President’s Message: Michelle Harker

The mission of the Board of Nursing is to protect the public’s health and safety through regulation of nursing education, licensure and practice.

In my time serving on the Board as a public member, I have observed the dedication of the other fifteen board members (nurses and public members), as well as a professional, efficient and committed staff.

However, I have been asking myself if that public we are committed to protecting understands what we actually do; or are we, to them, just “an agency with a tagline.” This thought has made me want to put a “face” to this very committed Board.

The Board’s authority to carry out its mission is provided in law by the Legislature and gives the Board the authority to promulgate rules. The pillars of the focus and mission of the Board are: education, licensure, practice, and, increasingly, data services.

Education: The Board establishes standards for pre-licensure nursing education programs including the requirements of comprehensive self-evaluation for quality improvement. Graduation from a board-approved nursing education program is a requirement for licensure. Nursing programs in Minnesota must be nationally accredited. Accreditation supports the mission of the Board to protect public safety by ensuring initial competence of pre-licensure graduates. As program approval rules parallel accreditation standards, both work together to support preparation of safe, competent nurses. The Board supports excellence of nursing education standards and approves nursing education programs by monitoring a number of foci – program pass rates on the national nurse licensure examination (NCLEX); facilitating innovative approaches to address nursing workforce and nursing faculty shortages; providing consultation to nursing education programs regarding NCLEX pass rates; conducting research to promote a safe, competent and sufficient nurse workforce; as well as advising prospective nursing students regarding educational tracks and scholarships.

Licensure: The Board licenses registered nurse (RN), licensed practical nurses (LPN), and advanced practice registered nurses (APRN). The board also registers public health nurses and professional nursing firms. Licensure specialists assure that each applicant for new or renewal of license has the requisite education – or continuing education – competence and ethical character to practice nursing safely and effectively. The Board has made licensure services (cont. on pg 2)
available to the public 24/7 since 2002 and has been recognized as a state and national leader for efficient and effective online services. In addition to education, competence and character – the licensure section also has the obligation to do due diligence regarding Criminal Background Checks (CBC) on licensure applicants, and detect fraudulent application data. There are over 130,000 licensed nurses in Minnesota.

**Practice:** The Board holds nurses accountable for conduct based on legal, ethical and professional standards. This is accomplished by monitoring licensees’ compliance with state laws and taking action against the licenses of those nurses who have exhibited unsafe nursing practice and present a risk of harm to the public. The Board promotes safe nursing practice by offering continuing education through the National Council of State Boards of Nursing (NCSBN) and providing resources regarding a nurse’s legal and professional obligations. It is not only important to hold a nurse accountable, but also to assist nurses to recognize if/when they need help before a problem arises in their practice. Partnering with entities such as the Health Professional Services Program (HPSP), Nurses’ Peer Support Network (NPSN), nursing organizations, employers, other boards and state agencies, and the NCSBN provides nurses with a wide array of assistance should the need arise.

**Data:** Data services are a relatively new service area for the Board. There are increasing inquiries for aggregate and individual licensure and disciplinary data for purposes of emergency preparedness, a pending nurse shortage and increased demand for nursing services. To date, 33,500 nurse records are “pushed out” daily, through an online subscription service, to health care facilities to assure the authority of a nurse to practice. Licensure and discipline data are available on the Board’s website. Data is also submitted to required federal and state government agencies. In addition, NCSBN, through the input and request of State Boards of Nursing, tracks factors in practice that perhaps lead to practice breakdown, more effective practice protocols and an amazing array of practice issues shared by all licensees.

The Board of Nursing also participates in an interprofessional collaboration with the State Boards of Medical Practice and Pharmacy. With a shared mission of public protection, although operating autonomously with each having its own practice act, we are subject to common laws and operate with a common statutory framework. This Tri-Regulatory Collaborative, established in 2013 has adopted joint position statements on health care activities common to the practitioners regulated, most recently on the *Prescribing of Opioid Antagonists*.

