

Tennessee Board of Nursing



Newsletter



2015

A regulatory agency of the State of Tennessee

Vol 6, No 1

Bureau of Health Licensure and Regulation • Health Related Boards • 665 Mainstream Drive, Nashville, TN 37243
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Meet the Board of Nursing

Member	Representation	Expiration
Mr. Brent Earwood, Chair	APN, 8th District	5-31-16
Ms. Juanita Turnipseed, Vice-Chair	APN, 5th District	9-30-17
Ms. Janell Cecil	RN, 2 nd District	9-30-17
Ms. Marietha Silvers	RN, 3 rd District	5-31-16
Ms. Leslie Akins	APN, 4 th District	5-31-16
Ms. Lisa Heaton	RN, 1st District	3-31-18
Mr. Mark Young	APN, 6 th District	5-31-16
Dr. Martha Buckner	RN, 7 th District	9-30-17
Ms. Lee Ann Stearnes	APN, 9 th District	9-30-17
Vacant	Public Member	
Mr. Arthur Thompson	LPN	9-30-17



Live Streaming Video

If you would like to see your board "in action" but can't attend a meeting in person, you can now watch the board meeting on your computer through live streaming video. The link is:

<https://web.nowuseeit.tn.gov/Mediasite/Catalog/Full/98fe21d561e9489487745f0c7da678b221>.

After you access the page, go to the board meeting you wish to view and click on that particular link.



New Rules

New rules became effective June 22, 2015 relative to:

RN first assistants (title, licensing and fees);

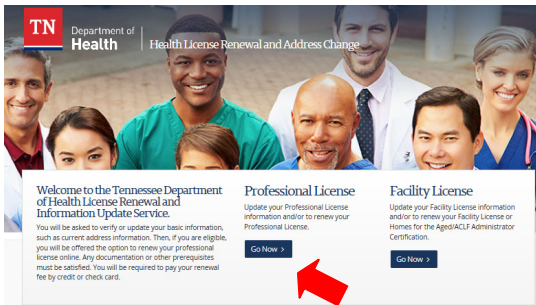
- Continuing competency for prescribers (two hours continuing education to include prescribing guidelines for holders of a certificate of fitness) and the 90-day rule (time period for nurse holding a PTP to work in TN increased from 30 days to 90 days to allow for obtaining a TN license by endorsement).

To view the rules in their entirety go to <http://share.tn.gov/sos/rules/1000/1000.htm>



Moving or Changing Your Name?

It is imperative to keep your information up to date with the Board of Nursing. You can update your information at: <https://apps.tn.gov/hlrs/>



APN News

APNs if you're looking for the 2 hours of Continuing Education for Controlled Substance Prescribing with Tennessee Chronic Pain Guidelines look on the Board of Nursing website.

http://tn.gov/assets/entities/health/attachments/CE_Tennessee_Chronic_Pain_Guidelines.pdf.pdf



SUMMARY OF PUBLIC CHAPTER 898:

This Act revises the way Advanced Practice Nurse profiles are maintained on the Consumer Right to Know Database. It does this by making the database searchable by APN or physician name. It further requires notification to the Board of Nursing within 30 days of any change in supervising relationship by all providers so it can be changed in the database for the public.

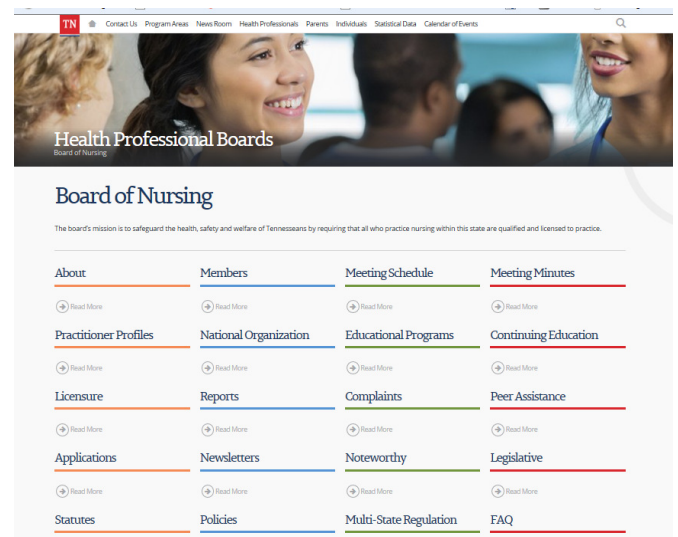


Board Website Has a New Look

Go to <http://tn.gov/health/topic/nursing-board> to visit the newly updated Board of Nursing website. You will find:

- Applications for licensure and renewal;
- Verification;
- Newsletters,
- Fees;
- Statutes/rules;
- Lists of approved schools;
- GIS workforce data.

