

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

Fiscal Year 2013  
March 19, 2013  
Regular Meeting

**1. CALL TO ORDER**

B. Jerome Harrison, MD called the meeting to order at 6:00pm on March 19, 2013

The following Committee members were present at the meeting:

B. Jerome Harrison, MD  
Beverley Flowers Jordan, MD  
Cynthia Messer, MSN, RN, CNM  
Grace Grau, MSN, CRNP  
Paul Nagrodzki, MD

Staff members attending the meeting included:

For the Alabama Board of Nursing:  
Charlene Cotton, MSN, RN, Advanced Practice Consultant  
Kristine Jordan, Administrative Assistant

For the Alabama Board of Medical Examiners:  
Pat Ward, RN, Inspector  
Deana Bozeman, Collaborative Practice Administration

Visitor attending the meeting:  
Dr. Martin A.J. Wybenga, MD, Family Health Care, Inc.

**2. DECLARATION OF QUORUM**

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

**3. STATEMENT OF COMPLIANCE WITH OPEN MEETINGS ACT**

Prior notice of this meeting was given in accordance with the Alabama Open Meetings Act.

**4. ADOPTION OF AGENDA**

**On March 19,** Ms. Grau moved that the Committee adopt the Agenda, as presented. Dr. Nagrodzki seconded. Motion carried without objection.

**5. REVIEW OF MINUTES**

**On March 19,** Dr. Nagrodzki moved that the Joint Committee adopt the minutes of November 15, 2012, as distributed. Ms. Grau seconded. Motion carried without objection.

**6. OLD BUSINESS**

**A. Restricted Formulary for CRNP and CNM in Collaborative Practice**

**BACKGROUND:**

The Standard Formulary for CRNP and CNM identifies broad pharmaceutical classifications. The majority of the classifications are identical to the first-level nomenclature for the AHFS® Pharmacologic - Therapeutic Classification.

Restricted Drugs

The Specialty Formulary includes these drug groups with stipulations for required collaboration:

ANTINEOPLASTIC AGENTS: *Initial dose must be prescribed by a physician, with authorization to prescribe continuing maintenance doses according to written protocol or direct order of the physician.*

CRNP – OXYTOCICS: *May be prescribed only in consultation with the physician.*

CNM – OXYTOCICS: *May be prescribed according to protocols for management of post-partum bleeding, and in concurrent consultation with the physician for augmentation of labor.*

HEAVY METAL ANTAGONISTS: *Initial dose must be prescribed by a physician with authorization from the collaborating physician to prescribe continued maintenance dosages.*

GOLD COMPOUNDS: *Initial dose must be prescribed by a physician with authorization from the collaborating physician to prescribe continued maintenance dosages.*

Instructions attached to the application form:

Drug classifications with Board-designated restrictions (items 26 – 30 on the formulary page): If requesting prescribing authority for any of these classifications, attach a description of the patient population, disease process or other circumstances for CRNP/CNM prescribing in drug classifications. Specify the restrictions within the protocol for this CRNP/CNM applicant.

The CRNP/CNM and physician must initial each box to confirm the request for the following drugs classifications.

**Proposed Sample for collaborative agreements requesting additional formulary is as follows:**

Note: Refer to instruction page regarding items 26-30. If requested and approved for this applicant, the following drugs may be prescribed within the limitations defined below by the Alabama Board of Nursing and the Alabama Board of Medical Examiners. Initial each classification that you are requesting.	CRNP/CNM Initials	MD/DO Initials
26. Antineoplastic, and Chemotherapeutic agents for treatment of malignant diseases		
27. Non-biologic disease-modifying anti-rheumatic drugs (DMARDS) including but not limited to: Methotrexate Sulfasalazine (Azulfidine) Hydroxychloroquine (Plaquenil, Quineprox)		

<p>Leflunomide (Arava)                  Minocycline (Dynacin, Minocin)                  Penicillamine (Cuprimine, Depen)  <i>Initial dose must be prescribed by a physician, with authorization to prescribe continuing maintenance doses according to written protocol or direct order of the physician.</i></p>		
<p>28. Biologic DMARDS including but not limited to                  Tumor Necrosis Factor (TNF) Inhibitors                  Adalimumab (Humira)                  Etanercept (Enbrel)                  Infliximab (Remicade)                  Certolizumab Pegol (Cimzia)                  Golimumab (Simponi)  <i>Initial dose must be prescribed by a physician, with authorization to prescribe continuing maintenance doses according to written protocol or direct order of the physician.</i></p>		
<p>29. Non-TNF Inhibitors                  Tocilizumab (Actenra)                  Rituximab (Rituxan)                  Abatacept (Orencia)  <i>Initial dose must be prescribed by a physician, with authorization to prescribe continuing maintenance doses according to written protocol or direct order of the physician.</i></p>		
<p>30. Oxytocics for CRNP—<i>may be prescribed only in consultation with the physician</i></p>		
<p>31. Radioactive Agents—<i>If requested, attach a copy of the <b>physician's current license from the Alabama Department of Public Health for prescribing/dispensing radioactive pharmaceuticals.</b> Attach the prescribing protocol for the applicant with this physician.</i></p>		
<p>32. Other: See Instruction page: For other drug classifications that you think are not within the Standard Formulary classifications, attach a page with your request and the protocol for prescribing in the proposed collaboration.</p>		

Discussion on proposed listing:

Dr. Nagrodzki stated he liked the clarity of the proposal for ease of decision making. Dr. Harrison asked if the ABN liked the proposal.

