2013 HOUSE HUMAN SERVICES

HB 1091

2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee

Fort Union Room, State Capitol

HB 1091 January 16, 2013 Job # 17291

202		
Committee Clerk Signature Marly Kunde	Committee Clerk Signature	Marly Kiende

☐ Conference Committee

Explanation or reason for introduction of bill/resolution:

Relates to definitions concerning advanced practice registered nurses, licensed practical nurses, registered nurses, registered nurses and specialty practice registered nurses, and to nursing practice standards and continuing education requirements.

Minutes:	Testimony #1,#2, #3, #4, #5

Chairman Weisz: Opened the hearing on HB 1091.

Julie Trayner: RN, President of ND Board of Nursing testified in support of the bill. (See Testimony #1)

Dr. Constance Kalanek: PhD, RN and Director of Board of Nursing testified in support of the bill. (See Testimony #2)

13:52 Rep. Silbernagel: What is Workplace Impairment Program and why are you eliminating it?

Dr. Kalanek: The program a confidential program run by the Board and has been in existence for more than 25 years. Nurses who hard an alcoholic or a drug issue and they reported themselves to the Board, could go into the program for help and not receive disciplinary action. Because of some of the changes we have experienced in our society and the aggress acts that have occurred, the ability for them to qualify was not there. We are down to 2-3 people who will be monitored. After that point anyone with these kinds of issues will be put in and encumbered status utilizing many of the same monitoring requirements but has different disciplinary actions with monitoring.

Rep. Porter: On page 4, section 4, sub 4, line 16 says. Now we tell the Governor who he can and cannot appoint to the board? Is there a basis for this?

Dr. Kalanek: The five year the Board feels is critical for the knowledge needed to make these types of decisions necessary. Someone with less experience it is very difficult for them to be an active member of the Board.

Chairman Weisz: Would you go through section 11 why, is that no longer necessary?

House Human Services Committee HB 1091 January 16, 2013 Page 2

Dr. Kalanek: Because this is now under duties of the Board. On page 5, line 29 "added to " This is that the Board is responsible to license qualified applicant with an UAP, develop standards for continued competence, the CEP that we are asking to have repealed in section 18 and 20 which is covers developed there along with Nursing Practice and issued practices statements.

The board would be vigilant in review applicant and renewals to maintain there competence.

Patricia Moolton: Testified in support of the bill (See handout #3)

Karen Macdonald: RN and lobbyist for the ND Nurses Association testified in support of the bill. (See Testimony #4). (See handout #5, proposed amendment)

25:34 Rep. Oversen: Is the word "Regulatory" enough as to what the Board oversees?

Karen Macdonald: Regulatory standards are standards that are something I must do. Professional standards are something I strife to do.

Chairman Weisz: Called Dr. Kalanek up for a question. On page 1 under LPN, are we changing how we currently operating?

Dr. Kalanek: It is clarifying language and not changing anything.

There was no opposition to this bill

Committee hearing closed on HB 1091

2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee

Fort Union Room, State Capitol

HB 1091 January 21, 2013 Job # 17455

☐ Conference Committee

Committee Clerk Signature	Marlyskiend
Minutes:	Fiscal Note- Proposed Amendment

Chairman Weisz: Opened the meeting on HB 1091. Chairman Weisz explained the changes Legislative Council suggested. Example page 5 Line 3 and 26 the Board of Nursing asked to add amend, repeal, and enforce. LC says they do not use that language and the word adopt means they will amend and enforce the rule. They would remove amend, repeal and have "adopt and enforce". This would also include Page 10 line 13 and page 6 line 8.

On page 5 line 31 and page 6 line, 1 they have replace Develop standards with Adopt and enforce rules. (See handout #1)

Rep Silbernagel: Made a motion to approve.

Rep Hofstad: Seconded the motion.

VOICE VOTE: MOTION CARRIED

Rep Porter: Made a motion to further amend the bill on page 4 lines 16 and 17.

Rep Anderson: Seconded the motion.

Rep Porter: His thoughts were that the Governor should not be restricted in the selection process. The staff's doing the selection process is qualified in doing this process. There may be someone highly educated with a nursing degree only practicing for 2 years that would be highly qualified.

Chairman Weisz: Also included that usually names were put forward by the Board for the selection.

Rep Fehr: Is not in favor of this amendment as his experience on being on a Board, it was not high priority and took up to 6 to 9 months to choose someone for the Board. If someone was chosen with 5 years of experience we were assure that chosen Board Member had some experience.

Rep Hofstad: My experiences have been that the Governor's office asks for a lot of input in choosing a new Board Member and that there is a lot of consideration from the Boards by the Governor. I agree with Rep Porter those lines need to stay there.

House Human Services Committee HB1091 January 21, 2013 Page 2

Rep Porter: It wasn't that long ago that we had a rewrite of this chapter in front of us. At that time most of the Board Members were Nurse Educators, which we changed the requirement to be a practicing nurse. The purpose for the Board is to protect the patient. To limit it to the number of years, limits to have that choice. We do want to continue to have the Board members to be nurses working in the trenches. Having 5 years of experience has nothing to do with being a good board member. This decision is to be made by the Governor of the State of North Dakota not legislature.