You will also discover links to the National Council of State Boards of Nursing (NCSBN) and the Nurse Licensure Compact (NLC).



NCSBN News

NCSBN Provides Nursys e-Notify Free of Charge to Nurse Employers

The National Council of State Boards of Nursing (NCSBN) will now provide automatic licensure, discipline and publicly available notifications quickly, easily, securely and free of charge to institutions that employ nurses or maintain a registry of nurses through **Nursys e-Notify**.

Nursys is the only national database for licensure verification, discipline for registered nurses (RNs), licensed practical/vocational nurses (LPN/VNs) and advanced practice registered nurses (APRNs). Nursys data is pushed directly from participating ^[1] boards of nursing's (BONs) databases through frequent, secured updates. Nursys is live and dynamic, and all updates to the system are reflected immediately.

Nursys is designated as a primary source equivalent database through a written agreement with participating BONs. NCSBN posts licensure and discipline information in Nursys as it is submitted by individual BONs.

Institutions who subscribe to this innovative service do not have to proactively seek licensure or discipline information about their nurses because that information will be sent to them automatically. The e-Notify system alerts subscribers when modifications are made to a nurse's record, including changes to:

- License status;
- License expirations;
- License renewal; and
- Public disciplinary action/resolutions and alerts/notifications.

If a nurse's license is about to expire, the system will send a notification to the institution about the expiration date. If a nurse was disciplined by a BON, his/her institution will immediately learn about the disciplinary action, including access to available documents.

Institutions can learn more about Nursys e-Notify by viewing an introductory video at www.nursys.com.



[1] Except Alabama, Hawaii, Kansas and Oklahoma.

Hint: Nurses may sign themselves up for e-Notify!

Interstate Practice Affirmed

The National Council of State Boards of Nursing (NCSBN) passed a resolution affirming its commitment to facilitating interstate practice at its Delegate Assembly and Annual Meeting held in Chicago, Aug. 13-15, 2014.

With this resolution, NCSBN affirms its endorsement of a uniform mutual recognition model for state-based nurse licensure to enhance public protection and use of telehealth technology for access to health care as well as facilitate the mobility of nurses.

NCSBN recognized the importance of facilitating interstate practice by endorsing the mutual recognition model of nurse licensure in 1997. In 2000, the Nurse Licensure Compact (NLC) for registered nurses (RNs) and licensed practical/vocational nurses (LPN/LVNs) was implemented. The Nurse Licensure Compact Administrators (NLCA) representing the 24 states in the NLC, have continuously explored potential revisions to the NLC to enhance its operations. Over the past year, the NCSBN Executive Officer Forum has engaged in a dialogue about the mutual recognition model of licensure and has reached consensus among those members who participated to propose revisions to the NLC that will allow for its expeditious adoption by states. Additionally, the Advanced Practice Registered Nurse (APRN) Compact, a mutual recognition model for advanced practice nursing, has been proposed and is being aligned with the NLC.

For more information about the NLC, visit <https://www.ncsbn.org/nlc.htm>.



Statutory Changes of Interest

If you wish to review any of the following Public Chapters in their entirety, please click on the link.

[Public Chapter 154](#)

This act would allow the Commissioner of Health or his designee to have electronic access to medical records in order to facilitate investigations when responding to an immediate threat to public health. Today the Commissioner of Health or his designee already has this authority but must go to the facility to review the medical records.



[Public Chapter 94](#)

This act defines “abuse” and “neglect” for purposes of placing a person on the registry of persons who have abused, neglected, or misappropriated the property of vulnerable individuals specifically within the statutes that govern the Dept. of Health. It does not impact the definitions within the statutes that govern the Dept. of Intellectual and Developmental Disabilities nor the Dept. of Human Services. It also increases the time within which placement on the registry may be appealed from 30 to 60 days.



[Public Chapter 26](#)

This legislation deletes the Intractable Pain Act. It has been assigned Public Chapter 26 of 2015.
*Rulemaking



[Public Chapter 502](#)

This act allows the Joint Government Operations Committee (the legislative committee that reviews all rules) to stay a rule up to 75 days instead of 60 days. Present law authorizes the Joint Government Operations Committee to consider the following factors when reviewing rules: authority, clarity, consistency, justification, necessity and reference. This act adds arbitrariness and capriciousness as two new considerations.



