



**Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration**



**DISTRICT OF COLUMBIA BOARD OF NURSING
OPEN SESSION AGENDA
November 4, 2015
9:00 a.m.**

CALL TO ORDER

ROLL CALL OF BOARD MEMBERS AND STAFF

CONSENT AGENDA

September 2, 2015 Board of Nursing Minutes

ACTION: Approved

Dr. Sharon Lewis, Interim Senior Deputy Director

ISSUE: Meet with board member

ATTORNEY ADVISOR REPORT

Legislation introduced: Health-Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983 Amendment Act of 2015.

Draft regulation status: (See below)

EXECUTIVE DIRECTOR REPORT

Discuss Sibley nurses referrals to the board

Board Restructuring Recommendation

RECOMMENDATION: Day of full board meeting - Disciplinary actions considered or hearing held after 1:00 pm

Sub-Committee day in the morning:

NAP Committee & Education Committees will meet

Regulation Committee: Review disciplinary cases, hearing panel,
settlement conferences, etc.

Sub-Committee day in the afternoon:

Full-Board: Hearings

RATIONALE: The regulation committee has completed drafts of the regulations. Further decisions will need to come before the full-board. This will lessen the need to have an additional discipline committee meeting. Having a consistent date and time for hearings will help attorneys with the scheduling of hearings.

CHAIRPERSON REPORT

December meeting

ISSUE: Holiday celebration suggestions:

Pink Elephant gift giving

Pot Luck/Catered

Invite BON Staff

COMMITTEE REPORTS

N/A

MATTERS FOR BOARD CONSIDERATION

APRN Regulation Revisions

ISSUE: Review for approval and referral for legal sufficiency review

BACKGROUND: The draft revision of APRN regulations has been shared with the APRN community. September 2, 2015 the board held an APRN forum inviting feedback and recommended revisions. The draft was also sent to NCSBN staff for input. The significant revisions that have been made to the regulations are as follows. APRN draft regulations are attached.

The following grandfather clause will be added to the CNS/CNP regulations:

6008.3 A CNS/CNP currently practicing as an APRN in the District of Columbia as of the date these amendments are published as Final Rulemaking, shall continue in such practice with his or her specified population so long as he or she maintains certification and complies with any other requirements, if any, imposed by the Board of Nursing.

Primary and acute population foci will be added to CNP regulation:

5903.1 To qualify for a licensure to practice as a CNP the applicant must submit to the Board a completed application and fee and must be currently licensed in DC as a RN or eligible for licensure as an RN in this DC and must have graduated from an accredited graduate or post-graduate level CNP program and provide the following:

(a) Evidence of eligibility of licensure as an RN in DC

(b) Evidence of CNP national certification by a certifying body approved by NCSBN and recognized by the Board in one of the following population foci:

(1) Family/individual across the lifespan

(2) Adult-gerontology

(a) Primary

(b) Acute

(3) Neonatal

(4) Pediatrics

(a) Primary

(b) Acute

(5) Women's health/gender-related or

(6) Psychiatric/mental health

CNM regulation will clarify the population to whom they may provide primary health care:

5808.3 In addition to the general function specified in §§ 5808.1 and 5808.2 the nurse-midwife may perform any of the acts listed below, including:

(a) Manage the care of the normal obstetrical patient;

(b) Perform minor surgical procedure;

(c) Manage the normal obstetrical patient during labor and delivery to include amniotomy, episiotomy, and repair;

(d) Initiate and perform local anesthetic procedures and order the necessary anesthetic agents to perform the procedures;

(e) Manage care of the newborn;

(f) Perform post-partum examination;

(g) Provide gynecological care for women;

(h) Prescribe appropriate drugs;

(i) Provide family planning and STD services;

(j) Provide primary health care ~~within their population~~; and

(k) Such other functions and services the Board deems appropriate upon review and analysis of

professional and association literature which articulates scopes and standards for nurse-midwifery practice

MOTION:

VOTE:

LPN Practice Requirements

ISSUE: Current regulatory requirements, see below, do not allow LPNs to administer hypnotics. DOH has been asked to revise the regulations to omit the exclusion of the administration of hypnotics.

5514.4 A practical nurse shall not:

(a) Administer the following medications:

- (1) Investigational or toxins;*
- (2) Antineoplastic agents;*
- (3) Anesthesia or conscious sedation;*
- (4) Hypnotics; (**Remove**)*
- (5) Oxytocics; or*
- (6) Medications by way of intrathecal or epidural route;*

MOTION:

VOTE:

COMMENTS FROM THE PUBLIC

ADJOURNMENT

This concludes the Public Open Session of the meeting, and pursuant to D.C. Official Code Section 2-575(b), and the purposes set forth therein, the Board will now move into the Executive Section which is closed to the public.

FYI ITEMS**STATUS OF BON REGULATIONS**

REGULATION	STATUS	NOTES
Registered Nurse	Draft	Complete side by side
Licensed Practical Nurse	Draft	Complete side by side
Nursing Education Programs	Comment period	Published October 9, 2015
Certified Nurse Practitioner	Draft	Final board review November 4, 2015
Clinical Nurse Specialist	Draft	Final board review November 4, 2015
Certified Registered Nurse Anesthetist	Draft	Final board review November 4, 2015
Certified Nurse Midwife	Draft	Final board review November 4, 2015
HHA regulation amendments	Legal sufficiency review	
NAP Omnibus (MAC, DT, PCT, CNA)	Legal sufficiency review	
NAP Fees	Final	