The MN Board of Nursing enjoys significant recognition on the national level, evidenced by the receipt of the 2017 NCSBN Regulatory Achievement Award for Excellence in Nursing Regulation. In addition, our Board has had many individual award recipients and recognitions for serving on critical state committees as well as board members and staff having served on committees and on the Board of Directors of the National Council. My belief is that the national recognition of the Board of Nursing is matched in Minnesota.

**Minnesota Board of Nursing Requirements for Pre-licensure Nursing Programs**

The mission of the Minnesota Board of Nursing (MBN) is to protect the public’s health and safety through regulation of nursing education, licensure, and practice. Pre-licensure nursing program approval for Advanced Practice Registered Nurses (APRN), Registered Nurses (RN) and Licensed Practical Nurses (LPN) is under the jurisdiction of the MBN and requires compliance with MBN program approval rules. Attaining program accreditation is one of the requirements in MBN approval rules. Fundamental differences exist between board of nursing program approval and national accreditation. These processes are addressed in the questions on the following page. (cont. on pg. 3)
What does it mean when a nursing program is “approved” by the Minnesota Board of Nursing?

Nursing education program approval is an integral part of the MBN’s mission of public protection. To obtain approval in Minnesota, pre-licensure nursing programs must meet state nursing education standards established by the Minnesota Board of Nursing which can be found at https://www.revisor.mn.gov/rules/6301.2330/

All nursing program directors submit an annual board report that confirms compliance with Program Approval Rules including accreditation status. Students must graduate from an officially approved program to take the National Council Licensure Examination (NCLEX).

The definition of approval is found in Chapter 6301.0100, Subpart 4 of the Minnesota Laws & Rules: “Approval” means authority granted by the board for a controlling body to offer a program designed to prepare students to meet the nursing education requirements for licensure as practical, professional, or advanced practice nurses in Minnesota.

What does it mean when a nursing program receives “accreditation status” by a national nursing accrediting body?

In addition to MBN approval of nursing programs, a program must be accredited by a nursing specialty accrediting body recognized by the United States Department of Education (USDE). The USDE’s mission is to provide assurance of educational quality to the public and is distinct from the missions of Boards of Nursing, which is to protect the public.

The requirement for accreditation is found in Minnesota Laws & Rules, Chapter 6301.2350, Subpart 1: All approved education programs must provide evidence of current accreditation by a national nursing accrediting body approved by the United States Department of Education or the Council for Higher Education Accreditation or its successors by January 1, 2018 or must have achieved candidacy status leading to such accreditation and demonstrated satisfactory progression toward obtaining the accreditation.

What are nursing program joint visits between MBN and a national nursing accrediting body?

The requirement for nursing programs to obtain accreditation was integrated into the MBN approval rules in June 2011. Currently, all pre-licensure nursing programs in Minnesota have achieved candidacy status or are accredited. Nursing education staff join the national accrediting evaluation team when they conduct accreditation visits to nursing program campus sites.

During collaborative visits, MBN education staff participate in all meetings, as well as, observe classes, travel to clinical sites, and answer questions related to the Nurse Practice Act and MBN approval rules. Education staff clarify to school administrators and others present at public meetings, the differences between state approval and national accreditation. Although fundamental differences exist between Board of Nursing approval processes and national accreditation, each of these processes has the same overall goal of providing society a safe and competent nursing workforce.

References


Comparison of Boards of Nursing, Professional Nursing Organizations and Trade Unions

The President’s Column in this newsletter describes the purpose and function of the Board of Nursing from a Board member perspective. Often, nurses and others confuse the role of the Board of Nursing with that of a nursing professional organization or trade union. The focus of licensing boards is different than that of professional organizations or trade unions.

Recently, the Board received telephone calls from nurses who related they had gotten a phone call, or even a personal visit to their home, from “the Board of Nursing”. These calls were puzzling to Board staff until it was clarified that it was actually representatives of a nurse union that had made the contacts.