[Public Chapter 321](#)

This act authorizes a student to self-administer and self-manage prescribed pancreatic enzyme therapy directed by a licensed healthcare provider. An emergency care plan must accompany the student’s individualized healthcare plan which is developed by a registered nurse in collaboration with the family, student, student healthcare providers and school personnel.



[Public Chapter 396](#)

This creates the “Addiction Treatment Act of 2015.” It prevents certain criminal drug charges from being filed against an individual who is experiencing a drug overdose or is in the company of an individual who is experiencing a drug overdose and seeks or is the subject of a request for medical assistance. This immunity only applies to the person’s first such drug overdose.

This bill further mandates that **only** M.D.’s or D.O.’s are permitted to prescribe buprenorphine for opioid dependence and it may only be prescribed for uses recognized by the FDA unless the patient has a documented opiate addiction, receives treatment from a DEA registered addiction treatment practice, and is counted as one of the total allowable number of patients the provider is allowed to treat. These provisions do not apply to perioperative surgery or ventilator sedation performed in a licensed facility, or to inpatients and outpatients of a hospital.



[Public Chapter 268](#)

This act makes disclosures of protected healthcare information permissible in medical malpractice lawsuits.



[Public Chapter 513](#)

This act clarifies that certified registered nurse anesthetists (CRNA) are not required to obtain authorization to prescribe in order to select, order

and administer drugs during services ordered by a physician, dentist, or podiatrist and requires the CRNA to collaborate with those physicians.



Public Chapter 277

This act authorizes licensed health care authorized by the Volunteer Health Care Services Act or a licensed healthcare provider who is a member of the national guard to provide healthcare services to veterans and others who lack health insurance at a free clinic operated on the site of an armory. These services are limited to primary care and not emergency or urgent care. The act permits the military department the ability to use the armory, offer the free clinic and accept donations of medical supplies to use at the free clinic.



Public Chapter 473

This legislation specifies that, except for a medical emergency, no induced termination of pregnancy (ITOP) shall be performed unless the woman has been informed in-person by the attending physician, and has given informed consent of:

- the woman is pregnant
- the probable gestation time
- the viability of the child
- the public and private agencies and services available to assist with pregnancy and adoption
- medical benefits and/or risks of undergoing the procedure or carrying full term
- a general description of the method of ITOP to be used

This bill places a 48 hour waiting period from the time of informed consent to the time the procedure may be performed, unless it is a medical emergency. The patient is required to sign a consent form after the waiting period but before the procedure. The physician is required to give the woman a copy of the signed consent forms.

A medical emergency is defined as a condition that complicates the medical condition of a pregnant

woman as to necessitate an immediate procedure to avert her death or for which a delay will create serious risk of substantial and irreversible impairment of major bodily function, as determined by the physician. When a medical emergency arises, the physician is required to inform the woman of and document the medical reasons supporting the physician's determination.

This bill creates a new Class E felony for a physician who performs an ITOP and fails to provide the required information, wait the 48 hours, or receive written informed consent. It creates a Class E misdemeanor if a physician fails to provide a copy of the signed informed consent document. Any physician who intentionally, knowingly, or recklessly violates any requirement of this bill is guilty of unprofessional conduct and shall be subject to license suspension or revocation.

This bill has a springing provision where, if the 48 hour waiting period is declared unconstitutional, it is rolled back to a 24 hour waiting period. If that decision is vacated or reversed, the 48 hour provision is reinstated. The legislation takes effect on July 1, 2015.



Public Chapter 261

The act provides for the practice of telehealth. It outlines the following:

- Defines a healthcare provider
- Establishes a provider-patient relationship by mutual consent and mutual communication
- Specifies that telehealth does not create a new standard care
- Prohibits any board from creating a more restrictive standard of professional practice for telehealth service
- Allows a physician to prescribe by means of telemedicine and follow all prescribing applicable statutes such as checking the Controlled Substance Monitoring Database; however, pain management clinics are not permitted

- There is no separate telehealth license required by the Board of Medical Examiners



Public Chapter 475

- Changes the requirements for who can become a certificate holder of a pain clinic. Certificate holders:
 - Must be a Tennessee licensed Medical Doctor, Doctor of Osteopathy, Advanced Practice Nurse or Physician's Assistant and
 - Must have an unrestricted unencumbered license
- Requires anyone with any ownership interest in a pain clinic to be eligible to meet the requirements of the certificate holder
- Adds requirements to be a pain medicine specialist to the law
 - ABMS certification
 - ABPM diplomate
 - ABIPP exam 1 passage
 - An active pain management practice in a clinic accredited in outpatient interdisciplinary pain rehabilitation by the commission on accreditation of rehabilitation facilities
- All medical directors of pain clinics must be pain medicine specialists by July 1, 2016
- All Physicians Assistants and Advanced Practice Nurses must be supervised by any pain medicine specialist to practice in a certified pain clinic
*Rulemaking
- Requires the pain clinic certificate holder to be an owner of the clinic for which he or she holds the certificate
- Requires the pain clinic certificate to show that the pain clinic has a medical director that is a pain specialist
- Directs the commissioner of the department of health to develop pain clinic standards that can be used by a pain clinic as guidelines for operation.



