

Tennessee Board of Nursing



Newsletter



2016

A regulatory agency of the State of Tennessee

Vol 7, 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	5-31-20
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	5-31-20
Ms. Leslie Akins	APN, 4 th District	5-31-20
Ms. Lisa Heaton	RN, 1st District	3-31-18
Mr. Mark Young	APN, 6 th District	5-31-20
Dr. Martha Buckner	RN, 7 th District	9-30-17
Ms. Lee Ann Stearnes	APN, 9 th District	9-30-17
Mr. Donald Lee Mills	Public Member	9-30-17
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 via live streaming video. The link:

<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.



Rulemaking Hearings

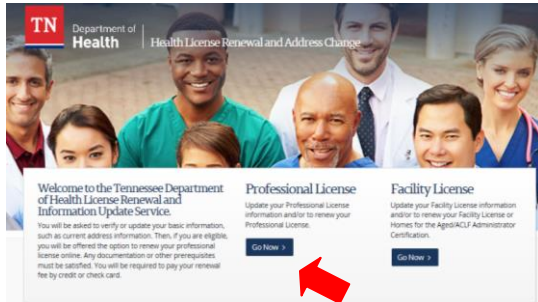
- The board voted to have a rulemaking hearing regarding comprehensive rule revision. A date will be set following legal and administrative review of the revisions.
- The board voted June 25, 2016 to have a rulemaking hearing to revise Medication Aide rules in order to meet the January 1, 2017 mandated implementation date. Stakeholders requested the Board of Nursing to not rush the January 1st date to allow more time for input. The board will provide further discussion time on the rules at its November 29-30, 2016 meeting.

To view the draft rules in its 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. Rules require you to update a change of address within 30 days. Update online: <https://apps.tn.gov/hlrs/>



APRN News

Effective July 1, 2016, the Advanced Practice Nurse (APN) title has changed! APNs are now titled Advanced Practice **Registered** Nurses (APRNs).



Biennially, APRNs are required to complete 2 hours of Continuing Education in Controlled Substance Prescribing that includes *The Tennessee Chronic Pain Guidelines*. For more information, go to the Board of Nursing website:

http://tn.gov/assets/entities/health/attachments/CE_posting_pending_2_hours_Continuing_Education_f_or_Controlled_Substance_Prescribing_with_Tennessee_Chronic_Pain_Guidelines.pdf

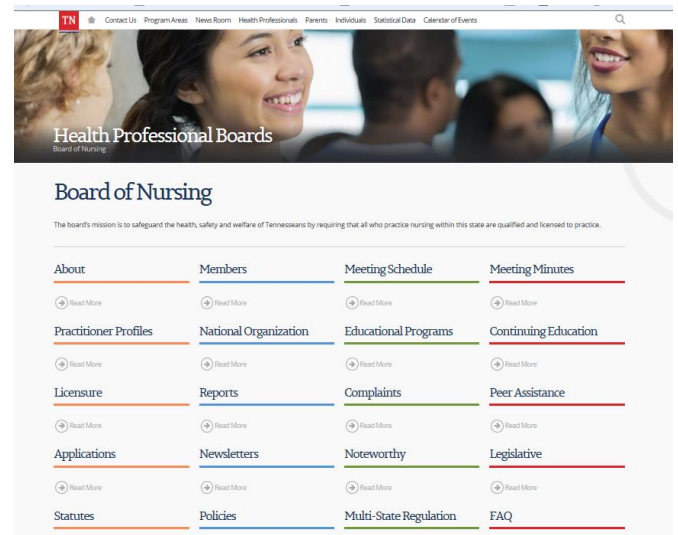


Board Website

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;
- Continuing education resources;
- 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 Continues to Provide Nursys e-Notify Free of Charge!

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2. Flexible:



3. Comprehensive:

- When to renew
- Licensure status changes



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Interstate Practice

Nurse Licensure Compact

NCSBN continues to affirm 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.