Rep Fehr: Just a comment of information we saw this is that people who were early career were usually under 5 years and 5 on up to a certain number was middle career and on up was late career. This would exclude the early career.

Rep Weisz: Called for a roll call on the amendment. 9 yeas 3 nays 1 absent The Amendment is a Do Pass.

Rep Porter: Made a motion as do pass as amended.

Rep Laning: Seconded the motion.

Do Pass as Amended 12 yeas 0 nay 1 absent. Rep Porter is the carrier.

FISCAL NOTE Requested by Legislative Council 12/21/2012

Revised

Bill/Resolution No.: HB 1091

1	Α.	State fiscal effect: Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding
		levels and appropriations anticipated under current law.

	2011-2013 Biennium		2013-2015	Biennium	2015-2017 Biennium	
General Fund Other Funds		General Fund Other Funds		General Fund Other Fu		
Revenues						
Expenditures						
Appropriations						

1 B. County, city, school district and township fiscal effect: Identify the fiscal effect on the appropriate political subdivision.

	2011-2013 Biennium	2013-2015 Biennium	2015-2017 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).
 - B. **Fiscal impact sections:** Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.

This bill is not anticipated to have a fiscal impact.

- 3. State fiscal effect detail: For information shown under state fiscal effect in 1A, please:
 - A. Revenues: Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.
 - B. Expenditures: Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.
 - C. **Appropriations:** Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.

Name: Kathy Roll

Agency: Office of Attorney General

Telephone: 701-328-3622 **Date Prepared:** 01/14/2013

January 22, 2013

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1091

Page 4, remove lines 16 and 17

Page 4, line 18, replace "5." with "4."

Page 4, line 20, replace "6." with "5."

Page 5, line 3, remove ", amend, repeal,"

Page 5, line 26, remove ", amend, repeal,"

Page 5, line 31, replace "Develop standards" with "Adopt and enforce rules"

Page 6, line 1, replace "Develop standards" with "Adopt and enforce rules"

Page 6, line 8, remove ", amend, repeal,"

Page 10, line 13, remove ", amend, repeal,"

Renumber accordingly

Date: _	1-21-	~ <i> 3</i>	_
Roll Ca	II Vote #:	1	

2013 HOUSE STANDING COMMITTEE ROLL CALL VOTES BILL/RESOLUTION NO. /09/

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Check here for Conference C	Committe	ee			
egislative Council Amendment Nu	mber _				
Action Taken: Do Pass D	Do Not	Pass	☐ Amended ☐ Ado	pt Amen	dment
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Motion Made By Ry Silb	ervag	L Se	econded By Pep.	Sof	ctal
Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ			REP. MOONEY	ĺ	Ü
VICE-CHAIRMAN HOFSTAD			REP. MUSCHA		
REP. ANDERSON			REP. OVERSEN		
REP. DAMSCHEN					
REP. FEHR					
REP. KIEFERT					
REP. LANING					
REP. LOOYSEN					
REP. PORTER					
REP. SILBERNAGEL					
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Date:/	1-21	1-13	
Roll Call V	ote #:	2	

2013 HOUSE STANDING COMMITTEE ROLL CALL VOTES BILL/RESOLUTION NO. 1091

House Human Services			Committee
Check here for Conference	e Committee		
Legislative Council Amer/dment	Number		
Action Taken: Do Pass	☐ Do Not Pass	☐ Amended ☐ Add	fwither opt Amendment
Rerefer to	o Appropriations	Reconsider	·
Motion Made By	Horter se	econded By Refer	anderson
Representatives	Yes / No	Representatives	Yes/No
CHAIRMAN WEISZ	VX.	REP, MOONEY	
VICE-CHAIRMAN HOFSTAD	VA	REP. MUSCHA	
REP. ANDERSON	VX	REP. OVERSEN	V
REP. DAMSCHEN	VIZ	1	
REP. FEHR			
REP. KIEFERT	A		
REP. LANING	V /		
REP. LOOYSEN	V//_		
REP. PORTER		·	
REP. SILBERNAGEL	V		
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Date: _	1-2	1-1	3	
Roll Ca	ll Vote #:	3		_

2013 HOUSE STANDING COMMITTEE ROLL CALL VOTES BILL/RESOLUTION NO. __/09/

House Human Services				Committee		
☐ Check here for Conference Co	mmitte	Э				
Legislative Council Amendment Numb	per _					
Action Taken: 📈 Do Pass 🗌 [Do Not	Pass	Amended Adopt	Amendment		
Rerefer to App	ropriat	ions	Reconsider			
Motion Made By Rep. PORTER Seconded By Rep. Laning						
Representatives	Yes	No	Representatives	Yes No		
CHAIRMAN WEISZ	V/		REP. MOONEY			
VICE-CHAIRMAN HOFSTAD	V		REP. MUSCHA			
REP. ANDERSON	V/		REP. OVERSEN			
REP. DAMSCHEN	V					
REP. FEHR	V, 1					
REP. KIEFERT	4/					
REP. LANING		-				
REP. LOOYSEN		/				
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If the vote is on an amendment, briefly indicate intent:

Module ID: h_stcomrep_10_017
Carrier: Porter

Insert LC: 13.8048.01003 Title: 02000

REPORT OF STANDING COMMITTEE

HB 1091: Human Services Committee (Rep. Weisz, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS (12 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). HB 1091 was placed on the Sixth order on the calendar.