Public Chapter 476

Currently, the top 50 prescribers of controlled substances in the state are annually identified and sent a letter notifying them of their inclusion on this list and asked to respond with a justification for their prescribing patterns. This legislation expands on this list and requires the top 10 prescribers from all of the combined counties having populations of fewer than 50,000 to also be on this annual list.

Separate from this provision, the bill also specifies that a provider of home medical equipment or services that provides its own company-branded insulin pumps and related supplies does not have to have a physical place of business in the state if the provider maintains an employee presence in the state, is accredited by the Joint Commission on Accreditation of Healthcare Organizations and maintains a 24-7 service telephone number.



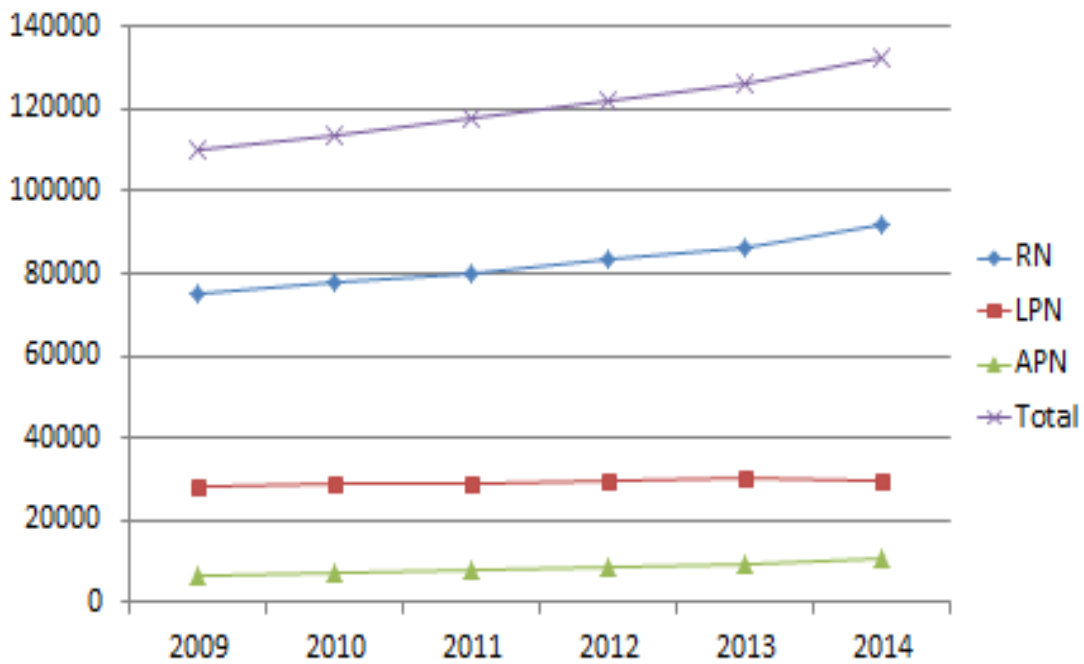
Current Tennessee Licensure Data

LICENSURE DATA: RN, LPN, APN

Active Licenses — June 2015

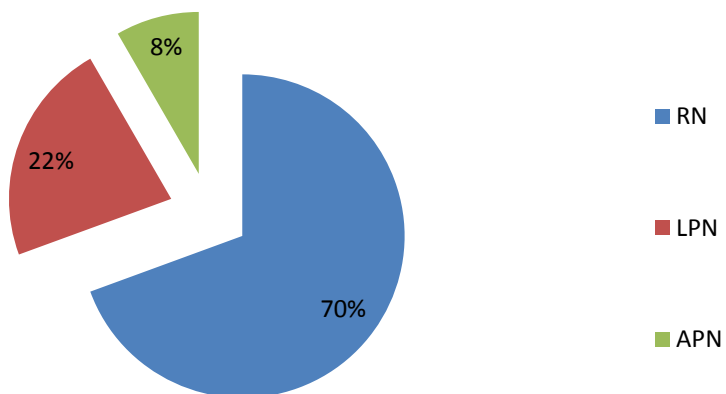
	Registered Nurse	Licensed Practical Nurse	Advanced Practice Nurse	Total Licenses
Active	93,446	29,979	11,195	134,621