Nurse Licensure Compact

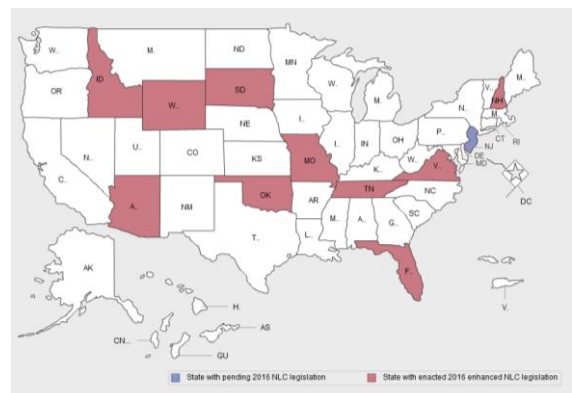
One state-based license, mutually recognized

- Licensed in state of residence
- Practice in other compact states on Privilege to Practice (PTP)
- Accountable to practice standard in state where patient located
- Meet licensure/renewal requirements in state of licensure



More information regarding the current Nurse Licensure Compact may be found at <https://www.ncsbn.org/nlc.htm>.

Enhanced Nurse Licensure Compact... It's Coming!



- This Compact will become effective and binding on the earlier of the date of legislative enactment of this Compact by at least 26 states or December 31, 2018.

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 591](#)

This legislation revises the current International Nurse Licensure Compact enacted by Public Chapter 538 of the Public Acts of 2002 and creates the Nurse Licensure Compact. This new Compact is very similar to the current compact in that it continues to allow nurses to hold a multistate license and to practice outside of their primary state of residence, or "home state," and in any Compact member's state without having to attain additional licensure. This Compact would:

- Prevent any individual from attaining a multistate license if such individual has committed a felony, differing from the current compact which only prevents multistate licensure for certain felonies, within the discretion of each Board of Nursing.
- Establish the Interstate Commission of Nurse Licensure Compact Administrators, which will be vested with wide authority to govern the profession of nursing in all member states of the Compact.
- Authorizes the Commission to levy and collect an annual assessment from each party state to cover the cost of its operations, activities and staff in its annual budget as approved each year.
- Establish that there shall be one administrator per state and that such administrator shall be the head of the respective state's licensing board or designee.
- This Compact will become effective and binding on the earlier of the date of legislative enactment of this Compact by at least 26 states or December 31, 2018.



[Public Chapter 625](#) This legislation requires healthcare providers to provide women at risk of contracting cytomegalovirus (CMV) with information concerning CMV and specifies that there is no liability for failure to comply with the requirement to provide the information.

[Public Chapter 763](#)

Permits licensees whose licenses have expired due to non-payment to obtain reinstatement when payment of past due renewal fees, which are capped at twice the annual renewal fee, and unattained continuing education are completed. This replaces the current requirement of payment of all past due fees before reinstatement.



[Public Chapter 769](#)

This legislation authorizes an advanced practice registered nurse (APRN) who holds a certificate of fitness, or a physician assistant (PA) who provides services at a free or reduced free clinic, to arrange medical charts such that they can be reviewed by a supervising physician at the physician's office, practice site, or remotely via Health Insurance Portability and Accountability Act (HIPAA)-compliant means.



[Public Chapter 805](#)

This act authorizes a health care prescriber to prescribe epinephrine auto-injectors in the name of an authorized entity. It authorizes pharmacists and health care prescribers to dispense epinephrine auto-injectors pursuant to a prescription issued in the name of an authorized entity.



[Public Chapter 912](#)

As enacted, creates nonresidential office-based opiate treatment facilities. This legislation would require any facility that meets the definition of a nonresidential office-based opiate treatment facility to attain licensure as such by the Department of Mental Health & Substance Abuse Services. Nonresidential office-based opiate treatment facilities refers to facilities that are prescribing buprenorphine or products containing buprenorphine to 50% or more of its patients and to one hundred fifty patients or more. This legislation would require the TDMH&SAS to promulgate rules in consultation with the Department of Health.

Public Chapter 973

This act establishes requirements for the dispensing of opioids and benzodiazepines by physicians and other healthcare providers. Those requirements are:

- Dispenses opioids and benzodiazepines, as directed by the patient's prescription, in safety-sealed, prepackaged containers stamped with the manufacturer's national drug code (NOC) number.
- Administers and records pill-counts for opioids or benzodiazepines in order to ensure patient compliance with the prescription.
- Dispenses non-controlled substances which amount to at least fifty percent (50%) of the prescriptions filled annually from the practice.
- Submits controlled substance dispensing information to the controlled substances monitoring database under title 53, chapter 10, part 3, according to the requirements of state law.



Public Chapter 980

This legislation replaces the term “advance practice nurses (APNs)” with the term “advance practice registered nurses (APRNs)” in Tennessee Code Annotated.