Page 4, remove lines 16 and 17

Page 4, line 18, replace "5." with "4."

Page 4, line 20, replace "6." with "5."

Page 5, line 3, remove ", amend, repeal,"

Page 5, line 26, remove ", amend, repeal,"

Page 5, line 31, replace "Develop standards" with "Adopt and enforce rules"

Page 6, line 1, replace "Develop standards" with "Adopt and enforce rules"

Page 6, line 8, remove ", amend, repeal,"

Page 10, line 13, remove ", amend, repeal,"

Renumber accordingly

2013 SENATE HUMAN SERVICES

HB 1091

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee

Red River Room, State Capitol

HB 1091 2/18/13 Recording Job Number: 19109

Conference Committee

Committee Clerk Signature:	Kirster Tyorak			
Explanation or reason for intro	oduction of bill/resolution:			
Explanation of fodoon for mark	addition of billingooldtolli			
Relating to definitions concerning nurses; state board of nursing & members; nursing practice standards and continuing education requirements.				
Minutes:	See attached testimony.			
Millates.	The second destinions.			

Chairman Lee opens hearing on HB 1091.

Constance Kalanek PhD, RN, and Executive Director of the North Dakota Board of Nursing, provides information to the committee. See attachments labeled #1. Dr. Kalanek also distributed testimony from the North Dakota Center for Nursing. See attachment #2. Ends at 13:10

Senator Anderson - clarifies "may" to "shall"

Senator Dever - (meter 13:35) asks for clarification on eliminating the confidential program. They will be monitoring as opposed to the confidential program

Chairman J. Lee (meter 15:52) asks Dr. Kalanek to explain the Nurse Licensure Compact to :committee. There is a discussion about how MN is not yet apart of the Compact and how that affects ND as well as about traveling nurses and how that works with the Compact and licensing.

No further questions or testimony on HB 1091.

Senator Anderson moves to adopt the amendment proposed by Dr. Kakanek.

Senator Larsen seconds.

Roll call vote: 5-0, motion passes.

Senator Anderson moves Do Pass as Amended.

Senator Larsen seconds.

Senate Human Services Committee HB 1091 2/18/13 Page 2

Roll call vote: 5-0, motion passes.

Senator Anderson is the carrier.

FISCAL NOTE Requested by Legislative Council 12/21/2012

Revised

Bill/Resolution No.: HB 1091

1	Α.	State fiscal effect: Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding
		levels and appropriations anticipated under current law.

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Expenditures						
Appropriations						

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Cities			
School Districts			
Townships			

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 - B. **Fiscal impact sections:** Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.

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- 3. State fiscal effect detail: For information shown under state fiscal effect in 1A, please:
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Name: Kathy Roll

Agency: Office of Attorney General

Telephone: 701-328-3622 **Date Prepared:** 01/14/2013

Adopted by the Human Services Committee

13.8048.02001 Title.03000

February 18, 2013

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1091

Page 1, line 2, remove the first "and"

Page 1, line 2, after "43-12.1-13" insert ", and 43-12.1-14"

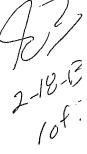
Page 10, after line 4, insert:

"SECTION 10. AMENDMENT. Section 43-12.1-14 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-14. Grounds for discipline - Penalties.

The board may deny, limit, revoke, encumber, or suspend any license or registration to practice nursing issued by the board or applied for in accordance with this chapter; reprimand, place on probation, or otherwise discipline a licensee, registrant, or applicant; deny admission to licensure or registration examination; provide an alternative to discipline in situations involving impairments of chemical dependency or psychiatric or physical disorders; require evidence of evaluation and treatment; or issue a nondisciplinary letter of concern to a licensee, registrant, or applicant, upon proof that the person:

- 1. Has been arrested, charged, or convicted by a court, or has entered a plea of nolo contendere to a crime in any jurisdiction that relates adversely to the practice of nursing and the licensee or registrant has not demonstrated sufficient rehabilitation under section 12.1-33-02.1;
- Has been disciplined by a board of nursing in another jurisdiction, or has had a license or registration to practice nursing or to assist in the practice of nursing or to practice in another health care occupation or profession denied, revoked, suspended, or otherwise sanctioned;
- 3. Has engaged in any practice inconsistent with the standards of nursing practice;
- Has obtained or attempted to obtain by fraud or deceit a license or registration to practice nursing, or has submitted to the board any information that is fraudulent, deceitful, or false;
- 5. Has engaged in a pattern of practice or other behavior that demonstrates professional misconduct;
- 6. Has diverted or attempted to divert supplies, equipment, drugs, or controlled substances for personal use or unauthorized use;
- Has practiced nursing or assisted in the practice of nursing in this state without a current license or registration or as otherwise prohibited by this chapter;
- 8. Has failed to report any violation of this chapter or rules adopted under this chapter; or



2012

9. Has failed to observe and follow the duly adopted standards, policies, directives, and orders of the board, or has violated any other provision of this chapter."