Ms. Cotton expressed that it is preferred to stay away from specific lists of drugs, to prevent frequent revisions as new drugs are available in the future. Ms. Cotton also indicated currently in the standard formulary is stated in the broadest categories, and the subsections are not defined for information of the prescriber.

Dr. Harrison indicated that they could remove the list of drugs under the classifications. However, keeping the categories will provide better information on the intentions of the collaborating physician and CRNP.

Ms. Grau agreed she liked the idea of not having to go back and notify applicants that there have been changes to the protocols. Dr. Nagrodzki stated he liked the examples because the names will actually tell you what classification they belong to. Showing the examples goes a long way in helping applicants. Dr. Nagrodzki suggested that the wording be changed to something like 'examples' or 'not limited to' that way if in five years it leaves the list open to be revisited. The idea is not to

restrict things but divide it up and give some clarification. Dr. Jordan thought that the statement of 'not limited to' worked the best because it gives an example but not restricting the applicants to a list in case a new drug come on the market.

Consensus between members was to add the statement of "included but not limited to the following:"

**On March 19**, Dr. Jordan moved that the Joint Committee Review the proposed changes to the Restricted Drug Section of the Collaborative Practice Application and make recommendation to the Alabama Board of Nursing and Alabama Board of Medical Examiners, adding the statement of "included but not limited to the following:" to each section. Dr. Nagrodzki seconded. Motion carried without objection.

## **B. Legislative Update**

Ms. Cotton indicated the Sunset bill for Alabama Board of Nursing has passed both houses.

Ms. Grau reported bills for controlled substance prescriptive authority passed the senate committee with a favorable report. Dr. Harrison indicated that the bills are waiting for committee action in both houses. Also, that ABME has had several calls on the classes and may need to change venue due to the large interest.

**ON MARCH 19**, these reports were accepted as information by the Joint Committee with no objection.

## **7. NEW BUSINESS**

### **A. Percutaneous Tibial Nerve Stimulation (PTNS) by CRNPs**

#### **BACKGROUND:**

The University of Alabama Health Services Foundation requests approval for qualified CRNPs in the Department of Obstetrics and Gynecology and Department of Medicine to perform Percutaneous Tibial Nerve Stimulation for bladder spasm as determined by physician's order for patients. The attached documentation includes the UAB Health System Policy, educational program, and curriculum vita for the physician instructor, Dr. Holly Richter. Each CRNP has been in collaboration with the designated physician for several years.

231. Phoebe RYanne Johnson, Women's Health CRNP & Dr. Holly Richter

234. Rhonda Jeannine McCormick, Family CRNP & Dr. Patricia S. Goode

236. Lisa Pair, Women's Health, CRNP & Dr. Robert E. Varner

**On March 19**, Dr. Nagrodzki moved that the Joint Committee approve the Percutaneous Tibial Nerve Stimulation protocol for the indicated CRNPs and collaborating physicians, as listed in the roster (pages 62-63). Ms. Grau seconded. Motion carried without objection.

## B. Hormone Pellet Insertion

### BACKGROUND:

Dr. Robert Charles Brown with Diantha Miller, CRNP and Mitzi Thompson, CRNP submitted protocols for hormone pellet insertion.

Ms. Miller has prior approval for Non-ablative Laser Protocols and topical antineoplastic agents. Ms. Thompson is also requesting Cryotherapy of non-pigmented superficial lesions, and Women's Health NP Specialty Protocol.

Ms. Ward stated these requests were on the ABME Credentialing agenda and received recommendation for approval.

**ON MARCH 19**, Dr. Nagrodzki moved that the Joint Committee approve the approval of the protocol submitted by Dr. Robert Charles Brown for CRNPs to perform hormone pellet insertion. Ms. Grau seconded. Motion carried without objection.

## 8. APPLICATIONS FOR COLLABORATIVE PRACTICE

The roster includes all collaborative practice applications that were complete by February 19, 2012. Item numbers refer to the published roster.

### A. Physician Fee Unpaid

As of March 19, 2012, there were no physician fees unpaid to the Alabama Board of Medical Examiners fee.

### B. Terminated during Temporary Approval

As of March 19, 2012, the following applicants or physicians paid the BME fee and reported termination or withdraw of collaboration prior to board action.

