

**BOARD OF MEDICAL EXAMINERS/BOARD OF NURSING  
JOINT STANDING COMMITTEE MEETING**

227 French Landing Poplar Room  
Heritage Place MetroCenter  
Nashville, TN 37243  
December 4, 2008

**MINUTES**

**Call to Order:** Cheryl Stegbauer called the meeting to order at 2:00 p.m.

**Members Present:** Cheryl Stegbauer, PHD, APN, RN, Donna Roddy, MSN, Marilyn Dubree, MSN, RN, Mitchell Muter, M.D., Dennis Higdon, M.D.

**Member Absent:** Barrett Rosen, M.D

**Staff Present:** Elizabeth Lund, Executive Director, BON, Rosemarie Otto, Executive Director, BME, Larry Arnold, MD, BME Consultant, Donna Fairchild, Nursing Consultant, Martha Barr, Nursing Consultant, Alison Cleaves, Deputy General Counsel Wilma James, Deputy General Counsel, Matthew Scanlan, Deputy General Counsel, Libby Miller, Director Health-Related Boards, Marsha Arnold, Administrative Director, BME, Sandra Powell, ASA III, BME, Sheila Bush, Administrative Manager, BON

Discussion: A roll call was taken to identify for the record members present. There was a brief discussion about the extensive agenda and the plan to stay on target with the time frames. First, the minutes from the September 11, 2008 were approved.

The discussion then turned to the supervision of Registered Nurses and Advanced Practice Nurses. Dr. Mutter discussed the numbers regarding supervision of nurses in rural counties. He noted that Hamilton County had the highest number of advanced practice nurses. There was a discussion of rural nurses and advanced practice nurses working in health departments where there is a medical director. Dr. Mutter indicated that Vanderbilt has large number of advanced practice nurses working under appropriate supervision. He indicated that probably one size does not fit all so the numbers need to be studied. Ms. Stegbauer questioned staff as to what needs to be done now that they numbers they asked for is in front of them. Ms. Lund helped explain the various charts and data in the Standing Committee books.

There was a general discussion regarding the charts and comparing the number of doctors in some counties and the corresponding number of advanced practice nurses. Most counties had a physician and advanced practice nurses. It was noted that this was the very beginning of the data gathering phase in advance of discussing whether or not there is a need to change supervision rules.

Staff was asked for input on whether or not we had a view on whether or not supervision rules needed to be changed. The staff response was inaudible. Dr. Mutter questioned whether or not staff had a feeling about whether or not current supervision rules were so onerous that they impeded access to health care. Dr. Higdon asked about complaints against advanced practice nurses. Ms. Moran indicated she would be addressing the Committee later in the agenda. He indicated

he too needed to digest the numbers and become more educated as well. Dr. Mutter looked at Tennessee's statute/rules regarding the prescriptive authority of advanced practice nurses. Dr. Stegbauer explained the process for an advanced practice nurse to get prescriptive authority. The numbers indicate that the vast majority have this authority, but they must apply to the nursing board for that authority and they must meet certain criteria. There was a discussion about continuing medical education and the things that they must do to maintain their national certification. There was a discussion about CRNAs and APNs who make up the vast majority of advanced practice nurses in the state. The Committee decided to take the information and digest it.

There was a discussion about the number of complaints against advanced practice nurses and there does not seem to be many. Dr. Stegbauer indicated that they seldom have any cases come before the Board of Nursing for supervision issues. Denise Moran, Director of the Bureau of Investigations addressed the Standing Committee and explained her department's issues regarding advanced practice nurses. They include failure to have protocols available and/or current, unsupervised practice, discharge of patients, or failure to update information regarding who their supervising doctor. BIV is currently experiencing inappropriate prescribing. Complaints are received from current or previous supervising physicians. Concerns can come by telephone, letter, or e-mail. Ms. Moran indicated that physicians do not always know their responsibilities regarding controlled substances written by the nurse they are supervising. Ms. Moran indicated she does a lot of education of physicians when they call in. She indicated she does send our BME rules regarding supervision when physicians call in with questions. She also refers them to the BME staff or Board of Pharmacy. She also takes many phone calls from law enforcement who indicate that the supervising physician is not the name posted on the internet and/or not appropriately posted in the office. She indicated that there is a lot of confusion about who owns the practice and who works for whom. Ms. Moran believes there needs to be a good deal more education about all practitioners' roles and responsibilities. Ms. Moran indicated that there needs to be a good look at the BME and BON rules regarding supervision. The respective professions have trouble complying with the rules because they do not really understand them. Supervision rules need to be looked at. While most rules same the same thing i.e. are complementary, they same it in different places. Clearly the rules need to be looked at in a comprehensive fashion. There needs to be a unified front in what we want to say to licensee and then educate practitioners. Clarity needs to be the goal.

There was a discussion about the National Council's consensus model for advanced practice regulation. It was suggested that members become familiar with the document. Ms. Lund explained the model to the Committee members. The number of groups that endorsed the model was discussed. A common title was addressed by the consensus model. The model also discussed education and certification credentials that are acceptable for an advanced practice nurse to be called an advanced practice registered nurse.

There was a discussion about CRNAs. Dr. Higdon and Patty Cornwell led the discussion about CRNAs and the "opt out" discussion of several years ago. Ms. Cornwell explained what the "opt out" issue really is and Dr. Higdon augmented the discussion with his input. He discussed the model used in his hospital where the anesthesiologists and the CRNAs work together. They discussed the current study of states that have opted out versus those that have not currently being conducted by the CMS.

There was a discussion about the range of states that have "independent" practice for advanced practice nurses, those that have supervision with protocols and prescriptive authority and those that have no prescriptive authority. A chart was presented for the Committee to review. It would appear that Tennessee is somewhere in the middle of the range. There was a discussion with staff that was inaudible. The Committee asked if there were any studies that discussed outcomes to patient care for states that have more versus less supervision. Staff will look for national reports. Dr. Mutter again questions whether we are restricting access to healthcare because of too restrictive rules regarding supervision. That led to a discussion about the lack of physicians entering primary care.

There was a discussion about endorsing three possible pieces of legislation and/or rule changes. The current law and/or applicable rules was provided to the Committee. The first was legislation that would permit nurse practitioners to issue handicap placards, the second would permit them to sign death certificates and the third was a rule change to permit them to perform physicals for peace officers. Ms. Sharon Atkins, Executive Director of the Tennessee Nurse Association addressed the Committee. She indicated that it is both a common sense issue and convenience matter. Many of the patients that need handicap placards are actually seen by the advance practice nurse as their primary care physician. There was an explanation of the process to the Standing Committee which indicated that the Standing Committee's endorsement would go back to the respective Boards. Then, if endorsed by the respective Boards, could be included in a bill analysis should any such bill be presented. Dr. Higdon made a motion to support the three propositions and refer it to the respective boards. The motion was seconded and passed unanimously.

There was a very brief discussion of so-called retail clinics and it was decided to bring this complex matter back for discussion at a later time with the understanding that as an issue it is larger than just a provider issue. The conversation must be broadened to include quality of care issues and patient safety, not limited to a physical space or reimbursement.

We will try to look at outcomes from other states that have differing models of supervision and the disparity in our own supervision rules.

The Standing Committee will meet next on February 19, 2009 at 1:00 p.m.