Renumber accordingly

Date:	21	12/	13	
Roll Call	Vote #		-	*

2013 SENATE STANDING COMMITTEE ROLL CALL VOTES BILL/RESOLUTION NO. 109/

Senate Human Services				Com	mittee		
☐ Check here for Conference C	☐ Check here for Conference Committee						
Legislative Council Amendment Number 13.8048.02001 T.+le 03000							
Action Taken: Do Pass							
Rerefer to Ap	propria	tions	Reconsider				
Motion Made By Andurah		Se	econded By Laken				
Senators	Yes	No	Senator	Yes	No		
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Vice Chairman Oley Larsen	1						
Senator Dick Dever							
Senator Howard Anderson, Jr.							
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Total (Yes)		No	o				
Absent							
Floor Assignment							
If the vote is on an amendment, brief	ly indica	te inte	nt:				

Date: 2/13/13 Roll Call Vote #: 2

2013 SENATE STANDING COMMITTEE ROLL CALL VOTES BILL/RESOLUTION NO. 109/

Senate Human Services				Com	mittee
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Legislative Council Amendment Nu	mber _				
Action Taken: Do Pass	Do Not	Pass	Amended Add	opt Amer	ndmen
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Motion Made By Andust	M	Se	econded By	<u> </u>	
Senators	Yes	No	Senator	Yes	No
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Vice Chairman Oley Larsen	1/				
Senator Dick Dever	1		6		
Senator Howard Anderson, Jr.					
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Module ID: s_stcomrep_30_019
Carrier: Anderson

Insert LC: 13.8048.02001 Title: 03000

REPORT OF STANDING COMMITTEE

HB 1091, as engrossed: Human Services Committee (Sen. J. Lee, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1091 was placed on the Sixth order on the calendar.

Page 1, line 2, remove the first "and"

Page 1, line 2, after "43-12.1-13" insert ", and 43-12.1-14"

Page 10, after line 4, insert:

"SECTION 10. AMENDMENT. Section 43-12.1-14 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-14. Grounds for discipline - Penalties.

The board may deny, limit, revoke, encumber, or suspend any license or registration to practice nursing issued by the board or applied for in accordance with this chapter; reprimand, place on probation, or otherwise discipline a licensee, registrant, or applicant; deny admission to licensure or registration examination; provide an alternative to discipline in situations involving impairments of chemical dependency or psychiatric or physical disorders; require evidence of evaluation and treatment; or issue a nondisciplinary letter of concern to a licensee, registrant, or applicant, upon proof that the person:

- 1. Has been arrested, charged, or convicted by a court, or has entered a plea of nolo contendere to a crime in any jurisdiction that relates adversely to the practice of nursing and the licensee or registrant has not demonstrated sufficient rehabilitation under section 12.1-33-02.1;
- 2. Has been disciplined by a board of nursing in another jurisdiction, or has had a license or registration to practice nursing or to assist in the practice of nursing or to practice in another health care occupation or profession denied, revoked, suspended, or otherwise sanctioned;
- 3. Has engaged in any practice inconsistent with the standards of nursing practice;
- Has obtained or attempted to obtain by fraud or deceit a license or registration to practice nursing, or has submitted to the board any information that is fraudulent, deceitful, or false;
- Has engaged in a pattern of practice or other behavior that demonstrates professional misconduct;
- Has diverted or attempted to divert supplies, equipment, drugs, or controlled substances for personal use or unauthorized use;
- Has practiced nursing or assisted in the practice of nursing in this state without a current license or registration or as otherwise prohibited by this chapter;
- 8. Has failed to report any violation of this chapter or rules adopted under this chapter; or
- Has failed to observe and follow the duly adopted standards, policies, directives, and orders of the board, or has violated any other provision of this chapter."

Renumber accordingly

2013 TESTIMONY HB 1091

testimony #1

House Human Services Committee North Dakota Board of Nursing

HB 1091 Revisions to the NDCC 43-12.1 Nurse Practices Act

Chairman Weisz, Vice Chairman Hofstad and members of the Committee. I am Julie Traynor RN, President of the North Dakota Board of Nursing. I have with me today the other members of the Board of Nursing and Board Staff. I have attached a list of board members.

Thank you for the opportunity to provide information regarding the HB 1091 related to revisions to the NDCC 43-12.1 Nurse Practices Act.

The Board of Nursing:

- 1. Licenses approximately:
 - 12, 047 Registered Nurses (RN)
 - 3,494 Licensed Practical Nurses (LPN)
 - 898 Advanced Practice Nurses (APRN)
 - 528 APRNs with Prescriptive Authority
 - 520 Unlicensed Assistive Personnel (UAP) and Technicians
- 2. Is a nine member board appointed by the governor.
- 3. Is a member of the Nurse Licensure Compact which encompasses 24 states.