The committee recommended approval for the period from Temporary Approval to date of Termination for the following collaboration applications listed; item numbers refer to the published Roster of Application.

Item	RN License	Nurse	Phys License	Physician
27	1-098637	Amanda Hood, CRNP	26858	Ajmal Khan, MD
76	1-110012	Angela Walker, CRNP	31784	Richard Chin, MD
77	1-110012	Angela Walker, CRNP	27492	Olga Bogdanova, MD
107	1-099725	Felisa Lee, CRNP	20649	Crandall Chambers, MD
133	1-035568	Davida Babb, CRNP	10612	Howard Rubenstein, MD

**On March 19**, Ms. Grau moved that the Joint Committee approve the applications for collaborative practice as listed on the roster noting the indicated dates of temporary approval and termination. Ms. Messer seconded. Motion carried without objection.

**C. Standard Protocol, Standard Formulary**

Items 1 – 82           Covering Physician(s), **Fast Track**  
 Items 83 – 130       No Covering Physician

**D. Standard Protocol, Standard Formulary, Remote Sites**

Items 131 – 163       Covering Physician(s)  
 Items 164 – 186       No Covering Physician

**E. Standard Protocol, No Prescriptive Privileges**

Items 187               Remote Sites, No Covering Physician

**On March 19**, Ms. Grau moved for approval of the applications for collaborative practice as listed on the roster items 1 through 187: excluding from 8B: items: 27, 76, 77, 107, 133 due to termination of agreements prior to board action. Item 45 has no covering physician and item 71 should not have antineoplastic. Ms. Messer seconded. Motion carried without objection.

**9. APPLICATIONS FOR INDIVIDUAL REVIEW**

The roster of applications includes all applications completed by February 19, 2012 for Collaborative Practice agreements with Additional Duties and/or Restricted Drug Formulary.

**A. Standard Protocol, Standard Formulary, Additional Duties and Restricted Drug Classifications**

Items 188               Plus Restricted Drugs, Covering Physician(s)  
 Items 189               Plus Restricted Drugs, Remote sites, Covering Physician(s)  
 Items 190 – 192       Additional Skills, Covering Physician(s)  
 Items 193               Additional Skills, Remote sites, Covering Physician(s)  
 Items 194               Additional Skills, Remote Sites, No Covering Physician(s)  
 Items 195 –197       Plus Restricted Drugs, Additional Skills, Covering Physician(s)

**On March 19**, Dr. Nagrodzki moved that the Joint Committee approve the applications for collaborative practice as listed on the roster items 188 through 197 excluding: items: 188, 189, 190, deferring skills and formulary respectively until May. Ms. Grau seconded. Motion carried without objection.

**B. Modify Existing Collaborative Practice**

Refer to the Roster and attachments for review of:

Items 198 – 225       Additional Practice Site  
 Items 226 – 241       Additional Skills, and/or Restricted Drugs

**On March 19**, Dr. Nagrodzki moved that the Joint Committee approve the applications for collaborative practice as listed on the roster items 198 through 241 excluding: items: 217 deferring skills and formulary respectively until May. Also, Individual approval for Agenda 7A for items 231, 234, 236 and Agenda 7B for items 235, 240. Ms. Grau seconded. Motion carried without objection.

**10. INFORMATION AND OTHER BUSINESS**

Mr. Harrison indicated that parts of the request from Dr. James Johnson at UAB were approved. That going forward they are reducing the numbers of procedures and there will be some cross over with in fields without specific requirements. There are some concerns still over the secondary trainer and training protocols.

Ms. Ward said that the requests were approved, but the number was undetermined until the BME meeting on March 20.

Dr. Harrison asked are there any restrictions on the number of hours that an NP can work. Ms. Cotton stated no that there was no restriction on RNs in any setting to limit the hours worked. However, when an RN or CRNP accepts an unreasonable work schedule, leading to mistakes that are reported to the Alabama Board of Nursing, the nurse is subject to discipline.

Dr. Harrison indicated he has concerns when the clinician is working for more than one employer, and documentation in one location suffers because the employee fails to complete charts. Ms. Cotton stated that was an employee performance problem subject to management by the employer.

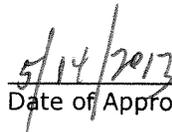
**11. NEXT MEETING DATE**

The next meeting of the Joint Committee will be on Tuesday, May 14, 2013 at 6:00 p.m. at the Board of Medical Examiners located at 848 Washington Ave, Montgomery, Alabama.

**12. ADJOURNMENT**

On March 19, Ms. Grau moved for adjournment. Dr. Nagrodzki seconded. Motion carried without objection. The Joint Committee meeting adjourned at 6:40 p.m. on March 19, 2013.

  
Jerome Harrison, MD Chairperson

  
Date of Approval

Submitted by:

  
Charlene Cotton  
Alabama Board of Nursing

  
Kristine Jordan, Recorder, March 19, 2013  
Alabama Board of Nursing