Once again, the 2017 Gallup survey showed the American public ranks nurses as the most trusted professional for honesty and integrity. This was for the 16th year! Kudos to Minnesota nurses! Thank you for all you do.

Nursing is a unique profession. It combines art and science to care for human beings in a very special way. Complete strangers allow nurses to touch them very intimately...physically, spiritually and emotionally. And they do so without question.

This trust is valued, but it is also a mandate. It obligates nurses to balance the technical aspects of care with the characteristics of humanness...compassion, caring, commitment, and advocacy.

Advocacy is defined as public support or recommendation for a particular cause or policy. The Minnesota Nurse Practice Act includes “advocating for the best interests of individual patients” in the definitions of both professional and practical nursing practice. Nurses advocate for their patients’ health care needs to be fulfilled on a very personal level. The Board of Nursing also advocates for patients but as a collective whole.

Nurses care for people in some of their most vulnerable moments across the lifespan and in settings as varied as homes, schools, hospitals, prisons, clinics and nursing homes. Individuals and families expect nurses to be competent and ethical. The Minnesota Legislature established the Board of Nursing, at the advocacy of nurses, in 1907 to protect the public’s health and welfare by overseeing and ensuring the safe practice of nursing in Minnesota. This is a significant responsibility.

The statutory authority of the Board of Nursing is to protect the health and well-being of the citizens of Minnesota, ensuring that they receive safe, competent and ethical nursing care. The Board of Nursing holds nurses accountable for conduct based on legal, ethical and professional standards. Outlining these standards and issuing licenses to practice facilitates the Board to achieve its mandate of public protection. Once a license is issued, a board’s job continues by monitoring licensees’ compliance to state laws and taking action against the licenses of those individuals who have exhibited unsafe practice and present a risk of harm to the public.

It is rewarding to serve the citizens of Minnesota as members of the Minnesota Board of Nursing. On behalf of all the Board members, thank you for that privilege.
Social Awareness: Human Trafficking in MN
Amy Stoesz, MD
Medical Director, Regions Sexual Assault Nurse Examiner (SANE) Program
Emergency Medicine Department, HealthPartners

The FBI has identified the Twin Cities as one of 13 cities in need of increased human trafficking monitoring. It is expected that there may be an increase in human trafficking due to the Twin Cities hosting the 2018 Super Bowl, as with any large event. This is a special article on the role of the health care professional in caring for patients who may be a victim of sex trafficking.

Human trafficking is a serious issue in our society today. Human trafficking is broken into the two broad categories of labor trafficking and sex trafficking. Legally these are two distinct crimes but there is a great deal of overlap between the two. This article addresses sex trafficking primarily but it is important to understand that both exist.

Sexual exploitation is defined by MN statute as the “receiving, recruiting, enticing, harboring, providing, or obtaining by any means an individual to aid in the prostitution of the individual” (MN Statute 609.321). Notice, that it does not require any transportation across state, local or federal borders. If there is a pimp or trafficker in the situation, “prostitution” is considered human trafficking.

Additionally, under the Safe Harbor and No Wrong Door Legislation, in the case of a minor, self-promoted sex work and things like “survival sex” can be considered sex trafficking regardless of if there is a trafficker in the situation. Survival sex is the bartering of sex for food, shelter, transportation, etc. This is an important distinction because the sexual exploitation of a minor is a mandated report to child protective services. This landmark legislation was put in to effect in 2014. Its intent was to decriminalize prostitution for minors and allow them to be referred for social services rather than be prosecuted criminally. It also has provisions for increased penalties for buyers and traffickers when a minor is involved. As of 2016, Safe Harbor services are available to anyone under the age of 24 who is being sexually exploited.

The National Center for Missing and Exploited Children conservatively estimates that 100,000 children are exploited each year for prostitution and 83% of these are domestically born victims. Meanwhile, the FBI has identified the Twin Cities as one of the top 13 centers for human trafficking in the country. According to a 2010 study in Minnesota, 50% of victims report entering into the commercial sex trade as a minor and of those the average age was 11-13 years old. In the same study, 84% of victims report experiencing physical, sexual or emotional abuse while being trafficked. Additionally, women being prostituted are between 60-100 times more likely to be murdered than the average.