The North Dakota Board of Nursing underwent an analysis of the legal structure and practical operations of the Board in 2012. This analysis included a critical review of the statutes (Nurse Practice Act), rules and regulations, and Board of Nursing programs including the Workplace Impairment Program. The analysis indicated that the Nurse Practices Act should be updated. Over the years, there were pieces added into the Nurse Practices Act which were duplicative or were unclear. The Board Members, Board Staff, Board Committees and individual nurses from around our state came together this fall to review the recommendations for revisions made by Atkinson & Atkinson LLC. The National Council State Board of Nursing (NCSBN) Uniform Licensure Requirements and the APRN Consensus Model was also used as resources in making the proposed revisions. Briefly, the changes include revisions to the definitions to be more consistent with the NCSBN model rules and clarification of the process for licensure by examination for nurses graduating from out of state programs. The changes also include revision of the makeup of the board to include one Advanced Practice Nurse and one less LPN representative to reflect the large amount of growth in the number of APRNs in ND over that last five years. Additional qualifications for board members were also included in the revision.

Dr. Connie Kalanek, Executive Director of the North Dakota Board of Nursing will be reviewing these changes in detail for you.

For the record, my name is Constance Kalanek PhD, RN, and Executive Director of the North Dakota Board of Nursing. I would like to take a few minutes to give a general overview of the proposed revisions. Basically, the majority of proposed revisions are format and organization. There are three proposed changes that are substantive:

- ✓ Composition of the Board.
- ✓ Notification of licensure to the Board of Pharmacy.
- ✓ Elimination of the Workplace Impairment Program.
- ✓ Grandfathering language for the APRNs
- Atkinson & Atkinson LLC Audit of Nurse Practices Act, rules and board processes such as website.
- The proposed revisions **do not** have a fiscal impact.
- Revisions result of recommendations of the audit, Nurse Practice Committee, Board members and staff.
- Consistency with Uniform Licensure Requirements and APRN Consensus Model.
- Removed language that was redundant throughout the act.
- 43-12.1-02. **Definitions**. Expanded to include Uniform Licensure Requirements and to be consistent with Administrative Rules.
- 43-12.1-02. **Definitions**. Unlicensed Assistive Person- In addition to the Board other agencies authorize the performance of nursing interventions.
- 43-12.1-03. License or registration required Title Abbreviation. Added APRN and Specialty Practice RN, RN & LPN.
- 43-12.1-05. & 06 Board of nursing Composition Term of office. Qualifications. Recommendation to change the consistency of the Board to better reflect the number of nurses and the needs of the citizens. Must be a voting resident, clear license as APRN & practicing.
- 43-12.1-08 Duties of the board- removed redundant language (43-12.1-03); replaced associations with organizations; eliminates the confidential Workplace Impairment Program as it currently exists; utilize electronic verification of licensure, so no paper notifications to Board of Pharmacy. The subsections m through q is new and replaces 18 & 20(end of bill).
 - ✓ 43-12.1-18. Nursing practice standards. 43-12.1-20. Continuing education requirements. Deleted section 18 & 20 and replaced with 0 & p under Duties of the Board.
- 43-12.1-09. Initial licensure and registration & 43-12.1-17. Nursing education programs. Separated the narrative addressing in-state and out of state programs throughout the act. Language pertaining to distance education programs and the addition

of "jurisdiction in which program is headquartered" was deemed appropriate for recognition of online programs.

- 43-12.1-09. Initial licensure and registration.
 - ✓ Accreditation of a program is voluntary and not utilized as a criterion for recognition.
 - ✓ Added the term "jurisdiction" to include the territories and the Canadian Provinces.
 - ✓ Clarified and added competency requirements for the LPN applicant licensed by a jurisdiction upon completion of an RN program.
 - ✓ Grandfathering clause for APRNs.
- 43-12.1-09.1. Nursing licensure or registration. Criminal History Record Check clarifying language that reflects the current process.
- 43-12.1-11. Duties of licensees and registrants. Struck "by others". This will include self-reports also.
- 43-12.1-13. Disciplinary proceedings. All action is reported to National Council State Board of Nursing Nursys Database. National Council is the agent for North Dakota to furnish the information to Healthcare Integrity and Protection Data Bank and National Practitioner Data Bank.
- 43-12.1-14. Grounds for discipline Penalties. No proposed changes.
- 43-12.1-15. Violation Penalties No proposed changes.
- 43-12.1-16. Delegation of medication administration. No proposed changes.
- 43-12.1-16.1. Supervision and delegation of nursing interventions. No proposed changes.

Thank you for the opportunity to provide you with this information. I am now open to questions.

NORTH DAKOTA BOARD OF NURSING 919 SOUTH SEVENTH STREET, SUITE 504 BISMARCK, ND 58504-5881 (701) 328-9777

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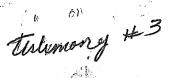
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North Dakota Board of Nursing Agency Bill #1091 **Nurse Practices Act Revision**

INTRODUCTION

The North Dakota Board of Nursing underwent an analysis of the legal structure and practical operations of the Board. This analysis included a critical review of the statutes (practice act) and regulations, including the Workplace Impairment Program. In addition to the analysis the board compared the current statutes to the National Council State Board of Nursing Model Practice Act. The analysis indicated that the practices act should be updated. Over the years, there were pieces added into the practices act which were duplicative or were unclear.

The changes include revisions to the definitions to be more consistent with the NCSBN model rule and clarification of the process for licensure by exam for nurses graduating from out of state programs. The changes also include revision of the makeup of the board to include one Advanced Practice Nurse and one less LPN representative to reflect the large amount of growth in the number of APNs in ND over that last five years. Additional qualifications for board members were also included in the revision.