It is a common misconception that professional regulatory bodies are professional advocacy groups. It is important that nurses realize that the mission of their nursing board is public protection while the role of their professional organization is advocacy for the profession. Sometimes, the intentions of the Board and a professional nursing organization may not be mutually exclusive. However, it is salient to acknowledge the primary perspective from which each entity views the issue. While each may claim to be in the interest of the public, each goes about the work in a different manner.

<table>
<thead>
<tr>
<th>Focus</th>
<th>Board of Nursing</th>
<th>Professional Nursing Organization</th>
<th>Trade Union</th>
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<tbody>
<tr>
<td>Primary purpose</td>
<td>To protect the public</td>
<td>To advance the profession</td>
<td>To advocate for the member of the union</td>
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<tr>
<td>Authority</td>
<td>Statutory</td>
<td>Self-determined</td>
<td>Based in labor law</td>
</tr>
<tr>
<td>Function</td>
<td>Regulatory – license nurses and hold accountable to expected competence and behavior</td>
<td>Establish standards for professional practice and promote advanced credentialing</td>
<td>Advocate for safe work environment and compensation</td>
</tr>
<tr>
<td>Impacted</td>
<td>Public protection</td>
<td>Profession</td>
<td>Individual nurse</td>
</tr>
<tr>
<td>Accountability</td>
<td>To public</td>
<td>To members</td>
<td>To members</td>
</tr>
<tr>
<td>Typical activities</td>
<td>Set minimum licensure, practice, education, and discipline standards; maintain register; enforce discipline</td>
<td>Advocate for the profession; set aspirational standards; offer advanced credentials</td>
<td>Negotiate terms and conditions; promote positive work environment; protect and defend member rights</td>
</tr>
<tr>
<td>Education activities</td>
<td>Approve nursing education programs and validate licensee meets requirements for continuing competence</td>
<td>Offers continuing education activities and accredits educational offerings</td>
<td>Offers continuing education opportunities</td>
</tr>
<tr>
<td>Discipline</td>
<td>Holds nurses accountable for conduct based on legal, ethical and professional standards and takes action against a license when needed for public protection</td>
<td>Remove member from the association for cause</td>
<td>Represent and defend the nurse</td>
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Highlights of the Progress and Precision: The 2018 Environmental Scan

The National Council of State Boards of Nursing (NCSBN) conducts an environmental scan annually on the current state of innovations in US health care, technology, politics, society, and where regulators need to focus to stay abreast of changes and ensure future public safety. Progress and Precision: The 2018 Environmental Scan included nursing workforce data, emerging members of the health care team, challenges in nursing education, settings for the nursing workforce, precision medicine, federal legislation updates, social issues impacting nurses, and cybersecurity in healthcare. This article will provide highlights of the 2018 Environmental Scan which was published in the January, 2018, supplement of the Journal of Nursing Regulation.

Nursing Workforce
According to NCSBN, as of November 23, 2017, there were 4,015,250 RNs and 922,196 LPNs in the US. Employment data since 2012, which is not as recent as licensing data, states that the number of employed RNs has steadily increased and the number of LPNs has decreased markedly. There is inequitable distribution of nurses across states, and the nursing workforce will continue to fluctuate by state and region. Seven states are expected to have an RN shortage, and 33 states are expected to have an LPN shortage by 2030. The greatest shortages of RNs are expected in California, Texas, New Jersey, and South Carolina. The greatest shortages of LPNs is predicted to be in Texas and Pennsylvania.

Emerging members of the healthcare team.
Community health care workers (CHW) employment data shows CHWs are being utilized in nearly all states. CHWs are often part of the patient’s community, and commonly share the same ethnicity and language of their patients. CHWs assist in reaching underserved communities and addressing healthcare disparities. Job duties for CHWs include home visits, follow-up care after acute care discharge, monitoring of chronic diseases and patient education. As of May, 2016, there were over 1,000 CHWs employed in Minnesota.

