

RN UPDATE

A Quarterly Publication of the Board of Nurse Examiners For the State of Texas

Accreditation

Licensure

Practice

Compliance



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GOVERNOR APPOINTS NEW BOARD MEMBERS

Governor George W. Bush has appointed three new members to replace Mary Fenton, DrPH, RN, Rose Caballero, MSN, RN, and Pat Crowe. Dr. Fenton, Ms. Caballero and Ms. Crowe completed their six year terms in January but continued to serve until the Governor's new appointments were made in late July.

Replacing the out-going members are Elizabeth C. Poster, PhD, RN, Thalia Munoz, MS, RN, and John Fonteno, Jr., respectively.

Dr. Poster currently serves as Dean, The University of Texas at Arlington, School of Nursing, and represents Baccalaureate Degree Nursing Education. She is a member of the American Nurses Association, the Texas Nurses Association, the National League for Nursing, as well as a variety of professional nursing associations.

Ms. Munoz holds the position of Hospital Administrator, Starr County Memorial Hospital in Rio Grande City, and represents Nursing Practice. She previously served as Director of Nurses at that facility.

Mr. Fonteno is employed as a real estate appraiser in Houston and represents consumers on the Board. He has an extensive background in real estate appraisal and 40 years of teaching experience--30 as Associate Professor of Technology at Texas Southern University in Houston.

REVISED NPA AVAILABLE ON BNE WEB SITE

Registered Nurses can now view changes made to the Nursing Practice Act (NPA) as a result of bills passed during the 1997 Legislative Session. Visitors to the Web Site for the Board of Nurse Examiners (BNE) can look at changes to the NPA by section, or they can download the needed files in ASCII format. The 75th Texas Legislature enacted several laws that required changes to the NPA. Laws impacting the NPA include: HB 2841, SB 617 and SB 1081. Legal staff members at the Board have finished updating the NPA in response to the passage of these laws.

Sections affected by the new laws include:

Article 4513, Sec. 1. (Composition of the Board)

Article 4518a, Section 8. (Pilot Programs on Clinical Competency)

Article 4519a. (Declaratory Orders of Eligibility for License)

Article 4525. (Disciplinary Proceedings)

Article 4525d. (Protection for Refusal to Engage in Certain Conduct)

Article 4527. (Fees)

The BNE Web Site is located at:

www.bne.state.tx.us

Those wishing to order a copy of the revised NPA should consult the Publications Order Form located on the Web Site.

IN THIS ISSUE: Pending Rule Changes, Legislative Insert

A Word from the Executive Director



Kathy Thomas, MN, RN

Telenursing Practice: Does the Public Know Who You Are?

In the April 1997 issue of *RN Update*, this column focused on the growth of telenursing practice. I described the increased use of telecommunications technology to provide nursing education, consultation, triaging, and direct care. The rapid escalation of such practice is evidenced by discussions with other state boards of nursing and multiple phone inquiries received in the Board's office from nurses and consumers.

As communication technology continues to flourish, so will nursing practice expand to include those valuable tools. In the interest of the public, this growth and expansion of practice can be very beneficial by increasing access to care for clients in remote locations, improving the accuracy of assessments, and increasing the availability of education.

On the other hand, the practice of telenursing has, in some cases, been perceived by consumers to be "anonymous" in that the identity, credentials, and location of the nurse are frequently unknown. The client may call a local number which is then automatically transferred to a "1-800" number and routed to another state. The person who answers the phone may identify themselves as "a nurse," using only their first name. Is the nurse an LVN or an RN? If a consumer has a concern or complaint about the information given, how do they identify the nurse? If the consumer desires to make a complaint against the nurse, where is this nurse located and licensed?

Consumers generally have a positive image of Registered Nurses (RNs) and, therefore, rely on health care information provided by nurses. If that information is inaccurate or inappropriate, the client should have recourse to file a complaint with the BNE as they do in health care facilities where their contact with RNs is face to face.

RNs licensed in Texas and many other states are required by law and/or rules to identify their RN credentials to their clients (refer to *RN Update*, January 1997, page 1). Knowledge of the name of the nurse or location of practice and date and time of the incident assists the Board in identifying the licensee in the event that a complaint is filed. The lack of or misleading information does not serve the public's interest and is a serious regulatory concern. RNs engaged in telenursing practice must provide the necessary information for the client to accurately identify the professional nurse.

BOARD MEMBERS 1997 - 1998

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Proposed and Adopted Rules

by Erlene Fisher

At its July 10, 1997 meeting, the Board took the following action in relation to rules:

Proposed amendments to §223.1, Fees. This amendment was published in the July 29, 1997 issue of the *Texas Register*. It was submitted as adopted on August 28, 1997. The amendments to the fee structure pertain to renewal of license, Advanced Practice Nurse initial authorization, Advanced Practice Nurse renewal, and prescriptive authority. The new fees will go into effect on October 1, 1997.

Adopted amendments to §§217.1, 217.3, 217.5 and 217.6, Licensure and Practice. This rule regarding applicants for licensure by endorsement was reported in the July 1997 issue of *RN Update* as an emergency rule. The proposed amendments were adopted by the Board at their July 10, 1997 meeting and were published in the July 29, 1997 issue of the *Texas Register*.

Adopted amendments to §§221.1 and 221.3, Advanced Practice Nurses. This rule requires a master's degree for APN recognition beginning January 1, 2007. A detailed report was published in the July issue of *RN Update*, page 3. The rule was adopted by the Board at their July 10, 1997 meeting and was published in the July 29, 1997 issue of the *Texas Register*.

Adopted amendments to §§211.1, 211.2, 211.4, 211.5, 211.6-211.11, Bylaws. The rule was published as adopted in the July 29, 1997 issue of the *Texas Register*. Changes in the bylaws were a result of the Board's extensive review of its governance philosophy. Specific changes concerned an update to the Board's mailing address, addressed the removal of the Office of Treasurer, and removed the Executive Committee.

Board Elects New Officers for 1997-1998



Kenneth W. Lowrance, MS, RN, CS, FNP-C, (left) was elected to the post of President of the Board of Nurse Examiners and Doris Price-Nealy, MSN, RN, (right) was elected to the post of Vice-President of the Board of Nurse Examiners for 1997-1998 term.

At their July board meeting, the Board elected new officers for 1997-1998. Outgoing President, Mary Fenton, DrPH, RN, was replaced by Kenneth Lowrance, MS, RN, who received the nomination and unanimous vote from fellow board members. Outgoing Vice-President, Rose Caballero, MSN, RN, was replaced by Doris Price-Nealy, MSN, RN, who received a unanimous vote as well.

Board Meeting Schedule Set for November - January

Meeting dates have been set for the Board of Nurse Examiners for November 1997 through January 1998. The schedule is as follows:

November 13-14, 8:30 a.m. - 5:00 p.m.