The revised Nurse Practices Act can be found at www.ndbon.org

POLICY RECOMMENDATION

The North Dakota Center for Nursing supports the proposed revisions to the Nurse Practices Act.

KEY CONTACT:

For more information about the proposed Nurse Practices Act revisions, contact Dr. Constance Kalanek at: ckalanek@ndbon.org.

www.ndcenterfornursing.com

#4

House Bill 1091

House Human Services Committee - January 16, 2013

Mr. Chairman, members of the committee: My name is Karen Macdonald, I am a Registered Nurse and the lobbyist for the North Dakota Nurses Assoc. I am appearing in support of HB 1091, amending the ND Nurse Practices Act. The amendments are timely and important as we move into the implementation of the Affordable Care Act, and the implementation of the Institutes of Medicine study on the Future of Nursing (2011). The amendments provide for the full implementation of the nursing workforce by clarifying the independent and interdependent and of the professional nurse. The Association proposes one amendment to clarify that the Board of Nursing develops regulatory standards of practice but the professional associations are responsible for the development of the professional standards of nursing practice. In fact, the Board of Nursing references those professional standards in the current administrative rules of the board. That amendment is included and has been discussed with board staff.

I also want to apprise you of the role of the professional association — established over 100 years ago by a group of very courageous trained nurses. At that time, nurses who completed training programs "registered" at drugstores, clerks of court, or with physicians and were then "hired" to provide nursing care; very few actually worked in hospitals after they completed training. There were in excess of 25 training programs, with varying lengths and curriculums, and with varying outcomes as far as the graduates. In order to standardize the nursing programs and provide assurance to the public that a registered nurse had adequate training and education, the North Dakota Nurses Association proposed legislation in 1915 to create the Board of Registered Nurse Examiners (now the Board of Nursing) and to provide for a method of registration for those graduates meeting the Board's standards for a "Registered Nurse". The Association is part of the larger association known as the American Nurses Association that in turn is a member of the International Council of Nurses — representing most of the world's countries. The social policy of the ANA and NDNA is to foster self-regulation of nurses (through boards of nursing) as long as such regulation is in the public's interest. This bill seeks amendments that are in the public interest as identified above. As you heard earlier, the ND Board of Nursing takes very seriously its duty to protect the North Dakota citizen.

I would be happy to answer any questions you might have about this bill or the role of the North Dakota Nurses Association. If at any time in your deliberations, you have any questions, please feel free to call me.

Karen Macdonald, RN, FNP-C

North Dakota Nurses Association

Lobbyist #345

Cell # 471-4729



Standards of Practice

The Standards of Practice describe a competent level of nursing care as demonstrated by the nursing process, a model of critical think-ing that encompasses significant actions taken by all registered nurses and forms the foundation of their decision-making.

1 Assessment

The registered nurse collects comprehensive data pertinent to the healthcare consumer's health and/or the situation.

2 Diagnosis

The registered nurse analyzes the assess ment data to determine the diagnoses or the issues.

3 Outcomes Identification
The registered nurse identifies expected outcomes for a plan individualized to the healthcare consumer or the situation.

4 Planning
The registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

5 ImplementationThe registered nurse implements the identified plan.

5A Coordination of Care The registered nurse coordinates care

5B Health Teaching and Health Promotion The registered nurse employs strategies to promote health and a safe environment.

5C Consultation The graduate-level prepared specialty nurse or advanced practice registered ** nurse provides consultation to influence the identified plan, enhance the abilities of others, and effect change.

5D Prescriptive Authority and Treatment The advanced practice registered nurse uses prescriptive authority, procedures, referrals, treatments, and therapies in accordance with state and federal laws. and regulations.

6 Evaluation

The registered nurse evaluates progress toward attainment of outcomes.

From Nursing: Scope and Standards of Practice. 2nd Edition. 2010 American Nurses Association. To order the book, a related poster, or more sets of this bookmark: 1-800-637-0323 or www.Nursesbooks.org.

SSBK2010 100M 10/10





Standards of

Professional Performance

The Standards of Professional Penformance describe a competent level of behavior in the professional role by which all registered nurses are expected to engage in professional role activities appropriate to their education and position.

7 Ethics

The registered nurse practices ethically.

8 Education

The registered nurse attains knowledge and competence that religits current nursing practice.

9 Evidence-Based Practice

and Research
The registered nurse integrates evidence and research findings into practice.

and research mentions.

10 Quality of Practice
The registered nurse contributes to quality nursing practice

11 Communication
The registered nurse communicates effectively in all areas of practice.

12 Leadership.
The registered nurse demonstrates leadership in the professional practice setting and the profession.

13 Collaboration
The registered nurse collaborates with the healthcare consumer family, and others in the conduct of nursing practice.

14 Professional Practice Evaluation
The registered nurse evaluates her or his
own nursing practice in relation to professional practice standards and guidelines,
relevant statutes, rules, and regulations

15 Resource Utilization

The registered nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective, and financially responsible.

