record does not constitute quality improvement monitoring." Dr. Meigs seconded. Motion carried without objection.

2. The Joint Committee reviewed the related statement on quality assurance in Requirements for Collaborative Practice by Physician and CRNP.

On February 17, Dr. Meigs moved approval of the proposed change for 540-X-8-.08 (9)(g) and 610-X-5-.08 (9)(g) to "Specify a plan for quality assurance management with defined quality outcome measures for evaluation of the clinical practice of the CRNP and include review of a meaningful sample of medical records plus all adverse outcomes." Ms. Stewart seconded. Motion carried without objection.

3. Limitations upon Utilization of CRNPs

Dr. Jordan summarized the changes on item (1) for the Full Time Equivalent (FTE) hour limitations on the physician from 120 hours increased to 160 hours, increasing from three (3) FTEs to four (4) FTEs per week, plus an option to request a transitional allowance not to exceed 45 days during changes in personnel.

On February 17, Dr. Meigs moved approval of the proposed changes for 540-X-8-.12 and 610-X-5-.04 05 Limitations upon Utilization of CRNPs as indicated in item (1) and (5) in the proposed amendment. Ms. Hatter seconded. Motion carried without objection.

4. 540-X-8-.14 Denial, Suspension and Revocation of License

Ms. Ward said that legal counsel recommended the changes on item (4) for editorial accuracy of the line of appeal to the Alabama Court of Civil Appeals. This rule change is specific to the physician.

On February 17, Ms. Stewart moved approval of the proposed changes for 540-X-8-14 Denial, Suspension and Revocation of License as indicated in item (4) of the proposed amendment. Dr. Meigs seconded. Motion carried without objection

5. Qualifications for Physicians in Collaborative Practice with CRNP

Dr. Jordan summarized the changes on item 4 (a) that the Collaboration Fee must accompany the commencement form. Along with item 4 (b) Notice of terminations should be submitted within 14 days of termination.

On February 17, Ms. Grau moved that the Joint Committee agree with the proposed draft changes for 540-X-8-.04 and 610-X-5-.03 04 Qualifications for Physicians in Collaborative Practice with CRNP/CNMs indicated in item 4 (a) and 4 (b) of the proposed amendment. Dr. Meigs seconded. Motion carried without objection

6. Authorization for Practice as A CRNP

Dr. Jordan summarized the changes on item 3 (b) that CRNP/CNM shall notify ABN using the online form to terminate agreements.

On February 17, Ms. Grau moved that the Joint Committee agree with the proposed draft changes for 540-X-8-.06 and 610-X-5-.06 07 Authorization for Practice as a CRNP as indicated in item 3 (b) of the proposed amendment. Ms. Hatter seconded. Motion carried without objection

7. Temporary Approval to Practice as a CRNP

Dr. Jordan summarized the changes on item 2 (d) that the 'Provisional Approval' be limited to a maximum of six (6) months instead of one year.

On February 17, Ms. Grau moved that the Joint Committee agree with the proposed draft changes for 540-X-8-.07 and 610-X-5-.07 08 Authorization for Practice as a CRNP as indicated in item 2 (d) of the proposed amendment. Ms. Hatter seconded. Motion carried without objection

8. Requirements for Collaborative Practice by Physicians and CRNPs

Dr. Jordan summarized the changes on item 3 stating the collaborating physician's principle practice site will not be subject to the required minimum hours for the physician presence.

Dr. Jordan indicated great concern about this statement. We are assuming that the physician is at his or her principle practice site. What if the physician is not present? As an example, what if the physician hires a couple of CRNPs to work at his principle practice site. Then he can go out on vacation or to a speaking seminar or just drop in for a site visit every three months, even though the physician has no other sites where he/she practices.

After much discussion it was decided the proposed draft for 610-X-5-.08 09 Requirements for Collaborative Practice by Physicians and CRNP/CNM on item 3 needed more clarification from

the ABME board. Joint Committee is recommending the removal of the 'collaborating physician principle practice site'. As well as, requesting for more clarification on the change with making sure the members are aware of the possible problems that could arise from the change. If the board takes out or leaves in the indicated section and the members understand the implications that can occur; then Joint Committee will agree to the change.