Furthermore, the research tells us that these victims are coming in contact with the medical system during their exploitation. Yet, as a whole we are failing to recognize them and provide supportive resources. In one study, nearly 90% of survivors interviewed had contact with the medical system. Presenting complaints were varied including the obvious of assaults, physical injuries, STI’s, pregnancy, abdominal or pelvic pain but also included things like dental pain and psychological issues. In fact in this same study, the rate of suicide attempts was 41.5% while being trafficked. Sadly this only rate went down to 20.5% after being removed from the trafficking situation.

A great deal of work is going on now as MN prepares to host the 2018 Super Bowl. As with many large events, the incidence of human trafficking can increase. As healthcare professionals, it is important that we focus on identifying patients that are at risk and may need services. If you are concerned, have a private and caring discussion with your patient. Not all patients will readily self-identify and so being willing to offer services regardless of patient disclosure is helpful. In MN, the United Way Crisis line at 2-1-1 or the Day One Hotline at 1-866-223-1111 are both good numbers to remember. These hotlines can offer victims access to legal services and advocacy resources or even undertake practical things like locating housing. With the help of many people across industries,
Including healthcare, we can make a difference in this issue and in the lives of people affected by exploitation. The following resources may be helpful for nurses interested in learning more about how to recognize and respond to these victims.


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NCSBN Celebrates 40 Years

The National Council of State Boards of Nursing, Inc. (NCSBN), [www.ncsbn.org](http://www.ncsbn.org), marks reaching its 40th anniversary milestone in 2018 with the inspiring theme of “Regulatory Excellence Surging Toward the Future.” Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was initially created to lessen the burdens of state governments and bring together boards of nursing (BONs) to act and counsel together on matters of common interest. It has evolved into one of the leading voices of regulation across the world. Throughout its 40-year history, NCSBN has been a groundbreaker. Some of its many accomplishments include:

- Being the first organization to implement computerized adaptive testing (CAT) for nationwide licensure examination in 1994. Since then, more than 5 million candidates for nurse licensure have taken the NCLEX exam via CAT.

- In 2014, NCLEX-RN Examination became the licensure/registration exam for Canadian nurses (for all provinces except for Quebec), marking the first time that the test was utilized for the purpose of licensure in another country.

- Conducting the landmark, award-winning, multisite National Simulation Study examining the use of simulation in prelicensure nursing programs.

- BONs were the first health care provider regulatory bodies to develop a model for interstate practice with the original adoption of the Nurse Licensure Compact (NLC) in 1997 and its implementation in 2000. The eNLC will be implemented Jan. 19. 2018, with a membership of 27 states.

In the coming year, NCSBN will unveil a seminal Global Regulatory Atlas; publish, in cooperation with The National Forum of State Nursing Workforce Centers, the 2017 National Nursing Workforce Survey; reveal a new logo; launch a new website; and distribute a booklet for new nurses with the goal of providing one to every newly licensed nurse in the U.S.
New Rules Regarding APRN Licensing

On October 23, 2017, Minnesota Rules Chapter 6305 Advanced practice, professional, and practical nursing licensure, and Chapter 6310 Advanced practice, professional, and practical nursing registration were enacted. The two most significant additions were:

- Certification in the adult- or gerontology-only population will not be accepted for purposes of initial licensure after November 1, 2017. APRNs who are currently hold a Minnesota APRN license and are certified as an adult or gerontology CNS or CNP will not be impacted.
- Verification of APRN practice within the last five years prior to applying for a Minnesota APRN license is required for initial APRN licensure. If it has been more than five years since an applicant has practiced as an APRN or have completed the APRN program, the applicant will need to complete a Board approved reorientation plan upon licensure. Please contact the Minnesota Board of Nursing for more information.

The Board Rules may be accessed by following this link: [https://mn.gov/boards/nursing/laws-and-rules/rules/](https://mn.gov/boards/nursing/laws-and-rules/rules/)

Prescription Monitoring Program Account Enrollment Data and Reminder

Minnesota Statutes 2016, section 152.126, subdivision 6(c) provides that licensed Minnesota APRNs practicing within this state, are authorized to prescribe controlled substances for humans, and hold current registration issued by the federal Drug Enforcement Administration must register and maintain a user account with the prescription monitoring program.