16 Environmental Health

The registered nurse practices in an environmentally safe and healthy makings

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testimony # 5

House Bill 1091

Proposed amendment

Pg. 6, line 1. – insert the word "regulatory" before standards so it reads

o. Develop regulatory standards for nursing practice.

Submitted by Karen Macdonald, Lobbyist #345 North Dakota Nurses Association

January 16, 2013

House Human Services Committee

Attachment #1

Senate Human Services Committee North Dakota Board of Nursing

HB 1091 Revisions to the NDCC 43-12.1 Nurse Practices Act

Chairman Lee, Vice Chairman Larsen and members of the Committee. For the record, my name is Constance Kalanek PhD, RN, and Executive Director of the North Dakota Board of Nursing. Thank you for the opportunity to provide information regarding the HB 1091 related to revisions to the NDCC 43-12.1 Nurse Practices Act.

I have attached a list of board members.

The Board of Nursing:

- 1. Licenses approximately:
 - 12, 047 Registered Nurses (RN)
 - 3,494 Licensed Practical Nurses (LPN)
 - 898 Advanced Practice Nurses (APRN)
 - 528 APRNs with Prescriptive Authority
 - 520 Unlicensed Assistive Personnel (UAP) and Technicians
- 2. Is a nine member board appointed by the governor.
- 3. Is a member of the Nurse Licensure Compact which encompasses 24 states.

The North Dakota Board of Nursing underwent an analysis of the legal structure and practical operations of the Board in 2012. This analysis included a critical review of the statutes (Nurse Practice Act), rules and regulations, and Board of Nursing programs including the Workplace Impairment Program. The analysis indicated that the Nurse Practices Act should be updated. Over the years, there were pieces added into the Nurse Practices Act which were duplicative or were unclear. The Board Members, Board Staff, Board Committees and individual nurses from around our state came together this fall to review the recommendations for revisions made by Atkinson & Atkinson LLC. The National Council State Board of Nursing (NCSBN) Uniform Licensure Requirements and the APRN Consensus Model was also used as resources in making the proposed revisions. Briefly, the changes include revisions to the definitions to be more consistent with the NCSBN model rules and clarification of the process for licensure by examination for nurses graduating from out of state programs. The changes also include revision of the makeup of the board to include one Advanced Practice Nurse and one less LPN representative to reflect the large amount of growth in the number of APRNs in ND over that last five years.

I would like to take a few minutes to give a general overview of the proposed revisions. Basically, the majority of proposed revisions are format and organization. There are four proposed changes that are substantive:

- ✓ Composition of the Board.
- ✓ Notification of licensure to the Board of Pharmacy.
- ✓ Elimination of the Workplace Impairment Program.
- ✓ Grandfathering language for the APRNs
- Atkinson & Atkinson LLC Audit of Nurse Practices Act, rules and board processes such as website.
- The proposed revisions **do not** have a fiscal impact.
- Revisions result of recommendations of the audit, Nurse Practice Committee, Board members and staff.
- Consistency with Uniform Licensure Requirements and APRN Consensus Model.
- Removed language that was redundant throughout the act.
- 43-12.1-02. **Definitions**. Expanded to include Uniform Licensure Requirements and to be consistent with Administrative Rules.
- 43-12.1-02. **Definitions**. Unlicensed Assistive Person- In addition to the Board other agencies authorize the performance of nursing interventions.
- 43-12.1-03. License or registration required Title Abbreviation. Added APRN and Specialty Practice RN, RN & LPN.
- 43-12.1-05. & 06 Board of nursing Composition Term of office. Qualifications. Recommendation to change the consistency of the Board to better reflect the number of nurses and the needs of the citizens. Must be a voting resident, clear license as APRN & practicing.
- 43-12.1-08 Duties of the board- removed redundant language (43-12.1-03); replaced associations with organizations; eliminates the confidential Workplace Impairment Program as it currently exists; utilize electronic verification of licensure, so no paper notifications to Board of Pharmacy. The subsections m through q is new and replaces 18 & 20(end of bill).
 - ✓ 43-12.1-18. Nursing practice standards. 43-12.1-20. Continuing education requirements. Deleted section 18 & 20 and replaced with 0 & p under Duties of the Board.
- 43-12.1-09. Initial licensure and registration & 43-12.1-17. Nursing education programs. Separated the narrative addressing in-state and out of state programs throughout the act. Language pertaining to distance education programs and the addition of "jurisdiction in which program is headquartered" was deemed appropriate for recognition of online programs.

- 43-12.1-09. Initial licensure and registration.
 - ✓ Accreditation of a program is voluntary and not utilized as a criterion for recognition.
 - ✓ Added the term "jurisdiction" to include the territories and the Canadian Provinces.
 - ✓ Clarified and added competency requirements for the LPN applicant licensed by a jurisdiction upon completion of an RN program.
 - ✓ Grandfathering clause for APRNs.
- 43-12.1-09.1. Nursing licensure or registration. Criminal History Record Check clarifying language that reflects the current process.
- 43-12.1-11. Duties of licensees and registrants. Struck "by others". This will include self-reports also.
- 43-12.1-13. Disciplinary proceedings. All action is reported to National Council State Board of Nursing Nursys Database. National Council is the agent for North Dakota to furnish the information to Healthcare Integrity and Protection Data Bank and National Practitioner Data Bank (two databases have merged).
- 43-12.1-14. Grounds for discipline Penalties. The amendment is attached. Strike the language "provide an alternative to discipline in situations involving impairments of chemical dependency or psychiatric or physical disorders;
- 43-12.1-15. Violation Penalties No proposed changes.
- 43-12.1-16. Delegation of medication administration. No proposed changes.
- 43-12.1-16.1. Supervision and delegation of nursing interventions. No proposed changes.

