

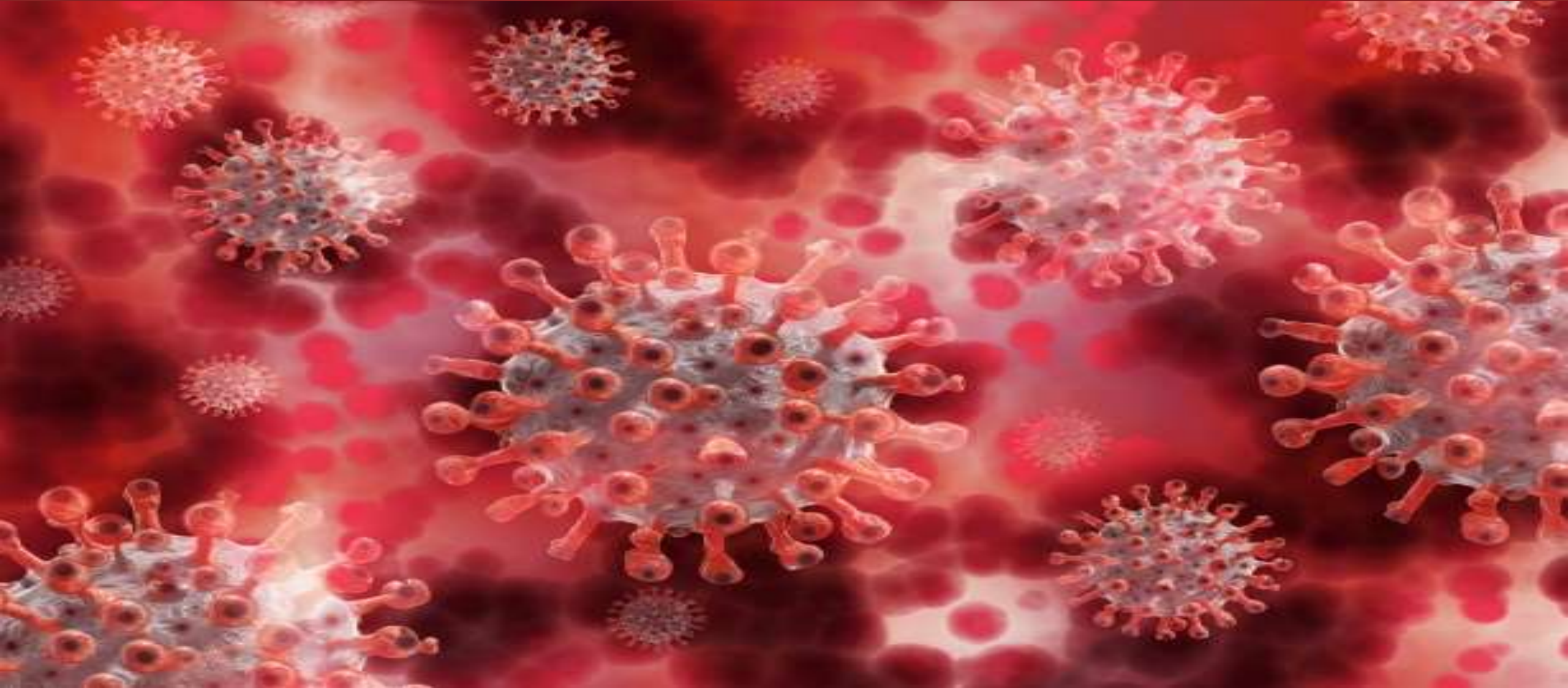
MS BOARD OF NURSING: NURSING REGULATION IN THE ERA OF COVID-19

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CEO/EXECUTIVE DIRECTOR



COVID-19





CONSUMER PROTECTION AGENCY

AUTHORITY TO REGULATE THE PRACTICE
OF NURSING THROUGH LICENSURE AS
PROVIDED BY THE MISSISSIPPI STATE
CODE



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MS NURSE PRACTICE LAW

THE MISSISSIPPI NURSE PRACTICE LAW
DEFINES THE PRACTICE OF NURSING

(73-15-5)

