President’s Message: Michelle Harker

I am pleased to announce the Minnesota Board of Nursing has been selected to receive the National Council of State Boards of Nursing (NCSBN) 2017 Regulatory Achievement Award. This award recognizes the member board that has “made an identifiable, significant contribution to the mission and vision of the National Council in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.”

Criteria for the award include: active participation in NCSBN activities; effective leadership in the development, implementation and maintenance of licensing and regulatory policies; active collaborative relationships among the member board, NCSBN, and other member boards or associate members; demonstrated advancement of the NCSBN mission.

The Board has evidenced active participation in NCSBN activities since the organization’s formation nearly 40 years ago by membership on the founding Board of Directors. Board members and staff have participated on subsequent Board of Directors and numerous committees. Governance, licensure examination, education and regulation have been major areas of focus. Board staff have authored and published articles and white papers on professional boundaries, social media, policy development and complaint resolution.

The Board has consistently evidenced effective leadership in the development, implementation and maintenance of licensing and regulatory policies. For example, the Board adopted the requirement of national accreditation for all nursing programs, which was then adopted by the National Council Model Nurse Practice Act.

Collaborative efforts have included the inaugural Minnesota Tri-Regulatory Symposium and joint statements with the Boards of Medical Practice and Pharmacy, advancing autonomous practice with the Minnesota APRN Coalition, and the Nursing Internship Project with nursing education programs.

This award recognizes the Board’s vision statement that MBN “will be a leader in effective nursing regulation by creating, administering and sharing innovative regulatory practices.” I am rewarded at this national acknowledgement of the excellence of the Minnesota Board of Nursing.

The award will be presented at the National Council annual meeting in Chicago in August.
Annual Nursing Education Program Report

In February the Board accepted the 2016 Annual Nursing Education Program Report which highlights changes in nursing programs, discusses program outcomes, and provides demographic data about the impact of graduates on the nursing workforce.

In 2016, 3,609 students graduated from 52 professional nursing programs and 1,260 students from 26 practical nursing programs. The number of graduates from practical nursing programs was the lowest number since 2003. This decrease is of concern, recognizing the potential impact on workforce needs.

The report identified that a large number of nurses continue to commit to further academic education in nursing. Data submitted by approved programs, plus data collected from the Minnesota Department of Health voluntary survey completed by nurses at the time of re-licensure, demonstrated that 51% of practical nurses complete a professional nursing degree, and over 45% of those initially granted an associate degree earn a baccalaureate degree.

There are 1,392 faculty teaching in nursing programs. Educators also pursue additional academic credentials with the most common progression leading to a master’s degree. Between 2012 - 2016, an increase of 21% in faculty with this degree was noted. In this same time period, there was a 44.9% increase in the number of faculty holding a doctoral degree. These increases in credentials are critical to the resources needed by nursing programs to offer a full range of academic programs, as well as to admit as many qualified applicants as possible.

The report shared the significant increase in the ethnic diversity of Minnesota practical nursing candidates taking the licensure exam, which rose between 2011–2016 from 13.9% to 23%. Diversity of professional nursing candidates also rose across the same time period, but not the degree seen in practical nurses (Figure 1).

*Figure 1: Ethnicity of candidates taking the licensure exam vs. Minnesota workforce*
Fewer males entered practical nursing in 2016. This number declined from 11.5% in 2015 to 8.8% in 2016. The number of men graduating from professional nursing programs remains relatively stable at 12.5% (Figure 2). For both LPNs and RNs, these percentages of men are higher than the percent of LPNs or RNs in the current workforce, demonstrating the steady growth of men entering nursing.

*Figure 2: Male nurses licensed by exam vs. males in the Minnesota workforce*

The report also provided a summary of rulemaking initiatives. This included the successful statutory change regarding the licensure of faculty teaching students in Minnesota via online education. While a Minnesota nursing license is always required when any faculty supervises a clinical experience in Minnesota, the legislature approved an exemption to the license requirements when a faculty is teaching only didactic content via distance education. This provides more program options to nurses seeking to further their education through an online program. The Board also granted initial approval to 12 advanced practice nursing programs, and adopted new rules regarding use of high-fidelity simulation in lieu of a portion of direct clinical learning in practical and professional nursing programs.

A more detailed description of this information, the number of graduates and first-time NCLEX success rates for all programs, as well as the full report can be accessed at [https://mn.gov/boards/assets/Annual_Educ_Rpt_2016_tcm21-286546.pdf](https://mn.gov/boards/assets/Annual_Educ_Rpt_2016_tcm21-286546.pdf).

**APRNs Must Inform the Board if They Hold DEA Registration**

Minnesota Statute 148.235 Subd. 7b Drug Enforcement Administration requirements states:

“(a) Advanced practice registered nurses must:
(1) comply with federal Drug Enforcement Administration (DEA) requirements related to controlled substances; and
(2) file any and all of the nurse's DEA registrations and numbers with the board.