Thank you for the opportunity to provide you with this information. I am now open to questions.

NORTH DAKOTA BOARD OF NURSING 919 SOUTH SEVENTH STREET, SUITE 504 BISMARCK, ND 58504-5881 (701) 328-9777

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PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1091

Page 10, after line 4, insert:

"SECTION 10. AMENDMENT. Section 43-12.1-14 of the North Dakota Century Code is amended and reenacted as follows:

43-12.1-14. Ground for discipline – Penalties.

The board may deny, limit, revoke, encumber, or suspend any license or registration to practice nursing issued by the board or applied for in accordance with this chapter; reprimand, place on probate, or otherwise discipline a licensee, registrant, or applicant; deny admission to licensure or registration examination; provide an alternative to discipline in situations involving impairments of chemical dependency or psychiatric or physical disorders; require evidence of evaluation and treatment; or issue a nondisciplinary letter of concern to a licensee, registrant, or applicant, upon proof that the person:

- Has been arrested, charged, or convicted by a court, or has entered a
 plea of nolo contendere to a crime in any jurisdiction that relates
 adversely to the practice of nursing and the licensee or registrant has
 not demonstrated sufficient rehabilitation under section 12.1-33-02.1;
- 2. Has been disciplined by a board of nursing in another jurisdiction, or has had a license or registration to practice nursing or to assist in the practice of nursing or to practice in another health care occupation or profession denied, revoked, suspended, or otherwise sanctioned;
- 3. Has engaged in any practice inconsistent with the standards of nursing practice;
- 4. Has obtained or attempted to obtain by fraud or deceit a license or registration to practice nursing, or has submitted to the board any information that is fraudulent, deceitful, or false;
- 5. Has engaged in a pattern of practice or other behavior that demonstrates professional misconduct;
- 6. Has diverted or attempted to divert supplies, equipment, drugs, or controlled substances for personal use or unauthorized use;
- 7. Has practiced nursing or assisted in the practice of nursing in this state without a current license or registration or as otherwise prohibited by this chapter;
- 8. Has failed to report any violation of this chapter or rules adopted under this chapter; or
- Has failed to observe and follow the duly adopted standards, policies, directives, and orders of the board, or has violated any other provisions of this chapter."

Renumber accordingly.

NORTH DAKOTA BOARD OF NURSING

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www.ndbon.org

- LICENSES 12,047 RNS AND 3494 LPNS; REGISTERED 520 UNLICENSED ASSISTIVE PERSONS.
- LICENSURE APPLICANTS COMPETENCE ASSESSED THROUGH REQUIRED 400 HOURS OF PRACTICE AND 12 CONTACT HOURS OF CONTINUING EDUCATION.
- LICENSES 898 APRNS; 528 HAVE PRESCRIPTIVE AUTHORITY.
- APPROVES 10 RN, 6 PN AND 3 GRADUATE NURSING PROGRAMS WITH AN ENROLLMENT OF 2409.
- AVERAGE PASS RATE RN PROGRAMS IS 89%; LPN PROGRAMS IS 95%.
- NURSING EDUCATION LOAN PROGRAM DISPERSED \$84,500.
- FUNDS THE NURSING NEEDS STUDY http://www.ndcenterfornursing.org/center_website_072012_034.htm.
- MEMBER NURSE LICENSURE COMPACT ALONG WITH 24 OTHER STATES.
- ONLINE EXAMINATION, ENDORSEMENT, RENEWAL FOR RNS, LPNS, UAP, MA AND APRNS.
- ONLINE VERIFICATION OF LICENSURE/REGISTRATION OF ALL NURSES AND UNLICENSED ASSISTIVE PERSONS.
- TURN AROUND TIME FOR LICENSURE APPLICATIONS IS RAPID, LESS THAN 2 DAYS.
- INVESTIGATIONS COMPLETED IN AN AVERAGE OF 46 DAYS FOR RN & LPNS AND 33 DAYS FOR UAPs.
- 100% COMPLIANCE REPORTING TO HIPDB/NPDB & OFFICE OF INSPECTOR GENERAL (0IG)
- MAINTAINS WORKPLACE IMPAIRMENT PROGRAM.
- MANAGES CRIMINAL HISTORY RECORD CHECKS FOR INITIAL & REACTIVIATION OF LICENSURE & REGISTRATION.
- RESPONDS TO QUESTIONS ON PRACTICE, LICENSURE AND EDUCATION.
- PROVIDES ANNUAL REPORT TO THE GOVERNOR AND AVAILABLE ON WEBSITE.

The mission of the North Dakota Board of Nursing is to assure North Dakota citizens quality nursing care through the regulation of standards for nursing education, licensure and practice.

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