Public Chapter 986

This legislation clarifies that the consent required of a woman in order for medical experiments, research, or the taking of photographs upon her aborted fetus must be in writing.



Public Chapter 989

This legislation authorizes a parent of a newborn to object and opt out of treatment to the newborn's eyes to prevent certain conditions and removes the Class C misdemeanor penalty for a physician, nurse, or midwife who fails to administer the treatment.



Public Chapter 990

This legislation requires an insurer to reimburse and provide coverage for telehealth services provided by a practitioner licensed in Tennessee, regardless of the patient's location.



Public Chapter 1002

Public Chapter 1002 enacts the "Tennessee Prescription Safety Act of 2016," which revises regulation of controlled substances primarily by means of procedures involving the controlled substances database. This act was effective upon the Governor's signature on April 27, 2016. The new act has four major highlights.

- Removes the sunset from the Prescription Safety Act of 2012 making the act permanent.
- Creates an operations committee to provide a check and balance the commissioner of health's rulemaking authority.
- Requires that a dispenser shall check the database when dispensing a controlled substance to a new patient or once a year to a known patient on a maintenance medication.
- Creates a professional duty to check the database before prescribing to someone exhibiting drug seeking behavior.



Public Chapter 1003

This legislation establishes requirements regarding the disposition of fetal remains resulting from surgical abortions, including reporting requirements and requirements for interim inspections of and certain reporting by facilities where surgical abortions are performed.

Public Chapter 1033

This act requires that all pain management clinics in Tennessee be licensed by July 1, 2017. The bill sets forth a licensing framework and gives the Commissioner of Health the ability to designate a facility or office operating like a pain clinic as such for purpose of licensure and fine that entity for operating as a pain clinic without a license. The bill allows for rolling registration of current pain clinics until the licensure process is complete.



Public Chapter 1046

Creates a 21-member task force to study issues related to healthcare services; specifies that the task force will make a report and cease to exist by January 15, 2017. The composition of the task force will be:

The speaker of the house of representatives will appoint:

- Two members of the house of representatives;
- Two practicing physicians, one of which shall be an anesthesiologist;
- Two advance practice registered nurses, including one certified nurse practitioner and one certified registered nurse anesthetist;
- One representative of a doctor of nursing program;
- One representative of a school of medicine program; and
- One representative of municipal government.

The speaker of the senate will appoint:

- Two members of the senate;
- Two practicing physicians;
- Two advance practice registered nurses, including one certified nurse practitioner and one certified nurse midwife;
- One representative of a doctor of nursing program;

- One representative of a school of medicine; and
- One representative of county government.

The commissioner of health will appoint one representative of the department of health.

The task force will be required to develop a plan to educate the public and health care professionals about the advantages and methods for a "transformative", rather than "transformed" health care delivery system that addresses the need for accessible, equitable, and affordable care provided by the appropriate healthcare professional. This amendment adds a requirement that the task force develop potential public policy options to address any barriers to the adoption of best practices. The first meeting of the task force shall be convened by a senator who is appointed to serve on the task force. The task force must make its report and cease to exist by January 10, 2017.



Public Chapter 1051

This legislation makes changes to the current requirements for medication aides. Specifically, this legislation:

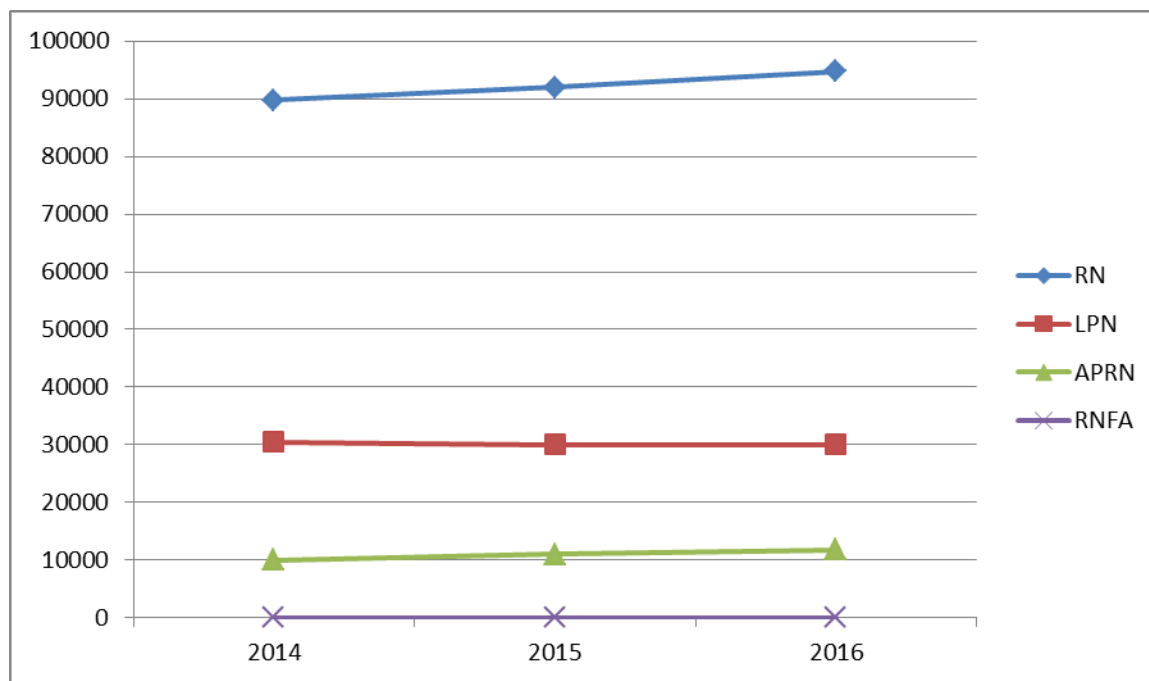
- Reduces from 75 to 60 the number of required hours of instruction in a medication aide training program, consisting of 40 classroom hours and 20 clinical hours;
- Establishes that a medication aide may not administer medications delivered by aerosol or nebulizers, or administer medications by metered hand-held inhalers without a spacer or a non-metered inhaler;
- Authorizes the use of medication aides in any Program for All-Inclusive Care for the Elderly (PACE);
- Adds language to require any nursing home, assisted-care living facility, or PACE program that utilizes one or more medication aides to administer medications, to implement a policy to track and record any incidents of medication errors and opioid or benzodiazepine diversions, and requires such incidents be made available to the Department of Health.

Current Tennessee Licensure Data

Licensure Data: LPN, RN, RNFA, APRN Active Licenses — July 2016

	LPN	RN	RNFA	APRN	Total
Active	29,978	96,843	26	12,045	138,892

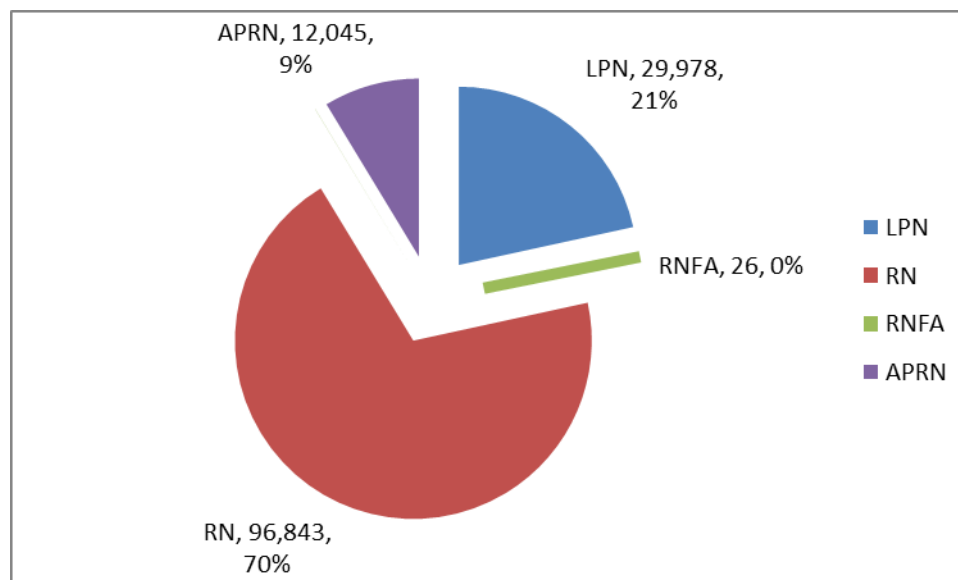
Trends in Active Licenses (as of January)