Community paramedics (CP), are increasingly being used for non-emergent and preventative health care. CPs are designed to integrate within existing health care structures. There are 33 CP programs throughout the U.S, which includes two in Minnesota. CPs are employed in California, Colorado, Maine, Minnesota, North Carolina, and Texas. Success in cost reduction for health care systems have been demonstrated in some states, although reimbursement may be a barrier. Scope of practice and a lack of national education standards for a CPs has led to legislative challenges in some states. Minnesota is one of seven states with scope of practice laws specific to CPs.

Nursing Education
Since 2003, the number of US RN programs has increased by 54% and the number of US LPN programs by 19%. The growth of RN programs has leveled off since 2015 and for LPNs since 2011. Similar to the program growth, first-time takers of the NCLEX-RN and NCLEX-PN has leveled off. One implication of the decrease in LPNs is the potential of care being performed by non-nursing providers such as CHWs or CPs.

Nursing faculty and faculty vacancies continue to critically impact the nursing workforce. Nursing schools with faculty gaps reported the need for more faculty positions stems from insufficient funding.

(cont. on pg 6)
New environments and settings for the nursing workforce

Non-traditional care environments are emerging and taking hold in health care. Home and community-based care continue to increase as hospital-based care decreases. Remote monitoring will facilitate this shift and will increasingly be a component of nursing care. Pop-up clinics designed to meet the needs of underserved people may be seen in malls, convention centers and serve as temporary free clinics. These types of clinics are mostly staffed by volunteers and funded by non-profits and donors.

Telehealth is expanding and being embraced by health care systems. A survey of health care executives showed 51% of respondents listed telehealth as a top or high priority, and of those, 99% reported successful implementation.

Microhospitals are small facilities of eight to 15 beds that can handle acuity nearly similar to a larger community hospital and are designed to serve a community that otherwise would not have access to these services. Microhospitals are not new, although they are seeing new growth. They are often part of a larger healthcare system, can facilitate patient engagement, and raise a healthcare system’s visibility. Challenges with microhospitals are keeping them small enough to remain versatile, reducing long waits for services, staffing, and operations. The current regulatory model does not account for the existence of microhospitals and may be a barrier to implementation.

Social issues impacting the nursing workforce

Unfortunately, the healthcare setting is not immune to violence in the workplace. The phrase “Quadruple Aim” has added the satisfaction level of healthcare professionals to the Triple Aim of improved outcomes, patient experience, and cost efficiency. Increased incidents of violence in the healthcare setting and the “Quadruple Aim” has brought the issue of violence in the healthcare work setting to the forefront. Several states have introduced or passed legislation aimed at protecting healthcare workers that requires healthcare employers to develop workplace violence prevention plans and support for workers who are victims of assault.

Medical cannabis (MC) legalization has been implemented in 31 states and the number of states that allow recreational use of cannabis is growing. The increase in legislation has outpaced research and leaves healthcare professionals with a lack of evidenced-based resources in caring for people who use cannabis. To meet the need for resources for nurses caring for patients using MC, the NCSBN has recently published national nursing guidelines for MC. As legislation eases restrictions on cannabis use, whether it is medical or recreational, there are parallel regulatory policy and legal challenges for boards of nursing (BON). Nurses who use cannabis may test positive for days or weeks after its legal use and how boards of nursing and employers of nurses respond to positive tests will be a growing issue.

Cybersecurity

BONs are increasingly becoming paperless with applications, documentation, criminal background checks, and discipline. BONs must be aware of the recent cyberattacks on healthcare systems and recognize the potential damage a breach can cause for the release of protected data about applicants and licensees.

