President’s Message: Michelle Harker

Collaboration—a key value

On June 6, 2018, the Board of Nursing joined with the Boards of Medical Practice and Pharmacy to hold the second Minnesota Tri-Regulatory Collaborative Symposium. Effective interprofessional collaboration among nurses, physicians, and pharmacists enhances patient safety and well-being, and collaboration among nursing, medical and pharmacy regulators can have a similar effect on public protection. Additionally, the symposium is one of the ways the Board of Nursing demonstrates its commitment to its core value of collaboration.

The focus of this year’s symposium was the very critical issue of opiate prescription drug abuse and its significant impact on healthcare today. The Minnesota Department of Health reported there were 395 opiate overdose deaths in 2016, and 194 of those involved prescription opiates. The symposium agenda addressed the crisis of opiate abuse, addiction, prevention of overdose deaths and treatment modalities, in particular from an interdisciplinary approach.

Those in attendance heard from the Minnesota Board of Pharmacy executive director Cody Wiberg on a timely update on naloxone legislation as it relates to immunity for individuals who are not licensed health care professionals when, in good faith, they administer naloxone and when individuals seek medical assistance for someone who is experiencing an opiate overdose.

A panel presentation, comprised of practitioners regulated by the three boards, presented a program they are implementing at the University of Minnesota as “An Interdisciplinary Approach to Addiction Management,” incorporating the expertise of addiction physicians, pharmacists, psychiatrists, and nurses in the treatment of addiction. It will be interesting, moving forward, to learn of the outcomes of this interprofessional approach.

Dr. Charles Reznikoff, who practices Internal and Addiction Medicine, gave a thought provoking presentation on addiction as a brain disease…a disease not curable, but a disease that is treatable. Dr. Reznikoff addressed the “why start” of addiction — it is available, acceptable and perceived to be safe (it’s prescribed); the “why continue” of addiction — you feel good/or don’t feel bad, and to avoid withdrawal. His presentation was thought provoking and compelling — and he only “scratched the surface.” By his own acknowledgement, Dr. Reznikoff presented just a 10,000 foot overview of addiction. In general, it was representative of the significance of the crisis that all in healthcare and healthcare regulation face today.

In addition to the presentations, the boards conducted a joint board meeting to consider the adoption of a “Joint Statement on the Prescribing of Opioid Antagonists.” (President’s message continued on page 2)
(President’s message continued from page 1) The Joint Statement is intended to offer guidance to healthcare providers in the use of opiate antagonists, such as naloxone. It is not intended to set a standard of care or to replace state and federal standards. The Joint Statement is available on the Board of Nursing website here.

Although each board is autonomous and enforces its own practice act, the Boards are subject to common laws and operate within a common statutory framework. Collaboration has a basis in the boards’ mutual values, common purpose and statutory obligation to protect the public’s safety and well-being. We are committed to this Tri-Regulatory collaboration in Minnesota, and look forward to continuing to work collaboratively in our roles as regulators.

Annual National Council of State Boards of Nursing Meeting in Minneapolis August 2018

The National Council of State Boards of Nursing (NCSBN) will convene its annual meeting in Minneapolis August 15-17, 2018. NCSBN will mark its 40th anniversary milestone with the theme of “Regulatory Excellence Surging toward the Future.”

The agenda will include special presentations by two prominent international regulatory leaders. Jackie Smith, Chief Executive and Registrar of the Nursing and Midwifery Council (NMC) in the United Kingdom, will address the U.K.’s revalidation initiative, a continued competence requirement for maintenance of licensure. Baroness Mary Watkins of Tavistock, visiting professor from Kings College London and a Crossbench Member of the United Kingdom House of Lords will speak about the “Nursing Now” campaign. Run in collaboration with the World Health Organization and International Council of Nurses, it seeks to empower nurses to take their place at the heart of tackling 21st century health challenges. The campaign aims to improve perceptions of nurses, enhance their influence and maximize their contributions to ensure everywhere has access to health and healthcare.

NCSBN was initially created to lessen the burdens of state governments and bring together boards of nursing to act and counsel together on matters of common interest. It has evolved into one of the leading voices of regulation across the world. NCSBN’s membership is comprised of the nursing boards in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 30 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories.

Annual Prescription Monitoring Program Survey

It’s time for the MN Prescription Monitoring Program (PMP) annual survey! All APRNs with a PMP account are encouraged to participate in this year’s survey. This survey gathers data from across the state regarding utilization of the PMP, Controlled Substance Insight Alerts (CSIAs) and overall professional opinions. The more participants, the better able PMP staff are able to advance processes moving forward. A huge thank you in advance for supporting the MN PMP’s annual survey! Listed below are the MN PMP Prescriber and Pharmacist survey release, reminder, and end dates:

Monday, July 16th, 2018 – initial communication

Monday, July 23rd, 2018 – reminder communication

Monday, July 30th, 2018 – survey close
Criminal Background Checks

The Minnesota Board of Nursing has implemented the requirement for applicants to complete a Criminal Background Check (“CBC”) prior to licensure. Applicants will receive an email message from the CBC Program office after the Board has received the application for licensure. The email message will include instructions on how to complete fingerprinting for the CBC and all of the required forms.