On February 17, Ms. Stewart moved that the Joint Committee request the removal of the 'collaborating physician principle practice site' from item 3 of the proposed changes 540-X-8-.08 and 610-X-5-.08 09 Requirements for Collaborative Practice by Physicians and CRNP. If ABME takes out or leaves in the indicated section and the members acknowledge the implications of the rule, then Joint Committee will agree to the change. Dr. Meigs seconded. Motion carried without objection.

9. Requirements for Collaborative Practice by Physicians and CRNP, item 4 (a), (b), (c), (d), (e)

Dr. Jordan summarized the changes on item 4 (a), (b), (c), (d), (e), for the collaborating physician's requirements on documentation and scheduled hours on-site with the CRNP.

Ms. Stewart asked for clarification on the two-year requirement proposed in the 610-X-5-.08 09 Requirements for Collaborative Practice by Physicians and CRNP/CNM for item change for 4(b)1. She gave an example of clinical situation of where the NP is in the same location but the physicians come and go. The intent of the rule is for on-site collaboration during the first two years of practice for a newly certified NP, or during the first two years of practice in a clinical specialty where the NP has no prior practice experience. Example: the Family NP changes to an orthopedic surgery practice after eight years of experience in primary care.

On February 17, Ms. Stewart moved that the Joint Committee agree with the proposed changes for 540-X-8-.08 (4) and 610-X-5-.08 09 (4) Requirements for Collaborative Practice by Physicians and CRNPs, with recommendation to insert the word "or" after "since initial certification."

(4) (b)...with CRNP who has less than two (2) years (4,000 hours) of collaborative practice experience:

- (i) Since initial certification, or
- (ii) In the collaborating physician's practice specialty.

Dr. Meigs seconded. Motion carried without objection.

10. Prescriptions and Medication Orders by the CRNP

Dr. Jordan summarized the changes on item 2 (a), (b), (c), (d), defining parameters for prescribing medications exceeding the FDA-approved guidelines.

On February 17, Ms. Stewart moved that the Joint Committee agree with the proposed changes for 540-X-8-.11 and 610-X-5-.14 12 Prescriptions and Medication Orders by the CRNP as indicated in on item 4 (a), (b), (c), (d), (e), of the proposed amendment. Ms. Grau seconded. Motion carried without objection.

CNM Regulations

Dr. Jordan summarized the changes previously approved in CRNP regulations are proposed in the companion rules for CNM collaboration, as follow:

- 610-X-5-.13 14 Qualifications for Approval as a CNM
- 610-X-5-.14 15 Qualifications for Physicians in Collaborative Practice with CNMs
- 610-X-5-.15 16 Limitations upon Utilization of CNMs
- 610-X-5-.17 18 Authorization for Practice as a CNMs
- 610-X-5-.18 19 Temporary Approval to Practice as a CNMs
- 610-X-5-.19 20 Requirements for Collaborative Practice by Physicians and CNMs
- 610-X-5-.24 22 Prescriptions and Medication Orders by the CNMs

Ms. Hatter indicated that in 610-X-5-.17 18 (7) that 'American College of Nurse Midwives

Certification Council has changed to American Midwifery Certification Council.

On February 17, Ms. Grau moved that the Joint Committee agree with the proposed drafts, replicating the changes from CRNP regulations into CNM regulations, as indicated in the proposed amendments, and to change 610-X-5-.47 18 (7) from American College of Nurse Midwives to American Midwifery Certification Council. Ms. Hatter seconded. Motion carried without objection

B. Fast Track Criteria Implementation

Ms. Cotton provided feedback to the Joint Committee that regarding the January Fast Track applications report. The expanded criteria expedited the approval of 82 new and 52 existing collaborative practice applications with these circumstances:

| | |
|---|----|
| Remote site with covering physicians | 32 |
| Single practice site with no covering physician | 40 |
| Specialty formulary with covering physician | 4 |
| Additional duties with covering physician | 6 |
| Modified practice with additional sites | 47 |
| Modified practice with new skill or formulary | 5 |

On February 17, the Joint Committee received the report as information without further recommendations or comments.