(b) The board shall maintain current records of all advanced practice registered nurses with DEA registration and numbers.”

Upon initial application, an APRN is required to provide DEA registration if it is held at that time. If DEA registration is obtained after initial licensure, the APRN must notify the Board of the registration and number.
Prescription Monitoring Program

The following statutory amendment to the Minnesota Prescription Monitoring Program (PMP) became effective on August 1, 2016 and applies to all Minnesota licensed APRNs practicing in Minnesota and who hold DEA registration. Specifically, Minnesota Statutes 2016, section 152.126, subdivision 6(c) states:

By July 1, 2017, every prescriber licensed by a health-related licensing board listed in section 214.01, subdivision 2, practicing within this state who is authorized to prescribe controlled substances for humans and who holds a current registration issued by the federal Drug Enforcement Administration, and every pharmacist licensed by the board and practicing within the state, shall register and maintain a user account with the prescription monitoring program. Data submitted by a prescriber, pharmacist, or their delegate during the registration application process, other than their name, license number, and license type, is classified as private pursuant to section 13.02, subdivision 12.

The name on the APRN license and DEA registration must match, and if they do not, the PMP application will be denied. If the name on the APRN license and DEA number are not the same, please contact the Board of Nursing. Please note this requirement applies to APRNs who are practicing within the state of Minnesota.

To register for a PMP account follow this link: http://pmp.pharmacy.state.mn.us/pmp-user-registration-and-resources.html. Please remember to use your RN license number when applying, ensuring you add the hyphen between the last two digits of the license number.

The Board has embedded a link in the Board’s on-line APRN renewal system directly to the Minnesota PMP registration site, although PMP registration may be done at any time.

Legislation Updates 2017

The 2017 Legislature enacted amendments to the Nurse Practice Acts related to advanced practice nursing. Included in the changes was a definition of the term “encumbered”, which clarifies that APRNs are eligible for a license when participating in the Health Professionals Services Program (HPSP). Additionally, graduate level courses in advanced physiology, pathophysiology, and pharmacotherapeutics and health assessments are required in program curricula. Also amended was the provision for verification of the 2,080 hours of post-graduate collaborative practice by a nurse practitioner or clinical nurse specialist by a physician. The law now provides that the physician may be licensed in any US jurisdiction, which will benefit experienced APRNs from another state who are seeking MN licensure. The language for endorsement of a license was repealed because not all states have the same requirements for licensure. Another bill enacted removed conflicts among the statutory APRN scope of practice and certain signature authorities, e.g. death certificates.

There were several healthcare workforce solutions enacted including funding for home and community-based services (HCBS) scholarships; expanding the Nurse Loan Forgiveness Program to include home care nursing; expanding the loan repayment pool eligibility to nurses who are making their careers in long term care; and funding to HealthForce Minnesota for a workforce promotion campaign that will highlight career awareness and opportunities in the field of older adult services.

The Board of Nursing was appropriated funding for staffing and anticipated cost increases in salaries and insurance
Supporting Best Practices in the Use of Simulation by Nursing Programs

Program Approval rules (MR 6301) were revised and adopted in December 2016 to allow nursing programs the option of replacing a portion of direct clinical learning experiences with high-fidelity simulation. This form of simulation by definition incorporates a high level of interactivity and realism. This change was made in response to the findings of the benchmark study conducted by the National Council of State Boards of Nursing (NCSBN) which demonstrated that the outcomes for programs and practice of graduates were not impacted when high-fidelity simulation was substituted for a portion of clinical learning. The study, as do the revised rules, identify standards-based criteria under which the use of simulation for clinical learning can be conducted.

To support the development of faculty expertise in the design, implementation, and evaluation of high-fidelity simulation, the Board of Nursing collaborated with a statewide group known as the Minnesota Simulation for Healthcare Education Partnership (MNSHEP) and HealthForce Minnesota to offer a two day conference that was attended by 240 nurse educators and industry representatives. The initial session of the conference incorporated a review of the new rule language, presented by Marilyn Krasowski, EdD, RN, Director for Education at the Board of Nursing. The Board of Nursing was honored to have the opportunity to sponsor the keynote presentation by Pamela Jeffries, PhD, RN, FAAN, ANEF. In her introduction of Dr. Jeffries, Shirley Brekken, Executive Director of the Board of Nursing, noted that Dr. Jeffries served as a consultant for the national study, and was responsible for training faculty whose schools participated in the NCSBN study regarding the use of skilled debriefing of students. Dr. Jeffries shared relevant components of the NLN/Jefferies Simulation Theory with the attendees, noting the need to “bridge the gap” between the preparation of nursing students and the needs of the clinical agencies. The National League for Nursing (NLN) Simulation Center was represented by Susan Gross-Forneris, PhD, RN, CNE, CHSE-A, Excelsior Deputy Director of the NLN Center for Innovation in Simulation and Technology, and by Molly Kellgren, MSN, RN, CNE, CHSE, Project Manager of Accelerating to Practice. They were joined by nurse educators from Minnesota known for their research related to and expertise in the use of simulation who reviewed national and international standards related to the use of simulation. Those present rated the conference highly in terms of its impact on increasing knowledge regarding the use of simulation. The Board will continue to explore options to support nurse educators and programs as they incorporate best practices into their use of simulation.