How Does the Board Protect the Public

Licensure Requirements

- Ensure **ONLY** duly qualified applicants are issued nursing licenses

Regulation & Enforcement

- Maintain up-to-date regulations of the profession by determining scope of practice and setting standards
- Enforce sanctions on those who fail to abide by standards

BOARD COMPOSITION

(Miss. Code Ann. § 73-15-9)



- **COMPOSED OF THIRTEEN MEMBERS APPOINTED BY THE GOVERNOR**
 - SEVEN RNs
 - FOUR LPNs
 - ONE PHYSICIAN (not appointed by Governor)
 - ONE CONSUMER

BOARD COMPOSITION

- **NOMINEES ARE SUBMITTED BY PROFESSIONAL ORGANIZATIONS**
- **MUST BE CONFIRMED BY THE SENATE**
- **SERVE FOUR YEAR STAGGERED TERMS**
- **SHALL NOT SERVE MORE THAN TWO CONSECUTIVE FULL TERMS**

QUESTION

- **WHAT DOES THE BOARD OF NURSING REQUIRE YOU TO HAVE IN ORDER TO PRACTICE AS AN APRN IN MISSISSIPPI?**



ANSWER

- GRADUATE FROM AN APPROVED EDUCATIONAL PROGRAM
- NATIONAL CERTIFICATION
- COLLABORATING PHYSICIAN WITH UNRESTRICTED LICENSE IN MS
- COMPATIBLE PRACTICE
- APPROVED PRACTICE SITE
- PRACTICE AGREEMENT/PROTOCOL

OTHER

- NURSE LICENSURE COMPACT
- APRN COMPACT



NLC

- **ALLOWS A NURSE (RN/LPN) TO HAVE ONE MULTISTATE LICENSE WITH ABILITY TO PRACTICE IN THE HOME STATE AND OTHER COMPACT STATES**
- **33 U.S. STATES HAVE IMPLEMENTED NLC LEGISLATION**
- **2 STATES ARE AWAITING NLC IMPLEMENTATION**

APRN COMPACT

- **ADOPTED AUGUST 12, 2020**
- **ALLOWS AN APRN TO HOLD ONE MULTISTATE LICENSE WITH A PRIVILEGE TO PRACTICE IN OTHER COMPACT STATES**
- **WILL BE IMPLEMENTED WHEN 7 STATES HAVE ENACTED LEGISLATION**
- **A MODERN LICENSURE SOLUTION FOR THE 21ST CENTURY**

BENEFITS OF APRN COMPACT

- **ALLOWS APRNS TO PRACTICE FREELY AMONG MEMBER STATES**
- **ALLOWS STATES TO RETAIN AUTONOMY AND THE AUTHORITY TO ENFORCE THE STATE PRACTICE ACT**
- **IMPROVES ACCESS TO APRNS DURING A DISASTER**
- **ELIMINATES REDUNDANT REGULATORY PROCESSES**
- **BENEFITS MILITARY SPOUSES WITH APRN LICENSES**
- **FACILITATES APRN EDUCATION BY SUPPORTING ONLINE EDUCATOR MULTISTATE LICENSURE**
- **GRANTS LEGAL AUTHORITY TO FACILITATE INTERSTATE INFORMATION SHARING AND INVESTIGATIONS**

BENEFITS OF THE APRN COMPACT

- ACCESS TO CARE
- TELEHEALTH (ENABLES APRNS TO PRACTICE VIA TELEHEALTH TO PATIENTS LOCATED ACROSS THE COUNTRY SEAMLESSLY)
- DISASTER/PANDEMIC RELIEF (IMMEDIATELY CROSS STATE BORDERS IN THE EVENT OF AN EMERGENCY WITHOUT NEED FOR EXECUTIVE DECLARATION)
- MILITARY FAMILIES
- ONLINE EDUCATION
- COST EFFECTIVE (DO NOT HAVE TO OBTAIN ADDITIONAL NURSING LICENSES)
- FLEXIBLE LICENSURE (MAY OBTAIN OR MAINTAIN A SINGLE STATE LICENSE IF PREFERRED)