Important things to keep in mind:

- An applicant for licensure by examination may take the exam at the time of his/her choosing after receiving the authorization to test. The applicant does not need to complete the CBC before taking the examination. The applicant will not be licensed until the CBC report has been received and reviewed by the Board.
- It usually takes three weeks for the Board to receive the CBC report after the applicant’s fingerprints have been received and transmitted to the Bureau of Criminal Apprehension. The amount of time it takes the Board to review the report depends on how many reports have been received and whether the report triggers a need for additional information. Applicants and employers should allow sufficient time to complete the process when setting an employment start date.

Additional information regarding Criminal Background Checks may be found on the Board’s website by clicking here.

APRN Recertification Reminder

To maintain APRN practice authority in Minnesota, current RN and APRN licenses are required and current certification as an APRN in the role and population for which they are licensed must be on file with the Board.

The APRN must request the certifying body to send verification of recertification directly to the Board of Nursing. The certification must be emailed to nursing.board@state.mn.us or mailed to Minnesota Board of Nursing, 2829 University Avenue SE #200, Minneapolis, MN 55414 prior to the expiration date of the certification. The APRN is responsible to confirm that the Board has received verification of recertification by logging into their online account at https://mbn.hlb.state.mn.us/#/login or by viewing licensure information through the public verification https://mbn.hlb.state.mn.us/#/services/onlineEntitySearch. If the Board does not have verification of current certification on file, there is a lapse in authority to practice as an APRN in Minnesota. Further, if the APRN practices after the expiration date of the certification on file with the Board, associated penalties.

The Minnesota Board of Nursing sends out an email and a postcard reminder two months before the certification on file with the Board expires. It is important to always keep information current with the Board by updating contact information through the online account at https://mbn.hlb.state.mn.us/#/login.

If you have questions please contact Rick Reichert, advanced practice program assistant, at 612-317-3006 or via email rick.reichert@state.mn.us, or Julie Sabo PhD, RN, APRN, CNS, APRN specialist, at 612-317-3013 or via email julie.sabo@state.mn.us.

APRN Coalition Bill Passed

Senate File 2917/ House File 3367 was enacted by the 2018 Minnesota legislature. The law that affects APRNs practice authority in a number of areas. To review the entire bill please click this link https://www.revisor.mn.gov/bills/bill.php?f=SF2917&b=senate&y=2018&ssn=0
Minnesota’s Prescription Monitoring Program Updates: Written by Barbara Carter, MN PMP Manager, with contributions provided by Katrina Howard, Pharm D., PMP Pharmacist Consultant and Shannon Whitman, PMP Administrator.

Account Registration Update

The MN Board of Pharmacy, Prescription Monitoring Program (PMP) continues to see an increase in system usage by licensed prescribers, pharmacists, and their delegates. It has been one year since the law was enacted requiring every APRN licensed by the MN Board of Nursing, practicing within the state, who is authorized to prescribe controlled substances and who holds a current registration issued by the DEA to register for and maintain a MN PMP user account.

As of June 2018, 3,356 APRNs have registered, been approved, and hold an active MN PMP account.

For those who do not have an account but should, please follow the steps below to create an account.

To register for an account please CLICK HERE to begin the registration process. Select Prescriber RxSentry Access Form, follow the instructions to complete the online process. Please remember to use your RN license number (numbers only, no letters) during the registration process. Once you receive your account credentials, please make sure you log into your account and change the temporary password to a private password. If you do not change your password, your account will not be activated and therefore may not be recognized as compliant with the law.

To maintain a PMP account, holders must perform an annual profile update. This is completed by logging into your account, selecting ACCOUNT MANAGEMENT, then UPDATE ACCOUNT PROFILE, then review your demographics, re-enter your email address to confirm it is correct, and click UPDATE. This is required every 12 months; an email reminder is sent 10 days and again 3 days prior to the account being deactivated if no action is taken.

If you are unable to access your account, please contact the PMP vendor supported helpdesk at 844-966-4767 or mnpdm-info@apprisshhealth.com.

Controlled Substance Insight Alerts

In 2015, MN PMP staff began alerting prescribers and pharmacies when a patients’ prescription history indicates a potential high-risk behavior. The Minnesota Board of Pharmacy in consultation with the MN PMP Advisory Task Force established the threshold currently utilized. The criteria established signify multiple provider episodes and are in a format of multiple prescribers and dispensers supplying the patient with controlled substance prescriptions in a given time period. Notifications sent to the health care providers has been given the name “Controlled Substance Insight Alerts (CSIAs)”.