Location: William Hobby Building
333 Guadalupe
Austin, Texas
Room: Tower II, Room 2.225

The Board will not convene in December.

January 22-23, 8:30 a.m. - 5:00 p.m.

Location: William Hobby Building
Room: Tower II, Room 2.225

Fee Changes for Fiscal Year 1998

The Board of Nurse Examiners, at its July 1997 meeting, adopted four fee changes that will be phased in during the four-month period from October 1997 through January 1998. Three of the fee changes affect Advanced Practice Nurses specifically, and the fourth is a slight increase in the license renewal fee paid by all Registered Nurses. The new fee amounts and their effective dates are as follows:

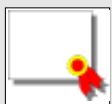
Category	Fee	Effective Date
1) APN Initial Certification	\$50.00	October 1, 1997
2) Prescriptive Authority Approval	\$25.00	October 1, 1997
3) RN License Renewal	\$38.00	November 1, 1997*
4) APN Certification Renewal	\$35.00	January 1, 1998**

* The RN License Renewal Fee is effective with all regular RN licenses that expire on November 30, 1997, or thereafter.

** The APN Certification Renewal Fee will become effective for all APN's whose regular RN license expires on January 31, 1998, or thereafter.

The fees become effective at different times over the next four months to allow the Agency sufficient time to notify all affected nurses of the changes. The BNE usually mails renewal forms 60 - 75 days in advance of the expiration of a nurse's license. The renewal form will contain the correct fee information for each nurse, assuming that the fee is paid before the license expires.

The fee for initial certification as an Advanced Practice Nurse has not been increased since 1990, whereas the license renewal fee (good for two years) was last increased in 1993. The fees for approval for Limited Prescriptive Authority and renewal of APN certification are new. The BNE is required by State law to generate funds sufficient to pay for all of its operations each year. Implementing the new fee structure for these four fees will enable the Agency to cover its costs while maintaining among the lowest fees of any nursing board in the country.



Continuing Education Update

by Mark W. Majek, M.A., PHR

Most of our discussion regarding continuing education revolves around licensees who are randomly audited on a monthly basis. Those licensees whose licensure are delinquent or inactive must obtain twenty hours of acceptable continuing education prior to reactivating their licenses. As most licensees in this category of delinquent or inactive do not receive regular correspondence from the Board of Nurse Examiners, many are surprised by this requirement when they try to reactivate their licenses. When renewing your license, please remember that if you choose inactive status or if you let your license go delinquent, you will need to contact the Licensing Department to receive the current requirements for reactivation.

Because "constant change" is the norm these days, it is impossible to communicate all changes when they occur. The Board of Nurse Examiner's Web Site (<http://www.bne.state.tx.us>) is the best way to keep up with changes no matter the status of your license. The latest continuing education compliance data indicate:

March, 1997	90% Compliance
April, 1997	89% Compliance
May, 1997	88% Compliance

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"Request for Peer Review" Packet Available on BNE Web Site

As a consequence of recent legislation, a form and an information packet have been prepared by the Board of Nurse Examiners for use by RNs and facilities where RNs are employed. SB 1081 amends the Nursing Practice Act and provides for a mechanism for a nurse to request a peer review finding when a nurse has been asked to engage in conduct which the nurse, in good faith, believes would violate his/her duty to a patient required by the standards of practice or professional conduct adopted by the Board. This form, titled "Request for Peer Review", has been produced in compliance with Article 4525d, Texas Revised Civil Statutes, annotated, effective September 1, 1997.

The form was designed with the intent to encourage open discussion of potential problems at each place along the decision chain so that, if the issue is resolved, the process stops. If such discussions are ineffective, the nurse continues the process to peer review. Instructions for the use of the form by each of the involved parties are provided.

"Request for Peer Review" packets should be used only if the nurse, who has been asked to engage in the questioned conduct, has discussed his/her concerns with the person making the assignment, request, or directive and has been able to determine that compliance with the request would violate the nurses' duty. The protections of Article 4525d (c), Tex. Rev. Civ. Stat. Ann., apply only if the request is made in good faith and entered on this form.

These materials also provide for those circumstances when a physician's order is involved. If the medical reasonableness of a physician's order is in question, the Registered Nurse administrator will provide the form to the medical director or medical staff with the request that the physician complete the appropriate portion of the form (Part 3). The Registered Nurse administrator will use the most expeditious method available to obtain physician review and will transmit the form to the Peer Review Committee.

SB 1081 also provides that, during the time the requested peer review determination is in place, the RN is not subject to reporting requirements nor disciplinary action for the conduct specified.

The "Request for Peer Review" packet was prepared by the BNE in cooperation with the Texas Hospital Association, the Texas Nurses Association, and the Texas Organization for Nurse Executives. The packet can be obtained by accessing the Board of Nurse Examiners Web site located at www.bne.state.tx.us. It can also be obtained by sending a self-addressed, stamped envelope with 55 cents postage attached to: **Board of Nurse Examiners, Attn: Peer Review Packet, P.O. Box 430, Austin, Texas 78767-0430.**

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We again invite licensees to write the Board and request the Continuing Education Brochure which will explain the current continuing education rules. If you would like the brochure, please mail a self-addressed, legal-size stamped envelope to: **Licensing Department, Attn: CE Brochure, Board of Nurse Examiners, P.O. Box 430, Austin, Texas 78767-0430**

SCOPE OF PRACTICE: PART III

The Decision-Making Model

by Kim Flores, MSN, RN

This article is the last of a three-part series on the issue of scope of practice for RNs in Texas. Let us review what has been discussed in this series so far. In the April 1997 edition of the *RN Update*, statutory references were provided which address nursing practice such as the definition of professional nursing found in Article 4518, Section 5, of the Nursing Practice Act (NPA). Also included in Part I of this series was a discussion of Rule 217.11, the Standards of Nursing Practice in this State. The dynamics and changing nature of professional practice which have contributed to expansion of the RN's scope based upon his/her expertise was explored. Finally, the PEW Commission Report and its emphasis on overlapping areas of practice with other health care professionals was reviewed.

Part II of this series in the July 1997 *RN Update* addressed boundary issues. Three ways that boundaries may be violated were explained: boundary crossings, boundary violations, and sexual misconduct. This information was provided so that the RN has information to guide decisions relating to the nurse-patient relationship and to assure professional standards are met in this regard.

Part III of this series will discuss a model, the Decision-Making Model for Nursing Practice, which is a directional outline to be used when the RN asks, "Is this task within my scope of practice to perform?" This Decision-Making Model brings together the legal requirements for practice, the professional context in which it is carried out, and the criteria for making judgments about safe practice. This six-step model leads the nurse through a series of questions to the ultimate "yes" or "no" answer to determine if a contemplated act is within the RN's scope of practice. It begins with the "big picture" and narrows through each succeeding step to the individual RN's acceptance of the responsibility for a specific act in a specific situation.