Once an APRN registers, the APRN must access their account and reset the temporary password – or the account is inactive. Annually, a Minnesota PMP account holder must update their account profile or the account will be deactivated. The PMP sends email reminders to perform the account profile update. Below is a chart of current APRN compliance with MS 152.126.
Change in Continuing Education Requirements for Registration Renewal of License

In recent years, the importance of interdisciplinary education as an aspect of professional competence has been recognized (ANA, 2010, pg. 5). The Institute of Medicine (IOM) report “Health Professions Education: A Bridge to Quality” (IOM, 2003) identified patient-centered care, work in interdisciplinary teams, identification and use of evidence-based practice, application of quality improvement, and utilization of informatics to improve care as aspects that impact patient outcomes. Recognizing this, the content that may be used to meet the continuing education requirements needed for renewal of a nursing license registration was amended. In addition to content designed to enhance the licensee’s ability to practice nursing, the content may include learning related to provision of patient-centered care, development of enhanced technical skills, application of evidence-based practice, working in interdisciplinary teams, quality improvement or informatics.

In addition to this change, the definition of a contact hour was changed from 50 to 60 minutes. This is consistent with national standards, including those of Joint Accreditation™, whose membership includes the American Nurses Credentialing Center, the Accreditation Council for Continuing Medical Education and the Accreditation Council for Pharmacy Education. Joint Accreditation™ also identifies a minimum amount of credit to be 15 minutes, or 0.25 contact hours. This smaller amount of credit reflects the change in how health professionals access information and learn, and was also incorporated into the revised requirements as the minimal length of a continuing education activity. The requirement for RNs to complete at least one hour of acceptable continuing education for each month of registration and for an LPN to complete at least one hour for each two months of registration has not changed.

Finally, the list of other acceptable continuing education activities that may be used to meet continuing education requirements was amended to clarify that each of these elements are intended to represent significant contributions to the profession, a high level of professional engagement, or significant responsibility in the development of evidence to guide practice. Lack of the qualifiers had contributed to confusion about what activities were acceptable. Because these activities require a substantial time commitment, the limitation regarding the number of contact hours that these activities could represent was removed.

Requirements for written learning objectives, identification of the instructor’s credentials, and confirmation of the date, length and title of the activity, as well as a statement of participation remain. More information regarding this, clustering of small increments of continuing education, and a full description of all changes in the continuing education requirements is found on the Board of Nursing website at: https://mn.gov/boards/nursing/licensure/continuing-ed/

Electronic Prescribing in Minnesota

In 2008, the Minnesota Legislature enacted an e-prescribing mandate in order to improve quality outcomes and efficiency in health care. The mandate requires prescribers, pharmacists and pharmacies, and pharmacy benefit managers to be e-prescribing by January 1, 2011. Electronic prescribing, or e-prescribing, is an important aspect of e-health and health care reform. Significant progress in using e-prescribing has been made in Minnesota, yet gaps remain.

Two new e-prescribing resources are now available on the Minnesota Department of Health’s e-prescribing webpage (http://www.health.state.mn.us/e-health/eprescribing/). The FAQ for e-Prescribing of Controlled Substances (http://www.health.state.mn.us/e-health/eprescribing/docs/faqforepcs.pdf) (EPCS) provides general information on EPCS and the Minnesota e-Prescribing Mandate Factsheet (http://www.health.state.mn.us/e-health/eprescribing/docs/erxmandatefactsheet.pdf) summarizes the Minnesota Statutes 62J.42 that requires the e-prescribing of all prescriptions including controlled substances. EPCS helps to reduce fraud and abuse of controlled substance and is one way to use e-health to prevent and respond to the opioid misuse and overdose. If you have questions please call 651-201-5979.
From Moral Failure to Chronic Disease

Marie Manthey RN, Founder and Chairperson of the Nursing Peer Support Network
Board of Directors

The Nursing Peer Support Network (NPSN) was established in 2015 and has two major purposes. One is to provide support for recovering nurses to reduce stigma and shame associated by nurses with addiction. The other is to advance education about Substance Use Disorder (SUD) in nurse employment settings and nursing education programs. Nurses may experience a higher level of risk for SUD, due to many factors such as common access to drugs, a high stress work setting, and negative judgements towards patients with the disease. Moreover, the process of recovery is challenging for nurses because of the stigma and shame about addition embedded in the nursing culture. The problem is compounded by the fact that nurses generally are not educated in their basic education programs about the seriousness of the risks and consequences nurses experience when they have a SUD. These elements create a “perfect storm” surrounding the issue of alcohol and drug addictions in nursing.

When developing NPSN, the planners received meaningful support from both the MN Board of Nursing and the Health Professionals Services Program (HPSP). Although not connected in a formal structural manner, NPSN experiences an informal, mutually respectful relationship with both entities who continue to provide support and encouragement for NPSN’s goals.