7. NEW BUSINESS.

A. Add Cryotherapy to Standard Protocol

The Board of Medical Examiners proposes the addition of Cryotherapy to the Standard Protocol to include the standard language: "Cryotherapy of non-pigmented superficial lesions - allowed performing on the face, only on skin lesions not to exceed 5 mm in diameter and not below the dermis. Cryotherapy on anatomically sensitive areas, such as the eyes, must be evaluated by the physician prior to treatment".

On February 17, Dr. Meigs moved that the Joint Committee recommend addition of Cryotherapy on Non-Pigmented Superficial Lesions to the Standard Protocols for CNMs and CRNPs, with the description: "Cryotherapy of non-pigmented superficial lesions - allowed performing on the face, only on skin lesions not to exceed 5 mm in diameter and not below the dermis. Cryotherapy on anatomically sensitive areas, such as the eyes, must be evaluated by the physician prior to treatment." Ms. Grau seconded. Motion carried without objection.

B. Collaboration Application: Nadine Hartwig CRNP & David C. Burnes MD

Nadine Hartwig CRNP has applied for collaborative practice with Dr. Daniel Clayton Burnes. Both reside in Huntsville. The collaboration will provide house calls to patients in private homes and assisted living facilities to accommodate patients who are home bound or otherwise have difficulty getting to the doctor's office or clinic. The collaboration will accept referrals from physicians who do not offer house call services.

Ms. Cotton stated she met with Ms. Hartwig for clarification on the proposed practice. The referring primary physician may choose for Ms. Hartwig and Dr. Burnes to assume primary provider status or the referring physician has the option to become a covering physician within the collaboration for the purpose of managing the patient who was referred to NP Hartwig and Dr. Burnes. An example given was where a resident is in an assisted living facility and has limited mobility with no acute or unstable health problems, but needs a physician of record to meet ALF requirements. If there is no other primary care physician, Dr. Burnes will be the physician of

record, with Ms. Hartwig making the house call. Ms. Hartwig will provide comprehensive examination of the patient with a detailed report to Dr. Burnes and the referring physician, using a cloud-based encrypted electronic medical record system. Ms. Hartwig meets with the referring physician to review the exam and determine immediate and future treatment plans. If prescription is issued by Ms. Hartwig, rather than the referring physician or Dr. Burnes, the prescription is generated electronically to the patient's pharmacy.

Ms. Cotton indicated they do not have much patient volume. Ms. Hartwig submits quality monitoring data to the Physician Quality Reporting System (PQRS). Feedback reports are reviewed with Dr. Burnes during regular review meetings.

Dr. Meigs stated he has great concerns that they never actually work together, so the collaborating physician never has the opportunity to see the NP practice. Mrs. Benson indicated that this is an emerging area for Advance Practice, and there are companies looking at the State of Alabama to provide similar services. Ms. Grau thinks this is an area of great need and agrees there are some issues that may need to be addressed in the future; however it should not hold up this application for approval. Also, in the past applications are approved with stipulations for the agreement, which could be done for this physician and NP as well.

On February 17, Dr. Meigs moved that the Joint Committee approve the collaborative practice application for Nadine Hartwig, CRNP (1-040411) and Daniel Clayton Burns, MD, (29110), with plan for a follow-up audit. Ms. Grau seconded. Motion carried without objection.

C. Procedures for CRNP in Neurosurgical Collaboration

Application for Privilege to Perform Skill or Procedure in Collaborative Practice

Danielle Nicole 'Nikki' Chason, Adult-Gerontological Acute Care Nurse Practitioner, received approval in March 2014 for collaboration with Anthony Martino, MD, Chair, Department of Neurosurgery, University of South Alabama, and located in Mobile, AL. They applied to add procedures to her practice protocol.