This critical thinking process allows the RN to become proactive in his/her practice and not rely solely on explanations and directions from others about what does and does not constitute safe nursing. This model provides a mental map and allows the RN to be comfortable accepting assignments based upon his/her judgment of the individual situation. In time this process becomes automatic, leading to proactive, critical thinking as well as empowerment. The Decision-Making Model has been included as a pull-out in each edition of the Nursing Practice Act since 1995.

Question 1 of the model asks, "Is the activity consistent with the NPA, Rules and Regulations, and Board Position Statements?" This first question requires KNOWLEDGE of the references which were mentioned in Part I of this series. One cannot begin to make a knowledgeable decision with inadequate information.

Question 2 asks, "Is the activity appropriately authorized by a valid order/protocol and in accordance with established policies and procedures?" It is the responsibility of each nurse to know facility policies or how to access the policy book. Referring to policies on a specific issue will assist in the decision-making process. The RN should be assured that there are policies/protocols available in his/her agency to address a specific task that is being considered. For example, are there agency policies to guide the RN in Do Not Resuscitate Orders outside of the hospital? Or if RNs in an agency are to participate in medication administration for pain control for laboring patients through an epidural catheter, are there appropriate policies and procedures based upon

SCOPE: PART III - cont. from p. 6

guidelines issued by professional nursing organizations to guide the RN clinically? If there are not policies addressing a practice area in the RN's agency, the peer review process is one avenue for nurses to affect policies and procedures by discussing clinical issues cooperatively and establishing practice guidelines.

Question 3 asks, "Is the act supported by either research reported in nursing and health-related literature or in scope of practice statements by national nursing organizations?" RNs face difficult practice decisions everyday. These same practice issues are often the basis of nursing research. As professionals, RNs are encouraged to use nursing databases and/or literature from professional nursing journals and organizations to explore outcomes of scholarly investigation in the area in question. Finding supportive literature can often lead to changes in institutional nursing practice.

Question 4 inquires, "Do you possess the required knowledge and have you demonstrated the competency required to carry out this activity safely?" The RN is obligated by Rule 217.11 (17) to "accept only those nursing assignments that are commensurate with one's own educational preparation, experience, knowledge and ability." A good phrase to keep in mind is "When in doubt--stop and reconsider." The RN is obligated to assure he/she is competent to perform the task or function. As the RN adds to his/her expertise in an area of clinical practice the competencies need to be noted in the RN's personnel file.

Question 5 is stated as, "Would a reasonable and prudent nurse perform this activity in this setting?" This is an important question to ask before accepting any task or assignment. The BNE staff receives numerous complaints about nurses who have accepted assignments that they were unsure of and which resulted in negative outcomes. One must decide prior to accepting an assignment if the task being contemplated is one that another prudent nurse would accept. This perspective on nursing practice is often overlooked in the context of a particular situation and setting. But by answering this question, the decision-making process becomes objective and not reactive. Becoming proactive in critical thinking skills will assist in making the correct judgment calls.

Finally, the RN is encouraged to ask, "Are you prepared to assume accountability for the provision of safe care and the outcome of the care rendered?" This question can only be answered by each professional nurse. Ultimately, the RN is responsible to the patient and to the Board for care rendered.

The public expects each RN to act prudently, safely, and professionally. As a result of SB 617 (discussed in the Legislative Review Section on pages LR1 - LR2), professional nursing has the obligation (and the opportunity) to begin to study ways in which we will show our clients that we take that charge very seriously. RNs in Texas will be among the first in the nation to begin to address the PEW Commission's suggestions regarding continued competency. The Board will appoint a Competency Advisory Committee to begin to explore potential models to measure continued competency. The BNE will report back to the Legislature about the outcomes of these pilot projects. Competence in professional nursing practice requires decision making that is based upon the knowledge and experience gained about one's profession and the scope within which it can be carried out.



Licensing News

by Mark W. Majek, M.A., PHR

There is not a day that goes by that the Licensing staff does not receive some type of feedback from licensees or other constituents regarding the service received from the Licensing Department. Last week I received a letter from a gentleman from Dallas praising the staff for their courteous answer but he had to wait for a long period of time to get that answer.

The biggest complaint we encounter stems from constituents having to hold to speak to an operator. We had hoped to relieve some of those problems by expanding our phone menu to include standard pieces of information that might answer your questions. Obviously not all answers can be obtained from this method. When you dial zero (0) for an operator, your call is put into a queue or holding pattern until the next operator is available.

The Licensing Department currently has five staff who rotate the phone duties. Our statistics show that for the last nine-month period, over 55,000 calls were received and handled by these five members. In addition to responding to the phone calls, they are also responsible for processing endorsement applications, renewals, verifications, duplicate licenses, continuing education audits, and open record requests. This article by no means excuses the wait some people have had to endure, however, sometimes it is easier to be empathetic when you know what is happening on the other end. As with the letter from the person from Dallas, we always welcome any constructive feedback from those we serve.

We constantly review our processes to seek ways to better serve our customers. We appreciate any constructive feedback that would assist the Licensing Department with "continuous quality improvement" service.

Committee Actions

Nursing Practice Advisory Committee Discusses Use of Laser Technology

The Nursing Practice Advisory Committee (NPAC) has been asked by the Board to consider the current Position Statement 15.9, Performance of Laser Therapy, by RNs. This review is a result of a request to allow RNs to participate in hair removal using laser technology.

The Committee considered the request at its meeting on August 15, 1997. A Task Force has been established by the NPAC Committee to review the current Position Statement and report back to the Committee. The next scheduled NPAC meeting is November 12, 1997.

Distance Learning Subcommittee Looks at Learning Sites Away from Main Campuses

A Subcommittee of the Advisory Committee on Education, the Distance Learning Technologies Subcommittee, met on July 24 and August 22-23, 1997. The Subcommittee is charged to review current information about use of distance technologies in relation to nursing education, resources necessary to support the use of such technologies, and resources necessary to assure that students and faculty have access to comparable services and support systems as are available on the nursing program's main campus. The Subcommittee will review current regulations of other nursing jurisdictions and the Texas Higher Education Coordinating Board in relation to the Board's existing extended campus/extension site rules for potential revisions.

The Subcommittee will meet again on October 2 to finalize their recommendations for rule and guideline revisions for presentation to the full Advisory Committee on Education on October 3, 1997.

APN Advisory Committee Considers Master's Degree Requirement

The Advanced Practice Nursing Advisory Committee last met on April 12, 1997. The Committee's recommendation regarding a master's degree requirement for all APNs was adopted by the Board on July 10. See page 10 of this newsletter.