Reduce Stigma and Shame

During our first year, three peer support group meetings were established in the Minneapolis/St. Paul area. The intent of these groups is for nurses to help nurses overcome the devastating problem of stigma and shame that keeps many nurses from recovery. We quickly learned nurses helping nurses is the most effective path to healing the shame and dealing with stigma.

There are now seven peer support meetings throughout the state, each of which meets twice monthly with the express purpose of giving an opportunity for nurses to share their personal stories of addiction and recovery as the best way to begin overcoming the deep-seated issues of stigma and shame.

Education about SUD

The education goal has been addressed in two ways. A pre-licensure curriculum module has been developed and tested by the University of Minnesota School of Nursing and is being made available to all schools of nursing at no charge. Also, a curriculum module has also been developed for use in the Minnesota Alliance for Nursing Education (MANE) curriculum of Minnesota State Colleges and Universities. These educational tools are designed to expressly deal with the reality of risks and consequences of addiction in nursing, a subject previously covered in only a limited way in basic nursing education programs. Another initiative is speaking about addictions in nursing and the Nurse Peer Support Network at major conferences, schools of nursing for faculty and students, and at hospitals to staff members, managers and executives.

Impact Statement

In the two and a half years of operation, the number of Peer Support meeting programs has grown from three to seven. Four NPSN programs are in the Metro area and others are in Duluth, Wilmar and Mankato.

(cont. on pge 7)
The average attendance is from 7 – 12 attendees and while it is not formally documented (to assure confidentiality) informal data indicated that approximately 1500 nurses have attended support meetings in Minnesota.

All groups are led and managed by two nurses in recovery who have been prepared as conveners. The title was carefully chosen as it specifically defined the role and their scope of responsibility as being focused on facilitating the meeting. Part of convener preparation is to help them to set and manage the tone of the meeting and to keep the conversation helpful and healing while avoiding stepping into roles as coach, sponsor or advisor. There are now seventeen conveners in preparation for further growth in the number of meetings.

For information about meetings or the Nurses Peer Support Network (NPSN):
Phone: 612-508-3709
Email: info@npsnetwork-mn.org

Comprehensive Addiction and Recovery Act (CARA) Revisions and Medication Assisted Therapy Prescribing Waivers for CNPs

On July 22, 2016, President Obama signed the Comprehensive Addiction and Recovery Act (CARA) into law as Public Law 114-198. One of CARA’s important provisions expands access to substance use treatment services and overdose reversal medications—including the full spectrum of services from prevention to medication-assisted treatment (MAT) and recovery support—by extending the privilege of prescribing buprenorphine in office-based settings to qualifying nurse practitioners (NPs) and physician assistants (PAs) until Oct. 1, 2021.

As part of the implementation of the CARA, CNPs and PAs are required to complete 24 hours of training to be eligible for the MAT prescribing waiver. For general information click the following link: https://www.samhsa.gov/medication-assisted-treatment/qualify-nps-pas-waivers

Substance Abuse and Mental Health Services Administrations (SAMHSA) offers a free, eight-hour Drug Addiction Treatment Act waiver course for treatment of opioid use disorder. Click on the following link for more information: http://pcessmat.org/calendar-of-events/list/?tribe_eventcategory=9

NCSBN Makes Substance Use Disorder Educational Courses Free to Nurses and Nursing Students

Two on-line courses regarding Substance Use Disorder (SUD) developed by the National Council of State Boards of Nursing (NCSBN) are now available free of charge for all nurses and nursing students. The courses are entitled, “Understanding Substance Use Disorder in Nursing” and “Nurse Manager Guidelines for Substance Use Disorder.”

NCSBN’s SUD toolkit, brochures, posters, a book and two continuing education (CE) courses was developed to assure that nurses are armed with knowledge to help identify the warning signs of SUD in patients, nurses and the general public and provide guidelines for prevention, education and intervention.

Now all of these resources are available free of charge from www.ncsbn.org. Both CE courses award contact hours upon successful completion. Register for the courses at www.learningext.com. In addition the toolkit includes the “Substance Use Disorder in Nursing” resource manual, the “Substance Use Disorder in Nursing” video, prevention-focused posters for health care facilitates and two brochures, “What You Need to Know About Substance Use Disorder in Nursing” and “A Nurse Manager’s Guide to Substance Use Disorder in Nursing.”
Joint Commission Releases New, Revised Pain Assessment and Management Requirement for Hospitals

The Joint Commission has released new pain assessment and management standards that will take effect January 1, 2018 for all accredited hospitals. The new and revised, standards come in response to the country’s opioid crisis, which every day claims 91 American lives as a result of overdoses, the Joint Commission said in an announcements.