References


Annual Licensure Report for Fiscal Year 2018 Reported at the October Board of Nursing Meeting

Minnesota Statutes sections 148.171 – 148.285 provides the Board of Nursing with authority to regulate nursing practice for the purpose of public protection. Within this authority, the Board’s mission is to protect the public’s health and safety through regulation of nursing education, licensure and practice. The Board of Nursing licenses nurses to assure the public that the individuals who practice nursing in Minnesota have the requisite education, competence, and ethical character to practice nursing safely and effectively. Each year, the annual Minnesota Board of Nursing Licensure Report is reported to the Board. This article contains highlights from the FY 2018 report, the full report may be viewed here.

<table>
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<th>Current Nurse Licensure, FY 2014-2018</th>
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<tr>
<td>FY 2014</td>
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<tr>
<td>RN 93,872</td>
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<tr>
<td>LPN 23,603</td>
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<td>APRN 6,463</td>
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<td>Total 117,475</td>
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<th>Average age, FY 2014-2018</th>
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<tr>
<td>FY 2014</td>
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<tr>
<td>RN 46.5</td>
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<td>LPN 46.2</td>
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</table>
| APRN 47.2 | 46.7 | 47.0 | 47.1 | (cont. on pg 8)
The Board offers round-the-clock licensure services: initial licensure, renewal, change of address, public health registration, reregistration and payment of penalty fees can all be done online at the Board’s website. The majority of services conducted online are renewals and applications for licensure by exam. The peak times for these services are midday during the work week however, a number of applicants use online services during non-traditional times also. Licensure services are provided by seven licensure staff who respond to telephone calls, emails, and walk-in customers. They process applications, mail, and deposit fees. The Board receives approximately 80,000 calls, 50,000 emails, and 1,200 walk-ins associated with licensure services per year.

### National Council of State Boards of Nursing (NCSBN) Upholds NCLEX-RN Exam Passing Standard

The NCSBN Board of Directors (BOD) voted in December 2018, to uphold the current passing standard for the NCLEX-RN Examination. The passing standard will remain at the current level of 0.00 logit* that was instituted April 1, 2016, and will remain in effect through March 31, 2022.

After consideration of all available information, the BOD determined the current passing standard was appropriate as a measure of safe and effective entry-level registered nurse (RN) practice. The BOD used multiple sources of information to guide its evaluation and discussion of the passing standard. As part of this process, NCSBN convened an expert panel of 11 nurses representing the four NCSBN geographic areas and Canada to perform a criterion-referenced standard-setting procedure. The panel's findings supported retaining the current passing standard, and considered the results of national surveys of nursing professionals.

In accordance with a motion adopted by the 1989 NCSBN Delegate Assembly, the NCSBN BOD evaluates the passing standard for the NCLEX-RN Examination every three years to protect the public by ensuring minimal competence for entry-level RNs. NCSBN coordinates the passing standard analysis with the three-year cycle of test plan evaluation. This three-year cycle was developed to keep the test plan and passing standard current.
Legislation Addressing Opioid Epidemic Becomes Law

The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT) was signed into law by President Trump on October 24, 2018. SUPPORT grants permanent authority to CNPs and PAs, to prescribe buprenorphine through medication assisted treatment (MAT). CNPs are now eligible to treat up to 275 patients, an increase from 100. The law also grants MAT prescribing authority to CNSs, CNMs, and CRNAs for five years once they have completed the required education and have been granted a waiver. There are multiple provisions in the law such as:

- Allowing geographical requirements to be waived for telehealth for substance use disorder (SUD) or a co-occurring mental health disorder. This does not affect state licensing laws, therefore providers must still be licensed in the state where the patient is located to provide telehealth.
- Allowing the Center for Medicare and Medicaid Services to develop guidelines on how federal reimbursement for telehealth for SUD, including MAT.
- Funding for prescription monitoring programs has been increased.
- Expanding Medicare funding to cover opioid use disorder treatment.

Free educational opportunities to satisfy the MAT waivers may be found on the Minnesota Board of Nursing website under the topic of Opioid Practice Resources and by clicking here. The full bill language may be accessed here.