Practice Questions & Answers

by Sally Glaze, EdD, RN, CNS

This Board receives numerous calls and letters regarding practice issues. In this column, Sally Glaze, EdD, RN, CNS, Director of Practice, responds to frequently asked questions

Q: I am a Director of Nursing of a small hospital and several months ago I hired a nurse who told me when she applied, that besides her RN license, she had a graduate degree from an out-of-state university. She also had the degree listed on her resume and told other colleagues that she had this degree. We subsequently discovered that the graduate degree she claimed to have did not exist. Is this nurse violating the Nursing Practice Act? What is my responsibility in this matter as the person who hired her?

A: This situation deals with the responsibilities for two individuals, so we will take each in turn. First, the individual who applies for a position is expected to provide accurate and honest information on the employment application and also during his or her professional practice. Failure to do so is considered unprofessional conduct and a violation of the Board's Rule 217.13(17), "providing false, deceptive, or misleading information that would affect the decision to license, employ, certify, or otherwise utilize an RN." The RN is also expected to "accept only those nursing assignments that are commensurate with one's own educational preparation, experience, knowledge and ability [217.11(17)]." The misleading information and overstatement of this applicant's qualifications could likely deceive, defraud, and injure patients and the public who could be led to rely on this RN for a level of nursing practice beyond the actual educational preparation.

Your second question focused on the responsibility of the nurse administrator. Rule 217.13(8) states that unprofessional conduct includes: "when acting in the role of nurse administrator, failing to assure that strategies are in place to verify the current Texas licensure/credentials of personnel for whom he or she is administratively responsible." When hiring RNs, the credentials necessary to carry out the requirements of the job should be included in the job description. Without verification of these credentials beyond the licensure check, the nurse administrator could, therefore, "make assignments of nursing care to a person who lacks the ability and knowledge to perform such assignments...[Rule 217.13(10)]," or fail to "implement measures to promote a safe environment for clients and others [Rule 217.11(8)]." There needs to be a mechanism in place so that when an RN is hired, in whatever setting (hospitals, home health, educational programs, nursing homes, etc.), both the RN license and credentials are verified to assure that patients or clients are not deceived or could potentially be harmed by misleading information. Should it be discovered later that the RN has failed to submit accurate information, then the RN must be reported to either the Peer Review Committee or the Board according to the facility's policies.



There will be ten "Update on Nursing Practice" workshops presented beginning October 1997 through November 1998. The first will be in Arlington on October 7, 1997. We will be presenting in Harlingen on November 5, 1997.

The 1998 season will begin in San Antonio in February (exact date pending). We will be presenting in Houston on March 3rd and 4th, followed by Midland-Odessa, Alpine in May, Amarillo in June, El Paso in September and will end the season in Texarkana in November. Watch future *RN Updates* for confirmed dates.



Legislative Update:

75th Texas Legislative Session

October 1997

The 75th Legislative Session has concluded and a number of bills passed into law that will impact the practice of nursing in Texas. The BNE staff is currently studying the legislation that passed in order to write rules and regulations necessary to implement amendments to the Nursing Practice Act and comply with the intent of the new legislation. Two of the bills that passed the session have direct impact on the Nursing Practice Act. They are SB 617 and SB 1081. These bills are summarized in the first section below. Both bills become effective September 1, 1997, except the Board composition section of SB 617, which takes effect January 31, 1999. Following the summary of these three primary bills is a summary of other relevant health care legislation enacted by the 75th Texas Legislature affecting nursing practice.

LEGISLATION AMENDING THE NURSING PRACTICE ACT

SB 617 **By Senator Mike Moncrief. Relates to licensure and regulation of nurses as well as development of certain pilot programs by the Board of Nurse Examiners pertaining to continued clinical competence.**

- a) SB 617 sets forth the terms by which the BNE is authorized to develop programs to evaluate the effectiveness of mechanisms for assuring maintenance of clinical competence by RNs, as well as to evaluate ways to ensure that RNs understand the laws and regulations governing the practice of professional nursing. As part of plans for the pilot program:
 - i) The BNE is authorized to expend funds to develop or fund pilot programs and contract with or make other arrangements with entities and individuals to implement these pilot studies.
 - ii) The composition of two advisory committees with which the Board is required to consult in developing, administering, and funding pilot programs is set forth.
- b) The composition of the Board will be changed by removing the Diploma Nursing Educator's position and replacing it with a nurse faculty member in a graduate school preparing APNs. This section is effective 1/31/99.
- c) The BNE is authorized to require schools to inform individuals enrolled in nursing programs regarding eligibility requirements and issues that may result in their ineligibility for licensure upon graduation. Nursing programs will be required to document enrollee receipt of such information.
- d) The BNE is not required to provide a hearing on a refusal to renew a license if a person:
 - 1. does not submit a renewal application;
 - 2. submits an application that is incomplete;
 - 3. has not met the requirements for renewal; and/or,
 - 4. does not include the correct fee.

Implementation of Senate Bill 617 and the related items in the Appropriations Bill will require an increase in the licensing fees administered by the Board of Nurse Examiners.

Date Effective: This bill has two effective dates. The section pertaining to changing the composition of the Board becomes effective on January 1, 1999. The remainder of the law became effective September 1, 1997.

SB 1081 **By Senator Gonzalo Barrientos. Addresses peer review protection for Registered Nurses who refuse to engage in conduct the RN believes is a violation of the RN's duty to a patient.**

This bill amends Article 4525(d) of the Nursing Practice Act to allow the RN to request a finding by a nursing Peer Review Committee of whether the requested conduct violates duty to a patient. An RN who in good faith requests a peer review determination regarding the conduct as specified is not subject to reporting requirements and may not be disciplined while the peer review is pending. Should the conduct involve medical reasonableness of a physician's order, the medical staff or the medical director is required to make a determination as to the medical reasonableness. Under this law, an RN's rights may not be nullified by contract.

Date Effective: This bill became effective September 1, 1997.

OTHER LEGISLATION

This section of the legislative report provides a synopsis of those pieces of legislation that may require RNs in Texas to modify their practice or may require amendments to policies/procedures to meet new standards. This list is not inclusive for all RNs in all practice and managerial positions. Legislation in many other areas may also affect the RN's practice. RNs are encouraged to contact their agency legislative staff and/or their professional organizations to determine other bills of interest and applicability.

ADVANCED PRACTICE

HB 2846 **By Hugo Berlanga. Facilitates collaborative practices between Advanced Practice Nurses or Physician Assistants and Physicians and their reimbursement for services paid by health benefit plans.**

- a) Required physician site visits at locations serving medically underserved populations are extended from once a week to once every ten business days. These visits apply to APNs with prescriptive authority.
- b) The Medical Practice Act is further amended to expand the definition of a physician's "primary practice site" at which APNs and PAs may be delegated prescriptive authority to include clinics of a school district providing care to students and their siblings.
- c) The bill prohibits a HMO and a PPO, under certain conditions, from refusing to include an APN or PA in the provider network and to provide reimbursement.

Date Effective: This bill became effective September 1, 1997.