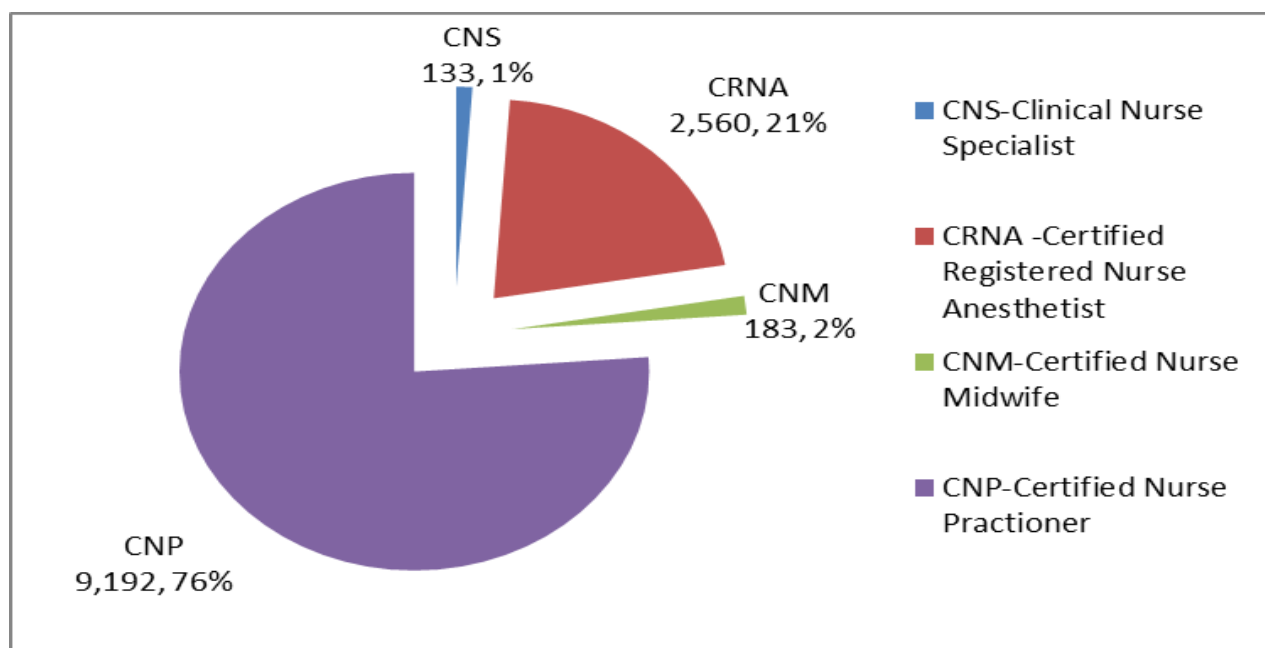
	RN	LPN	APRN	RNFA	Total
2014	89766	30513	9996	0	130275
2015	91933	29994	11014	0	132275
2016	94791	30030	11751	16	136588

Current Tennessee Licensure Data (continued)

Total Licensed Nurses Active Licenses - July 2016



Advanced Practice Registered Nurses Roles July 2016





BOARD MEETING DATES

November 29-30, 2016
February 22-23, 2017
May 17-18, 2017
August 23-24, 2017
November 16-17, 2017

Board meetings begin at 8:30 a.m., Central Time and are held at the board's office, 665 Mainstream Drive, First Floor, MetroCenter, Nashville, TN 37243. Meetings 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/hlrs/begin.jsp;jsessionid=E91CBA7034094790D84D6C1851CFFFB9.portalprod7>



BOARD STAFF – Here to Help!

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, APRN, RN, Nurse Consultant—APRN and Over Prescribing Team
- Sherry Richardson, BSN, RN, Nurse Consultant—Education, Continued Competency
- Sandra Powell, Administrative Director
- Suzanne Hunt, Administrator - Examination
- Ronda Vari, Administrator LPN endorsement, Student Loan/Child Support Default
- Sally Sadek, Administrator – RN Endorsement
- Sharonda Thompson,-- Administrator– RN Endorsement
- Diana Merickle, Administrator APRN, Internationally-Educated Exam Applicants
- Marilyn Smith –Customer Service, Reinstatements
- Greg Bass –Customer Service, Renewals
- Jimmy Daigle – Examination Applications
- Regenia Wheeler, Licensing Administrator – Refresher Programs, NURSUS
- Ashley Banks - Customer Service, Staff Support