Since the inception of CSIAs, the number of notices distributed has declined each year. In 2015, 1,661 CSIAs were sent to prescribers. In 2017, this number decreased to 322 prescriber notices. This decline may be due to a number of factors, including an increase in prescriber registration and use of the PMP database and rise in the awareness of controlled substance prescription misuse. The program staff are considering the implementation of enhanced notices aimed at minimizing overdose risk and increasing patient safety. State and federal guidelines will be used in defining the additional patient safety notices currently under consideration. More information regarding CSIAs can be found on the program’s website under Frequently Asked Questions (http://pmp.pharmacy.state.mn.us/).

Enhancing the PMP Database

As use of the database increases, it is critical to update and enhance the database and system’s functionality. The current system, MN RxSentry, is scheduled to be retired by the end of 2018 and replaced with PMP AWARRxE. This new solution, which

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(Continued from page 4) is currently in production in roughly 35 states, will provide a more robust data reporting and information-sharing platform. With the proposed addition of a data analytics package, the output the end user sees will be a more interactive and graphical representation of the patients’ prescription history.

What does that mean for the PMP Account Holder? Reports should be easier to read, various data fields, when hovered over, will provide additional details; a simpler process for APRN’s to link a delegate to their account; the ability to set defaults when querying multiple states and more. Talks are currently underway as to the migration of current user’s accounts versus required creation of new accounts. Credentials being stored in the user account profiles will be changing to require items such as specialty, practice name, professional/private email address, and the APRN license number. Discussions will continue and information will be shared with account holders in advance of any changes.

For further information, please direct questions to program staff at minnesota.pmp@state.mn.us.

Minnesota Opioid Prescribing Guidelines Released April 26, 2018

The Minnesota Opioid Prescribing Guidelines will help Minnesota communities reduce opioid prescriptions; encourage safe, consistent standards when opioids are called for, and deliver compassionate support to people who need ongoing opioid therapy. Built on the understanding that opioids are not the best option for treating chronic pain and may actually worsen it, Minnesota’s guidelines focus on post-acute care - the first 45 days after an injury.

The Opioid Prescribing Work Group was convened through 2019 to advance the program's work, which includes developing statewide guidelines on appropriate opioid prescribing. The opioid prescribing guidelines are a joint effort of the medical community and the Minnesota Department of Health and Department of Human Services.

Prescription Monitoring Program Mandatory Registration Required for Applicable APRNs

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 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 (DEA), 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 match 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. Register for a PMP account by following this link: http://pmp.pharmacy.state.mn.us/pmp-user-registration-and-resources.html. Please remember to use your RN license number (numbers only, no letters) during the registration process.

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.
Scope of Nursing Practice Decision-Making Framework

At the October 2016 meeting of the Minnesota Board of Nursing, the Board voted to adopt the *Scope of Nursing Practice Decision-Making Framework* to inform nurses and the public regarding whether specific activities, interventions, or roles are permitted under the nurse’s level of education, licensure and competence within the scope of practice established by the Minnesota Nurse Practice Act. The Board believes this will be an extremely useful tool and encourages nurses and organizations to evaluate use of the tool in their practice. View the NCSBN article by following this link: https://www.ncsbn.org/decision-making-framework.htm
Minnesota Board of Nursing Members

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<tr>
<th>Board Member Name</th>
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<td>Joann Brown</td>
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<td>Pa Chua Vang</td>
<td>LPN Member</td>
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<td>Sakeena Futrell-Carter</td>
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<td>Julie Frederick</td>
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<td>Becky Gladis</td>
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<td>Rui Jorge Pina</td>
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<td>Michelle Harker</td>
<td>Public Member, Board President</td>
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<td>Bradley Haugen</td>
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<td>June McLachlan</td>
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<td>Robert Muster</td>
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<td>Eric Thompson</td>
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Board of Nursing Hours

The Board of Nursing hours of operation are Monday through Friday from 7:30 a.m. to 12:00 p.m. and 1:00 p.m. to 4:00 p.m. The office is closed from 12:00 p.m. to 1:00 p.m. Phones are answered during hours of operations and customer service agents are available to assist any walk-in traffic to the Board. The Board’s main phone number is 612-317-3000.

Joint Statement on the Prescribing of Opioid Antagonists Approved by the Board of Medical Practice, Nursing, and Pharmacy

The Boards of Medical Practice, Nursing and Pharmacy have collaboratively developed and adopted a Joint Statement on the Prescribing of Opioid Antagonists in response to the increasing use, misuse, and overdose deaths related to opioids. The Joint Statement is meant to offer guidance to healthcare providers in the use of opioid antagonists, such as naloxone, and is not intended to set a standard of care or replace state and federal statutes. The Joint Statement is published and posted on the each board’s websites. The Joint Statement on the Prescribing of Opioid Antagonists may be accessed on the Board of Nursing website here.

Advancing Use of the MN Prescription Monitoring Program Continuing Education

The Minnesota Prescription Monitoring Program (PMP) is offering education sessions throughout Minnesota to prescribers of controlled substances. Continuing education credits are available at NO COST to attendees. See accreditation details by CLICKING HERE. Register for this free continuing education event and view the objectives here.