LENGTH OF STAY

Several bills were passed addressing various lengths of stay. Two of these bills are listed below. RNs should be aware that these types of changes to the law may affect patient observation, plan of care and discharge planning. In addition, RNs performing utilization review will need to incorporate these new hour requirements into their own practice parameters.

HB 102 **By Gray. Establishes hospital length of stay for new mothers and infants: 48 hours following vaginal delivery, and 96 hours following Caesarean section.**

Date Effective: This bill became effective September 1, 1997.

HB 349 **By Hamric. Relates to inpatient care for 48 hours following mastectomy, and 24 hours following lymph node dissection for breast cancer.**

Date Effective: This bill became effective September 1, 1997.

PHARMACY AND MEDICATION

HB 120 **By Hirschi. Relates to physician's treatment of patients with acute or chronic pain as a result of medical conditions, including those persons being treated for chemical dependency.**

Provides for documentation and consultation needed to circumvent diversion. RNs need to be aware that there may be a change in agency policy/procedure as it relates to treatment of pain in addicted clients. Physicians' orders may show an increase in prescribing controlled substances or amounts of controlled substances for those chemically impaired patients who use controlled substances for intractable pain or other conditions such as AIDS or cancer.

Date Effective: This bill became effective September 1, 1997.

HB 3075 **By Berlanga. Allows home and community support services agencies under exemptions and provisions of the Pharmacy and Dangerous Drug Acts to possess hepatitis B and influenza vaccines, tuberculin derivatives (TB test), and sealed anaphylactic containers.**

RNs and LVNs employed by such agencies may purchase, store, and transport such injectables. Designated drugs contained in the dangerous drug classification may be carried by the RN. Implications for RNs working in home health and community support services agencies include: (1) proper storage policies/procedures, and (2) proper recordkeeping.

Date Effective: This bill became effective September 1, 1997.

SB 609

By Madla. Relates to pharmacies and pharmacists.

RNs carrying out drug orders need to be aware of the list of “narrow therapeutic index” drugs. Pharmacists may conduct drug management procedures when acting under physician protocol.

Date Effective: This bill became effective September 1, 1997.

OTHER HEALTH CARE PROFESSIONALS

HB 1407

By Glaze. Creates a fifth category of emergency medical service personnel--the licensed paramedic.

The Scope of Practice for these licensed EMS personnel remains the same, however, education and licensure requirements will be developed for this level of EMS personnel. Rules and licensing parameters are to be established and approved by the Texas Department of Health. As specifics are known and RN delegation involvement determined, the BNE will report through the *RN Update*.

Date Effective: This bill became effective September 1, 1997.

SB 786

By Madla. Authorizes the pharmacist to administer immunizations and vaccinations under a physician’s written protocol.

Date Effective: This bill became effective September 1, 1997.

MENTAL HEALTH

HB 2481

By Swinford. Grants rule making to TACADA to provide exemptions from some rules for faith-based chemical dependency treatment programs.

RNs who work in chemical dependency programs need to be aware of the revised licensing requirements of TACADA in this regard.

Date Effective: This bill became effective September 1, 1997.

SB 85

By Moncrief. Authorizes a surrogate consent committee, which may include RNs, to be established to approve/not approve treatment decisions for ICF-MHMR clients to include medical, dental, or any restrictive procedure or medication.

RNs employed by MHMR or who contract with MHMR need to be compliant with the policies that will be established to meet the requirements of this legislation.

Date Effective: This bill became effective September 1, 1997.

SB 972 **By Harris. Allows a person 18 years or older to declare preferences/ instructions for mental health treatment, including ECT, psychoactive medication, and emergency treatment which supersedes those of a durable power of attorney or a guardian.**

RNs in psychiatric/mental health settings should be aware of the patient's rights under this bill.

Date Effective: This bill became effective September 1, 1997.

SB 1309 **By Patterson. Establishes stringent requirements for administering ECT to clients 65 years or older.**

RNs in psychiatric/mental health settings should be aware of the new requirements under this bill.

Date Effective: This bill became effective September 1, 1997.

INSURANCE RELATED

HB 2033 **By Gray. Amends the Insurance Code, Subchapter E, Chapter 21, to ensure coverage from health benefit plans for services provided through telemedicine.**

Ensures that informed consent of the patient is obtained before services are provided through telemedicine. Ensures that the treating physician or other health care provider who provides or facilitates the use of telemedicine maintain confidentiality of the patient's medical information.

Date Effective: This bill became effective September 1, 1997.

SB 383 **By Cain. Requires that preferred provider organizations disclose certain information to their clients and providers, including APNs.**

HMOs are required to give reasons for provider termination and other consumer protections.

Date Effective: This bill became effective June 19, 1997.

SB 384 **By Nelson. Establishes minimum requirements for utilization review personnel, regulates the appeal process when care is denied, and provides a "prudent layperson" standard when seeking emergency care.**

Date Effective: This bill became effective September 1, 1997.

NURSING EDUCATION

HB 1404 **By Kamel. Authorizes institutions with courses that are approved to be delivered via distance learning to provide these courses via computer or computer network without Texas Higher Education Coordinating Board approval to students anywhere in the state.**

The Texas Higher Education Coordinating Board passed emergency rules to implement HB 1404 at its July 17, 1997 meeting. The BNE has initiated a subcommittee to review the use of distance learning technologies and rules related to extended campuses and extension sites. HB 1404 does not relieve a nursing program of its accountability to adhere to the BNE Rules and Regulations for Education.

Date Effective: This bill became effective May 19, 1997.

SB 148 **By Bivins. Relates to requirements of higher education. Requires institutions of higher education to adopt a core curriculum of 42 hours to facilitate students' transferability.**

Adoption of a core curriculum will facilitate articulation. Post tenure review of faculty will help schools comply with BNE Rules regarding faculty competence and currency.

Date Effective: This bill became effective June 19, 1997.

MISCELLANEOUS

HB 880 **By Reyna. Does not allow a nurse providing direct care to residents to be a witness under the Texas Natural Death Act.**

Allows a patient to witness another patient's directive under the Natural Death Act. Clarifies who must document and witness treatment decisions. Calls for a second physician as a witness if no one can be found. Policies/procedures of agencies and institutions which relate to the Natural Death Act will need to be developed/revised. This legislation is applicable in all settings but will be of particular interest in hospice and long-term care.

Date Effective: This bill will become effective January 1, 1998.

HB 889 **By Craddick. Allows disclosure of certain health care information by a hospital employee to a patient's designated clergy member is now allowed regarding patient's health care information.**

RNs need to comply with policy/procedure related to this statute and understand the impact of this legislation on issues of client confidentiality.

Date Effective: This bill became effective September 1, 1997.

HB 984 **By Hochberg. Allows digital signatures to have the same force that manual signatures currently have under State law; to eliminate any possible challenge to digital signatures in court.**

Information applicable to RNs in agencies which utilize computerized documentation.