REGULATORY ANALYSIS OF COVID-19

- **NURSE REGULATORS HAVE HAD TO RESPOND QUICKLY TO MANY COVID CHALLENGES**
- **RECURRING CHALLENGES OVER THE CENTURIES**
 - **SMALLPOX**
 - **BUBONIC PLAGUE**
 - **HIV**
 - **CHOLERA**
 - **VARIOUS TYPES OF FLU**

REGULATIONS

- 93 EMERGENCY DECLARATIONS ISSUED SPECIFIC TO THE REGULATION OF HEALTH PROFESSIONS
- ADDRESSED ISSUES PERTINENT TO ACCESS TO CARE, LICENSURE, AND MOBILITY OF PRACTITIONERS



REGULATIONS

- **APRNs PLAYED A CRITICAL ROLE IN PATIENT CARE DURING THE PANDEMIC**
- **OVER 20 STATE GOVERNORS REMOVED BARRIERS TO FULL SCOPE OF PRACTICE IN RESPONSE TO THE PANDEMIC THROUGH THE USE OF EMERGENCY POWERS**
- **LOUISIANA SUSPENDED THEIR RESTRICTIONS FOR APRNs**
- **CMS SUSPENDED MEDICARE/MEDICAID BILLING FOR CRNAs (this impacted those states that have removed state restrictions for CRNAs but have not opted out of the CMS provision)**
- **BARRIERS STILL EXIST WHERE STATE LAW REQUIRES PHYSICIAN SUPERVISION**

STATES WITH WAIVERS FOR APRNS DURING COVID-19

- ALABAMA
- CALIFORNIA
- ILLINOIS
- INDIANA ** (PROVIDE SERVICES IN MULTIPLE LOCATIONS UNDER A SINGLE COLLABORATIVE AGREEMENT)
- KANSAS
- MAINE
- VIRGINIA
- WEST VIRGINIA
- MASSACHUSETTS
- MICHIGAN
- MISSOURI
- NEW JERSEY
- NEW YORK
- NORTH CAROLINA
- PENNSYLVANIA
- SOUTH CAROLINA
- WISCONSIN

THINGS TO CONSIDER

- **ADOPTION OF THE NLC IN ALL STATES**
- **APRN COMPACT**
- **WAIVERS TO FULL PRACTICE AUTHORITY FOR APRNs AS PERMANENT REGULATIONS TO INCREASE ACCESS TO CARE IN-PERSON AND VIA TELEHEALTH**

MS RULES/REGULATIONS



UPCOMING CHANGES

- OLRC
- CHANGE WILL REFLECT FIVE (5) HOURS OF CONTROLLED SUBSTANCES FOR RENEWAL IN 2022
- SUDAFED WILL BECOME OTC IN JANUARY, 2022 (REQUIRED A PRESCRIPTION BEGINNING IN 2010)



DECISION TREE

- **SCOPE OF PRACTICE DECISION MAKING MODEL FOR APRN/RN/LPN**
- **A TOOL TO ASSIST NURSES, NURSING STUDENTS, AND HEALTHCARE FACILITIES IN MAKING SOUND JUDGEMENT WHEN DETERMINING WHETHER AN ACTIVITY, TASK, PROCEDURE, ROLE, OR INTERVENTION CAN BE SAFELY PERFORMED**

CHANGES IN STATUS

- APRN SHALL NOTIFY THE BOARD IMMEDIATELY REGARDING CHANGES IN COLLABORATIVE RELATIONSHIP
- THE APRN MAY BE ALLOWED TO CONTINUE TO PRACTICE FOR A 90 DAY GRACE PERIOD IN THE EVENT OF THE LOSS OF A COLLABORATIVE PHYSICIAN (MUTUAL AGREEMENT BETWEEN BOML AND BON)
- AN ADDITIONAL 90 DAY EXTENSION MAY BE GRANTED IF COLLABORATIVE PHYSICIAN IS NOT SECURED AT THE END OF 90 DAY GRACE PERIOD

BOARD FEES



BOARD FEES ARE NONREFUNDABLE!!!!