Trends in Active Licensed Nurses

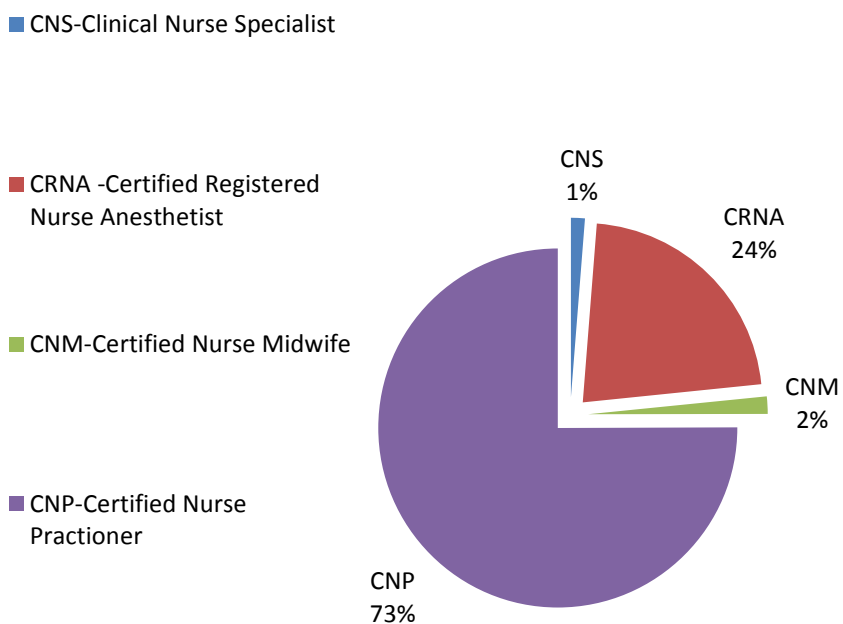


Current Tennessee Licensure Data (continued)

Total Licensed Nurses Active Licenses - June 2015



Advanced Practice Nurses Roles June 2015





BOARD MEETING DATES

November 18-19, 2015
February 17-18, 2016
May 19-20, 2016
August 3-4, 2016
November 29-30, 2016

All board meetings begin at 8:30 a.m., Central Time. Board meetings are held at the board's office, 665 Mainstream Drive, First Floor, MetroCenter, Nashville, TN 37243, and are open to the public. Dates are subject to change and are listed on the board's website. The new space offers an abundance of free parking and large meeting rooms that accommodate guests. We encourage licensees, students and others interested in board business to attend the quarterly meetings.

THE MISSION OF THE TENNESSEE DEPARTMENT OF HEALTH IS TO PROTECT, PROMOTE AND IMPROVE THE HEALTH AND PROSPERITY OF PEOPLE IN TENNESSEE



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<https://apps.tn.gov/hhrs/begin.jsp?sessionId=E91CB A7034094790D84D6C1851CFFFB9.portalprod7>



BOARD STAFF

For questions regarding this newsletter or any other nursing-related topic, contact the staff of the Tennessee Board of Nursing at (800)-778-4123, extension 532-5166 or 615-532-5166.

- Elizabeth Lund, MSN, RN, Executive Director
- Teresa Phillips, BSN, RN, Nurse Consultant – Practice and Discipline
- Elizabeth Sherfy, BSN, RN, Nurse Consultant – Education
- Linda Johnson, APN, RN, Nurse Consultant—APN and Over Prescribing Team
- Sherry Richardson, BSN, RN, Nurse Consultant—Education, Continued Competency
- Sandra Powell, Administrative Director
- Suzanne Hunt, Examination Administrator
- Ronda Vari, Administrator LPN endorsement, Student Loan/Child Support Default
- Sally Sadek, Endorsement Administrator – RN
- Vacant-- Endorsement Administrator– RN
- Diana Merickle, Administrator APN, Internationally-Educated Exam Applicants
- Marilyn Smith –Customer Service, Reinstatements
- Greg Bass –Customer Service, Renewals
- Jimmy Daigle – Examination Applications
- Deidre Simpson, Licensing Administrator – Refresher Programs, NURSUS
- SharondaThompson - Customer Service, Staff Support