Date Effective: This bill became effective September 1, 1997.

HB 1798 **By Wise. Permits the Texas Department of Health to provide recommendations to hospitals for security procedures related to reducing infant abductions and identifying missing infants.**

Policies/procedures to address this security area may be established.

Date Effective: This bill became effective September 1, 1997.

HB 2080 **By Delisi. This legislation expands professional reporting and requires an extension of peer assistance programs to include licensed vocational nurses, social workers, and dietitians to be included in those reported to their boards and to the person reporting them if the person fails to participate in the required programs.**

Date Effective: This bill became effective September 1, 1997.

SB 190 **By Zaffirini. Relates to the regulation of nursing homes.**

Provides statutory language for a list of patient rights. Also relevant to nursing practice was clarifying language regarding recognition that APNs functioning under protocols may write orders and sign patient records in nursing homes.

Date Effective: This bill became effective September 1, 1997.

SB 502 **By Zaffirini. Establishes that an autopsy is not required if the deceased is a child younger than six years of age and the death is expected.**

Expected deaths include congenital or neoplastic diseases, and infectious disease not due to trauma or poisoning. RNs working with children will need to be aware of this statutory change. RNs need to follow hospital policies which reflect these changes.

Date Effective: This bill became effective September 1, 1997.

SB 975

By Madla. Relates to the disclosure of patient information. Adds to the conditions in which patient's health care information may be disclosed without authorization.

Examples of entities in which patient information policy may be amended include (but are not limited to) transporting emergency medical services providers, a member of the clergy specifically designated by the patient, or a qualified organ or tissue procurement organization, the Red Cross, and poison control centers.

Date Effective: This bill became effective September 1, 1997.

Relevant Internet Research Sites

All of the bills listed above can be read via the Internet by accessing: <http://www.texas.gov/>. This site will provide the bill language for all of the bills that passed into law during the 75th Texas Legislative Session.

If you are interested in obtaining more information about nursing practice, you should check out the Board of Nurse Examiner's Web Site. It is located at: www.bne.state.tx.us. The BNE WEB site contains information that includes the Nursing Practice Act, the Board's Rules and Regulations, Board Position Statements, accredited nursing programs in the State and statistical information on nursing in Texas.

Advanced Practice Update

Board Adopts Degree Requirement for APNs

The recommendation of the Advanced Practice Nursing Advisory Committee (APNAC), to require a master's degree for recognition of all Advanced Practice Nurses (APNs) beginning January 1, 2007, was officially adopted at the Board Meeting on July 10, 1997.

This action followed a year's investigation and consideration by APNAC. In May the Board took action to consider approval of the Committee's recommendation. The Board decided to consider further the master's requirement at its July meeting after public notice of the proposed changes to Rules 221.1 & 221.3 in the June 10 issue of the *Texas Register*.

Consistent with the Board's past, "grandfathering" those APNs who have not met this requirement prior to 2007 is expected. Currently in Texas the number of APNs with a master's or higher degree are: CNSs -100%; NPs -59%; CRNAs-31%; and, CNMs-57% (BNE, June 1996).

Comments received were in support of the change except for those representing Certified Nurse Midwives who requested to be exempted from the rule. In consideration of the concerns of midwives regarding workforce availability, the Board's July action also directed staff to monitor the movement of midwives in and out of Texas; to identify any impact of the rule change; and to continue to work with educational programs to increase the access and the availability of master's programs in Texas. The new rules read:

§221.1 Definitions

Advanced educational program: A post-basic advanced practice nurse program at the certificate or master's degree level. Beginning January 1, 2007, a master's degree in the advanced practice role and specialty will be required for recognition as an Advanced Practice Nurse.

§221.3 Education

The registered professional nurse practicing as an Advanced Practice Nurse shall have completed an advanced educational program of study appropriate to the practice area which meets the following criteria:

- (1)-(4) (No change), (5) Beginning January 1, 2007, programs of study for advanced practice nurses shall be at the master's degree level.

License Renewal Changes for APNs

APNs, who are renewing their license starting in January 1998, will be receiving a form that looks different than the present license renewal form. Please be sure to complete all requested information and your signature. The application for APNs has been changed so that your verification will include both your RN license as well as list the current APN title(s) as approved.



APN Q & A

by Sally Glaze, EdD, RN, CNS &
Helene Harris, RN, MSN, CNS

The Board of Nurse Examiners frequently receives calls for clarification of practice issues. Many of the Advanced Practice Nursing issues fall within the scope of practice delineated by a professional nursing organization related to a specific nursing specialty. Other issues are more general in nature, or relate to areas addressed by legislation. Readers are encouraged to contact the Board for clarification of APN issues.

Q: I am a Women's Health Care Nurse Practitioner. All clients who come to our clinic are not female and I have been asked to see them as well. Besides the female patients, may I also treat male patients?

A: As a Women's Health Care Nurse Practitioner (WHCNP), your scope of practice is limited to the female adolescent and adult population. It is not within your scope of practice to provide primary care to other populations. In order to expand your role in these clinical areas you would need to have completed a program in the primary care of these groups. On-the-job training or informal classes are not approved to meet these educational requirements. However, some WHCNP programs do include male reproductive conditions and, therefore, the care of these conditions in males would be within the scope of practice of those WHCNPs who have had this preparation in their course work. Your educational program provides the preparation and your professional association sets the standards for your practice as a WHCNP. Rule 217.11(17) of the Board's Rules & Regulations Relating to Professional Nurse Education, Licensure and Practice specifies that an RN "accept only those assignments commensurate with one's own educational preparation, experience, knowledge and ability."

Q: I am a pharmacist who periodically receives prescriptive orders over the phone from RNs who are working with APNs. I cannot take the verbal orders when an Advanced Practice Nurse with prescriptive authority directs another RN to do so, but they do not seem to understand why.

A: This situation is complex and, as you indicate, not clear to all professionals. The Board's Position Statement 15.5 addresses "Registered Nurses with Responsibility for Initiating Physician Standing Orders or Protocols." Within that Position Statement is included the ability for one RN to assign tasks relevant to a specified protocol to another RN. Because APNs function under protocols, it follows that RNs may call in a prescription as ordered by an APN.

However, the Medical Practice Act states that delegation orders are limited by other applicable laws. The Pharmacy Act requires that, in order for a pharmacist to accept a prescription from someone other than a physician, the person must be a "designated agent" of the physician [Dangerous Drug Act, Section 483.001(4)]. In addition, the Board of Nurse Examiners Rule 217.11(1) requires that the RN shall "know and conform to the Texas Nurse Practice Act...as well as all Federal, State, or local laws...affecting the RN's current area of nursing practice."