COMPATIBLE PRACTICE

- **APRN SHALL PRACTICE IN COLLABORATIVE RELATIONSHIP WITH MS LICENSED PHYSICIAN WHOSE PRACTICE IS COMPATIBLE WITH THAT OF THE APRN**
- **THE APRN MUST BE ABLE TO COMMUNICATE RELIABLY WITH THE COLLABORATING PHYSICIAN WHILE PRACTICING**

DEA REGISTRATION

- **MUST REGISTER WITH DEA IF PRESCRIBING CONTROLLED SUBSTANCES**
- **MUST UPLOAD DEA RENEWAL TO BOARD OF NURSING PORTAL**
- **MUST ABIDE WITH THE U.S. DEA, TITLE 21 CFR PART 1301 WHEN PRESCRIBING CONTROLLED SUBSTANCES**



DIET MEDICATIONS

- ARTICLE IN BOARD OF NURSING MAGAZINE
- ADMINISTRATIVE CODE, PART 2840, RULE 1.5: PRESCRIBING CONTROLLED SUBSTANCES AND MEDICATIONS BY APRNS, SECTION E
- **An APRN shall not utilize controlled substances or legend drugs for purposes of weight loss unless it has an FDA approved indication for this purpose**
- **The APRN shall not prescribe any Schedule II controlled substance for the exclusive treatment of obesity, weight control, or weight loss**

LEGAL



Top Allegations

Drugs

- Drug/Alcohol Abuse
- Diversion
- Working While Impaired

Documentation

Practicing Outside Scope of the License

Patient Abuse/Neglect



Case Study # 1

- APRN admitted to prescribing non-controlled and controlled substances to collaborative physician
- No patient chart or documentation of patient encounters or justification of medications
- Dr. had complained of back pain and suffering from shift worker sleep disorder
- PMP evidenced APRN Rx'd Modafinil, Nuvigil and Tramadol 24 times



WHAT HAPPENED

- **Formal Charges against APRN:**
- Miss. Code Ann. Section 73-15-29 (1) (I) in that **RESPONDENT** engages in any unprofessional conduct as identified by the board in its rules; namely, Miss. Admin. Code, Pt. 2820 R.1.2 (e) in that **RESPONDENT** failed to maintain medical records in a professional manner.
- Miss. Code Ann. Section 73-15-29 (1) (I) in that **RESPONDENT** engages in any unprofessional conduct as identified by the board in its rules; namely, Miss. Admin. Code, Pt. 2820 R.1.2 (cc) in that **RESPONDENT** inappropriately prescribed controlled substances by an advanced practice registered nurse.

DISCIPLINARY ACTION

- **Summary Suspended prior to Hearing**
- **Ordered additional Suspension of 6 months**
- **Fine - \$1,000**
- **Formal Reprimand**
- **Workshop on Legal Aspects of Nursing**
- **Workshop on Documentation**

UNPROFESSIONAL CONDUCT DEFINED

- Recorded entries prior to patient care including but not limited to medication administration and treatments;
- Pattern of abuse or habitual abuse of authorized or unauthorized medications;
- Impaired while on duty while using authorized or unauthorized medications;
- Refused to submit to a drug screen;
- Submitted diluted, adulterated or substituted specimen for testing;
- Noncompliance with a treatment plan for a substance abuse disorder.



HB: 1519 ALTERNATIVE-TO-DISCIPLINE



Removal

Rehabilitate

Re-entry

ALTERNATIVE DISCIPLINE

Reduces
prevalence by 20%

75% more
enrollees

Retention rates are
68% and growing



THANKS