The proposed procedures are as follows:

- a. Halo pin removal
- b. CSF (Cerebrospinal fluid) Shunt tap
- c. Ventriculostomy / ICP [intracranial pressure] monitor bolt/ drain removal
- d. Deep Brain Stimulation (DBS) Interrogation
- e. Bony fiducial placement for deep brain stimulation (DBS)
- f. Programmable Shunt interrogation with and without setting adjustment

Ms. Cotton stated the both the Ms. Chason and Dr. Martino came to the ABN to present their outline for each procedure, plan for instruction, supervised practice and on-going quality monitoring. ABME previously approved Dr. Martino's plan to delegate these procedures to PA and CRNP.

On February 17, Dr. Meigs moved that the Joint Committee approve the collaborative practice application for Danielle Nicole Chason, CRNP (1-113509) and Anthony Martino, MD, (26336), with request to initiate training with supervised practice in the following procedures:

- a. Halo pin removal
- b. CSF (Cerebrospinal fluid) Shunt tap
- c. Ventriculostomy / ICP [intracranial pressure] monitor bolt/ drain removal
- d. Deep Brain Stimulation (DBS) Interrogation
- e. Bony fiducial placement for deep brain stimulation (DBS)
- f. Programmable Shunt interrogation with and without setting adjustment

Ms. Grau seconded. Motion carried without objection.

8. APPLICATIONS FOR COLLABORATIVE PRACTICE

The roster includes all collaborative practice applications that were complete by November 17, 2014.

A. Physician Fee

Alabama Board of Medical Examiners staff all applications had paid the physician fees in a timely manner.

B. Terminated or Withdrawn Collaborative agreements

As of February 17, 2015, the following applicants reported withdrawal or termination of collaborative agreement.

Prior to publication of the roster (not listed on February roster)

| Period | Nurse | RN License | Physician | Physician License |
|--------------------------|---------------------|------------|---------------------|-------------------|
| 12/04/2014 to 12/11/2015 | Broadnax, Ritchelle | 1-094939 | Matthews, Edwin | 25048 |
| 12/29/2014 to 01/12/2015 | Free, Dana | 1-090098 | Alexander, Spencer | DO-0702 |
| 12/30/2014 to 01/19/2015 | McDonald, Paul | 1-114040 | Singh, Harshjit | 30413 |
| Withdrawn | Morgan, Traci | 1-065444 | Borasino, Santiago | 28139 |
| Withdrawn | Noonan, Patricia | 1-091584 | Ford-Crawford, Lisa | 33371 |
| 11/21/2014 to 01/01/2015 | Salter, Robert | 1-071631 | Oblena, Jose | 19610 |
| Withdrawn | Warren, Hope | 1-082490 | Adams, Kynard | 10658 |

After publication of the February roster

| Item Number | Period | Nurse | RN License | Physician | Physician License |
|-------------|--------------------------|------------------|------------|--------------------|-------------------|
| 030 -1 | 1/05/2015 to 01/25/2015 | Doyal, Shannon | 1-096078 | Franco, Luis | 10073 |
| 034 -1 | 1/26/2015 to 2/4/2015 | Flint, Chikisha | 1-106773 | Evans, George | 16278 |
| 056 -1 | 12/29/2014 to 02/17/2014 | Jones, Connie | 1-042611 | Serpas, Berenice | 32597 |
| 061 -1 | 1/16/2015 to 02/08/2015 | Kuhlers, Sarah | 1-102303 | Massey, Adahli | 23033 |
| 095 -1 | 1/14/2015 to 2/4/2015 | Smith, Sarah | 1-060453 | Matthews, Edwin | 25048 |
| 097 -1 | 12/31/2014 to 02/09/2015 | Smith, Mark L | 1-072029 | Sharpton, Hobert J | DO-0205 |
| 108 -1 | 1/05/2015 to 02/04/2015 | Turner, Jennifer | 1-129376 | Strickland, Warren | 19435 |

On February 17, Dr. Meigs moved that the Joint Committee approve the applications for collaborative practice for the period from date of temporary approval through date of termination, as stated. Dr. Stewart seconded. Motion carried without objection.