Highlights of the 2017 Environmental Scan

The National Council of State Boards of Nursing conducts an environmental scan annually on current state of innovations in health care, technology, politics, society, and where regulators need to focus to stay abreast of changes and ensure future public safety. Topics covered are data and trends in:

- Nursing workforce, employment settings, and future supply and demand,
- Nursing education,
- Health care delivery changes and the implications for regulators on telehealth, digital and continuous monitoring systems, robots and drones, artificial intelligence, and Uber care,
- Social issues and the implications for regulators on social media, opioid abuse, and Zika virus,
- US Government and legislative issues,
- Emerging regulatory issues, and
- Global health.

To read the full article follow this link http://www.journalofnursingregulation.com/article/S2155-8256(17)30014-5/pdf.
Role Distinction Between LPNs and CMAs

The Board of Nursing strives to achieve its mission of protecting the public’s health and safety by fostering knowledge relevant to the needs of the public and to the education and practice of nursing. By providing accurate information, the Board endeavors to promote a clear understanding of roles and scope of practice of other healthcare providers. Questions often arise about the role distinction between a Licensed Practical Nurse (LPN) and Medical Assistant (MA) or Certified Medical Assistant (CMA).

LPNs have a defined scope of practice to perform those services that incorporate caring for individual patients in all settings through nursing standards recognized by the Board at the direction of the registered nurse (RN), advanced practice registered nurse (APRN) or other licensed health care provider as provided in the Nurse Practice Act. Exemplars of these nursing services include conducting a focused assessment of an individual patient, participating with other health care providers in the development and modification of a care plan, determining and implementing appropriate interventions within a nursing plan of care or when delegated or assigned by an RN, providing safe and effective nursing care delivery and assisting in the evaluation of response to interventions. LPNs receive broad education in the theory and practice of direct patient care in a variety of settings including hospitals, transitional care units, long term care facilities and ambulatory care.

In contrast, the MA or CMA does not have a defined legal scope of practice in Minnesota and therefore there is not a regulatory board that has jurisdiction over an MA or CMA. CMAs are trained to work under the direct supervision of a physician, mainly in outpatient or ambulatory care facilities such as medical offices and clinics with a significant focus on administrative responsibilities in insurance claims, appointment scheduling, managing supply inventory and other computer applications. MA training does not prepare graduates to work in in-patient settings such as hospitals, skilled nursing facilities, assisted living facilities or home care. An MA or CMA may choose to pursue additional training and/or testing as a nursing assistant and be placed on the Minnesota State Registry, if they wish to provide direct patient care in a skilled nursing facility or other nursing facility. In any setting, CMAs may not perform any nursing task or activity unless it is delegated by an RN.

Board of Nursing staff are available to answer questions about scope of practice matters of LPNs and RNs and the parameters of unlicensed assistive personnel to ensure there is a correct understanding by any interested individuals.

What Educators Need to Know About the Enhanced Nurse Licensure Compact: A Brief History of the Nurse Licensure Compact (NLC)

Removing barriers to cross-border practice, the Nurse Licensure Compact (NLC) is an interstate agreement allowing a nurse to have one license and the privilege to practice in other compact states. Implemented in 2000, the NLC fosters public protection and access to care through the mutual recognition of one state-based license that is enforced locally and recognized nationally. To continue reading this story follow this link https://www.ncsbn.org/Leader_to_Leader_NLC_Issue2017.pdf#page=1.
Criminal Background Checks Starting Soon

The Minnesota Board of Nursing will soon implement the requirement for applicants to complete a Criminal Background Check ("CBC") prior to licensure or reregistration. Minnesota Statute section 214.075 requires all of the Minnesota Health Boards to require applicants for initial licensure, licensure by endorsement, or license reinstatement after a lapse to complete a fingerprint-based criminal background check ("CBC"). NOTE: This does not require currently licensed nurses to have a criminal background check for registration renewal.

The Board plans to roll-out this requirement in phases beginning with new applicants for an Advanced Practice Registered Nurse license. The law requires full implementation by January 1, 2018. More details about the process will be available on the Board’s website and with the application information. A few things to know:

- The fee for the CBC is $32, which must be paid with the licensure application fee.
- Fingerprints can be taken without a fee at the CBC Program Office located in the same building as the Board of Nursing and other boards. Fingerprints may also be obtained at the Bureau of Criminal Apprehension or a local law enforcement agency.
- The CBC report received from the BCA and FBI is only valid for a year. Applications that are not completed within a year of the CBC will be nullified and no fees refunded.
- The CBC does not replace the DHS Background Study required for employment at Minnesota licensed facilities and programs.

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<td>Michelle Harker</td>
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<td>Bradley Haugen</td>
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