Therefore, while the Nursing Practice Act and the Rules and Regulations do not prohibit any RN from delegating from a protocol to another RN, there is no provision in any of these professional acts or rules to expressly permit one who has been delegated the authority by a physician to carry out prescriptive drug orders to further delegate this responsibility to a third party. In order for the prescriptive drug order to be carried out by the pharmacist, the RN who calls in the order to the pharmacist must be the physician's "designated agent," not the APN's.



EDUCATION REPORT

By Donna Carlin, M.S.N., R.N.

EDUCATION QUESTION AND ANSWERS

Q: I am the director of an associate degree nursing program. This summer two faculty members resigned and I am trying to fill the positions. One qualified applicant from Louisiana is not yet licensed in Texas but has applied for endorsement. Can I hire her to teach in the classroom and not supervise students in the clinical setting until she receives her Texas license?

A: Article 4518 Section 5 of the Nursing Practice Act states that "Professional Nursing" is defined as the "performance for compensation of any nursing act... in the supervision or teaching of nursing." Therefore, teaching nursing is considered the practice of nursing. According to Rule 217.12 (a), "A person who holds a valid current license issued by the Texas Board of Nurse Examiners may use the title Registered Nurse or R.N." As the Director of the nursing program, you are accountable to adhere to the Standards of Professional Nursing Practice, in particular §217.11(14), which states: "When acting in the role of nurse administrator, assure that adequate strategies are in place to verify the current Texas licensure and credentials of personnel for whom he/she is responsible." If you hire someone to teach nursing in Texas who does not have a valid Texas license you will be in violation of the Standards.

Q: I teach medical-surgical nursing in a baccalaureate degree nursing program. Can I have up to twelve students in a clinical rotation if only ten students are delivering direct care to clients and two are in observational experiences like the cardiac cath lab or surgery?

A: No! The number of students in a clinical group can only exceed ten if you use teaching assistants or preceptors.

July 1997 Board Actions:

Granted full accreditation based on review of annual report and graduation of first class:

The University of Texas at Brownsville/
Texas Southmost College RN-BSN,
Brownsville

Approved an extended campus at Longview for the LVN-RN and RN-BSN Mobility Programs with a recommendation and requirements to be met:

The University of Texas at Tyler

TEXAS RN SELECTED AS ITEM WRITER:

Eileen Klein, EdD, RN, faculty member at Austin Community College Associate Degree Nursing Program, was selected as an Item Writer by the Examination Committee of the National Council of State Boards of Nursing, Inc. Her specialty will be medical-surgical nursing.



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Item development panel members receive many benefits, including: continuing education units, a chance to exchange ideas with their peers, and an opportunity to acquire new skills useful in their work setting. *All expenses are paid by the National Council or its test service.*

NOTICE OF DISCIPLINARY ACTION

The following Registered Nurses had disciplinary action taken against their licenses. If you would like to receive additional information regarding the disciplinary action which has been imposed, please send your request to the Board of Nurse Examiners, Department of Investigations, P.O. Box 430, Austin, Texas 78767-0430.

<u>NAME</u>	<u>LICENSE#</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Adams, Dawn Desiree	561592	Warning with Stipulations	August 12, 1997
Bass, Evelyn M.	537053	Reprimand with Stipulations	August 12, 1997
Beard, Venetia Ann	551007	Warning with Stipulations	September 18, 1997
Bernardo, Carolyn Bellen	551015	Remedial Education	September 18, 1997
Bickett, Lori Ann	593630	Revoke	September 18, 1997
Blake, Robert E.	256347	Warning with Stipulations	August 12, 1997
Campbell, Gloria Dawn	571281	Reprimand with Stipulations	September 18, 1997
Copeland, Bert Owen	577259	Warning with Stipulations	July 10, 1997
Darden, Gregory Allen	594245	Revoke	September 18, 1997
Dare, Ginger Irene	547179	Reprimand with Stipulations	September 18, 1997
Dent, Sally Caroline	547209	Warning with Remedial Ed.	August 12, 1997
Dotson, Belinda Jean	562374	Revoke	September 18, 1997
England, Wanda L.	617387	Remedial Ed. with Stipulations	August 12, 1997
Fortenberry, Paula Denise	554397	Reprimand with Stipulations	August 12, 1997
Friesen, Nancy Louise	607518	Warning with Stipulations	August 12, 1997
Gates, Linda Sauter	420568	Reprimand with Stipulations	July 10, 1997
Gonzalez, Oscar Marino	567759	Warning with Stipulations	August 12, 1997
Grumbles, Mary Ann	577559	Warning with Stipulations	July 10, 1997
Hall, Jo Carrol	562787	Warning with Stipulations	September 18, 1997
Henry, Gregory Thell	554659	Revoke	July 10, 1997
Hilton, Anita Louise	567883	Revoke	September 18, 1997
Jackson, Noel Roscoe	439209	Warning with Stipulations	September 18, 1997
Kalmanson, Roberta Maxine	536697	Reprimand with Stipulations	August 12, 1997
Kelton-Foss, Martha Christine	583127	Revoke	September 18, 1997
Kessler, Barbara Ann	626439	Reprimand with Stipulations	August 12, 1997
Kibodeaux, Fara Denise	589261	Reprimand with Stipulations	July 10, 1997
Kinalidis, Kathryn Ann	437631	Suspend	August 12, 1997
Mann, Dianna L.	508188	Reprimand with Stipulations	September 18, 1997
Maples, Ramona T.	518400	Reprimand with Stipulations	September 18, 1997
Maruca, Perry James	532134	Revoke	July 10, 1997
Meeks, Frances Janet	552375	Warning with Stipulations	August 12, 1997
Murphy, Cornelia Melgers	585437	Revoke	September 18, 1997
Park, Ronald Eugene	523516	Revoke	September 18, 1997
Peterson, Lea E.	526472	Reprimand with Stipulations	September 18, 1997
Puckett, Mary Linda	503804	Enforced Suspension/Probate	September 18, 1997
Rice, Patricia Susan	522864	Warning with Stipulations	August 12, 1997
Roberts, John Edward	596611	Remedial Education	September 18, 1997
Robertson, Shawn	568447	Revoke	September 18, 1997
Robinson, Judith	599961	Reprimand, Remedial Ed., Fine	August 12, 1997
Stuckey, Deborah A.	255628	Revoke	September 18, 1997
Sutton, Julie Ann	574679	Revoke	September 18, 1997
Taber, Michael Guy	590037	Revoke	September 18, 1997
Talia, Giselle Issa	623421	Warning with Stipulations	August 12, 1997
Thompson, Sharon Elaine	519614	Revoke	July 10, 1997
Vogel, Jeffrey F.	518481	Suspend/Probate	August 12, 1997
Zelman, Karen Marie	454706	Warning with Stipulations	July 10, 1997

DISCIPLINARY ACTION

-cont. from p. 13

The following individuals have voluntarily surrendered their licenses to practice professional nursing in the State of Texas:

<u>NAME</u>	<u>LICENSE #</u>	<u>DATE OF SURRENDER</u>
Allen, Sharon K.	255290	June 9, 1997
Ancy, Carolyn Collins	253367	August 15, 1997
Bayhi, Alicia	529740	July 3, 1997
Bernau, Consuela A.	513193	July 21, 1997
Ehlinger, Kelly S.	525250	June 27, 1997
Glandon, Donald N.	241457	August 13, 1997
Gregston, John Darwin	533423	December 17, 1996
Ham, David Joe	623853	August 5, 1997
Martin, Susan S.	250193	July 30, 1997
Russell, Joan Marie	569427	August 7, 1997
Saad, Beverly Denise	555597	August 13, 1997
Schneider, Jean Ann Wilson	518622	August 13, 1997
Trice, Margaret R.	249717	August 4, 1997
Vanwormer, Frances Elizabeth	590780	July 3, 1997

Insufficient Funds Items

As of September 1, 1997, the following nurses appear on the records of the Board of Nurse Examiners as debits for failure to respond to notices of returned checks. Should any of these nurses be in your employ or seek employment with your agency/institution, please contact the Board's office. If any of these nurses are practicing in Texas as a Registered Nurse, they are in violation of the Nursing Practice Act and would be subject to disciplinary action by the Board.

<u>NAME</u>	<u>LICENSE #</u>	<u>PERMIT #</u>	<u>NAME</u>	<u>LICENSE #</u>	<u>PERMIT #</u>
Asble, Alex Walter	564983		Gazey, Patricia Mary		69539
Bablitz, Nancy Elizabeth	553715		Glisson, James M.	239549	
Bain, Beverly	566432		Gunnels, Lorrie Ann V.	623930	
Bargas, Virginia	257121		Guthrie, Kelly R.	547982	
Barr, Lori Anne	537652		Handlin, Kathy L.	512842	
Bhatia, Helen	568844		Hart, Janet		70678
Buol, Kolleen Kay	516233		Hess, Cathy Christine	628267	
Butler, Norma Powell	57324 (Temp.)		Howard, Dorothy	613705	
Claridge, James Lee	437694		Howell, Sharon	459387	
Clark, Mandy	575824		James, Karen Louise	577702	
Clark, Victoria		50398	Jenkins, Victor I.	517158	
Conti, Angela Rose	552231		Jones, Gwendolyn		63362
De John, Ida C. Caperna	424176		Kirk, Sandra Andrews	521416	
Dennis, Patricia Ann	503975		Kishbaugh, Shari Elizabeth	575583	
Dillon, Patricia	560309		Kuntz, Eileen Marie	514331	
Elias, Angela		01142	Kurylo, Kim Diane	580995	
Falkner, Barbara Marie	587013		Lee, Linda Karen	53762 (Temp.)	
Farra, Diane Rae	560781		Lemke, Jennifer Ruth	575523	
Felkins, Bettye Lisa	557452		Levingston, Lynnell		73626
Filler, Marcia Ann	553220		Masters, Mary Jane	550218	
Fryer, Renee Marie	578735		Mealor, Helen	50375 (Temp.)	

IMPOSTOR/WARNING

SALLYMONTEMURRO

Sally Montemurro was employed as a Registered Nurse in an orthopedic clinic in the Dallas area from July 1993 to December 1995. During her employment she signed documents indicating that she was a Registered Nurse. Ms. Montemurro is not licensed to practice professional nursing in the State of Texas. Ms. Montemurro resigned her position in December 1995. The Board is pursuing legal action through the Dallas County District Attorney's Office.

JOYLYNNWOOD(HEBERT)

Joy L. Hebert was employed as a Registered Nurse in a long-term care facility in the Fort Worth area from July 9, 1997 to August 21, 1997. The facility received information that Ms. Hebert was not licensed in Texas as a Registered Nurse, but had worked as a nurse aide in the past. The facility contacted the Board's office and verified that Ms. Hebert was not licensed to practice professional nursing in Texas. Ms. Hebert was suspended pending investigation and subsequently terminated from employment. The Board is pursuing legal action through the Tarrant County District Attorney's Office.

Insufficient Funds - cont. from p. 14

<u>NAME</u>	<u>LICENSE#</u>	<u>PERMIT#</u>	<u>NAME</u>	<u>LICENSE#</u>	<u>PERMIT#</u>
Mitchell, Sandra	565160		Russell, Brenda	569701	
Nims, Teresa Masadie	565233		Sanderson, Brenda Mary	538111	
Ohlhheiser, Donna	575718		Severtson, Marianne Maples	416386	
Olivier, Marie Claudia	514361		Shelest, Martha		066974
Olson, Leanne	565952		Sloane, Gail Theresa	550406	
Pangilinan, Julie	445792		Smith, Helen D.V.	209920	
Payne, Traci Lee	569734		Todorovich, Susan	580496	
Pierce-Berkil, Kristie		71891	Vasquez, Emerald JD	207588	
Pinel, Jo Ann	421279		Weable, Tonya Ingrid	64138 (Temp.)	
Powell, Susan McCraw	58984 (Temp.)		Wilson, Kevin	536325	
Rae, Lisbeth Sue	538984		Worley, Cynthia Anne	256472	
Raffaele, Mark		74257	Yoho, Amy Joyce	599381	
Rosko, Lisa Marie	538707				
Royal, Barbara A.	534601				

BNE INFORMATION

HELPFUL NUMBERS

MAIN NUMBER(512) 305-7400

- 24 Hour Access
- License Verification
- General Information

ACCOUNTING SERVICES.....(512) 305-6853

- Returned checks
- Refunds
- Debits

ADVANCED PRACTICE.....(512) 305-6843

- APN application and Prescriptive Authority processes

APN APPLICATIONS REQUESTS.....(512) 305-6867 (*Voice Box Only*)

- Initial Authorization to Practice
- Prescriptive Authority

EDUCATION AND EXAMINATION.....(512) 305-6818

- RN nursing programs
- Extended campuses
- NCLEX-RN applications
- Graduate Nurse permits
- Declaratory orders

ENFORCEMENT.....(512) 305-6838

- Violations of NPA rules and regulations
- Complaint and disciplinary action inquiries
- Monitoring of disciplined RNs

LICENSING.....(512) 305-6809

- Endorsement/Reciprocity
- Continuing Education for RNs

NURSING PRACTICE.....(512) 305-6844

- Nursing practice issues
- Legislation

SALES OF LISTS.....(512) 305-6848

- Computerized RN mailing lists or labels

Change of Address

Are you moving? Have you already moved?
Let us know within ten days of the move.

Mail to: Board of Nurse Examiners,
P.O. Box 430, Austin, TX 78767-0430

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First Name _____

Middle Name _____

SSN: ____ / ____ / ____

RN# _____

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City _____

St. _____ Zip _____

New Address: _____

City _____

St. _____ Zip _____

Date _____

ACKNOWLEDGEMENTS



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