C. Standard Protocol, Standard Formulary, with/without Remote locations and/or Covering Physician.

Items 1-1 through 117-1, Standard Protocol, Standard Formulary, with/without Remote Locations, and/or, Covering Physicians

On February 17, Ms. Grau moved that the Joint Committee approve the applications for Standard Protocol, Standard Formulary, with/without Remote Locations, and/or Covering Physicians for Items 1-1 through 117-1 as listed in the roster, excluding item numbered 30-1, 34-1, 56-1, 61-1, 95-1, 97-1, 108-1 that have terminated. Dr. Meigs seconded. Motion carried without objection.

D. Standard Protocol, Standard Formulary, Additional Duties and/or Restricted Drug Classifications.

Items 118-2 through 136-2, Standard Protocol, Standard Formulary, Additional Duties and/or Restricted Drug Classifications.

Defer Action on Additional Skill until approved by ABME

| Item Number | Nurse | RN License | Physician | Phy Lic | Additional Request Deferred Skill and/or Formulary until Approved by ABME |
|-------------|--------------------|------------|-----------------|---------|---|
| 125-2 | Clemons, Elizabeth | 1-135496 | Lobo, Naveen | 25921 | Withdrawn formulary Radio Isotope |
| 134-2 | Penn, Charlene | 1-098990 | Ashley, Timothy | 14636 | Chemical Peel Medium depth |
| 136-2 | Wells, Rose | 1-026125 | Vu, Mary Anna | 29344 | Ductal Lavage, Breast for Random Screening |

On February 17, Ms. Grace moved for approval of applications for Standard Protocol, Standard Formulary, Additional Duties and/or Restricted Drug Classifications for Items 118-2 through 136-2 as listed in the roster excluding item numbered 125-2, 134-2, 136-2 that have skills deferred pending further review by ABME. Ms. Hatter seconded. Motion carried without objection.

E. Modify Existing Collaborative Practice, Additional Locations, Duties and/or Restricted Drug Classifications.

Items 137-3 through 179-3, Modify Existing Collaborative Practice, Additional Locations, Duties and/or Restricted Drug Classifications.

On February 17, Ms. Grau moved for approval of applications for Standard Protocol, Standard Formulary, Additional Duties and/or Restricted Drug Classifications, items 203-3 through 307-3 as stated in the application. Dr. Meigs seconded. Motion carried without objection.

9. INFORMATION AND OTHER BUSINESS

Dr. Stewart informed the Joint Committee members about a meeting that occurred with representatives from Alabama Birth Coalition, Blue Cross Blue Shield and the Medical Association of the State of Alabama (MASA). The group outlined strategies working with Alabama Department of Public Health to increase birthing options in Alabama, to increase the number of CNMs, increase the availability of birthing center facilities as alternatives to home deliveries. Recently, Pro-Assurance has reviewed facilities and reports positive outcomes for

midwifery managed birth, and gives high recommendations for more birthing centers.

The big hurdle is communicating the message that delivery in a birthing center with a CNM is an option for some mothers but not for every mother in Alabama. High risk patients must see a physician. A hospital-based birthing center gives mothers the option for delivery by a CNM in a more home-like environment. In turn, if problems occur, the CNM can be with the patient in the hospital as well.

10. NEXT MEETING DATE

The next meeting of the Joint Committee will be on Wednesday April 15, 2015 at 5:30 p.m. at the Board of Medical Examiners located on 848 Washington Ave, Montgomery, Alabama.

11. ADJOURNMENT

Ms. Grau moved for adjournment. Dr. Stewart seconded. The Joint Committee meeting adjourned at 6:30 p.m. on February 17, 2015.


Beverly Flowers Jordan, MD, Chairperson


Date of Approval

Submitted by:


Charlene Cotton
Alabama Board of Nursing


Kristine Jordan, Recorder, February 17, 2015
Alabama Board of Nursing