As part of the national efforts to address the opioid epidemic, the accreditor said it would implement those new pain standards and released that provides hospitals with its rationale and evidence for the standards.

Among the changes, the new standards will require hospitals to provide non-pharmacological pain treatment methods, alternatives that can include physical methods such as acupuncture and chiropractic therapy, as well as relaxation and cognitive behavioral therapy. It will also require hospitals to facilitate practitioner and pharmacist access to Prescription Drug Monitoring Program databases. Hospitals must develop a plan for patients and monitor patients identified as high risk for adverse outcomes related to opioid treatment.

The standards will require hospitals to:

- Identify pain assessment and pain management, including safe opioid prescribing, as a priority
- Actively involve the medical staff in leadership roles in organization performance improvement activities to improve care, treatment and services, as well as patient safety
- Assess and manage patients’ pain and minimize the risks associated with treatment
- Collect, compile and analyze data to monitor performance.

Last year, the Centers for Disease Control and Prevention (CDC) issued the CDC Guidelines for Prescribing Opioids for Chronic Pain – United States, 2016 (posted on the MN Board website here [https://mn.gov/boards/nursing/practice/opioid-practice-resources/](https://mn.gov/boards/nursing/practice/opioid-practice-resources/)) advising practitioners to prescribe treatments other than opioids for chronic pain outside of active cancer treatment, palliative care and end-of-life care.

The new and revised requirements are available on The Joint Commission website, and are in the fall 2017 E-dition release and the 2018 print materials for hospitals. More information may be found following this link [https://www.jointcommission.org/assets/1/18/Joint_Commission_Enhances_Pain_Assessment_and_Management_Requirements_for_Accredited_Hospitals1.PDF](https://www.jointcommission.org/assets/1/18/Joint_Commission_Enhances_Pain_Assessment_and_Management_Requirements_for_Accredited_Hospitals1.PDF), and questions may be directed to Trina Crow, RN, MJ, associate project director, Department of Standards and Survey Methods, The Joint Commission, at tcrow@jointcommission.org.

Minnesota Board of Nursing 2017 Licensure and Discipline Annual Reports Published

The Minnesota Board of Nursing Annual Report for Fiscal Year 2017 for Licensure and Discipline were reported at the December 7, 2017 Board of Nursing meeting. Below are the links to each of the reports, which have been published to the Board of Nursing website:


Minnesota Board of Nursing Members

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<td>Pa Chua Vang</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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<tr>
<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>Christine Norton</td>
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<td>Laurie Warner</td>
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<td>Sheila Robley</td>
<td>LPN Member, Board Secretary</td>
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<td>Steven Strand</td>
<td>RN Member</td>
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<td>Eric Thompson</td>
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New Enhanced Nurse Licensure Compact Adopted by the National Council of State Boards of Nursing (NCSBN)

In 2015, a new enhanced nurse licensure compact (eNLC) was adopted. The eNLC has now been adopted by 27 states and has set Friday, January 19, 2018 as the implementation date for the eNLC. This eNLC allows for RNs and LPNs to have one multistate license, with the authority to practice in person or via telehealth in both their home state and other eNLC states. All applicants for the multistate license are required to meet the same licensing requirements which requires the applicant to submit to federal and state criminal background checks, have no conviction of a felony offense, and hold or be eligible for active, unencumbered license. Almost all current NLC states have enacted the eNLC and others plan for legislative action. The Board will continue to provide educational outreach to fully inform nurses, other health care providers and leaders, legislators and the public about the eNLC. For up to date information about the eNLC access through this link: https://www.nursecompact.com/

Remember to Notify the Board of Address and Name Change

Nurses are required to notify the Board of any address or name change as soon as possible. The Board communicates with nurses using the last contact information provided by the nurse. Communications include time-sensitive correspondence such as renewal notices, application deficiencies, continuing education audits and notification of a complaint. Name and/or address change forms are available on the Board’s website at https://mn.gov/boards/assets/Name_Addrs_Chng_5_2_17_tcm21-37129.pdf.